Stigma, Discrimination & Marginalization: Gateways to Oppression of Persons with Disabilities in Ghana, West Africa

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Abstract

Disability can be socially constructed through the actions of society in erecting barriers and structures that limit the ability of certain persons in society to function "normally". Such barriers also limit the ability of such persons to access the opportunities, privileges and resources in society. This study examines the societal perceptions about persons with disabilities in Ghana, which cast them as needy, feeble and "abnormal" persons. These perceptions have the effect of limiting their access to resources in society. The situation is even harder for children with disabilities who are denied the opportunity and prospects of inclusive education. The study draws on the perspectives from persons with disabilities themselves, educators, community members, and social workers in Ghana, West Africa. It provides recommendations on the need to recognize and remove the societal barriers that prevent persons with disabilities from functioning as "normal" members of society with the same rights as other citizens.

Key Words: *Ghanaian society; disabilities; stakeholders; social workers' roles; societal attitudes and perceptions; inclusion and exclusion*

1. Introduction

The objective of this article is to examine the societal attitudes and barriers that persons with disabilities face in Ghanaian society. I begin with a discussion of the Ghanaian societal myths, perceptions about persons with disabilities. The theoretical framework upon which the study is anchored is then presented. I next present the methodology used in this study and the rationale for doing so. Next I highlight and discuss the findings from the study significant among them are the stigmas that are attached to persons with disabilities and their resultant marginalization that inhibit their access to resources and opportunities in society. I conclude with recommendations on removing the societal barriers that are prevalent in Ghanaian society that impact on the social and educational inclusion of persons with disabilities.

2. The concept of disability

"Disability" is seen as the lack of ability to perform mental or physical tasks that one can normally do (Michailakis, 2003). The term is used in legal medicine to apply especially to the loss of mental or physical powers as a result of injury or disease. In this sense, therefore, any person whose ability to function in a "normal" manner is limited by physical, cognitive, visual or environmental factors is said to have a disability. Over the years, the meaning of disability has evolved constantly, although it has generally shifted from the medical model - which views disability as an individual deficiency, to the social model - which asserts that it is social and economic structures that create disability (Michailakis, 2003; Anatasious & Kaufmann, 2011; WHO, 2011). When disability is interpreted as an illness or impairment, it is viewed as occurring in an individual's body or mind, and when interpreted as a social

construct, disability is seen in terms of the socio-economic, cultural, and political disadvantages resulting from an individual's exclusion (Government of Canada, 2003).

The International Classification of Impairments, Disabilities and Handicaps – ICIDH – by the World Health Organization (WHO, 1980) which was revised to the International Classification of Functioning (ICF), integrates traditional medical and social model insights (Barnes & Mercer, 2004). The ICF defines disability as "the outcome or result of a complex relationship between an individual's health condition and personal factors, and of the external factors that represent the circumstances in which the individual lives" (WHO, 2001).

Disability can affect anyone at any time regardless of age, gender, culture, ethnicity or social class.

The ICF places the notions of 'health' and 'disability' in the perspective that every human being can experience a decrement in health and thereby experience some degree of disability. Disability therefore does not become something that only happens to a few people in the world, but rather recognized as a universal human experience. The ICF further takes into account the social aspects of disability and does not see disability only as a 'medical' or 'biological' dysfunction (WHO, 2001). In a recent WHO report (WHO, 2011), there is a call for a balanced approach which gives appropriate weight to both the medical and social models of disability to address the needs of people with disabilities instead of perceiving them as two separate concepts.

For the purpose of this study, a person is defined as having a disability if he or she has difficulty performing certain functions (seeing, hearing, talking, walking, climbing stairs and lifting and carrying), or has difficulty performing activities of daily living, or has difficulty with certain social roles (doing school work, working at a job or around the house). A person who is unable to perform one or more activities, or who uses an assistive device to get around, or who needs assistance from another person to perform basic activities, is therefore considered to have a disability (Agbenyega, 2003; Avoke, 2002; Michailakis, 2003).

3. The Social Construction of Disability

Disability can be socially constructed through the actions of society in erecting barriers and structures that limit the ability of certain persons in society to function "normally". Such barriers also limit the ability of such persons to access the opportunities, privileges and resources in society. People with impairments are disabled by the fact that they are excluded from participation within the mainstream of society as a result of physical, organizational and attitudinal barriers (Culham & Nind, M., 2003). These barriers prevent them from gaining equal access to information, education, employment, public transport, housing and social/recreational opportunities. It should be noted that impairment and disability are two different things.

