An Exploration into the Social Impact of COVID-19 on persons with Disabilities Living in Kumasi, the Ashanti Region of Ghana

By

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Abstract

Although simulations from literature evidence and theories about the vulnerability of people with disabilities abound, the effects of the COVID-19 pandemic on people with disabilities is largely unexplored in Ghana, thereby creating a research gap. In this study, the social and economic impacts of the pandemic on people with physical and visual disabilities were probed. The empirical evidence was gathered from the Ashanti region of Ghana, a known region with a high population of disabled people. The phenomenological research design was utilized, as it aided in studying the lived experiences of disabled people. Ethical approval was sought from the Human Ethics Office (HEO) of the University of Manitoba, while permission was sought from the Ghana Blind Union and Ghana Association of the Physically Disabled, Kumasi chapters. Using the purposive sampling technique, physically and visually impaired people were recruited if they met the following criteria: (i) 18 years old and above; (ii) willing to be interviewed; (iii) willing to be recorded; (iv) willing to voluntarily provide informed consent to participate in the study; and (v) able to communicate in Ashanti Twi or English language – the commonly spoken languages in the study area. In-depth telephone interviews were used as the data collection tool for this study, while the interview guide served as the data collection instrument. The data was analyzed to reflect the Interpretative Phenomenological Analysis (IPA) as double hermeneutics where participants interpret their experiences, then the researcher interprets the interpretation of their experiences. High awareness of COVID-19 and perceptions ranging from the transmission and deadly attribute of the viral disease was prevalent among the participants. The participants also perceived physical distancing, the wearing of masks and good hygiene practices as means of preventing the spread of the virus. Negative social impacts ranging from isolation, loneliness and feeling dejected – all which deleteriously impacted their mental and psychosocial health. Lastly, varied economic impacts – increased demand for essential goods and services (resulting in high revenue for traders), decreased economic activities – leading to business closures, retrenchment, and high cost of living amid declining incomes were also found among persons with disabilities. Access to support from social networks and the state in addition to religious bodies moderated the economic impacts of COVID-19 on disabled people. Economic recovery programs that are disability-centered must be implemented to offset the economic implications of the pandemic, while mental well-being and psychosocial factors must be factored into disaster management programs to lessen the social impacts of crisis of this nature.

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Dedication

I dedicate the completion of my thesis to my amazing daughter and family.

Elyanna-Beryl Quartey.

You push me to do more.

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Chapter One: Introduction

1.1 Background of Study

The outbreak of coronavirus disease (COVID-19) in December 2019, which was declared a pandemic by the World Health Organization (WHO) on January 30, 2020, constitutes an unprecedented global health, social, and economic crisis (Liu et al., 2021; Mladenov & Brennan, 2021; Morgan, 2020). Despite being primarily a health crisis, the restrictive measures required to prevent and curtail the transmission of the virus and protect lives and livelihoods have caused far-reaching economic and social upheaval (Anderson et al., 2020; Kantamneni, 2020; Machin, 2021; Morgan, 2020; Patel et al., 2020). Consequently, the COVID-19 containment measures imposed by governments across the world (some of which are still in place) include restrictions on the movement of people; temporary (nationwide or partial) lockdown; mandatory quarantine, social (physical) distancing and wearing of a face mask; closure of air, land and sea borders, except for the transportation of goods, cargo, and supplies; and ban on events involving large public gatherings (Brennen et al., 2020; Ebuenyi et al., 2020; Mladenov & Brennan, 2021; Turcheti et al., 2022). The impact of these measures on lives, livelihoods and operation of many business enterprises have been devastating, including lost lives, reduced work capacity, lost jobs, and incomes, as well as supply chain disruptions, and the collapse of entire businesses (Agarwal, 2021; Asegie et al., 2021; Decerf et al., 2021; Harris et al., 2020). The effects are not uniform across space and society; certain groups have deep-seated pre-COVID-19 vulnerabilities, and the added effects of the pandemic could lead to greater devastation (Agunyai & Ojakorotu, 2021; AlTarawneh, 2021; Ugwu & Okoye, 2022).

