# AFRIBILITY UNVEILED

## Navigating disability issues in Africa and beyond

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## Introduction

This model provides a framework for thinking about sustainable reintegration opportunities for disabled people in their environments of choice as these relate to areas of living, learning, working and socializing. The term environment is not restricted to geography but also economic, social, legal, cultural and political structures informing space and place and shaping peoples' lives (Hammel, 2006:60). It is viewed as a politically relevant model for advocating for the health and wellbeing of disabled people in Africa in terms of intersectionality, positionality and diversity.

## Process

Models give people an opportunity to shape ideas as well as be shaped by ideas. Different models related to disability have been developed mostly in the West. The reviewer looked at models in the literature and considered the following aspects:

- Does it speak to health as a human rights issue?
- Does it consider the African context?
- Does it allow for issues of diversity?

The three dominant models are:

1. **The moral/religious model** where the cause of impairments is attributed to wrong doing and are seen as a divine or moral justice which is part of a supernatural scheme.
2. **The medical/individual model** which is impairment focused and difficulties faced by disabled individuals are viewed as their deviation from the 'norm' as a result of their functional deficits.
3. **The social/political model** where disability is framed as a form of oppression as a result of the social experience of having an impairment and not due to the impairment itself (Hammel, 2006:61). It is recognised as the vehicle that has lead to a human rights approach to address the global oppression faced by disabled people.

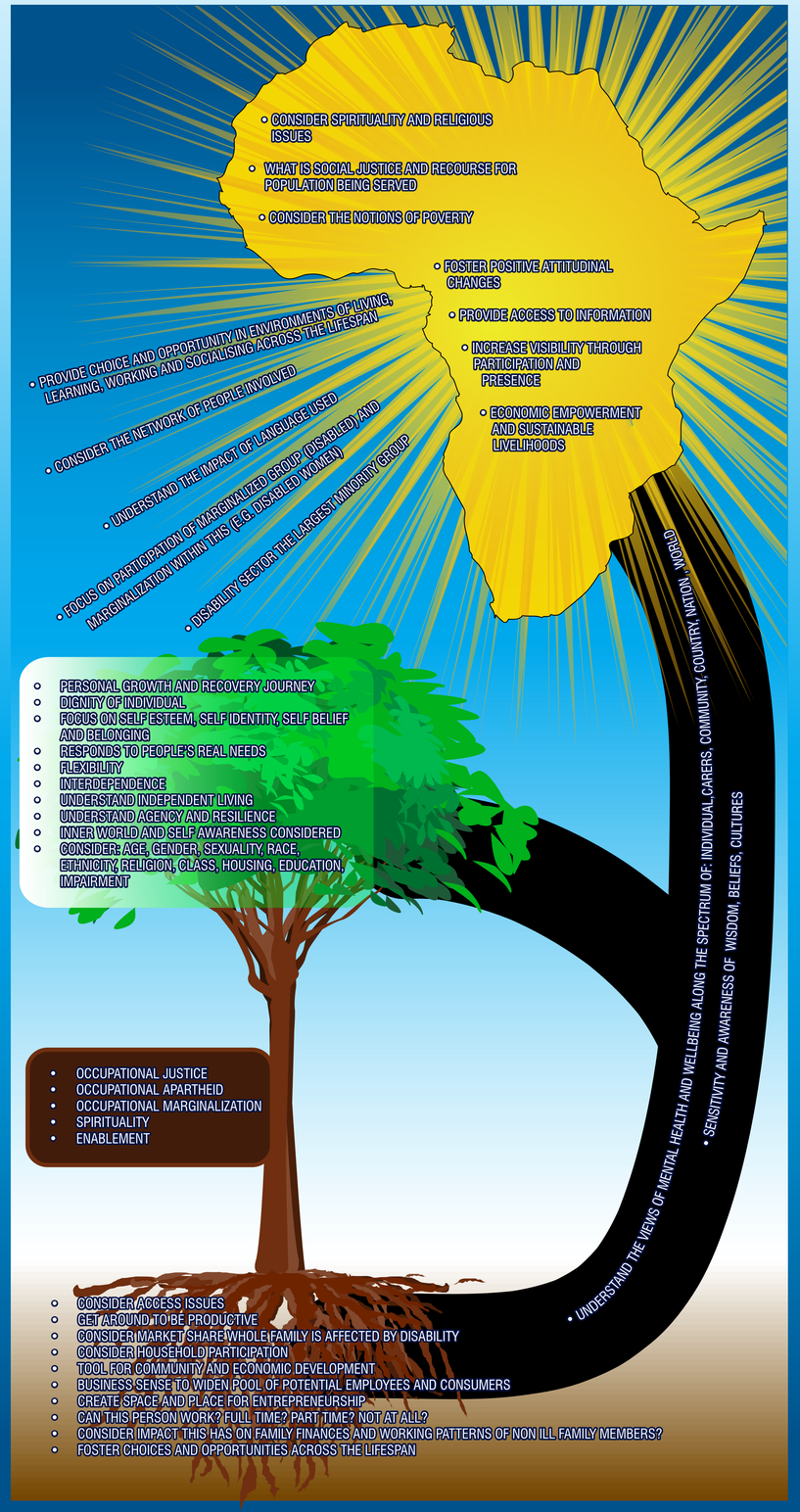
Western models focus on economics as they have been developed in high income countries, while African countries value indigenous knowledge systems and cultures focussing on the sacred reality of life. This creates an opportunity to consider a socio- ecological approach to disabled people and their environment; with consideration to ethics, spirituality and hope in terms of humans' connection to the universe and its impact on spiritual wellbeing (Kronenberg and Pollard, 2005:321).

