

# Breaking the Barriers: Ghanaians' Perspectives about the Social Model

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## ABSTRACT

**Purpose:** *The social model of disability emphasises the identification and removal of barriers to the inclusion of persons with disabilities in mainstream society. The study examines issues associated with the exclusion of women with physical disabilities in Tamale, Ghana, and makes recommendations for the effective participation and inclusion of persons with disabilities, especially the women, in society.*

**Method:** *Data were gathered through in-depth individual interviews and focus group discussions. Purposive and snowball sampling were used to recruit 10 women with physical disabilities for the in-depth interviews. Purposive sampling was also used to recruit 14 representatives from government and civil society organisations for 2 multi-organisational focus groups. Using open coding and line-by-line analysis, themes and categories were identified. Themes that emerged from the focus groups and from the individual interviews were compared and contrasted to arrive at conclusions about the participation of women with physical disabilities in mainstream society.*

**Results:** *Study participants identified barriers (attitudinal, institutional, architectural, transportation, and information) and suggested methods to eradicate them and foster inclusion. At the same time they felt that it was equally important to change certain attitudes of persons with disabilities (ignorance about available resources, opportunities and potential, low levels of self-confidence, and negative reactions to societal attitudes) which contribute to their exclusion from society.*

**Conclusion:** *Advocacy interventions are recommended, which include public education, building relationships and mobilising the public for advocacy campaigns. Decision-makers need to be persuaded to make additional policies and/or enforce existing ones, to promote the inclusion and effective participation of persons with disabilities in society.*

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## INTRODUCTION

In the social model (SM), disability is constructed as a social issue rather than an individual problem. The model which was pioneered by the Union of the Physically Impaired Against Segregation (UPIAS) in 1976 was developed by many scholars including Finkelstein (1980), Oliver (1986, 1990), Barnes (1992) and Shakespeare (1996). Although the proponents of this model acknowledge that persons with disability may have functional limitations caused by the impairment (physical, mental, or sensory) which could sometimes interfere with their lives, they contend that these persons could nonetheless participate effectively in mainstream society but for the many barriers created in their various communities around the world.

Persons with disabilities across the globe encounter numerous attitudinal and environmental barriers in their daily lives. Attitudinal barriers include negative socio-cultural norms and practices that stigmatise them, negative preconceptions, stereotypes, and discrimination. Several studies indicate that attitudinal barriers are the primary obstacles to the employment of persons with disabilities in Ghana (Ministry of Employment and Social Welfare [MESW], 2000; Kassah, 2008; Naami, 2010; Tijm et al, 2011; Naami & Liese, 2012; Naami, 2013). A very recent study by Naami (2013), which investigated the employment situation of persons with disabilities in Northern Ghana, cited discrimination as the key barrier to employment as well as a challenge to those who were employed. Persons who were employed said they faced employment-related disparities (e.g., kinds of jobs, positions held, income earned, training, and promotion) due to negative perceptions about disability.

Environmental barriers, including architecture, transportation, information and technology and institutions, also hinder persons with disabilities from full participation in mainstream society. Studies by Naami (2010) and Tijm et al (2011) emphasise the daily struggles of persons with disabilities in Ghana as a result of these challenges (inaccessible buildings, lack of sidewalks, ramps, elevators, curb cuts). Although transportation is essential for everyone, there is no single accessible public transportation system in Ghana. The study participants described their tussles to board buses, "trotros," trains and ferries, amidst other intolerant passengers. They also had to cope with man-made barriers created by placing passengers' baggage in the aisles of vehicles. It is sometimes almost impossible to use bathrooms/toilets, due to the difficulty in negotiating the

crowded aisles. To avoid this ordeal, many persons with disabilities cut down on food intake when they travel.

Participants in these studies also lamented the difficulty in accessing public buildings like schools, churches, government offices, theatres, libraries, and even toilets. Some of them disclosed that they occasionally park their wheelchairs/tricycles outside these buildings and crawl into offices. Although some organisations are attempting to fix ramps and make their buildings more accessible, the author has found from experience that these ramps are either too narrow or too steep, and consequently inaccessible.

Every human being is entitled to enjoy basic human rights, irrespective of race, sex, nationality, ethnicity, language, religion, ability, age or any other status. From the perspective of freedom and liberty, this means the right to do whatever one wants to do without being prevented by anyone or anything. Therefore everyone has the right to freely participate in every aspect of their society. However the question is “Can every person with a disability freely participate in every aspect of their society without hindrances?” If not, should not ways be found to eradicate the barriers that impede their inclusion?

