Once Challenged, Now Victorious
Lydia La Riviere Zijdel

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“Sport has the power to change the World. It has the power to inspire. It has the power to unite people in a way that little else does”

Nelson Mandela

If we take the words of Mr. Mandela literally in what way has sport changed the lives of disabled wo/men? How can disabled wo/men become team players in the large arena of the world of sport and physical activity on the one hand, and benefit from it on the other hand after having been in crisis/disaster situations. Because the reality of disabled wo/men’s lives proves to be an enormous challenge as they face multiple discrimination in their circumstances. The limited available statistics suggest that economically, socially, and psychologically, disabled wo/men live fare considerably worse than non-disabled wo/men. The situation of wo/men in developing countries, where the majority of disabled persons are girls and women, is even more profound as they meet obstacles in their daily lives, including those in access to sport, physical activity and psychosocial programs. Sport and physical activity have proven to be of great value for the empowerment of girls, women, boys and men with disabilities and their well-being and health. Through sport their challenges can turn into victories on local, national and international level.

Introduction to disability

Power in society, and in the world, has always been distributed unevenly. In most societies in the world, access to higher socio-economic class is still restricted by social status, wealth, privilege, education and profession. Worldwide, resilient social structures remain largely intact for the benefit of the powerful few, while the many live in poverty. This is most noticeable for disabled wo/men living in developing countries and even more so for women and girls with disabilities.

Disabled wo/men make up the world’s largest and most disadvantaged minority. The numbers are damning: an estimated 20 per cent of the world’s poorest persons are those with disabilities and the majority live in third world countries. Within the developed and industrialized countries the majority of disabled wo/men are above the age of 65, but in developing countries more than approx. 70 % of all disabled wo/men are under the age of 45 years. Throughout history, disability has been closely linked with poverty, poor nutrition, and inadequate health care, lack of opportunity for exercise and socialization, and stress.

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1 Lydia la Rivière Zijdel, MA is working as International Consultant on Disability, Gender and Sport, lecturer Disability, Development and Gender at the Free University of Amsterdam and conducts and coordinates various sport and empowerment programs in developing countries, especially targeted at disabled wo/men. She is a highly ranked martial artist (3rd degree black belt Karate and 2nd degree black belt Aikido) lydia.womenandsport@tiscali.nl; www.lydiazijdelfoundation.com

2 See the slight increase of paralympians from developing countries in the 2012 London Games

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At the same time girls and women have a greater chance to become disabled during their lifespan due to poverty, living in rural areas and/or conflict zones, cultural traditional practices, or as victims of gender-based violence (including female genital mutilation, FGM). Current figures of the World Health Organization reveal that every minute:

– more than 30 (young) women are seriously injured or disabled during labor
– more than 100 women are seriously injured or disabled due to (gender based) violence, rape or conflict

The absence of disabled wo/men in everyday life, not being shown as integral and productive members of society, has an impact on society at large and on the individual disabled person her/himself. When disabled people are shown, the focus is more on their impairments or they are predominantly judged by a cost-benefit analysis (Barnes & Mercer, 2005). Moreover they are seldom projected by their gender and merely shown as a-sexual beings. In developing countries women and girls are often hidden, ‘imprisoned’, or sometimes even killed.

Disability history in a nutshell

Many of the prejudiced attitudes that still exist today have their roots in longstanding cultural, historical and religious influences and explain why disability equality has been called ‘the last civil rights movement’ (Marin, et al, 2004).

In the northern and western world, ideas about the human body have been dominated by Ancient Greek and Roman ideas of the 'body beautiful'. This ideal, represented by the perfect physique of classical sculptures, such as the discus-thrower, was widely admired, particularly amongst the patrician (ruling) classes.

The philosopher Aristotle advised getting rid of a child if it was imperfect. Greek law even dictated that a newborn baby was not really a child until seven days after birth, so that an imperfect child could be disposed of with a clear conscience. From these Greek and Roman beliefs arose the enduring idea that 'good' looked beautiful and the deformed and disabled were 'bad'.

