ABSTRACT

Purpose: The study aimed to examine how misconceptions affect the ability of people with disability to find and maintain jobs, and the coping strategies they adopt to manage their economic conditions.

Methods: A qualitative study was conducted with special focus on the Kumasi Metro. Purposive sampling enabled the researchers to select participants on the basis of their own set of inclusion criteria. Data was collected through Focus group discussions and interviews that were conducted in the local language, Twi. The raw data was transcribed from Twi to English, using the notes taken during the discussions and comparing it with information recorded on tapes and audio recorders. Corrected and transcribed data was grouped under the various themes of the discussions. Data was analysed through the question-led approach. The most identified themes have been presented as the major findings with related headings. Some responses have been quoted to support the findings.

Results: People with disability who participated in the study experienced unemployment, job-seeking problems, the desire to maintain jobs, inability to retain jobs as a result of negative attitudes from co-workers and members of the larger community, and faced difficulty in paying personal bills. To manage their problems, the tendency was to avoid and withdraw from normal societal interaction, and while some begged for alms on the street, others relied on government policies and financial interventions.
**Conclusion and Implications:** It is recommended that stakeholders should intensify public education on disability. Public education should be custom-made to suit the community’s needs and understanding of the condition, taking into account local culture and belief systems. People with disability should be encouraged to form groups for self-help programmes, especially at the community level.

**Key words:** Employment, coping strategies, perceptions, people with disability, urban Ghana

**INTRODUCTION**

According to the World Bank and World Health Organisation’s (2011) World Report on Disability, one billion people in the world, or approximately 15% of the global population, have some sort of disability. About 15% of adults worldwide have moderate disability, while 2-3% have a severe disability. About 5% of children worldwide (93 million) have a moderate disability, while 7% (13 million) have a severe disability (WHO, 2011).

Analysis of the World Health Survey results for 51 countries gives employment rates for men and women with disability as 52.8% and 19.6% respectively, as compared to 64.9% and 29.9% respectively for men and women without disability. On an average, their employment rate (at 44%) was over half of the rate for persons without disability (75%). The inactivity rate was about 2.5 times higher among persons without disability (49% and 20%, respectively) (OECD, 2010).

Across the world, people with disability are entrepreneurs and self-employed people, farmers and factory workers, doctors and teachers, shop assistants and bus drivers, artists and computer technicians. Almost all jobs can be performed by people with disability, given the right environment. In developed and developing countries, people with disability of working age experience significantly lower employment rates and much higher unemployment rates than persons without disabilities. Lower rates of labour market participation are one of the important pathways through which disability may lead to poverty (World Health Organisation, 2011).

Misconceptions about the ability of people with disability to perform jobs are an important reason both for their continued unemployment and – if employed – for their exclusion from opportunities for promotion in their careers. Such attitudes may stem from prejudice or from the belief that people with disabilities are less
productive than their counterparts without disability. Misconceptions are often prevalent not only among employers without disability but also among family members and people with disability themselves (Shier et al, 2009). Employers often have narrow and stereotypical views of disability, and sometimes do not recognise that their employees are people with disability. Employers tend to perceive disability in a one-dimensional and ‘medical’ manner, a view that has been challenged by some who see disability as being ‘socially constructed’ from the limiting effects of society and employers rather than the physical conditions of human beings (Oliver and Barnes, 1998; Thornton, 2005).

There are incidents of people with disability losing their jobs for having spent time in hospital. In other cases, employees experience a loss of credibility and a concomitant loss of responsibility (Stuart, 2006). Perhaps most telling is the fact that 61% of people with mental illnesses are outside the labour force (Stuart, 2006). Among people with major depression, 40 - 60% are unemployed; 20 - 35% with an anxiety disorder are without work; and, 80 - 90% of individuals with schizophrenia are unemployed (Stuart, 2006). What cannot be gleaned from these figures is the fact that the majority of people with disability are willing to work (Stuart, 2006).

Many employers are also guilty of reacting to the stigma of disability. With the unemployment rate for people with disability hovering at almost 17%, which is 60% higher than for people without disabilities, the economy and the stigma of disability may be equally to blame (International Labour Organization, 2004). Employers may see great potential in an applicant with a disability, but may also succumb to the erroneous thought that a worker with a disability may not be as productive as an employee without disability (International Labour Organisation, 2004).

In most developing countries, especially in Africa, people with disability constitute an impoverished marginalised group, characterised by lack of access to public health, education, and other social services that would ideally support and protect them. Economically as well as in social terms, persons with disability in developing countries are classified among the poorest of the poor (International Labour Organisation, 2004).

