

## ORIGINAL RESEARCH

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# Physical Disability, Rights and Stigma in Ghana: A Review of Literature

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### ABSTRACT

**Purpose:** *This is a survey of peer-reviewed articles focussed on the causes and consequences of stigma towards persons with physical disability in Ghana.*

**Method:** *After a systematic search of the online databases EBSCOhost, ProQuest, PubMed and Web of Science for peer-reviewed articles on disability in Ghana, 26 articles were chosen for critical review. The three main selection criteria were: the articles had to be peer-reviewed, they had to be based on interviews with Ghanaians in the field, and they had to discuss stigma and human rights. For analysis, the content of the articles was grouped under two sections: major themes (human rights, causes of stigma, consequences of stigma) and policy recommendations (economics, medical services/healthcare, affirmative action, attitudes and awareness-raising, inclusion of cultural beliefs).*

**Results:** *This review found that most of the studies attribute stigma to negative attitudes towards Ghanaians with disability, and many highlight beliefs among Ghanaians that disability is caused by spiritual and supernatural forces. The consequences, according to most authors, are social, economic and political exclusion. Policy recommendations include improving government policy, increasing funding for disability programmes, changing public attitudes, and paying attention to Ghanaian culture and tradition in designing disability interventions. While these are valid points, the authors of this paper are of the opinion that the literature also suffers from lack of a deep understanding of the historical and socio-cultural roots of supernatural beliefs in Ghana.*

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**Conclusion:** *The 26 studies discussed in this review show that since 2006 very good work has been produced on disability in Ghana, especially by Ghanaian disability scholars.*

*It is hypothesised, however, that a full understanding of disability and stigma in Ghana must be based on deeper research into the roots of the beliefs that drive stigma. Future work therefore should focus on deepening the analysis of cultural beliefs towards disability in Ghana, in order to understand fully the roots of culturally-based disability stigma. More research into the economic causes and consequences of disability is also recommended, without which a full analysis of cultural stigma will not be possible.*

**Key words:** *Disability, stigma, rights, Ghana*

## INTRODUCTION

Of the global south's 800 million persons with disability, an estimated 300 million live in Africa (African Studies Centre Leiden, 2016) and at least 740,000 reside in Ghana (Government of Ghana, 2018). Surprisingly however, the rights of people with disability were largely ignored until the United Nations implemented the Convention on the Rights of Persons with Disabilities (CRPD) in 2006. The CRPD has been ratified by 167 countries worldwide and at least 45 of them have passed national disability laws (United Nations, 2018). For its part, the Ghanaian Government passed a Disability Act in 2006 and ratified the CRPD in 2012, affirming its recognition of the rights of Ghanaians with disabilities. These measures appear to have prompted a surge of research into stigma and disability rights in Ghana, particularly by Ghanaian researchers. The scope and quality of this literature warrants an evaluation of its strengths, weaknesses and implications for future research. Focussing on peer-reviewed articles relating to Ghanaians with physical disability, this paper aims to provide a survey and critical analysis of the major themes and findings in the scholarly articles on physical disability in Ghana, published since 2006.

## METHOD

A critical review was undertaken, of peer-reviewed articles on physical disability in Ghana, focussing on their analysis of stigma as a barrier to disability rights. In contrast to a general literature review, a critical review "moves beyond mere description" to perform a critical analysis of the sources and offer a conceptual

contribution or hypothesis as a foundation for improving future research (Grant and Booth, 2009).

The current review was guided by three research questions:

- (1) What does the scholarly literature say about the prevalence and causes of stigma in Ghana?
- (2) Does the literature connect disability, stigma and human rights?
- (3) What policy prescriptions flow from interview-based research on disability and stigma in Ghana?

To obtain the literature sample, a systematic search of the databases EBSCOhost, ProQuest, PubMed and Web of Science was conducted, as well as manual searches of leading disability studies journals, including *Disability and Society*, the *African Journal of Disability*, *Disability & Rehabilitation*, and *Disability, CBR and Inclusive Development*. Eliminating doubles, the search produced 86 titles. From this list, 26 articles were selected for review, after narrowing the focus to peer-reviewed sources focussing on physical disability and referencing “disability,” “stigma,” and “rights.” The most important term was “stigma,” which the authors of this research understand (following Goffman, 1963; Dudley, 2000; and Ahmedani, 2011) to include negative attitudes that undermine individuals’ identities, as well as stereotypes in which individuals are considered inferior in comparison to social norms of non-disability. Using this definition to identify appropriate articles, information was then extracted from the articles using a standardised grid that included author(s), year of publication, location, methodology/design, demographics and main findings. From this information, the analysis was organised according to the themes identified in the research questions.