### **Objective of the Study**

The social model (SM) stresses the identification and eradication of the disabling environment to maximise effective participation and inclusion of persons with disabilities in mainstream society. This study examines issues associated with the social and economic participation of women with physical disabilities in Tamale, Ghana, and makes recommendations to practitioners in order to promote effective participation and inclusion of persons with disabilities, particularly the women, in mainstream society. The SM was the theoretical framework that guided the study, with its broad implications for promoting the rights of persons with disabilities.

## **METHOD**

### **Participants**

Data was collected through in-depth individual interviews and focus group discussions. Twenty-four people participated in the study: 10 women with physical disabilities were interviewed individually and 2 focus groups were conducted - one with disability stakeholders from government organisations (6 participants) and one with stakeholders from civil society organisations [CSO] (8 participants). The 10 women who were interviewed were between 20 and 45 years of age. Seven of the individual participants were members of the Ghana

Society of the Physically Disabled. To recruit them, an administrator of the Society was asked to review existing records regarding women with physical disabilities. Seven interested and eligible members of the Ghana Society of the Physically Disabled contacted the researcher by telephone, as instructed. Snowball sampling was used to recruit 3 additional participants who were not members of the Society. To recruit focus group participants, a letter containing information about the study was given to the appropriate agency personnel and the interested agencies contacted the researcher.

All participants were informed about the purpose of the study and were told that participation was voluntary. Individual interviews were conducted for 1-2 hours each, while the focus group interviews lasted 90 minutes each. All interviews were audio-taped with permission from the participants. The 10 women who were interviewed were compensated for their participation, but the stakeholders were not.

Approval to conduct the study was obtained from the Institutional Review Board of the University of Utah.

### **Data Analysis**

Data from the individual interviews and the 2 focus groups were analysed separately in order to differentiate the responses. The audiotapes were transcribed verbatim in the form of narratives, which were read several times before analysis. Using open coding and line-by-line analysis, themes and categories were identified. Four of the individual participants were reconvened to review and discuss the initial themes, while summaries of the preliminary analysis were personally delivered to all focus group participants for their feedback. The feedback was incorporated into the analysis.

Themes that emerged from the 2 focus groups were compared and contrasted with themes from the individual interviews, to draw conclusions about issues related to the social and economic participation of women with physical disabilities and how to improve their condition. The social model of disability was used to evaluate and interpret themes emerging from the data. Pseudonyms were used for the participants while reporting study findings.

## **RESULTS and DISCUSSION**

### **Perspectives Consistent with the Social Model**

The social model emphasises the identification and removal of disabling barriers to foster inclusion of persons with disabilities. The exclusion of persons with

disabilities is manifested through the existence of attitudinal, institutional, architectural, transportation, and information barriers. These themes, discussed below, are consistent with the SM.

### Attitudinal barriers

Superstitious beliefs (such as disability being a curse from the Gods as a result of the sins of family members) have been identified as an attitudinal impediment to the socio-economic and civic participation of women with physical disabilities in mainstream society. These superstitions and prejudices result in labelling and stigma against persons with disabilities and their families (Avoke, 2002). Perceptions about disability are reinforced by negative imagery in both print and electronic media. The focus group participants pointed out that such imagery could be found in textbooks recommended by the Ghana Education Service which oversees the educational system. Persons with disabilities are portrayed as beggars in some of the textbooks.

These demeaning practices determine how persons with disabilities are treated in society and result in their exclusion from all spheres of life. According to study participants, Ghanaians regard disability as an inability, and doubt the capabilities of persons with disabilities to undertake meaningful work. They noted, for example, that society believes persons with disabilities are incapable of decision-making.

*“Like if you are a disabled person, no one takes whatever you do or say serious. You don’t even form part of the decision-making process because they will say you are disabled and your whole being is affected by the disability”* (Joyce, from a government agency).

*“That is why I want to do something so that people will know I am also there. So that they will start involving me in decision-making. If government gives me a place to sit and do my work and everybody knows I work here or there, maybe they will start involving me in decision-making”* (Ninash, from the individual interviews).

Exclusion from decision-making is also manifested by the lack of political will to appoint persons with disabilities who have the requisite qualifications as ministers of state, municipal and district chief executives and board members. Study participants claimed that if these appointments were made, the capabilities of persons with disabilities could be portrayed in a positive way and negative perceptions about them could be minimised.

*“There is a new government right now, in their appointments, even though there is this disability law, tell me which key government appointee is a disabled person? That alone could be enough motivation to let persons with disabilities aim high, if there is one person with a disability appointed as the regional minister, even a district chief executive or a member of a board. But these things are not there, then that could rather deepen cultural perception that persons with disabilities don’t have anything to contribute” (Kofi, CSO focus group).*

Persons with disabilities experience discrimination in all spheres of life on a daily basis as a result of ignorance about their capabilities. Participants insisted that even those who have the requisite qualifications do not get the jobs. Often, qualified persons with disabilities are shortlisted for interviews but, on seeing them, employers devise ways to exclude them from competing for the job.

