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Attitudes Towards Persons With Disability In Ghana

Jacqueline Slikker
VSO Ghana Volunteer
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List of abbreviations

CBR	Community-Based Rehabilitation
CBRP	Community-Based Rehabilitation Programme
CEDIN	Central Disability Network
CDD	Centre for Democratic Development
DANIDA	Danish International Development Agency
DFID	Department for International Development
DPI	Disabled People's International
DSI	De Samvirkende Invalideorganisationer
EDIN	Eastern Disability Network
FWD	Females with Disabilities
GAB	Ghana Association of the Blind
GES	Ghana Education Service
GFD	Ghana Federation of the Disabled
GHDS	Ghana Human Development Scale
GHS	Ghana Health Service
GNAD	Ghana National Association of the Deaf
GSB	Ghana Society for the Blind
GSPD	Ghana Society of the Physically Disabled
GSS	Ghana Statistical Service
INGO	International Non-Governmental Organization
MOEYS	Ministry of Education Youth and Sports
NAD	Norwegian Association of the Disabled
NGO	Non-Governmental Organization
NHIS	National Health Insurance Scheme
OPWD	Organisations of Persons with Disability
PACID	Parents Association of Children with Intellectual Disability
PWD	Person With Disability
SPED	Special Education Division
UNESCO	United Nations Educational, Scientific and Cultural Organization
VODIN	Volta Disability Network
VOLPHIG	Volta Physically Challenged Independent Group
VSO	Voluntary Service Overseas
WHO	World Health Organisation

Executive Summary

1 INTRODUCTION

A research into attitudes towards persons with disabilities (PWDs) in the Greater Accra, Central, Eastern and Volta regions of Ghana was conducted under authority of Voluntary Service Overseas (VSO) Ghana from November 2007 to May 2009. The research was stimulated by a lack of reliable data about attitudes towards PWDs in Ghana. The Eastern Disability Network (EDIN) and Volta Disability Network (VODIN) assisted in the conduction of the research.

2 RESEARCH METHODOLOGY

Research methods and techniques

The following methods of data-gathering were used:

- Analysis of secondary data
- Non-participant observation
- 40 open interviews with key-informants from government institutions, special schools, OPWDs and NGOs
- 6 group discussions with parents of children with disabilities and persons with and without disabilities
- 90 semi-structured interviews with 40 persons with and 50 persons without disabilities
- 400 quantitative interviews with 120 persons with and 280 persons without disabilities

Reliability

The findings of this report are subjected to some limitations following from the research methods used. The research sample is not representative for the whole population of Ghana or for the districts researched due to practical constraints and a lack of information about the population in Ghana which made random sample selection difficult. A social desirability bias has influenced the reliability of the answers of the respondents. Therefore, the results of this research cannot be generalized.

3 CONCEPTS AND LITERATURE

Care and support for PWDs in Ghana is still mainly based on the traditional charity model of disability which considers PWDs as objects of pity who need to be catered for. Recognition of the rights and capabilities of PWDs is limited. According to the limited amount of (recent) literature available, attitudes towards PWDs in Ghana are strongly based on religious and cultural beliefs. Disabilities are often considered as curses or punishments for sins committed by the PWD or his or her relatives or as a result of witchcraft or juju. This religious-cultural thinking about disability results in several barriers for PWDs and forms of exclusion and discrimination, which has in turn influenced the self-confidence of many PWDs and their interaction with society.

4 COUNTRY CONTEXT

The disability population in Ghana is estimated at 10% of the total population, which equates approximately 2.2 million people. PWDs face many forms of exclusion in the society. Despite a government policy of inclusive education, many children with disabilities are still excluded from any form of education. The healthcare system does not cater for the specific needs of PWDs and mental healthcare is hardly available. Although disability policies are existing on paper, the implementation is very limited and awareness of the Disability Act is low amongst society and PWDs themselves. Many NGOs and OPWDs in Ghana are active in the field of disability. Most OPWDs face challenges in terms of lack of resources and capable staff members, which limits their ability to meet their objectives. There is a lack of cooperation between NGOs and OPWDs who are therefore hardly aware of each other’s activities.

5 MAIN FINDINGS

5.1 Awareness of disability issues

Causes of disability

Possible causes of disability mentioned by respondents:

- Diseases, mentioned by 89%. Awareness about what kind of diseases can cause disability is low and therefore prevention is also limited.
- Accidents, mentioned by 90%.
- Spiritual causes, mentioned by38%. Witchcraft, juju and (generational) curses. Majority of respondents who belief in spiritual causes has a low level of education. Intellectual disability most often explained spiritually.
- Medical error, mentioned by 73%. Errors from doctors or nurses are often seen as explanation for disability.

Most respondents with a disability are not aware of the cause of their own disability. The lack of medical knowledge might increase the belief in spiritual causes of disability. The belief in a spiritual world is present in the whole society and is not unique for disability.

Treatment of disability

Many respondents think treatment of disability is not possible, although some respondents mention medical intervention. Treatment for disability is often sought by means of prayers, visits to prayer camps or spiritual leaders. Sometimes traditional doctors are consulted for treatment.

Types of disability

Physical, visual and hearing impairments are clearly recognized as disabilities. Respondents have a limited knowledge about intellectual disabilities and mental illnesses and its diverse characteristics. Most respondents do not consider chronic illness, mental illness, learning difficulty and albinism as disabilities.

Disability policies

Despite the efforts of NGOs and OPWDs, only 28% of the respondents are aware of the existence of the Disability Act. Respondents with a disability are more aware of the Act (39%) than respondents without a disability (27%). Awareness is highest among respondents with a high level of education and respondents with a disability who are a member of a disability organization. Even those respondents who are aware of the existence of the Act are mostly not aware of its contents. Changes in infrastructure and equal treatment are the most well known contents of the Act.

5.2 Inclusion of persons with disabilities in society

60% of the respondents are of the opinion that PWDs are not treated fairly in society and 43% thinks PWDs are discriminated. This becomes apparent through the use of abusive language, abandonment of PWDs by their family, underrating of abilities and the exclusion of PWDs in social, economic and political aspects of life. Only 32% of the respondents think PWDs are well integrated into society. Structures in and attitudes of society prevent PWDs from full integration. 32% of the respondents are of the opinion that people with a physical disability should live in a special institution, compared to 53% for people with a visual or hearing impairment and 39% for persons with an intellectual disability. Many respondents think it is in the benefit of PWDs to live in an institution because the society does not offer enough care and support in the communities. Most respondents do not want total segregation of PWDs in society.

Employment

Almost 60% of the respondents say PWDs are less likely to get a job due to negative attitudes of employers, who think PWDs are incapable. Some employers are afraid of losing customers when having an employee with a disability. 29% of the respondents think themselves that PWDs are less productive in their work. According to the majority of the respondents, PWDs are mostly capable of a profession in the vocational sector or teaching.

Education

52% of the respondents think children with a physical disability should go to regular schools, compared to 26% for children with visual or hearing disabilities and 22% for children with intellectual disabilities. Arguments for inclusive education are: children learn to interact with each other; and children without a disability can assist children with a disability. Arguments for special education are: children with disabilities will be teased and insulted in regular schools by the other children; and regular schools do not offer adequate teaching and assistance for children with disabilities. Some parents of children without disabilities also do not want their child to be in the same class as a child with a disability.

Social life

45% of the respondents often feel sorry when they meet a PWD they do not know well. They pity PWDs because they think they are incapable and dependent on others. 34% of the respondents feel awkward and 21% feels admiration. Only 5.5% says to feel afraid when meeting a PWD. Respondents also feel ashamed when meeting a PWD and some avoid or ignore PWDs. Many respondents do not want to associate themselves with PWDs: 24% of the respondents would be unhappy with a PWD as a brother or sister in law, compared to 14% for a PWD as a colleague and 15% for a PWD as a neighbour. According to respondents, PWDs are often excluded from participation in social and household activities. 82% agrees that PWDs can marry someone without a disability, but respondents also mention that it is very difficult for a PWD to find a husband or wife. Family members and friends will discourage the marriage because it will bring shame to the whole family, who will be looked down upon by the community.

Parents of children with disabilities are often afraid of the behaviour of the community towards their child. Therefore some parents feel it is necessary to keep their child in the house. They do hardly receive any support from family or community members. Some parents are ashamed of having a child with a disability and therefore do not send the child to school. Many parents are also ignorant of the capabilities of their child and think it is a waste to invest in a child with a disability.

5.3 Attitudes of persons with disabilities

Attitudes towards other PWDs

Although respondents with a disability hold slightly more positive attitudes towards other PWDs than respondents without a disability, negative attitudes towards each other are still common. Especially PWDs who have capabilities to work but who are begging or otherwise totally depending on others are criticized. Respondents with a disability mention that society thinks all PWDs are beggars and incapable of doing anything. Therefore PWDs who are depending on others influence attitudes towards disability in a negative manner. Negative attitudes also exist between people with different types of disabilities, which results in a lack of understanding and cooperation between organizations for people with different types of disabilities.

Attitudes of PWDs towards themselves

Many PWDs feel negative about themselves due to the negative treatment they receive from their families and communities. Unfair treatment makes them feel unconfident about their capabilities and, in many cases, shy to interact with people without disabilities.

6 RECOMMENDATIONS

Awareness-raising about disability is only the first step towards an equal position of PWDs in society. Changes at policy level are needed to achieve this equalization. OPWDs have to take a leading role in advocating for changes both at national and at grass root level. It is therefore recommended that OPWDs:

a. Strengthen their organizations through cooperation: OPWDs need to cooperate and share their experiences to strengthen the disability movement in Ghana and its capability to advocate for change. There is too much competition between OPWDs which does not give a good signal to the society and leaves some organizations in a weak position.

b. Focus on mainstreaming of disability through:
    i. Development of a disability awareness toolkit for governmental institutions and private companies on employment of and interaction with PWDs.
    ii. Sensitization of employees in government institutions, schools, hospitals etcetera about disability issues.
    iii. Lobbying for equal access to the District Assemblies Common Fund.
    iv. Lobbying for implementation of the Disability Act.
    v. Lobbying for Inclusive Education, training of teachers and the inclusion of disability issues in curriculum.
    vi. Lobbying for positive portrayal of PWDs and change of terminology in the media.

c. Raise public awareness about disability issues through:
    i) Education in communities about causes and prevention of disability, capabilities of PWDs, the need to send children with disabilities to school and the contents of the Disability Act.
    ii) Media campaigns: television and radio shows in local, understandable language about different disability issues.
    iii) Positive portrayal of PWDs at grass root level through role models.
    iv) Involvement of religious leaders in educating the public about disability issues.

d. Raise awareness amongst PWDs through:
   i. Education and workshops about rights and capabilities.
   ii. Peer education: Training of PWDs to train other PWDs about their rights and capabilities.

1 Introduction

This report describes the results of a research into attitudes towards persons with disabilities (PWDs) in Ghana, which was conducted under authority of Voluntary Service Overseas (VSO) Ghana from November 2007 to May 2009. The Eastern Disability Network (EDIN) and Volta Disability Network (VODIN) assisted in the conduction of the research.

The research was stimulated by a lack of adequate data about the prevailing attitudes in Ghana towards PWDs. Although NGOs and OPWDs are aware of the existence of many negative attitudes, they felt the need for a confirmation of their thoughts. Attitudes towards PWDs are a major reason for their current position as a vulnerable and disadvantaged group in Ghana and for their exclusion in society. Increased awareness about disability issues and better communication between PWDs and people without disabilities can result in a change of these attitudes. Therefore, VSO Ghana wanted a research to be conducted to analyze the attitudes towards PWDs and to give recommendations about how these attitudes can be changed in a positive direction. The results of the research will be used by VSO in its work in the disability sector. Besides VSO, this report will also be spread among other stakeholders, who can use it as a source of information and in some cases to support their activities.

The major part of the research has taken place in the Central, Eastern and Volta regions. Besides interviews in these three regions, a context analysis was carried out amongst stakeholders and key-informants at national level.

1.1 Research question and objectives

The research question is:

> *What are the attitudes of people in the Central, Eastern and Volta region of Ghana towards people with disabilities and what can be done to increase positive attitudes towards people with disabilities?*

In order to answer this research question four objectives needed to be achieved:

1. To map the current situation of PWDs in Ghana in terms of their cultural, social, political and economic status;
2. To study the cultural and religious believes in Ghana which influence the perception about disability;
3. To gain insight in how negative attitudes towards disability result in social exclusion of PWDs;
4. To examine which factors can contribute to forming positive attitudes towards PWDs.

1.2 Structure of the report

The broad outline of this research report is as follows: After this introduction, the second chapter will describe the research methods and techniques used in this research and the methods used for the analysis of the results. Chapter three deals with the theoretical analysis of disability and gives an overview of the literature used in this study on disability in general and disability in Ghana in specific. To put the fieldwork in a broader perspective, the fourth chapter provides an analysis of the political, economic and social characteristics of Ghana, its disability policies and the activities of governmental and non-governmental organizations and institutions in the disability field. Chapter five will deliver and analyze the results from the fieldwork. It will describe differences in attitudes between people with a disability and people without a disability. The final chapter gives overall conclusions and policy recommendations which can be used by government institutions, Non-Governmental Organizations (NGOs) and other relevant stakeholders.

2 Research methodology

This study can be characterized as a descriptive and explorative type of research. A so-called triangulation of different research methods and techniques was used to explore attitudes towards disability and may also enhance the quality and reliability of the data. I used quantitative research techniques such as the survey as well as qualitative techniques like observation and in-depth interviewing to collect the necessary data.

In this chapter I will explain the selection of the research location as well as the different data collection methods and techniques used. Furthermore, an explanation will be given of how the results were analysed. The last section of this chapter will describe the reliability, validity and limitations of the research.

2.1 Research location

The disability program in VSO Ghana is based in the southern part of the country. Therefore, this research was conducted in the four southern regions; Greater Accra, Central, Eastern and Volta region. In Accra, I interviewed key-informants of the major governmental institutions, Organisations of Persons with Disability (OPWDs) and NGOs. In the other three regions, semi-structured interviews and a survey were conducted.

2.2 Research methods and techniques

In this section an overview is given of the methods and techniques utilised in this research. I started the research with conducting open interviews with government institutions, schools, OPWDs and NGOs, on which I will elaborate later in this paragraph. Meanwhile I also collected secondary data from different sources. Based on the analysis of this information, the questionnaire for the semi-structured interviews and the survey was developed. For the administration of the semi-structured interviews I sometimes used a research assistant, who helped me with the selection of respondents and, when necessary, with translation. For the survey research assistants helped with the administration of the questionnaires. Other volunteers working in the disability sector in Eastern, Central and Volta Region connected me to disability organizations and other relevant institutions working in their region.

2.2.1 Secondary data

Background information needed for this research was collected by different means. Information about the Ghanaian society and about PWDs in particular was obtained through books, documents, research studies and policy papers of governmental and non-governmental institutions. Also, articles about disability in newspapers and radio-and television programs were used as a source of information. I was limited in the information I could obtain, since in Ghana there is very limited amount of (accurate) data available about the numbers of PWDs, the types of disabilities, their access to services and their inclusion in society.

2.2.2 Non-participant observation

Observation is useful for studying behaviour as it occurs and for acquiring the viewpoint of the persons under observation. In this research I used non-participant observation to study behaviour towards PWDs, for example how people behaved and what body language they showed when a PWD was entering public transport or when meeting a PWD on the street. These observations gave me an insight in the underlying attitudes towards PWDs. Also, through participation in meetings between different OPWDs, I could study the behaviour of people with different types of disabilities towards each other.

2.2.3 Group discussions

Two group discussions have been held with parents of children with an intellectual disability, who were all attending a special school in the Volta region. One group consisted of twelve parents and the other group of five parents; in both groups the majority of the participants were female. Four mini-group discussions have been held with two or three participants. For the group discussions a short interview guide was used based on the extensive interview guide for the semi-structured interviews.

2.2.4 Open interviews

40 open interviews were conducted with key-informants, who were selected based upon their expertise about disability issues in Ghana. The majority of these interviews were held during the first three months of the research, so the information obtained could be used during other stages of the research. I selected informants from different types of institutions such as national organizations for of and of PWDs, NGOs, schools for children with disabilities and government departments to get various points of view. The aim of these open interviews was to get an overview of the policies and activities of the different institutions in the field of disability and to acquire a general understanding of the situation of PWDs in Ghana. I used a short interview guide for the interviews, which allowed for a free flow of ideas and information. In some cases, informants were asked to suggest other people who could be interviewed. Some informants were interviewed more than once if there was a need for extra information. A copy of the interview guide and a list of the interviewed key-informants are assimilated in annexes 1 and 2.

2.2.5 Semi-structured interviews

Based on the analysis of the secondary data and the open interviews with key-informants a semi-structured interview guide was developed. I chose to use this interview method because it allowed respondents to provide data from their own perspective, bypassing possible biases of the interviewer. It did not put words into people's mouths and allowed the participants to describe their own experiences. Semi-structured interviews also permit the emergence of important themes that may not emerge from a more structured format. This might reveal insights into the participants' attitudes and behaviour that may not readily be apparent.

It became evident during the interviews with key-informants that not all types of disabilities are known in Ghana or sometimes a particular disability is described in different ways, I decided to focus on attitudes towards people with physical, visual, hearing and learning disabilities.[1] These are the types of disabilities best known in Ghana. Asking about other types of disabilities might lead to unreliable answers.

90 semi-structured interviews were conducted in the period February 2007 to February 2009, spread in Eastern, Central and Volta regions. 40 respondents identified themselves as having a disability. The selection of respondents with a disability was based on the perception of the interviewer and the respondents own identification of having a disability and *not* on an objective assessment of disability. 10 interviews were conducted with parents of children with a disability. Most participants were non-randomly selected and others were selected through snowball sampling, whereby a respondent suggested another respondent to be interviewed. Some of the respondents with a disability as well as some of the parents of children with a disability were selected through their membership of an organization. A wide range in respondents' sex, age and education was considered during selection of respondents to provide a wider perception across the population.

Interviews took place in following locations; local OPWDs offices, in houses or the workplaces of the respondent, or in any other suitable location nearby. In all cases the interference of other people was limited as much as possible, to enable the participants to speak freely. An average interview took about an hour. A copy of the interview guide is assimilated in annex 3.

2.2.6 Quantitative survey

The purpose of a quantitative survey is to collect relevant data from a large number of respondents. By means of the retrieved secondary data and the interviews with key-informants a structured interview guide was developed. In a face to face interview the interviewer asked the respondents questions and recorded the verbal answers given in the interview guide. A major part of the survey consisted of two attitude scales: 1) the general attitude scale and 2) the attitude towards impairment

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[1] In the interviews and questionnaires I used the term 'mental disability' instead of 'intellectual disability' since a majority of the people in Ghana do not know the term 'intellectual disability'. In this report I will refer to intellectual disability, which is defined by the American Association on Intellectual and Development Disabilities as: "A disability characterized by significant limitations both in intellectual functioning and in adaptive behaviour, which covers many everyday social and practical skills. This disability originates before the age of 18".

scale. The first scale measures attitudes towards PWDs in general and the second scale measures attitudes towards different types of impairments. Besides studying the attitudes towards PWDs, two hypotheses were tested by means of the attitude scales:

H1: People who identify themselves as having a disability have more positive attitudes towards PWDs than people who do not identify themselves as having a disability

H2: Attitudes towards PWDs will differ for different types of disability, being physical, visual/hearing and mental disability

After a test round with twenty respondents, that included both persons with and without disabilities, the last changes were applied. A copy of the interview guide is assimilated in annex 4.

Since the research population was spread over three regions and limited data about population characteristics is available in Ghana, this complicated the selection of respondents. Due to the size of the research population and to financial and practical constraints it was not possible to visit every district in each region. I chose to select three districts per region, to get results from a total amount of nine research districts, which were divided into rural and urban settings. To ensure a spread in the selection of respondents, the research assistants were instructed to interview only one person per household and only one person per every tenth household in each town or village. Only people who did not have any professional connection to disability were selected as respondents. As far as possible, it was tried to get a broad range in educational level of the respondents (see table 2). Research assistants were asked to get a 50-50 division between the numbers of male and female respondents and to get a range in respondents from towns and villages. It should be clear though; that the sample is not representative for the total population in Ghana and the results of this research can therefore not be generalized.

For the selection of respondents with a disability, the interviewers were instructed to look specifically for respondents with different types of disabilities. One method of selecting PWDs was through their organizations. At meetings people were asked if they wanted to participate in an interview. Another method used was the selection of PWDs on the street, on the basis of having an apparent disability. Participants were also asked if they knew other people who would be willing to participate.