As shown in Appendix 1, most of the articles were published after 2010 and the majority have at least one Ghanaian author. Geographically, while Ghana’s major urban centres are over-represented (Accra, Kumasi and Tamale), the research does cover three different regions (south, central and north). Methodologically, most of the researchers have obtained data through semi-structured interviews, although the numbers of participants varied considerably, from a high of 4,584 (Debpuur et al, 2010) to a low of three (Kassah et al, 2012). Demographically, a fair representation of gender and age was found, and most of the studies (with a few exceptions) incorporated the voices of Ghanaians with disability (see Appendix 1 for a full summary).

## RESULTS

### Themes

**Human Rights:** Most of the articles mention human rights, at least in passing. Eleven place human rights at the forefront (Reynolds, 2010; Naami, 2011; Naami and Hayashi, 2012; Kassah, 2012; Baffoe, 2013; Naami 2014; Mprah, 2014; Naami, 2015; Sackey, 2015; Ganle et al, 2016; Geurts and Komabu-Pomeyie, 2016) and ten mention human rights briefly in their introduction or in a general discussion of rights (Kassah, 1998, 2008; Botts, 2010; Bourgeois, 2011; Tijm et al 2011; Mahama, 2012; Naami et al, 2012; Kassah, 2014; Badu et al, 2016; Opoku et al, 2016). Most of these articles evaluate the potential of disability rights legislation for improving the lives of persons with disability, with four offering a positive view of Ghana's disability legislation (Reynolds, 2010; Baffoe, 2013; Sackey, 2015; Ganle et al, 2016) and the rest being more critical. Most criticisms focus on implementation issues due to poor finances, minimal public awareness of disability legislation, and uncertainties over responsibilities for deliverables. Some also question the relevance of Western rights models in the Ghanaian cultural context (Mahama, 2012; Ganle et al 2016; Geurts and Komabu-Pomeyie, 2016).

**Causes of Stigma:** Apart from Reynolds (2010), who states that Ghanaian attitudes towards persons with disability improved after Ghana passed the Disability Rights Act in 2006, all the articles cite stigma as a major problem and implicate Ghanaian traditional culture as a root cause. Twelve articles note that disability in Ghana is associated with evil, magical powers, sorcery and witchcraft, which are connected to both traditional beliefs and Christianity. In the words of Kassah (2008), "belief systems constitute a major framework for understanding the causes of many forms of disability." For example, five studies report the belief that children with disability are supernatural punishments for wrongs committed by the parents (Kassah, 2008; Reynolds, 2010; Botts and Evans, 2011; Naami and Heyashi, 2012; Sackey, 2015). In other cases, children with disability themselves are believed to be non-human, either traditional bush or river spirits (Denham et al, 2010) or demons/devils in a Christian sense (Kassah, 2014). Interestingly, while two of the articles state that "spirit children" are killed regularly (Allotey and Reidpath, 2001; Botts and Evans, 2010), Denham and his colleagues (2010) report that infanticide is less common than previously thought.

A second common finding on the causes of stigma is the idea among Ghanaians without disability that persons with disability are not fully human, physically

as well as spiritually, and therefore lack the physical capacity to be full members of their communities. Simply put, many Ghanaians believe that persons with disability are incapable of performing productive and valuable work (Reynolds, 2010). In other cases, Ghanaians with disability – especially women and children – are considered “subnormal” humans who are cannot have proper social roles and need to be made “normal,” even if the “cure” involves human rights abuses (Kassah et al, 2012, 2014; Ganle et al, 2016). The idea that people with disability are less than human might result from ableist fears, including the fear of being “infected” with a disability (Botts and Evans, 2011; Mahama, 2013).