*“Ignorance on the side of the society! People doubt their [referring to persons with disabilities] capabilities. For example, in the last 2 years, persons with disabilities, most of them applied for the National Youth Employment Programme but none of them got the job. Some of them were senior secondary school graduates and higher national diploma holders. And last year too, they applied but only one person got the job and that person got it through the political party he belonged to, through the political party’s support. That’s why I am saying it’s ignorance on the part of society because most members of society don’t know that persons with disabilities can work” (Musah, from the government sector).*

*“Some people think that women with disabilities are incapable of doing any good work. It’s only when you are lucky and someone comes to test you and you pass the test that they may bring many more people to do business with you. When they trust you they will come, those who don’t trust you will not come because they will think you can’t do the job. Similarly, when you are looking for a job, those who trust you will try you and if someone wants to say persons with disabilities can’t do any good work, they will say no because they have tried you and you were ok” (Mavis, an individual participant) .*

Findings regarding the association of discrimination with exclusion from the labour market are consistent with findings in other studies (MESW, 2000; Kassah, 2008; Naami, 2010; Tijm et al, 2011; Naami & Hayashi, 2012; Naami, 2013).

To address attitudinal barriers, study participants suggested creating awareness about disability issues and rights. They felt that knowledge about these issues might influence societal perceptions about persons with disabilities in a positive

way, and lead to devising concrete strategies to mainstream them into society. Seminars, workshops, cultural activities (like music and dance performances) and collaborating with the media were the recommended platforms through which to create awareness.

*“We have talked about all that but I haven’t heard about our own sensitisation at the community, district, regional, and national levels. They need to be sensitised on disability issues. The law is there but how many of us, I heard someone say that government institutions are aware, like Social Welfare, Community Development and all the rest and civil society organisations are aware of disability rights. What is the situation? Most people are not aware, so I am saying that we should equally be sensitised and then we would engage these stakeholders at several levels for them to come out with concrete measures that will enable persons with disabilities to benefit from all the resources we are talking about. Because they are sitting there on the shelves [referring to resources] and persons with disabilities are not benefiting” (Love, from the CSO focus group).*

*“What I will say is that let’s create more awareness. We still have some leaders who don’t know what gender and disability issues are. Most people are thinking that when we talk about disability it’s just about people who have disability and are now living with the able people in the society. We have to let people know that gender and disability are supposed to be mainstreamed in societal development. We shouldn’t think that when we say gender it’s related to women. So we have to create more sensitisation by organising workshops and seminars” (Doris, from the CSO focus group).*

### Institutional barriers

Two major institutional challenges that hinder effective participation of women with physical disabilities in society were identified and are classified as vocational training challenges and non-performing laws.

### Vocational training

These issues are categorised into training and post-training periods. Inadequate training and training in old-fashioned designs are the major challenges that impact the economic participation of women with physical disabilities. Participants alleged that “ill-resourced” centres (i.e., the centres that receive insufficient funding from the government) impart inadequate training and training in old-fashioned designs. The projected training period is 2 years for most people with disabilities at Ghana’s rehabilitation centres. The focus group participants expressed worry about the short duration of the training period, noting that training in similar trades takes 4 years. The short training period

results in lack of mastery in appropriate employable skills. Study participants also claimed that the rehabilitation centres' programmes (weaving, tailoring, dressmaking, and shoemaking) imparted old-fashioned techniques which were no longer in demand; hence rehabilitation graduates were unable to compete in the job market.

The focus group participants indicated that inadequate funding limits the centre's ability to modernise programmes and provide training in information technology and secretarial services which could be more beneficial from the perspective of employment. Mallam, a participant from CSO focus group remarked, "There are other skills that could be added like ICT, which will be very beneficial for a disabled person to do, but where is the money?"

Some of the women described how they sought additional training to improve expertise in their chosen fields. Unfortunately some of them could not complete the training due to poverty.

*"After rehab, the sister sent me to train somewhere else, but unfortunately I didn't finish training. About 6 months into the training, the sister was transferred from Tamale. But I didn't have the money to continue the training"* (Gina).

Globally the association between poverty, gender, and disability is well-documented. Women with disability are more likely to be poor (Lonsdale, 1990; Randolph & Andresen, 2004; Smith, 2007; Naami & Liese, 2012) and this also impacts most aspects of the lives of these women in Ghana, including their ability to afford basic necessities, care for their children and other relations, repair and/or replace mobility aids, do things women normally do and participate in recreational and leisure activities (Naami & Liese, 2012).