A total of 400 interviews were carried out. On average it took 30 minutes to finish one interview. As with the semi-structured interviews, interview locations were selected where the privacy of the participant could be guaranteed as much as possible. Table 1 shows the distribution of the interviews per region. Figure 1 presents the research population. 120 out of the 400 respondents identified themselves as having a disability. This means the research sample has an overrepresentation of PWDs, since the numbers of PWDs in Ghana is estimated around 10% of the total population.[2] The sample also shows an overrepresentation of people with physical disabilities, which can be explained by the fact that people with physical disabilities are often easy to recognize and therefore more likely to be selected and because organizations of people with physical disabilities seem to be by far the most organized ones and have a lot of members. Interviews with people with a hearing difficulty were often difficult to arrange due to a lack of a good interpreter. Because of small sample of certain types of disabilities, it was not possible to make a comparison between attitudes of people with different types of disabilities.

Out of the 400 respondents, 270 (67.5%) respondents said to have personal contact with someone with a disability. Respondents with a disability more often know someone else with a disability: 76.7% of the respondents with a disability personally know a PWD, compared to 63.6% of the respondents without a disability.

Table 1: Quantitative interviews per region

Region	Frequency	Percent
Eastern Region	107	26,8
Volta Region	160	40,0
Central Region	133	33,2
Total	400	100,0

Figure 1: Sample size survey

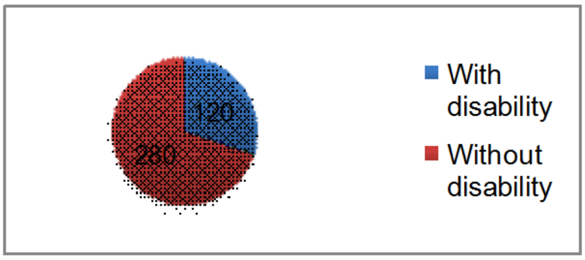
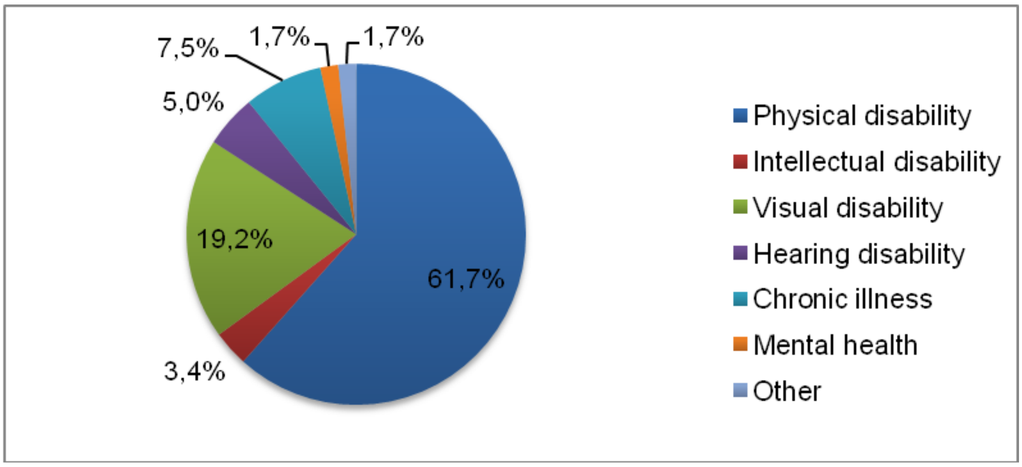


Figure 2: Types of disability



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[2] UNDP, 2007, p.128.

Table 2: Personal contact with a PWD

Personal contact with PWD	**Disability %**	**No disability %**	**Total N**	**Total %**
Yes	76.7	63.6	270	67.5
No	23.3	36.4	130	32.5

Table 3: Education

Education category	**Level of Education**	**Total N**	**Total %**
Low	None	54	13.5
	Primary School	22	5.5
	Junior Secondary School	94	23.5
Medium	Senior Secondary School	88	22.0
	Vocational School	49	12.2
High	Teacher Training College	40	10.0
	University	45	11.2
-	Other	8	2.0

2.2.7 Selection of research assistants

Because a large number of quantitative interviews needed to be administered, I decided to work with research assistants. Eight research assistants (five male and three female) helped with the administration of the questionnaires, spread in the three regions. In each region, one of these assistants also helped with the selection of respondents and translation for the semi-structured interviews. The assistants were selected based on their experience with research and community work. Most of them were social workers with the regional or district Social Welfare Departments and some were working for the District Assembly. They were all carefully instructed by means of the interview guide and some pilot interviews were conducted to test their ability to interview using the guide.

2.2.8 Data-analysis

The data collected in the open and semi-structured interviews was Word-processed. The information gathered in the survey was processed into three different SPSS files. Because the research sample contained an overrepresentation of PWDs, in the analysis of the results for the total sample, the group of PWDs got a lower weighting factor and the group of people without disabilities a higher weighting factor.

A large part of the survey questionnaire consisted of statements about attitudes towards disability. Respondents answered these statements by their extent of agreement: agree / neither agree nor disagree / disagree. The reason for using a 3-

point scale was the assumption that most participants would not have much or any experience at all with participating in a questionnaire. Some respondents still had difficulty understanding and answering the questions. Giving them more answer scales might have increased the occurrence of incorrect answers. The final measurement of attitudes was done by summing the different items that measure the same concept or topic. Since some of the statements measured positive attitudes towards PWDs (e.g. I would be happy if a PWDs was my neighbour) and others negative attitudes (e.g. PWDs are less productive in their work) I reversed the scores of the negative statements. Annex 5 gives an overview of the statistical analysis of the survey results.

2.2.9 Validity, reliability and limitations

In this research there were several limitations in different areas caused by both practical and financial constraints.

Due to a lack of information on the general and disability population in Ghana and because of time and financial limits the sample selected is not representative for the entire population. There were no maps, street plans and directories available which could be used as a method for random selection of the population. The possibility of generalizing from the sample is therefore constrained by the heterogeneity of the population.

A problem with the technique of face-to-face interviewing is the ‘social desirability bias’ whereby respondents give answers which they think are socially desirable. In the semi-structured interviews the interviewer sometimes noticed a reluctance to be completely open about feelings towards PWDs. It seemed that respondents found it difficult to talk about a topic like disability due to the negative perceptions surrounding it. In some instances there seemed to be a difference between the answers of respondents and their actual beliefs and behaviour. Especially respondents with a higher level of education were sometimes careful in showing their attitudes and beliefs. For example, they would mention that people in Ghana believe in curses as a cause for disability, but they themselves did not. During the interview, it then became clear that they did have those beliefs themselves. Also, there seemed to be a contradiction in the way people perceive the attitudes of society towards PWDs and the way in which they perceive their own attitudes.

The low educational level of the majority of the respondents and their unfamiliarity with interviews made it in some cases difficult to get reliable answers. Respondents did not understand the question well or found it difficult to formulate their answer in a clear way.

Another limitation was that I would have preferred to work with a smaller number of research assistants. To limit travel expenses and costs of accommodation as much as possible the assistants had to be selected from within the region in which the interviews were conducted. Also, I had to select three assistants per district because all of them were employed and had limited time available for the research. Working with a small team of assistants for a longer time might have increased their commitment to and knowledge of this research. There was not always enough time available to monitor the work of the research assistants. The work of one assistant turned out to be incomplete and unreliable and therefore 50 interviews needed to be done again, with new respondents, which increased the costs and limited the time available for the analysis of the results.

3 Concepts and literature

In this chapter I will give an explanation of the main concepts used in this report and also provide an overview of the literature used as a background for the research. The concepts which are described are disability and attitudes towards disability. In the first paragraph the focus will be on the main concept of this research, disability. I will discuss the history of the concept and two different models of disability. The next section describes the literature concerning attitudes towards disability in general and in Ghana.

3.1 Disability

There have been many definitions of and visions about disability, which have highly influenced the treatment of PWDs and their inclusion in society. The traditional view of disability is called the individual model, which can be subdivided into the charity model and the charity model of disability. A more modern model is the social model of disability, in which PWDs play a full part in development and decision-making. In the next two paragraphs I will give a short description of these two models of disability and the differences between them.

3.1.1 Individual model of disability

3.1.1.1 Medical model of disability

Oliver[3] posited that the medical model (or the ‘individual model’) of disability locates the 'problem' of disability within the individual and it sees the causes of this problem as resulting from the functional limitations or psychological losses which are assumed to arise from disability. The medical model of disability regards disability as a defect or sickness which must be cured through medical intervention. The person with a disability is in the sick role under the medical model. When people are sick, they are excused from the normal obligations of society: going to school, getting a job, taking on family responsibilities, etc. They are also expected to come under the authority of the medical profession in order to get better.[4] This model thus focuses on the impairment, rather than on the needs and abilities of PWDs. It creates a cycle of dependency and exclusion, which is difficult to break.[5]

The international disability movement has been very critical of the medical model of disability. While medical intervention can be required by the individual at times, the medical system cannot be regarded as the appropriate way to deal with disability related policy matters. Many disabilities and chronic medical conditions will never be cured. PWDs are quite capable of participating in society and the practices of

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[3] Oliver, 1990.
[4] Kaplan, 1999.
[5] Diseed.

confinement and institutionalization that accompany the medical model of disability are not acceptable to them.[6]

3.1.1.2 Charity model of Disability

The charity model is driven largely by the emotive appeals of charity. This model treats PWDs as helpless victims needing care and protections and relies heavily on charity and benevolence rather than justice and equality. This model accepts the act of exclusion of PWDs from social arrangements and services in public domain. The charity model justifies the exclusion of PWDs from the mainstream education and employment. This model asks for social support mechanisms for the benefit of PWDs.[7]

3.1.2 Social model of disability

The social model of disability was developed by PWDs themselves, as a rejection of all of the fundamentals of the medical model. The social model does not deny the problem of disability but locates it within the society instead of within the individual. Individual limitations are not the cause of the problem but the failure of the society to respond to it in an appropriate way by providing necessary services and by including the needs of PWDs in its social organisation. Furthermore, the consequences of this failure do not only affect individuals but they systematically affect PWDs as a group who experience this failure as institutionalized discrimination throughout the society.[8] The social model of disability therefore sees the barriers that prevent PWDs from participating in society as the disabling factors. It regards impairment and disability as two very different things.[9]

The social model is nowadays used by many development organizations working in the disability field. For example, DFID uses the following description of disability:

> *Though arising from physical or intellectual impairment, disability has social implications as well as health ones. A full understanding of disability recognises that it has a powerful human rights dimension and is often associated with social exclusion, and increased exposure and vulnerability to poverty. Disability is the outcome of complex interactions between the functional limitations arising from a person's physical, intellectual, or mental condition and the social and physical environment. It has multiple dimensions and is far more than an individual health or medical problem.*[10]

VSO uses the definition of disability offered by Disabled People's International and describes disability as:

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[6] Kaplan, 1999.
[7] Bhanushali, 2007,
[8] Oliver, 1990.
[9] Diseed, n.d.
[10] DFID, 2002, p.2.

> *The disadvantage or restriction of activity caused by contemporary social organisation which takes little or no account of people who have impairments and thus excludes them from the mainstream of social activities.*

This social dimension to disability means that PWDs often have their potential restricted because of the attitudes of those around them or the way in which society and service provision is organised. [11]

The Convention on the Rights of Persons with Disabilities states that disability results from the interaction between persons with impairments and attitudinal and environmental barriers that hinders their full and effective participation in society on an equal basis with others. Article 1 of the Convention defines:

> *Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.*[12]

In this research I have used the social model of disability as a framework to understand and investigate the status of PWDs in the Ghanaian society.

3.2 Attitudes

As made clear by the social model of disability, attitudes are an important factor in explaining the situation and position of PWDs in society. In this section, I will explain how attitudes influence the social construction of disability. Although literature about attitudes towards PWDs in Ghana is hardly existent, some authors have written interesting articles about this topic, which will be discussed in the second part of this section.

3.2.1 The role of attitudes in the construction of disability

Coleridge (1993) is of the opinion that it is attitudes that disable. “If other people did not react with horror, fear, anxiety, hostility or patronising behaviour towards PWDs, then there would not be a problem.” He mentions a vicious circle whereby discrimination and prejudice create the sense of being disabled, which leads to further discrimination and prejudice.

Coleridge emphasizes that human behaviour and attitudes can be influenced. On one hand, the process of attitude change has to start with PWDs and their attitude towards themselves and their disability, since society is not likely to change behaviour unless PWDs make the first move. If PWDs are able to come up for their own rights and see themselves in a positive manner and as being capable to contribute to society, in time the society will also start to see them in this way. The issue for PWDs is ultimately one of self-esteem, of refusing to accept the role of

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[11] VSO, 2001, pp.1-2.

[12] United Nations, 2006, p.4.

victim in which society puts them. On the other hand, self-esteem cannot be raised in isolation from the social environment. If the social environment is oppressive and casts PWDs in the role of victim, then it is very likely that this is the way in which PWDs will see themselves.[13]

3.2.2 Attitudes towards disability in Ghana

In Ghana, as in many parts of Africa, culture, social status and religion have interacted and influenced people's perception and attitude towards disability. Disabilities are often considered as curses or punishments for sins committed either by the PWD, parents of the PWDs, or one of his or her ancestors.[14] In most Ghanaian communities, people believe in reincarnation of human beings and as a result there is a high tendency among people to believe that some families disregard the general principles of nature for which they should be punished by the gods of the land.

In the Ghanaian society, pregnancy and birth are highly regarded as a blessing and are characterized with high expectations. There is no reason a family can give to explain why a child is born with a disability except that the anger of the gods has been visited on them. In typical traditional communities in Ghana crocodiles and snakes are considered to have some special powers and any cruelty against them can lead to the individual giving birth to a child with a disability. To protect themselves against giving birth to a child with a disability, in some communities pregnant women are subjected to various kinds of taboos. For instance, a pregnant woman is not allowed to eat eggs for the reason that the child might develop hydrocephalus (big head). Any child born with any defect is seen as a violation of such traditional belief systems and the family will often be maltreated and looked down upon by the rest of the community. The birth of a child with a disability within a family can lead to divorce and family disintegration.

Disability in Ghana is also seen as a result of witchcraft, sorcery, ‘juju’ and magic. Due to these beliefs assets in some traditional communities are viewed with mixed feelings. Many people believe that parents can spiritually exchange any part of the child’s body with money such that the exchanged part of the child will become defective. Consequently, a rich family with a person with a disability is labelled “sikaduro” (juju money). Through these belief systems, a majority of Ghanaians have labelled PWDs as social misfits and outcasts.

Persons with ‘mental retardation’, as it is called amongst most Ghanaians, are the hardest hit victims of this type of negative labelling. Two tribal groups, the Ewes and the Gas, refer to them as ‘Asotowo’ (idiot or fool) and ‘Buluus’ (reduced mental

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[13] Coleridge, 1993, pp.36-39.
[14] UNDP, 2007, p.129.

abilities). The Akans label persons with learning disabilities as ‘Nea wanyin agya n’adwene ho’ which means ‘feeble minded’, which are very offensive and dehumanizing labels, equated with insults. Persons with Down’s syndrome in Ghana are believed to be children given by the river gods, and hence they call them ‘Nsuoba’, meaning water children. There are many stories about children with mental disabilities who are ‘given back to the water.’ [15]

In the rural Kassena Nankana District in Northern Ghana exists a widespread belief in ‘spirit children’. It is believed that some children, known as spirits or 'Kinkirigo' have been sent to bring harm to a family and are not meant for this world. They are often orphans whose mothers died in childbirth and can be identified according to any number of characteristics, including babies who are born with a deformity or with complex medical conditions. In the Kassena Nankana District this phenomenon is often associated with infanticide and child abandonment.[16]

Following from this religious-cultural thinking about disability, PWDs in Ghana face several barriers and forms of exclusion and discrimination. Traditionally, more focus has been placed on finding out and obviating the causes of disability and less on improving the living conditions of PWDs. This has resulted in the marginalization of PWDs and their exclusion from enjoying equal opportunities in all spheres of life. In Ghana, the general treatment offered to PWDs has, at best, been to treat them as persons deserving to benefit from the charity of others. Furthermore, PWDs lack recognition and status in society and have limited opportunities for training and employment. A PWD is often excluded from holding any traditional political office or occupying any leadership position in the community.[17] Superstition and the cultural belief system thus form a continuous obstacle to the inclusion of PWDs in the society, because within such a belief system it is difficult for any interaction to occur between the ‘normal’ and the PWD.[18]

The treatment of PWDs in Ghana evidently has its influence on the behaviour of PWDs and their attitudes towards themselves. Many PWDs are told since childhood that they are no good to the society and have no useful contribution to make. In many cases, PWDs living on the street have been rejected by their own family. The behaviour of PWDs is often a reflection of what the society does to them. If they are not treated well, they might also treat the society with disrespect. Some PWDs have a lack of self-confidence and look down upon themselves. They need to be involved in mainstream activities and their self-confidence needs to be build to change their attitudes towards themselves.[19]

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[15] Agbenyega, 2003
[16] Afrikids, n.d.
[17] UNDP, 2007.
[18] Agbenyega, 2003
[19] Interview O. Annum, Mediator Liliane Foundation, 20 January 2009.

3.3 Concluding remarks

The care for PWDs in Ghana is still mostly based on the charity model of disability whereby PWDs are seen as objects of pity who need to be catered for. There is little recognition of both the rights and capabilities of PWDs. Attitudes and there from resulting behaviour towards PWDs in Ghana are based on strong religious and cultural beliefs which are entrenched in all aspects of society. To change the attitudes of society and increase confidence among PWDs, OPWDs can and have to play an important role.

4 Country context

To put the empirical data in perspective some background information about the Ghanaian society is necessary. In this chapter the information will be given outlined in five paragraphs. The first paragraph provides demographic information about Ghana and gives an overview of the economic, social and political situation of PWDs in Ghana. In the second paragraph government disability policies will be outlined. The following two paragraphs give an overview of the history and activities of organizations of and for PWDs in Ghana, with a focus on their activities in awareness-raising about disability. The final paragraph gives some concluding remarks. The information in this chapter is retrieved from the analysis of secondary data and from the open interviews with key-informants.

4.1 Introduction

According to the World Health Organization (WHO), there are more than 600 million PWDs in the world, of which approximately 80 % live in low-income countries. In most developing countries, including Ghana, PWDs constitute an impoverished marginalised group, characterised by lack of access to public health, education, and other social services that would ideally support and protect PWDs. Economically as well as in social terms, PWDs in developing countries are classified among the poorest of the poor. PWDs in Ghana are often regarded as unproductive and incapable of contributing in a positive way to society, and rather seen as constituting an economic burden on the family and the society at large, which leaves them in a vicious cycle of poverty. In developing countries there are rarely strong disability movements actively working to improve the living conditions for people living with disabilities. PWDs are often only weakly represented in civil society and Ghana is no exception.[20]

4.1.1 Population

Population estimates of 2007 suggest the total population of Ghana to be around 22 million, with an annual growth of around 2.6%.[21] Table 3 shows the breakdown of the population into the regions studied in this research according to a 2000 census.[22]

Table 4: Population[23]

Region	Population (million)
Greater Accra	2.9
Eastern	2.1

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[20] Ghana Federation of the Disabled, 2008b.
[21] Government of Ghana, 2007.
[22] No data available about the breakdown of the population in more recent years.
[23] Ministry of Health, 2003

Central	1.5
Volta	1.6
Ghana	18.4

There are no accurate statistics available about the disability rate in Ghana. The Ministry in charge of Social Welfare suggests that the number of PWDs could be calculated by using a 10% formula, which equates approximately 2.2 million people in the country. This represents a significant part of the population. The disability rate is higher in rural areas than in urban areas. Disabilities that affect persons under the age of fifteen years are substantially under reported. This may be due to the fact that at the younger ages, specific disabilities may not be sufficiently developed to be observed by, or communicated to strangers. The sex ratios indicate that while at ages under 6 years, one may expect 100 males with disability to 108 females with disability, this ratio increases to 124 females to 100 males in the prime of life, from ages 16-55 years.[24]

Table 5: Disability population 2003

Type of disability	Percentage
Sight	53.4
Mobility	27.1
Hearing/Speech	11.2
Strange behaviour	3.1
Epilepsy	2.4
Other	1.2
Learning	0.8

Table 4 shows the disability population divided by type of disability according to a 2003 census by the Ghana Statistical Service (GSS). The majority of PWDs have a visual impairment (53.4%), followed by mobility (27.1%) and hearing/speech (11.2) impairments. Strange behaviour, as it is called by GSS, accounts for 3.1% of the disabilities and epilepsy for 2.4%. Only 0.8% are said to have an intellectual disability. [25] Since assessment and detection of disabilities are roughly inadequate in Ghana, it is not clear whether this represents a reliable sample of the population.

