

ROLLING INSPIRATION

ISSUE 1 2022

The leading magazine for people with mobility impairments

BEKKERS MAKE A PLAN

A determined, resilient family

SILENT DESTROYER

Strokes with devastating
consequences

LEARNERSHIP

COMEBACK

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in 2022.





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LEARNERSHIPS MAKE A COMEBACK

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READING WITH YOUR CHILD

The love of reading is important for all children, but many find it challenging or unpleasant.

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30 YEARS AND THE STRUGGLE CONTINUES

After more than three decades in the disability sector, **ARI SEIRLIS** reflects on how people with mobility impairments are still disadvantaged and overlooked

I was injured in a diving accident 37 years ago, which transformed me from an able-bodied active person in an accepting society to a wheelchair user with quadriplegia in an inaccessible environment with a ruthless and ignorant society.

I knew at the time of discharge from hospital that I would have to cope with being a wheelchair user. The reality didn't seem too harsh if you accept that the greatest challenge would be the inability to walk again; and any other medical and health complications that come with a spinal cord injury (SCI).

Well, that was the message communicated to me as a farewell from the rehabilitation staff. At the time, that's all they knew for their forewarning. Life with a SCI has its challenges and inconveniences, which can be dealt with by being able to access the correct equipment, assistive devices, mobility aids and prevention strategies for any collateral health issues.

However, life in South Africa as a person with a disability has challenges that are not so easily

resolved. Politically, we have moved in leaps and bounds since 1992, but, in reality, people with disabilities seem no better off. The window is dressed, but the mannequins displayed remain immobile – that is the reality in South Africa in 2022 ... 30 years on.

Let me explain, and to do so I must state that I am reflecting only on the issues and lifestyle impact of a wheelchair user in 2022. We are the minority compared to some other disabilities in terms of numbers.

To respect the challenges faced by all people with disabilities whoever they may be, the only advantage of being a wheelchair user is that you are clearly identified by your hardware. That can give you a competitive advantage in the space of avoiding harsh discrimination. People with invisible disabilities suffer greatly and, if my utterings help their journey by just an iota, I will have achieved something.

In 1985, almost immediately after discharge from hospital, I realised that there were very few buildings that I could access in my wheelchair.



LEFT: Ari Seirlis (far right) has been involved in disability activism for the last three decades to build a more accessible South Africa. After more than 30 years, the struggle continues.

The National Building Regulations were far from adequate. It was a disgrace and I realised then that my town, city, province and country were terribly inaccessible. Yes, I was to do something about that. It actually became my career.

Legislation has changed and the building regulations have somewhat improved, including a special Part S10400 (Facilities for People with Disabilities) under the South African National Standards. But, for any of this to be a reality of access and integration, it needed to be understood, embraced, adopted, applied and policed. Sadly, though not nearly enough.

You see, it's either all or nothing if you are a wheelchair user as each city or town becomes a minefield of its own without there being an App or map to forewarn you of where you can or cannot go. The inconveniences are not only embarrassing, time-consuming and inconsiderate, but darn right discriminating.

Whether you are trying to access a university or college, a government building resource, a place of employment or even just a holiday in a tourism environment, you can be stopped in your tracks by one or twenty stairs, a ramp that is far too steep, a building without an accessible toilet, a car park without designated parking or a pavement with no scoop.

It's almost like landing on that block in monopoly that says: "Go to Jail"... The equivalent of: "Go home and stay home."

The safety of wheelchair users in buildings is often an oversight with evacuation methods and planning ignoring the needs of wheelchair users and people with mobility impairments. The people who should be "going to jail" are the architects, developers, landlords, municipal authorities and policing authorities.

That hasn't happened yet, which just shows the ineffectiveness of the ground-breaking Equality Act. To even lodge a complaint at the Equality Court would surprise you with its own inaccessibility. The building environment has not evolved, as it should have, in the last 30 years.

The only solution to all of this is to underwrite universal access into all infrastructure development authorities. That would make a huge impact in a short period of time and the ultimate beneficiary, in our lifespan, would be everyone.

“ I realised then that my town, city, province and country were terribly inaccessible. ”

Public transport is the most valuable asset a town or city can offer its residents and participants. An integrated and accessible public transport system, mobilises all citizens and brings a city alive. Free of traffic jams, free of gridlock, free of road rage, it will ensure the embrace of cities so that a city might become the "city of choice" for communities.

Our public transport system is broken bar a few initiatives. The metro rail system, if working at all, does not cater for wheelchair users. There is a mismatch between platform and rolling stock. The minibus-taxi industry recapitalisation programme, which sounded so creative and innovative, has failed to accommodate wheelchair users.

Long-haul buses are not accessible nor are most subsidised buses within cities. Bus Rapid Transit

(BRT) – a concept copied by the government from South America – has failed to prove its worth for the mobility impaired sector. It is not seamless and the complimentary services do not allow for a door-to-door journey.

As ambitious as it is planned, the rollout has shortfalls, which disadvantages wheelchair users. Sadly, this is as a result of the mobility impaired community not being adequately consulted as a stakeholder in the 12 cities during planning or implementation.

The Gautrain is an example of an accessible transport service and routing. Although it still has some critical flaws in its operational elements, it does provide an efficient and seamless solution for a minuscule percentage of population travelling between OR Tambo International Airport, Johannesburg and Pretoria. Only a lucky few can enjoy its expensive convenience.

It is accessible public transport that gets people with mobility impairments to school, university or college, skills development training, employment, places of worship; provides them with the chance to spectate a sport and ultimately experience freedom. Anything less is a travesty.

After 30 years we are paralysed and immobile, not by our disabilities, but by an underdeveloped public transport infrastructure and service.

There is still a stigma attached to disability and this on its own presents discrimination on any given day. Sensitisation to disability has to start at school and higher education.

It can't be imposed upon anyone nor enforced by legislation, it has got to be part of the conversation from the time you can start speaking a language.

Disability should be mainstreamed from school. If that is successful, you can put a sunset clause on the Employment Equity Act. To this day, there is still no disability sensitisation in school or higher education.

To be fair to government, since 1994, there has always been the intention, through the new Constitution, to create equality and opportunity

for all. This has not been achieved. Intentions need to elevate to reality not only by piles of legislation, but the implementation and policing of such.


The disability sector was vigilant since 1994 and crafted the Integrated National Disability Strategy (INDS), then ensured that the United Nations Convention on the Rights of People with Disabilities (UNCRPD) was adopted by government and this was domesticated by the White Paper on the Rights of People with Disabilities (WPRPD).

“ Sadly, this is as a result of the mobility impaired community not being adequately consulted as a stakeholder. ”

A lot of progress on paper, a lot of applause and self-praise for this achievement over 30 years. The impact of this will only be felt through a stand-alone Disability Act and my wish is that the activists move hard and fast to ensure that it's a legitimate celebration of the ultimate instrument for the achievement of a non-discriminatory and free environment.

South Africa is seen as gold standard in human rights; however, people with disabilities do not enjoy the same experience. Discrimination still exists for people with disabilities and Human Rights Day is a reminder of this.

Little did we know that, when we had our injury or were diagnosed with an illness that led to our disability, it would be the start not only of an inconvenience of sorts, but rather full-blown discrimination.

May the mannequins in that dressed-up window get some movement, opportunity and dignity in the new South Africa. 



Ari Seirlis is the former CEO of the QuadPara Association of South Africa and, presently, a member of the Presidential Working Group on Disability. He is a wheelchair user and disability activist.

CHAIR DONATION FOR CHILD

Pick n Pay, in partnership with QASA, was able to provide a nine-year old with a brand new wheelchair. The need for a wheelchair was brought to the attention of Pick n Pay by staff. The family reside in the Princess Plots Informal Settlement, in Roodepoort, Johannesburg.


“This wheelchair has come at the right time as the mom had to carry her child wherever they needed to go,” the Pick n Pay team explained. After learning the dire situation the family faced, Pick n Pay reached out to QASA. The organisation has experience with providing its members with mobility devices. It quickly organised a small-sized manual wheelchair to fit the child.

