

# Is the “Rights Model of Disability” Valid in Post-conflict Lebanon? A Participatory Pilot Survey in Beirut

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**Abstract:** This paper views the process and outcome of constructing a “rights model of disability,” which is culturally specific to a war-torn, middle-income Arab country, Lebanon. The analysis was made from the perspective of human security and postconflict recovery and rehabilitation in a war-torn Arab country. The objective of this participatory research is to triangulate and co-validate the proposed rights model of disability through analysis of the collective views of Lebanese disabled people who took part in the participatory and interactive focus group, which took place in Beirut in August, 2007, after the civil conflict of Lebanon and partial destruction of Beirut and other towns/villages. The disabled participants were asked to express their individual views about several contentious issues, such as the social model vs. medical model debate, the diversity existing among different categories of disabled persons, the issue of tension and/or coalition among single-impairment and cross-impairment groups, the effectiveness of the current disability policy in Lebanon and the particularity in war-torn transitional Lebanon. The rights-based approach to disability inclusive development (cooperation) advocated by the co-authors are field-tested and co-validated and proved to be among the most appropriate approaches, through the personal disability experiences of Lebanese people.

**Key Words:** Lebanon, development, rights

## Background of the Study

A variety of models have been promoted to explain disability and disabled persons, which may be expressed in the opposed binary of the medical model vs. the social model. The former model views “disability” as a problem of the individual, caused by impairment (including disease and trauma), so that the management of disability requires medical intervention and/or rehabilitation of the individual. Rehabilitation and daily living skills training are viewed as the main intervention, and the principle political response is often reform of the rehabilitation or health care system. On the other hand, the social model presents a drastic paradigmatic shift in the discourse of disability. This new paradigm considers disability as a variation of society. It forms a real part of any social formation. The social model of disability views the issue mainly as social barriers (e.g. negative attitudes, physical barriers, institutional and legal barriers, etc.), which were created by the environment, and thus it is collective social responsibility to make the environment barrier-free. The social model is becoming widely accepted by many in academic circles as well as within the community of both developed and developing countries. Nowadays, however, a growing number of people may refer to the social model of disability in a much more

dynamic manner, which may be alien even to the original radical version. For example, Hurst R. (2001) summarizes the social rights model of disability in the following way: “The radical social model of disability provides us with the insight to describe the way in which society is constructed to make people with disabilities disabled” (Hurst, 2001).

The authors are in the position to echo the view that the social model of disability helped us to understand the importance of protecting and promoting the human rights of disabled persons and their civil rights at the country level (Greater London Action on Disability (GLAD), 2000). We see the value of supporting a more balanced, dynamic, updated version of the social model, which may be called the “human rights model of disability,” where the right to be different is respected, diversity among disabilities is well recognized, and disabled citizens can claim their access to rehabilitation, medical service, and other social services as their basic human (social) right.<sup>2</sup>

In designing an appropriate national policy and legislation on “disability and development,” the first step is to make an evidence-based field assessment of the emerging challenges that disabled persons are facing in a given community, and invite their own voice concerning the most appropriate disability approach and policy, through their own disability experiences. Social norms, values, religious beliefs and practices may influence the attitudes of non-disabled persons towards various categories of disabled people. The Lebanese case is very rich in this regard. A war-torn, middle-income Arab country, it is witnessing a vivid disability movement with slow response and change at both the societal and political levels.

Historically a war-torn country and very fragile, Lebanon is among the most advanced democracies in the Arab region, with active participation of civil society groups, such as professional organizations, press associations, consumer groups, and women’s groups. Lebanon is a very unique case.

Most recently, the kidnap of two Israeli soldiers by Hezbollah on July 12, 2006 triggered a disproportionately devastating military response from Israel and catastrophic damage to Lebanon and ordinary people’s lives, not only in the Hezbollah-controlled south, but the entire country. Many victims, including women and children, were treated for injuries from cluster bomb explosions. The fighting is over, but it caused devastation in the country. In addition to the damaged buildings, and the estimated million pieces of explosive ordnance littering South Lebanon, sad personal stories of permanent injury, disfigurement, trauma and disability are heard (Christian Aid, 2006).