In the last part of the 19th century, a growing number of scientists, writers and politicians began to interpret Darwin's theories of evolution and natural selection for their own ends. These 'eugenicists' believed that they could improve the quality of the human race by selective breeding. They argued that people with impairments, particularly those born with a congenital condition, would weaken the gene pool of the nation and reduce competitiveness. Increasingly, disabled people were shut away in single-sex institutions for life, or sterilised. Separate special schools and day-centres were set up that denied disabled and non-disabled people the day-to-day experience of living and growing up together.

Recent research indicated that doctors in the Third Reich regarded the quality of life for disabled people so poor that to end such lives was ‘mercy killing’. More than 250,000 physically and mentally disabled adults were killed in 1939-45 by the hands of the doctors of the Third Reich (Albrecht et al, 2001).

The history of past atrocities committed against disabled wo/men may seem remote. Certainly attitudes have become more benevolent and enlightened, but how much really has changed? Now in the 21st century, the fallacies of the reasoning behind the eugenics movement are widely recognised. The issues surrounding the elimination of disabled wo/men through incarceration, death, and sterilisation, however, still remains.
Though the rhetoric and rationales have changed, the means are more subtle. The actual numbers may have been reduced, but efforts to eliminate disabled wo/men continue. The human beings who were sterilised as threats to racial purity, burned as witches, or sent to the gas chambers in the past are now being "allowed to die for their own good" or sterilised for "hygienic reasons" or "for the rights of the unborn child" in the case of learning disabled parents (Albrecht et al, 2001).

Although not documented enough within academic research, stories of development workers in the field of disability show that within many third world countries abandoning children with disabilities is still a day to day phenomenon. It is not seldom that a disabled child is regarded as a punishment of Allah, God, Jaweh or one of the traditional Gods. It sometimes even leads to not only rejecting the child but also punishing the mother through repudiation. In some developing societies children are (more) maimed in order to become a (professional) beggar.

As the world of sport focuses far and foremost on the capabilities and the beauty of the body, it is even harder for persons with disabilities to cope with the prejudices about the perfectionism of the physique and has made their sport performances to even lesser valued than others in society. Yet statistics show that their sport performances cannot be disputed. For instance the Paralympic team of my country, the Netherlands, did far better in the last games than our Olympic team (Beijing 2008).

**Disabled wo/men in sport**

Getting interested and becoming involved in sport and physical activity is difficult for disabled wo/men and girls and boys because of the limited exposure they get to sports, especially when they are young. Those who become disabled during their adult life, through events like accident or illness, are often already involved in sport or physical activity. In these cases, they are highly likely to remain active in sports. There is however a big difference between the availability of and access to sport for disabled wo/men in the North or in the South.

Many disabled children in Ethiopia attend mainstream education where they mostly end up in so-called cluster classes, mixed with children with all kinds of impairments (e.g. physical, deaf, blind, intellectual impairments). Although sport facilities do exist for students in primary education, they are not available to disabled students. Most physical activity teachers are not equipped or willing to teach disabled children and they are left literally on the side-lines of the sport fields.

Disabled wo/men often need to feel empowered in order to get involved in sport and physical activity. The information about their bodies and abilities is more often negative than positive “with your disability you cannot do this, or that”. Non-disabled people learn physical activity and sports primarily through their families and schools when they are children. Disabled wo/men who reach the status of athlete, however, often attribute their participation and success to self-motivation and friends. Wo/men athletes who become disabled later in life already have a support system of teachers, coaches, friends, and partners who still encourage them. Disabled athletes with encouraging, supportive parents and surrounding are often leaders in their sport and community. They believe their success in leadership is a result of good parenting and family support.

Michael, a by polio effected young men in the township of Delft (South Africa) became interested at young age in basketball. His father made him a (wooden) wheelchair and he competed with the non-disabled boys in the township.
First he was rejected as being too small and not fast enough, but he insisted to give him time as they also had to learn the game, even on two legs. He is now one of the top players of the South African wheelchair basketball team and a sport leader in his community.

Many athletes with various disabilities agree that sports and physical activity are an important way to affirm their competence and worth. Through sports, a person's skill and expertise is valued and becomes significant. Sport and physical activities offer a social space for disabled people as a tool to remove them from marginality. Sport and physical activity sway the focus from people's in- and disabilities and place attention on their abilities. This gives them strength to demand inclusion in every area and especially for their human rights.