“We are so deeply thankful that we as a company could partner with QASA – an organisation that has always assisted us when the need arose,” the Pick n Pay team stated. “A huge, big thank you to Raven Benny (QASA COO) for assisting us so speedily. Doing good is good business.”



ABOVE: The Pick n Pay team provides a nine-year old with a brand new wheelchair, and the family with groceries to the value of R1 000.

In addition to the wheelchair, Pick n Pay donated groceries to the family to the value of R1 000. The groceries and chair were handed over to the family in January 2022 at the Princess Crossing Hypermarket.

“Words cannot describe the child’s joy and excitement when they were placed in the brand new wheelchair,” the Pick n Pay team concludes. 

CAREER OPPORTUNITIES WITH FURTHER STUDIES


Congratulations to Solomon Sedibane who passed his short course in Supervisory Management Skills from the University of Pretoria. As a beneficiary of the QASA Education Fund, Solomon was able to participate in the short course.

“I would like to thank QASA for the opportunity provided to me with Education Fund to further my studies,” he says. “I have completed my qualification that will boost my promotion chances that I am looking at. My supervisor, who I am working closely with, is about to go on pension and I am the only suitable candidate who can take on her portfolio.”



However, in order for Solomon to take on this new role, he required some further training. With the help of QASA, and through the short course, he has the opportunity to accept the position.

“The qualification that I have obtained is one of the requirements that is needed for supervision in my area of work and, therefore, I believe I have more advantage for promotion.”

QASA wishes Solomon all the best for his career. Contact QASA for more information on the Education Fund. 



BEKKERS MAKE A PLAN

The Bekker family inspires with their resilience and determination.

MARISKA MORRIS investigates

When faced with an enormous obstacle, many might despair. They might dwell on self-pity or struggle to adjust. But then there are those few who inspire with their strength, resilience and ability to seemingly adapt to any challenge. They tackle the challenges that life present head on. One such individual is Hugo Bekker.

In 2007, Hugo suffered a spine injury during a vehicle accident. At the time, his family was farming in Hoedspruit, Limpopo. Just two years prior, he had bought the farm from his father.

INJURED AND ALONE

In January of 2007, Hugo visited his neighbour to hunt bushpigs while his wife and children visited

family in Pretoria, Gauteng. On his way back home, his wheel went through some water and the vehicle overturned.

“My bakkie fell on its side,” Hugo recalls. “My neck broke at the C6/7 vertebrae. I just lay there, my torso outside the bakkie, while it drizzled. I was there from about 12 PM to 3 AM. I laid there for a long time all the while westling with myself internally. Finally, the night shift at one of the packing facilities found me.

“The man who stopped said that there wasn’t enough airtime on his phone, but I guaranteed him there was enough. I phoned my father and just finished talking when the phone died,” he says.

Hugo stabilised at the Air Force Base Hoedspruit – an airbase for the South African Airforce – then airlifted to Milpark hospital in Parktown, Johannesburg. There he spent 14 days in the intensive care unit (ICU) before being relocated for rehabilitation at Netcare Rehabilitation Hospital in Auckland Park. But, the thing that stands out in Hugo's journey is his determination – the thing that allowed him to leave the rehabilitation centre early.

DISCHARGED EARLY

“He should have actually remained in rehabilitation longer,” recalls Leandra Bekker, Hugo's wife of more than two decades. “Hugo was discussing farming when the doctor said that it sounded like he wanted to go home. Hugo responded by saying: ‘If you don't discharge me, I'll discharge myself.’”

So, Hugo left early. On recalling the event, he mentions that he might have left even sooner had it not been for a pressure ulcer (or sore) that occurred during his stay in ICU. While his determination definitely helped, Hugo is also fortunate to be surrounded by large support structure.

SUPPORT STRUCTURE

At the time of his accident, Hugo was already married, with his parents and siblings living on the same farm. Thus, there were many people available to assist with his daily tasks. He also had ample motivation to continue fighting – his two young children. Now, all grown up, his son frequently assists with carrying his father or helping him into his bakkie – something Leandra is less capable of doing as she grows older.

While at the time it was tough to manage two small children with Hugo reliant on a wheelchair, Leandra says it was a blessing in disguise that they married and had children young – something for which they were often critiqued.

“When we got married, all our friends asked us why we were marrying so young. If we hadn't, then things might have been very different. We might never have had children. Now we are very glad we married young,” Leandra says.

Aside from his family and children who are quick to assist if needed, Hugo is also surrounded by an incredible community of people who provide

support. He is well-known in Hoedspruit with residents eager to assist where they can.

“I always say that Hugo does a drive-thru in Hoedspruit,” Leandra says. “If he needs to buy something, he makes a phone call, sends the list and simply asks for an invoice.”

Hugo notes how he would wait in his car for the store owner to help him with a purchase. The local hardware store is so familiar with him, the staff are instructed to load his car and simply note down what is taken so that they can bill him later.

“When we got married, all our friends asked us why we were marrying so young. If we hadn't, then things might have been very different.”

BOER MAAK 'N PLAN

Hugo returned to Hoedspruit and his life on the farm. Of course, this presented its own unique challenges as a farm isn't exactly accessible. But again, Hugo didn't give up. As the Afrikaans saying goes: 'n Boer maak 'n plan (farmer makes a plan). Hugo bought a power wheelchair – despite the warnings that it might make him lazy – so that he could drive his chair into his farmlands.

“How lazy do you want me to become?” Hugo said laughing when he recalled conversations around the benefits of a manual chair. Now, 15 years later, the power chair has offered Hugo opportunities that a manual one might not. He noted: “With my power wheelchair, I was able to farm, to see my daughter play hockey and to visit the shooting range.”

A family friend recently bought a tank chair on Hugo's recommendation. This same friend confided in the Bekkers that, with the new chair, he was able to walk in the bush with his wife – something he did 12 years ago!

ENGINEERING ACCESSIBILITY

Hugo took it a step further by adapting his chair



LEFT: Hugo Bekker adapted a game drive vehicle to accommodate a wheelchair at the back by installing a lift with the help of his father.

ABOVE: The Bekker family opened Little Africa Safari, a wheelchair accessible lodge, in 2020.

so that he can stand up. This was achieved with the assistance of his father – not the first time the duo teamed up to troubleshoot accessibility challenges. As Hugo explained: “I’ll tell my father my plan and he’ll make it work. My father is now my hands. We would look at a product and then build it ourselves for cheaper.”

In addition to adapting his chair, the duo has built an elevator for the family home, adapted the family mini-van or kombi, a game drive vehicle to accommodate a wheelchair user at the back, and built a trigger for Hugo’s gun so that he can shoot competitively.

SHOOTING FOR BIG DREAMS

It was one of the first requests that Hugo made after returning from rehabilitation – to shoot once again. At first, the trigger was built so that Hugo could use his tongue, but it has since evolved to allow him to shoot with his thumb. In 2020, Hugo won several titles at the SA Hunters competition. He even loads his own cartridge.

“It is something that takes most people a couple of minutes, but can take me the whole day. But I love loading my own weapon,” he says. For him, adaptive shooting is a sport that truly shows what is still possible even after a serious injury. His passion for the sport is shared by his son. Shooting has become a way for them to spend time together.

“When my son started shooting, we started shooting together. It became something that I could do with my son,” Hugo noted. His son has big ambitions for the sport. He aimed to get his Limpopo colours and travel internationally with the national team – prior to COVID, which halted many opportunities.

NEW ADVENTURES

Hugo continued to farm with his father for a further 13 years after his injury. Unfortunately, as his father grew too old to help and his son was still too young to take over, Hugo had to sell the farm. He decided to purchase a piece of land in the Moditlo reserve within the Blue Canyon private conservancy and opened Little Africa Safari Lodge – a wheelchair accessible lodge – early 2020.

It is also here that he was inspired to adapt a game drive vehicle that can accommodate a wheelchair at the very back through a wheelchair lift. He was inspired by his wife’s desire to sit next to him on game drives. While the global pandemic has proven a challenge, the Bekker family is excited about this new adventure.

ADVICE TO KEEP GOING

Hugo’s advice for others who might need a little more inspiration to keep going is simple. Find something for which to live, stay positive and know that your family won’t abandon you.

