

ACTIVITY HANDOUT: PROMOTING DISABILITY-INCLUSIVE ATTITUDES (ANSWERS)

[MODULE 1: Understanding Disability and Inclusion]

For each type of negative attitude, come up with a more disability-inclusive statement that a health worker can say instead.

Negative attitudes	Disability-inclusive attitudes
1. Inferiority: Believing persons with disability are inferior because of their impairment. <i>"We usually see the mothers with disability after we have seen all of the other patients because if they miss out on an appointment it doesn't matter as much for them."</i>	Approach: Persons with disability have equal entitlement to health care as all other people under the UNCRPD. Statement: <i>"Mothers with disabilities are entitled to be seen at our clinic like all other mothers. We will make sure they get the health services they need."</i>
2. Fear and avoidance: Avoiding a person with disability because of fear of saying or doing the "wrong" thing. <i>"When a mother who is deaf or hard of hearing comes to the clinic, I leave her to be seen by the other staff. I don't know sign language and I am worried I won't be able to communicate with her."</i>	Approach: Try our best to communicate with all mothers and find alternative ways of communicating if required. Don't worry about saying the wrong thing – it is more important to try to communicate and find out what their needs are than to always "get it right". Statement: <i>"When a mother who is deaf or hard of hearing comes to the clinic, although I don't know sign language, I can still find a way to communicate with her."</i>
3. Stereotyping: Assuming what persons with disabilities need or do not need. <i>"No need for a screening. Refer this mother with disability to specialized services because she most likely struggles with feeding her child."</i>	Approach: Offer persons with disabilities the same access to health services as others. Make referrals based on actual needs or on what they request and do not make assumptions. Statement: <i>"I will offer this mother and her child the same access to screening and assessment just like all mothers and children. Just because the mother has a disability, it does not imply the child is nutritionally at risk."</i>
4. Denial: Not believing a person with disability or recognizing the impact of the impairment, or denying reasonable accommodation where needed.	Approach: Not all disabilities are visible. Listen to mothers when they communicate what their specific needs are and provide reasonable accommodation when required.



<i>"This mother says she has a disability but she looks the same as everyone else to me. Why should I spend longer counseling her?"</i>	Statement: <i>"It is important that I accommodate the needs of this mother. I will take the time to communicate with her in a way she understands, and I will make sure she has time to process information and ask any questions that she has."</i>
5. Pity: Feeling sorry for a person with disability, leading to patronizing behavior. <i>"When I see children with disabilities at the clinic, I feel sorry for their mothers. I talk to them about how hard it must be for them."</i>	Approach: Ask a mother if she need any specific assistance and provide it if requested, but do not insist on helping her or make her feel embarrassed. Statement: <i>"When I see mothers with children with disabilities at the clinic, I will ask them if they need any specific assistance but if they say no, I just see them for their screening the same as all the other children."</i>

Adapted from: Disability-inclusive health services toolkit: a resource for health facilities in the Western Pacific Region. Manila, Philippines. World Health Organization Regional Office for the Western Pacific. 2020. Licence: CC BY-NC-SA 3.0 IGO.