



Mainstreaming Disability

"To recognise the presence of disability in our human midst is an enrichment of our diversity."
Nelson Mandela

1. Introduction

Disability is an umbrella term for impairments, activity limitations, and participation restrictions, denoting the negative aspects of the interaction between an individual and the context in which they find themselves.¹ The International Classification of Functioning, Disability, and Health (ICF) is a World Health Organization (WHO) framework which, rather than classifying people solely by their medical condition, classifies health and functional status. It evaluates how individuals live and participate in their daily environment.² The ICF views functioning and disability as dynamic interactions between a person's health condition and contextual factors.³

2. Impairment and Disability

An impairment can be intellectual, psychiatric, physical, neurological or sensory, and be temporary, intermittent or ongoing. People may acquire an impairment through an accident or illness, and/or may be born with an impairment. Multiple impairments are common, especially with increasing age. Hitherto, "the prevailing medical model specifies that individuals have impairments but rather than the impairment disabling a person, the barriers created by an inaccessible society are the disability". According to the *White Paper on the Rights of Persons with Disabilities*, "disability results from the interaction between persons with impairments and attitudinal and environmental barriers that hinder their full and effective participation in society on an equal basis with others".⁶ This is a movement away from a medical model of disability toward to a more human rights approach, where disability is created by an

inaccessible society and rigid systemic barriers, not by the impairment itself. The National Council of and for People with Disabilities emphasizes that an impairment is something that has happened to the body which cannot be changed, while disability happens to the person when society puts barriers in their way, fails to uphold their rights, or does not provide reasonable accommodations.⁷

3. Ableism

Ableism is a form of prejudice or discrimination against a group of people who are alternatively abled or who have a disability.⁸ The Cambridge Dictionary defines Ableism as "discrimination, prejudice, or systemic bias against people with physical, mental, or developmental disabilities. It operates on the assumption that non-disabled people are the standard, often treating disabled individuals as inferior or portraying them solely by their medical condition".⁹ Ableism perpetuates a negative view of disability. It frames being nondisabled as the ideal and disability as a flaw or abnormality. "It is a form of systemic oppression that affects people who identify as disabled, as well as anyone who others perceive to be disabled".¹⁰

4. Access to Health Care

The *Convention on the Rights of Persons with Disabilities* requires states parties to ensure that persons with disabilities have access to the same range, quality and standard of free or affordable health care as other people.¹¹ Health inequities arise from unfair conditions faced by persons with disabilities. While South Africa has made notable strides in fulfilling the rights of

persons with disability, nevertheless significant obstacles remain. Access to healthcare is limited by inequitable distribution of health facilities, as well as inaccessible transport and support infrastructure. Research focusing on public health care rehabilitation services emphasizes that there is a need for a more integrated approach to care. This would help to address system fragmentation, as people with disabilities “require support across multiple domains. Most models focus on healthcare, overlooking social and environmental factors that hinder health management for people with disabilities”.¹² There are also severe resource shortages and long waiting lists for assistive devices, while public transport systems remain widely inaccessible to wheelchair users, making traveling to hospitals, especially rural ones, difficult and expensive. Furthermore, most physical and mental rehabilitation facilities remain concentrated in urban areas.

The availability of health workers with the competencies and skills to match the health needs of the population is especially problematic in South African public healthcare facilities. This renders persons with disability who use rehabilitation services within public healthcare system very vulnerable.¹³ South Africa has about 8 000 to 9 000 registered physiotherapists, which means that there is only one physiotherapist for every 6 800 people; and most of them work in the private health care system.¹⁴ There are roughly 6 500 registered occupational therapists, of whom only about 1 220 are actively practising in public hospitals. Again, the field is unequal – about 75 per cent of occupational therapists work in private clinics.¹⁵ When it comes to speech therapists and audiologists, there are roughly 2 500 to 3 300 of them, or approximately one for every 40 000 to 50 000 people, with very few in the public health sector.¹⁶ The public health care system is desperately under resourced and, furthermore, traditional care models focusing on disease management fall short for people with disabilities, who have diverse, often cross-system, needs and who face numerous social barriers.¹⁷