4.1.2 Education

The Ministry of Education Youth and Sports (MOEYS) has overall responsibility for the education sector policy formulation, planning, monitoring and evaluation. Education delivery and implementation is devolved to institutions, districts and regions through various agencies of the MOEYS, of these the Ghana Education Service (GES) is the agency that implements the Basic and Senior Secondary School Education components including Technical and Vocational institutions. GES is therefore responsible for pre-tertiary education. For the rest of the education sector, the National Council for Tertiary Education (NCTE) and the Non-Formal Education Division (NFED) have important sub-sectoral areas of responsibility regarding education delivery.[26]

The ministry of Education has a Special Education Division (SPED), whose objective is to increase access to quality education and to train young PWDs and children with

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[24] UNDP, 2007, p.128.

[25] GSS, 2003.

[26] Republic of Ghana, 2004, p.1.

special educational needs, leading to employable skills for an economic and independent living. SPED is guided by three principles: the right to education for PWDs; the right to equality and quality educational opportunities within a common curriculum; and the right to fully participate in the affairs of the society, which includes making educational environments accessible and removing any barriers to ensure full participation and integration of PWDs into mainstream society.[27] SPED runs 12 primary schools and one secondary school for the deaf in Mampong in the Eastern region. There are two schools for the blind, in Wa in the Upper West Region and Akropong in the Eastern Region. There are nine schools for children with an intellectual disability, which focus their education on training in social behaviour and activities for daily living skills. The Ministry also runs three assessment centres, seven regional mobile centres for children with learning difficulties and other development problems. Furthermore, there are 38 National Vocational (rehabilitation) Training Centres throughout the country. Representatives and teachers of the schools interviewed all mentioned the challenges they are facing concerning a lack of teaching materials and inadequate infrastructure.

4.1.2.1 Inclusive Education

The Education Strategy claims that all children with non-severe special education needs will be incorporated into mainstream schools by 2015.[28] In fulfilment of the MOEYS's inclusive policy, GES in collaboration with VSO, initiated an inclusive education pilot project in September 2003. The theme of this project was to increase access to quality basic education for children with special needs. The project was to be implemented in ten districts within three regions: Greater Accra, Central, and Eastern regions[29] and involved 35 basic schools. It was expected that through this project teaching and learning would improve and all students including those with disabilities would benefit from regular school education and social inclusion. It appears this might be difficult to achieve particularly for children and youth with disabilities, as a result of some critical barriers facing education practice in Ghana. The challenges for ensuring social inclusion include the public perception of persons with special needs, architectural barriers, inadequate assessment facilities, inaccessible curriculum, curriculum inflexibility and pre-/post-training in special education needs for regular teachers'.[30]

Despite the policy of inclusive education, there are still a large number of children and youth with disabilities who are prevented from undertaking basic education in regular schools. Also, others do not complete basic education due to hostile teaching practices adopted by some of the teachers.[31] It is documented that only 4,109 school age children with disabilities out of an estimated number of 804,000 are in both

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[27] Interview SPED, 12 February 2009.
[28] GFD, 2008.
[29] Ghana Education Service, 2003
[30] Republic of Ghana, 2004, p.15.
[31] Avoke 2002, Oliver-Commey 2001 in Agbenyega, 2006.

segregated and integrated schools. [32] This suggests that only 0.5 % of the population of children with disabilities receive any form of education. Even when PWDs manage to enter the formal educational system, they hardly manage to complete primary education. However, the few that manage to persevere through the formal educational system often do succeed and in most cases distinguish themselves in their career.[33]

4.1.3 Healthcare

To be able to deal with the numerous health problems confronting Ghana, the government has put in place a number of health policies and programs. One major program in Ghana today is the National Health Insurance Scheme (NHIS), which was launched in 2005. Its aim is to reduce financial barriers and increase access to healthcare. However, inequalities in regional response to the NHIS in terms of the percent of the population who have registered to use the insurance and have identity cards which permits them to do so may lead to exclusion. The people who have not registered have complained mainly about inability to pay the premium.[34] Contribution to the scheme is based on the income of the insured individual, and through a 2.5 % health insurance levy on selected goods. The poorest part of the population does not have to pay the fee.[35] Unless PWDs are classified as indigents, they are not entitled to exemption from paying the fee.[36] The insurance covers most ordinary diseases and some type of accidents. Rehabilitation services, appliances and prostheses are not included in the NHIS, making the benefit to PWDs limited.[37] Also, the information about the insurance is not designed for PWDs.[38]

4.1.3.1 Mental healthcare

There are three psychiatric hospitals in Ghana and ten hospitals with psychiatric wings, all based in the south of the country.[39] Psychiatric service in the north is almost non-existent. There are only a few beds available in regional hospitals but no psychiatrists and only a few psychiatric nurses to treat and take care of the patients. Any serious cases have to be sent to the psychiatric hospital in Accra. The few facilities that are available in the North are inadequate. In the whole of Ghana there is a shortage of psychiatrics and community psychiatric nurses. Few people want to train to take up a position in the mental health sector because of the stigma attached to the job. In Accra, there is an over-reliance on psychiatric hospitals to treat people with a mental illness, and these are relied on to deliver services for the whole country. Another problem with the mental healthcare in Ghana is the lack of medication. Only first generation psychotropic drugs are for free and these seem to

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[32] Republic of Ghana, 2004.
[33] UNDP, 2007, pp.129-131.
[34] UNDP, 2007, p. 43-44.
[35] DSI, 2007, pp. 9-10.
[36] GFD, 2008.
[37] DSI, 2007, pp. 9-10.
[38] GFD, 2008
[39] Interview Anne Dzadey, Director of Pantang Psychiatric Hospital, 23 March, 2009.

be ineffective in treating mental illnesses. Better, more effective, modern drugs are available on the open market but these are very expensive.[40]

The director of Pantang psychiatric hospital describes the challenges the hospital is facing. There is a shortage of both human and financial resources and a lack of accommodation for staff. Occupational therapy and rehabilitation offered to chronic drug users are not well established. Even among the hospital staff there exists a lack of understanding of rehabilitation. The morale of the staff is lower than in general hospitals due to the way society perceives psychiatric care. The perception in society is that both the patients and the staff are crazy. Furthermore, there is a lack of understanding of the causes of psychiatric illnesses. Society, and also part of the hospital staff, believes that psychiatric illnesses can be caused through a curse or voodoo. The belief is that psychiatric illnesses come from outside the body, through a curse because of the wrongdoing of the patient or the patients' family. Because of this perception, families try to get rid of a person with a psychiatric illness and abandon him or her. They see the person as a shame to their family. People believe that a 'mad' person will always be 'mad' and that there is no treatment for them. A person treated for a psychiatric illness is often not welcome to return home. Therefore a lot of patients who suffer from chronic psychiatric illnesses are living on the streets.

Efforts are made by the government to improve the psychiatric care, but psychiatry places a big burden on the finances of the health sector. A new mental health bill developed in cooperation with the WHO is waiting to be passed, but is delayed because it involves changes in structures and financial complications. The mental health bill shows the need to move to community based psychiatric care to reduce the numbers of patients hospitalized. Hospitals should be a referral point only. When mental healthcare is offered in the communities, families can be more engaged and visit the patients and this will increase the chances of acceptance of people with psychiatric illnesses by the community.[41]

4.1.4 Employment

According to the National Policy Document the employment rate of PWDs is 69%, compared to a rate of 80.2% of the general population. Furthermore, the unemployment rate of PWDs (23%) is much higher than that of the general population (14%).[42] Previously, a quota system was in effect so that employers with a certain number of employees were obliged to have a percentage of PWDs employed. However, the system was poorly monitored and has been dropped.[43] Even in cases where PWDs are employed, the quality and level of employment are often not appropriate and people face many constraints. The question therefore is not only one

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[40] Basic Needs, n.d.
[41] Interview Anne Dzadey, Director Pantang Psychiatric Hospital, March 23, 2009.
[42] Republic of Ghana, 2000, pp. 11-12.
[43] GFD, 2008.

of an employment quota for PWDs but also of equipping PWDs with appropriate employable skills and competence to make them self-reliant. It is also important to ensure good care and conditions of work for PWDs whose working conditions are often dehumanizing. Employment opportunities are also limited due to institutional barriers. Four misconceptions seem most prevalent. PWDs are often perceived as someone else's responsibility; as requiring constant supervision; as being best served in isolated self-contained settings and as being generally incompetent.[44]

PWDs employed in the public sector are entitled to a disability allowance of 48 cedis every three months. The allowance was previously paid out of the monthly payroll by the government but since the decentralization of this process, the institutions where PWDs are employed are responsible for paying the allowance. Allowances are only paid if the budgets are not exhausted, which means that in reality very few PWDs receive the allowance. In general, few PWDs are aware of their rights as employees, and few use the systems already in place.[45]

4.1.5 Social Welfare

The department of Social Welfare is one of the institutions under the Ministry of Manpower Youth and Employment. The department is responsible for providing social welfare services to vulnerable and disadvantaged persons and works in partnership with people in their communities to improve their social wellbeing through promoting development with equity for the disadvantaged. The Department of Social Welfare manages three core programs: Justice Administration; Child Rights Protection and Promotion; and Community Care, under which the care for PWDs falls. Social Welfare serves as an advocacy institute for disability issues and advices the Ministry on disability issues. The department is responsible for the general social welfare of PWDs, which includes registration, counseling and reference; provision of vocational training; job placements; and integration into society.[46]

The Department of Social Welfare cooperates with the Ministries of Education, Health and Community Development in providing Community Based Rehabilitation (CBR). In the past, rehabilitation (educational, vocational and medical) was based on an institutional approach. Since 1992 the needs of PWDs are addressed in the community and only persons with severe disabilities are referred to a rehabilitation centre. All vocational training (except in the Accra rehabilitation centre) is focused on rural crafts. The trades PWDs learn are outmoded and there is no market for their products. Therefore, the department has now started with the introduction of modern skills like catering. Furthermore, there is a lack of the necessary training materials and tools. Resources of the government are limited and are not enough to meet the needs of PWDs. All services delivered to PWDs used to be free and tools for vocational training were provided, but this is no longer the case. Social workers

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[44] UNDP, 2007, pp.129-130.
[45] GFD, 2008.
[46] Interview L. Bisaba, Deputy Director of Social Welfare, 23 March 2009.

employed by the Department of Social Welfare complain of a lack of resources to be able to fulfil their outreach activities.[47]

Since the social welfare system is not offering sufficient support and care for PWDs, the general situation of someone with a disability depends a lot on his or her family background. Because of the tight family relations in Ghana, if the family has economic resources and is willing to assist, the person with a disability can come to them for support. But in many cases, the family excludes the person from family life and does not offer any support.

4.1.6 Political structure

Ghana is a multiparty constitutional democracy headed by a president. Parliament consists of 230 members. The main arms of Government are the Executive, Legislature and Judiciary each of which is independent of the other.[48] Ghana is divided into ten administrative regions which are subdivided into distinctive metropolitan, municipal and district assemblies.[49]

The District Assemblies make and implement decisions and engage in activities required to meet the needs of the people in the areas under their jurisdiction. This means that the needs of PWDs have to be administered at the district level. It is the responsibility of the District Assemblies to deliver services with assistance from specialised governmental agencies and NGOs to enable PWDs to go to school, have access to quality health care, secure skills training and support for employment and income generating opportunities and participate in the social life of their communities. No special recognition has of yet been given to the representation of PWDs to any of these assemblies. Only in a few districts have PWDs managed to be elected or appointed to the assemblies

The financial resources delegated to the District Assemblies are called the Common Fund. In the guidelines for the use of the Common Fund, it is determined that 2% of the funds should be set aside for disability related issues. The District Assemblies have complained about a lack of guidelines for the spending of the funds. For this reason, guidelines were developed in 2007 by the Ministry of Local Government. However, experience has shown that the District Assemblies do not accept the guidelines and do not follow them. The disability movement has submitted proposals for the fine-tuning of the guidelines. In general, demands have been put forth by the District Assemblies that all applications have to be made according to a common plan for the disbursement so that the District Assemblies do not have to deal with requests on an individual basis. This means that all applications must be coordinated

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[47] Interview L. Bisaba, Deputy Director of Social Welfare, 23 March 2009.

[48] Ghanadistricts, 2006a.

[49] Ghanadistricts, 2006b.

through local disability networks or ‘district committees’, which increases the need for cooperation within disability organisations on local level.[50]

4.2 Disability Policies in Ghana

The 1992 Constitution guarantees certain basic rights for PWDs. These include the right to live with their families or with foster parents and to participate in social, creative or recreational activities and the right not to be subjected to differential treatment in respect of their residence other than that required by their condition or by the improvement which they may derive from the treatment. PWDs are also guaranteed protection against all exploitation and treatment of a discriminatory, abusive or degrading nature. In addition, every place to which the public have access shall as far as practicable have appropriate facilities for PWDs. Provision is also made for special incentives to be given to PWDs engaged in business and also to business organizations that employ PWDs in significant numbers. To give effect to these rights of PWDs, the Constitution further mandates Parliament to enact such laws as are necessary to ensure their enforcement. Thus far, the Persons with Disability Act 715 remains the main enactment in this regard.[51]

4.2.1 The Disability Act

The process of developing a policy on disability has been long and tedious. Cabinet passed the National Disability Policy Document in December 2000. The Disability Act was finally passed in June 2006.[52] The Disability Act guarantees PWDs access to public places, free general and specialist medical care, education, employment and transportation (see table 5 for the main objectives of the Act). It also regulates the commitments and other responsibilities of public and private service providers. The transitional period of the Act makes provision for a 10-year moratorium for compliance with the provisions on access and mobility because of the substantial investment needed to make all existing public infrastructure disability-friendly.[53]

The Act established the National Council on Persons with Disability with the goal of proposing and evolving policies and strategies to enable PWDs to enter and participate in the mainstream of the national development process of Ghana.[54] The official inauguration of the Council has taken place on 7 April 2009. The Council is made up of high-ranking representatives from a number of key ministries as well as from OPWDs and organisations or institutions working for PWDs. The Council will coordinate overall disability related activities in Ghana and function as advisor to the

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[50] GFD, 2008.
[51] UNDP, 2007, p.130.
[52] GFD, 2008.
[53] Ghana Center for Democratic Development, 2006, pp.1-2.
[54] UNDP, 2007, p. 130.

government on disability issues. The council will also act as a watchdog and monitor the implementation of the Disability Act.[55]

Public knowledge of the Disability Act is low, even among PWDs themselves. This makes it hard for them to make use of the provisions under the Act. According to CDD, both government and OPWDs should raise awareness of the Act.[56] Paragraph 5.1.5 will discuss the awareness of respondents in this research about the existence of the Act and its contents

Table 6: Objectives of the Disability Act[57]

• To educate Ghanaians on the rights, potentials and responsibilities of both society and PWDs
• To generate and disseminate relevant information on disability
• To create an enabling environment for the full participation of PWDs in national development
• To ensure access of PWDs to education and training at all levels
• To facilitate the employment of PWDs in all sectors of the economy
• To promote disability friendly roads, transport, and housing facilities
• To ensure access of PWDs to effective health care and adequate medical rehabilitation services
• To ensure that women with disabilities enjoy the same rights and privileges as their male counterparts
• To ensure that law enforcement personnel in cases of arrest, detention, trial and confinement of PWDs take into account the nature of their disabilities
• To encourage full participation of PWDs in cultural activities
• To ensure access of PWDs to the same opportunities in recreational activities and sports as other citizens
• To promote CBR programmes as a means of empowering and ensuring the full participation of PWDs in society

4.3 Organizations of persons with disabilities

This section will give a description of the objectives and activities of the OPWDs interviewed during the period of this research. The organizations all work at national or regional level since it was not in the scope of this research to include the organizations functioning at local or district level.

4.3.1 Ghana Federation of the Disabled

Ghana Federation of the Disabled (GFD) was established in 1987 as a national umbrella organization of PWDs. Its current members are Ghana Society of the Physically Disabled (GSPD), Ghana Association of the Blind (GAB), Ghana National

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[55] GFD, 2008.
[56] Interview K. Asante, Research Officer CDD, 24 March 2009
[57] GFD, 2008.

Association of the Deaf (GNAD), Parents Association of Children with Intellectual Disability (PACID), Society of Albinos Ghana (SOAG) and Share Care Ghana (an organization of people with neurological difficulties).[58]

GFD started with a branch in Accra. In 2007 and 2008 its member organizations complained about the incapability of GFD to fulfil its role as an umbrella organization due to its focus on international policies and activities and the there from resulting lack of awareness of the problems that PWDs face at grass root level. GFD acknowledged this problem and is now decentralizing and working in 20 district branches.[59]

GFD wants to provide a common platform for OPWDs and coordinates the Ghana National Disability Network, a forum of organizations, institutions and individuals working in the area of disability to promote the rights of PWDs at policy levels. The mission of GFD is "to create awareness about the capacities and capabilities of PWDs and to promote the equalization of opportunities of PWDs through advocacy, lobbying and collaboration with other relevant agencies."[60] To create this awareness, GFD educates executives of Ministry Departments and government agencies about the Disability Law and other issues concerning disability. GFD tries to strengthen its members at district level to enable them to access the percentage of the common fund which is given out at through the District Assemblies.

The Joint Disability movement project 2008/9, funded by the Danish International Development Agency (Danida) aims to join and strengthen the disability movement in Ghana through building the advocacy and organisational capacity of the movement. This project is focused on the development of a long-term advocacy strategy based on thematic issues (healthcare, education, employment, governance and common fund) by putting a framework in place. The primary target group for the project include GFD, GAB and GSPD. The project idea springs from the realisation that increased strategic interaction amongst the disability organisations would strengthen the advocacy and lobbying activities of the major actors and benefit the disability movement as a whole.[61]

Danida also funds a project for capacity building in three districts, whereby staff members of the district branches are trained in communication and proposal writing. Another project is developed on getting clarity from the government about the purpose of the common fund and to develop a modality for the disbursement of the common fund.[62]

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[58] GFD, 2008a.
[59] Interview R. Kyeremaa, Executive Director GFD, 25 March 2009.
[60] GFD, n.d.
[61] Jørgensen, 2009.
[62] Interview R. Kyeremaa, Executive Director GFD, 25 March 2009.

4.3.2 Ghana Association of the Blind

GAB was founded in 1963. Its mission is “to advocate for the blind, and work for their total integration into society through the development of services in education, rehabilitation, awareness creation and the promotion of the rights of women, youth and children”.[63] GAB raises public awareness about the need for inclusion of people with a visual impairment in the society; encourages parents to send their children to school; sponsors children with a visual impairment to go to school; and engages the civil society. Besides these activities GAB also educates people with a visual impairment about their rights and encourages them to accept their disability and to use their potentials.[64]

4.3.3 Ghana National Association of the Deaf

The mission of GNAD is “to mobilize members, remove communication barriers, create awareness on deaf issues, and advocate for equal opportunities for the deaf”.[65] People with hearing impairments face an extra challenge in advocating for their own rights due to the communication barrier. Lobbying and advocacy often depends on communication. They always need an interpreter to communicate, but there is a huge lack of interpreters in Ghana. The communication barrier also complicates the cooperation with other OPWDs.

GNAD encourages self-employment for the hearing impaired and embarks on income generating activities like batik, crop farming and citrus farming. GNAD organizes workshops for its members to convince them that they are capable of doing everything a person without a disability can do. It also encourages people with a hearing impairment to get higher education to serve as a role model. GNAD educates the public and parents about causes and prevention of deafness and the capabilities of people with hearing impairments. GNAD has published a Deaf Awareness Book which is spread to policy makers to make them aware of the situation of people with hearing impairments. [66]

4.3.4 Ghana Society of the Physically Disabled

GSPD was founded in 1980. It promotes the welfare of its members by creating awareness of the capacities and capabilities of persons with physical disabilities through advocacy and by lobbying for their rights. GSPD has a chalk factory where persons with physical disabilities can work and organizes cultural activities and sports tournaments for the physically disabled. GSPD has awareness-raising programs for the public in communities, health centres and churches about the capacities, needs and rights of PWDs and the challenges they meet in terms of health, education and employment. Through radio shows PWDs inform the public

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[63] DSI, 2007.