The post-training challenges identified include poor provisions for self-employment and outlets for marketing products. Graduates from the vocational rehabilitation centres are usually given basic equipment (e.g., sewing machines) to set up businesses. Participants declared that the packages were woefully inadequate to establish themselves in business. For example, there should be structures (e.g., stores, kiosks) to transact their businesses, but would anyone be willing to donate a structure or resources to establish one? The women argued that they could not afford to rent/purchase/build these structures because they did not have the resources. They also pointed out that women with physical disabilities are excluded from funding opportunities to establish and maintain their small businesses due to discrimination and lack of collateral security.



*“A clearer example about the microfinance is that last year, there was poverty support for women. I happened to see a lot of women with disabilities who equally applied but it will interest you to know that most of those women with disabilities who applied for the loans never got them. However, able-bodied were able to get more than what they needed” (Magi, CSO focus group).*

*“And then the other aspect is, for those of them in the informal sector, access to capital is very difficult because often the financial sector requires some kind of collateral, which is a general problem for most people and more so for persons with disabilities. So they are not able to have access to expand whatever activities they are into” (Awale, from the CSO focus group).*

The women further stated that inability to set up the structures affected their small businesses because they had no outlets to sell their finished products and accessories, and most importantly, customers could not easily locate them.

*“The other challenge is that sometimes people don’t want to come to me because of the place... I sit under a tree. They think serious people will not sit under a tree to do this kind of work. Some people want high class places to do their hair, under a tree isn’t one of their choices. Others do not want to carry the rollers on their hair to their houses. They want to dry their hair but I don’t have a dryer” (Mavis).*

However, even women who are well-trained and able to establish their own businesses despite all odds, encounter the challenge of getting customers. Study participants claimed that Ghanaians discriminate against persons with disabilities by not patronizing their products due to their perceptions about the capabilities of these persons to produce quality goods. Joyce, from the government sector focus group, noted, *“Then they [referring to persons with disabilities] come out, that is what they should do to live, but people may not patronize their products because of their attitudes towards them.”*

To address vocational rehabilitation issues, participants recommended upgrading outdated training equipment and expanding training programmes to include information technology and secretarial services. They also recommended in-service training to upgrade the current staff and/or recruiting younger and more experienced staff who could help achieve the goals of the institution.

*“The material there, the training resources or equipment, are just some outdated so government must upgrade them. The older trainers should either go on retirement or be given in-service training or recruit younger designers who are knowledgeable in modern styles” (Mallam, CSO).*

Participants also suggested customised training, which would utilise each region's resources and tailor products to meet the needs of the local people, instead of the current standardised training programmes adopted in all 10 regions of Ghana. Adequate and timely government funding is necessary if the institutions are to achieve their goals of preparing persons with disabilities for the job market. The Persons with Disability Law (PWDL) acknowledges this in article 14(3) "A rehabilitation centre shall be provided with the staff and other facilities that are necessary for the performance of its functions."

### Non-performing laws

Stakeholders from both sectors stated that existing policies and regulations to promote human rights of persons with disabilities are not being implemented. This has a major impact on their inclusion. There is a 5% quota policy for the employment of persons with disabilities in both government and private organisations. Participants claimed that enforcing this regulation and formulating other affirmative action policies might reduce discrimination and promote employment equality.

*"I also want to add that we should advocate for the strictness of the quota for the employment of persons with disabilities. Because most of them, they do well but when they come out, they have to compete with the able person but at the end of the day, they are not employed even though they have the skills that some of the able people don't have. So there is the need to strictly implement the quota" (Magi, CSO).*

Another existing regulation that was identified was the District Assembly Common Fund (DACF). In 2005, the government gave a directive instructing all District Assemblies (local governments) to allocate up to 5% of their shares of the common fund for persons with disabilities. However, the government in 2007 added a "ring fencing" clause to the guidelines for the utilisation of the DACF. Part I, guideline #6 of the DACF states that, "Two percent (2%) shall be utilised to support initiatives by the physically challenged in the District." The DACF could be a great source of funding for persons with disabilities to grow and maintain their businesses, given that they are less likely to have access to other sources of funding due to discrimination and the lack of collateral security.

Participants remarked that the attitudes of disbursement officials and architectural barriers, discussed in the next section, prevent persons with disabilities from accessing the 2% DACF. Those from CSO in particular insisted on the need for the government to enforce the DACF regulation to enable persons with disabilities to enjoy the intended benefits.