Relative to others, persons with disabilities and other marginalized groups are at a higher risk of being disproportionately affected by the pandemic, with respect to contracting the virus, losing their livelihoods, and ultimately reducing their quality of life or functioning (Mladenov & Brennan, 2021). The impairment is also related to personal or societal constraints (Uwishema et al., 2021). A handicap occurs when physical restrictions interact with personal and contextual elements in the environment to produce a barrier (Krahn et al., 2015; Nzeribe et al., 2021). This environment includes not just the physical environment, but also the social forces that shape people's attitudes, culture, economics, and policies (Krahn et al., 2015; Nzeribe et al., 2021). According to the World Bank, around one-fifth of the world's population is disabled, with the prevalence of impairment being higher in developing countries (Liu et al., 2021; Nzeribe et al., 2021). Disability is also thought to be as high as 20% in poorer areas, with the disabled at schools estimated to be around 5-10% (Kuper et al., 2014). Due to limited opportunities, they often resort to begging for alms to make 'ends meet' (Agunyai & Ojakorotu, 2021; AlTarawneh, 2021; Ugwu & Okoye, 2022). Also, persons with disabilities struggle to find work and, if employed, are frequently subjected to discrimination, harassment, and marginalization by non-disabled co-workers and superiors (Lebrasseur et al., 2021; Turk & McDermott, 2020) who assume that employees with disabilities are inherently less effective and efficient (Banks et al., 2021; Baffoe, 2013; Uwishema et al., 2021). According to the United Nations, disabled people are the hardest hit by the COVID-19 pandemic (Lebrasseur et al., 2021; Turk & McDermott, 2020; Umucu & Lee, 2020) since they already have fewer opportunities for health care, jobs, and education, as well as were at higher risk of encountering violence or experiencing poverty (AlTarawneh, 2021; Ugwu & Okoye, 2022).

The situation in Ghana is no different. Existing evidence from previous Ghanaian studies indicates that persons with disabilities continue to face challenges connected to deeply entrenched socio-cultural beliefs and practices which obstruct their involvement and integration into society

(Naami et al., 2022a; Naami et al., 2022b). Persons with disabilities in Ghana continue to face problems that prevent their full inclusion and productive involvement in mainstream society, such as socio-cultural, physical, informational, and transportation (Naami et al., 2022a; Naami et al., 2022b). These difficulties limit persons with disabilities' capacity to participate in socioeconomic and political life as well as their general well-being (Ocran, 2019). For instance, the difficulties persons with disabilities face impact their educational success (Braun & Naami, 2021); social participation, including marriage and sexual reproductive rights; freedom to engage in political and civic life; inclusion in the workforce' and access to healthcare (Ocran, 2019). "Persons with disabilities in Ghana fall behind their counterparts in other countries regarding existing services" (Naami et al., 2022a, p. 8). Fewer services that are not well-coordinated exist, which are also not accessible. "Access to services is key to inclusion for persons with disabilities" (Naami et al., 2022a, p. 8). Indeed, regressive cultural practices and stereotypes have largely shaped and imposed various beliefs and perceptions about persons with disabilities in Ghana over the years (Ocran, 2019). For instance, these concepts influence people in Ghana to believe that people with disabilities are being punished by the gods of the land (Opoku et al., 2018; Kassah, 2008) "Individuals with disabilities are believed to be receiving supernatural punishment for their supposed wrongdoing" (Opoku et al., 2018, p. 176). "Responses to COVID-19 have been disability-exclusive rather than disability-inclusive" (Mladenov & Brennan, 2021, p. 2050). Lack of access to public information and communications; lack of access to sanitary facilities; reductions in community supports (including personal assistance); increased institutionalization and harm inflicted on disabled people in residential institutions; a lack of support staff; lack of access to food, medicines, and essential supplies; and ableist micro-aggressions and violence in public (including sexual assault) are just a few of the disability injustices linked to COVID-19 policies (Antova, 2020; Brennen et al., 2020; Lloyd-Sherlock et al., 2020; Mladenov & Brennan, 2021; Safta-Zecheria, 2020; Shakespeare et al., 2021). The claim is that personalized and medicalized conceptions of vulnerability have served as the foundation for these injustices (Mladenov & Brennan, 2021).