He jokingly adds that if you wife leaves you, you will find another. Leandra adds that newly injured wheelchair users shouldn’t be afraid to ask if they don’t know something.

With a strong community behind you and a strong will, you can also tackle new adventures! 

[CLICK HERE TO READ MORE ABOUT LITTLE AFRICA SAFARI.](#)

WHEELCHAIR VS PROSTHESIS

People with lower limb amputations could benefit greatly from a wheelchair – a device that funders are often reluctant to provide. **HEINRICH GRIMSEHL** shares the benefits that this assistive device offers

The patient cannot have a wheelchair and a prosthesis,” I hear the case manager say. They must pick one or the other. Well, I beg to differ. The patient needs both! Here’s why:

GETTING A BREAK

An amputee cannot spend 24 hours wearing their prosthesis. This is impossible. The stump needs time to rest and heal; and the skin needs time to breath and regenerate. Typically, after a long day an amputee would wash and retire their prosthesis. During these times a wheelchair is essential, otherwise the patient would be stranded. Crutches are not an option, because it will only increase the risk of falling on the stump and this is usually a train smash.

UNEVEN TERRAIN OR LONG DISTANCES

Generally, amputees can manage their activities of daily living just fine. They can get through an entire day wearing their limb. But, if they must negotiate uneven terrain or long distances all in one go, the stump becomes painful and bruised. I am referring to two kilometres or more. For long distances a wheelchair is essential.

STANDING FOR HOURS

Sometimes patients must stand for hours on end. For example, while collecting their grant from the South African Social Security Agency or attempting to vote for their favourite party.



Heinrich Grimsehl is a prosthetist in private practice and a member of the South African Orthotic and Prosthetic Association (SAOPA). email: info@hgprosthetics.co.za



ABOVE: Even paraplegics use prostheses for cosmetic reasons, to assist them during transfers and for balance. The above paraplegic has successfully used this prosthesis for seven years. He says that it works “overtime”!

A wheelchair is needed to take the strain off their prosthesis.

HEAVY OBJECTS

Carrying heavy loads for example 25 litres of water. What is needed? You guessed correctly, a wheelchair!

STABILITY


A prosthesis is an essential tool for an amputee who has had more than one limb amputated. It helps them tremendously to move around and to stabilise themselves when, for example, moving an object from one place to another while using both hands.

BALANCE

A wheelchair also helps with balance; braces them from falling forwards or backward when negotiating inclines. Balance is essential when transferring from a wheelchair to a toilet a car or a bed. Not even to mention its value when reaching up high to remove an object from a shelf.

AESTHETICS

Then there are also cosmetic reasons. Most people like to look normal.

The above are but a few simple examples, there are many more. It should however clearly indicate why amputees need prostheses and wheelchairs! 

THE SILENT DESTROYER

Out of seemingly nowhere, someone can suffer a stroke with devastating consequences. **GEORGE LOUW** takes a closer look at this condition, which can destroy lives

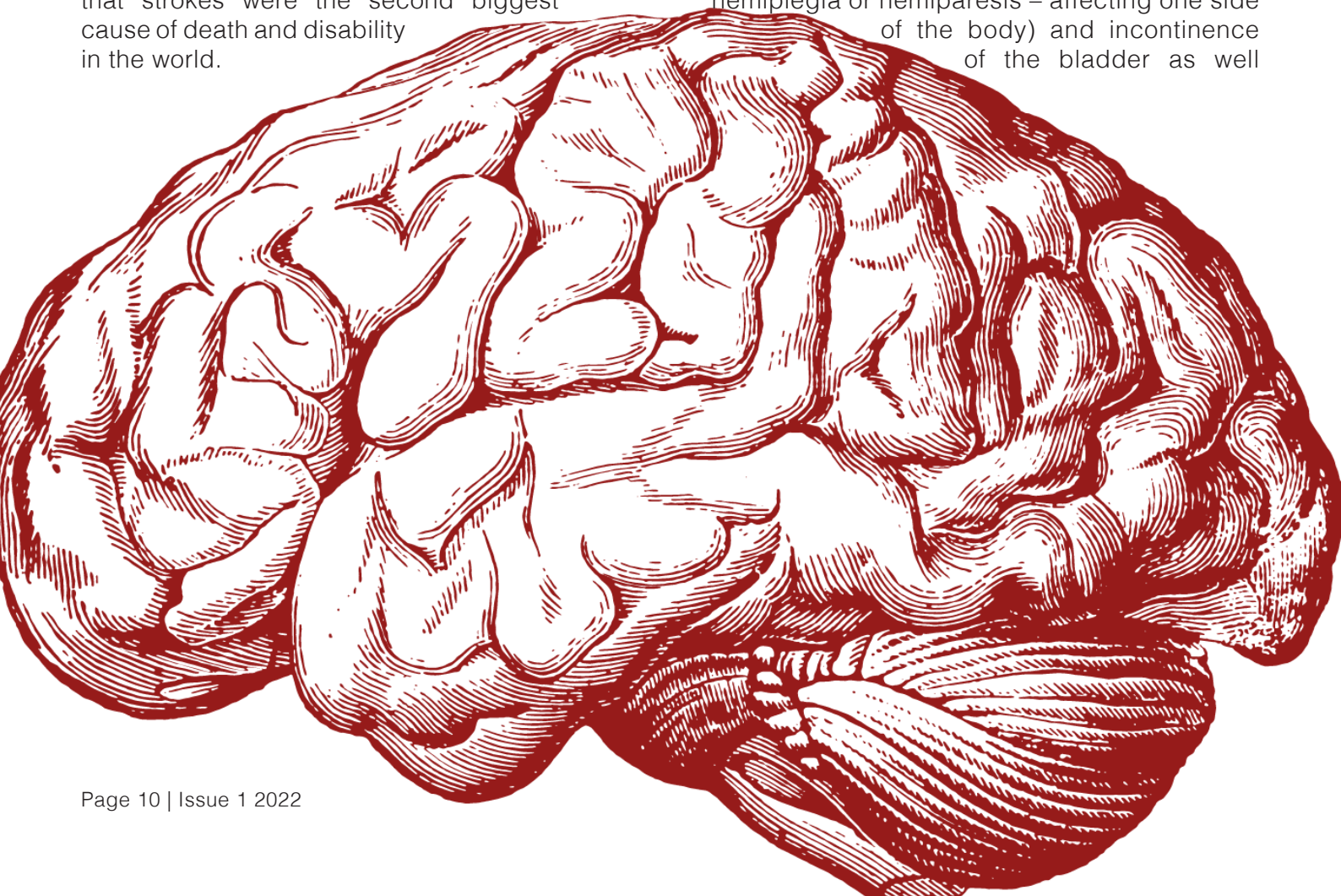
Strokes, together with hypertension, are known as the silent killers. Hypertension can cause strokes, which, more often than not, strike without warning. But not all strokes kill. Some recover, but many stroke-survivors are left significantly disabled, and often an extreme burden to their loved ones. This is when a stroke becomes a silent destroyer. You are alive, but you are severely damaged. And your spouse is severely burdened...

I recently read an article in the Malawi Medical Journal titled "The Challenges and Experiences of Stroke Victims and their Spouses in Blantyre, Malawi" (June 2019). The article started by stating that strokes were the second biggest cause of death and disability in the world.

It continued that stroke survivors experienced various challenges due to physical and mental impairments, which also placed an increased burden of care on their spouses.

The incidence of strokes has declined in high-income countries, but remains a significant burden in low-income developing countries, especially in sub-Saharan Africa, where the disability is compounded by the unaffordability of professional support, caregivers, medication and supporting equipment.

From the perspective of stroke survivors, the major issues described were weakness (usually hemiplegia or hemiparesis – affecting one side of the body) and incontinence of the bladder as well



as the bowel. The need for adult nappies was expressed by a stroke survivor in terms of cries of desperation. Affordability was a major issue.

However, the issues raised by spouse-caregivers were far more extensive. Over and above the significant impact of having to help with all activities of daily living (which include washing, dressing, eating) along with the responsibilities previously delt with by the affected spouse, the task of managing faecal and urine incontinence was soul destroying.

On top of this, the spouses were often subjected to cognitive issues: where the person with the stroke struggles with understanding and self-expression, often leading to outbursts of anger, particularly if support management and medication was not affordable.