*“If we emphasise go for your entitlement, claim it, and then on the other side you are not making the duty bearer know that these are the rights of persons with disabilities, then you are not doing anything. They will keep going to the assembly, some of them even work in high rising buildings and persons with disabilities can’t get there. By the time they get there, they have run away” (Doris).*

Lastly, there is the Persons with Disability Law (PWDL) which was passed in 2006 to ensure that the rights of persons with disability are respected and protected, as well as to mainstream disability issues into Ghanaian society. The law acknowledges discrimination against persons with disabilities, states their rights, and appeals to the general public to respect those rights. Are the lives of persons with disability better than before? Study participants do not believe so. They lamented the slow implementation of the law. They noted that many people were not even aware of the PWDL and its provisions, and suggested the need for awareness creation. Participants from both focus groups proposed to initiate the process of awareness creation by taking a few minutes off from their scheduled educational programmes to talk about the PWDL.

*“So we can take it upon ourselves, especially those of us here, so that if we have our programmes we can take at least 5 or 10 minutes to talk about it [referring to the PWDL]. I don’t know if we all have the abridged version so that it can guide you to educate the people about it” (Belawo, from a government agency).*

### Transportation and architectural barriers

Transportation and architectural challenges persist in Ghana and are impediments to the effective participation of persons with disabilities in mainstream society. The individual participants indicated that while transportation is important in everyone’s life and could enhance their economic and social participation, the problem was that public vehicles were not accessible. The constant struggle to get in and out of vehicles made it difficult for them to travel to places both within and outside Tamale.

*“Because now if I want to travel, someone has to help me to get in the bus, otherwise I can’t travel. Sometimes, it is even difficult to get the ticket .... Because I can’t stand in the queue. I have to pay someone to help me. One day I was going to Wenchi and when I got to Techiman, there is a bus I couldn’t get in. Two people had to help me get in. One held my head and the other my legs.....I didn’t feel good at all about that and if the government helps us this way, we will be very happy” ( Gina).*

The women also lamented that it was difficult to access buildings and other facilities due to the lack of ramps and elevators. They stated that inaccessible buildings not only impede their socio-economic participation but also hinder access to government officials to advocate for their needs. They said that by the time they reached the top of the multi-storey buildings, the officials would have seen them and would have found ways to avoid talking to them.

*“Sometimes, I get to a building I can’t get in. By the time I try to get in the building the people [referring to government officials], they will see me come and they run away and leave me” (Zara).*

In addition to the problem of inaccessible buildings, there are inadequate sidewalks, ramps, curb cuts and zebra crossings. The few sidewalks that exist are often blocked by vehicles, motor bicycles and other road users, making it difficult for persons with disabilities to use their mobility aids such as crutches, wheelchairs and tricycles.

*“There are some places you cannot go with the tricycle. You have to leave it and walk or crawl if you have no calipers and crutches...sometimes you come to a place, a car will block you and you can’t even pass by because there is not enough space and they will not give you space to pass. And sometimes when you get to the zebra crossing, instead of them stopping, like in Accra and other places, here it is not done” (Awo).*

Persons with disabilities are forced to use the main roads despite the risk of running into reckless drivers and motorists, occasional accidents, and harassment from other road users.

*“The road itself has problems. When riding on them, we have a lot of difficulties. Sometimes people will be using their motor bicycles and bicycle riders will be crossing in front of you or even pushing your chair away but you can’t say anything because if you do, they will insult you. One day, my friend and I were going home. Her son was sitting on her lap and then a bicycle rider ran into her tricycle. She and her baby both fell out of the tricycle. The child hit his head against the street and hurt himself. The rider didn’t even help them. He rather insulted the woman and said “you disabled people when you get up you will not sit at one place. You will be going up and down town disturbing us.” Someone else came to help my friend and the son. We always cry when we are out in town because when you are out there, people can insult you for nothing but you can’t say anything but I can’t sit in the house, who*

*will take care of me? I can't get something to supplement what my husband will give me so I have to go out every day" (Ayi).*

It is evident that inaccessible transportation and architectural barriers hinder the mobility of persons with disability and impinge on their participation in mainstream society. This validates other studies (Naami, 2010; Tijm et al, 2011). Accessible environment is important because it is likely to increase the effective participation and social inclusion of persons with disabilities, as well as benefit the entire population (e.g., parents with small children, the elderly, cyclists, pregnant women).