> The medicalization of disability has been a prominent feature of policy guidelines such as the clinical guide for front line staff to support the management of patients with a learning disability, autism, or both during the coronavirus pandemic of the British National Health Service. (Mladenov and Brennan, 2021, p. 2050)

The premise of this study starts with the existence of these injustices which not only would make persons with disabilities be left behind but would exacerbate the pre-COVID-19 vulnerabilities that the injustices related to COVID-19 policies have come to perpetuate (Antova, 2020; Brennen et al., 2020; Lloyd-Sherlock et al., 2020; Mladenov & Brennan, 2021; Safta-Zecheria, 2020; Shakespeare et al., 2021). In comparison to the general population, persons with learning disabilities have greater rates of morbidity and mortality and experience an early death (Mladenov and Brennan, 2021). Furthermore, “people with autism also have higher rates of health problems throughout childhood, adolescence, and adulthood, and […] this may result in elevated risk of early mortality” (Mladenov and Brennan, 2021, p. 2051). The health inequality between disabled people and the general population could predispose the former to higher infection rates and morbidity while making them prone to taking leave from work due to COVID-19 infections.

Disturbingly, while these injustices may exacerbate the economic, social and health impacts of COVID-19 among persons with disabilities injustices, “the catastrophic impact of the policy responses to COVID-19 on disabled people throughout the world can best be understood through a social conception of vulnerability" (Mladenov and Brennan, 2021 p. 2061). In Ghana, not much is known about how the COVID-19 pandemic has socially affected persons with disabilities, how they coped or are coping with it, and whether the COVID-19 response and mitigation measures put in place by the Government of Ghana and other institutions have been 'disability inclusive.'

1.2 Problem Statement

COVID-19 has been affecting a large number of people worldwide and has caused considerable negative impacts across countries and invariably on persons of all ages in approximately 200 countries and territories (Afriyie et al., 2020; Agyekum et al., 2021; Morgan, 2020; Zheng et al., 2020). Ghana recorded its first two cases of COVID-19 on March 12th, 2020 (Morgan, 2020). Preventive measures aimed at mitigating the spread of the virus which included proper hand hygiene protocols, face mask-wearing, social distancing, isolation, contact tracing, and proper healthcare for infected persons have proven effective thereby accounting for fewer mortalities and higher recoveries (Sarkodie et al., 2021). The government of Ghana put much effort into the fight against COVID-19. For instance, on March 15th, 2020, social distancing measures were introduced, with land, air and sea borders closed on March 22nd, 2020 (Afriyie et al., 2020; Agyekum et al., 2021). With a ban on religious and social gatherings and schools, closure announced on March 16th, 2020, a three-week partial lockdown in Accra, Kumasi and Kasoa where cases were surging was introduced as well (Assan et al., 2022; Foli & Ohemeng, 2022).

As part of the COVID-19 response measures by the government of Ghana, some social protection systems were put in place to provide some forms of direct and indirect benefits for citizens in the form of "Coronavirus Alleviation Program (CAP)" intended to "limit the impact of the virus on social and economic life" (Antwi-Boasiako et al., 2021, p. 133; Dadzie, 2022; Owusu and Frimpong-Manso, 2020). Electricity tariffs were subsidized and free water was provided to the citizens as a hygiene measure to aid in the protection against COVID-19 and to mitigate the social and economic impact thereof (Antwi-Boasiako et al., 2021; Duho & Kauppinen, 2021). In effect, hand washing, as was highly recommended by WHO, as an effective way of curbing the spread of the virus and was closely linked to the intervention in free water supply by the government (Antwi-Boasiako et al., 2021). In addition, the government also expanded some existing health facilities and testing centers and introduced socio-economic welfare or stimulus packages for citizens, frontline healthcare workers and sections of students who reported back to school to complete the academic calendar (Antwi-Boasiako et al., 2021; Duho & Kauppinen, 2021; Smiley et al., 2021).