Every year the All Ethiopian Games are held in Addis Ababa, the capital of the country, where the winners, the runners-up and the third finalist can win money, or in the higher sport performance classes even a piece of land. Four years ago also the disabled people claimed, on the basis of the signing of the UN Convention on the Rights of Persons with Disabilities by their government, to be allowed to take part in these games too. The CRPD states that:

*States Parties recognize the right of persons with disabilities to take part on an equal basis with others in cultural life, and shall take all appropriate measures to ensure that persons with disabilities (article 30.1):*

(a) To encourage and promote the participation, to the fullest extent possible, of persons with disabilities in mainstream sporting activities at all levels (article 30.5.a)

As it is even more difficult for women and girls with disabilities to have access to (elite) sport many initiatives still have to be on their way, especially for those living in third world countries. Some progress has been made towards the advancement of women's participation, but this benefits women and girls from the developed world more than those from developing countries. Already in 1995 the International Paralympic Committee (IPC) General Assembly unanimously endorsed the Brighton Declaration. Since then, various efforts have been made to increase the representation and equity of girls and women within the organization as well as addressing the marginalization of disabled women athletes and their leadership. The International Paralympic Committee (IPC) views gender equity and more specifically the participation of girls and women in Paralympic Sport as a priority. It believes it is important for girls and women to have the opportunity to participate in sport from a recreation to an elite level.

In 2003, the IPC activated the Women in Sport Committee. It was established to address the low number of female athletes and events in the Paralympic Games as well as the lack of women in coaching, officiating and leadership positions. The role of the Women in the Sport Committee is to advocate for the full inclusion of girls and women at all levels of Paralympic sport, to identify barriers that restrict participation, to recommend policies and initiatives that address these barriers, and oversee the implementation of initiatives to increase participation.

Overall the obstacles for disabled women from developing countries to participate into the Paralympic games are still enormous. Therefore developing nations remain under-represented, with competitors facing obstacles ranging from prejudice against disability to the prohibitive cost of high-tech wheelchairs and prosthetic limbs.

“We’re aware that we do need to increase not only the number of countries competing in the Paralympic Games but also the number of athletes coming from the smaller nations,” said Craig Spence from the International Paralympic Committee (IPC).

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4 The Brighton Declaration
"To put that into perspective, in Beijing 51% of the athletes came from just nine of the countries, and we had 146 countries competing. Clearly we need the smaller countries to start producing athletes who are good enough to compete."

Four years on and the statistics are slightly better: the biggest nine teams in London account for just under 40% of the 4,200 athletes taking part. However, Paralympic sport remains almost overwhelmingly a pursuit for richer countries – something brought into sharp relief just before the opening ceremony when it emerged that teams from Malawi and Botswana had withdrawn due to funding problems. Of the biggest 25 squads at the Games, 19 belong to countries who are members of the OECD industrialised nations' club, with the remainder coming from either emerging economic powerhouses — China, Brazil, Russia and South Africa – or, as with the Ukrainian and Iranian teams, from countries with particularly strong Paralympic traditions.

The imbalance is especially evident in the more high-tech sports. Five cycling medals were up for grabs at the Velodrome on the first day of the Games but none of the world's poorer countries were taking part.

Nonetheless, great strides have been made since 1988 when Seoul became the first city to host a unified Olympics and Paralympics. Then, only 61 nations sent competitors (Walker, 2012).

Prejudice remains a major barrier in other developing countries. Charles Narh Teye, a 35-year-old powerlifter who is part of a four-strong team from Ghana, grew up using prosthetic legs after an undiagnosed infection led to double amputation when he was a baby.

"The most difficult thing was that in school people thought that if you were physically challenged it could easily be transferred to other people," he said. "People wouldn't sit near me. They thought that if my prosthetics should touch them they would have an amputation. I had to sit at the back of the class with the teachers. I couldn't play, because no one wanted to come close to me. I was lonely all the time. It was very difficult."

His life improved dramatically when he took up powerlifting as a teenager. With the help of a Ghana-based sporting charity, Right to Dream, he qualified for London on merit, lifting the 140kg qualification weight.

