

Editorial

Women in the forefront of Support

Due to an accident, I am temporarily disabled. I am sitting on the couch of my living room, trying to write this editorial. For the first time, it feels as a very heavy job; much more difficult to write than all the other editorials I've written in the past. In fact, everything I want to do is difficult; be it activities of daily living or just having a call with the insurance company. I have had to cancel many appointments and am no longer able to travel in December to Ghana and the Czech Republic. The two surgeries carried out in 10 days' time took its toll on me and I am glad I have a strong support network: my wife, children, friends, neighbours. It sounds a bit silly to become so much more aware of the reality of disability at the end of my 'career'. I thought that I knew quite well what the small and not so small struggles of people with disabilities were. When I am now climbing the stairs in our house or when thinking of how to organise transport to give a lecture in 3 weeks' time in a town 20 km from my residence, I far more realise how an impairment, temporary or not, can become disabling for a person. And this coming from a white male living in Europe – far from the worst conditions! I strongly believe that in order to truly understand the life of someone with a disability, one needs to listen, observe, and talk with the person rather about the person.

While reviewing the content of this issue I notice 4 articles that deal with support systems: one from India, one from Thailand, one from the Arab Emirates and one from Sri Lanka. Again, I am asking myself, but also service providers, policymakers, planners, (international) NGOs and multilateral organisations active in the field of disability if they take these support systems well enough into consideration in doing their work and developing realistic policies? My late friend M. Miles stated once at a workshop I organised that "since mankind exists, it is basically mothers and other women who take care of the wellbeing – and of the rehabilitation – of their families". In fact, he was pleading for Community Based Rehabilitation (CBR) to be renamed MBR (Mother Based Rehabilitation) ... It is perhaps mothers, sisters, and grandmothers who need to get more attention for their effortless and remarkable contributions to their family as well as society at large. Personally, I am in a luxury position whereby my wife gets some hours (paid) leave to take care of me, but I very much realise the situation in low- and middle-income countries is very different. There, women, on top of their already heavy day tasks, take care of their disabled relatives, without any additional support or schemes to relieve them.

Talking about women, I would like to share a few more thoughts with you. When working in Apartheid South Africa in the nineteen eighties, it was very obvious to me that women with disabilities were at least 'triple disabled'. First because they had limitations in their activities; second, because they were having more pigment in their skin than the 'white' ruling party and third, because they were women who within their own culture were having fewer rights and opportunities and were prone to abuse and stigma. To me, it meant that in all the services that we provided in those days, a special focus had to be placed upon the wellbeing of women. Almost 4 decades later, I notice that INGOs pay a lot of attention to gender and sexual and reproductive health rights and increasingly include women and girls with disabilities in their projects too, as part of intersectionality. While I support such developments in general, I am increasingly becoming worried about the almost 'obsessive' drive of western INGOs to reach and convert the 'ignorant ones' without considering the existing cultural norms and values, let alone involving those who could truly make a difference in the wellbeing of women¹. Would it not be wise to work bottom-up with indigenous organisations and leaders and have a dialogue about developments related to and affecting culture, rights, religion, and disability, and doing this on basis of humbleness rather than a position of (hidden) superiority or power? When I was early this year in Bangladesh I was impressed with the work on sexual and reproductive health rights of girls with disabilities; yet I was disappointed that there were no programmes directed at boys (disabled or not) let alone programmes directed at but also with the local leadership. I learned especially the last few years that lobby, and advocacy activities can become far more effective if one works with religious and traditional leaders. These people are often by far more respected and influential than formal authorities. It is high time for western INGOs as well as multilateral organisations to leave their comfort zone and take bold steps in breaking down wrong ideas and harmful practices.

I am very pleased that we have been managing to publish 3 issues of the journal this year. Early next year we hope to publish the last issue of 2023. Thanks to all contributors and supporters of the journal in what was a very challenging year. Wishing you a prosperous and a peaceful 2024 on behalf of the entire DCID editorial team.

Your Editor-in-Chief,
Huib Cornielje

¹ I mean here those who have influence on society i.e. traditional and religious leaders.