A third common finding related to the causes of stigma is the impact of gender. Some authors, including Naami (2011), report that discrimination against Ghanaian women with disability is worse than it is towards men, because the women are considered asexual and therefore incapable of performing traditional roles such as being nurturing mothers, wives, and sexual partners. Others have found that the worst pejorative language is used more against women than men (Mahama, 2013). Bourgeois (2011) complicates the picture, however, by observing that men with physical disabilities are “doubly bound,” because they are often judged according to standards of hegemonic masculinity that are difficult to achieve due to the limitations of their bodies. Mock et al (2008) also point out the complex nature of disability stigma in their finding that women without disability, who represent the vast majority of caregivers, are affected negatively by disability-causing injuries to family members. Having to care for relatives with disability forces the women to take time away from their usual activities, which is “likely to have significant implications in a location such as Africa, where a substantial amount of food production is done by women” (Mock et al, 2008).

**Consequences of Stigma and Barriers to Rights:** Most of the articles under review report that stigma has serious consequences for persons with disability, including personal harm and the denial of rights in healthcare, employment and politics and/or public life. In terms of personal harm, children and women (as noted above), often suffer the worst consequences. Kassah and his team (2012) for instance, interviewed parents who admitted hiding children with disability, who sometimes died of neglect, or keeping them isolated from others in very poor conditions. In the worst case, families are reported to have killed “spirit children.” Women with disability report being rejected by families (especially fathers), are less likely to be in marriages, more likely to be divorced, and are sometimes forced to raise children alone. Some women said that they had been

verbally and physically abused by relatives. Law enforcement officers tend not to enforce the law against the abusers because women with disability are perceived to have no social value (Kassah, 2008; Kassah et al, 2014; Mensah et al, 2015). In general, women with disability suffer more than men with disability from sexual violence, poverty, social exclusion, “psychological trauma” and unemployment (Naami et al, 2012; Naami, 2015; Opoku et al, 2016).

Tijm et al (2011) present a very personal portrait of how stigma intersects with gender, disability and human rights, with participants citing marriage and childbirth as a primary concern. Many Ghanaian men expect women to perform a nurturing role as mothers, but believe that women with disability cannot fulfil this role. Ghanaian women with disability are also less likely to marry, more likely to divorce, and often are left to raise their children alone (Kassah et al, 2014). In addition, women with disability face significant challenges in controlling their own reproductive rights and it is especially challenging for deaf women because communication barriers make it difficult for them to access sexual and reproductive health information (Mprah, 2013).

Poor healthcare is another consequence of disability stigma in Ghana. Many Ghanaians with disability hesitate to use biomedical health services and prefer to be treated by herbalists. This tendency is worsened when healthcare fails to correct or “cure” a disability, which causes persons with disability and family members to believe that the disability resulted from supernatural forces (Amosun, 2013; Sarfo et al, 2017). Stigma also negatively affects after-care and support, which increases the burden of care for family members. As a result, household incomes drop as caregivers are forced to take time off work, and domestic activities and chores are left undone (Mock et al, 2008). Maternal healthcare is another problem area, because women’s disabilities often make it difficult for them to travel to clinics (Ganle et al, 2016).

Disability stigma also produces negative economic consequences. Ghanaians with disability have trouble in finding and keeping jobs, leading to higher under-employment/unemployment, lower incomes and more poverty than Ghanaians without disability (Mensah et al, 2015; Sackey, 2015). On this issue, women with disability fare worse than men, as women have more difficulty finding work than men with disability and are paid less if they are hired (Kassah et al, 2014). The causes of unemployment include a lack of training and educational opportunities, especially for women, and employer discrimination. In some cases, lack of employment opportunities and employer harassment pushes

Ghanaians with disability into begging (Kassah, 2008; Reynolds, 2010; Naami, 2015). Unemployment and poverty also limit their participation in public life, as few have the means to participate and those who secure political positions face discrimination and find it difficult to carry out their responsibilities (Sackey, 2015).

Another consequence of stigma is the lack of commitment to mobility aids and accessible infrastructure in Ghana, which affects access to basic rights. For instance, a lack of accessible public transportation presents a major barrier that prevents persons with disability from finding employment (Naami, 2015) or obtaining healthcare (Ganle et al, 2016). Personal mobility is another major issue. In one study of Tamale in northern Ghana, 50% of participants used tricycles (three-wheel bicycles). However, in the absence of government support, they were forced to depend on benevolent individuals and organisations such as Catholic priests and nuns for the acquisition and repair of their tricycles (Naami, 2011). Another study found that some individuals with disability resort to begging to raise the money needed for assistive mobility devices. According to one informant, “many would do anything, including begging, to acquire (a wheelchair)” to access social services, or houses of worship. The latter was very important, because churches focus on showering blessings on members, and most Ghanaians with disability are excluded from such experiences (Kassah, 2008). At tourist sites, one study found that Ghanaians with disability face barriers to full participation, including inaccessible toilet facilities, tables, chairs and ramps for wheelchair users (Mensah et al, 2015).