[64] Interview E. Ofori, Chairman GAB Ho, 7 May 2008.

[65] GNAD, n.d.

[66] Interview E. Addo Asamoah, National Administrator GNAD, 11 February 2008.

about their disability and people can call in and ask questions. GSPD also offers a training program for persons with a physical disability to learn leadership skills and to enable them to manage, advocate and lobby for their own rights.[67]

4.3.5 Parents Association of Children with Intellectual Disability

PACID was established in September 2001 to give support to the many parents and guardians of children having an intellectual disability in Ghana and also advocates for policies and programmes that will serve their interest. PACID is made up of parents, guardians, teachers, doctors and other professionals throughout Ghana. The main objectives of PACID are to spread education, awareness and good news about children with intellectual disability.[68]

The activities of the branch of PACID in Ho are focused on organizing and supporting parents and educating them how to handle and take care of their child with an intellectual disability. Mothers are taught how to train their children in eating, bathing and getting dressed so the children will be able to do things by themselves. PACID Volta also encourages parents to get their children outside the houses and gives education in communities and churches about intellectual disabilities.[69]

4.3.6 Regional Disability Networks

To strengthen the capacity of OPWDs by working together, VSO Ghana wanted to established regional disability networks in the Eastern, Central and Volta Region. The Eastern Disability Network (EDIN) and Volta Disability Network (VODIN) have been established, with offices in Koforidua and Ho respectively. Due to tensions between different OPWDs operating in the region and to avoid duplication of the work of GFD, the Central Disability Network (CEDIN) has not been formed.[70]

EDIN is a “Network of Disabled People Organizations which exists to improve the socio-economic lives of persons with disabilities in the Eastern Region in Ghana, through lobbying, advocacy and awareness creation for their total integration into society”. EDINs objectives are: to champion the cause of equal opportunities for PWDs in the eastern region; to act as an awareness creator and pressure group to influence decision makers on disability issues; and to carryout joint activities using shared resources of benefit to PWDs.[71]

EDINs current activities are focused on forming new organizations for PWDs at grassroots level and strengthening existing organisations in the region. EDIN also tries to raise public awareness about disability issues and encourages PWDs to form organizations and speak and fight for themselves. In 2009 EDIN has planned the development of a film which has the aim to raise awareness about disability issues

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[67] Interview A.Tetteh, former National Administrator GSPD, 12 February 2008.
[68] New Horizon Special School, n.d.
[69] Interview M. Saaneye, Secretary PACID Volta, 7 May 2008.
[70] VSO Ghana, 2009, p.7.
[71] EDIN, 2006.

and to illustrate the strengths, successes and needs of PWDs. EDIN is also working on a translation of the Disability Act into Twi and will hold workshops to create awareness about the existence of the Act and explain its main contents.[72]

VODIN exists "to improve the socio economic lives of PWDs in the Volta Region in Ghana through raising awareness of disability issues, lobbying, campaigning and advocating for the rights of PWDs leading to their integration into mainstream society". VODIN has formulated the following objectives in its constitution: to champion the cause of equal opportunities for PWDs in the field of education, health, employment and the integration into communities in the Volta Region; to create public awareness and influence decision making processes for policies affecting PWDs; to carry out joint activities for the socio economic development of PWDs; to act as a pressure group for implementation of the Disability Act 715; to act on behalf of disability groups in accessing funds for PWDs from Government and NGOs; to monitor and evaluate projects funded through VODIN; and to liaise with GFD any issues of concern so that they could be tackled at a national level.[73] The six member organizations of VODIN share their experiences to increase their knowledge and capabilities, whereby the strong groups serve as role models for the other groups.[74]

4.3.7 Volta Physically Challenged Independent Group

VOLPHIG started in 2002 as an organization for all types of disabilities, but has shifted its focus towards persons with a physically disability as well as children with an intellectual disability. However, the support that VOLPHIG provides to set up Self-help Groups, at grass root level, includes all PWDs. The mission of VOLPHIG is to improve the lives of people with physical disabilities as well as children with learning disabilities and their parents by helping them to become self-reliant, united and advocates for their own human rights and gender equality. VOLPHIG wants to encourage and support their members to achieve a basic formal education and access to vocational training. It also brings members and parents of children with a disability together in self-help groups to foster grassroots participation and full inclusion of PWDs in mainstream social life. VOLPHIG also supports organizations at grassroots level in Volta Region through information sharing and partnership. VOLPIHG works through a strategy which focuses on capacity building and empowerment. It seeks to empower PWDs to become aware of their own rights and capabilities and to make them accept their condition. The main focus is on the attitudes of the PWDs themselves. VOLPHIG tries to change these attitudes by capacity building through training and by stressing the importance of work instead of begging. Through information sharing about the causes of disability in communities, churches, schools, hospitals and clinics and through the media VOLPHIG raises

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[72] Interview D. Larbi, Chairman EDIN, 5 May 2009.
[73] VODIN, 2008.
[74] Interview E. Ofori, former Chairman VODIN, 7 May 2008.

public awareness about disability. VOLPHIG also encourages parents to send their children with a disability to school.[75]

4.4 Organizations working for PWDs

This section describes the activities for PWDs carried out by national and international NGOs in Ghana. Only organizations working in the southern part of Ghana have been included in this research.

4.4.1 Center for Democratic Development

CDD is an independent research-based and policy-oriented think tank in Accra, founded in 1998. It is dedicated to the promotion of democracy, good governance and the development of a liberal political and economic environment in Ghana in particular and Africa in general. In so doing, CDD-Ghana seeks to enhance the democratic content of public policy and to advance the cause of constitutionalism, individual liberty, the rule of law, and integrity in public life. CDD has a strong interest in promoting respect for human rights, including the right of the vulnerable and the disadvantaged in the society.[76]

CDD wants to empower PWDs and encourages them to fight for their own rights. It supports GFD and is a member of the Disability Network. CDDs activities are focused on building the capacity of OPWDs, increasing political participation of PWDs and protecting the rights of PWDs to encourage their inclusion in national development. CDD has been involved in drafting the Disability Law and is now strongly advocating for the implementation of the Act. The Center launched a comprehensive anti-stigmatization campaign to educate Ministries, Departments and agencies, other institutions and private service providers on the Act. The Center also educates PWDs about the provisions of the Act so that they can take advantage of them. Furthermore, CDD, in collaboration with GFD, organized a one-day workshop aimed at encouraging participation of PWDs in the December 2008 General Elections and trained PWDs to monitor these elections.[77]

4.4.2 Volunteer Service Overseas

VSO is an international development agency that has been working in Ghana since 1958. VSO has been supporting PWDs as a priority area for over 10 years. The organization aims to support and complement the effort of government and non-governmental organizations to assist PWDs to realize their potential and claim their rights as equal and active members of Ghanaian society.

VSOs approach to disability is based on the principles that (1) disability is a human rights and a development issue and (2) disability in development is primarily about

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[75] Interview F. Asong, Executive Secretary VOLPHIG, 6 May 2008.
[76] Ghana Center for Democratic Development, 2008.
[77] Interview K. Asante, Research Officer CDD, 24 March 2009

promoting inclusive development. VSO aims to remove the barriers within society that prevent PWDs from fully enjoying their human rights and to support people with disabilities in exercising their rights and to promote their full inclusion and active participation as equal members of their families, communities and societies.[78]

The objectives of the programme as at 2009 are: to improve the effectiveness and representation of organizations of PWDs through capacity building interventions; to promote access to quality information and services by PWDs with particular focus on education and HIV/AIDS; and to promote greater understanding among PWDs on their civil rights and responsibilities. During the last 5 years VSO Ghana has worked with 27 partner organisations within which 59 volunteers have been placed.[79]

4.4.3 Sightsavers

Sightsavers works towards total elimination of the conditions that cause blindness and the ultimate inclusion of blind people in society. The organization supports people who are irreversibly blind by providing education, counselling and training. Sightsavers has been working in Ghana since the 1950s and currently works in the Western, Eastern, Volta and Greater Accra Region. Sightsavers Ghana is working with the Ministry of Health to support the current five-year action plan for eye care at both regional and national levels. Sightsavers also cooperates with the Ministry of Education to enable children with a visual impairment to attend regular schools in their community to enable them to grow up in their own environment and not be cut off from their family. Sight Savers supports the Special Education Division with logistics like teaching materials.[80]

Projects in Ghana include integrating children who are blind or visually impaired into mainstream schools, helping people regain their confidence and livelihoods after losing their sight, as well as preventing and treating eye problems in the neediest areas of the country. Sightsavers is also tackling the shortage of eye care workers by supporting the training of eye care professionals.[81]

4.5 Concluding remarks

Many organizations in Ghana are active in the field of disability. Despite their activities, social, economic and political inclusion of PWDs in society is still limited. Disability policies are not implemented and awareness of the Disability Law is low amongst society and PWDs themselves. Most OPWDs face challenges in terms of lack of resources and capable staff members, which limits them in their work and their ability to meet their objectives. NGOs and OPWDs are not cooperating enough with each other and are therefore hardly aware of each other's activities.

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[78] VSO, 2007, pp.4-8.

[79] Marshall, 2009, p.iv.

[80] Interview S. Kofie Yariga, Program Manager, and M. Sarko Sulla, Project Officer, Sight Savers Ghana, 2009.

[81] Sightsavers, n.d.

5 Attitudes towards persons with disabilities

This chapter provides information about the perception of people in the Central, Eastern and Volta regions of Ghana towards PWDs. This information is retrieved from the interviews and the quantitative survey. The first paragraph describes the results of the research hypotheses used for the survey. In the second paragraph, the respondents' awareness of disability issues will be discussed. The next paragraph describes the perceptions about inclusion of PWDs in society. Paragraph four analyzes attitudes of respondents with disabilities towards other PWDs and towards themselves. Finally, the ideas of respondents on how attitudes towards PWDs can be changed will be discussed.

5.1 Hypotheses

A comparison was made between the scores of respondents in the survey with and without a disability on the statements that measure general attitudes towards PWDs and attitudes towards different types of disabilities. Based on this analysis both research hypotheses can be confirmed:

1) Respondents who identify themselves as having a disability hold more positive attitudes towards PWDs than respondents who do not identify themselves as having a disability and:

2) Attitudes towards PWDs differ for different types of disability, with most positive attitudes towards persons with physical disabilities, followed by persons with visual/hearing disabilities and intellectual disabilities.

A more statistical description of this analysis can be found in annex 5.

5.2 Awareness of disability issues

5.2.1 What is disability?

During the interviews respondents were asked to describe what comes to their mind when they think of disability and what the term disability means. Most respondents answered by mentioning different types of disability (blind, deaf, physical) and found it difficult to give a more general description of the meaning of disability. Below are some examples of the description of disability given by the respondents:

> *Someone who lost one of his senses. One part of the body cannot function well.*
>
> *Someone who is cripple, dumb or deaf.*
>
> *Disability comes as a sickness or disease and it can happen to everybody.*

These descriptions of disability are focused on the medical aspect of disability. Other respondents mention the limitations and inabilities PWDs face in society due to their disability. These answers are more in line with the social model of disability whereby the focus is not so much on the medical feature of disability but on the role of the society:

> *Disabilities are inadequacies of the persons; they are depending on others to have a meaningful life. They need people around them to function properly. They need provision of needs to develop their capabilities, to feel part of society and to be useful to themselves and society.*
>
> *Disability is a social construct: the inability to perform certain functions because of a problem with a part of the body. Disability is in the society and is external to the individual.*

Some answers reflect the perception that a PWD is considered different as a person without a disability:

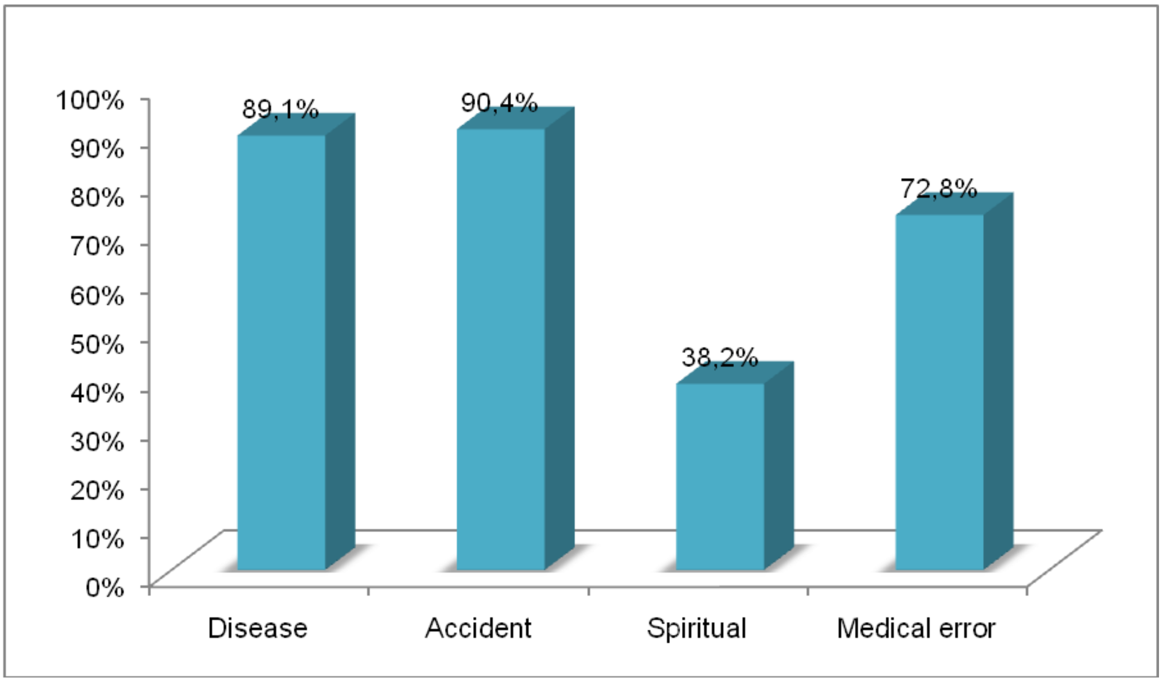
> *Disability is a shortcoming of the individual. Someone who is not perfect, not created perfectly*
>
> *Disability means something on the body is lacking, it is not a perfect human being.*
>
> *A person with a disability is different from the normal.*

This perception, whereby PWDs are seen as imperfect human beings, reveals insight into why PWDs are not seen as full members of society and are often not fully included in this society.

Some respondents, all with a disability, mention that they do not like the term disability, because disability refers to inability; the inability to do anything at all. As one respondent explains: *“I am not disabled; I am able to do what I want to do. Only a part of me is disabled.”* These respondents prefer the term ‘challenge’ above the ‘disability’, because challenge means that a person has difficulty with doing some things, but has the ability do to other things.

5.2.2 Causes of disability

Figure 3: Causes of disability



Respondents were asked if they think diseases, accidents, curses/juju and medical errors can cause disability. The graph shows that a large majority of the respondents consider accidents (90.4%) and diseases (89.1%) as causes of disability.

There is a difference in the level of education and the belief in causes of disability. Of the respondents with a low level of education 80.3% beliefs diseases can cause disability compared to 93.9% of respondents with a medium and 90.9 % of respondents with a high level of education. 53.3% of the respondents with a low level of education belief curses can cause disability, compared to 30.9% and 23.2% of respondents with a medium or high level of education.

Medical errors are also mentioned by a majority (72.8%) of the respondents as a cause for disability. In the interviews respondents said that mistakes made by doctors or nurses sometimes result in a disability. There seems to be distrust in the general healthcare system in Ghana and the capabilities of doctors and nurses. Some of the respondents with a disability explained how their own disability was caused by such a medical error. As one respondent with a physical impairment explains:

> *The community health nurse injected some children in the village. The place in my leg where I was injected hurt me a lot. After a while I could not walk anymore.*

Although the majority of the respondents are aware of the existence of medical causes of disability, most of them do not have a great deal of knowledge about what kind of diseases or illnesses can lead to disability (which also limits their knowledge about prevention of disability). In the interviews, polio and measles were most often mentioned as causes of disability. The majority of the respondents with a disability are also not aware of how their disability is caused. As described in chapter 3, many people in Ghana believe in spiritual causes of disability. In the interviews, these are either described as curses, juju, witchcraft or spiritual attacks. From these interviews it became clear that beliefs in medical and spiritual causes often go hand in hand. Also, the lack of medical knowledge will probably strengthen the belief in spiritual causes of disability, since people will be likely to seek for a spiritual explanation for something they cannot explain otherwise. Although respondents with a higher level of education more often denied the belief in spiritual causes of disability, their answers during the rest of the interview sometimes raised doubts about the reliability of their answer to the question about causes of disability. People with a higher level of education tend to be more aware of the social desirability of answers, which might have made them more careful in answering the questions.

38.2% of the respondents think disability can be caused by curses or juju. In the interviews, respondents were asked to explain how a curse or juju can cause disability. Several examples were given. If someone offends another person, the offender can be cursed by this person and when somebody insults a PWD, this can lead to the person getting a disability him/herself. Also, there is a belief in generational curses whereby a new generation inherits a punishment for something her forefathers did.

If a person wants to harm somebody, it is believed that this person can go to a shrine to perform spiritual rites to affect the person he/she wants to hurt. Witches and wizards are also assumed to have the ability of causing disability, either directly or by causing an accident or disease which results in a disability. Witches and wizards are thought to act out of jealousy or hatred:

> *Witches and wizards can cause a disability: they can see what happens in future for you and if they do not want something good to happen to you or do not want your ambition to be achieved, they can give you a disability. Or if they just do not like you, they can also give you a disability.*

Some of the respondents with a disability explained their thoughts about the causes of their disabilities:

> *I became disabled after a spiritual attack, I dreamed that a dog bit me and when I woke up I could not walk anymore.*
>
> *I was just going to work and on my way I became paralyzed. I think it is caused by a curse; someone wanted something bad to happen to me.*

> *A certain woman called me and sent me some juju or spirit; I suddenly got pains in my leg and could not walk normally anymore. That woman knew that I would become someone good in future and wanted to stop that out of envy.*
>
> *Disability comes from what people do to you, if they become wicked towards you. It is African power.*

When these respondents were asked how they knew for certain that their disability was caused by a spiritual reason, they said they were not ill so there could not be another explanation. None of the respondents were able to explain what kind of spiritual rites are performed to cause someone a disability, since none of them has ever participated in spiritual rites themselves.

There was only a small difference between the answers of respondents with and without disability for the majority of the mentioned causes of disability. The only striking difference is for the cause medical error: 56.4% of the interviewed PWDs believed disability can be caused by a medical error, compared to 74.6% of the respondents without a disability. There is no clear explanation for this difference.

5.2.3 Treatment of disability

Related to the causes of disability, respondents were asked if they think disability can be cured.[82] Most respondents answered that there is no medical cure for disability. Others believed some types of disabilities can be healed through medical treatment or surgery. Some respondents believe disability can be cured through prayers or when it is Gods' will:

> *A strong spiritual leader can cure a disabled person. If you believe God can do it, you will be healed through a spiritual leader.*
>
> *Through prayers some disabilities can be healed.*

Some of the respondents with a disability explained how their parents took them to different prayer camps to try to heal their disability. No respondent was healed through prayer themselves, but they heard stories about other PWDs for whom the healing was successful. One respondent told that he experienced it as very stressful to be taken to different doctors and prayer camps for years by his parents to heal his blindness. He felt it would have been better if his parents would have accepted his disability and would have sent him to a special school for people with visual impairments instead of keeping him at home whilst looking for a therapy. This would also have increased his acceptance of his disability.