### Aims of the Study

The Lebanese case is no doubt a very unique experience from many angles. Lebanon enjoys a very vivid and lively disability movement, including the Lebanese Council of Disabled People (LCDP), a coalition of about twelve disabled people’s organizations and Lebanon’s chapter of Disabled Persons International (DPI). Lebanon also hosts the headquarters of the Arab Organization of Disabled People, which, together with the League of the Arab States, is mandated as an official (but civil society) regional implementation mechanism of the Arab Decade of Disabled Persons (2004-2013). It is unusual for any civil society entity to be given

such a prominent role in the Arab region. Other disabled people's organizations (DPOs) are also active in the country. A country of conflict, yet, Lebanon has the most advanced comprehensive law on disability in the region (Lebanon, Law No. 220/200, 2000).

This small participatory pilot study is aimed at collecting evidence on the current level of social barriers towards disability, as well as to invite Lebanese disabled persons to identify the gap between the challenges they are facing now in the reconstruction stage (after Israel's latest military intervention and the subsequent civil unrest in 2006-2007) and the current level of services available in the country.

### Methodology and Results

The aims of this study necessitated the use of a participatory quality method, similar to the so-called participatory rural appraisal (PRA). The data were collected using a semi-structured group interview, focus group discussions and a few individual interviews. The personal network (this particular "wasta"<sup>5</sup>) of the primary author (Kabbara, 2005; 2007) in Lebanon was used, and he arranged to invite representatives of different categories of disabled people<sup>4</sup> and their family members to the focus groups. Thus the sample selection is based on the so-called "convenience sampling methodology." Interviews/sessions were conducted mainly in Arabic supplemented by English, and the most appropriate forms of assisted communication (e.g. Lebanese sign language, parents-guided communication, written communication, etc.) were used for deaf, hard-of-hearing, and intellectually disabled participants. All interviews and discussions were transcribed verbatim for accuracy, after the full consent of the interviewees. Four group interviews and focus groups were conducted by co-authors at AOD's office in Beirut for deaf people, blind people, physically disabled people and people with intellectual disabilities in addition to a parents' group. Thus there were a total of 29 participants in this study, with 17 women and 12 men. The sample distribution is illustrated in Table 1.

Table1: Disability-type and gender distribution of participants (N=29)

	Male	Female	Total
Blind Persons	2	2	4
Deaf Persons and Hard of Hearing	1	6	7
Physically Disabled Persons	5	2	7
Parents	2	6	8
Persons with Intellectual Disabilities	1	1	2
A Survivor of Psychiatry	1	0	1
Total	12	17	29

### The Disability Model Debate

Over the past decades, there have been heated debates on the language of disability and its definition, which reflect a dynamic philosophy towards and conceptions of the term disability and about the dynamism of discrimination and prejudice. Which model of disability do Lebanese disabled people prefer? Is it the "medical model of disability" or "social model of

disability,” or an alternative to the existing models? Does the process of changing attitudes start with disabled persons first or with society at large? Who initiates the change?

The social model activists are in favor of forming a single cross-impairment organization as a unified group of “the oppressed” to lobby for their rights and advance a positive attitude towards disabled persons. How much unity, however, can people with different impairments maintain as a single disability group? How much diversity exists among different types of impaired persons? Branfield (1999) argues that the disability movement must consist of, be led by and present all kinds of impairment groups, to fight against the institutionalized discrimination that all disabled people are facing. Is this argument applicable in Lebanon?

The range of opinions within each focus group discussion was noted as each individual commented on their own disability experience, needs priorities and their own definition of human rights. In short, generally the collective opinion expressed by the focus groups supported the social model of disability and the rights-based approach to disability over the medical model. The needs, priorities and rights include employment and income security, social integration, access to education particularly higher education, communication, physical accessibility, medical service, and antidiscrimination legislation.

“I suppose in Lebanon disability is still based on the outdated medical model, as the majority of non-disabled people regard disability as charity or women’s stuff. But we don’t need this individual model, and we need a model that ensures us our rights, both socio-economic and political rights. The rights-based model is excellent, as that will allow us to claim not only civil-political rights but also socio-economic rights, including schooling, medical service, and rehabilitation. Yes, we need the entire package” (Ahmed<sup>5</sup>, a blind middle-aged man)

“The most humiliating expression towards us in Arabic language is “Haram” (meaning the forbidden). Are we Haram, forbidden people, a defect created by God? We must be treated as humans before we can claim our human rights” (Nada, a physically disabled young woman).