## **Policy Recommendations**

**Economics:** Naami (2011) stresses the importance of training for women with disability as a tool for economic empowerment, including formal education and vocational training led by experienced trainers in their communities. She also recommends basic business management training for these women, to help them succeed in income-generating projects financed through micro-credit programmes (Naami, 2011). In a later article (Naami, 2015), she implores the government to set aside funding for start-up capital to be provided to independent businesses owned by women with disability.

Naami, Hayashi and Liese (2012) offer the most economically-grounded recommendations for improving disability programmes in Ghana. Naami et al (2012) encourage the government to educate employers about tax incentives for

employing and providing accessible work environments for Ghanaians with disability. They also recommend expanding the rehabilitation process to include the National Board for Small Scale Industries and other institutions devoted to establishing business opportunities (Naami et al, 2012).

**Medical Services/Healthcare:** On the issue of medical services, Amosun et al (2013) call for physiotherapists and traditional healers to pay greater attention to the perceived and experienced restrictions of Ghanaians with disability who are stroke survivors, and to develop skills to assist them to identify and overcome those restrictions. Sarfo et al (2017) call for more studies on the full impact and implications of stigma to reduce stroke survivors' social isolation. Two other studies recommend better training of service providers in disability issues. Ganle et al (2016) recommend more disability-related cultural competence and client-centred training for healthcare providers. This would support the suggestion of Reynolds (2010) for occupational therapists to work collaboratively with community members to reduce stigma by raising awareness of disability rights and promoting policies to support Ghanaians with disability and their families. Ganle et al (2016) implore the Ministry of Health to take steps to provide free or subsidised ambulatory or transportation services to women with disability to help them reach maternal healthcare services. The Ministry should also create incentive schemes, including financial support, for caregivers to help women with disability to access skilled care. Such a scheme would be particularly important for women with visual, speech and hearing impairments. Like Naami, Ganle et al (2016) also argue for the inclusion of disability issues in the curricula of training institutions for health professionals. In particular, both pre-service and in-service training of health workers must emphasise the principles of client and family-centred care, as well as customer care communication, especially communication skills in sign language.

One article (Debpuur et al, 2010) takes a different approach to policy, offering three recommendations for the prevention of disabilities caused by ageing. First, the government should make information on healthy living available to the general population. Second, bold policy decisions are needed to integrate ageing and adult health issues into all aspects of national planning and development. Finally, the government should marshal evidence on the health situation of older people in the country and use this evidence to advocate for programmes and policies to address the healthcare needs of older people.

**Affirmative Action:** Two articles (Naami et al, 2012; Sackey et al, 2015) argue for government-sponsored affirmative action programmes for Ghanaians with disability. Focussed on political office, Sackey et al (2015) define this as the granting of quotas to get under-represented groups into visible positions which, they argue, provides a way of offering “distributive/compensatory justice that also ensures diversity,” and which 80% of the Ghanaians with disability in their study supported. Naami et al (2012) support affirmative action policies as well, arguing that the government should set specific quotas for the education, employment and micro-financing of women with disability.

**Attitudes and Awareness-Raising:** On the issue of awareness-raising, Kassah and his colleagues (2012) call for the government to develop “massive education and awareness programmes” in order “to challenge dangerous and pervasive notions that lives of people with disability are not worth living”. This idea is supported by Reynolds (2010), who reports that her informants indicated that Ghanaians need to be educated to realise that disability is not to be feared. Ganle et al (2016) argue that the government can play a role as well, by countering misguided assumptions that women with disability are incapable of marriage or giving birth. In their opinion, community-based public education on issues of disability, as well as the mainstreaming of disability issues into social development and health policies and programmes, could help alter some of these misguided assumptions, and open their eyes to the need for existing and future designs of transport facilities, maternity wards and health facilities in general to be made more disability-friendly. Focussing on tourism, Mensah et al (2015) offer a different perspective on awareness-raising, education and social inclusion. Tourism is growing in Ghana, but most tourist sites are not accessible. Redesigning the sites for accessibility will not only lead to higher revenues but accessible tourist sites can also foster greater social inclusion of Ghanaians with disability and increase awareness of disability issues among tourists without disability. Naami (2015) believes that interventions such as workshops, documenting and showcasing success stories of Ghanaians with disability, will help to reduce negative perceptions about their capabilities as well as discrimination against them. Since negative attitudes are one of the major causes of the unemployment of Ghanaian women with disability (Naami et al, 2012), the Ghanaian government should promote public education programmes to reduce stigma, in the economic interests of the nation.