It is estimated that 10% of Kenya’s total population have a form of disability (WHO, 2011). With a population estimated at 32.2 million in 2003, approximately 3.2 million persons in Kenya have a disability and the level of poverty among
them now stands at 56% against a target of 21.7% (Ingstad and Grut, 2007). In 2011, WHO estimated that in South Africa the employment rate of people with disability was 12.4% compared with the 41.1% for people without disability, while in Zambia the employment rate for people with disability was 45.5% and for people without disability it was 56.5% (WHO, 2011).

In Ghana, people with disability are often perceived as ‘objects of pity’, incapable of doing things for themselves, sick, and needing ‘help’. Most of them grow up to be disempowered adults, denied the power and authority to make and to take decisions, solve problems or take the initiative. This, in its turn, contributes to high unemployment figures among adults with disability (Avoke, 2002).

According to the 2010 population census of Ghana, there are 737,743 persons with some form of disability in the country. The report shows that there are more females (52.5%) than males (47.5%) with some form of disability. The regional distribution indicates that Volta region has the highest proportion of population with disability (4.3%), followed by Upper East (3.8%), Eastern (3.6%) and Central (3.4%) regions. BrongAhafo (2.3%) has the lowest proportion of people with disability (Ghana Statistical Service, 2010).

The unemployment situation in Ghana is generally bad, but worse for people with disability. According to the 2007 Ghana Human Development report, the employment rate of people with disability is pegged at 69 % while that of the general population is said to be 80.2%. This suggests that the unemployment rate for people with disability is 31% while that of persons without disability is 19.8%. The report further notes that in situations where people with disability are employed, questions arise as to the quality and level of employment and the constraints and frustrations faced in employment. The unemployment situation among people with disability also has gender dimensions. According to the report, unemployment is much higher among women aged 20-24 (10.9%) than men (10.5%) in the same age bracket. This has resulted in high level of poverty among the population with disability. In fact, it is said that people with disability in Ghana are among the poorest of the poor in one of the poorest countries in the world (Ghana Federation of Disabled, 2008).

The Disability Act of Ghana in Section 4 states that: A person shall not discriminate against, exploit or subject a person with disability to abusive or degrading treatment. An employer shall not discriminate against a prospective employee or an employee on grounds of disability.
Objective
The aim of the study was to examine how misconceptions about disability affect the ability of people with disability to obtain and maintain jobs, and the coping strategies adopted to manage their economic conditions. The terminology ‘Working’ as used in this study refers to the ability to have and maintain paid employment.

METHOD

Study Design
A qualitative study was carried out to find how misconceptions about disability influence the ability of people with disability to obtain and maintain jobs. Qualitative study permits the researcher to carry out the study in natural real life setting (Bryman, 2004). The researchers used non-probability sampling techniques in selecting the respondents. Purposive sampling targeted individuals who could give adequate information about the issues under consideration.

Study Sample
The register of people with disability in the Kumasi Metro served as the frame from which participants were purposively selected.

Inclusion criteria: People with disability who had been registered with the Department of Social Welfare for one year or more were selected. Those chosen were above 18 years of age because the researchers wanted to find who were legally able to work and were ready to work. People with disability who had the condition for more than 1 year were also included in the study, as they could give information about their problems over a relatively longer period. Another inclusion criterion was their employment status.

Guided by the principle of ‘point of saturation’, a sample size of 21 people with disability took part in the study (Table 1).

Table 1: Demographic Characteristics of Respondents

<table>
<thead>
<tr>
<th>Demographics</th>
<th>SEX</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male</td>
<td>Female</td>
</tr>
<tr>
<td>Age group of both groups</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Below 20 years</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>
Data Collection

Focus group discussions and face-to-face interviews were combined to collect data from the study sample. Four separate discussions were held on 3 different days. Each discussion group was comprised of 5 people with disability. Two groups had single sex membership each, one all females and the other all males, with the remaining two groups having mixed membership in terms of gender (Table 2). Participants were freely able to bring out issues that affect them, especially in the single sex group discussions.

