

SAWUBONA DISABILITY

Disability Myths, Manners, Dos and Donts

ENGLISH



A QuadPara Association of South Africa (QASA) publication.

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CONTENTS

INTRODUCTION TO DISABILITY

Page 4 – 5

KNOW THE DISABILITY

Page 5 – 6

DEBUNKING THE MYTHS

Page 6 – 7

LANGUAGE OF DISABILITY

Page 8 – 9

KNOW YOUR TERMINOLOGY

Page 9 – 11

PERSONS WITH MOBILITY IMPAIRMENTS

Page 12

WHEELCHAIR USERS

Page 12 – 13

PERSONS WITH SPEECH DIFFICULTIES

Page 14

DEAF OR HARD OF HEARING

Page 15 – 17

PERSONS WITH FACIAL DISFIGUREMENTS

Page 17

PERSONS WITH SIGHT IMPAIRMENTS

Page 18 – 19

PERSONS OF SHORT STATURE (DWARFISM)

Page 20

PSYCHIATRIC AND INTELLECTUAL DISABILITIES

Page 21

ALBINISM

Page 22 -23

ORGANISATION LISTING

Page 24 – 25

ACKNOWLEDGEMENTS

Page 26

ATTRIBUTIONS

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INTRODUCTION TO DISABILITY

There are over 2 million persons with disabilities over the age of 5 in South Africa (Stats SA 2017). Although there are many people with disabilities, they are often marginalised and isolated, which can make it difficult for the wider society to grasp the perspective of people with disabilities.

Some might catch a glimpse of the challenges people with disabilities face while recovering from an injury or when facing old age, but this experience lacks one of the biggest challenges for people with disabilities: prejudices.

Although many everyday activities can be difficult for people with disabilities, people's attitudes and a lack of understanding can be a bigger challenge than the physical barriers as attitudes are much harder to change. A ramp can be fitted in a few hours to make a building accessible, but it can take decades to change beliefs.

As an example, think of hospital scenes in a movie when there is often a wheelchair user wheeled past. Society is geared to perceive wheelchair users as chronically sick and in need of permanent hospital care.

The disability sector is eager to demonstrate that disability is not a medical issue, but a social and environmental issue. Most people have little experience with meeting and interacting with people with disabilities on a day-to-day basis.

Unfortunately, and inaccurately, people with disabilities are often viewed as:

- victims or objects of pity;
- horrible or grotesque;
- burdens (either on society or their families and caregivers);
- unable to do things;
- having multiple disabilities (such as assuming that a person who uses a wheelchair also has an intellectual disability);
- “special” or “different”;
- handicapped.



To address these false beliefs, society needs to understand the different types of disabilities and the appropriate language to use. This publication is a quick reference guide to speaking about disability and interacting with people with disabilities. As every

person with a disability is unique, it is important to ask the individual what their preferred terminology and method of engagement is. Make sure they feel comfortable to tell you when your behaviour is disrespectful or makes them uncomfortable. 

KNOW THE DISABILITY

A disability is not always visible. Many impairments such as autism, epilepsy, dyslexia and diabetes are hidden. Some can affect a person's capacity to communicate, interact with others, learn or move around independently.

DISABILITY	EXPLANATION
Albinism	Albinism is a rare group of genetic disorders that cause the skin, hair, or eyes to have little or no colour.
Blindness or sight impairment	A person with limited or no sight. Blindness is “the state of being unable to see due to injury, disease or a genetic (inherited) condition.
Deafness or hearing impairment	A person with limited or no hearing, due to congenital inheritance, head trauma, viral infection, aging and exposure to loud noise.
Facial impairment	A person's facial appearance is disfigured due to congenital inheritance (born with the disfigurement) or acquired (result of medical condition or road accidents and burns).
Intellectual impairment	A person with certain limitations in intellectual functions like communicating, taking care of him or herself, and impaired social skills. The impairment can be due to genetic inheritance, foetal infection/interference, problems during childbirth, illness or injury.