The primary source of disadvantage is *not* the impairment but society's responses to people who are considered disabled. If a community allows physical, architectural, transportation, and other barriers to remain in place, society is creating handicaps that oppress individuals with disabilities. If, on the other hand, a community removes those barriers, persons with disabilities can function at much higher levels. In simple terms, it is not the inability to walk or inability to sit that prevents a person entering a building unaided but the existence of stairs or the lack of benches to lie down, that are inaccessible to a wheelchair-user or a person with a sitting disability.

4. Public perceptions and attitude on disabilities in Ghana

Public attitudes and beliefs on disabilities in Africa which are often based on fear and misunderstandings, stereotype individuals with disabilities exposing them to prejudice, discrimination and ultimately to the denial of rights and resources that are afforded to all citizens. The importance of understanding the different ways in which disability is perceived lies in the fact that societies address disability issues based on the ways they conceptualize it. Avoke (2002) reports that in Ghana, the general attitude in many communities in Ghana towards children with intellectual disabilities is that

they are 'children of the rivers and forest' and, in the past, they were returned to the forest or to the rivers under the guise of helping them 'to go back to where they came from' (p.773).

Fefoame (2009) also indicates that in some traditional communities, some creatures like crocodiles and snakes are believed to have supernatural powers, or in some cases, human beings change into such creatures, and therefore any cruelty against them can lead to an individual giving birth to a child with disability. Such beliefs invariably influence societal beliefs and perceptions about disability in Ghanaian traditional society. Although some of the above terms may no longer be used as blatantly as described above in modern Ghanaian society, the labels reflect what the dominant perceptions about persons with intellectual disabilities are.

Avoke (2002) indicates that in many communities in Ghana, pejorative labels and unkind treatment were meted out to people with disabilities. These treatments were considered justifiable due to the strong belief that disability was the result of evil placed on an individual from the gods, for committing offences in the community or to the gods. According to Fefoame (2009), when a woman gives birth to a disabled child, there is only one explanation that is offered: that the gods are annoyed. She further explains that the society does not take into account sicknesses like Rubella and German measles, and other factors such as the woman's nutritional state and prenatal care conditions. Instead, emphasis is laid on the purported guilt of the family, which element is instrumental in curtailing the promotion and protection of the rights of people with disabilities (Fefoame, 2009).

These public attitudes and perceptions about persons with disabilities in Ghana have created situations that lead to the further isolation and stigmatization of persons with disabilities. It is this stigmatization and marginalization of persons with disabilities and their ramifications that were the basis of this study.

5. Theoretical Framework

This study employed components of the critical disability theory and the sociocultural theory to provide the theoretical framework as the anchor that guided the study, helped in responding to the research questions posed and interpretation of the data generated. The theories complement each other for the purpose of addressing salient issues in this study. Critical disability theory is an emerging theoretical framework for the study and analysis of disability issues (Hosking, 2008). It (CDT) is a member of the family of critical theories and provides a broad perspective for addressing disability issues in contemporary society. Critical disability theory in itself strives to explain what is wrong with current social reality, identify the actors to change it, and provide both clear norms for criticism and achievable practical goals for social transformation (Bohman, 2005).

This study adopted some elements of the critical disability theory propounded by Hosking (2008) namely: models of disability, rights, voices of disability and language. These elements were selected because they help to understand how factors such as societal attitudes and perceptions, may influence attitudes towards persons with disabilities and also provides a basis for establishing the roles that various actors in society can play towards removing the barriers that lead to the stigmatization and marginalization of persons with disabilities in Ghana.

Models of disability

Throughout the 20th century, the medical model of disability was the central paradigm for understanding disability, a model which views disability as personal misfortune and identifies the source of the disadvantage experienced by disabled people as their medical condition (Devlin & Pothier, 2006; Hosking, 2008). Critical disability theory on the contrary, adopts a version of the social model, which is essentially a synthesis of the medical and social models, also referred to as the "bio-psycho-social model" by the World Health Organization (WHO, 2011, p 4). Hosking (2008) expounds on this version of the social model of disability with the following underlying principles:

> (1) disability is a social construct, not the inevitable consequence of impairment, (2) disability is best characterized as a complex interrelationship between impairment, individual response to impairment, and

the social environment, and (3) the social disadvantage experienced by disabled people is caused by the physical, institutional and attitudinal (together, the 'social') environment which fails to meet the needs of people who do not match the social expectation of 'normalcy' (Hosking, 2008, p. 7).