**Inclusion of Cultural Beliefs:** Many of the articles include culture in their recommendations for reducing stigma and improving disability rights in Ghana.

Some, like Reynolds (2010) and Botts and Evans (2011), simply call for respecting traditional spiritual beliefs when developing disability interventions. The more interesting and, in the opinion of the authors of the present review, important articles offer ideas for research methods or examples from Ghanaians with disability, of actions and practices that might help to shift cultural attitudes. For instance, Geurts and Komabu-Pomeyie (2016) argue that there must be focus on local ways of knowing and a move away from an imperialist ontology, by gathering “fine-grained” life narratives of Ghanaians with disability. These narratives might produce ideas from such persons themselves that can guide policy. For example, Ganle et al (2016) found that pregnancy and childbirth were important to some women with disability in challenging stigma and negative stereotypes. From a very different perspective, Kassah (2008) discovered that beggars with disability in Accra define begging as “work”, in a strategy to combat stigma by presenting themselves as worthy economic agents who are economically – and therefore socially – useful. Among other things, the beggars’ preference illustrates that rehabilitation based on sheltered workshops might be misguided if it is imposed without input from the Ghanaians with disability themselves.

## DISCUSSION

This review shows that research in disability, stigma and human rights in Ghana is limited, but generally of high quality in terms of research design and data collected from informants with disability. The majority of articles are based on interviews with around 20 - 200 Ghanaians with disability, which is sufficient to produce insightful results. At the high end, Naami and Hayashi (2012) targeted a very large number of respondents (698) but used an appropriate method (a questionnaire) to obtain good data on attitudes towards disability among university students. Debpuur et al (2010) also used a questionnaire to gather data from an even larger number of respondents (4,584), which again produced good data, and they claimed to have interviewed the participants as well. This is an extraordinary claim, but it might have been possible given the team’s support from the World Health Organisation. The size of their sample speaks of the significance of external support for research in Ghana. At the low end, although eight studies relied on data from fewer than 20 respondents, the present reviewers believe that only three are truly weak (Botts and Evans, 2010; Reynolds, 2010; Kassah et al, 2012) in that they relied on standard interviews with very few participants. Of the articles with small sample sizes, Botts and Evans (2010) and

Kassah (2012) are perhaps the weakest in that they rely mostly on second-hand testimonies. While Botts and Evans (2010) did include several mothers of children with disability, Kassah (2012) based his findings mainly on interviews with three activist informants and not parents, only one of whom had direct experience with disability. In contrast, Reynolds supervised interviews with Ghanaians with disability, but there were five informants and the interviews were carried out by foreign students who were unfamiliar with Ghanaian languages and culture. On this issue, it is interesting that two of the weaker articles were written by foreign researchers with no Ghanaian co-authors (Botts and Evans, and Reynolds), and only one other article did not have a Ghanaian lead or co-author (Bourgeois, 2011). It should also be pointed out that Kassah's other work is much stronger, especially in its central focus on voices of persons with disability. Overall, Ghanaian researchers are producing most of the work on disability in Ghana, and they are producing work of the highest quality.

It is interesting that most of the articles found were published after 2006, in the wake of the UN CRPD and the Ghanaian Disability Act. In addition to providing a foundation for disability rights, therefore, these legal instruments have also spurred on new research into disability on the ground in Ghana. Not surprisingly, most of the articles mention human rights (at least in passing), and many offer critical reflections on the prospects for achieving disability rights in Ghana and recommendations for moving forward. The recommendations include the standard calls for more funding and better co-ordination of service delivery, but the more interesting recommendations question the applicability of Western human rights models to Ghanaian cultural contexts. The idea that Ghanaian culture might not be conducive to Western ideas about human rights, raises an interesting question that is not taken up in this literature: should policymakers try to adapt disability rights to Ghanaian culture, or transform Ghanaian culture to make it consistent with disability rights? This question in turn points to the second theme of the articles under review: the roots of stigma towards Ghanaians with disability. Most of the articles point to widespread disability stigma among Ghanaians without disability, and many implicate culture as a major root cause. According to many of the authors, stigma towards Ghanaians with disability results from traditional cultural beliefs that attribute disability to supernatural causes.