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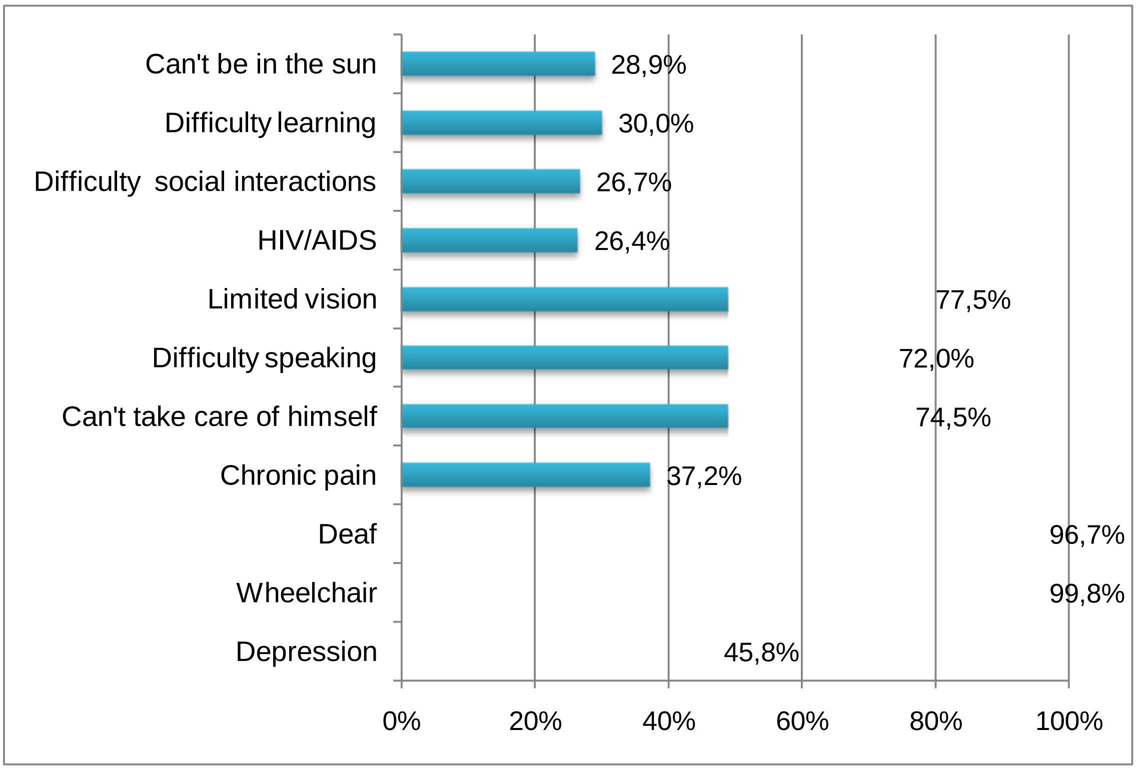
[82] The question about treatment of disability was added in a later stage of the research and could therefore only be asked during the semi-structured interviews. This question was not included in the survey.

5.2.4 Types of disability

To study the knowledge and perceptions about different types of disability, respondents were asked if they thought the diseases mentioned in figure 5 are disabilities. From this figure it becomes clear that someone who is deaf (96.7%) and someone who is in a wheelchair (99.8%) is clearly considered as a person with a disability. 72% of the respondents thinks that someone who has difficulty speaking has a disability. Limited vision is perceived as a disability by 77.5% of the respondents. This relatively low percentage can probably be explained because respondents did not totally understand this description of a visual impairment. A 'person who cannot see' might have given a higher positive response.

According to 74.5% of the respondents, someone who is not able to take care of him/herself has a disability. This is the description of a person with an intellectual disability given by some respondents in the interviews. According to these respondents, someone who is not able to take care of him/herself cannot dress, eat and talk in the way other people do. They always need someone to look after them. When asked to describe what an intellectual disability is, most respondents answered 'someone who is mentally retarded' or 'a mad person' and often reference was made to a person living on the street. 45.8% considers someone who has a depression as a PWD. If respondents did not understand the term depression, the interviewer explained this in a simple way 'as someone who is feeling down all the time'.

Figure 4: Types of disability



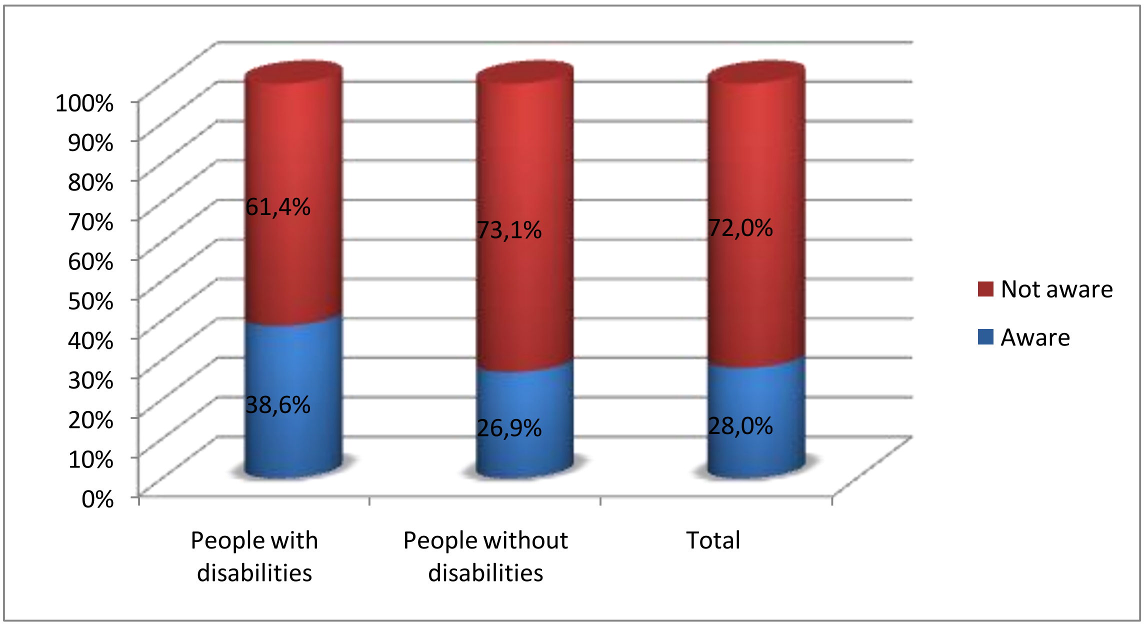
A person who cannot stay in the sun because of the type of skin (albinism), has difficulty learning, difficulty with social interactions or has HIV/Aids is considered as having a disability only by a small minority of the respondents. This results show that knowledge about different types of disability among the respondents of the survey and the interviews is quite low. It seems that only the (often) clearly detectable impairments like blindness, deafness, physical and apparent learning disabilities are considered a disability by a majority of the respondents. Knowledge about different kinds of learning disabilities or about any psychiatric illnesses is almost non-existing. When respondents were asked during the interview to mention different types of disability, in most cases only physical, visual and hearing impairments were mentioned. Some respondents said they were not aware that ‘mental retardation’, as they called it themselves, is also a form of disability.

5.2.5 Disability policies

In the survey respondents were asked if they were aware of any legislation or law for PWDs. As showed in figure 3, 111 out of 397 respondents (28%) said to be aware of some kind of law or legislation. The awareness of respondents with a disability was somewhat higher than the awareness of those without a disability, 38.6% compared to 28%. Respondents with a high level of education (52.5%) more often say to be aware of the existence of a law or legislation than respondents with a medium (21.3%) or low (18.4) level of education.

Respondents who said to be aware of any legislation, were asked if they knew the name of this legislation. Out of the 111 respondents, 58 respondents mentioned the Disability Law while 4 respondents mentioned international human rights legislations. The other respondents were not able to mention any law.

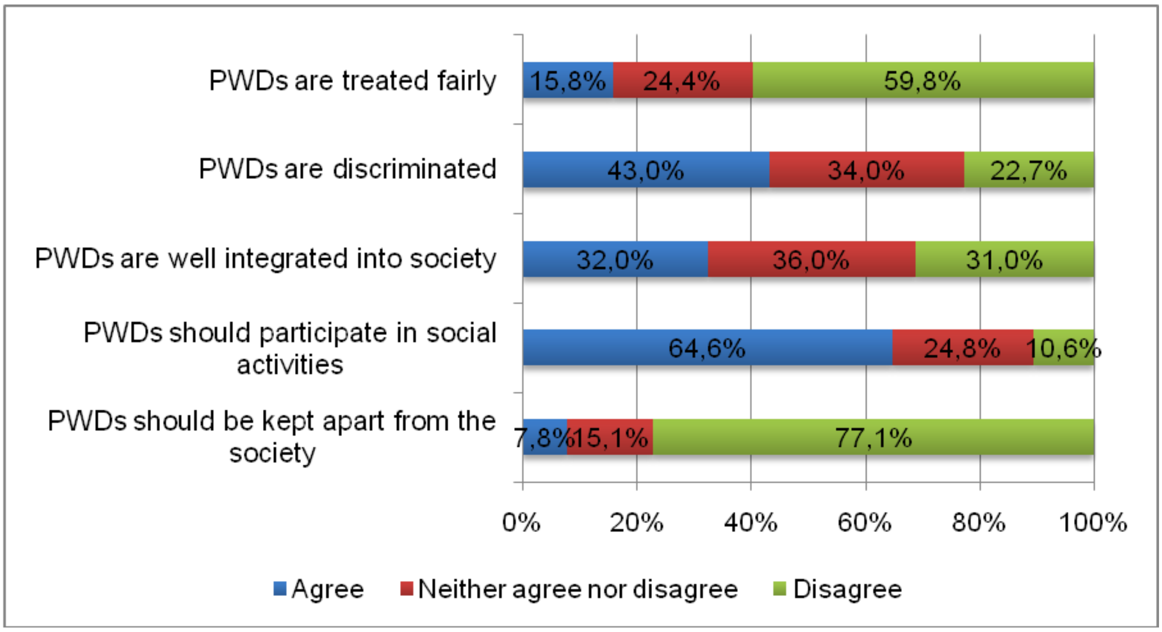
Figure 5: Awareness of Disability Act



In the interviews respondents were also asked if they were aware of the Disability Act and if so, to describe its contents. The majority of the respondents did not know of the existence of the Act and the ones who knew of the Act often did not know what the Act is about. The highest awareness of the Act and its contents was found among PWDs who are a member of a disability organization. Apparently the awareness-raising of the Act among its members by OPWDs did have some effect. The respondents that knew about the contents of the Act mostly mentioned changes in structures in the society, like accessibility of buildings and access to education, healthcare and employment, and equal treatment and equal rights for PWDs. Some respondents mentioned that the law made punishment of discrimination or maltreatment of PWDs possible.

5.3 Inclusion of PWDs in society

Figure 6: Position in society



<u>People with disabilities are treated fairly in Ghana</u>

Only 15.8% of the respondents agree with the statement that PWDs are treated fairly. In the interviews respondents who thought PWDS are treated fairly mentioned the fact that there are special schools for PWDs and people treat them well. Most respondents gave examples of unfair treatment of PWDs like the use of derogatory names (cripple, blind man'; abandonment by the family; underrating of value or capability due to the disability ("*people do not value them, they do not see them as part of the society. People do not listen to the opinion of disabled")*; exclusion of participation in social activities; limited access to employment and education; disability unfriendly infrastructure; and a lack of government support for PWDs.

Two respondents emphasize the influence the strict belief in the bible has on the perception about and treatment of PWDs in Ghana:

> *The bible does not help disabled people very much. In the bible all disabled are beggars and less privileged, they are not in the upper-class. People believe everything in the bible is true and hold on to those views. They take everything in the bible serious.*
>
> *There is a story in the bible about leprosy. When someone has leprosy, people will leave him somewhere to take care of himself. He cannot go home. Because people believe in the bible, this story has influenced people's behaviour.*

These two quotes show that churches can play an important role in changing attitudes towards PWDs. According to one respondent, pastors have to preach about disability so everybody becomes aware of the situation of PWDs. Another respondent mentions a text in the bible which he thinks gives a good example of how PWDs should be treated:

> *David invited a disabled person in the house to eat with him. It surprised people around him that such a high person invited a disabled person: This is a good example that people should have mercy on PWD.*

People with disabilities are discriminated in Ghana

According to 43% of the respondents PWDs are discriminated. Examples of discrimination are related to examples given of unfair treatment. Respondents mention discrimination manifests itself in the way PWDs are treated (people call them names, insult them or ignore them) and by their exclusion from full participation in society. For example, PWDs are struggling to find employment and in many communities PWDs are excluded from becoming a chief. In the interviews it became clear that most respondents do *not* think an unfair treatment caused by disability is discrimination. Respondents for example say a PWD cannot find employment because of his/her disability and is called derogatory names, but they do not consider this to be discrimination.

During the interviews the question respondents were asked what can be done to stop discrimination towards PWDs. One way to stop discrimination mentioned by the majority of the respondents is education and awareness-raising about disability, either by government, churches or by OPWDs. Education should focus on the prevention and causes of disability and the abilities of PWDs. Some respondents answered that education has to start from the home, which means that parents have to treat their children with a disability with respect and show them that they are just like anybody else. This will increase the self-respect of PWDs, their behaviour and therefore the way society perceives them.

People with disabilities are well integrated into society

Only 32% of the respondents are of the opinion that PWDs are well integrated. Most respondents think this lack of integration is caused by the structures in and the attitudes of society towards disability which prevents PWDs from total integration. A minority of the respondents mention the attitudes of PWDs themselves as a reason for the lack of integration. According to these respondents, some PWDs do not behave well and are not sociable. Their behaviour makes society dislike them:

> *Disabled feel that they are cheated by nature so they are angry. If you want to help them, they think you look down upon them and tell you they can do it themselves.*

People with disabilities should participate like everyone else in social activities

64.6 % thinks PWDs should participate in social activities. 10.6% disagrees with this statement. In the interviews respondents mentioned that PWDs are often excluded from meetings in the community:

> *Whenever a decision is made, PWDs are not involved. Nobody values their opinion.*

Some respondents think PWDs have to involve themselves in activities in the community since nobody will invite them, but the perception of society makes it difficult for PWDs to involve themselves:

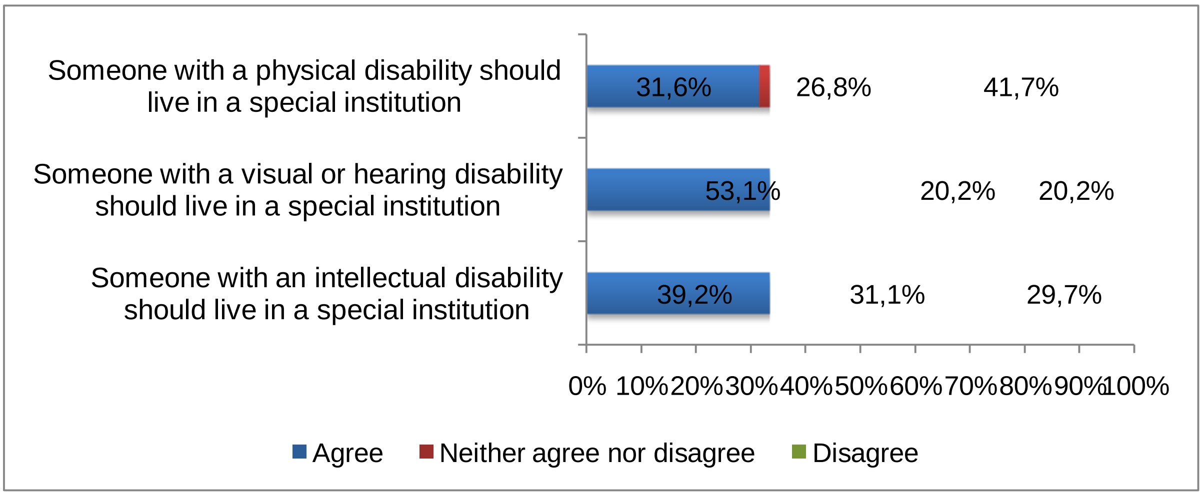
> *People cannot associate themselves with PWDs; they do not feel fine in their presence. During social gatherings people are surprised that you are there because you are blind. They discourage you and you do not feel comfortable. You do not enjoy attendance any more.*

> *People think we cannot do anything to help them in the society and within the family.*

People with disabilities should be kept apart from the rest of the society

77.1% of the respondents disagree with the statement that PWDs should be kept apart from the rest of the society, 7.8% agrees to this statement. Some respondents think people with an intellectual disability who show aggressive behaviour, should not be mingling in the society.

Figure 7: Institutionalization of PWDs



<u>Someone with a (......) disability should live in a special institution</u>

31.6 % of the respondents think that a person with a physical disability should live in a special institution. More than half of the respondents (53.1%) are of the opinion that someone with a visual or hearing disability should live in a special institution. Remarkable is that the percentage of respondents who think persons with an intellectual disability should live in a special institution is lower (39.2%) than for persons with a visual or hearing disability. In the interviews respondents said that persons with an intellectual disability are often not able to take care of themselves.

Through the interviews it became clear that some respondents think it is to the benefit of PWDs to live in a special institution where they will have access to the services and care they need. Especially for people who are totally blind or deaf it is difficult to function in society due to a lack of support and structures. Some respondents also say it will release a burden from the family who has to take care of the PWD and is not always able to do so. This does not necessarily mean that these respondents think PWDs should be totally segregated from society. For most respondents, the lack of services offered to PWDs makes them think a special institution would be a good solution. Also, many respondents think the care for PWDs should be the task of the government instead of the family or community.

5.3.1 Employment

<u>People with disabilities are less likely to be hired for a job than those without disabilities, even if they are equally qualified</u>

Almost 60% of the respondents think PWDs are less likely to get a job. From the interviews it became clear that respondents think it is difficult for PWDs to get employed due to the negative attitudes in society towards them. In many cases respondents with a disability who applied for jobs never heard anything again from the employer after the interview. Some were told directly that they would not get the job because of their disability. Respondents also explained that employers are not likely to hire a PWD because they think the person is not capable of performing the job well or as good as a person without a disability. The fact that there are many beggars on the street who have some kind of disability also influences the perception of the society about the work capabilities of PWDs:

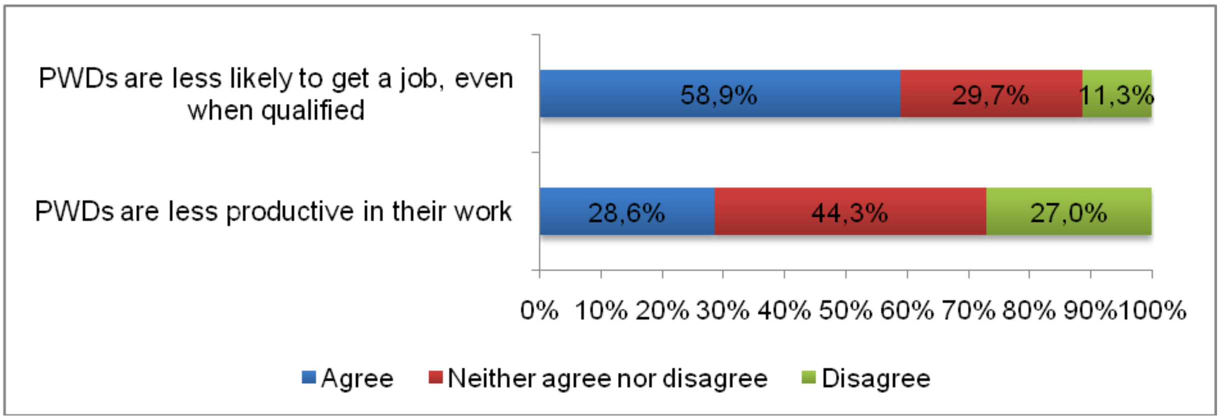
> *People are used to see PWD in a miserable state, like begging on the street. They think all disabled are like that. When people get to know you, their mind about you changes.*
>
> *Society only sees the PWDs who are begging on the street. They do not meet disabled people who have achieved something. They think all disabled are begging and this influences their assumptions in a negative way.*

Besides the belief that they are not capable of doing anything useful, employers are also afraid to lose customers when they employ a PWD. Some people do not want to buy from a shop with an employee with a disability. Especially persons with an intellectual disability are struggling to find employment. In one case, an employee with an intellectual disability was fired after complaints from the customers to the employer about the fact that he had an employee with an intellectual disability.

Another respondent thinks it is the lack of self-confidence that prevents PWDs from getting a job and that also explains why they turn into begging.