Critical disability theory thus recognizes the need to consider both personal and social factors when trying to understand disability, without making one aspect dominant over the other (Hiranandani, 2005). Two important elements of critical disability theory are relevant in this study. These are *rights* and *language*.

Rights

This element of the theory concerns human rights of people with disabilities. The theory recognizes that people with disabilities have rights to autonomy -individual rights, as well as rights to full participation in society (Hosking, 2008). Several human rights legislations, for example, the Universal Declaration on Human Rights; the UN Convention on the Rights of the Child; the UN Convention on the Rights of Persons with Disabilities, clearly establish that people with disabilities have the same rights as other members of the societies they live in. Discrimination on the grounds of disability is therefore prohibited. Critical disability theory embraces human (and legal) rights as an indispensable tool to advance the equality claims of people with disabilities and to promote their full inclusion into all aspects of their society (Hosking, 2008).

Language

Critical disability theory also addresses how language affects the concept of disability and the status of people with disabilities (Hosking, 2008). Kress-White (2009), posits that "the language of disability, and the definitions and symbols that attach to societal lexicon, can be significant disablers" (p. 53), for many persons in society. Language as used in critical disability theory is seen to be inherently political and includes "both the words used to describe people with disabilities and the words or images used to portray disability" (Hosking 2008, p. 14). In essence, most of these words or images portray negative attributes, which invariably influences societies attitudes toward people with disabilities. For example, Hosking (2008) points out that regardless of one's cultural context, people with disabilities are portrayed as "deficient, pitiable, wicked or malign, dangerous or valueless... negative attitudes are revealed through a discourse of personal tragedy with disability rendering individuals powerless, vulnerable and dependent" (p 14).

The situation regarding language used for persons with disabilities in Ghanaian society confirm what critical disability theorists such as Hosking (2008) and Kress-White (2009) reveal. With particular reference to intellectual disabilities, the pejorative labels surrounding it are well documented (Avoke, 2002; Agbenyegah, 2003; Anthony, 2009b). Using the critical disability theory, the study examines how language used in reference to intellectual disabilities in Ghanaian society perpetuates negative societal perceptions and attitudes toward children with intellectual disabilities. Particularly regarding intellectual disabilities, Avoke (2002) documents the following:

> For example, among the Akan (the most dominant tribal group), people with 'mental retardation' are ... referred to as 'Nea wanyin agya n'adwene ho', which means 'the one who is retarded' or 'the one who has outgrown his other brain'. Among the Ewes, people with 'mental retardation' are referred to as 'Susudidivi', meaning the child with reduced mental functioning, and 'Asovi', meaning a fool or an idiot, and descriptively as 'Tagbomadetowo' suggesting reduced intellectual abilities. The Gas, another tribal group simply calls them 'buluu', which means 'fools' (Avoke, 1997). In some areas in Ghana, other labels such as 'mental', 'mentally impaired', 'slow learner', 'mental impairment' are generally used alongside 'idiots, morons, fools', without reservation or any sense of guilt (p.773).

In summary, critical disability theory provides useful perspectives for analyzing disability issues, and is well-suited for examining the stigmatization, discrimination and marginalization meted to persons with disabilities in Ghanaian society. The three elements highlighted, that is, models of disability, rights,

and language, provide useful dynamics for addressing the dimensions of inequality, stigmatization with use of language and exclusion of people living with disabilities.

The socio-cultural theory posits that human cognition and learning is influenced largely by social and cultural factors rather than individual characteristics only; and that parents, teachers, peers, and the community play a crucial role in defining the types of interaction occurring between children and their environments (Kozulin, et. al, 2003). According to the sociocultural theory, a child's development depends on the interaction between the child's individual maturation and a system of symbolic tools and activities that the child appropriates from his or her social and cultural environment (Kozulin et al, 2003, p. 5). Kozulin et al. (2003) also posits that mediation and psychological tools are two concepts in sociocultural theory that help to understand how children learn:

> The concept of mediation emphasizes the role played by human and symbolic intermediaries placed between the individual learner and the material to be learned. Psychological tools are those symbolic systems specific for a given culture that when internalized by individual learners become their inner cognitive tools (pp. 2-3).