Paraplegia	A person with no mobility in their legs due to severe a spinal cord injury, a motor neuron disease, a birth defect (spina bifida), cancerous cell growth, tumours or blood clots within the spinal cord.
Person of short stature	A person who is short in stature due to genetic inheritance, chronic diseases, growth hormone deficiency and malnutrition.
Psychiatric Impairment	A mental impairment that substantially limits one or more of the major life activities of an individual due to genetic inheritance and family history, life experiences, such as stress or a history of abuse, chemical imbalances in the brain, traumatic brain injury, the use of alcohol or recreational drugs. This could be permanent or temporary and can be medically treated.
Quadriplegia	A person with a limited or no use of their legs, arms and hands caused by damage to the spinal cord, cervical spine, or brain.
Speech Impairment	A person who may not speak clearly due to vocal cord damage, brain damage, muscle weakness, respiratory weakness, strokes, nodules on or paralysis of the vocal cords.

DEBUNKING THE MYTHS

People with disabilities are different from “normal” people

Normal is an abstract concept. People with disabilities think and feel just like any other person. They are just as unique as anyone else.

People without disabilities must care for those with disabilities

While some people might require help and offering assistance is good, most people with disabilities strive to be independent.

People with disabilities need help

Many people with disabilities can care for themselves and are independent.

Wheelchair users are fragile, sickly and unhealthy

There are many reasons for people to use a wheelchair, not all of which is due to illness.

People with disabilities are brave, courageous and exhibit marvellous strength of character

Adjusting to a disability does require some changes, but it isn't necessarily brave. Rather praise the person on their accomplishments!

All persons with hearing impairments can read lips

Lip-reading skills vary and there is a risk of misunderstanding.

People who are blind have a sixth sense

Although most people who are blind develop their remaining senses more fully, they don't have a "sixth sense".

People with psychiatric disabilities are mad, insane or mentally ill

A psychiatric disability may cause irrational or emotional behaviour, but doesn't make a person insane. This behaviour can often be managed through medication.

People with learning difficulties are mentally challenged

Learning difficulties are different to intellectual disabilities. Learning difficulties include dyslexia, which makes learning in a traditional classroom setting challenging. The person is often still very intelligent.

Other bizarre myths include:

- Parents are angels for raising their children with disabilities;
- People with disabilities go around suing everyone who upsets them;
- People with disabilities are suffering saints and that suffering makes you more spiritual;
- If you have a disability, you're incapable of handling your own affairs, living your own life or making your own decisions;
- Disability means you have sinned and are being punished;
- Disability is a tragedy and people with disabilities need a cure. ❌



LANGUAGE OF DISABILITY

The language of disability has been changing for quite a while and continues to change. It is a vitally issue. Individuals with disabilities are considered to be disabled because of discrimination of which language is a big part. Mainly due to ignorance, many incorrect terms and phrases are used to describe disabilities and people who have disabilities.

However, people are increasingly aware of the way in which the language can reinforce negative stereotypes, even without the speaker realising it. Certain word or phrases may give offence. It is important to avoid using language that suggests that people with disabilities are frail or dependent on others, or that makes people with disabilities objects of pity, such as “suffers” or “a victim”.

It is an accepted practice that phrases should, if possible, put the person first, for example “people with disabilities” rather than “disabled people”. Although there are no concrete rules, it is helpful to understand why some terms are

preferred. Inappropriate terms and phrases include:

- Inconvenienced;
- Handi-capable or special;
- In spite of his disability;
- Overcame his handicap

Remember the following when speaking about disabilities or to someone with disabilities:

- Don't communicate your admiration or pity based on a person's disability;
- Each person is unique and may prefer a different term, so always ask;
- Acceptable disability terminology and the community are always evolving;
- Treat a person in an entirely non-judgmental manner;
- Restrain your curiosity and don't ask how the person sustained their injury.

A disability is extremely personal and the person will volunteer information if they are comfortable.

Have confidence and relax

There is no need to feel insecure or embarrassed. If you are worried

about doing something “wrong”, ask the person. They can assist you and your willingness to learn will be greatly appreciated.

Always be patient

Some people with disabilities need a little more time for everyday tasks such as entering a building or understanding the answer to a query.

Look beyond the disability

The most important is to remember you are dealing with a person first and not a disability. The person has thoughts, feelings, dreams, hopes and unique challenges like everyone else.

Important to acknowledge

The environment is often the disabling factor and not the impairment. 