> *Most of them do not want to work. If you want to train them, they do not want to. They want to beg. They look down upon themselves. If you look down upon yourself, others will look down upon you as well. But they can work. They can erase the perception that they are not able to do anything. They have to prove to themselves and to society that they are capable.*

Figure 8: Employment of PWDs



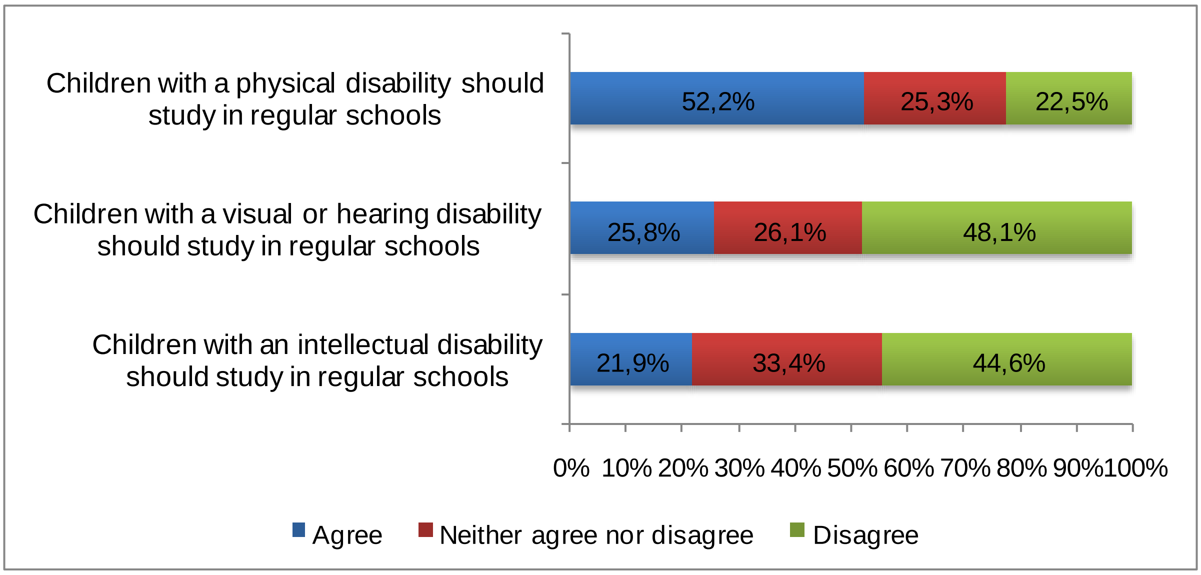
People with disabilities are less productive in their work

28.6% of the respondents are of the opinion that PWDs are less productive in their work. Some of the respondents in the interviews felt that PWDs cannot perform as well as persons without a disability, either because they miss the physical strength or the necessary education and skills.

In the interviews respondents were asked what kind of employment they think PWDs are capable of. A large majority of the respondents mentioned only vocational professions like sewing, shoemaking and carpentry. Since most PWDs in Ghana who are employed seem to have some kind of vocational employment due to a lack of other possibilities, this will probably influence the perception about the employment capabilities of PWDs. Teaching was often mentioned as suitable employment for people with a physical or visual impairment. People with a visual impairment who are employed, often work as a teacher at a special school for the blind.

5.3.2 Education

Figure 9: Education of children with a disability



Children with a (...) disability should study in regular schools

A small majority (52.2%) of the respondents is of the opinion that children with a physical disability should go to regular schools. Respondents explain that children with a physical disability should interact and socialize with other children, which will improve their inclusion in society later in life as well. Other respondents feel it is better if these children go to special schools because of the inaccessibility of regular schools and because other children in the regular schools will tease them.
For all the other types of disability, there is no majority of respondents that believe that children should go to a regular school. The percentage of respondents who says

that children with an intellectual disability should go to regular schools is the lowest with 21.9%, compared with 25.8% for children with a visual or hearing disability.

Respondents mention that it is often difficult for children with a disability to attend a regular school. The infrastructure is not disability friendly and there is not enough assistance available for children with a disability. They will also be teased by the other children what will influence their education. Therefore some respondents think it is better if children with a disability attend a special school, where they can get all the support they need. Besides the respondents who think a special school is in the best interest of children with disabilities, there are also respondents who do not want them to attend a regular school because of different reasons:

> *They cannot get close to normal children. I would not let leprosies or crippled come near me; I do not want to get close to them. I want to be with ones who have two legs. A crippled person cannot run in case of an emergency. If I am with him, something bad will happen to both of us.*
>
> *They cannot do things that able children can do.*

Parents of children without disabilities often do not want a child with a disability in the same class as their child; they think the child with a disability will influence their child’s learning and behaviour in a negative way. Also the attitude of the head of the school can play a role in determining if a child with a disability is able to attend a regular school. One respondent described the response of the headmaster of a secondary school she wanted to attend:

> *The headmaster asked me if I would be able to cope with school life. He asked me if I would not be a burden to the rest of the children and if I would be able to participate in social activities.*

Although there is a trend towards inclusive education in Ghana, some of the respondents with a disability have a preference for attending a special instead of a regular school:

> *In a regular school the other children will look at you like they have never seen something like this before. You will always feel sad and be uncomfortable to learn. You cannot concentrate on what is happening in class.*
>
> *In special schools they are all disabled and no one discriminates against each other. They do everything in common.*

Most respondents with a disability, who attended a regular school, were positive about their experiences. They had friends and the other children supported them. The fact that other children could help them (with carrying a bag or moving around) is also a reason why some PWDs preferred to attend a regular school. The respondents who were in a special school also had positive feelings about their schooling. They liked to be among children who all had the same difficulties and therefore they were not teased and they understood each other.

5.3.3 Rights of PWDs

<u>People with disabilities are entitled to financial support by the government</u>

72.3% of the respondents are of the opinion that PWDs are entitled to financial support from the government. From the interviews it became clear that most respondents do not know if there is any support from the government for PWDs. Most respondents do feel that the government should support PWDs more, for example by giving them free education and free access to public transport.

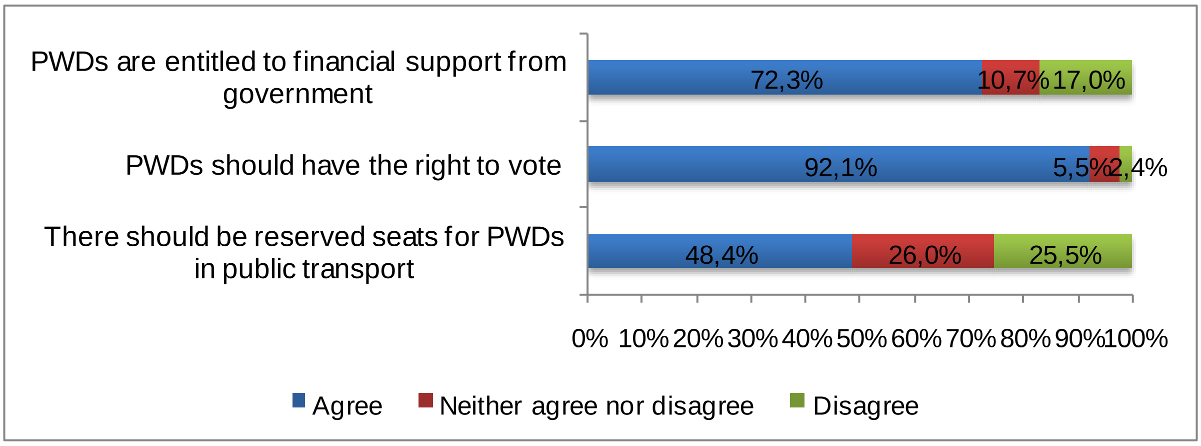
<u>People with disabilities should have the right to vote in political elections</u>

A large majority of the respondents (92.1%) thinks PWDs should have the right to vote. Some respondents mention that in Ghana hardly any PWDs hold political functions themselves. They also think people would not easily vote for a PWD.

<u>There should be some reserved seats for people with disabilities on public transportation</u>

48.3% of the respondents agree that there should be reserved seats in transport available for PWDs. It is difficult for PWDs to use public transport because of the way the vehicles are designed and because they are often not treated well. When they want to board a vehicle, they are often ignored by drivers and nobody helps them to enter or leave the vehicle. Some drivers think it cost too much time to allow a PWD to enter and other drivers are afraid that people do not want to join their vehicle when there is a PWD inside. Besides these negative experiences, users of public transport do often offer assistance to PWDs, by helping them in and out of the car and offering them the front seat.

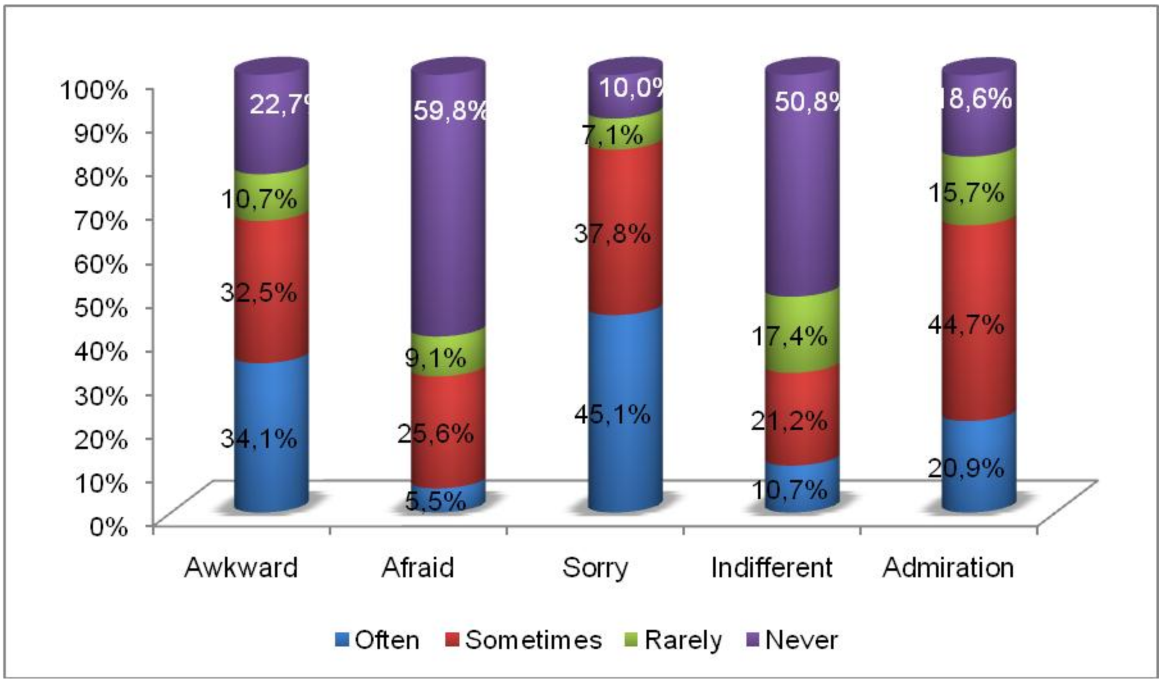
Figure 10: Rights of PWDs



5.3.4 Social life

Respondents were asked how they feel (awkward, afraid, sorry, indifferent, admiration) and how often they feel this way when they meet someone with a disability they do not know well.

Figure 11: Feelings towards PWDs



Most respondents (45.1%) feel sorry for the person when they meet someone with a disability they do not know well. In the interviews, respondents said to feel sorry because they think the person cannot do anything by him/herself and will always be depending on others for help. More than one third (34.1%) of the respondents often feels awkward or uncomfortable when meeting a PWD:

> *I feel uncomfortable because they are different. It is a taboo to be like them.*
>
> *Person will be depending on me, needs help from me.*

Especially respondents with a low level of education feel awkward when meeting a PWD, 48% compared to 25.3% for both respondents with a medium or high level of education. PWDs themselves say people often feel uncomfortable around them or feel pity for them.

20.9% of the respondents often feel admiration for PWDs. Respondents with a low level of education feel admiration more often (29.4%) than respondents with a medium (17.4%) or high level (13.1%) of education. Respondents mostly admire PWDs who are working or are highly educated. They do not feel any admiration for a person who is not doing anything and depending on others. Besides feeling awkward most often, respondents with a low level of education also more often feel admiration for PWDs. Respondents who personally know someone with a disability (24.4%)

more often feel admiration, than respondents who do not know someone with a disability (12.3%), but they also feel awkward more often (38.1%) than the respondents who do not know a PWD personally (23.1%). 10.7% of the respondents says to feel indifferent often. Only 5.5% of the respondent feels afraid often when meeting a PWD. Some respondents think it brings bad luck to see a PWD in the morning. One respondent is afraid of PWDs because he thinks they look 'horrible and fearful'. Other respondents explain that they feel afraid because they do not know how the PWD will react towards them. They especially fear persons with an intellectual disability, because they might become aggressive and their behaviour can be unpredictable. This distinction in fear for persons with an intellectual disability and other types of disability does not become clear from the survey.

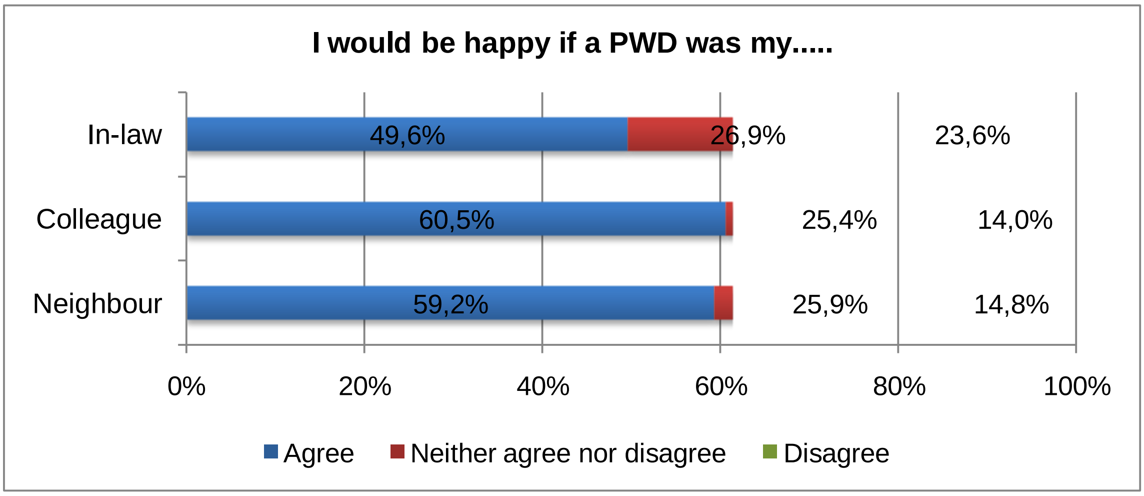
Respondents also think that people in Ghana are afraid of PWDs due to the belief in curses or witchcraft as a cause for disability or because they think they can get the disability themselves if they get close to a PWD. Two respondents with a disability share their experiences:

> *People are afraid of us because of the perception that some of your family members have done something wrong and disability is your punishment*
>
> *People fear disabled because they think it is a curse and if they come near you they will get it too.*

Other feelings mentioned in the interviews were avoidance or shame. :

> *When a PWD approach us, we do not want them to near us. We are ashamed to be with them. Especially a mentally disabled behaves abnormal, the person is fearful.*
>
> *People think it is a curse to see a disabled person in the morning, it is a bad omen. They try to segregate and ignore you.*
>
> *Some people do not like to see disabled. The way they talk and behave make them feel ashamed to be with them.*

Figure 12: Relation with PWDs



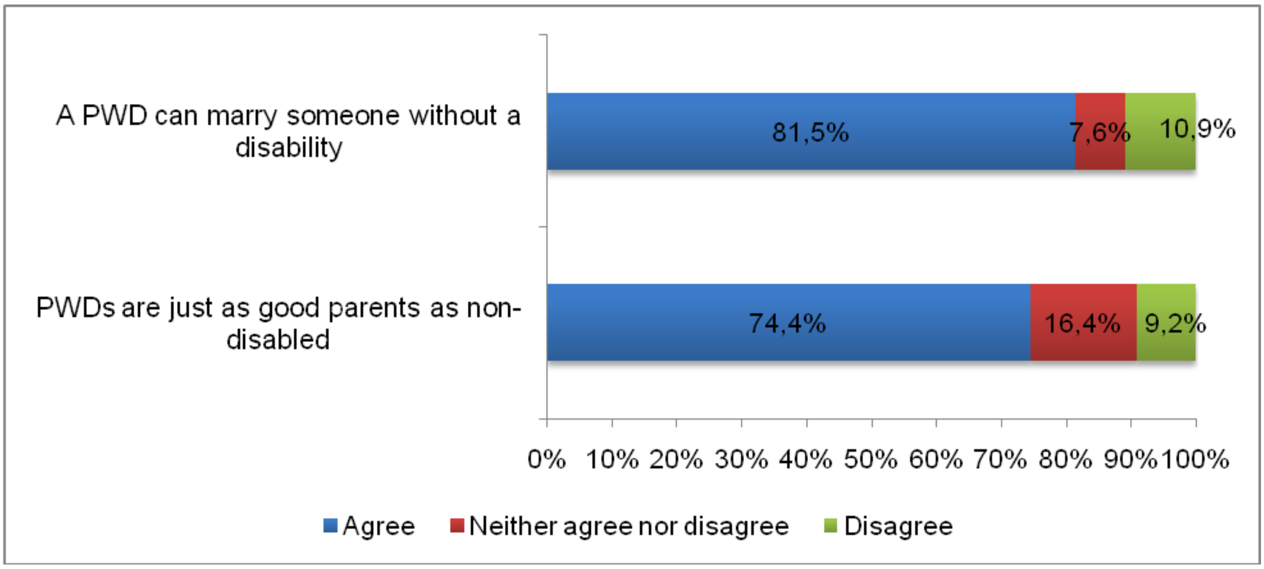
I would be happy if a person with a disability was my in-law/colleague/neighbour

A small majority of the respondents say they would be happy to have a PWD either as a colleague (60.5%) or neighbour (59.2%). Almost half (49.6%) of the respondents would be happy with a PWD as an in-law. The percentage of respondents (23%) who would not be happy is the highest for this type of relationship. This result might be explained because this is the closest relationship with a PWD mentioned. In Ghana, a whole family is sometimes looked down upon if there is a PWD in the family. Even marriage to a person who has a family member with a disability is often not approved on.

A respondent explains why he does not like having a PWD in his surroundings:

> *We all want healthy people in our environment. Anything that is not normal, we desist it. Everyone wants a sound person in the family. If a person marries someone who has a disabled family member, they think he is crazy. The family is looked down upon. As a teacher I feel a bit disturbed when someone is not performing. I think they should be able to do it and I do not understand the person fully.*

Figure 13: Family life



A person with a disability can marry a person without a disability

81.5% of the respondents are of the opinion that a PWD can marry a person without a disability. But from the interviews it became clear that it is difficult for a PWD to marry someone who does not have a disability and most respondents would not want to marry a PWD themselves. Some respondents say it is better if PWDs marry each other, because they will understand each other better and will therefore respect each other. Some people think marrying a PWD can bring a curse to the family. If someone wants to marry a PWD, the family will try to stop this person or will not allow a marriage. If someone gets a disability during the marriage this will often lead to a divorce, especially if the woman is the one who gets a disability:

> *It is not easy for a person who is disabled to find someone to marry. Parents will often disagree or her friends will tease her because she gets married to a disabled man. She will be discouraged. If a woman gets disabled during the marriage, her husband will dispose of her.*
>
> *People discourage their friends to marry a disabled person. They think you cannot do anything and cannot take care of your husband or wife. But it is improving now because people are realizing that PWDs can do the same things as non-disabled.*

People with disabilities can be just as good parents as parents without a disability

74.4% of the respondents think that parents with a disability are just as good parents as parents without a disability. During the interviews some respondents mentioned that it is more difficult for a woman with a disability to be a good parent, because as a woman she will be expected to be taking care of the child, but her disability might limit her physical capabilities of raising a child.

5.3.5 Parents of children with a disability

Parents of children with a disability were interviewed and asked about their feelings towards their children, the influence of having a child with a disability on their life and the behaviour of their family and neighbourhood towards them. Also, other respondents were asked how they felt parents treat their children with disabilities.