“Life is a living hell for both the stroke survivor and spouse.”

So, until some kind of rhythm and mutual understanding is reached, life is a living hell for both the stroke survivor and spouse. And even when such a rhythm is reached, life remains a challenge.

The article, particularly within the Africa context, got me wondering. What support is available in South Africa for stroke survivors? Is it adequate? Is there a broad enough national support footprint? Affordability is almost a no-brainer. If the state cannot assist, these persons are left to their own devices.

So, as a point of departure, in order to see what the state-of-the-art services entail, I asked two professionals who work at the Netcare Rehabilitation Hospital in Auckland Park, Johannesburg, for their experiences.

Trinesh Baroon is a physiotherapist and Daniella Winer is an occupational therapist. Both work extensively with stroke survivors and are passionate about their work. Trinesh describes it from a physiotherapy perspective:

“Usually we get a variety of functional levels within stroke patients. If there is severe disorder of

STROKE SIGNS & SYMPTOMS



WEAKNESS

Sudden weakness or numbness in the face, arm or leg. Most commonly occurs on one side of the body.



LOSS OF SPEECH

Sudden loss of speech or difficulty speaking (for example slurring words), and/or difficulty understanding speech.



CONFUSION

Sudden confusion.



LOSS OF VISION

Sudden loss of vision.



HEADACHE

Sudden severe, unusual headache.



DIZZINESS

Sudden dizziness, loss of balance and/or trouble with walking.

STROKE EMERGENCY NUMBER:
122 (FROM CELL PHONE)
10177 (FROM LANDLINE)

consciousness, constant care, preferably in a placement facility, is required. On the other hand, a Transient Ischaemic Attack results in extremely mild symptoms with the survivor usually up and about, walking around.”

“But mostly, we get the traditional hemiplegic patients who experience significant weakness on one side, usually with cognitive impairments. I will be focusing on the latter – the most common type,” he adds.

“In terms of mobility, most patients start out fully dependent for all movements as their brain is still recovering from the sudden trauma and has been weakened from lying in bed for weeks.

During rehabilitation, which normally takes six to eight weeks, we gradually improve strength in functional ways to achieve independence with in-bed mobility, then progress into maintaining balance in sitting, learning to stand up and eventually to walk.”

“Most patients end their in-patient stay by walking with an assistive device, then further improve as an out-patient. However, many patients do walk out of their in-patient stay unaided; especially younger patients or patients who were very active prior to their stroke,” Trinesh explains.

“Many discharged patients generally can walk in or around their home with assistance or with the use of a walking aid. They can also assist in buying groceries by using a trolley instead of a walking aid. Some can even manage stairs as long as there are handrails to support them while stepping.”

“Often, however, in bigger malls or outdoor areas that require them to walk more than 100 metres at a time without sitting, they are still dependent on a wheelchair as their main source of mobility, often being pushed around as they lack the balance and endurance for longer distances and uneven terrain; both of which (balance and endurance) are then targeted in further out-patient therapy,” he continues.

“For patients who remain in their wheelchairs due to an inability to walk, some learn how to self-propel their wheelchair using the unaffected arm to propel and the unaffected leg to help steer. However, some struggle to accomplish this level of independence with a wheelchair due to the coordination required to propel, steer and keep their balance, all at the same time,” Trinesh adds.

“Very few patients who do learn to self-propel are able to do so outdoors over uneven terrain, or on inclines and declines. As a result, they are dependent on someone to push them,” he concludes.

Daniella paints the broader picture: “Stroke patients typically present with hemiplegia, which is paralysis or weakness of one side of the body. This often comes with changes in tone, swelling and pain in the affected arm and leg. Following a stroke and these changes to their body, a person often needs to relearn how to do basic self-care tasks on their own, including feeding themselves, doing their own morning grooming, dressing, washing and going to the toilet.”

“Occupational therapists are key players in teaching them techniques, retraining their affected arm and hand, or prescribing assistive devices, which help them gain more independence in these activities. Additionally, a person often requires some assistance from a carer or loved one to do these activities effectively, and often home adaptations are needed to make them more wheelchair accessible,” she adds.

EQUIPMENT AND ASSISTIVE DEVICES

A big consideration in these situations is the financial strain of getting therapy, organising adaptive equipment and adapting the home. There are certain types of equipment that can be paid for through medical aid. But, adaptive equipment is expensive and often even medical aid isn't enough to cover what is needed. When only some have access, it poses a challenge to many stroke patients.

Specific wheelchairs, prescribed and measured by a trained therapist, are important for stroke survivors as a generic wheelchair can cause negative, long-lasting postural effects; hinder their ability to push themselves; and place strain on carers when getting wheelchairs in and out of cars. The more specific the wheelchair though, the higher the cost, which is a challenge many find themselves facing.

BURDEN OF CARE

The level of assistance that someone needs following a stroke differs depending on the severity of their stroke and the resulting loss of physical function. When someone requires more assistance, the burden of care increases, placing more strain on families.

A designated carer is recommended to assist them, but often the financial strain of this is

significant, resulting in family members often taking on the role as carers. This, in turn, places strain on familial relationships. It is a common challenge, which needs to be addressed for people in this situation.

BLADDER AND BOWEL MANAGEMENT

Strokes can affect a person's continence owing to the changes in muscle tone. It is vitally important that people are assisted with setting up bowel and bladder regimes to manage this so that it does not hinder their ability to participate in their usual social interaction, or prevent their return to a work setting (if this is appropriate).


So, even in state of the art rehabilitation settings all is not ideal. Money is a huge factor – equipment and medication do not come cheap. Caregivers cannot be afforded and more often than not the burden falls on the spouse. The spouse takes on the role of carer, and when there are cognitive issues present, the role of parent as well – a very schizophrenic mental and emotional state.

Techniques can be taught, but emotional

resilience and perseverance must come from within. And these often compete with fear, anxiety and depression. Carer fatigue sets in, that can pull the spouse-carer-parent into a self-destructive funk; this probably needs greater psychologic support than the person for whom is being cared...

If we now move this scenario to an urban shack or a rural traditional home, matters get worse. But in a way, perhaps better too. For people with very little know the value of community – of reaching out and sharing burdens.

It is as we accumulate wealth that we start erecting walls. So (philosophically), the worst off are those who are wealthy enough to shake off community, but not rich enough to afford the needs of care.

Be that as it may, QASA has a motto: "Do not text and drive, we do not want new members." Perhaps the Heart and Stroke Foundation of South Africa could consider: "Watch your diet and blood pressure, we don't want new members." 



Ida's Corner is a regular column by George Louw, who qualified as a medical doctor, but, due to a progressing spastic paralysis, chose a career in health administration. The column is named after Ida Hlongwa, who worked as caregiver for Ari Seirlis for 20 years. Her charm, smile, commitment, quality care and sacrifice set the bar incredibly high for the caregiving fraternity. email: yorslo@icloud.com

FAST STROKE RESPONSE

If you suspect someone is suffering a stroke. Be sure to respond FAST.

F

FACE

Ask someone to smile or show their teeth. Note if one side of their face is drooping or doesn't move as well as the other.

A

ARMS

Ask the person to lift both arms up above their head and keep them there. Note if one arm doesn't move or drifts downwards.

S

SPEECH

As the person to repeat a short sentence. Note whether the person uses the right words or if they slur.

T

TIME

Note carefully the time of onset of symptoms and call help urgently if you spot any of the signs.

THE AIRBNB EXPERIENCE

In addition to offering affordable accommodation, AirBnB also offers experiences. **MANDY LATIMORE** delves in deeper

For those lucky enough to be planning international travel, one always wants to get the most out of whichever city or towns one visits. While checking out accommodation on AirBnB for a trip to Greece that I'm planning to attend a family wedding, I came across the "experiences" section on the website. This was launched in November 2016 and offers different experiences hosted by experts within various cities both locally and overseas.

You can cook and eat meals with locals who will bring you into their homes and families so that you can learn authentic recipes and have a cultural experience at the same time.

If cooking isn't your thing, you can arrange animal experiences that are just observation, hands-on, or caring for animals situated in various habitats from farm, to urban, air and water.