Thus, when poorer countries do send athletes to the Paralympics, they tend to be restricted to certain classifications. This was also the case for the Paralympians of Ethiopia (one of the poorest African states). Only runners with small limitations are send and leave wheelchair racers on the side line. This was also the case for a very promising weightlifter with polio, as he was not able to get funding to go abroad for training (lacking in his country)

**Sport, well-being and health**

Participation of disabled wo/men in physical education and sport has increased in recent years but nevertheless remains lower than participation by non-disabled adults and children. Limited access to resources and activities leads in many countries to significant health disparities between wo/men with disabilities and those without disabilities.

A recent study in the United States indicates that 93 per cent of women with physical disabilities report engaging in no physical activity, compared with 43 per cent of women without disabilities.
The study also reported that the prevalence of chronic health conditions such as arthritis, diabetes and high blood pressure was 3 to 4 times higher in disabled women (Oglesby, et al 2006). Recreational sport has not only a positive effect on disabled women’s overall condition, but also on their empowerment (Rivière-Zijdel la, 2006).

Health has become a major issue among young disabled people in developing countries and specifically in Africa, especially due to the growing HIV/AIDS pandemic, and drug abuse. Research has shown that a large percentage of new HIV infection occurs among the 18-35 age groups. Young disabled women and girls (and some men/boys) are considered sexually pure and inactive thus the rise in rape cases targeting them lead in many African societies to sexually transmitted diseases. Young disabled women face a double-challenge in terms of accessing both ante-natal and post-natal care due to infrastructural challenges and unpreparedness of the attendants to serve disabled women. Current HIV/AIDS awareness campaigns lack specific attention to the needs of disabled youth making it therewith inaccessible. The virgin myths is difficultly extirpated making more and more HIV/AIDS victims among intellectual, illiterate or deaf girls in the rural areas of South Africa, Uganda and Zambia.

Sport and physical activity programs can attribute to create specific attention to the issues affecting young disabled people i.e. HIV/AIDS awareness raising programs, reproductive health concerns, personal hygiene and health programs that are accessible to all disabled women/men.

**Sport, accessibility and inclusion**

Disabled women/men face greater physical and communicational barriers, such as the lack of access to appropriate facilities and technological aids, including (sport) wheelchairs, prostheses, crutches, braces, special material for blind persons, but also sign language interpretation (IPC, 2001; Walker, 2012). But the biggest problem is efficient and skilled training of disabled women/men in physical education and sport in a development setting, recognizing their differences compared with non-disabled persons. The lack of trainers, equipment and accessible training facilities can be linked to negative attitudes towards disabled women/men, based on the societal prejudices (la Rivière-Zijdel, 2007).

Also the skills of disabled (elite) athletes are not used to the fullest potential as coaches, trainers, electoral members of sport committees and so on. Having a disabled coach or trainer has proven its undisputable value for the empowerment of other disabled women/men and youth in particular. Within the IPC only a few disabled women/men are members (including the –male- president). Most IPC national teams are led by non-disabled team captains and most VIP joining next year for the Paralympic event in London will be non-disabled.

Within the sport and physical activity programs that we undertook in Africa, most of the trainers were disabled themselves. We already had to cope with the color aspect of being white trainers from mostly former colonial countries. At least we were role models in the sense of being disabled ourselves. The team that we formed was called the World Ability Team, as we were composed of (former and current) top athletes and trainers from all over the world.

Practical interventions must ensure that training courses, locations, facilities and equipment are accessible to disabled women/men with all types of impairments, regardless of gender, that is, by ensuring that those who use wheelchairs can access buildings, locker rooms, bathrooms, and activity or meeting areas that are also safe to women and girls; that those who are deaf or hearing impaired can have access to sign language interpreters and men should not be favoured above women for these services; that those who are blind or have
low vision have tactile access and visual activities or images described to them in a gender safe manor, and that women and girls with a learning disability can play in a safe and to them adapted sport environment (Oglesby et al, 2006).

Guthrie and Castelnuovo (2001) observe that "in order to produce the greatest good for the greatest number, more opportunities for persons with disabilities in both sport and exercise must be made available, and those that do exist must be made more accessible and accommodating." The Nothing about us, without us principle should be reflected in the design and performance of physical activity and sport programs for disabled people i.e. disabled wo/men and their respective organisations should be the owners of such.