For most parents, having a child with a disability made live more complicated, especially when the child is living at home. Especially children with a severe intellectual disability often stay at home when they become adults as well, since there is no one to take care of them. This can be a huge burden to the family. During a group discussion with parents of children with an intellectual disability, one mother explained the difficulties she faced:

> *We always have to stay at home because we cannot leave the children alone because they are teased by the other children. It causes economic hardship because we cannot go for work and make money.*[83]

Some parents do not send their child with a disability to school because they do not see the use of educating the child, since they believe it will lead to nothing. They prefer to invest their money in their other children, who they believe will take care of

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[83] Group discussion parents of children with an intellectual disability, school for intellectually disabled, Helekpe 28 may 2008.

them later. Some parents keep their child in the house because they feel ashamed of having a child with a disability:

> *Parents are ashamed of their mentally disabled children and lock them up in their rooms and do not bring them outside.*

Other parents do not leave their child outside the house to protect the child against the behaviour of people in the community. One mother of a boy with a severe intellectual disability described why she kept her child indoors:

> *He used to go outside the compound of the house but children in the neighbourhood were teasing him and throwing stones at him. So we confined him for some time in the room. He used to be indoors always. Now we leave him outside but in the compound of the house.*

Respondents with a disability were also asked how they were treated by their parents and other family members. One respondent described how her parents confined her in the house:

> *My parents thought I could not do anything in life because I am blind. They left me in my room until someone talked to them and then they sent me to school.*

Respondents often feel excluded by their family from participating in social activities like going to church. Some PWDs are also not allowed to do anything in the in household:

> *My family do not want to involve me in some things, like cooking and fetching water, because they think I cannot do it.*

It often happens that a husband leaves his wife after giving birth to a child with a disability:

> *My father left my mother when I was born. I have never seen him.*

5.3.6 Women with disabilities

Women in Ghana have a disadvantaged position in society due to societal attitudes, customary practices and beliefs, traditional roles of women, gender relations within the family, limited access of women to education and training and inadequate representation of women on decision making bodies.[84] To find out if respondents think women with a disability are discriminated due to both their disability and their gender the following statement was asked:

Women with disabilities face double discrimination based on disability and sex

31.7% of the respondents in the survey agree to this statement. More of the respondents who have a disability themselves (47.5%) agree to this statement than

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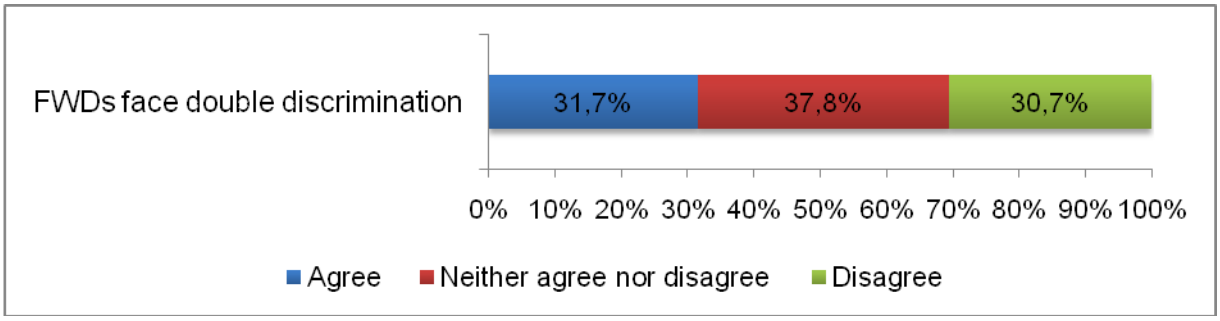
[84] UNDP, 2007, p.112.

respondents without a disability (30%). There is no clear distinction in answers based on the sex of the respondents: from all the respondents who think women with disabilities face double discrimination, 32.5% is male and 37.9% is female.

According to one of the male respondents, women are supposed to be housewives and support their husbands. Some other male respondents said that God made men before women and therefore women will always have to take care of the husband. Due to this value system in Ghana, women with a disability face a lot of challenges. Marriage is easier for men with a disability then for women with a disability because society thinks the women cannot contribute to the family and income. Men think a woman with a disability is an extra burden to them. A husband often leaves his wife who has a disability after pregnancy. Most of the men who have a disability themselves do feel they also have problems getting married, because most women want a man who can take care of the income. People are also afraid that a woman with a disability will give birth to a child with a disability. It is always thought that the disability is inherited through the woman. When a man who has a disability has a good job he can get a woman to marry. Double discrimination against women with disabilities will probably change only when general attitudes towards women and their position in society will change.

Figure 14: Women with disabilities



5.3.7 Other perceptions

<u>People with disabilities can be blamed for their disability</u>

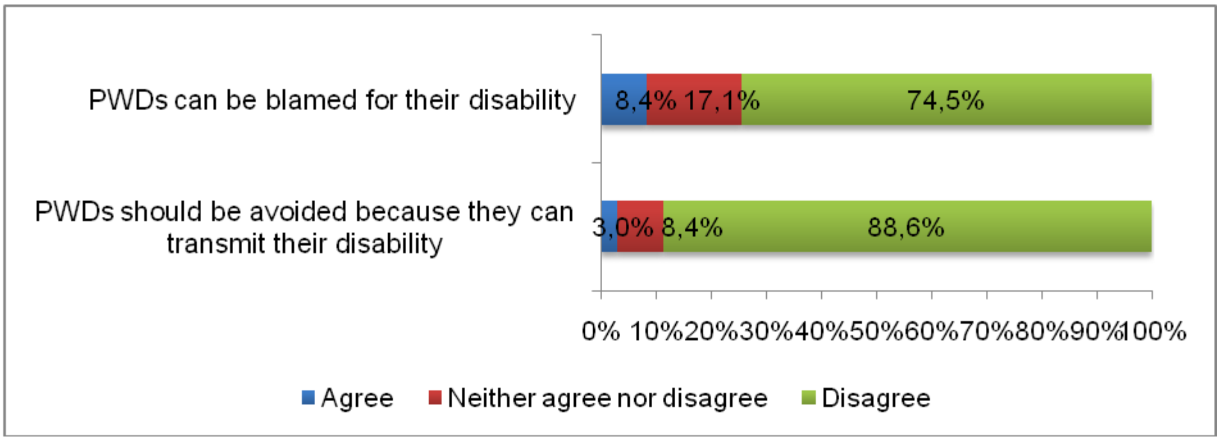
8.4% of the respondents agree to the statement that PWDs can be blamed for their disability. Examples given in the interviews of cases whereby PWDs are considered blameable are careless behaviour like careless driving and use of drugs or alcohol. A respondent with a disability says people think his own action caused his disability:

> *Some people think you are disabled because of something bad you did: “Because of your deed, you are like this.” People believe in reincarnation and think you did something bad in your former life.*

People should avoid PWDs because they can transmit their disability

Only 3% of the respondents think that PWDs should be avoided because they can transmit their disability. Some respondents think of leprosy as a disability and are therefore afraid of transmission.

Figure 15: Blame and transmission



5.4 Attitudes of persons with disabilities

In this section the views of respondents with a disability towards other PWDs and towards themselves will be discussed.

5.4.1 Attitudes of PWDs towards other PWDs

Based on the total sum of the scores on both general attitude and attitude towards impairment scales, respondents with a disability hold more positive attitudes towards PWDs than respondents who do not have a disability themselves (see annex 5 for the statistical analysis). In the interviews, respondents with a disability are also more aware of the abilities of other PWDs both in economic and social terms. However, as the results on the attitudes towards impairment scale show, negative attitudes towards each other do exist, especially between people with different types of disabilities. PWDs with a certain type of disability often have the belief that people with another type of disability are better off in society. They are treated better, get more support, are less discriminated or have more capabilities. Discrimination is also taking place between people with the same type of disability, mostly based on the severity of the disability. When a respondent with a physical disability was asked how she would feel about having a neighbour who also has a physical disability, she answered:

> *I do not want to have a neighbour with a physical disability. The person will be a burden to me and I will have to do things for her, like carrying water. Her disability can be worse than mine is.*

Respondents who have a disability themselves are often critical about other PWDs who do not behave well or who are begging, because it has an influence on the perception of society about all PWDs:

> *Begging sends a negative signal to the community, it makes PWDs look as incapable and only capable of begging.*
>
> *All PWDs have their own motives. Some want to beg, but we can work and sell things.*

5.4.2 Attitudes of PWDs towards themselves

As discussed in the literature review in chapter three, the way PWDs feel about themselves depends for a large part on how they are treated by the people around them. Some of the respondents with a disability explain how the behaviour of the community makes them feel:

> *I sometimes feel ashamed of my disability because of the reactions of other people. Some people laugh at me when I am walking on the street.*
>
> *I feel sad for being sympathized by others. If I could see I would not get that sympathy.*
>
> *At first I felt ashamed, but not anymore. You think people are talking about you. Children run away from you and start to cry. Now I am socializing with the community, they see me often and we talk to each other. We get to know each other better. Now I feel normal and forget about my disability.*
>
> *If I want to go out, people tell me: "Blind man, where are you going, why do you not stay inside"? Sometimes I stay inside because of the way people talk to me.*

Most PWDs do not like the sympathy they get from people in the society. It gives them the feeling that people think they are incapable and therefore they sometimes start to belief in this themselves:

> *People feel too much sympathy; they feel sorry for you and in that way demoralize you.*
>
> *People feel you cannot do anything and that you are suffering. Sympathy can prevent you from improving, because people say you should not do certain things.*

Some PWDs are struggling to accept their disability:

> *Sometimes we feel incapable of doing something and we lose hope that we can become someone in the future and become independent.*
>
> *There is a crisis of acceptance: Especially the lately disabled find it difficult to accept their disability. They keep looking for cure. They seek spiritual help or look for healing*

> *in churches. Some think tattoos can heal their disability. Some think someone bewitched them; it is a punishment, the work of an evil spirit.*[85]

5.5 Changing attitudes

Both key-informants in the open interviews and respondents in the semi-structured interviews were asked how they think attitudes towards disability can be changed. The majority of the respondents had clear ideas about what needs to be done to make attitudes towards PWDs more positive. The government, NGOs, PWDs and other institutions in society should all play a role in improving the perception towards disability:

> *Society has the perception that disability is only the responsibility of organizations for PWDs. But disability is the responsibility of the entire society and the government.*

Besides activities directly focused on changing attitudes, indirect measures like the creation of education and employment opportunities will also increase positive attitudes towards PWDs. If society sees that PWDs have capabilities and are able to live independently, the perception towards them will change.

Role of the government

- Education of employers about employment possibilities of PWDs
- Employment of more PWDs for government to function as a role model to society
- Increase opportunities of access to education and training in vocational skills through free education, provision of tools and loans and an improved infrastructure
- Implementation of current disability policies (Disability Act)
- Positive portrayal of disability at grass root level through campaigns and advocacy
- Education of the public and PWDs on the Disability Act and disability issues in general. Information about causes and prevention of disability and capabilities of PWDs
- Exposure of PWDs in media to show society what their capabilities are

Role of people with disabilities

- PWDs that had opportunities have to be a role model to the society and other PWDs
- Be self-confident and mingle with society, engage themselves with people without disabilities
- Show capabilities to society by getting employment
- Learn trades or vocations and make their own money. Not depend on others but be self-reliant

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[85] Interview G. Sarpong, Vice-president GAB Cape Coast, 25 November 2008.

- Education of the public: Raise awareness about disability: causes of disability, information about the strengths of disabled people; what they can do and how they can contribute.
- Organize themselves and stand up for their own rights

A small minority of the respondents is of the opinion that it will be very difficult for PWDs to help themselves. These respondents think PWDs will always depend on the benevolence of others. Respondents with a disability emphasize the importance of working together and becoming a member of an organization. They also highlight the significance of a good interaction with society to enable changes of attitudes towards disability.

Churches/mosques

- Religious leaders need to be involved in awareness-raising about disability during masses and in outreach activities. The majority of Ghanaians are religious and religion influences the thoughts and behaviour of people in a vast manner. Religious leaders are respected and well listened to and can therefore significantly influence the attitudes of society towards disability.

NGOs

- Support OPWDs in their activities on educating the public
- Support PWDs in training and education
- Advocacy and lobbying at government level about disability issues and awareness-raising about disability

5.6 Concluding remarks

The results from the survey and interviews reflect the findings of the literature discussed about the high influence of religious and cultural beliefs in society on attitudes towards disability in Ghana. These beliefs result in a disadvantaged position of PWDs in terms of employment and education but also in social and family life. Respondents with a lower level of education seem to have less knowledge about disability issues than respondents with a high level of education. The attitudes of PWDs towards other PWDs are slightly more positive than the attitudes of respondents without a disability. Attitudes are most positive towards people with physical disabilities, followed by attitudes to people with visual and hearing impairments and people with intellectual disabilities.

6 Recommendations

This report has offered an analysis of the attitudes towards PWDs based on interviews in the Greater Accra, Central, Eastern and Volta region of Ghana. This final chapter will provide recommendations for OPWDs about possible ways to improve attitudes towards PWDs. These recommendations are based on the fact that awareness-raising about disability is only the first step towards an equal position of PWDs in society. Changes at policy level are needed to achieve this equalization. OPWDs have to take a leading role in advocating for changes both at national and at grass root level, since they understand the situation of PWDs in Ghana best and are aware of what it means to live with a disability in the Ghanaian society.

6.1 Cooperation

OPWDs need to strengthen their organizations through more cooperation. OPWDs need to share their experiences, capabilities, information and training methods to increase the efficiency of the work of the disability movement in Ghana and its capability to advocate for change. There is too much competition between OPWDs which does not give a good signal to the society and leaves some organizations in a weak position.

6.2 Mainstreaming disability

Activities for awareness-raising about disabilities are too often only focused on disability-related issues. Disability needs to be mainstreamed in development like it is done with gender. OPWDs can play a leading role in:

i. Development of a disability awareness toolkit for governmental institutions and private companies on employment of and interaction with PWDs.

ii. Sensitization of employees in government institutions, schools, hospitals etcetera about disability issues.

iii. Lobbying for equal access to the District Assemblies Common Fund.

iv. Lobbying for implementation of the Disability Act.

v. Lobbying for Inclusive Education, training of teachers and the inclusion of disability issues in curriculum.

vi. Lobbying for positive portrayal of PWDs and change of terminology in the media: The media needs to involve PWDs in programmes and articles not only concerning disability but all kinds of topics. The media is also still too much focused on the charity model of disability and often only broadcast OPWDs when they have received funding or some other kind of sponsorship.

6.3 Awareness raising of the public

Many OPWDs focus their awareness-raising activities only on National and International Disability Days. Although it is good to take the opportunities available, awareness-raising should be more often and widespread to reach as many people as possible. OPWDs can raise public awareness about disability issues through:

i. Workshops in communities: about causes and prevention of disability to make people understand that everybody can get a disability through illness or accidents. Information about capabilities of PWDs, the need to send children with disabilities to school and the contents of the Disability Act.

ii. Campaigns to encourage parents to send their children with disabilities to school: parents have to be made aware of educational capacities of their children.

iii. Media campaigns: television and radio shows in local, understandable language about different disability issues, for example about the Disability Act through radio and television shows at regional level and in simple and local languages. Copies of Act could be made available at government institutions, NGOs and OPWDs for people who are interested.

iv. Positive portrayal of PWDs at grass root level through role models. Demonstrate the contribution PWDs can make to society and the development of the nation, for example by showing role models of PWDs who have made a meaningful contribution to society.

v. Involvement of religious leaders in educating the public on disability issues.

6.4 Awareness-raising of PWDs themselves

Many PWDs are not aware of their own rights and therefore are not able to enact on them. Also, many PWDs have a low level of self-confidence which needs to be increased to enable them to participate in society. OPWDs should focus not only on awareness-raising among their own members but also among PWDs who are not part of their organization through:

- Education and workshops about rights: information about the Disability Act and other rights mentioned in the general constitution of Ghana and information and assistance in accessing available services.
- Trainings in acceptance of disability, awareness about capabilities and the need to be independent.
- Peer education: Training of PWDs to train other PWDs about their rights and capabilities and self-confidence.

6.5 Further research

To improve inclusion of PWDs in society, awareness-raising is only the first step. Disability need to be mainstreamed in all existing policies and activities. It goes beyond the scope of this research to study and recommend way of mainstreaming disability in development. A research about how to achieve the mainstreaming of disability in development (in different sectors like education, employment and healthcare) and what obstacles and challenges can be expected can contribute to a full and equal inclusion of PWDs.

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APPENDICES

Annex 1: Interview guide key-informants

Name respondent:
Organization/Institution:
Function:
Location:
Disability: Yes/No
Type of disability:

Introduction

Thank you very much for your time and cooperation. My name is Jacqueline Slikker and I am a VSO volunteer from the Netherlands. I am doing a research about attitudes towards people with disabilities. For this purpose I will be interviewing government institutions, organizations for people with a disability, persons with disabilities and persons without disabilities in the society.

I would like to ask you some questions about your organization / institution and about the situation of and attitudes towards PWDs in Ghana.

General information

- Purpose/objective organization
- Situation of PWDs in Ghana
    - Employment
    - Education
    - Social Welfare
    - General livelihood
    - Rights

Government policies

- Disability policies
- Disability Law: implementation

Other institutions

- Activities of NGOs/OPWDs

Perceptions/attitudes

- Attitudes towards PWDs and background of attitudes
- Attitudes towards different types of impairment
- Attitudes of PWDs towards themselves
- Changes in attitudes: causes of changes
- Activities of organization / institution on improving attitudes
- Ways to improve attitudes (PWDs themselves?)

Annex 2: List of key-informants

Date	Name	Position	Organisation
04-02-08	Ms Theodora Apotsi	Office manager	Ghana Material Resource Center, Accra
05-02-08	Ms Alimata Abdul-Karimu	Program manager	Ghana Society for the Blind, Accra
05-02-08	Mr Peter Obeng Asamoah	Director	Ghana Association of the Blind, Accra
11-02-08	Mr Ebenezer Addo Asamoah	National administrator	Ghana National Association of the Deaf, Accra
12-02-08	Mr Alexander Tetteh	National administrator	Ghana Society of the Physically Disabled, Accra
13-02-08	Mr Robinson Sarabia	Volunteer VSO, organizational Advisor	Ghana Federation of the Disabled, Accra
04-03-08	Ms Gladys Oduro	Special education teacher	School for children with mental disability, Koforidua
12-03-08	Ms Lucy Ofori Agyeman	Municipal director	Department of Social Welfare New Juaben Municipality, Koforidua
12-03-08	Mr G.A. Danquah	Regional director	Department of Social Welfare New Juaben Municipality, Koforidua
20-03-08	Ms Margreth Ansi	Special education teacher	Demonstration School for the Deaf, Mampong
20-03-08	Ms Nina Afuto	Head of Department for the Deafblind	Demonstration School for the Deaf, Mampong
07-04-08	Mr Gideon Doyi	Special education teacher	School for the Blind, Akropong
06-05-08	Mr Francis Asong	Executive Secretary	Volta Physically Challenged Independent Group, Ho
07-05-08	Mr Eric Ofori	Chairman	Ghana Association of the Blind, Ho
07-05-08	Ms Mary Saaneye	Secretary	Parents Association of Children with an Intellectual Disability, Ho
07-05-08	Mr Carl Tetteh	Regional chairman Volta region	Ghana Society of the Physically Disabled, Ho
08-05-08	Mr Emanuel Bansah	Executive director	Care and Concern Action Group, Ho
29-05-08	Ms Esenam Arku	Special Education teacher	School for Children with an Intellectual Disability, Ho
29-05-08	Ms Dorothey Ketu	Head	Rehabilitation Centre, Ho
17-11-08	Father Bernandes	Principal	St. Theresa Centre for the Handicapped, Abor
17-11-08	Father Edward	Teacher	St. Theresa Centre for the Handicapped, Abor
25-11-08	Mr George Sarpong	Vice-president GAB, coordinator GFD.	GFD, GAB, Cape Coast
26-11-08	Ms Nancy Kutornu	Unit Head	Cape Deaf, Unit for the Blind, Cape Coast
26-11-08	Ms Grace Ofuri Yeboah	Assistant Head	Cape Deaf, Cape Coast

		Mistress and teacher	
26-11-08	Ms Mary Osei	Head Mistress	Unit school for Children with an Intellectual Disability, Cape Coast
26-11-08	Mr Joseph Dadzie	Resource teacher	Regular school at site of Cape Deaf, Cape Coast
27-11-08	Ms Barbara Ennison	Head Mistress	Cape Deaf, Cape Coast
27-11-08	Mr Francis	Special Education Teacher	Cape Deaf, Cape Coast
10-12-08	Ms Julia Ayoti	VSO volunteer: advocacy officer	National Media Commission of Ghana , Accra
20-01-09	Mr Osmond Annum	Mediator	Liliane Foundation, Accra
12-02-09	Mr Tay	Deputy director	Special Education Division, Accra
12-02-09	Mr Ato Gansah	Assistant director	Special Education Division, Accra
12-02-09	Ms Zulekha Islam	VSO volunteer, policy advisor	Special Education Division, Accra
23-03-09	Mr Larry Bisaba	Deputy director	Social Welfare, Accra
23-03-09	Ms Anne Dzadey	Director	Pantang Psychiatric Hospital, Accra
24-03-09	Mr Kojo Asante	Research officer	Center for Democratic Development, Accra
24-03-09	Mr M. Sarko Sulla	Project officer	Sight Savers Ghana, Accra
24-03-09	Ms S. Kofie Yariga	Program manager	Sight Savers Ghana, Accra
25-03-09	Ms Rita Kyeremaa	Executive director	Ghana Federation of the Disabled, Accra
05-05-09	Mr Danso Larbi	Chairman	Eastern Disability Network, Koforidua

Annex 3: Interview guide semi-structured interview

Resp. no:
Telephone:
Date of interview:
Region:
District:
Place:
Language: ☐ English ☐ Twi ☐ Fante ☐ Ewe ☐Sign Language ☐ Other:
Residence: ☐ Village ☐ Town
Sex: ☐ male ☐ female
Religion: ☐ Christian ☐ Muslim ☐ Other

Thank you in advance for taking the time to participate in this interview. My name is Jacqueline Slikker. I am doing a research for Volunteer Service Overseas Ghana into attitudes towards people with disabilities that in the longer term may assist people with disabilities to participate more fully within society. It is important that you answer the questions as honestly as possible. Your answers remain confidential. The questionnaire will take about 45 minutes of your time. First I would like to ask you some general questions.