<table>
<thead>
<tr>
<th></th>
<th>20-29 years</th>
<th>30-39 years</th>
<th>40 years and above</th>
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</thead>
<tbody>
<tr>
<td>Age Group</td>
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<td>4</td>
</tr>
<tr>
<td></td>
<td>4</td>
<td>3</td>
<td>7</td>
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<tr>
<td></td>
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<td>3</td>
<td>7</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>21</td>
</tr>
</tbody>
</table>

**Employment Status of people with disability**

<table>
<thead>
<tr>
<th></th>
<th>Employed</th>
<th>Unemployed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employment Status</td>
<td>4 2 6</td>
<td>7 8 15</td>
</tr>
<tr>
<td></td>
<td></td>
<td>21</td>
</tr>
</tbody>
</table>

**Disability Type**

<table>
<thead>
<tr>
<th></th>
<th>Difficulty in Moving</th>
<th>Difficulty in Seeing</th>
<th>Other Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disability Type</td>
<td>6 5 11</td>
<td>3 4 7</td>
<td>2 1 3</td>
</tr>
<tr>
<td></td>
<td>21</td>
<td>21</td>
<td>21</td>
</tr>
</tbody>
</table>

**Religion**

<table>
<thead>
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<th></th>
<th>Islam</th>
<th>Christianity</th>
<th>Traditional</th>
</tr>
</thead>
<tbody>
<tr>
<td>Religion</td>
<td>2 1 3</td>
<td>6 7 13</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>21</td>
<td>21</td>
<td>21</td>
</tr>
</tbody>
</table>

**Number of years of disability**

<table>
<thead>
<tr>
<th></th>
<th>1-2 years</th>
<th>3-4 years</th>
<th>More than 4 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of years</td>
<td>2 1 3</td>
<td>1 6 7</td>
<td>8 3 11</td>
</tr>
<tr>
<td></td>
<td>21</td>
<td>21</td>
<td>21</td>
</tr>
</tbody>
</table>

Source: Authors’ field work (2015)
Transcripts were coded on dominant themes that were developed from the questions which were asked, and were analysed in duplicate, with each analyst blind to the summary of the other. Coding was undertaken by a team of 4 research assistants under the supervision of the researchers. Members were paired to read a selected number of transcripts, and both members in each pair read all transcripts independently. The entire team then converged to discuss emerging themes and to resolve disputes on coding. One team member read all the transcripts and facilitated the discussion. The division of transcripts into sections helped in the management of the data. The team compared summaries and involved extra readers to resolve any differences. Overall, there were high levels of agreement over interpretations and emphasis among the authors. Direct quotations of some of the responses have been presented in the findings.

**Ethical Considerations**

Approval was sought from the Committee on Human Research, Publications and Ethics, Kwame Nkrumah University of Science and Technology, School of Medical Sciences and KomfoAnokye Teaching Hospital. As per the principle of voluntarism, respondents were asked to participate in the study of their own free will and were also free to refuse. They were assured of anonymity by removing all identifiers from the research instrument. The complete data of this work can be obtained from the department of Community Health, School of Medical Sciences, Kwame Nkrumah University of Science and Technology.

### Table 2: Mode of Data Collection

<table>
<thead>
<tr>
<th>Data Collection Methods</th>
<th>Number of Participants</th>
<th>Unit of Analysis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Focus Group Discussion</td>
<td></td>
<td></td>
</tr>
<tr>
<td>All Females</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>All Males</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Mixed members</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Mixed members</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td></td>
<td>21</td>
</tr>
<tr>
<td>Interview</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Males</td>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td>Females</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td></td>
<td>12</td>
</tr>
</tbody>
</table>

Source: Authors’ field work (2015)
RESULTS

Employment

Majority of the people with disability who took part in the study found it difficult to get jobs due to their condition. They are perceived as people who cannot do any meaningful work and, according to them, employers shun them. Most of the participants with disability indicated that they were not working, but a few said they were. Participants also said that they wanted to work but could simply not get jobs. They attributed this to their inability to get start-up capital and to people unwilling to engage their services.

“I am currently not working and not because I do not want to work, but the work is simply not available and even when you go to people for work, their comment about you discourages you for pushing further” (Male respondent).

“I do not have the needed education to secure government work and I also do not have money to start my own business, so as I speak to you I have no work to do so help me if you can do so” (Male respondent).

Among those who said they were working, the type of work they were engaged in and its proceeds showed that in actual fact they were not working. The jobs they mentioned included shoe making, petty trading and, interestingly, begging for alms. It was a fact that people who begged for alms believed that they were employed, and felt comfortable to indicate as much.

“Though it is not something I can boast of but I will say I am employed. I am working as a shoe maker but people do not patronise my goods, all because of my condition” (Male respondent).

