Ways of thinking about and responding to disability have radically changed in recent decades. Traditionally, disability was regarded in terms of sin, karma, or divine punishment. More recently, disability was made a medical issue and defined in terms of shortcomings of body or mind, which had to be prevented or cured at all costs. In the late 20th century, people with disabilities worldwide became more organised and created national and international disabled people’s organisations. They successfully demanded that disability be seen as a matter of equal opportunities and human rights, a shift which has now been described in the United Nations Convention on the Rights of Persons with Disabilities. This is a global treaty which has so far been signed by 155 states and passed into law by 127.

Disabled activists and academics make a distinction between impairment – in the individual’s functioning – and disability, understood as the relationship between a person with impairment and their society. By failing to consider the needs and wants of people with impairments, and failing to make the world more accessible for them, society is in fact responsible for disabling people who have impairments. This is known as the social model of disability.

Disability is shaped by physical barriers (e.g. medicine labels which are too small for people with visual impairment to read, or stairs to the hospital entrance which prevent people using wheelchairs from going in) and social barriers, including negative attitudes and cultural messages, and discrimination in employment.

Stereotypes
Stereotypes influence the ways that people without disabilities react to people with disabilities. For example, people with disabilities are sometimes considered to be childlike and innocent, and are spoken down to. People with disabilities are

Continues overleaf ➤

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In this issue

1  Facing up to disability
2  What does it mean to have an impairment?
3  Understanding the wider needs of children with disabilities
4  Improving communication with patients with a hearing impairment
5  Mobility impairment and access
6  CASE STUDY: Addressing disability in the health system
7  Disability: recommendations for eye programmes
8  POSTER: Assisting people who are blind or visually impaired
9  Disabled persons’ organisations: a vision for inclusion
10 Reaching out to patients with intellectual disabilities
11 Community-based rehabilitation
12 EXCHANGE: Fire safety in the eye theatre
13 PRACTICAL ADVICE
Management of an eye prosthesis (p 16)
Inspecting and unbending surgical needle holders (p 17)
14 TRACHOMA UPDATE
15 CONTINUED PROFESSIONAL DEVELOPMENT
16 NEWS AND NOTICES

thought of as dependent and incompetent. Yet, in reality, people with disabilities are like everyone else, with strengths and weaknesses. Throughout recorded history, presidents, military leaders, writers, artists, musicians, sportspeople, and scientists have had impairments, showing that this is no bar to high office or great achievement in life (see www.disabledlives.blogspot.com).

People with disabilities are more likely to be female, older, and/or poorer. When people with disabilities are also of minority ethnic status or gay, their difficulties are even more complex, leading to greater disadvantage. People with certain impairments are also more excluded than others – for example, people with intellectual impairments and people with mental health conditions are particularly disadvantaged in employment.

How then to improve the quality of life of people with disabilities? The WHO/World Bank World Report on Disability, launched in 2011, as an evidence-based summary of the global situation of people with disabilities, provides information on problems and solutions. Rather than reducing disability to simply medical problems and solutions, the social

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**Editorial Continued**

**Glossary: disability**

- **Accessibility.** The degree to which information, a service, or a device/product is available to as many people as possible, including people with different impairments.
- **Barriers.** Those things which prevent a person with an impairment from being able to get to, or use, information, services, or devices/products.
- **Disability.** How an impairment affects someone’s life; this is determined by the extent to which society is willing to accommodate people with different needs.
- **Inclusion.** The practice of ensuring that people feel they belong and are able to participate in community life, which includes accommodating any person with an impairment.
- **Intellectual disability.** A reduced intellectual ability and difficulty with everyday tasks; the term ‘mental disability’ is similar but can include mental disorders such as depression or schizophrenia. Other terms used for intellectual disability include ‘learning disability’ and ‘mentally handicapped’.
- **Mobility impairment.** Difficulty with another person to move around. People with mobility impairments may be wheelchair users or use crutches, or may need extra time or support from another person to move around.
- **Sensory impairment.** Visual and/or hearing impairments.

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A DISABLED PERSON’S VIEW

What does it mean to have an impairment?

Gertrude Oforiwa Fefoame is the Africa Social Inclusion Advisor for Sightsavers, an international charity which works in low- and middle-income countries to restore sight and support people who are irreversibly blind. She spends her time advocating and providing technical support for the inclusion of people with disabilities in eye care and other development projects.

‘When I was ten years old and in school, I realised I couldn’t read from the blackboard like the other children in my class. My family took action immediately, and I was seen by an ophthalmologist at the most advanced eye clinic in Ghana at the time. I was referred to an optometrist and given spectacles, but I needed a new prescription every three months. Eventually we were told that there were no other reading glasses that could help.

‘Even though I grew up in the vicinity of the first school for the blind in Ghana, I remained in my mainstream school and continued to a mainstream secondary school at the age of 13. By the time I was 14, it was really difficult for me to read large print and my own handwriting. I learned mainly by listening and also working with my classmates, who gave me support as we studied and did our homework. Some teachers would offer extra help after the class, and others were willing to read what they were writing on the board so I could hear and follow. But it was not a formal low vision service. I didn’t know that any existed as low vision students at the School for the Blind then were all learning like blind students.

‘Later, when I had finished school, I met one of my teachers, and he explained that the headmaster of the school had received some exposure to special needs education and gave the teachers hints on how they could support me. Because I was not involved in the discussion and did not know about my rights then, I didn’t know I had the right to demand such services. I didn’t know that those staff members did for me was not charity, but their responsibility. This meant I didn’t feel I was able to ask for the additional support that I really needed in school.

‘At the hospital, when they could no longer improve my vision or even prevent it from getting worse, nobody explained to me what the condition was and what I should expect in the future. I am not sure whether my relatives had a better understanding than I had, but they didn’t tell me much. It was also not normal for a child in my culture to ask too many questions.

‘When it came to my final examinations, although the school applied for questions in large print, two weeks before the examination information reached me that the examining board could not provide this. Fortunately, my biology teacher had an idea – I could use a hand magnifying lens, like the ones we used to examine specimens! Although I could see only a few letters at a time, as it was such as small lens, I was able to read the exam questions. I still have the lens today although it is no longer of use!

‘Soon after I left school, there was an advert in the paper about teachers who could be trained to support people with visual impairment. My uncle saw this and investigated – he found out that I could go to the school for the blind where I could learn to read and write Braille, so I could

Further reading