### Information barriers

Everyone should have access to information about issues concerning them. The amount of information a person receives could hinge on his/her level of social participation. The more a person participates in society, the more likely he/she is to receive information. As the study participants seemed to have limited opportunities for social participation, the information they received regarding available resources and employment opportunities was limited. It therefore came as no surprise when the majority of the participants, both members and non-members of Ghana Society for the Physically Disabled, said they did not have access to information. Many of them answered "No" to the question "Do you know of any community resources in general (government interventions)? Specific for persons with disabilities? Specific for women?" Lack of information is one of the major causes of social exclusion (United Nation's Development Programme [UNDP], 2009). Exclusion of women with physical disabilities, arising from inadequate social participation and lack of information, worsens their condition.

### Views divergent from social model

While the study participants identified and made concrete suggestions for the eradication of barriers in order to foster the inclusion of persons with disabilities, the focus group participants in particular, were of the opinion that it was equally important to change the attitudes held by persons with disabilities themselves. They pointed to certain personal attitudes that contributed to their exclusion: ignorance about available resources, opportunities and potential, low levels of self-confidence, and negative reactions to societal attitudes. The author thinks that this allegation, as well as the exclusion of persons with disabilities from mainstream society, is a reflection of cultural and religious beliefs and traditions

which create and reinforce negative perceptions, such as the idea that disability is a person's inherent defect.

### Ignorance about available resources

Stakeholders, most of them from the government sector, alleged that in general persons with disabilities are ignorant about available resources and other opportunities that could minimise the effects of unemployment.

*“So if they are aware of some of the opportunities, I don't think they would have been much constrained with unemployment. Lack of knowledge of existing job vacancies and opportunities of employment also affect them”*(Azara, from the government focus group).

### Ignorance about potential

Study participants, most of them from the government sector, claimed that some women with physical disabilities are ignorant about their own potential. They commented that some take up menial jobs because they believe that is all they are capable of doing.

*“Being disabled people, we shouldn't also say because we have disability, we have to go and beg or that we have to behave as if we can't do anything. We should also try to do something, like continuing our education or doing something every day which could help us”* (Bakari, from the government focus group).

### Low self-confidence

Stakeholders, majority from the civil society organisations, argued that low levels of self-confidence contribute to the unemployment of women with physical disabilities. They said that persons with disabilities in general seem to have low levels of self-confidence and believe they are incapable of competing with others. Therefore, they are not motivated to participate in activities they could otherwise perform well, opting to beg and do other menial jobs instead.

*“Part of the problem lies in the fact that they are not self-motivated in terms of competing with people who are not disabled. Now, there is that element of self-pity. For lack of confidence, they could be staying in their shelves, and will even find no*

*problems begging on the streets instead of finding active employment” (Solomon, CSO).*

### Negative reactions to societal attitudes

The focus group participants blamed the persons with disabilities themselves for difficulties they experienced in society. They claimed that most persons with disabilities were sometimes aggressive when addressing issues, which kept other people away from them. Some stakeholders even said that in general persons with disabilities were quick-tempered individuals and difficult to get along with.

*“Now coming back to their unemployment issue, some of them have problems in the sense that it’s just their behaviours and attitudes. They are quickly tempered. Some of them find it very difficult to cooperate with others. These are observations all over. So actions and behaviours could also be a contributive factor to their unemployment” (Mallam, from CSO).*

*“And sometimes too their attitudes also count. Because of society’s perception about them, a reasonable number of these people are perceived to be very aggressive when they are approaching issues, which I think makes people sometimes not to have much feeling for them” (Abu, from the government sector).*