For these authors, achieving disability rights requires a transformation of cultural beliefs; in other words, Ghanaian culture must be adapted to Western human

rights norms in order to combat the social exclusion of Ghanaians with disability. Most of the articles take this stance. However, there is a problem in that, rather than investigate cultural beliefs among their informants, the majority of articles that implicate culture as a root of stigma draw on a small group of previous studies. In fact, only three (Allotey and Reidpath, 2001; Denham et al, 2010; Guerts and Komabu-Pomeyie, 2017) offer detailed analyses of cultural attitudes based on first-hand interviews, and they complicate the prospects of integrating cultural beliefs into disability policies. Two of them (Allotey and Reidpath, 2001; Denham et al, 2010) connect infanticide to the notion of spirit children. However, while Allotey and Reidpath (2001) believe that it is common and attribute it completely to beliefs, Denham et al (2010) argue that many spirit children cases do not result in infanticide, and that all cases of infanticide emerge out of poverty and competition for resources rather than beliefs in and of themselves. Guerts and Komabu-Pomeyie (2017) also complicate policy implications by rooting out local Ghanaian ways of sensing disability. In their interviews with disability activists in Accra, they found that their interview subjects' perceptions of disability differed from Western notions. For example, one participant claimed that Ghanaians viewed disability as 'fused', in that people assumed that if a person suffered from one disability they must also suffer from others. Another participant said that some Ghanaians use the label 'disabled' to describe conditions not included in Western definitions, including childlessness among women. These are important insights, and they add a level of cultural understanding that is missing in some of the other studies.

Another weak point relating to culture and disability is the fact that none of the articles engage seriously with the larger literature on the history and modernity of African tradition as, for example, Berghs (2012) does in her study of war and disability in Sierra Leone. The lack of a detailed, historical analysis of culture and stigma in Ghana is one of the few serious oversights in this literature. A second omission is the relationship between disability and socio-economic status. Perhaps due to this clear correlation between participants' disability and economic status, only two of the articles seem to account for variations in participants' wealth (Mock et al, 2008). Furthermore, although several articles use the phrase "low-income" to describe Ghana as a study site, none of them analyse or even acknowledge class differences or any kind of socio-economic divisions within Ghana.

Regarding policy recommendations, the articles offer many useful suggestions – often emanating from their informants – for improving the lives and livelihoods

of Ghanaians with disability. Indeed, taken together, the recommendations present an important package of policies capable of enhancing disability rights. For instance, making healthcare more affordable and accessible, providing better disability training to healthcare workers, and providing a more accessible built environment will help Ghanaians with disability to pursue improved livelihood strategies. One such strategy will be small business ventures, which will be made more attainable through improved skills-training, start-up capital and other financial incentives to innovate and grow independent businesses. As an alternative to the relative unfreedom of sheltered workshops, small business opportunities might be extended to beggars with disability as a better alternative for escaping the street. Awareness-raising campaigns could help to reduce stigma and increase the acceptance of Ghanaians with disability, which in turn might improve their social inclusion and their chances of success in business. In all of these areas, the government should take the lead, but the delivery of disability programmes must also include medical services providers, NGOs (including Disabled Peoples' Organisations), and persons with disability themselves. Underpinning these campaigns should be the work of scholars and disability activists, whose work must include investigating the historical roots of disability stigma and possibilities for bringing Ghanaian cultural norms into the conversation. All in all, there is excellent material in these articles for framing the discussion as policymakers move forward to make good on the UN CRPD and the Ghanaian Disability Act.

## CONCLUSION

Since 2006, very good work has been produced on stigma and disability rights in Ghana, most of it carried out by Ghanaian scholars. Moving forward, Ghanaian disability scholars should be supported to carry on their work, especially in northern Ghana and among rural communities, because these areas are under-represented in the literature. Future research should provide a deeper analysis of beliefs regarding disability in Ghana. The present literature tends simply to accept culturally-based stigma rather than interrogating it critically. As Read and Doku (2012) recommend for mental health, understanding beliefs and attitudes can help to determine the roots of stigma and point to strategies for social integration of Ghanaians with disability.