KNOW YOUR TERMINOLOGY

AVOID	EXPLANATION	USE
Handicapped, crippled, physically challenged, differently abled, the disabled	The word “handicap” is negative. People with disabilities view themselves as people with medical conditions who are “disabled” by inaccessible environments.	A person with a disability Persons with disabilities
A paraplegic, a quadriplegic, an albino, a mongol	A person with a disability should not be defined by their condition, which is what these terms do. Instead, always refer to the person first, and then the disability.	Person with paraplegia, quadriplegia, albinism, Down Syndrome
Wheelchair bound or confined to a wheelchair	Wheelchair user consider this a mobility aid. Without it, they would not be able to move around. They also do many things without their chair like driving and sleeping.	Wheelchair user Sizwe uses a wheelchair
Mentally challenged, mentally retarded, brain damaged	These are very derogatory words, and often inaccurate. Use inoffensive language.	Person with an intellectual disability or person with a mental disability

AVOID	EXPLANATION	USE
Sipho suffers from cerebral palsy Sipho is afflicted/stricken with cerebral palsy Sipho is a victim of cerebral palsy	All four phrases cast disabilities as negative. “Suffers from” indicates ongoing pain, which is not the case for most people with disabilities. “Afflicted” and “stricken” denote a disease, which most disabilities are not. “Victim of” implies that a crime is committed on the person with a disability and that they are powerless.	Sipho is a child with cerebral palsy Sipho has cerebral palsy
Dwarf or midget	Avoid these negative words.	Person of short stature
Vision impaired, “the blind”	“Blind” or “visually impaired” are the correct terms to use.	Person is blind, visually impaired or partially sighted Blind people or people with visual impairments
AIDS victim She’s a diabetic	Some diseases by legal definition are considered disabilities. Victimising or defining the person by the disease is inappropriate.	Person with AIDS Person with diabetes
Crazy, mental, lunatic, insane, mentally ill, nutter, psycho, schizo	These are very derogatory words that carry negative connotations.	Person with a mental health condition or mental ill health or a psychiatric disability
Deaf and dumb, deaf mute, “the deaf”	Deafness doesn’t impact on a person’s intelligence. The term “mute” refers to the inability to speak. Many people with hearing disabilities are able to speak. People who are part of Deaf culture refer to themselves as “Deaf” with a capital “D”. They may be identified in the same way.	Person is deaf or has a hearing impairment Deaf sign language user Deaf people or people with hearing impairments

AVOID	EXPLANATION	USE
Dumb, stupid, slow, retarded	These words are negative. A person with a learning difficulty is often intelligent, but struggles to learn in traditional classroom settings.	Person with dyslexia or with a learning difficulty
Deformed, deformity, birth defect	A person may be “born without arms” or “has a congenital disability,” but is probably not defective. “Deformed” and “defect” are both negative words.	Person born without arms or with a congenital disability

GROUP TERMINOLOGY

AVOID	CORRECT TERMINOLOGY
The disabled	People (or persons) with disabilities
Disabled rights	The disability rights movement
Disabled community	Disability community
The disabled residents	Residents who have disabilities

FACILITY TERMINOLOGY

AVOID	CORRECT TERMINOLOGY
Special bathroom or paraplegic bathroom	Accessible bathroom
Disabled parking	Accessible parking
Disabled seating	Seating for wheelchair users / accessible seating

The term “special” implies segregation and has negative associations. Accessible facilities can be used by anyone.

The principles of universal design are the pinnacle of accessibility whereby environments and items are designed to suit the needs of all human beings. 

PERSONS WITH MOBILITY IMPAIRMENTS

Respect personal space

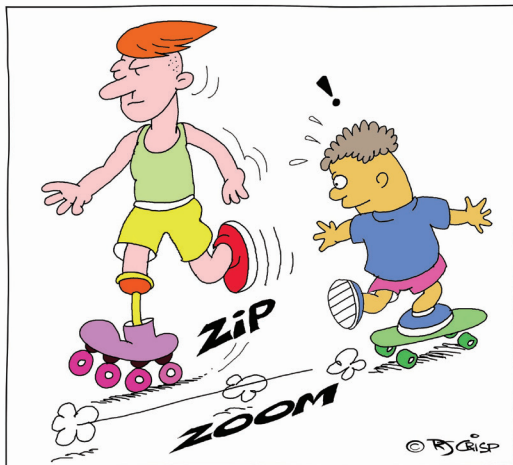
Items such as walking frames, crutches and canes are also considered extensions of the user's personal space, so before you touch or move them, ask permission.

Offer to help

Always offer a seat. Also offer to open doors as this might be difficult for the person to do.

Be helpful, but make sure you offer to assist with bags or other belongings, before actually doing so.