“.......I used to sell vegetables and fruits but I have stopped because people were not buying from me, so now am selling newspapers” (Female respondent).

However, only a few of the respondents were employed in relatively well-paid jobs, with teaching and administration being their major work. These people constituted the few who had been lucky to have gone to school and acquired some training.

“I am employed in the government sector as a teacher, and though my income is not enough but at least it is better than some of my colleagues with disability who are in the informal sector” (Female respondent).
Job seeking and Problems encountered

The data revealed that majority of respondents with disability found it difficult to secure jobs, especially in the formal sector. Those in the informal sector also faced problems, ranging from lack of start-up capital to low patronage of services or goods that they sell. In a way this explains why most people with disability remain unemployed.

“I think people have negative views about us because I went to a man in our area to work in his shop as attendant, but the man looked at me and told me in the face that he was not looking for people like me because he meant business and that my presence alone in his shop will drive customers away)” (Female respondent).

“I also have similar experience. I went to a bank for a loan to start up my own business and the head of the loan department told me that they do not run a charity because to him there was no way I could work to repay the loan)” (Male respondent).

“I stopped selling foodstuffs and vegetables because people were simply not buying them, all because of the perception they had about my condition as a disabled person)” (Female respondent).

The experiences of those who wanted to work and those who were working in the formal sector were not different from those in the informal sector. Their problems while seeking jobs ranged from employers unwilling to engage their services to people not feeling comfortable to work with them.

“I remember when I sent my application to a reputable company in Kumasi for employment, the receptionist asked me if I was submitting the application for someone else because to her she will lose her job if the manager finds out that she accepted an application from a disabled person, so she did not take my letter” (Female respondent).

“After training college, I was sent to a school to teach. The headmistress of the school did not allow me to work in the school with the excuse that she had all the staff complement and that I should find another school, so I went back and was re-posted to my current school” (Female respondent).

The problems encountered in the search for jobs were not only expressed by the people with disability but also by leaders of disabled persons’ organisations (DPO). Whereas people with disability attributed these problems to employers and low patronage of their services by members of society, their leaders and staff of the Social Welfare department agreed with them to some extent while, at the same time, stating that people with disability do not present themselves well
enough to win the trust of employers. Issues raised included level of education, lack of collateral and not being well-dressed.

“Most of our people, especially the uneducated ones, find it difficult to get jobs because of people’s attitude towards them. We sometimes find it difficult getting jobs for our members because employers think that people with disability have nothing good to offer them” (DPO leader, Focus group discussion).

“Banks work for profit so if you go to the bank for loan and you do not have the necessary collaterals and other supporting documents, definitely they will not give you the loan. So we advise them to have all the necessary documents before they apply for such loans. But it does not mean that the banks are not discriminately against people with disability” (DPO leader, Individual interview).

**People with Disability maintaining their Work**

There were similar responses with regard to whether people with disability should maintain their work, especially those who become affected after securing the job. Almost all the respondents indicated that it was not wrong for people to continue to work after having a disability, as long as work does not impact on his or her health condition. They also believed that maintaining one’s work would help to reduce the hardships that are associated with disability.

“I am still working even after being involved in an accident because that is the only way my family can survive. Even though things are not all that nice but I have to endure in order to earn a living” (Male respondent).

Some of the respondents also indicated that the attitude of people, especially co-workers, towards them and inaccessible buildings and facilities made the working environment somewhat hostile and compelled them to vacate their posts. Hostility and ridicule make it difficult for people with disability to hold their jobs, thereby leading to economic hardship.

“I was working in a company before becoming disabled, but after sometime my co-workers changed their attitude towards me. I could not talk to anybody at work, nobody joins me at a table during lunch time. Attitude of management also changed and was not ready to respond to my complaints, and their continuous refusal to make modifications in the working environment rendered me helpless at the working place so I had no option but to quit my job and take my little entitlement” (Male respondent).
There were others who were willing to work and to maintain their jobs, but the attitude of members of society at large towards their work or the services they provide, forced them to quit. Data revealed that they were unable to maintain their work because members of the larger society did not patronise them, especially when they were in a trade.

“There were coming to my table to buy foodstuffs but immediately they realise I am disabled, they turn away and go to a different table whose owners are not disabled. Most of the perishable stuff gets rotten and I run at a loss so I stopped selling” (Female respondent, Individual interview).