“I do not expect our economic rights to be properly met in this war- torn troubled society. The state is barely managing to provide employment and services even to other [able-bodied] members of society. We want to see the legal employment quota practiced, as our society is far behind other richer countries. I can choose 'charity' if it means income security. We cannot afford waiting for social change. Of course, we need a full package of human rights, but more so for socio-economic rights. We need money” (Antoine, a physically disabled young man).

### Diversity of Persons with Disabilities

The Convention on the Rights of Persons with Disabilities (United Nations, 2007) to which Lebanon became a signatory in 2007, stipulates in its preamble the importance of “recognizing further diversity of persons with disabilities,” as well as “recognizing the need to promote and protect the human rights of all persons with disabilities, including those who require

more intensive support.”

Similarly, the findings of this study indicate that a wide diversity exists among different categories of disabled persons in Lebanon. The human rights of persons with disabilities, particularly those with intellectual impairments, disabled women, and people with psychosocial impairments (including survivors) are violated in daily life. The attitudes of the non-disabled towards these most marginalized groups are particularly negative in the Arab World in general and in Lebanon.

According to the collective opinions of the focus groups, there appeared to be more different opinions among the disabled population than similarities in Lebanon. Also, the findings suggested that trust among disabled groups was no deeper than that between them and mainstream society, or than the very fragile trust among Lebanese people in general. For instance, a group of deaf people, particularly the group with exclusive sign-language users (congenitally deaf people) has mixed feeling about their own disability identity -- similar to the findings in many other countries:

“Am I disabled or not? We have a problem of communication. We have a linguistic problem. But sometimes, I feel that I am disabled, too. Our disability is not so visible, and others don't find me as disabled until I try to communicate. I think deaf people are less discriminated against in Lebanon than other categories with more visible disability. Lebanese people attach a significant value to physical beauty and perfection. I do enjoy being with non-disabled people too, but I prefer socializing with my deaf friends, as we share sign language. I don't have many friends with other disabilities, though I respect them. Does 'Deaf Culture' exist in Lebanon? Perhaps yes. At least I do enjoy being with my deaf friends. I find it more relaxing and cozy” (Mona, a deaf woman and sign language user).

Nevertheless, the participants in the focus groups fully understand both the tension among different impairments and the politics of coalition:

“I think we shall unite as a cross-impairment group, working together with other impairment groups, with our common goal of promoting human rights of the disabled. Why? Three major reasons I can think of. First of all, we must deliver as one, because our society defines us as the disabled. It is not our own choice but society decided so. Thus, to a degree disability is a social construct, which was defined and imposed by our society. We must live with it whether we like it or not. Second, we must act as a single cross-impairment group for political campaigning to promote human rights and nondiscrimination, as our Law 202/2000 covers all of us, as its beneficiaries. We are equally covered by the law. It is a matter of legal definition. It is the legal scope under which groups all of us are covered as a single entity. If we can advocate our rights as one, it will echo our collective voice more effectively. That is the politics of coalition, typical in Lebanon. As we live in such a sectarian society, we are used to this dual mechanism and we can manage it” (Riad, a disability activist in a wheelchair and, Amal, a woman who is hard-of-hearing).

Historically, Lebanese people are very political, and thus, they pointed out the

importance of the politics of coalition through representing as a cross-impairment group, if necessary, putting aside the tension among the groups for a while:

“There is no such thing as a ‘disability culture’ but there are a growing number of disability subcultures in Lebanon (e.g. deaf culture, veteran culture, elite disability group, etc). But we can gang up together against our common enemy, the suppressor, the right-wingers and ruthless businessmen when necessary. This society has been always so fragmented and sectarian, but we act together, too. For us, this is not a new coping mechanism; indeed we have been using it for so many years” (Walid, a young physically disabled student).

Arab women with disabilities claim that they are another category that are facing double or even triple discrimination. Many disabled Lebanese women are discriminated against simply because they are also women. Having a disability and being poor compounds this gender-based prejudice. The following testimony of an English-speaking young Lebanese woman with mild developmental disability vividly illustrates this problem:

“I was born in Canada. Our family came back to Lebanon, and we have settled in Beirut. I am an overseas Lebanese. In my view, Lebanese attitudes towards intellectually disabled women are so negative. It is cultural. Disabled women are facing double discrimination based on gender and disability, and intellectually disabled women are facing triple discrimination in this country. I am enrolled in a junior college now, and I even presented our views at the UN forum in New York, during the last session of the Ad Hoc Committee on the Convention. You know, I regained my courage and confidence there, in New York. In our society where women are judged based on physical appearance and perfection, other people tend to see us as non-marriageable, useless. I am facing a serious problem in developing a relationship” (Josephine, a young woman with developmental delay).