**Sport and physical activity and development**

Foreign funded mainstream sport projects targeted at developing countries hardly reach disabled wo/men and even more seldom girls and women with disabilities. If disabled wo/men are reached, the focus is mostly not gender specific and disabled men benefit more than women and girls due to the combination of gender and cultural and/or religious bias. Sport development programs should be designed disability and gender specific in order to reach all disabled wo/men in developing countries. Improving participation at the grassroots level can bring the benefits of participation in sport and physical education to local disabled men/boys and women/girls, including improved physical and mental health, development of social skills, building of social networks and expanded opportunities for education and employment.

As mentioned above, many educational programs, if they exist, for children with disabilities do not include physical education or stimulation for sport activities. Prejudices like the fact that it is too dangerous to do physical activities when one is disabled, or not recognizing the human aspect and desires of disabled wo/men are prevalent in many developing societies. This despite the signing of the UN Convention on the Rights of Persons with Disabilities by many developing countries. They adhere to the UN's requests, more on the basis of not being excluded and therewith missing out on important development programs, than truly recognizing the needs of disabled wo/men in their respective countries.

Most development programs offered by western organisations, are not always targeted at disabled wo/men's empowerment. Mostly they are health related programs, offering operations, prostheses or other aids and equipment for disabled people, rather than –also- focusing on their empowerment and education. What is the use of getting 'new legs' if you are not offered finances to go to school. If a family has a possibility to send their children to school, disabled wo/men, and disabled girls in particular are not the first to be send.

Empowering disabled wo/men to become peers in the process of development is essential to get more attention to the disability issue. In South Africa this has become an integral part of the new democracy and laws and regulations have the potential to support this process and this is led and protected by organizations like Disabled People South Africa (DPSA) run by disabled people themselves with powerful input into the government.

SASPD (South African Sports Association for the Physically Disabled) is not only effective for physically disabled –despite the name- but for all disabled people in SA in regard to sport and physical activities on grass root and on elite level.

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5 SASAPD also functions as the SA Paralympic Committee
**Nothing about us, without us**

This slogan, or we could nearly say this mantra, was first heard in South Africa in 1993. Michael Masutha and William Rowland, two leaders of Disabled People South Africa, separately invoked the slogan, which they had heard used by some from Eastern Europe at an international disability rights conference. The slogan’s power derives from its location of the source of many types of (disability) oppression and it simultaneous opposition to such oppression in the context of control and voice (Charlton, 2000). It was called into existence again during the deliberations on the UN Convention on the Rights of Persons with Disabilities (from 2003-2008). Too long decisions were taken over the heads of disabled wo/men. ‘Nothing about us, without us’ resonates with the philosophy and history of the disability rights movement, a movement that has embarked on a belated mission parallel to other liberation movements and now found it’s recognition on global level through the UN initiatives for a human rights instrument. During this five year process more and more disabled experts from the various UN member states came to the table. In the beginning some were there as so-called ‘excuse Suze’, but along the way the country delegations had disabled lawyers, social scientists, disability movement representatives and other disabled experts in their teams. One things we have learned from the disability rights movement is that if others speak for you, you lose (Driedger, 1989: 28). For the first time in the UN history disabled civil society themselves became spokespersons in the deliberations, reiterating the slogan ‘Nothing about us, without us’. On the basis of this concept we created an unique program in Ethiopia and later also in South Africa.

**Ethiopia Program**

The lack of employment for disabled persons in Ethiopia makes them live in a very marginal situation with extreme poverty as a result. No or difficult access to education is one of the root courses and another indicator is the attitude of the community towards disabled wo/men by which exclusion of various aspects of life and the community are more common than exception, including access to sport and physical activities. The position of girls and women with disabilities is even more poignant as they are double discriminated and excluded on the basis of gender and disability. Ethiopia is one of the world’s 50 most poor countries with a mortality rate of children under the age of 5 of approx. 18%\(^6\) and a life-expectancy of 52.9 (51.7 and 54.3 for man and women resp.).

Improving the overall conditions of disabled wo/men, enlarging their empowerment and autonomy, and combating poverty through using for instance sport and physical activity as an empowering instrument has formed the foundation of the Netherlands initiated projects since 2005 in Ethiopia and has been followed up by educational training initiatives through e.g. ITAR/Lydia Zijdel Foundation and Windesheim University. All of these programs are currently imbedded within the House of the Sport in Addis Ababa.