Ask the person whether they would prefer a chair with arm rests or higher seats.❏



WHEELCHAIR USERS

There are many different reasons for someone to use a wheelchair and there is a wide range of physical disabilities among those who use wheelchairs.

How to communicate

Speak directly to the person and make eye contact. Don't stare at the wheelchair. Offer a physical gesture (such as a handshake) when greeting

the person even if they have very limited use of their arms and hands.

When speaking to someone in a wheelchair, put yourself at their eye level by sitting or lowering yourself. This will prevent the wheelchair user's neck straining or getting stiff.

If accompanied by a caregiver, make sure to still address the wheelchair user directly. Never slap a wheelchair user on the back or thigh as this can

cause the person to lose their balance or trigger muscle spasms.

When appropriate, a hug is acceptable, a touch is permissible, a smile is agreeable. Don't be sensitive about using words like "walking" or "running". Wheelchair users also use these terms.

Respect personal space

Don't lean on or be overly familiar with a person's wheelchair. It's an extension of their personal space. It's also considered rude to hang your items such as coats and bags on a person's wheelchair. Never push a user's wheelchair without the person's consent.

How to offer help

Always ask the person before you help. Should they accept, ask them how they want to be assisted before going further. When handing items to the person, place them within the person's grasp.

Accessible spaces

Don't park your car in a designated accessible parking place. These spaces are wider than usual (3500mm) in order to get wheelchairs in and out of the car and are close to the entrance for those who cannot push far.

Don't use accessible toilets designed for wheelchair users if you do not have a disability. ♿



PERSONS WITH SPEECH DIFFICULTIES

Various factors can cause speech difficulties and language problems, and usually a speech difficulty is unrelated to a mental disability.

So, don't assume that because a person has a speech difficulty that they have a learning difficulty or mental disability. Treat them like any other person.

How to communicate

The key to effectively communication is to focus on what the person with the speech difficulty is saying as with any other person.

Patience is important, so show this in your voice and body language. However, don't be condescending or exaggerate your encouragement.

Do not correct the person or finish their sentences. You may know what they are trying to say, but this disempowers them. Let them speak for themselves.

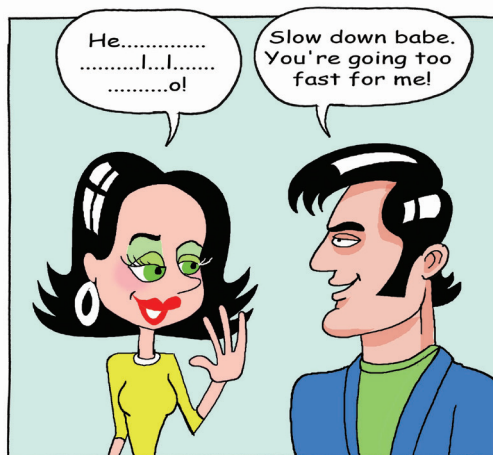
Ask one question at a time. When asking the person a question that requires a complex answer, consider

breaking it up into single points that require only short answers.

Speak in a clear way and at a calm pace, but do not speak in an exaggerated slow way. Their speech difficulty may not always affect their understanding of what is said.

Don't pretend to understand what the person has said in order to make them feel better – honesty is the best policy. Instead, apologise and ask them to repeat what they have said.

To ensure that you do know what they have said, repeat what you understand they said, and ask if this is correct. ¶



DEAF OR HARD OF HEARING

Not all people who are hard of hearing are completely deaf. They may have varying degrees of deafness. Persons with mild, moderate, severe or profound hearing loss may use a hearing aid, may find lip-reading helpful or might use South Africa Sign Language (SASL). There are numerous ways to communicate with Deaf or hard of hearing persons.

Everyone lip-reads to some extent, especially in noisy situations. When you speak to someone, your facial movements give them information that helps them understand the meaning of what you are saying.

There are some important things to remember about lip-reading:

- Lip-reading requires skill and concentration, and can be tiring;
- Words can look similar on the lips;
- Some sounds are pronounced at the back of the throat and have no visible shape on the lips.

How to communicate

In order to start a conversation, get

the person's attention with a slight touch to the shoulder, move into their line of vision or give a small wave (do not exaggerate this).

It is essential that the person sees you before you begin the conversation, else they may lose the first words of what you are trying to convey.

Establish eye contact before beginning communication. It is best not to assume how much the person can and can't hear.