The onset of COVID-19 witnessed an outpouring of reactions raising awareness of the critical problems persons with disabilities face. The framing, interventions, and policies put in place, however, fall far short of what is needed (Goggin & Ellis, 2020). As indicated by Goggin and Ellis (2020), no welfare policies were specifically tailored for persons with disabilities. In the case of Ghana, this is particularly telling, since the country is home to more than 700,000 persons with disabilities (GSS, 2012). Research conducted by the Ghana Federation of Disability found that only 7% of persons with disabilities benefited from the COVID-19 relief packages which includes hot meals and dry foods (Ghana News Agency, 2020), partly due to lack of proper targeting of these interventions. Meanwhile, Douglas et al. (2020) and Naami and Mfoafo-M’Carthy (2020) indicate that persons with disabilities were at a higher risk of infection and being impacted negatively by the COVID-19 pandemic. The researchers argued that persons with disabilities may experience disrupted support services which may affect their health and socioeconomic well-being. Thus, the welfare of persons with disabilities may be jeopardized beyond pre-pandemic levels (Douglas et al., 2020; Glover et al., 2017).

While there have been large volumes of research on the economic impacts of COVID-19 on persons with disabilities around the world (Emerson et al., 2021; Friedman, 2022; Naami & Mfoafo-M'Carthy, 2020; Naami et al., 2022a; Schwartz et al., 2021; Wong et al., 2021), there is a huge literature gap on the social impacts of the pandemic on such a vulnerable population. "Persons with disability were more likely than their peers to be working reduced hours and experience higher levels of financial stress" (Emerson et al., 2021, p. 4), resulting in difficulties regarding their "ability to 'keep up with' household expenses" (Friedman, 2022 p. 3). "Disabled people encountered significant challenges obtaining or maintaining employment in a safe workplace during the pandemic-related economic recession" (Wong et al., 2021 p. 470) which brings new requirements for policy support to lessen the inequalities faced by persons with disabilities in the workplace. White et al. (2007) infer that most persons with disabilities experience economic hardships and impaired social relationships during and after pandemics. A related study conducted by Brooke et al. (2022) also emphasizes that staying at home may cause a toll on the mental health and social life of individuals. This situation may even be worse for persons with disabilities (Hassiotis et al., 2020), considering their pre-COVID-19 pandemic vulnerability and the lack of targeted interventions for the economic, social, and psychosocial well-being. In addition, despite the various policies to protect the rights of persons with disabilities in Ghana, they still face discrimination in securing jobs (Kassah, 2008). Persons with Disabilities are often the first casualties of unemployment (Kassah, 2008). The unemployment rate among such groups is double that of those without disabilities especially when a country experiences an economic crisis (Ntibea, 2011). The social impacts of COVID-19-induced unemployment among persons with disabilities are also unknown, creating gaps in literature and policy response to managing the aftermath of the pandemic. Understanding the social effects of the pandemic is necessary to reduce long-term effects, improve quality of life, and promote social inclusion in tandem with the Convention on the Rights of Persons with Disabilities (CRPD) which seeks to aims to promote, protect, and ensure the full and equal enjoyment of all human rights and fundamental freedoms by persons with disabilities (Lebrasseur et al., 2021). The CRPD recognizes that persons with disabilities should be treated with dignity and respect, and it emphasizes the importance of their active participation in society.