However, sometimes, parents’ view is different:

“Sexuality is not a priority for our children; it is not a priority in Lebanon at all. Employment is a priority. Sexuality is a western idea” (Umayma, a mother).

“Lebanese women with disabilities are denied the most fundamental human rights including the right to love and be loved. Our society in general and our male disability activists too often fail to recognize our sexuality, and they discourage the expression of it. See, many disabled men will marry non-disabled women, by their choice, but for us, marriage is not even an option. Our parents tend to over-protect us from our aspirations, as they think they will not be achieved, and pity us. I don’t think our male disability activists can represent our voice in this regard, as they are equally insensitive” (a collective voice of disabled women).

Sectarian cultural difference was expressed, too:

“I think we are very different from those living in Hezbollah areas, by all means, with

disability or without, men or women” (Christine, a young mildly physically disabled woman).

Diversity among different categories of disability was noted. The voice of intellectually disabled people may not be well represented by the cross-impairment groups. Mousa, a Shiite Lebanese leader, who is a medical doctor by profession, and a father of two children with severe mental disability, articulates this:

“The diversity among different disabilities which exists in Lebanon is very wide. I am not certain whether the trust among disabled groups is higher than that between the mainstream society and the 'disability group'. In Lebanon, I am a pioneer and founder of a self-help group of parents of intellectually challenged children, but I have often faced a hidden tension in coalition with cross-impairment self-help groups (often dominated by a group of physically disabled men). Sometimes they don't see us, the parents' groups, as a full-fledged self-help group. But our children need parental support. Isn't it obvious? Who will help them otherwise? Those children with severe intellectual disability like my kids cannot raise their own voice. We are a self-help group, too.”

The gap existed between urban elites and rural grass-roots people, too:

“Generally, the gap often exists between the grassroots organizations (often run by less-educated persons) and the national leaders of the disability movement in Lebanon (often Western educated and/or English/French speaking individuals) who have access to the international community and donor agencies. Sometimes, the combination of limited political space of operation available to the self-help groups within their own organizations and weak grass-roots support have led to a peculiar practice of democracy. Given the absence of full transparency and accountability in the performance of the leaders, and the lack of popular participation and control from the grassroots, the authoritarian Arab leadership pattern has extended to the disability movement, thus creating the wide gap between two groups” (Said, a physically disabled leader of DPI).

## Antidiscrimination through Public Education, Empowerment of Persons with Disabilities and Legislation

The Convention on the Rights of Persons with Disabilities was proclaimed in December 2006 and entered into force in May 2008, and Lebanon has already signed the Convention. Lebanon already signed the Optional Protocol of the Convention and is in the process towards ratification. The national law of 220/2000 on disability, which is comprehensive and rights-based, was passed 7 years ago. However, its implementation is very slow and there is no monitoring and enforcing mechanism to monitor the progress of the Law and accountability is weak. The negative attitudes of non-disabled persons, including both direct and indirect discrimination, are among the most serious barriers to full participation and integration. Generally, to rectify the negative attitudes and combat discrimination, there are two different yet related approaches. One is a reactive and enforcing approach, through legislation (anti-discrimination law) and its enforcement agency, preferably an independent third party mechanism. This mechanism is not available in Lebanon yet. Another approach is a proactive

one, through public education and raising awareness with the aim of making society “inclusive.” Their preference for these two options was asked of participants:

“People can be influenced by legislation; that is so vital. Just like Lebanon now, a society without enforcement of laws is lawless and chaotic. The enforcement of laws is essential for Lebanon to claim itself as a civilized society. Wasta, wasta, wasta, it is all over in Lebanon and sadly, it is becoming a social norm. Right wing Lebanese people and ruthless businessmen are fundamentally flawed, and they must be prevented from transgressing through coercion and antidiscrimination law and its enforcing mechanism. Punishment, levy, ‘yes’; ‘soft measures’ are not effective in Beirut. Lebanon needs an anti-discrimination law. Otherwise, Lebanese people will continue to mock our defenseless children and the only way to improve the perpetuation of this institutional discrimination is through law enforcement” (a collective voice of the parents’ group).