The uniqueness of the theory lies in the perception of disability as a sociocultural developmental phenomenon (Gindis, 2003). The ideas presented in the theory reflect a social constructionist perspective of disability, more popularly known in contemporary disability studies as the social model of disability (Anastasiou & Kauffman, 2011). Gindis (2003) explains that the expectations, attitudes and the spiritual atmosphere created by society influence the access of a child with a disability to knowledge, experiences and opportunity to participate in shared or joint activities with peers in the social and cultural context.

6. Research Methodology

A qualitative research approach was the preferred choice in this study because it falls in the realm of phenomenology which, according to van Manen (1990), is the study of lived experience. Reflection on lived experience is always recollective; it is a reflection on experience that is already passed or lived through (van Manen, 1990). This study is therefore about the lived experience of its participants: *persons with disabilities in Ghanaian society*. The context of the issues within which this study falls, include questions about how social life is organized, and about the ways in which individuals and groups (persons with disabilities) make sense of their lived experiences within their society of residence (Miller & Dingwall, 1997). The research design and methodology therefore recognized the participants (persons with disabilities) as expert knowers in their own lived experiences. The study also utilized some aspects of quantitative methodology that involved hundreds of respondents. The different data collection methods used in the study, which are interviews, focus group discussions and a survey, are for the purpose of triangulation (Hagan, et al., 2005).

Triangulation refers to the use of more than one approach to the investigation of a research question in order to enhance confidence in the ensuing findings (Bryman, 2004). According to Mathison (1988) good research practice requires the researcher to triangulate, that is, "to use multiple methods, data sources, and researchers to enhance the validity of research findings" (p 13). In this study, the use of triangulation is based on the premise that the weaknesses or flaws of one method will be compensated by the strengths of another (Denzin, 1978, in Johnson, Onwuegbuzie & Turner, 2007). Thus, the findings obtained from the different methods used, will be corroborated to strengthen the validity and reliability in the study.

The study participants were selected from a number of focus group discussions and series of interviews with persons with disabilities mostly on the streets in urban and rural areas of Ghana, and other "abled-bodied" persons from the communities surveyed. A large pool of potential participants was developed out of which the final number of one hundred and twenty participants was selected through a random selection process. This consisted of eighty persons with disabilities, twenty parents or family members of some of the participants, and twenty other persons consisting of teachers, social workers and other public officials working in the areas of service provision to persons with disabilities.

7. Research Questions

Bearing in mind that persons with disability constantly contend with the fact that they are culturally and socially seen and perceived by Ghanaian socially as "other" (Steele (2004), this study was framed around the following primary research questions:

- How do persons with disabilities think the general society perceives them and how do these perceptions affect the general well-being, self-worth and self esteem of persons with disabilities?
- What do persons with disabilities consider as the barriers that limit their access to services, resources and opportunities and inclusion in Ghanaian society?
- What progress, if any has been made by government and Ghanaian society generally in removing barriers that limit the access of persons with disabilities to services and opportunities in Ghanaian society?
- To what extent are the attitudes and belief systems about persons with disabilities affect efforts toward inclusive education in Ghana?

8. Data Collection process

The data collection process was mainly through face to face interviews with participants. It started with informal chats with persons with various forms of disabilities that are found at street corners and transport terminals in a number of urban centers in Ghana. Many of such persons with disabilities were reduced to begging at street corners of the urban centers to eke out a living. The objective was to get a general idea on how persons with disabilities perceive themselves and they think the general society perceives them and what bring them to the streets.

The next stage involved organizing of focus groups discussions with some of these persons. Invitations were extended to them to meet at the offices of some organizations that provide services for persons with disabilities for discussions. The choice of the venues was purposeful to assure the subjects of their safety and comfort in the premises of organizations that advocate for their welfare. The first few encounters produced a snowballing effect where the persons who had participated in earlier discussions will spread the word and bring their friends to the next focus group discussion sessions.