Ask whether they understand and how loud you should talk, and find out how best you can communicate with them.

Avoid raising your voice too much in order to be heard, and don't shout, especially when dealing with sensitive information. If you can't be heard or understood, write down what you want to convey.

Hand gestures can be useful but use these as you would in any normal conversation. Exaggeration is not necessary and can be embarrassing.

Make sure that you have been understood – don't be afraid to

ask. It is better to ask the deaf person whether they understand or whether they need help, than to assume.

Keep sentences short and use proper sentence construction. Rephrase rather than repeat sentences.

Speak clearly so that the person can see and read your lips. Use a normal tone of voice. Use facial expressions that correspond to the topic and mood of discussion.

Use basic signs to transfer your message. Indicate unforeseen happenings such as a sudden loud noise. The deaf person may have a sign language interpreter who will translate what you are saying for them.

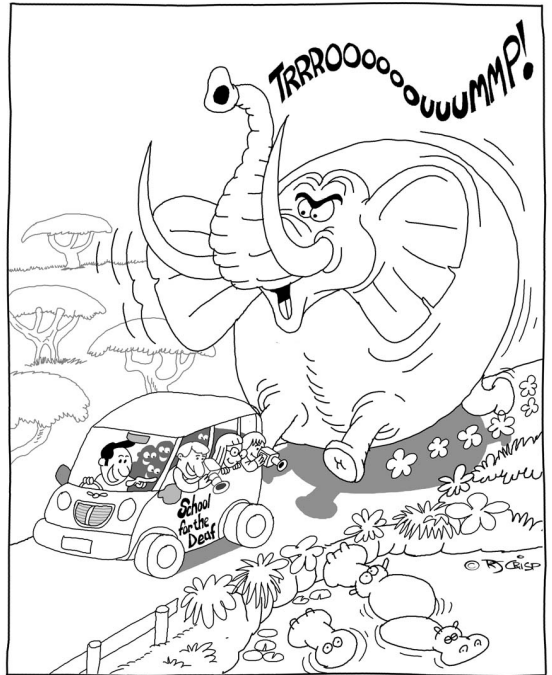
In this case, do not address the interpreter, but speak directly to the Deaf person as you would any other person.

General etiquette

Do not smoke, chew gum or let your hair cover your face while in conversation, as this will make it difficult to read your lips.

Do not look away during a conversation as this denotes the termination of the communication.

Especially for people who are hard



of hearing but have some hearing ability, keep background noise to a minimum if possible, to help them hear more clearly.

You may have to speak loudly to allow the person to hear. Always respect the person's privacy and suggest moving to a quiet corner or a private area when discussing sensitive information.

Many people can join in conversations by using a hearing aid or lip-reading:

- Make eye contact with the deaf person when speaking to them.

- Keep your face and lips visible by keeping them in the light. Avoid standing with your back to a light as this will put you in shadow.
- Do not speak too fast and keep your speech clear; however, do not speak in an exaggerated manner. Keep it natural!
- Remember that the person in this case needs to see your face when communicating; so if you need to

turn away, stop talking, so that the person doesn't lose the sense of the conversation.

DO: Be patient and take time to communicate.

DON'T: Use exaggerated gestures or block your mouth when talking

Information compiled with the assistance of NCPPDSA, NID and DEAFSA. §

PERSONS WITH FACIAL DISFIGUREMENTS

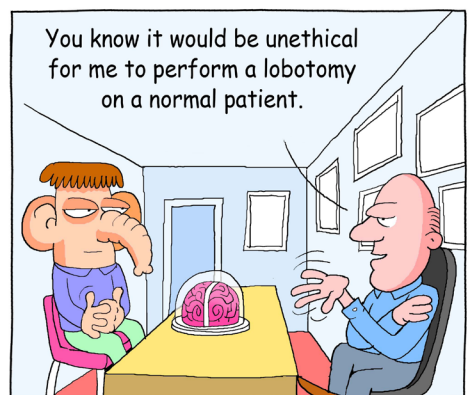
People who have facial disfigurements are often faced with difficult situations, because society does not accept them as they are. This can lead to discomfort.

When speaking to a person with a facial or other disfigurement, bear in mind that they may be anxious, sensitive or have low self-confidence.

Don't turn away. Make sure to give them your attention during the conversation. You can create a positive interaction with them by focusing on the person and what they are saying rather than their disfigurement.