“I have learnt trade in shoemaking, but am not working, not because I am lazy but because people do not buy my goods, and not because they are of low quality but because they are made by a disabled person.....I hired people to go on trek with my goods but surprisingly they have all stopped, making my business come to a standstill...I could not continue such a business so I stopped and am currently not working” (Male respondent, Focus group discussion).

Payment of Utilities and other Bills

High unemployment, difficulty in seeking and obtaining jobs, as well as inability to maintain jobs have brought untold hardship to people with disability. Majority of the respondents indicated that paying school fees of their wards and other utilities such as rent and electricity continued to be their greatest headaches.

“It is not easy raising money to settle my bills..... as I speak with you, my two children who are in Senior High School were all sent home last week for their school fees and have still not been able to raise the needed amount, but I am determined to help them get the needed education so they can lift me from this hardship in the future” (Male respondent, Focus group discussion).

“I am owing my landlady one year rent allowance and have not been able to pay; if she decides to eject me today, I have nowhere to go but I believe she is just being considerate” (Female respondent, Focus group discussion).

“Some of our members find it difficult to settle their bills, especially rent, so we occasionally go in to plead with their landlords for us to gather some money and pay for them later” (DPO leader, Individual interview).

A few of the respondents indicated that settling their bills was not a problem and that they were able to pay as and when the bills came. Ironically, most of them
indicated that their bills were being taken care of by their relatives and they were also living in family houses where they did not pay any rent.

“I am able to pay my light bills because I am using only two gadgets (bulb and television) so I pay GH¢1.50p every month..... In terms of rent I live in a family house so I do not pay any rent allowance but it does not mean everything is okay with me because financially I am suffering” (Male respondent).

“I do not have a child who is in school so I have no problem with school fees. I also live with an uncle so he is in charge of paying all the bills” (Female respondent).

**Coping Strategies and their Effectiveness**

Due to the numerous social and economic hardships that people with disability face because of the stigma attached to their condition, they have developed coping strategies that have enabled them to survive till date. The coping strategies, according to them, are many and depend on the situation and the environment where they find themselves.

**Avoidance and withdrawal** - Most of the respondents indicated that the major strategy that they adopted was avoidance and withdrawal. They indicated that they consciously avoid and withdraw from, people who tend to worsen their condition. They did not like to have anything to do with such persons. According to them, this gave them respect and dignity. They contended that people were unable to take advantage of them because they did not come close to them.

“I do not play or mingle with people who think that they are better than me, so I always avoid their company...Believe you me, if the people realise this they also respect you because they know they cannot take you for a ride” (Female respondent, Individual interview).

“I avoid the company of people who have the tendency of exploiting individuals because of their conditions....I will simply not allow that to happen because I respect myself” (Male respondent, Focus group discussion).

**Begging for Alms** – Some of the respondents said that due to the economic hardships they faced as a result of unemployment, they had resorted to begging for alms as a coping strategy. They revealed that they were able to make money for their daily bread. They however admitted that though they knew that begging was not the best thing to do, they had no other option if they wanted to survive.
“I am alive because of what people give me daily, I have no job and no one to help me so I go on to the street for alms because man must survive” (Male respondent, Focus group discussion).

“Do not be surprised because that is what some of us do to cater for ourselves and our family because nobody cares about us so we have to also devise a way to live, and begging for alms is the only option because half a loaf is better than nothing” (Female respondent, Focus group discussion).

**Reliance on Government Policies and Interventions** - Another coping strategy that some of the people with disability adopted was reliance on government financial interventions. The major government interventions they mentioned were the Livelihood Empowerment Against Poverty (LEAP) and the National Disability Common Fund (NDCF).

“(I applied for money from the department of social welfare to start a business and when the money came it has helped me and my family to survive” (Male respondent, Individual interview).

“My only means of survival is the monthly allowance I get from government; that is what is keeping me” (Female respondent, Individual interview).

**Effectiveness of Coping Strategies**

Most of the respondents indicated that though their coping strategies were helpful, they were not perfect in terms of their effectiveness, especially the government intervention programmes. Most of them contended that alms begging raised negative reactions from some people. Delay in accessing government interventions makes the programmes ineffective.

"The money we get from the government is not enough and it takes several months to access it, so I think that the government must be serious in implementing such programmes because some of us rely on such programmes for survival” (Male respondent, Individual interview).