Historically mental illness has been marginalized within the service delivery sector yet it can be the cause as well as be caused by poverty, violence, inequality and HIV/ AIDS.

## Results

Human beings do not thrive when isolated from others; therefore this framework requires the consideration of values such as: personhood, morality, respect, human dignity, group consolidarity, compassion and collective unity. Africa is a melting pot of differences and an African model of disability should be ageless, universal, transcultural, indigenous and humanitarian while fostering social consciousness and disability confidence

**Afribility**… the route for getting to the root of it!




## Discussion

Upholding the human rights of vulnerable groups requires an interdisciplinary way of thinking about disability. This comes with intersectoral collaboration between health practitioners, academics, researchers, civil society, disabled peoples' organisations and community based human resources. This will facilitate reintegration via community engagement, resource mobilisation, strengthening sense of agency in individuals and groups, public- private partnerships and access to information.

An individual can become disabled at any time in their lives and what is functional in one world is not necessarily functional in another. The socio/cultural dynamics which impacts on citizenship for disabled people occurs on a multitude of levels which should consider the notion of justice as it means different things to different people.

This framework considers individual self identity, power, psychodynamics, and connection of self with others versus collective identity in terms of physical, economic, social, emotional, political and moral dimensions. Infrastructure changes to improve access must be addressed along with attitudinal barriers. Awareness of power and privilege is important in terms of addressing the imbalances of the past as even within the disability sector there is a hierarchy of privilege which allows some people to access resources easier than others (Barnes, 2007). According to Deal (2007), subtle forms of prejudice impacts on disabled people and there are gender-specific risk factors for mental health problems that disproportionately affect women. In Africa, women have lower social status than men, experience greater discrimination and are often at the receiving end of gender based physical and sexual violence which is exacerbated by limited access to resources.

African countries also experiences different crises (war, xenophobia, natural disasters) and the aftermath of these has an impact on the mental health needs of survivors.

## Conclusion

The challenge now is for Africa to embrace its history and cultural diversity and access a model applicable for the continent. This model looks at factors to consider to ensure that disabled people are able to carry out gender specific, locally relevant, economic activities within the wider cultural-political environment. Understanding each other well, respecting others, and accepting others will create a more suitable habitat for human kind.

**Afribility** allows us to consider every day as human rights day, strive for a more just society, embrace the diversity in Africa and honour the spirit of African Humanism/ Ubuntu as we work with the people we serve. Umuntu, ngumuntu, ngabantu :

***"A person is a person through other people"***

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