Then, if you are really adventurous, there are multi-day adventure trips lead by experts from

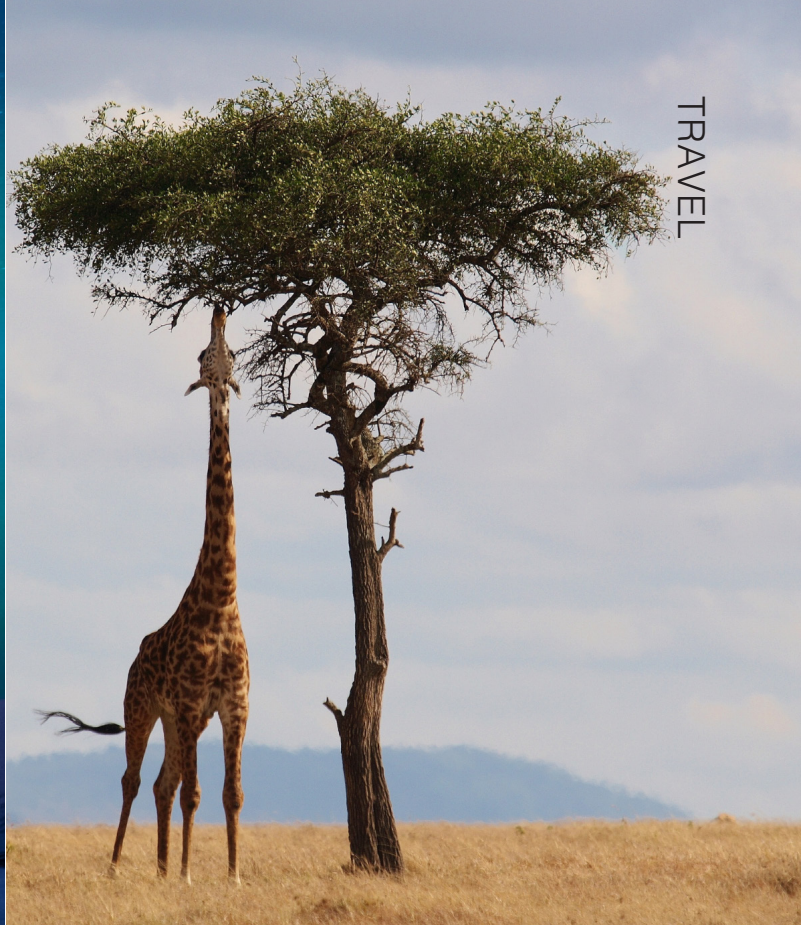
jungle retreat camping in Bali to a Northern Lights Adventure.

There are even local experiences that you can try if you are looking for something different in your own backyard in South Africa.

Try your hand at creating art, or making a caftan; experiencing a close up look at the honey bee or a walking tour in Johannesburg or Soweto. You can also experience a street food tour in Jo'burg.

John Morris from WheelchairTravel.org has some feedback on his experiences with them: "I questioned the accessibility and value of these experiences for a long time, but gave it a try during my trip to Rio de Janeiro, Brazil earlier this year.

"Prior to my trip, I booked two experiences: a guided tour of "Little Africa" and a photo tour in Rio de Janeiro with a professional photographer. The experiences cost less than US\$ 30 (R462)



MAIN PHOTO: With Airbnb Experience, you can book a Northern Lights Adventure.

ABOVE: Closer to home (South Africa), the Airbnb Experience offers various activities including safari trips.

each – a seemingly fantastic value. I’m happy to say that both experiences exceeded my expectations and were memorable activities on my travel itinerary.”

He continues: “I thoroughly enjoyed both of the Airbnb Experiences that I booked in Rio de Janeiro, but not all such experiences are wheelchair accessible.

One guided tour that I was interested in involved riding in a car, and on public transportation, during the tour of one of Rio’s favelas.

The transportation provided as part of the tour was not wheelchair accessible, so the experience wasn’t appropriate for me.”

“I for one am looking forward to experiencing many more of the tours and activities offered through the Airbnb Experiences platform!”

As I am always advising, it is vital that you contact the host of the event before purchasing an AirBnB Experience to inform them of your accessibility requirements.

Most hosts are happy to accommodate specific needs - providing it is possible for them to do so.

If they have a clear idea of what your level of ability is and you ask for informative info on the exact accessibility of each experience, you will be able to select the ones that suit your abilities best.

So, whether you are travelling far away or staying right here, start thinking out of the box and try something new! You never know where it will lead...

Happy travels! 

[CLICK HERE FOR
MORE AIRBNB
EXPERIENCES](#)



Mandy Latimore is a consultant in the disability sector in the fields of travel and access. email: mandy@noveltravel.co.za



UNDERSTANDING ACCESSIBILITY IN A HOME

There are various things to consider when adapting or searching for an accessible home. **MANDY LATIMORE** discusses for what you need to look out

The new year usually brings with it the expectation of new beginnings. Some look to a new career or job direction and with it may come the opportunity to change the areas where you live, whether it is local or into another city or province.

You may also just decide that you would like to refresh your existing home. Many of us are in accommodation that is not completely accessible. You may just want to finally complete those adjustments that will make it fully accessible for your specific needs.

With that in mind ... what is an accessible home and how do you design it?

Accessible house design accommodates everyone including people with disabilities. This includes homes that are minimally accessible, but that can easily be made accessible at a later date; and houses that are completely accessible with power door openers, large bathrooms and so on. We can categorise accessible house designs as follows:

VISITABLE

A visitable house includes basic accessibility features that allow most people to visit, even if they have limitations such as impaired mobility. Basic features of a visitable house include a level entry, wider doors throughout the entrance level and an accessible washroom on the main floor.

ADAPTABLE

An adaptable house is designed to be adapted economically at a later date to accommodate someone with a disability. Features include removable cupboards in a kitchen or bathroom to create knee space for a wheelchair user, or a knock-out floor panel in a closet to allow installation of an elevator.

ACCESSIBLE

An accessible house includes features that meet the needs of a person with a disability. Most accessible houses feature open turning spaces within rooms, step-free shower stalls and kitchen work surfaces with knee space below.

UNIVERSAL

Universal house design recognises that everyone who uses a house is different and comes with different abilities that change over time. Features include lever door handles that everyone can use, enhanced lighting levels to make it as easy as possible to see, stairways that feature handrails that are easy to grasp, and easy-to-use appliances.

In today's electronic age, this would include various apps that can make your home a Smart Home and enables user to control entry access, lighting, temperature and many other functions from their smart device.

If you are looking for a new home, or going to adjust your existing one, you need to keep these options in mind. I always try to imagine myself arriving at the property and so start with:

- Accessible parking area preferably under cover.
- Level entry at the main entrance and exit to outer living spaces.
- Doors and other openings throughout the main floor that provide at least 810 mm of clear width.
- Wider hallways throughout the main floor to reach all of the living spaces, as well as the main floor bathroom.
- A main floor bathroom that is large enough to accommodate a person using a device such as a walker, a wheelchair or a scooter.
- Accessible kitchen with a lowered prep and cooking area, access to washing up and laundry facilities.
- Accessible switches and controls.
- Accessible bedrooms including cupboards.

An access route from the driveway into the house (preferably under cover if you can). So, if there isn't access to the front door, perhaps access can be through the covered garage area, which will need the extra space for a pathway that is not in the parking area of any vehicles.

A double garage with extra space is the best option, however you could use the extra bay as space for access and arrange for a second car to be parked elsewhere.

“ Universal house design recognises that everyone who uses a house is different. ”

Ramps should be installed with an accessible gradient which is 1:17. This means for every centimetre/meter (cm/m) you have to go up, you have to make the ramp 17cm/m long.

A ramp length cannot be longer than 10 m without a landing, so it is always best to get professional assistance if your height difference is higher than 60 cm.

An internal access route which offers access to the general living areas. The trends today are for open plan general areas, which really accommodate everyone as long as the space to manoeuvre around and between furniture is wide enough, and that access to doors and windows are not obstructed.