**DISCUSSION**

People with disability are affected economically in several ways due to the stigma society attaches to their condition. The situation of people with disability in this community demonstrated the failure of the Ghanaian community and other institutions to modify their environment to accommodate the functioning of
different individuals. This view supports the social model approach to disability which suggests that the root of disability lies in a failure of the environment to allow someone to function to his/her full capacity as much as any functional impairment that the person has may allow. The proponents of this approach believe that highlighting the marginalisation of people with disability through cultural and environmental factors does not mean that impairment is denied. Impairment is an objective concept and means that certain aspects of a person’s body do not function or function with difficulty. However, when impairment is taken a step further to imply that a person’s body, the person and the person’s worth are inferior to that of others, then there is an interpretation that is socially created and is therefore not fixed or inevitable (Oliver and Barnes, 1991).

The data revealed that majority of the study’s respondents found it difficult to secure jobs, especially in the formal sector. Researchers like Stuart (2006) have found that stigma often rears its head in the workplace. Some employers tend to doubt the capacity of a person with disability to work productively. There are incidents of people with disability losing their jobs for having spent time in hospital (Stuart, 2006). In the light of this, authors like Scambler (2009) stated that through structured processes people with disability have historically found themselves in powerless, subordinate positions and have consequently suffered discrimination, oppression and exclusion through a resulting lack of control over their lives, economic dependency and disadvantage, stereotyping and labelling processes.

High unemployment and poverty are the resultant effects of the inability to secure and retain jobs due to unwillingness of employers to hire people with disability and the negative attitudes of co-workers. This makes life unbearable for people with disability. These findings are supported by the ILO (2004) report, according to which in most developing countries, especially in Africa, persons with disability constitute an impoverished marginalised group, characterised by lack of access to public health, education, employment and other social services that would ideally support and protect them. Economically as well as in social terms, people with disability in developing countries are classified among the poorest of the poor.

The coping strategies adopted by people with disability in this study support the view of Asbring and Navarnen (2002) that the first strategy is keeping a distance from others. They withdraw from social life to avoid enacted stigma. People with disability gradually give up hope, for example about employment. The
second strategy is concealment. Stigmatised people try to participate in social life by maintaining a façade and giving a self-presentation according to others’ expectations (Asbring and Narvanen, 2002). The strategy adopted by people with disability has been documented by scholars such as Mason (1992) who stated that if one has negative feelings about oneself, one is quite likely to have negative feelings about the group one belongs to and tries to integrate into a superior group. This is one of the phenomena of internalised oppression. Such people may have a certain aversion towards other people and distance themselves from them (Asbring and Narvanen, 2002).

Limitations
The major limitation of the study was the non-inclusion of hearing impaired persons. This was due to the absence of a sign language interpreter to enhance effective communication. However the participants were purposefully selected to meet the study criteria and to be representative of the people with disability’s register, and the researchers were able to get adequate information from them.

Employers were also not included. As the focus of the study was on the experiences of people with disability themselves, it was important to collect data only from people with disability. Exclusion of employers did not affect the quality of data gathered.

CONCLUSION
The people with disability who participated in the study experienced unemployment, job seeking problems, the desire to maintain jobs, inability to retain jobs as a result of negative attitudes from co-workers and members of the larger community, as well as difficulty in paying personal bills. The study also revealed that in their attempts to manage the various problems they face, people with disability tried to avoid and withdraw from normal social interaction, some begged for alms on the street and others relied on government policies and financial interventions.

Recommendations
Based on these findings, the study recommended that:
Stakeholders should intensify public education on disability.
Public education should be custom-made to suit the community’s needs and
understanding of the condition, taking into account local culture and belief systems.

Individual members of the community with deeper understanding of local beliefs and issues should be trained to spearhead the education.

The mass media should play a significant role in educating the general public about disability. Stakeholders must take advantage of media availability to clarify issues on disability and deepen societal understanding of the condition. When the media is well-informed, and encouraged and equipped to ‘send out’ appropriate messages and information about disability to the communities, it may generate open discussions and this may lead to improvement in the community’s understanding of disability.

People with disability and their organisations must also play a role in improving the condition of their members. They should be encouraged to come together to form groups for self-help programmes, especially at the community level.

Government agencies such as the Department of Social Welfare should be well equipped to facilitate programmes to assist people with disability. Obtaining accurate statistics will help to inform policy formulators about the number and nature of people with disability living in the country so that policies and programmes can be developed for them.

The researchers also recommend that the government should be proactive and committed in implementing most of the programmes aimed at improving the conditions of people with disability, especially the financial intervention programmes. Data revealed that money for programmes such as Livelihood Empowerment Against Poverty (LEAP) and Disability Common Fund (DCF) had not been released for close to 2 years.

REFERENCES