“We need both. Lebanese people can be influenced too, but antidiscrimination legislation is vital. Even in our society, an oriental society, such laws need not be viewed as an instrument of scrutinizing; they are fundamental values of a democratic civic society. An oriental society can be dynamic too. In the years to come, antidiscrimination law shall be a major objective of us, the ‘pan-disability’ group’s advocacy” (Issa, a physically disabled university student).

#### Disability and Civil Conflict in Lebanon

The fighting between Hezbollah and the Israeli army is over, but the scars of the devastation caused in Lebanon may not heal quickly. The fighting also caused political instability, igniting the already existing tensions between different sectarian groups of Lebanon. According to the report by the Lebanese government, 50 schools were totally destroyed and 300 were damaged by the conflict with the reconstruction costs estimated at over two billion dollars all over Lebanon. A study conducted by Kabbara following the war on 116 disabled persons living in the war affected zones showed clearly that most of these people suffered tremendously from the conflict. Most disabled people were not properly looked after in terms of evacuation and in taking care of their needs, both medical and financial (Kabbara, 2007). The same study revealed that many disability service institutions were directly hit and destroyed keeping the disability community more vulnerable and insecure.

Lebanon is a country that has been occupied by a foreign power for a long time, and devastated by the subsequent political instability and civil conflict. Negative perceptions towards physical disability were changed during the civil conflicts. The issue of disability has become an important political agenda all of a sudden. The conflict increased the number of disabled persons including those with a serious mental trauma. Traditionally, disability was a mere stigma, and now it has become heroic, at least as a symbol of active resistance. However, this new focus diverted attention away from Lebanese women with disabilities who have been most discriminated against traditionally. This “veteran culture” of Lebanon created a new classification system and hierarchy among disabilities. Aerial, land and sea attacks targeted mainly Southern cities of Lebanon, the Hezbollah controlled areas, and the devastated infrastructure forced almost a million people away from their home territories. Many of them are still forced to live in shelters without accessibility and mobility. This war-torn situation brought a

new dimension to disability in Lebanon.

The following testimonies are insightful:

“The infrastructure damage and political instability (the tension among sectarian societies) caused severe economic stagnation and a high unemployment rate, with foreign investment migrating away from Lebanon to a neighboring country. Our major challenge now is employment. We cannot depend on the legal employment quota; so we must acquire a set of marketable skills so that we can survive in the private sector. We need an equal access to credit and the market, if our option is to start entrepreneurship, which may be the only viable choice now. Who is going to choose a disabled applicant with so many over-qualified jobless candidates, in this employers’ labor market?” (Issa, a young physically disabled university student).

“In Hezbollah-controlled areas, one can say that disability is now, to a degree, perceived as martyrdom where men sacrificed their lives to live in wheelchairs, or say, unfortunate children stepped on landmines to live with prosthetics. We are well taken care of by our Hezbollah leaders. We may be better off than others. But there is a significant difference between its (Hezbollah) members and non-members, regarding the level of social services and rehabilitation offered. We are lucky ones” (Abdel Aziz, a young Shiite Moslem Man, a member of Hezbollah with amputation).

“Yes, disability is becoming a political agenda now. People see it as a human rights issue, as recently our civil conflicts have increased the scope of disability in this country. But people are not yet interested in us, disabled women or those with congenital disability. Particularly women with intellectual disability are so marginalized” (Amina, a female NGO staff with mild physical disability).

“I think that the majority of disabled people, we, were politically sacrificed in favor for this minority of disabled martyrs. Our society tends to see us, the congenitally disabled people, less, and as not worthy even for charity and rehabilitation, institutionalizing and segregating us” (Antoine, a young physically disabled man).