Counter heights are usually at 900 mm above the floor and this restricts access to the plugs on the back wall or taps situated at the back of the basins. If installing new basins, place the taps on the side. The cooker should also have the controls either on the front or on the side if on the horizontal surface.

It is easier to have all the lower storage units converted to drawers as this assists everyone to access the items that are placed at the back of the space. If possible, plan to lower one work surface or include a fold out work space that is at a height of 760 mm. If possible, install an angled mirror over the cooker to be able to see into the pots.

ACCESSIBILITY

Universally accessible reach ranges for switches. Controls should be placed between 900 to 1 200 mm from the finished floor (a good standard is to place all controls at 1 000 mm).

Actual switches should be easy to activate, so larger surface areas for the switch or large press button switch mechanisms make it easier for all who have difficulty with dexterity of their hands and fingers. Of course automation of doors and lights make these actions much easier for all.

For flooring, smooth slip-resistant surfaces throughout the property are suggested. Wood laminate, new vinyl materials and coloured concrete matrixes are recommended. Tiles may be an option; however, they tend to crack and chip and the grouting will need to be refreshed on a regular basis.

Access to the outer areas is best through sliding or bi-fold doors as long as they are installed correctly with a flush transition by inseting the door slider frame.

The same should be arranged for any security doors. Please also remember that concertina security gates will reduce the total open width of the doorway, and so need to be able to be installed to fold up after the opening, or fold out to keep the opening wide enough of access for persons using mobility devices.

Standard single door widths do not accommodate everyone. So, if you are thinking of making

adjustments, plan to widen all doorways to accommodate at least 810 mm total open width. (This is the width from the edge of the actual door to the opposite frame.)

At least one accessible bathroom should be considered. This is a personal choice as to which bathroom should be made accessible as it is preferable to have the accessible one as close to the bedroom being used by the person with the mobility impairment.

This may mean that any guests who may need this facility may have to have access through that person's bedroom.

The following items need to be considered too be installed according to accessible regulations: toilet height and placement; basin access to be able get knees under it; step-free shower; bath height and space or transfer; grab rails, lighting and heating.


Accessible bedrooms should have sufficient space around the bed which should have be at the correct height for the person using it (average height 500 mm from the finished floor).

Cupboards should be accessible (no baseboard so that a person using a device can move into the cupboard for better reach ranges). Drawers instead of shelves allow the items to be brought forward for easier reach.

Carpeting needs to be limited to those with a very small pile. Loose mats are not advised as these can cause a tripping hazard.

Hopefully this has given you a taste of what you can do to create a beautiful home that is user-friendly by all. It is always advisable to consult an access specialist to assist with any changes.

Ensure that your contractor knows how to install the items according to the National Building regulations as it will be a waste of cash if it is incorrectly installed. It will not be correctly used if incorrectly installed.

If you are thinking of selling your own adapted home please list the items that are accessible as this will assist those looking for accessibility. If you are looking for accessible homes to purchase, research the properties and contact the agents with your specific needs, so that they can assist to the best of their abilities. 



SKIN DISCOLOURATION EXPLAINED

Whether it's dark marks or white spots, it's not uncommon for skin to discolour.

JOY DUFFIELD explains the reasons why the skin acts up

Pigmentation is a skin disorder that affects many people. It is not specific to any gender, colour, or age. It can occur due to various reasons and anywhere in the body. Hyperpigmentation, which appears darker than one's natural skin, is due to the increasing melanin production in the skin. Hypopigmentation, which appears lighter than one's natural skin colour, is due to the lack of pigment produced in the skin.

Chloasma is one of the most common pigmentation conditions and is generally found in woman due to hormonal imbalances or changes. For example, during pregnancy or while on a contraceptive pill. While the cause of the pigmentation is present, there is not much one can do to treat it. If it is due to pregnancy, it will often naturally clear up after childbirth.

The skin does not forgive or forget how it was treated when it was young! This becomes evident in the ageing process as the solar lentigines, commonly known as sunspots or liver spots, generally start becoming evident.

These appear mostly on the hands and face. Sometimes, they start with a small freckle, which becomes progressively larger. These become more difficult to manage and often require quite in-depth treatment such as laser. If they start to become rough or itchy, consult your doctor or a skin specialist.


Post-inflammatory hyperpigmentation is the result of injury or inflammation. A common cause of this is acne. Areas prone to excessive chronic dryness, psoriasis or eczema can lead to the skin becoming inflamed and eventually pigmented.

Areas of constant pressure due to being seated in a wheelchair or even constant friction can also lead to hyperpigmentation due to the skin being compromised for a period. Keeping those areas well-nourished with a non-petroleum-based products can help to prevent this.

These types of pigmentation can often be treated with professional lightning treatments and creams. Regular use of products with ingredients of vitamin A and beta as well as alpha hydroxy acids (AHA) assist with lightning pigmentation and improving the skin condition. Please note Hydroquinone should be avoided or used with utmost caution and only under medical supervision or it may exacerbate the problem.

Hypopigmentation is less common. The two most common conditions of Vitiligo, which shows up as an area devoid of pigment, are caused by the skin not producing melanin – the cells that determine the colour of our skin.

Tinea versicolor is evident with numerous white spots typically appear on the chest or back while sparing the face. It is a disease that characteristically affects young, healthy people. The spots don't tan, so they appear more obvious in summer months. Tinea versicolor is caused by a superficial yeast infection of the skin and is treatable with antifungal products.

The sun and any inflamed, broken skin or new scar are not friends! Using the sun protection every day is recommended for any exposed skin. Any inflamed or compromise skin should be kept out of the sun as much as possible and use an SPF 50 with application every two hours if outdoors and even more often if swimming. 



Joy Duffield has been a C4-C5 quadriplegic since 2005. She is the owner of Beauty Academy International, an international training Institute for the beauty industry and a distributor of hair and beauty products in South Africa.



UNDERSTANDING FAIR WEAR AND TEAR

Damages to a property can often lead to disputes between landlords and tenants. Fortunately, the term “fair wear and tear” can assist as **CILNA STEYN** explains

One of the questions I receive very often is: “Are the tenants or landlord responsible for repairing (fill in the blank space)?”. There is no one set of rules in this regard. Yet, this question has a very simple answer.

One I can answer in the form of another question: “Was the damage, breakage or fault caused as a result of fair wear and tear, or as a result of negligent or intentional harm by tenants?”

Fair wear and tear maintenance or repairs will always be the responsibility of the landlord, where damage caused by the tenant, even if it

was accidentally, will be their responsibility to repair or fix.

So, for the tenant to repair and make good. This begs the question, what is fair wear and tear?

The term “fair wear and tear” regularly appears in lease agreements. It is typically used in the context of damages, where the tenant will be responsible for any damages to the premises, except for fair wear and tear.

This leads to great disputes as there are many landlords and tenants who are unclear on what exactly this constitutes.

Fair wear and tear would be the expected damage to a property due to people simply living in the property without causing intentional or accidental damage, for example the damage or fading of paint. It is normal for a building's interior and exterior to require a fresh coat of paint, typically every five to seven years.

This normal building maintenance and painting can't be the tenant's responsibility. For instance, a tenant might have occupied the premises for the full five years or only the last year. The tenant can't be held responsible for this maintenance. This is simple fair wear and tear for which the landlord would be responsible.

Fair wear and tear can be defined as the natural deterioration of a building over time without any accidental or malicious damage – the latter of which would include, for instance, children drawing on the walls, items stuck to the wall with double-sided tape or glue, burns or stains to the carpets, or even damage to the garden by pets.

Another example of fair wear and tear is walking (or rolling) over a carpet. Over time, it will be visible which areas are used frequently.

The exterior of a premises usually suffers normal fair wear and tear at a greater speed than the interior as the building is exposed to the elements, for instance the paint on the roof and the outside of the building – especially if the building is not face brick.

The maintenance of paint and regular repainting of the premises, repainting of the roof, repairs to the gutters and rust are defined as fair wear and tear and the responsibility of the landlord.

An easy test for fair wear and tear is asking

yourself whether this would happen if you occupied the premises and took reasonable care; is this typically just damage to a property that will occur in time or was the tenant negligent in any way or caused intentional damage to the premises.