5. Equal Access to Resources and Opportunities

Health inequities arise from unfair conditions faced by persons with disabilities, including stigma, discrimination, poverty, exclusion from education and employment, and barriers within the health system itself. The Human

Sciences Research Council (HSRC) stresses that the usual concept of equality is that all people should have access to the same resources and opportunities, resulting in the same outcomes. The idea of equity, however, recognises that the circumstances of every person are different, and that to reach the same outcome some people need to be allocated specific resources.¹⁸ The health care system’s inadequate outcomes in meeting the needs of those with disabilities may appear unintentional, but they are rooted in discriminatory practices and beliefs. “Essentially, equality is about quantity and sameness, while equity is about fairness and justice”.¹⁹

The South African Human Rights Commission’s (SAHRC) 2017-2018 Equality Report found that “government policy and conduct is failing persons with disabilities by not ensuring accessibility in the universal design of goods, services, equipment and facilities, and by failing to reasonably accommodate persons with disabilities”.²⁰ These healthcare challenges aggravate the existing health conditions of most South Africans with disabilities.²¹ The SAHRC recommends the adoption of a comprehensive approach that ensures that persons with disabilities are included in all aspects of society and the economy.

The UN *Convention on the Rights of Persons with Disabilities (CRPD)* calls for recognition that “discrimination against any person on the basis of disability is a violation of the inherent dignity and worth of the human person”.²² Furthermore, the Convention recognizes the diversity of persons with disabilities and the need to promote and protect the human rights of all persons with disabilities, including those who require more intensive support.²³ Those with disabilities must be given every right to full participation in society, independent living, equality of opportunity, and economic self-sufficiency.

6. Rights of Access

Article 9 of the CRPD mandates accessibility to health care and related services. It requires signatory countries to eliminate barriers in the physical environment, transportation, information, communications, and public facilities. This aims to ensure that individuals with disabilities can live independently and participate equally in all aspects of life.²⁴ Section 27 of the South African Constitution establishes the fundamental human rights to health care,

food, water, and social security. It guarantees that everyone has the right to access these services, requires the state to take reasonable measures to progressively realize them, and states that no one may be refused emergency medical treatment.²⁵

Disability mainstreaming in South Africa means treating the inclusion of persons with disabilities as a core priority from the start, rather than an afterthought. It involves removing physical, systemic, and attitudinal barriers so that disabled citizens can access the same opportunities as everyone else in everyday life.²⁶ It requires the incorporation of the realities and needs of persons with disabilities at the conceptual stage of any project or initiative, rather than developing separate programmes. It demands a move away from 'charity' to an emphasis on human rights. This includes essential staff training and the enhancement of infrastructure to facilitate the realisation of disability rights.²⁷ For example, despite the South African government's recognition of sign language as an official language, a plethora of health professionals in South Africa are not well equipped with sign language. Furthermore, a significant number of healthcare facilities are ill-equipped for access by patients with mobility challenges.²⁸

7. Assistive Devices

An assistive device is any tool, equipment, software, or electronic device designed to support individuals with impairments in completing tasks that might otherwise require someone to help them, thereby promoting their independence.²⁹ There is a broad range of assistive devices including mobility aids such as wheelchairs, crutches, and walking sticks; sensory devices such as hearing aids and basic low-vision optical devices; medical orthotics and prosthetics, including custom-fabricated artificial limbs, cochlear implants and body braces. Assistive products enable people to live healthy, productive, independent and dignified lives; and to participate in education, the labour market and civic life.³⁰ Assistive products can also help to reduce the need for formal health and support services, long-term care and the work of caregivers. Without assistive products, people may suffer exclusion, and are at risk of isolation and poverty.³¹ The National Council for Persons with Disabilities points out that there are also broader socioeconomic benefits to the

use of appropriate assistive devices in terms of direct health and welfare costs, as well as enabling a more productive and inclusive labour force, thereby indirectly stimulating economic growth.³² "Put simply, assistive technology is life-changing".³³