Don't stare! Even if you feel uncomfortable, do not let your uneasiness affect your conversation

with the person, or make them feel uncomfortable. Looks are only skin-deep: bear in mind that other than their disfigurement, they are a normal human being. §



PERSONS WITH SIGHT IMPAIRMENTS

Sight impairments vary from person to person and range from limited sight, for example blurred or distorted vision, to no sight at all.

How to communicate

When approaching a person with a visual impairment, speak to them, so that they know someone is coming their way. Identify yourself clearly in case they do not recognise your voice but remember it is not necessary to shout.

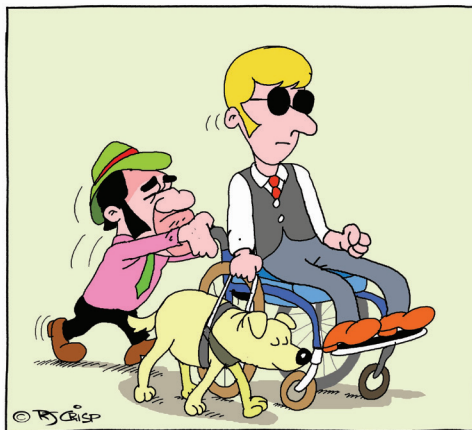
Address a person with a visual impairment directly and not through a third person.

When introducing yourself, say, “shall we shake hands?” instead of taking them by surprise when you grasp their hand.

Some people who have visual impairments might have a guide dog. These are not pets and should not be fussed over. They are working dogs with an important function and should not overshadow the person with the disability.

How to offer to help

Being helpful is much appreciated.



The best approach is to ask how you can be of help. Give verbal clues, such as “May I offer you an arm” or “May I take your bag for you” to avoid taking the person with the sight impairment by surprise.

When entering an unfamiliar area, give a brief description of the layout.

When leading a person, on approach of stairs, mention there are steps in advance, saying if they are up or down.

When offering the person a seat, the best way is to let them sit down by themselves. Do this by placing their hand on the arm or back of a chair.

When helping a blind person into

a car, tell them which way the car is facing and place the person's hand on the roof over the open door.

When using public transport, such as a train or bus, enter ahead of the blind person. Never push a person with a visual impairment in front of you.

At meals, a person with a visual impairment will manage independently or will ask for assistance.

General etiquette

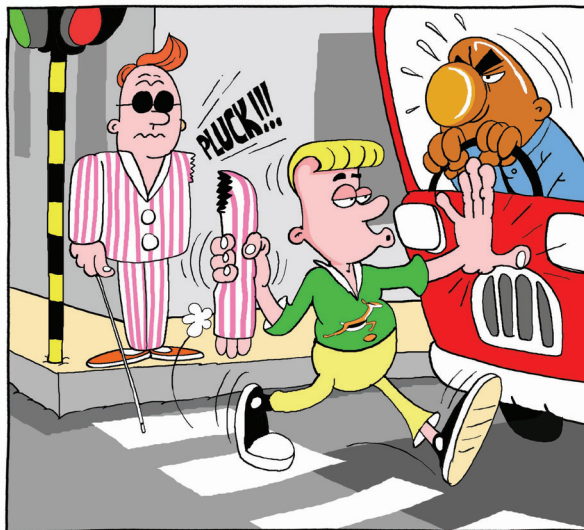
Do not leave a person with a visual impairment talking to an empty space. Tell them before you move away and gently announce yourself on returning.

If you need to move any belongings, first ask and then describe where they are. Check that they have picked up their possessions when you move.

In a business situation, if you need to give written communication to a person with a visual impairment, make sure you have this available in other formats, such as Braille, large print or audio.

Ensure that doors are not left ajar. Avoid objects left on the floor as they are likely to be tripped over.

Information compiled with the assistance of the National Council for the Blind. 



PERSONS OF SHORT STATURE (DWARFISM)

Dwarfism commonly refers to a person with an adult height of less than 147 cm. There are different types of dwarfism that can be caused by genetic or other medical conditions. A person of short stature is neither a child nor a member of the local circus!

Communicate

Communication can be easier when people are at the same level, so step back or kneel down to make eye contact with the person.

Don't talk down to the person or be over-familiar. The same courtesy and respect is required as when meeting any other person for the first time.

If the person is accompanied by a friend, colleague or family member, address the person directly and not the companion.