In a situation where the tenant makes use of a wheelchair or another device to manage a disability, the fair wear and tear may look different when compared to a premises occupied by a tenant without a disability.


“ This normal building maintenance can't be the tenant's responsibility. ”

Even in a situation where there is an increase to the damage to the premises, for instance skid marks or bumps to the door frames, this cannot be classified as anything other than wear and tear.

The Constitution of South Africa guards against discrimination. This means that a landlord may not decline a tenant because they use a wheelchair, for example.

With this in mind, it must then be accepted that the landlord reconciled himself with the fact that different damages can be expected.

Should a tenant's method of moving around cause damage to a premises that is similar to any other person using that assistive device, it must be classified as fair wear and tear.

All fair wear and tear repairs and maintenance will be the obligation of the landlord, on the other hand, breakage or replacement of short term consumables, like globes, fuses, swimming pool filter-sand and so on, will be for the account of the tenant. 



Cilna Steyn is the managing Director at SSLR Inc. Attorneys. She completed her LLB Degree at Unisa, after which she was admitted as an attorney in 2007. She co-founded Steyn & Steyn Attorneys. She regularly presents training sessions, where she advises groups of rental agents and private landlords on matters relating to Landlord and Tenant Disputes and broader scope Property Law related matters.

LEARNERSHIPS MAKE A COMEBACK

Funding for learnerships took a knock in 2021, which resulted in fewer opportunities for people with disabilities. **RUSTIM ARIEFDIEN** explores in more detail

There was a marked decrease in learnership opportunities for persons with disabilities in 2021. The COVID-19 pandemic took its toll on skills development opportunities. Funding from Sector Education and Training Authorities (SETAs) were severely curtailed due to the skills development levy holiday.

In May 2020, the South African Revenue Service (SARS) implemented a four-month holiday for skills development levy contributions. Businesses are required to pay a levy of one percent of total salaries to SARS. These funds are then allocated to the various SETAs.

During this “holiday”, no contribution had to be made. The goal was to offer businesses a break

as a way to improve the cash flow of companies that are struggling with the challenges brought on due to the pandemic. As a result, there was less funding available for the SETAs to offer skills development programmes.

Additionally, employers were unsure about the state of the economy, and many of them held back on their skills development spending. Other employers went out of business, reducing skills development opportunities.

However, 2022 is promising. Employers are keen to continue their economic recovery. The most substantial companies have weathered the economic storm and are actively planning their way forward, including skills development and learnerships.

The SETAs, although with much less funding than in 2019, are gearing up to operate “normally” again. Disability learnerships are once again on top of the agenda.

BBBEE remains a strong business imperative, and companies have realised that disability points on their BBBEE Scorecard are vital.

Employers are much more cautious and seem to understand better the opportunities that training persons with disabilities hold.

For disability organisations, this presents an ideal opportunity to fundraise by applying for learnerships and recruiting and supporting learners and employers.

By building relationships with the various SETAs, organisations can ascertain when the discretionary grant window opens and the criteria for applications.

For employers, it is advisable to build relationships with disability organisations in your areas of operation. They are well equipped to assist in developing a disability skills development strategic plan for your business.

They can help with the recruitment of learners and support these learners, as well as the business, for the duration of the learnership.


“ The SETAs, although with much less funding than in 2019, are gearing up to operate ‘normally’ again. ”

A decline in learnerships, learner commitment, and attendance are serious challenges currently being experienced by employers. A well-structured learner support programme can address these challenges.

The organisation will recommend their required reasonable accommodation to assist the learner in excelling in the workplace.

They can intervene if challenges are experienced by learners, such as absenteeism, managing and understanding their role in the workplace, and assisting the skills development provider to manage and understand the learners that they are training.

The year 2021 was a very low point for us all. We continue to adapt to COVID-19, and the associated challenges – a pandemic that may very well be with us for the foreseeable future.

However, as South Africans, we are very resilient. I am sure we will embrace the opportunities available to us, despite the challenging economic climate as we strive to thrive in 2022. 

Identify employers where your beneficiaries can be of value. Present to prospective employers the importance of meeting the Employment Equity targets and how your organisation can add value to companies in terms of their BBBEE Scorecard.

Prospective learners need to be aware of learnership opportunities. Ensure that your CV is updated and that proof of disability and education results are at hand. If you miss one of these essential documents, ensure you obtain it.

Liaise with your local disability organisations and ask them to keep you informed of available learnership opportunities.



Rustim Ariefdien is a disability expert extraordinaire who assists businesses to “let the Ability of disAbility enAble their profitAbility” through BBBEE, skills development, employment equity and socio-economic development. His purpose is the economic empowerment of persons with disability in Africa. As a person with a disability himself, he has extensive experience in the development and empowerment of persons with disability.



READING WITH YOUR CHILD

The love of reading is important for all children, but many find it challenging or unpleasant. **EMMA MCKINNEY** shares ideas to encourage reading

Many people think that you should only start reading stories to your child once they go to school. We would like to encourage you to start reading to them as young as possible.

The more children hear stories, songs, rhymes and poems, the better their language development will be. This will help them with their reading when they are older.

Reading isn't only about being able to understand text in books, rather it starts with incidental reading.

This includes being able to identify logos such as 'Pick n Pay' through looking at their

logo. Many pre-schools and early childhood development (ECD) centres use and encourage this pre-reading skill.

For example, each child is given an image of an object such as a picture of a ball or a star and this is placed on their locker rather than their written name.

This helps them identify their locker before they are able to read text or can accompany the child's name before they can read and identify it.

If you live close to a public library, make a fun outing where you and your child find books that interest them. If you are not sure which books are appropriate, ask one of the librarians, or



MAIN PHOTO: The more children hear stories, the better their language development will be.

ABOVE: An image of an object next to a child's name on a locker can assist them with a pre-reading skill where they can identify their locker before they are able to read text.

the parents of children in a similar age or ability group as your child for suggestions.

Not all families can afford to buy new books; however, there are many second-hand bookshops and charity shops that sell wonderful books. Also, you are helping to fund their projects.

Creating a relaxed environment can also help some children. You can make a special 'book-nook' or reading space in your home or garden if you are able.

If not, you can make a space special by sitting on cushions or a carpet, or even just getting your child to sit on your lap and turn the pages.

Don't focus too much attention on the writing in the beginning. Rather look at the cover and the pictures on each page.


As they look through each page ask them questions relating to the pictures such as "What do you see?" or "What do you think is going to happen next?" and so on. Discuss the characters, count objects, point to all the red things, etc.

Keep this time as relaxed as possible. If you are anxious or keep correcting your child, this may make things more difficult.

Depending on the age and level of your child, you might like to run your finger under each word as you read so that they can see that you read from the left to the right of the page, start at the top and make your way to the end of the page.

Find something to praise your child about ("I can see you really tried hard to read that difficult word, well done!"). If you start to see your child becoming restless or losing interest, take a break or try again the following day.

Try to develop a good reading routine, finding a time that works best for your family such as just before bed or in the afternoon after sport.

Most importantly, try make reading as fun and as unpressured as possible. 



Dr Emma McKinney is a lecturer at the University of the Western Cape. She is also the owner of Disability Included, a company specialising in disability research, children, and employment of adults with disabilities. email: emma@disabilityincluded.co.za

PRACTICING SAFE SEX



Taking precautions to ensure safe sex is just as important after a SCI.
DANIE BREEDT investigates

When thinking about safe sex, everything that you learned in sex education still applies. You need to consider all types of sex, including oral, manual, vaginal, and anal. Safe sex includes preventing unwanted pregnancy and protecting against sexually transmitted infections (STIs).

Common methods of contraception are condoms, birth control pills, patches, intrauterine devices (IUDs), rings and injections, vasectomy (commonly referred to as getting 'snipped') and tubal ligation (commonly referred to as getting 'tubes tied').

After a spinal cord injury (SCI), ejaculation for males may be affected, which lowers the chance of getting someone pregnant; however, it's not impossible. The risk for STIs are the same for males with or without a SCI.

Generally, unless there has been pelvic trauma, a woman's reproductive system is unchanged after a SCI. Typically, right after injury (while the spinal cord is in shock), your period stops for about six to eight months. During this time, pregnancy is unlikely. But once your period returns, your chances of becoming pregnant remain the same as before your injury.