7.1. Access to Assistive Devices

The 2011 *World Report on Disability* found there is a global unmet need for assistive products of all kinds and that many people have little or no access to basic assistive products, even in some high-income countries. Furthermore, few countries have national assistive technology policies or programmes.³⁴ The report states that "access to appropriate, quality assistive technology can mean the difference between enabling or denying education for a child, participation in the workforce for an adult, or the opportunity to maintain independence and age with dignity for an older person".³⁵ Unfortunately, these devices are often prohibitively expensive, and the public health system is unable to meet the full demand.³⁶

Obtaining an assistive device in South Africa's public health care system takes anywhere from three months to a year. Waiting times vary widely by province and facility due to severe budget constraints, procurement backlogs, and limited staff.³⁷ Because demand outstrips budgets, the patient may be placed on a provincial database tracking backlog. Devices are issued as stock arrives or via state partnerships with non-profits such as the National Council of and for Persons with Disabilities, which engages in fundraising. While such fundraising may sponsor the cost of some assistive devices, it is not a substitute for the state's responsibility to provide them. A review of disability and rehabilitation data in the 2020 *South African Health Review* showed gross discrepancies in access to assistive devices across provinces, with unacceptably low coverage rates overall.³⁸

Assistive devices are not one device suitable for all those who have a similar impairment; they need to be modified to suit the needs of the individual. By way of example, to get optimal support from a wheelchair it must be fitted correctly to suit the particular needs of the user, and be properly maintained. Those used in the rural area must be fitted with wheels appropriate to the terrain. Because each person's needs and body change over time, ongoing modifications may be necessary.³⁹

Further challenges to effective service delivery include a lack of collaboration among government departments and the disability sector; insufficient gathering of disaggregated data on disability; slow service delivery; inadequate budgets; and a lack of disability awareness and training among government staff.⁴⁰

9. The Social Determinants of Health

“Persons with disabilities experience exclusion from society and denial of opportunities across most spheres of life, including access to basic services, employment opportunities in the labour market in both the informal and formal sectors, and moving independently within the built environment”.⁴¹ All these factors have a significantly detrimental effect on everyday quality of life and mental well-being.

The WHO points to poverty, exclusion from education and employment, and poor living conditions as adding to the risk of poor health and unmet health care needs among persons with disabilities. Moreover, “gaps in formal social support mechanisms mean that persons with disabilities are reliant on support from family members to engage in health and community activities, which not only disadvantages them but also their caregivers (who are mostly women and girls)”.⁴²

10. Mainstreaming Disability

South Africa’s disability mainstreaming framework is officially outlined in key public

policy documents, including the *White Paper on the Rights of Persons with Disability*,⁴³ the *Integrated National Disability Strategy*,⁴⁴ and the *Parliament Handbook on Mainstreaming*.⁴⁵ They provide guidelines to removing social, economic, and physical barriers to full participation in society and seek to align local laws with the United Nations Convention. These documents underscore a commitment to removing barriers to full access and participation in broader society, and to protecting the rights of persons at risk of compounded marginalisation, by reducing economic vulnerability and releasing human capital. The White Paper calls for the empowerment of children, women, youth and persons with disabilities by supporting sustainable integrated community life and by strengthening the representative voice of persons with disabilities. It is committed to “building a disability-equitable state machinery” as well as monitoring and evaluating progress toward these commitments.⁴⁶

11. Conclusion

The daily reality of too many of those with disabilities is one of marginalization in an ableist world where accessibility so often remains an afterthought. Nelson Mandela reminds us that “it is not a question of patronising philanthropy towards disabled people. They do not need the patronage of the non-disabled. It is not for them to adapt to the dominant and dominating world of the so-called non-disabled. It is for us to adapt our understanding of a common humanity.”⁴⁷

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¹ <https://scholar.sun.ac.za/items/87838a50-da86-43ea-a6e2-fd37e47bf4d4>

² <https://tinyurl.com/bdha768h>

³ <https://www.sciencedirect.com/science/article/pii/S1936657425000822>

⁶ https://www.gov.za/sites/default/files/gcis_documents/WPRDP%20Booklet.pdf

⁷ https://ncpd.org.za/wp-content/uploads/2023/09/Why-NCPD-does-not-publish-a-list-of-disabilities_brochure.pdf