Etiquette

Do not assume the person's age and/or abilities based on their height.

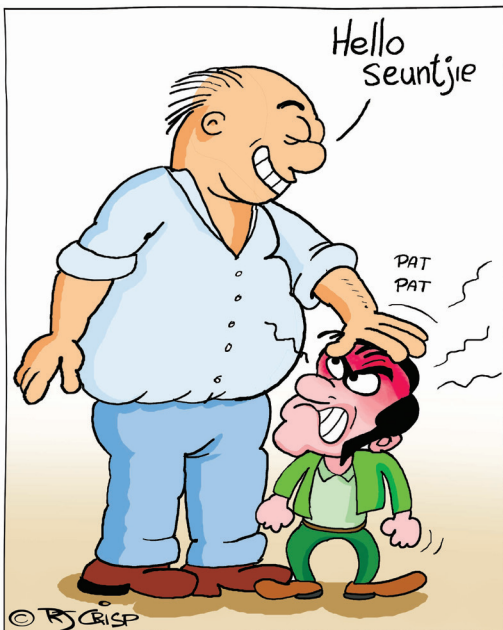
Place items within the person's reach. Never pet the person on the head. Jokes about Snow White and the Seven Dwarfs are not funny.

Offer to help

Do not offer to pick up the person if they can't reach an object. Just pass the object or provide a step stool so they can reach it themselves.

Ask before putting a cushion on the chair. Often a loose cushion makes it more difficult for a person with short stature to get onto the chair.

Always ask the person if they would like assistance before you help. Should they accept, ask them how they want to be assisted before going further. ▣



PSYCHIATRIC AND INTELLECTUAL DISABILITIES

Mental illness, mental disturbance or psychiatric illness is a description of the same condition. It could entail disturbances of mood, observation ability, thoughts, will power, memory and behaviour.

Psychiatric disability can affect anyone and no exact cause for psychiatric disability has been identified. If the brain is damaged and not able to work properly, we say the person has an intellectual disability. Intellectual disability can affect anyone. Many possible causes of intellectual disability have been identified and often no clear cause can be found.

One in four of us at some time in our life will experience a mental health problem and most of us will make a full recovery. The major barrier people with mental health problems face are attitudinal rather than physical. In many instances you will not know someone has a mental health problem.

While some persons with psychiatric illness remain functional and in control of their lives, others need ongoing support.

How to communicate

People with psychiatric disabilities don't necessarily have an intellectual disability, so do not assume they won't understand you.

Communicate with the person as if they are any other person, and don't make any prejudices about what you think they will or won't understand.

A patient attitude is important, but don't be patronising. The best idea is to avoid complex words and terminology, and keep your conversation clear and straightforward.

Try changing the questions round to check if you still get the same response. If necessary, use communication aids such as symbols or pictures.

General etiquette

Be accepting, understanding and supportive. Be patient, and don't put the person under pressure to answer your questions quickly.

Some things can cause stress, including crowded rooms, flashing lights, loud noise and music. Try to eliminate these causes of stress.

Content adapted from material supplied from SAFHM. 

ALBINISM

Albinism is a genetic condition that reduces the amount of melanin pigment formed in the skin, hair or eyes and occurs in all racial and ethnic groups throughout the world.

Communicate

Always use the term people with albinism. Never use the term albino to refer to a person. It is considered a derogatory term. It is better to use person-centered language: put the person ahead of the condition.

Etiquette

People with Albinism generally have poor eyesight so always check with them about their preferences regarding lighting and font size of reading material.

The sun is a problem so always ensure that they are not in the sun or provide adequate shade when outside.

It's always important to encourage inclusion of people with albinism in social events and activities.

Don't tease, stare, discriminate, exclude or make assumptions. Rather ask if you are unsure. Don't be scared to interact or to ask questions. But, do so in a respectful manner.

Myths

Albinism is contagious

Albinism is a genetic condition passed

on by both parents. It isn't contagious.

Albinism is a curse or a punishment

Albinism is a genetic condition that results in a lack or total absence of melanin (pigmentation) in the body. It's not a curse or a punishment for past wrongs.

People with albinism are less or not intelligent

Albinism merely affects the level of melanin in the body. Because of the lack of melanin present, most people with albinism suffer from significant vision impairment, which can affect their learning and education. However, they are still intelligent. There are teachers, lawyers, politicians and musicians with albinism.