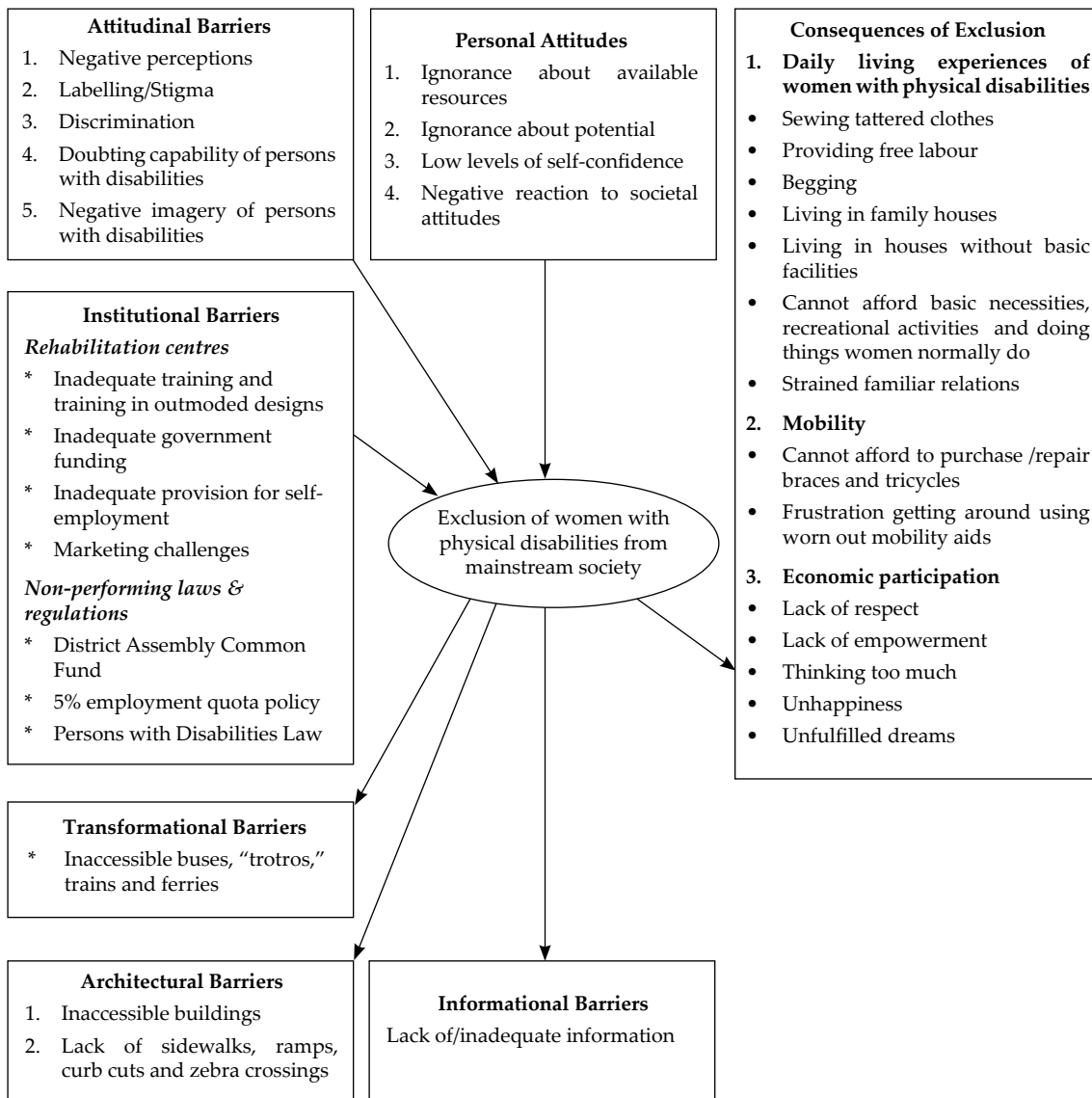
However, is it justified to associate disability with short-temper? Even if some persons with disability are quick-tempered, this is a human trait irrespective of disability status. It is possible that some persons with disabilities are short-tempered or aggressive as a reaction to all the negative societal attitudes towards them and the environmental barriers discussed earlier.

*“On negative attitudes towards persons with disabilities, I think it’s both sides. Persons with disabilities themselves have to work on their attitudes and we, the government and civil society organisations, and even community, also need to work on our attitudes, so that we can integrate them. That is what will make them able to approach us. Because most of us have those attitudes towards them, we feel they are people who don’t deserve respect. They have developed that temper, then you know something that is little, they will just overreact” (Love, from CSO).*

### **Diagrammatic Depiction of Study Outcomes in relation to the SM**

Study outcomes labelled attitudinal, institutional, transportation, architectural and information barriers are the causes for the exclusion of women with physical disabilities from mainstream society (in Figure 1).

**Figure 1: Diagrammatic Representation of Study Outcomes Compared with the Social Model**



These outcomes are all consistent with the tenets of the SM. The effects of the exclusion of women with physical disabilities are demonstrated in the box labelled "Consequences of Exclusion" which are directly linked to their exclusion from the labour market. These outcomes, discussed in detail in another study (Naami & Liese, 2012), include:



- (1) Daily living experiences, which is about participants' daily struggles for survival because they do not have regular sources of income. Some engage in menial jobs (e.g., sewing tattered clothes, providing free labour to relatives, and begging) for survival and/or live in family houses or buildings without basic facilities like tap water. They cannot afford basic necessities, recreational activities or do things women usually do, and experience strained familiar relations due to poverty.
- (2) Mobility relates to the inability of women with physical disabilities to repair/purchase mobility aids and the frustration of going about with worn-out aids.
- (3) Economic participation which discusses participants' views about the importance of employment and the consequences of non-economic participation.