Qa What is your age?

☐ 16-30 years
☐ 31-45 years
☐ 46-60 years
☐ 61 years and above

Qb What is your marital status?

☐ Married
☐ Widowed
☐ Separated/Divorced
☐ In a long-term relationship
☐ Living together
☐ Single/Never been married

Qc What is the highest level of education you have completed?

☐ None
☐ Primary School graduate
☐ Junior Secondary School graduate
☐ Senior Secondary School graduate
☐ Secondary Technical or Vocational training, specify:
☐ Teacher Training College, specify:
☐ University Education, specify:
☐ Any other qualification, specify:

Qd What is your current employment situation?

- ☐ Employed, please specify:
- ☐ Own business, please specify:
- ☐ Student
- ☐ Retired
- ☐ Unemployed

Qf Do you have a physical or mental condition or disability that has lasted at least 12 months or that is likely to last at least 12 months?
- ☐ Yes (go to Qg)
- ☐ No (go to Q1)

Qg How would you describe your impairment? (multiple answers possible)
- ☐ Physical impairment
- ☐ Mental disability
- ☐ Blind/visual impairment
- ☐ Deaf/hearing impairment
- ☐ Learning difficulty (slow in learning, reading or writing)
- ☐ Long-standing illness or health condition (diabetes, HIV/ AIDS)
- ☐ Mental health problem (depression, Alzheimer)
- ☐ Other, please specify:

Qh When did you become disabled?
- ☐ At birth
- ☐ During life, please specify when and how:

Q1.1 Have you ever heard or seen the term 'people with disabilities'?
- ☐ Yes
- ☐ No
- ☐ Don’t know

Q1.2 When you think of the word “disability”, what first comes to mind? What else comes to mind? (INT: SPECIFY - ACCEPT UP TO THREE RESPONSES)

Q2 Can you tell me what types of disability you know?

Q3.1 What do you think is / are the cause /causes of disability?

Q3.2 Do you think disability can be cured? If yes, please explain how

Q4.1 Do you personally know anyone (else) who has a disability?

- ☐ Yes (go to Q4.2 – Q4.5)
- ☐ No (go to Q5)

Q.4.2 What is this person’s relationship to you?
- a) Spouse/partner
- b) Member of immediate family
- c) Other relative

d) Friend
e) Neighbour
f) Acquaintance
g) Colleague/work contact
h) Employer
i) Employee

Other, please specify:

Q4.3 What type (or types) of disability does the person (people) you know have?

☐ Physical impairment
☐ Mental disability (Mental handicap like Down Syndrome, Autism)
☐ Blind/visual impairment
☐ Deaf/hearing impairment
☐ Learning difficulty (slow in learning, reading or writing)
☐ Long-standing illness or health condition (diabetes, HIV/ AIDS)
☐ Mental health problem (depression, Alzheimer)
☐ Other, please specify:

Q4.4 How often do you have close contact (one on one) with a person with a disability?

☐ Daily
☐ Weekly
☐ At least once a month
☐ Once every three months
☐ Less often than once every three months

Q5 I am going to read out some statements about people with disabilities. For each one, please rate your level of agreement or disagreement.

a) People with disabilities are treated fairly in Ghanaian society
☐ Agree ☐ Neither agree nor disagree ☐ Disagree ☐ Don't know ☐ Depends on type of disability

b) People with disabilities have an equal status to those without a disability in Ghana
☐ Agree ☐ Neither agree nor disagree ☐ Disagree ☐ Don't know ☐ Depends on type of disability

Q6 In general, to what extent do you feel that Ghanaians with disabilities are included in society, in comparison with people without disabilities? Would you say they are:

☐ Fully included
☐ Somewhat included
☐ Not at all included
☐ Depends on type of disability

Q7 What do you believe are the things that keep people with a disability from participating more fully in society?

Q8 How difficult do you believe it is for a person with a disability to:

a) Get employment
☐ Difficult ☐ Somewhat difficult ☐ Not difficult ☐ Don’t know ☐ Depends on type of disability

b) Get good education
☐ Difficult ☐ Somewhat difficult ☐ Not difficult ☐ Don’t know ☐ Depends on type of disability

c) Access public places and transportation
☐ Difficult ☐ Somewhat difficult ☐ Not difficult ☐ Don’t know ☐ Depends on type of disability

d) Get good health care
☐ Difficult ☐ Somewhat difficult ☐ Not difficult ☐ Don’t know ☐ Depends on type of disability

e) Have a social life
☐ Difficult ☐ Somewhat difficult ☐ Not difficult ☐ Don’t know ☐ Depends on type of disability

f) Be financially independent from others
☐ Difficult ☐ Somewhat difficult ☐ Not difficult ☐ Don’t know ☐ Depends on type of disability

g) Get married
☐ Difficult ☐ Somewhat difficult ☐ Not difficult ☐ Don’t know ☐ Depends on type of disability

h) Participate in decision-making in the community
☐ Difficult ☐ Somewhat difficult ☐ Not difficult ☐ Don’t know ☐ Depends on type of disability

Q9.1 Do you notice the reaction of other people towards a person with disability as:
(INT: multiple answers possible)

☐ Fear
☐ Sympathy
☐ Pity
☐ Uncomfortable
☐ Sadness
☐ Compassion
☐ Avoid or ignore them
☐ Laugh at them / insult them
☐ Other, please specify

Q9.2 Can you explain why people react this way?

Q9.3 How do you personally feel when you meet a person with a disability? (INT: Ask for different types of disability)

Q10.1 Do you think people with a disability are somehow responsible themselves for their disability?

☐ Yes (go to Q10.2)
☐ No (go to Q11)
☐ Don’t know (go to Q11)

Q10.2 Can you explain why people with disabilities are somehow responsible for their disability?

Q11.1 Do you think people with a disability are discriminated and how often?

☐ Yes, often (go to Q11.2)
☐ Yes, sometimes (go to Q11.2)
☐ No, not at all (go to Q12)
☐ Don’t know (go to Q12)
☐ Depends on type of disability

Q11.2 What is the cause of discrimination? (INT: Multiple answers possible)

☐ Fear
☐ Ignorance
☐ Stigma / stereotyping
☐ Other, please specify:
Please explain:

Q11.3 What can be done to stop the discrimination towards people with disabilities?

Q12. Do you agree or disagree with the following statements?

a) Women with disabilities have the same opportunities as men with disabilities
☐ Agree ☐ Neither agree nor disagree ☐ Disagree, women have less opportunities ☐ Disagree, men have less opportunities ☐ Don't know ☐ Depends on type of disability

Please explain:

b) It is difficult for a woman with a disability to raise a family
☐ Agree ☐ Neither agree nor disagree ☐ Disagree ☐ Don't know ☐ Depends on type of disability

Please explain:

c) Women with disabilities face a double challenge because they are women and disabled
☐ Agree ☐ Neither agree nor disagree ☐ Disagree ☐ Don't know ☐ Depends on type of disability

Please explain:

Q13.1 How do you think children with a physical disability should be educated?

☐ In regular schools
☐ In special schools
☐ Depends on severity of disability

Explain:

Q13.2 How do you think children with a visual of hearing disability should be educated?

☐ In regular schools
☐ In special schools
☐ Depends on severity of disability

Explain:

Q13.3 How do you think children with a mental disability should be educated?

☐ In regular schools
☐ In special schools
☐ Depends on severity of disability

Explain:

Q14 How comfortable would you feel if people with the following disabilities were living in your neighbourhood, people with:

a) Mental disability
☐ Uncomfortable ☐ Neither uncom /comfortable ☐ Comfortable ☐ Don’t know
☐ Depends on severity of disability

b) Physical disabilities
☐ Uncomfortable ☐ Neither uncom /comfortable ☐ Comfortable ☐ Don’t know
☐ Depends on severity of disability

c) Visual impairment
☐ Uncomfortable ☐ Neither uncom /comfortable ☐ Comfortable ☐ Don’t know
☐ Depends on severity of disability

d) Hearing impairment
☐ Uncomfortable ☐ Neither uncom /comfortable ☐ Comfortable ☐ Don’t know
☐ Depends on severity of disability

Q15 How supportive is the government in meeting the needs of people with disabilities in terms of laws, policies and programs?

☐ Very supportive
☐ Somewhat supportive
☐ Not at all supportive
☐ Don’t know

Q16.1 Do you know whether people with disabilities receive any benefits (money etc.) from the government?

☐ Yes, they all receive benefits (go to Q16.2 and Q16.3)
☐ Yes, some people receive benefits (go to Q16.2 and Q16.3)
☐ No, they don't receive benefits (go to Q17.1)
☐ Don't know (go to Q17.1)

Q17.2 What kind of benefits do people with disabilities receive?

Q17.3 On the subject of government benefits, which statement do you agree with most?

☐ The government provides more benefits for people with disabilities then necessary
☐ The government provides enough benefits for people with disabilities
☐ The government does not provide enough benefits for people with disabilities
☐ Don't know

Q18.1 Have you ever heard of the Disability Act?

☐ Yes (go to Q18.2-Q18.4)
☐ No (go to Q19))

Q18.2 How did you hear about the Disability Act?

a) Newspaper/magazine
b) Television
c) Radio
d) Colleagues
e) Family/friends
f) School
g) Disability Act publications/ leaflets by government
h) Disability organization, please specify:
i) Others, please specify:
j) Don't know

Q18.3 Can you tell me what the Disability Act is about / what are its contents?

Q19 What can be done for persons with disabilities to improve their inclusion in society by:

a) Government
b) Parents /family of persons with a disability
c) Society in general
d) Media
e) People with disabilities themselves

Annex 4: Interview guide quantitative interview

Interviewer:
Date of interview:
Region:
District:
Place:
Language: ☐ English ☐ Twi ☐ Fante ☐ Ewe ☐Sign Language ☐ Other:
Residence: ☐ Village ☐ Town
Sex: ☐ male ☐ female

Thank you in advance for taking the time to participate in this interview. My name is .... I am doing a research for Volunteer Service Overseas Ghana into attitudes towards people with disabilities that in the longer term may assist people with disabilities to participate more fully within society. It is important that you answer the questions as honestly as possible. Your answers remain confidential. It will only take about 30 minutes of your time. First I would like to ask you some general questions.

1.1) Do you have a physical or mental condition or disability that has lasted at least 12 months or that is likely to last at least 12 months?

☐ Yes (go to 1.2)
☐ No (go to 2)

1.2) How would you describe your disability? (multiple answers possible)

☐ Physical impairment
☐ Mental disability
☐ Blind/visual impairment
☐ Deaf/hearing impairment
☐ Learning difficulty (slow in learning, reading or writing)
☐ Long-standing illness or health condition (diabetes, HIV/ AIDS)
☐ Mental health problem (depression, Alzheimer)
☐ Other, please specify:

2) What is your age?

☐ 16-30 years
☐ 31-45 years
☐ 46-60 years
☐ 61 years and above

3) What is your marital status?

☐ Married
☐ Widowed
☐ Separated/Divorced
☐ In a long-term relationship
☐ Living together
☐ Single/Never been married

4) What is the highest level of education you have completed?

☐ None
☐ Primary School graduate
☐ Junior Secondary School graduate
☐ Senior Secondary School graduate

☐ Secondary Technical or Vocational training, specify:
☐ Teacher Training College, specify:
☐ University Education, specify:
☐ Any other qualification, specify:

5) What is your current employment situation?

☐ Employed, please specify:
☐ Own business, please specify:
☐ Student
☐ Retired
☐ Unemployed

6) What is your religion?

☐ Christian
☐ Muslim
☐ Other

8.1) Do you have personal contact with anyone (else) who has a disability?

☐ Yes (go to 8.2-8.3)
☐ No (go to 9)

8.2) What kind of disability does this person have?

☐ Physical impairment
☐ Intellectual disability (Mental handicap: Down Syndrome, Autism)
☐ Blind/visual impairment
☐ Deaf/hearing impairment
☐ Learning difficulty (slow in learning, reading or writing)
☐ Long-standing illness or health condition (diabetes, HIV/ AIDS)
☐ Mental health problem (depression, Alzheimer)
☐ Other, please specify:

8.3) How often do you have close contact (one on one) with a person with a disability?

☐ Daily
☐ Weekly
☐ At least once a month
☐ Once every three months
☐ Less often than once every three months

9) For each of the following please tell me whether you would consider this person to have a disability?

	Yes	No
a) Someone who has a chronic depression / is feeling down all of the time		
b) Someone who uses a wheelchair all of the time		
c) Someone who is deaf		
d) Someone who experiences chronic pain		
e) Someone who is not able to take care of him /herself because of his/her mind		
f) Someone who has difficulty speaking		
g) Someone who has limited vision even with glasses		
h) Someone who has HIV/AIDS		

i) Someone who has difficulty with social interactions		
j) Someone who has difficulty learning new things		
k) Someone who has to stay away from the sun because of the type of skin		

10) What do you think are the causes of disability? Multiple answers possible

☐ Medical reasons / diseases
☐ Accident
☐ Spiritual cause
☐ Medical error
☐ Other, please specify:

11) When you encounter someone you don't know well who has an obvious disability, do you feel (a - e) often, sometimes, rarely or never? Int: Tick the box

	Often	Sometimes	Rarely	Never
a. Awkward / Uncomfortable				
b. Afraid of the person				
c. Sorry for the person				
d. Indifferent towards the person				
e. Admiration for the person				

12.1) Are you aware of any legislation or law for people with disabilities?

☐ Yes (go to Q12.2-12.3)
☐ No (go to Q13)

12.2) What legislation or law can you name?

12.3) Can you shortly describe the contents of this legislation or law?

13. To what extent do you agree or disagree with the following statements?

1 = Agree, 2 = Neither agree nor disagree, 3 = Disagree

1. People with disabilities are treated fairly in Ghana	1	2	3
2. People with disabilities should live in special institutions	1	2	3
3. People with disabilities should normally work at home	1	2	3
4. People with disabilities should be able to have children	1	2	3
5. People with disabilities are well integrated into society	1	2	3
6. People with disabilities should participate like everyone else in social activities	1	2	3
7. People with disabilities are blameable for their disability	1	2	3
8. There should be some reserved seats for people with disabilities on public transportation	1	2	3
9. People with disabilities are discriminated in Ghana	1	2	3
10. Women with disabilities face double discrimination based on disability and gender (sex).	1	2	3
11. Parents with a disability make just as good parents as parents without a disability.	1	2	3
12. Children with a disability should be kept away from other children in school	1	2	3
13. People with a disability are less productive in their work	1	2	3
14. It is wrong for a person with a disability to have children	1	2	3
15. A person with a disability can marry a person without a disability.	1	2	3
16. Children with a disability should study in regular schools	1	2	3
17. I feel happy to be associated with people with disabilities	1	2	3
18. I would be happy if a person with a disability was my next door neighbour	1	2	3
19. I would be happy if a person with a disability was my colleague at work	1	2	3
20. I would be happy if a person with a disability was my brother or sister in law	1	2	3
21. People with a disability should be kept apart from the rest of the society	1	2	3
22. People should avoid people with disabilities because they can transmit the disability to other people	1	2	3
23. People with disabilities should have the right to vote in political elections	1	2	3
24. People with disabilities are less likely to be hired for a job than those without disabilities, even if they are equally qualified	1	2	3
25. People with disabilities are entitled to financial support by the government	1	2	3

14. The next set of statements asks about different types of disability

26. People with physical disabilities should live in special institutions	1	2	3
27. People with visual or hearing disabilities should live in special institutions	1	2	3
28. People with mental disabilities should live in special institutions	1	2	3
29. People with physical disabilities should be able to have children	1	2	3
30. People with visual or hearing disabilities should be able to have children	1	2	3
31. People with mental disabilities should be able to have children	1	2	3
32. People with a physical disability are less productive in their work	1	2	3
33. People with a visual or hearing disability are less productive in their work	1	2	3
34. People with an mental disability are less productive in their work	1	2	3
35. People with a learning difficulty are less productive in their work	1	2	3
36. A person with a physical disability should only marry a person with the same disability	1	2	3
37. A person with a visual or hearing disability should only marry another person with the same disability	1	2	3
38. A person with a mental disability should only marry another person with the same disability	1	2	3
39. Children with a physical disability should study in regular schools	1	2	3
40. Children with a visual or hearing disability should study in regular schools	1	2	3
41. Children with an mental disability should study in regular schools	1	2	3
42. Children with a learning difficulty should study in regular schools	1	2	3
43. I would be happy if a person with a physical disability was my next door neighbour	1	2	3
44. I would be happy if a person with a visual or hearing disability was my next door neighbour	1	2	3
45. I would be happy if a person with an mental disability was my next door neighbour	1	2	3

Annex 5: Statistical Analysis

For the statistical analysis of the quantitative data SPSS version 16 was used. The general attitude scale and the attitude toward impairment scale were used to test the following hypotheses:

<u>Hypothesis 1</u> People who identify themselves as having a disability have more positive attitudes towards PWDs than people who do not identify themselves as having a disability

<u>Hypothesis 2</u> Attitudes towards PWDs will differ for different types of disability, being physical, visual/hearing and mental disability

Respondents that did not respond to a statement were excluded from the analysis. The scores on statements that measured negative attitudes towards PWDs were reversed. Higher scores on both scales equate to less positive attitudes.

General attitude scale

Variances over groups are equal (Levene's test; $F = 3.510$, $p = .062$). Based on the results of the t-test we can state that there is a difference in attitudes towards PWDs between respondents who identify and who do not identify themselves as having a disability ($t = -3.709$, $df = 388$, $p < .001$). Respondents who identify themselves as having a disability have an average score of 1.3958 on the general attitude scale whilst respondents who do not identify themselves as having a disability have an average score of 1.5014 on the general attitude scale. This confirms the hypothesis that respondents who identify themselves as having a disability are more positive towards PWDS than those who do not identify themselves as having a disability

Attitude towards impairment scale

Variances over groups are equal (Levene’s test; F .096, $p = .757$). Based on the results of the t-test we can state that there is a difference in attitudes towards people with mental, visual/hearing and physical disabilities between respondents who identify and who do not identify themselves as having a disability ($t = -3{,}349$, $df = 388$, $p < .001$). Respondents who identify themselves as having a disability have an average score of 1.6606 on the impairment scale whilst respondents who do not identify themselves as having a disability have an average score of 1.7737. Both for respondents who do and who do not identify themselves as having a disability the average scores are lowest for people with physical disabilities, somehow higher for visual/hearing disabilities and highest for intellectual disabilities. This confirms the hypothesis that attitudes towards PWDs will differ for different types of disability, with most positive attitudes towards persons with physical disabilities, followed by visual/hearing disabilities and intellectual disabilities.

Table 7: Results t-test 1

Group Statistics					
	Disability	N	Mean	Std. Deviation	Std. Error Mean
Impairmean	Yes	116	1,6606	,31652	,02939
	No	274	1,7737	,30013	,01813
genattmean	Yes	116	1,3958	,22945	,02130
	No	274	1,5014	,26769	,01617

Table 8: Results t-test 2

		Levene's Test for Equality of Variances		t-test for Equality of Means						
									95% Confidence Interval of the Difference	
		F	Sig.	t	df	Sig. (2-tailed)	Mean fferenc	Std. Error Difference	Lower	Upper
General	Equal variances assumed	3,510	,062	-3,709	388	,000	-,10558	,02846	-,16154	-,04962
	Equal variances not assumed			-3,947	250,651	,000	-,10558	,02675	-,15825	-,05290
Impairm	Equal variances assumed	,096	,757	-3,349	388	,001	-,11317	,03379	-,17961	-,04673

	Equal variances not assumed			-3,277	206,607	,001	-,11317	,03453	-,18125	-,04509