Albinism only affects appearance

Melanin is integral to developing skin, hair and eye colour; however, it's also vital for the development of healthy vision.

People with albinism can't go outside during the day

People with albinism can go outside at any time, but need to take extra precautions when in the sun. Protective clothing, sunscreen and a hat are required all year round to minimise the risk of skin damage from the sun.

All people with albinism would have children with albinism

Albinism is a genetic condition. The albinism gene is passed on from parent to child. In order for a child to have albinism, both parents must be carriers of the gene. If a person with albinism (who is a carrier of the gene), marries someone who does not have the albinism gene, their children would not have albinism. If the partner is also a carrier of the gene, then, with every pregnancy, there is a 50 percent chance that the child could have albinism. If the partner also has albinism then the children would have albinism.

People with albinism are a result of inbreeding or incest (Bred from closely related people, especially over many generations)

It is a genetic condition. It is passed from parents to their children. There is no scientific evidents that it results from incest.

Albinism is a punishment or a curse from the gods or ancestral spirits due to wrongs done in the family

Albinism is not a curse.

Body parts of persons with albinism make potent charms that can make people rich and successful

This is a myth spread by witchdoctors to enrich themselves at the expense

of others.

A person with albinism cannot have regularly pigmented children

They can give birth to regularly pigmented children if their partner is not a carrier of a similar recessive gene for Albinism. The children will be carriers of the recessive gene but it will not be expressed in them.

The mother slept with a white man

Children born with albinism may look “white” due to absent or reduced pigmentation, but are not the product of cross-racial sexual relationships.

People with albinism don’t die, they simply vanish

All people with albinism die like everybody else. There’s no such thing as vanishing.

People with albinism are equal to white people

Albinism affects all races, ethnicities, genders, religions but the majority in South Africa are found in black families. Their condition must not be associated with mainstream white people. They have limits in accessing resources and services because of their condition.

Information compiled with assistance from Delicia de Vos. 

ORGANISATION LISTING

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Disability and Social Change: A South African Agenda

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Disability Awareness – Do it right! Your all-in- One how-to guide

Written by Mary Johnson. Published by Avocado Press, Louisville, United States.

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QuadPara Association OF SOUTH AFRICA

[QASA]



Who We Are

As an NPO, we develop products, programmes and services for quadriplegic and paraplegic members to build their capacity and ensure opportunities for societal integration and empowerment so that they can live their lives to their full potential.

Programmes & Services

SKILLS DEVELOPMENT & EMPLOYMENT

QASA invests in programmes that up skills and supports members who pursue employment opportunities, whether this is through skills development, employment programmes that educate employers on the value proposition of our skilled members, or bursaries for tertiary or continued education.

ADVOCACY & LOBBYING

QASA advocates and lobbies on behalf of its members to ensure universal access and inclusion in the built environment and transport nodes. This includes disability awareness and sensitisation workshops, access audits, and the promotion of the White Paper on the Rights of Persons with Disabilities. Prevention of spinal cord injury forms part of our advocacy commitment.

MEMBER DEVELOPMENT

QASA supports the health and wellness of its members through educational programmes for members, caregivers and the healthcare sector. QASA provides better mobility, assistive devices and accessibility for its members to ensure a barrier-free environment. This includes assisting with accessible housing, independent living solutions and even driver training programmes.

OUR VISION

All Quadriplegics
and Paraplegics will
live their lives to
their full potential



GET IN TOUCH

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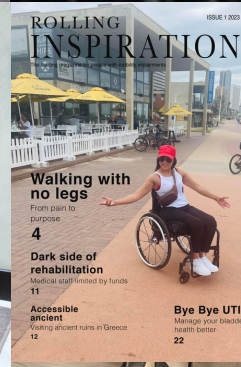
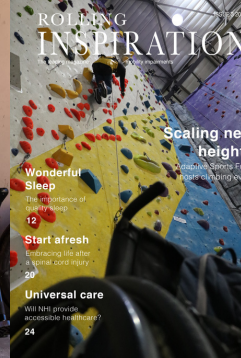
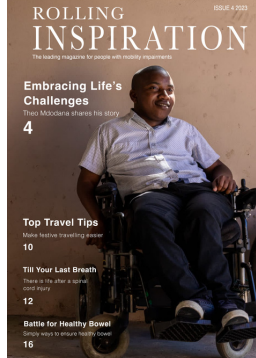
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