The uniqueness of the SPAT program lies in the fact that for the first time in (African) history an educational program has been designed for disabled persons only in the field of adapted physical education and sport. And moreover only disabled women and men with basic education, no (and no chance to) employment can enrol the program.

The aim of this program is to create study and employment possibilities through sport in order to work on the advancement and economic and social empowerment of disabled wo/men in developing countries, and in this case Ethiopia in particular.

\(^6\) WHO, 2006 Mortality Country Factsheet
As indicated earlier the economic reality facing disabled wo/men is still the greatest barrier to empowerment, yet we believe there are many income opportunities to be developed in the ‘business of sport’ which is largely underdeveloped in the third world, especially in relation to disabled wo/men.

As the initiators of this program always focus on gender equity, it was a normal consequence that half of the students should be disabled women.

When starting the SPAT program – as a pilot in 2008 – a few (sport) development organisations from the Netherlands joined their forces to pull this off. The main responsibility for the programs and its contents was in the hands of Lydia la Rivière Zijdel. When starting this educational program, we realised the challenges, as most curricula on adapted physical education or sport does not focus on developing countries and its environmental limitations in combination with disability. Furthermore most western literature focuses on a variety of disabilities and impairments prevailing in western (industrialised) societies and hardly on the existing impairments of disabled wo/men in Africa. For instance in Ethiopia (like in other developing countries) the consequences of polio, leprosies, specific mental health conditions, severe palate schizis conditions, Noma, HIV/AIDS, and visual impairments are prevailing, which needs a complete different approach.

Another big challenge for the success of the program was that all curricula never took into consideration that the potential students could be disabled themselves. Although some developed countries had disabled students within their sport and physical education courses or undergraduate studies, despite the successes of the past 6 Paralympics their number is still very minimal. The undergraduate study of physical education teacher in Ethiopia (Kotebe College of Teachers’ Education) does not allow physical disabled students into their program, which is still a rule in many other schools. This lies very much at the basis of the conceptual thinking about the (in) abilities of disabled wo/men in general within Ethiopian (and other) societies which we try to conquer through the SPAT program.

We also had to deal with the fact that the environment is not suitable for traditional disability sports, as in Ethiopia, and especially in the rural areas, sport facilities do not exist and most of the activities are done on muddy fields or on the streets and seldom on a concrete playing court. Also the program would lead up to SPATrainers who would be able to teach the thousands of disabled children in (pre) school settings, where they had to deal with the same circumstances, i.e. no proper sport material, no (sport) wheelchairs, bad quality crutches, and very bad sport fields or areas.

From general books and curricula a SPAT educational and exam curriculum was distilled that is tailored to meet the physical activity and sport educational program for the SPAT students. Basic material was translated, together with the use of pictures and drawings and the experience of many disabled coaches, like (former) top Paralympic athletes completed the new program. In the second year an intensive internship program at various schools and rehabilitation centres was part of the curriculum. All students were educated besides the normal program (e.g. adapted physical education and sport, didactic and group dynamics, pathology, sport physiology, various sports, self defence) English, Amharic Sign Language and also wheelchair and crutch maintenance were taught.

In September 2011 the first disabled students (11 women and 11 men) completed their education and graduated and held their graduation program among hundreds of enthusiastic family members, friends and (government) officials at the Ethiopian National Theatre with a great show for an audience that had never dreamed of the possible skills they now have gathered. Now they have all employment within the DIRES House of the Sport and are teaching more than 1,000 disabled children and adults a week. However their contracts will end at the end of this year and foreign funding to continue their work is needed.

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2 Cordaid was the main funder of the program, Respo International hosted the program which is now being taken over by the Lydia Zijdel Foundation and academic scholars from the large sport and disability networks contributed to its contents.
The program is now being given in South Africa and under construction for other countries in Africa and Asia. The SPATrainers in Ethiopia are now, through the support of some foreign funding, at work at the various schools and institutes through currently the coordination of the House of the Sport in Addis Ababa, but they are in the process of creating their own organization.