Traveling around the West African country of Ghana for this research, I interacted with and interviewed about five hundred persons with disabilities. I also interviewed a number of key persons in the lives of persons with disabilities: parents and family members, and personnel and officials from organizations that provide services for persons with disabilities. Next, I identified the predominant themes that emerged and theorized the reasons for this dominance. I then proceeded with an examination of the themes and patterns that emerged that reflect on the main research questions. The two significant theoretical perspectives, based on critical disability theory and socio-cultural theory referred to above were used as anchors upon which the study rested and as lenses for analysing the data collected to gain a better understanding of the plight facing persons with disabilities in Ghanaian society.

9. Findings

9.1 Stigmatization of disabilities

The first major finding from the study concerned societal stigmatization of persons with disabilities in Ghanaian society. Stigma is the single most difficult barrier to living "normal" and productive lives by persons with disabilities. Stigma refers to the negative and prejudicial ways in which people living with disabilities are labeled (Agbenyega, 2003). Stigma arises from a number of factors. Some of these are: superstition/ignorance, lack of knowledge and empathy, old belief systems and a tendency to fear and exclude people who are perceived as different, (Avoke, 2002).

9.2 Effects of Stigmatization

Stigma results in stereotyping, fear, embarrassment, anger, and avoidant behaviors, among others. Self-stigma can also occur when persons with disabilities and their families internalize society's negative attitudes towards them, leading to self-blame and low self-esteem (Dhar, 2009). Aside from being personally painful, stigma is dangerous in a number of ways: It can prevent people from seeking help; can lead to feelings of hopelessness when in fact, persons with disabilities can function "normally" when societal barriers are removed. It can impede individuals from advocating for services that may ultimately have an impact on social policies and laws.

9.3 Discrimination against persons with disabilities

Participants in the study constantly alluded to the blatant discrimination that are directed against persons with disability in Ghanaian society. Discrimination refers to the way persons with disabilities are treated, intentionally or unintentionally, due to stigma (Goreczny, et. al, 2011). Persons with disabilities are often treated with disrespect. This show of disrespect and discrimination may lead to societal exclusion, bullying, aggression, ridicule and devaluation of the self-worth of the person. Such discrimination meted against persons with disabilities results in oppression against them in all areas of life including their ability to obtain housing, maintaining regular employment, access education, engage in meaningful relationships and enjoy quality of life afforded to all citizens.

Goreczny et. al (2011) have noted that, "negative attitudes toward individuals with disabilities can be 'invisible barriers' as persons with disabilities pursue community involvement and community resources" (p. 1596), geared towards achieving good quality of life. The participants in this study, especially those with disabilities were overwhelmingly appalled and concerned about the labels and stigmas that are attached to persons with disabilities in Ghanaian society. Some examples of disability stigmas in Ghanaian society are the following: Persons with disabilities are generally referred to in Ghanaian society as *"Ayarefuo"* (sick people). Persons with Autism and Downe Syndrome are labeled as *Kwasea, Kwasea"* "*Gyimi, Gyimi*" (stupid person, imbecile). Persons with hearing impairment are referred to as, "*Mumu*" (dumb). A person with any form or level of mental illness is referred to as "Obodamfuo" (Mad Person).

These stigmatizations that reflect on the belief systems, myths and superstitions of the general Ghanaian society have had the effect on creating barriers for persons with disabilities in many areas of life in Ghana. This situation can therefore be likened to a situation of systemic societal barriers that lead to the oppression of persons with disability in Ghanaian society (Mulally, 2002). A comment by a participant sums up this feeling of oppression felt by persons with disabilities:

> We have no respect in Ghana. People don't regard us as human beings. Is this not sad? Ghana and its resources are for all its citizens. Does that not include us? We cannot get work; we cannot take a bus, we cannot go to government offices that have all these long steps. Even if we go to hospital we are not treated with any respect. Life is really hard for us

9.4 Educational exclusion of persons with disabilities

Education is widely recognized as a means to developing human capital, improving economic performance, and enhancing people's capabilities and choices (OECD, 2011). Thus, governments owe it to their citizens to make the necessary investments in education, in order to provide the best standards possible (Porter, 2001). It is well documented that disabilities present certain challenges that influence the learning modes of persons especially children. Available research does not support the fact that persons with disabilities, including children, are 'non-educable' (Culham & Nind, 2003; Reiter & Vitani, 2007; Porter & Smith, 2011; Maul & Singer, 2009). The United Nations estimates that the school enrolment rates of children with disabilities in developing countries are as low as 1 to 3 per cent; implying that approximately 98 per cent of children with disabilities do not go to school and are therefore illiterate (United Nations, 2007). Meanwhile, research shows that there is a greater likelihood

that children, including those with significant disabilities, who are included in regular education, will finish school, acquire further education and training, get jobs, earn good incomes, and become active members of their communities (United Nations, 2007).