Similar to men, the risk for STIs remain the same as before. Regular STI screenings are recommended every six months to a year and more frequently if you have different partners.


For men, condoms are the most common method of birth control and the only one for STI prevention.

They are most effective when applied properly. A vasectomy is a common method for birth control, however, it does not protect against STI.

For women, there are several hormonal and non-hormonal methods of birth control available. Most of these options are suitable for women with a SCI. However, your level of injury and level of sensation are factors to consider. It is recommended to consult with your doctor about what options are most suitable for you. It's also important to note these methods can protect you from pregnancy, but not STI.

Women with SCI may experience worsened or different symptoms pre and during menstruation compared to pre-injury. These can include spasms, autonomic symptoms such as sweating, flushing, headaches and goosebumps. Many types of contraception may help to reduce these symptoms.

Many women with SCI struggle with frequent urinary tract infections, requiring the use of antibiotics. There have been reports of certain antibiotics affecting the effectiveness of birth control. Any form of hormonal birth control is considered a medication and may have interactions with other medications. So, it is important to get your medical advice from a doctor with knowledge of SCIs.

It is important to know where to find information about contraception and STIs and know who your resources are (for example, doctors, nurses and rehabilitation staff). There is a fine balance between taking risks, being safe, and making choices so that sex can still be fun and pleasurable. 



Dr Danie Breedt is a passionate scholar-practitioner in the field of psychology. He divides his time between training, research and clinical practice. Danie works from an integrative interactional approach in psychotherapy, dealing with a wide range of emotional difficulties and sexual rehabilitation for patients with disabilities. He is the co-owner of Charis Psychological Services, a psychology practice that specialises in physical rehabilitation across South Africa.

SASAPD NATIONAL CHAMPIONSHIP TURNS 60

The 60th edition of the South Africa Sport Association for Physically Disabled (SASAPD) National Championships took place from March 18 to 22 at the Germiston stadium in Johannesburg. It was the fourth year that the event was sponsored by Toyota South Africa.

The yearly event provides an opportunity for athletes with disabilities to showcase their talents, compete with their peers, improve their global rankings and qualify for international events.

This year, the focus was only qualifying for the 2022 Commonwealth Games, which will take place from July 28. It is also an opportunity for the athletes to prepare for the 2024 Paralympic Games. There are over a thousand athletes expected at the event, which include competitors from several African countries.



The second Global Disability Summit took place in February 2022. Various disability organisations from across the globe gathered to discuss the acceleration of much-needed progress to assist people with disabilities worldwide. Hosted virtually due to the global pandemic, the Summit saw participants reaffirm the Charter for Change, which was adopted during the first gathering in 2018. Roughly 1 300 commitments were made by various representatives.

The co-chairs of the Summit stated: “We reaffirm our commitment to eliminating stigma, barriers, and discrimination against persons with disabilities through legislation, policies and advocacy work done together with organisations of persons with disabilities.” [R](#)

[CLICK HERE TO READ ABOUT THE GLOBAL DISABILITY SUMMIT](#)



ABOVE: The young and upcoming athletes were excited for the 60th edition of the SASAPD National Championships while at the media launch.

At the media launch for the event, SASAPD vice president Jean Miggels said: “The event plays a vital role in making a difference by taking athletes to a national level.”

She added that, in 2021, there were fewer sporting codes that competed due to the COVID-19 pandemic. However, this year, many of the codes will be returning. Catch the full highlights of the event in Issue 2 2022. [R](#)

MISS WHEELCHAIR SOUTH AFRICA CROWNED



Congratulations to Tamelyn Genevieve Bock who was crowned the first-ever Miss Wheelchair South Africa at the first edition of the competition, which took place in December 2021. She will represent South Africa at Miss Wheelchair World in Mexico in October 2022.

The runner-up (first princess) was Nokuthula Yonke and Maureen Galaletsang Mokgele was crowned the second princess. The event was organised by Lebohang Monyatsi, First Princess of the Miss Wheelchair Worlds, and Shama Nathoo, founding member of Universal Accessible Hub. [R](#)

[CLICK TO READ ABOUT THE MISS WHEELCHAIR SOUTH AFRICA COMPETITION](#)

CLASSIFIEDS

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**Heinrich Grimsehl
Prosthetic
Rehabilitation
Services**

Pretoria & Johannesburg
Cell: 0837784665
Work: (011) 4891313



COVID-19 & VACCINE RESOURCES

OFFICIAL GOVERNMENT CONTACTS

Website: <https://sacoronavirus.co.za/>

Public Hotline: 0800 029 999

Whatsapp Help service: 0600 123 456

VACCINATION INFORMATION

Website: <https://sacoronavirus.co.za/vaccine-updates/>

VACCINATION REGISTRATON

Website: <https://vaccine.enroll.health.gov.za/#/>

QASA HEAD OFFICE

Website: <https://qasa.co.za/>

Telephone: 031 767 0352

E-mail: info@qasa.co.za

Address: 17 Hamilton Crescent, Gillitts, KwaZulu-Natal, 3610

QASA REGIONAL ASSOCIATIONS

GAUTENG NORTH

Telephone: 012 320 2572

E-mail: manager@qagn.co.za

Address: 10 Bloem Street, Pretoria Central, 0002

GAUTENG SOUTH

Telephone: 011 782 7511

E-mail: quadgs@icon.co.za

Address: NG Church, Brakenhurst, Alberton, 1147

KWAZULU-NATAL

Telephone: 031 701 7444

E-mail: qpak@itelsa.net

Address: 19 Second Ave, Ashley, 3610

NORTH WEST PROVINCE

Telephone: 018 468 8303

E-mail: huisservaas@telkomsa.net

Address: 16 Rothman Street, Wilkoppies, Klerksdorp, 2571

WESTERN CAPE

Telephone: 021 975 6078

E-mail: info@qawc.org

Address: 5 Newhaven Street, Durbanville, 7550

QASA SERVICES & PROGRAMMES

Contact the QASA Head Office for all projects and services, including Driving Ambitions, Work Readiness Programme and QuadPar Transport, an accessible transport service based in Gauteng.



ACCESS UNIVERSAL SOLUTIONS

PROFESSIONAL CONSULTING WITHIN THE DISABILITY SECTOR

- Universal access assessment of the built environment
- Facilitation sessions on disability sensitisation and awareness for employers and companies
- Accessible travel consultant for travel advice

MANDY LATIMORE

Improving access and attitudes for all

TEL: +27 (0)11 442 5143

FAX: +27 (0)86 513 9877

CELL: +27 (0)83 283 3370

E-MAIL: mandy@universalsolutions.co.za or mandy@noveltravel.co.za



SUBSCRIPTION FORM

Subscribing to *Rolling Inspiration* is simple: Complete the form, make payment, send the form (a photo or scan) and proof of payment to rollinginspiration@qasa.co.za.

BANKING INFORMATION

Account name: Quadpara Association of South Africa NPO 000-881
Account number: 1339473267
Account type: Current or Cheque
Bank: Nedbank
Branch code: 198765
Reference: RI [Your name and surname]

COMPLETE THE BELOW FORM:

Mr Mrs Ms

Name:
Surname:
E-mail:
Mobile:
Telephone:

Postal address:

Postal code:





QUADPARA TRANSPORT

ACCESSIBLE TRANSPORT IN GAUTENG

THE QUADPARA ASSOCIATION OF SOUTH AFRICA (QASA) IS NOW OFFERING ACCESSIBLE TRANSPORT IN THE GAUTENG AREA!

THE QASA VEHICLES ARE EQUIPPED WITH WHEELCHAIR LIFTS AND CAN TRANSPORT YOU TO AND FROM ANY DESTINATION IN THE GAUTENG REGION*.

THIS SERVICE IS ONLY AVAILABLE TO PEOPLE WITH DISABILITIES.

TO ENQUIRE OR
BOOK, CONTACT QASA
AT [INFO@QASA.CO.ZA](mailto:info@qasa.co.za)
OR 0860 ROLLING



*YOU WILL BE BILLED FROM EDENVALE (WHERE THE VEHICLES ARE BASED) BACK TO EDENVALE.