Furthermore, the issue of invisible disability is often forgotten in a war-torn country. In war-torn Lebanon, the difference between the disabled and the non-disabled is getting mixed up, without clear cut distinction, and in many instances, disability is temporary (such as long-lasting injuries) and in some cases, it is less than permanent or is recurrent (e.g. people with psychosocial disability and survivors). Indeed, the war and violence-causing trauma have a significant impact on the mental health of the entire population and particularly youth and children. Indeed, psychological trauma itself is the most widespread disability resulting from the repeated civil wars and armed conflicts. According to a study conducted in 1992, among the samples collected in some 20 countries such as Israel, Korea, etc, the Lebanese people were the most depressed people of the nationalities surveyed (Karam, 1998). The findings of this study revealed that psychosocial disability is still treated as a purely medical issue in Lebanon. This category is not covered by the law, and they are not recognized as a disability group by either the non-disabled or their disabled peers.

However, the findings also informed us of a new opportunity in the transition from emergency to development:

“In our areas in the South, we have started repairing the damaged infrastructure and schools by replacing broken windows and plastering walls, and we have converted some school toilets into accessible ones and added wheelchair ramps for inclusive education. We have no accessibility policy yet, in the Hezbollah controlled areas, but the authority is concerned about accessibility, and foreign donors are helping us in this regard, too” (Abdallah, a Shiite man with amputation).

“In the challenging condition of reconstruction and rehabilitation of war-torn Lebanon, disabled persons organizations (DPO) may be seen as a new horizon, a vanguard of innovative practices, effectively using social service delivery networks, engaging in development work and promoting disability mainstreaming, campaigning for the rights-based approach, managing knowledge, with the aim to bring about democratic social change in Lebanese society. The disability movement may become a pioneer as a social movement in war-torn Lebanon. After all, Lebanon is the only democracy in the region, isn't it?” (Ahmed, an activist who uses a wheelchair).

The transition from relief to development in Lebanon may be providing them with both challenges and new opportunities to create a new inclusive Lebanese society, in the near future.

## Discussion

The findings of this study revealed several important concerns in Lebanon, including (1) significance of the mutual and dynamic interaction between a disabled individual and his/her social environment (e.g. social barriers, war-torn condition, negative attitudes, etc.); (2) the diversity existing among different types of disabled persons (e.g. impairment type, gender, social status, religion, rural-urban, etc.), and (3) the importance attached to universal human rights, domestic antidiscrimination law and proactive measures including awareness-raising and public education. Culturally, overall social attitudes towards disabled persons, particularly towards disabled women and those with intellectual and/or psychosocial disability are very negative in Lebanon. Thus, when we seek the right set of strategies for disability mainstreaming, we must consider environmental factors, particularly the transition and reconstruction of Lebanon within the framework of the mutual dynamics between disabled individuals and the surrounding society. There is a new scope of mainstreaming disability in the reconstruction stage, such as introducing the concept of universal design. Finally, the majority of people who participated in the focus groups supported the co-authors' human rights-based approach to disability inclusive development as a viable theoretical framework, and they reiterated the importance of an effective monitoring and enforcement mechanism of implementation of the disability legislation in Lebanon. Models of disability are to be constructed so that an object can be looked at in dynamic ways and under different socio-economic, political and cultural conditions. In the field of development cooperation (e.g. official development assistance: ODA, NGO support, etc.), such a model shall be flexible enough to permit all sorts of intervention. For instance, if a disabled person is unemployed, the solution shall be flexible with many developmental intervention

options, ranging from the enacting an antidiscriminatory labor law or making the work place fully accessible (both targeting the society) to the provision of skills training (targeting the individual).

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#### Endnotes

<sup>1</sup> Kozue Kay Nagata, Ph.D. is a senior UN development economist; however the views expressed in this article are those of the co-authors and do not necessarily represent the views of the United Nations.

<sup>2</sup> This definition is a slightly modified version from the new definition of the social model, by GLAD at the international conference held in February 2000. For further detail, refer to GLAD (2000).

<sup>3</sup> In Arabic language, “Wasta” means personal connection or contact, which is a very influential factor for achieving success in the society. However, herein, the term was used positively for the purpose of assuring the right mixture and representation of the participants.

<sup>4</sup> People with different impairments, representing both single impairment organizations (e.g., deaf organization) and a cross-impairment organization (DPI Lebanon). Fully recognizing the potential tension between family groups and self-help groups of people with intellectual disabilities in any society, the parents are invited too as the coauthors recognized the vital role of family in Lebanese society, particularly in transition from crisis to development.

<sup>5</sup> All personal names used in this paper are “pseudonyms” to protect the confidentiality of information.