The situation in Ghana unearthed from then study paints a disturbing picture. A colonial relic or throwback from the colonial structures in Ghana is the establishment and continuous existence of segregated or "special" schools for persons with disabilities. There are a number of "Schools for the Blind", Unit Schools for the Deaf" and vocational institutions for persons with physical disabilities. These schools and institutions "train" persons with disabilities who end up with some form of graduating diplomas that fit them no-where in the mainstream economic system (Turnbull, et al, 2007). The following narrative from a visually-impaired teacher at one of the Schools for the Blind underscores this point:

> I graduated from the University of Education in Winneba where I studied alongside students who had sight, but since I graduated with my Education Degree, no "regular" educational institution will employ me because I am blind. I have therefore ended up here at the School for the Blind where I started my secondary school education. It is as if those of us with disabilities belong only to the disability schools. This is segregation that does nothing to assist us to access the same employment and economic opportunities in Ghana.

Another student with visual impairment at Ghana's premier university, the University of Ghana at Legon lamented as follows:

> All the roads on this campus have open gutters beside them. There are no pavements by the roadside so it is very difficult for those of us that are blind to walk safely around the campus. Another difficulty I have is the sirs to climb to some of the lecture halls that are on the second and third floors. There is no lift (elevator) in the building so sometimes I get some friends to carry me upstairs. But this is difficult. When I don't get any people to carry me upstairs to the lecture hall, I don't go to class. It is as if the university is only for able-bodied persons

9.5 Social Exclusion of persons with disabilities

From interactions with the persons with disabilities and other participants in this study, it emerged that the myths, superstitions and negative labels attached to disabilities in Ghana contribute significantly to the social exclusion of persons with disabilities. This exclusion results in their inability and difficulty in participating meaningfully in activities in society that will earn or ensure them a good quality of life. Most of the study's participants' who had various forms of disabilities recounted with pain and anger, how they are tagged with negative labels in Ghanaian society. These labels are mostly negative and derogatory. They portray persons with disabilities in very negative light, as second class citizens, as persons who should be pitied, at best, and ignored and shunned at worse. The following narratives from some of the participants attest to their situation.

> People make fun of me with very ugly words when they see me begging on the streets. I cannot work because I was not allowed to go to school. Because I didn't go to school I have no skills to look for a descent job. So I come to the car station or sometimes the streets to beg. I don't cause trouble to anybody. Because I am begging for help, some people insult me all the time. They say all kinds of dirty things about me as if I am not a human being.

Another had this to say:

> Sometimes when you go to a public place or a public event, people look at you in such a way that make you feel that you are not wanted. They question why you are there. Why can people not accept us for who we are as human beings. We are also human being except that we happen to have a problem of disability

9.6 Parental and community responses

The responses from parents, family members and community members who participated in this study

were equally disturbing and compelling. A number of parents with children with disabilities admitted hiding their children from public view. This was particularly widespread among parents of children with Autism and Downe's syndrome. They talked about how such children, and by extension, their families are shunned by society because of the still prevailing myths and superstitions about children with Autism and Downe's syndrome in Ghanaian society as being children of evil spirits and gods. The following narrative from a parent was really disturbing:

> When my child was born with this illness (Downe's syndrome), everybody told me that my family may have done something wrong for the gods to send me this child. I have never brought him outside the house. Then only time I bring him out of the room to the open compound is when everyone in the neighbourhood has gone to the farm. Life has really been tough for us. I don't know what to do.

9.7 Public/government responses

On the international scene, there are various laws and legislations that have been designed to correct misconceptions about disability as well as to protect the rights of persons with disabilities. One of the major international instruments working toward these objectives is the United Nations Convention on the Rights of People with Disabilities (CRPD, United Nations, 2006).