⁸ <https://cdrnys.org/blog/uncategorized/ableism/>

⁹ https://dictionary.cambridge.org/dictionary/english/ableism#google_vignette

¹⁰ <https://www.medicalnewstoday.com/articles/ableism#ableism>

¹¹ <https://www.who.int/news-room/fact-sheets/detail/disability-and-health>

- ¹² <https://www.sciencedirect.com/science/article/pii/S1936657425000822>
- ¹³ <https://scholar.sun.ac.za/items/87838a50-da86-43ea-a6e2-fd37e47bf4d4>
- ¹⁴ <https://world.physio/membership/south-africa>
- ¹⁵ <https://wfot.org/member-organisations/south-africa-occupational-therapy-association-of-south-africa>
- ¹⁶ https://www.researchgate.net/figure/Demographic-profile-of-Audiologists-and-Speech-Therapists-in-South-Africa-n-3266_fig1_342608844
- ¹⁷ <https://www.sciencedirect.com/science/article/pii/S1936657425000822>
- ¹⁸ <https://hsr.ac.za/news/safe-communities/disability-fairness-and-dignity-in-accessing-healthcare/>
- ¹⁹ <https://onlinepublichealth.gwu.edu/resources/equity-vs-equality/>
- ²⁰ <https://www.sahrc.org.za/home/21/files/FINAL%20Human%20Rights%20and%20Persons%20with%20Disabilities%20Educational%20Booklet.pdf>
- ²¹ <https://pmc.ncbi.nlm.nih.gov/articles/PMC8335793/>
- ²² <https://tinyurl.com/9ka9v5tx>
- ²³ <https://tinyurl.com/9ka9v5tx>
- ²⁴ <https://tinyurl.com/9ka9v5tx>
- ²⁵ <https://www.gov.za/documents/constitution/chapter-2-bill-rights>
- ²⁶ <https://trialogueknowledgehub.co.za/mainstreaming-disability/>
- ²⁷ https://ncpd.org.za/wp-content/uploads/2023/09/Why-NCPD-does-not-publish-a-list-of-disabilities_brochure.pdf
- ²⁸ <https://journals.co.za/doi/10.25159/2520-9515/15866>
- ²⁹ <https://disabilityinfos.org.za/mobility-impairments/assistive-devices-equipment/>
- ³⁰ <https://rsagovernment.co.za/article/790>
- ³¹ https://ncpd.org.za/wp-content/uploads/2023/05/WHO_Priority-Assistive-Products-List.pdf
- ³² https://ncpd.org.za/wp-content/uploads/2023/05/WHO_Priority-Assistive-Products-List.pdf
- ³³ <https://tinyurl.com/c59kt7hy>
- ³⁴ <https://tinyurl.com/mrb44873>
- ³⁵ <https://tinyurl.com/mrb44873>
- ³⁶ <https://ncpd.org.za/assistive-devices/>
- ³⁷ https://www.scielo.org.za/scielo.php?script=sci_arttext&pid=S2310-38332021000200011
- ³⁸ <https://tinyurl.com/4mf6ne9b>
- ³⁹ <https://ncpd.org.za/assistive-devices/>
- ⁴⁰ https://ajod.org/index.php/ajod/article/view/1687/3763#CIT0021_1687
- ⁴¹ https://ajod.org/index.php/ajod/article/view/1687/3763#CIT0021_1687
- ⁴² <https://www.who.int/news-room/fact-sheets/detail/disability-and-health>
- ⁴³ https://www.gov.za/sites/default/files/gcis_document/201603/39792gon230.pdf
- ⁴⁴ https://www.gov.za/sites/default/files/gcis_document/201409/disability2.pdf
- ⁴⁵ <https://tinyurl.com/yn4zu69v>
- ⁴⁶ https://www.gov.za/sites/default/files/gcis_documents/WPRDP%20Booklet.pdf
- ⁴⁷ https://www.mandela.gov.za/mandela_speeches/2004/040404_disabled.htm