**South Africa Program**

A second Netherlands government initiative in 2008 was a government policy entitled ‘Een kans voor open doel. De kracht van sport in ontwikkelingssamenwerking’ [A chance in front of an open goal. The power of sport in development cooperation]. Grants were given for three years to several sport and development organisations with the purpose to improve demonstrably the position of groups of young people, girls and women and **disabled persons** in 10 selected countries (including South Africa) through the application of Dutch sports know-how. This group of sport and/or development organisations were bundled in a network called 'Sports coalitions in action', and are finalising their –mainly educational- projects by the end of 2011.

Two of these programs in South Africa are the SET/SEMAM (described below) program and the SPAT program (which is similar to the one mentioned above), specifically targeting at educating persons with disabilities in order to (economically) empower them through sport.

The Self-defense and Empowerment Trainer course for persons with disabilities (SET) and the Self-defense, Empowerment and Martial Arts Trainer course for (non) disabled martial arts trainers⁸ (SEMAM) were two-year educational programs focusing on teaching the students to become trainers in empowerment and self-defence courses for disabled wo/men, who are then able to defend themselves both physically and emotionally. Under the leadership of the Lydia la Rivière Zijdel and her experienced team of colleagues these programs were implemented in two provinces: Gauteng and the Cape Province. The success of these programs is that the SETtrainers and SEMATrainers, who all graduated in August and September 2011, are now applying selfdefence and empowerment courses for disabled wo/men in their communities.

The 26 trainers (of which 18 are disabled) are creating their own organisations and wrote new project plans to roll-out the various courses within the townships and rural areas of their provinces. The South African regional governments are so enthusiastic about the results that they are supporting the projects (partly) financially and logistically (supplying transportation to the disabled participants of the courses and locations where they can gather for this) and within Cape Provence they have now many of these disabled trainers under contract.

The above examples of sport for development programs in Ethiopia and South Africa show that disabled wo/men are able to become sport and physical activity and self defence/empowerment trainers. Moreover, we have proven that sport can be a tool for empowerment, not only for the trainers themselves, but also for the groups of disabled youth and adults they are teaching. Being taught by a disabled teacher has an added value for the disabled individual. S/he becomes more empowered and has faith in her/his own future. We have witnessed this result in practice and have collected data that also show the impact not only on the participants themselves, but on their surrounding too. Staff of schools that were at first sceptic, government officials who were denying the possibilities have shown through the interviews we held that they were biased about disabled wo/men’s abilities and that they now have to shift their thinking.

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⁸ two of the martial arts trainers are disabled
Conclusions

Sport has the power to change the world, but only if it is accessible to ALL. We should often question ourselves whether we need to push the physical abilities of disabled wo/men to the limit, or to limit the conceptual –often biased- thinking of the non-disabled world. Everyone should be recognized as an equal player regardless their ability, age, race, sexual orientation, gender and so on.

When teaching disabled wo/men in developing countries, and especially in (post) crisis and disaster situations we should realise that a person who was disabled before the crisis, still knows a lot about her/his abilities and should not be treated as a ‘patient’. Moreover they can play a valuable role in the emergency aid after a crisis as they often have dealt more often with crisis and adaptability than non-disabled people in their surrounding. Using their skills and abilities in sport and physical activity settings to enhance a psychosocial or development sport program can have great value to the organizers of such.

The time that development organisations only focused on the poor and suffering should be re-examined in the spirit of the new UN Convention on the Rights of Persons with Disabilities slogan ‘Nothing about us, without us’. Otherwise the western world is again becoming colonizers of the developing world through the most marginalized groups, i.e. disabled wo/men.

Sport for empowerment of disabled wo/men has proven its value and those disabled women and men who came out of the closet and are now trainers in Ethiopia and South Africa will not be pushed back into it again. They have tasted the ‘power’ of being someone, of having a renowned job and position.

Sport has empowered me ever since I started with martial arts after my car-accident more than 30 years ago. The role model function that I have played ever since has inspired disabled and non-disabled women, girls, men and boys around the world, who now become the same role models within their communities.

As part of several large families, the disability one, the women’s movement, the sport movement, the martial arts family and my personal one I had the privilege to unite many of them on different occasions and in different parts of the world.

The satisfaction of belonging to so many families in a growing individualistic world inspires me daily to encourage more disabled women and girls, men and boys around the world to experience the Joy of Movement through sport and physical activity.

It is not what you do, but how you do it and with whom you do it that counts.
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