The authors of the present literature review would go a step further and add that more research is needed on the history of cultural attitudes towards disability

in Ghana, in addition to current beliefs and cultural practices. Future research should include investigations into belief systems in different historical periods, as well as the historical factors that produced certain beliefs in specific historical epochs. Here, research on Ghana might take a cue from Berghs' (2012) work on Sierra Leone, which argues (for instance) that supposedly "traditional" attitudes towards disability were deeply impacted by historical processes such as the Atlantic slave trade. As Berghs' work implies, changing cultural beliefs might require changing the underlying, historically-produced social and economic forces underpinning those beliefs. Finally, on the economic side more attention should be paid in future research to the impact of socio-economic status and/or social class on stigma and disability rights in Ghana. At present there is no clear understanding of the relationship between economic differences and the experience of disability; this is a significant gap in the literature and an issue that deserves further study.

### Appendix 1: Summary of Articles

Author	Year	Location	Study Design	Sample Size	Demographics of Participants
Allotey and Reidpath	2001	Kassena-Nankana District	Interviews, focus groups, medical assessments	245	Pregnant/postpartum women without disability
Amosun, Nynante and Wiredu	2013	Accra Kumasi Eastern Region	Questionnaire, semi-structured interviews	200	Stroke survivors 50% male 50% female Adults, aged 28-65
Bourgeois	2011	Accra	Focus groups, semi-structured interviews	21	9 women with disability 11 men with disability
Badu et al	2016	Kumasi	Semi-structured questionnaires	255	129 men with disability 126 women with disability

Baffoe	2013	Ghana – not specified.	Interviews, focus group discussions, survey	120	80 persons with disability 20 family members without disability 20 stakeholders without disability
Botts and Evans	2010	Volta Region	Interviews	3	Mothers of children with disability
Debpuur et al	2010	Kassena-Nankana District	Survey on Adult Health and Ageing (World Health Organisation), demographic surveillance database	4,584	Adults aged 50+ (not with disability specifically) 39% men 61% women Mean age: 62.5
Denham et al	2010	Eastern Sub-District of the Kassena-Nankani District	Ethnography, participant observation, focus groups, demographic data	100 interviews, 5 case studies	Not listed
Ganle et al	2016	Bosomtwe and Central Gonja Districts	Semi-structured interviews	72	72 adult women with different physical, visual, and hearing impairments
Geurts and Komabu-Pomeyie	2016	Accra	Semi-structured interviews.	8	Activists with disability 3 men 5 women
Kassah	2008	Accra	Semi-structured interviews	8	Adults with disability (beggars)

Kassah et al	2012	Accra	Semi-structured interviews	3	1 parent without disability 2 special education workers without disability
Kassah et al	2014	Accra	Focus groups, Semi-structured interviews	5	Women with physical disability employed at chalk-making factory
Mahama	2012	Tamale	Life stories and in-depth interviews	46	20 persons with disability (10 men; 10 women) 20 significant others 6 DPO workers
Mensah et al	2015	Ashanti Region	Cross-sectional survey, questionnaire	120	80 men with disability 40 women with disability
Mock et al	2008	Kumasi Metropolitan Area	Epidemiologic survey (household visits and interviews)	21,105	No specific target population Household surveys
Mprah	2013	Accra	Focus groups	26	10 disability NGO executives 7 deaf adult males 9 deaf adult females
Naami	2011	Tamale	Semi-structured interviews	18	8 government/ NGO stakeholders 10 women with physical disability

Naami	2015	Tamale, Wa, Bolgatanga	Questionnaire	110	Persons with disability: 60 women 50 men
Naami and Heyashi	2012	Tamale and Accra	Questionnaire	698	University students: Accra: 305 Tamale: 393
Naami, Hayashi and Liese	2012	Tamale	Interviews, focus groups	24	10 women with disability 6 government stakeholders 8 CSO stakeholders
Opoku et al	2016	Ashanti and Brong Ahafo Regions	Semi-structured interviews	60	Special educators 25 women 35 men
Reynolds	2010	Accra	Semi-structured interviews	5	2 women without disability 3 men without disability
Sackey	2015	Tano North, Sunyani East, New Juaben, Akuapim North, Accra	Qualitative Case Study	53	45 male politicians with disability 8 government officials without disability
Sarfo et al	2017	Kumasi	Medical charts, structured interviews	200	95 women 105 men
Tjim et al	2011	Kumasi	Photovoice workshops, focus groups, seminar	10	5 men with disability 5 women with disability

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