

Editorial

Editorial Message

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Dear Readers,

With deep appreciation and a growing sense of responsibility, we present to you Volume 35, Issue 2 of the Disability CBR and Inclusive Development Journal. This edition is a tapestry of voices, experiences, and critical reflections from Brazil, Ethiopia, India, Bangladesh, and Indonesia. Together, these eight articles take us into homes, communities, clinics, schools, marketplaces, and policy corridors each story revealing the complex and often invisible realities faced by persons with disabilities and their families.

What binds these contributions together is a simple but profound truth: disability is not located within a person's body or mind, but in the way our societies are structured. The challenges people face are not because of their impairments, but because of environments, attitudes, systems, and services that exclude, ignore, or patronize them. The authors in this volume remind us that inclusion is not a checklist it is a mindset, a movement, and above all, a moral commitment to human dignity.

We begin our journey in Brazil, where an integrative review on the social determinants of health among people with disabilities brings sharp attention to structural inequities. The article unpacks how access to employment, adequate housing, transportation, and opportunities for participation are critical health determinants often outweighing the impact of medical interventions. This piece lays the groundwork for understanding disability as deeply interconnected with poverty, policy, and social justice.

From India, we hear multiple voices each highlighting a different dimension of exclusion and resilience. A study from rural Tamil Nadu looks at the quality of life among individuals with locomotor disabilities, revealing how economic insecurity, limited education, and social stigma create daily barriers. And yet, amidst these challenges, people find ways to survive and hope. The study also reminds us that rehabilitation must go beyond physical function to address emotional and social well-being.

In another Indian article, the focus shifts to children with cerebral palsy, and the gap between existing rehabilitation practices and a child's right to dignity, education, and play. Drawing on both policy frameworks like Samagra Shiksha Abhiyan and the realities of families, the authors argue for school-linked, child-centered, and rights-based models of care. Therapy, they suggest, should not be something that pulls a child out of their social world – but something that enables them to thrive within it.

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This call for a more human approach is echoed in a heartfelt letter from Zelalem Dessaegn Demeke in Ethiopia, who writes about children with cerebral palsy not as clinical cases but as children first. He introduces the “F-words” of childhood—Function, Family, Fitness, Fun, Friends, and Future—as a framework for rethinking rehabilitation. His words call us to stop medicalizing childhood, and to create spaces where every child can laugh, play, learn, and be loved.

In Bangladesh, we turn to the vital but often overlooked role of Community Health Workers. These frontline workers who often serve remote and underserved communities have the potential to bridge the vast rehabilitation gap. While the article finds encouraging attitudes toward disability among these workers, it also identifies a lack of training, resources, and systemic support. The message is clear: we cannot expect inclusion at the grassroots without investing in those who work there.

Building on this theme of capacity building, another study from India evaluates a competency-based CBID training program. Using the Success Case Method, the research shows that well-designed training rooted in real-world practice and reinforced with mentoring can dramatically improve the confidence, skills, and effectiveness of grassroots workers. The study is not just a report it’s a roadmap for how we can build inclusive systems from the ground up.

Accessibility, too, is examined through a critical audit of urban shopping malls in Mysore, India. While these malls may appear modern and polished, the absence of Braille signage, auditory guidance, accessible toilets, and trained staff makes them subtly but powerfully exclusionary. The article challenges the idea that physical infrastructure alone guarantees access; it is design, empathy, and intentionality that make public spaces truly inclusive.

Finally, in a touching qualitative study from Indonesia, we hear the voices of parents navigating inclusive education. Their stories are filled with emotion: pride in their children’s achievements, fear of discrimination, and an unyielding commitment to inclusion. The study reveals that inclusion is not just about getting children into classrooms it’s about how schools listen to families, respect children’s needs, and co-create a sense of belonging. It reminds us that when we include families, not just students, we build stronger and more compassionate systems.

What emerges across these diverse contributions is a call to action:

See differently. Disability is not an individual’s problem—it is a societal issue. We must confront the attitudinal, architectural, and institutional barriers that prevent people from fully participating in society.

Listen deeply. The lived experiences of persons with disabilities, caregivers, and community workers are not anecdotal—they are data, expertise, and evidence that must shape policy, practice, and research.

Act collectively. Inclusion is not the responsibility of one ministry or sector. It requires a coordinated, community-led, rights-based approach that is grounded in equity and powered by empathy.

To all the authors, research participants, caregivers, children, and community members who made this issue possible we thank you. Your courage, insight, and determination bring this journal to life. You challenge us to move beyond good intentions, to reimagine systems, and to co-create a world where everyone regardless of ability can lead a meaningful, joyful life.

The Editorial Team

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