The only divergent view on the SM relates to personal attitudes including ignorance about available resources and opportunities and potential, low levels of self-confidence, and negative reactions to societal attitudes which participants, particularly from the focus groups, believe impacts the inclusion of women with physical disabilities.

## CONCLUSION

It is evident that Ghanaians in general view disability as a social problem, and have identified and suggested modifications to an environment which consistently excludes persons with disabilities from mainstream society. However, some of the practitioners believe that a change in personal attitudes of persons with disabilities is equally important. The author is of the opinion that this view reflects cultural and religious beliefs and traditions that create and reinforce negative perceptions about disability. Assuming that persons with disabilities have unchangeable personal attitudes, will that eradicate the attitudinal, architectural, transportation, institutional and information barriers they encounter daily? Practitioners should instead focus their efforts on identifying and eradicating the disabling environment rather than blame persons with disabilities for the challenges they face.

Advocacy interventions are crucial to eradicating the disabling environment in order to promote the inclusion of persons with disabilities in society. Suggested activities are:

- (1) Public education about disability and disability rights. Educational interventions such as workshops/discussions/seminars to demystify the public's perceptions about disability and to promote disability rights, documenting and showcasing success stories of persons with disabilities, cultural activities like music and dance performances, as well as collaborating with the media, could result in the reduction/elimination of negative perceptions about disability and discrimination against these people. The emphasis should be on women with disabilities as they are more marginalised due to sexism and disabilism.
- (2) Building relationships (partnerships/coalitions/alliances) and mobilising the public for advocacy campaigns to promote the inclusion of persons with disabilities in society. This intervention should target individuals and organisations that can use their platforms to raise awareness about disability and advocate for the human rights of persons with disabilities. For example faith-based organisations, unions, traditional leaders, the media, and Civil Society Organisations.
- (3) Engaging decision-makers to persuade them to make additional policies and/or enforce existing ones to promote the inclusion and effective participation of persons with disabilities in society.

## REFERENCES

- Avoke M (2002). Models of disability in the labelling and attitudinal discourse in Ghana. *Disability & Society*; 17 (7): 769-777. <http://dx.doi.org/10.1080/0968759022000039064>
- Barnes C (1992). *Disabling imagery and the media*. Krumlin, Halifax: Ryburn Publishing Limited.
- Finkelstein V (1980). *Attitudes and disabled people: Issues for discussion*. New York: World Rehabilitation Fund.
- Kassah AK (2008). Disabled people and begging justifications in Accra-Ghana. *Disability & Society*; 23 (2): 163-170. <http://dx.doi.org/10.1080/09687590701841208>
- Ministry of Employment and Social Welfare - MESW (2000). *National Disability Policy Document*. Accra, Ghana: Delaram.
- Naami A (2010). *The impact of unemployment of women with physical disabilities in Tamale, Ghana*. Doctoral Dissertation. The College of Social Work, The University of Utah. Utah, USA.
- Naami A (Submitted, July 2013). *Disability, gender, and employment relationships in Ghana: The Case of Ghana*. *African Journal of Disability Studies*.

Naami A, Hayashi R (2012). Perceptions about disability among Ghanaian University students. *Journal of Social Work in Disability & Rehabilitation*; 11: 100-111. <http://dx.doi.org/10.1080/1536710X.2012.677616>. PMID:22630599

Naami A, Liese H (2012). The impact of unemployment on women with physical disabilities in Tamale, Ghana. *The International Journal of Diversity in Organisations, Communities and Nations*; 2 (11): 117-128.

Oliver M (1986). *The politics of disablement*. Basingstoke, UK: Macmillan.

Oliver M (1990). Social policy and disability: Some theoretical issues. *Disability Handicap, and Society*; 1 (1): 5-18. <http://dx.doi.org/10.1080/02674648666780021>

Randolph D, Andresen E (2004). Disability, gender, and unemployment relationships in the United States from the behavioral risk factor surveillance system. *Disability & Society*; 19 (4): 403-414. <http://dx.doi.org/10.1080/09687590410001689494>

Shakespeare T (1997). Cultural representation of disabled people: Dustbins for disavowal. *Disability & Society*; 9 (3): 283-301. <http://dx.doi.org/10.1080/09687599466780341>

Tijm MM, Cornielje H, Edusei AK (2011). Welcome to my life! photovoice: Needs assessment of and by persons with physical disabilities in the Kumasi metropolis, Ghana. *Disability, CBR and Inclusive Development*; 22 (1): 55-72.

United National Development Program (2006). *Poverty, unemployment and social exclusion*. Available from: <http://www.undp.hr/upload/file/104/52080/FILENAME/Poverty,%20Unemployment%20and%20Social%20Exclusion.pdf>. Accessed on 25 August 2009.