Ghana has also made some significant official moves in addressing the plight of persons with disabilities. The Persons with Disability Act (Act 715), which seeks to protect the rights of people with disabilities in the country was passed in 2006. A National Council on Persons with Disability (NCPD) was established in 2009 to coordinate the activities of organizations working with and for persons with disabilities. It is also charged with the mandate to monitor the implementation of the provisions of the Persons with Disability Act (Act 715). Although this is a significant official step, much needs to be done by the government to address current problems and issues that affect the rights of persons with disabilities including their access to resources and opportunities especially in education and employment. Service provisions to persons with disabilities in Ghana are run mainly by non-governmental organizations with limited resources. Participants in this study from such organizations complained that not much progress has been made in the last six years since the Persons with Disability Act (Act 715), was passed.

10. Recommendations

10.1 Mobilizing Communities for Action

To make a positive difference in the lives of persons with disabilities in Ghana, there is the need effective country-wide community education campaigns aimed at eliminating the myths, negative perceptions, stereotyping, superstitions and their resultant discrimination and marginalization of persons with disabilities. There is also the need for mobilization and community support for services directed at persons with disabilities. These public education and community mobilization campaigns should be aimed at getting people to recognize and accept persons with disabilities as people first. They should not be tagged with their disabilities as illness that needs to be cured: the clarion call should be that: *a person is a person*, with a physical or psychiatric problem. These will hopefully lead to eventual public support and acceptance and the inclusion of persons with disabilities as normal, important and productive members of society.

10.2 Social Work Practice with Persons with Disabilities

Bigby and Frawley (2010) state that just like in any other field of social work practice, there are a number of ways to work, both at the individual and structural levels, to redress disadvantages, improve quality of life, and bring about social change to reduce discrimination and oppression that result from the unfortunate situations that persons with disabilities find themselves in Ghanaian society. The situation is even more critical in the field of education where children with disabilities are still

segregated to *special* schools. All children are capable of learning and becoming recipients of quality education if the right atmosphere of inclusion and acceptance are created (Mittler, et al. 2002).

The fields of mental health and social services have a long history of focusing on the deficits, problem behaviors, and pathologies of clients. This is known as the deficit-based approach. There is however new approaches in the field of social work towards clients including Social Work Practice with clients with disabilities. Rather than focusing on the disability and perceived weaknesses or deficits of the individual, there is a new push for social services to discover and work with individual and family functioning and strengths. This is known as the Strength-Based Approach (Bertolino, 2010). At the foundation of the strength-based approach is the belief that clients (service users) have unique talents, skills, and life events, in addition to specific unmet needs. These clients with unique talents, certainly, include persons with disabilities.

Strengths-Based Practice uses peoples' personal strengths to aid in recovery and empowerment (Bertolino, et al. 2009). It avoids the use of stigmatizing language or terminology which clients sometimes use on themselves and eventually accept as their situation. Persons with disabilities in Ghanaian society have strengths like other citizens that can be utilized and built upon to help them achieve and enjoy good quality of life. There is increasing emphasis on quality of life as a leading concept regarding services for persons with disabilities, and social workers can facilitate this development by ensuring that public facilities and resources are equally available to persons with disabilities to give them the same opportunities to experience meaningful social lives (Reiter & Vitani, 2007).

11. Conclusion

Disability is understood as an unequal relationship within a society in which the needs of people with impairments are often given little or no consideration. The fact that disability results from the inter-action between persons with impairments and attitudinal and environmental barriers that hinder their full and effective participation in society on an equal basis with others implies that disability is not an attribute of the person (WHO, 2011). The disability may be a social construct resulting from societal structures erected sometimes unintentionally due to entrenched attitudes. Removing such barriers that hinder the day-to-day lives of people with disabilities is therefore critical to improving their social participation (UNDP, 2007).

Regardless of the areas where we live or work, it is very likely that at some point, we will come into contact with persons with some forms of disability. In order to overcome or avoid stigma and discrimination faced by our neighbors, friends, family and co-workers with disabilities, we must take action, challenge and provide a voice for those affected by stigma in their quest for wellness and quality of life free from stigmas and discrimination. More importantly, we must change the way we perceive, and the way we speak about our clients who have disabilities. Stigmatizing labels and client behavior descriptors must be avoided.

In summary, social workers can play diverse roles to foster social and educational inclusion for persons with disabilities in Ghanaian society (Teasley, 2004). They can also be good advocates for helping to design policy and practice frameworks that guide the whole Ghanaian society as it strives towards inclusion of persons with disabilities.

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