The purpose of this qualitative study is to explore the social impacts of the COVID-19 pandemic on persons with disabilities in the city of Kumasi. The Ashanti Region's capital, Kumasi, is in southern Ghana. It is one of the cities with the highest population of people with disabilities. People with disabilities in the city are likely to be impoverished and make up a sizable share of the city's poorest people (GSS, 2021a). The statistics revealing the prevalence and distribution of disabilities in Ghana's Ashanti Region have significant implications for examining the social impacts of COVID-19, particularly concerning support and assistance for persons with disabilities. With a substantial 17.3% of the population aged five years and older living with disabilities (GSS, 2021b), it highlights the vulnerability of this group during times of crisis, such as the COVID-19 pandemic. Unfortunately, the data shows that only 7% of persons with disabilities in Ghana received any support during the pandemic (Ghana News Agency, 2020), indicating a stark lack of inclusivity and targeted assistance for this marginalized community. The COVID-19 pandemic has exacerbated existing inequalities and challenges faced by individuals with disabilities, making it even more critical to address their needs and provide appropriate support during emergencies. Given that only a small fraction of persons with disabilities received assistance, it indicates that existing social safety nets and support systems were inadequate in reaching this vulnerable population during times of crisis. This exclusion can have severe consequences on their overall well-being, access to healthcare, livelihoods, and ability to cope with the pandemic's impact effectively.

Like in other parts of Ghana, people with disabilities in the city of Kumasi have additional expenses related to their condition, such as the cost of personal help, transportation, and specialized medical care (Badu et al., 2016; Edusei et al., 2017). Care and support for persons with disabilities in Ghana are still based on the traditional charity model of disability and this has limited their rights and capabilities to participate in mainstream activities (Badu et al., 2016; Edusei et al., 2017; Sasu et al., 2016). "Most persons with disabilities in Ghana, therefore, are unemployed, have a low level of formal education, and are poor" (Edusei et al., 2017 p. 2). Social protection in the forms of cash transfers like the Livelihood Empowerment Against Poverty (LEAP), which focuses on a large group of impoverished individuals, including disabled people, while also serving as a general safety net (Abebrese, 2011; Oddsdottir, 2014) and the National Disability Scheme, sometimes known as the Disability Common Fund (DCF), which includes an enhanced system of financial and social benefits have not lived to expectations (Edusei et al., 2017). "Insufficiency of the fund and delays in releasing funds to the beneficiaries" (Edusei et al., 2017 p. 1) have rendered these social protection initiatives less potent in ameliorating the financial and economic plights of disabled people in Kumasi and Ghana at large.

The decision to embark on this study is largely influenced by the apparent neglect of disability in the context of development and the need to examine strategies and policies for improving the social lives of persons with disabilities in these times of a pandemic. Additionally, the COVID-19 outbreak has threatened to halt progress as we approach the decade of achieving

Sustainable Development Goals (SDGs), especially for the most vulnerable populations, including persons with disabilities. The UN CRPD, the Sustainable Development Goals (SDGs), and the pledge to ‘leave no one behind’ must serve as the foundation for national and international responses to the current pandemic as well as preparedness for the next crises. A study of this nature is imperative towards developing and implementing policies that improve the welfare of disabled people in Ghana.

1.3 Research Questions

The study seeks to answer the following research questions.

1. What are the perceptions of persons with disabilities in Kumasi about COVID-19?
2. What are the economic challenges associated with COVID-19 for persons with physical disabilities in Kumasi?
3. How did COVID-19 affect how persons with disabilities interact and spend time with friends and families in Kumasi?

1.4 Research Objectives

The study examines the challenges encountered because of the COVID-19 pandemic by people with disabilities, including how their jobs changed with the outbreak of COVID-19, the effects of the COVID-19 pandemic on their ability to obtain food, and other basic needs. The study probes how people with disabilities cope with the pandemic and the social support networks they accessed during the period.

1.5 Significance

White et al. (2007) infer that most people with disability experience economic hardships and impaired social relationships during pandemics. Researchers examining the Spanish flu pandemic asserted that most governments did not adequately prepare for persons with disabilities in emergencies (Campbell et al., 2009). Brooke et al. (2022) with empirical evidence gathered from previous pandemics also emphasize that staying at home may cause a toll on the mental health and social life of individuals. This situation may be worse for persons with disabilities because "these challenges may lead to behaviors that challenge their caregivers and the systems they rely on for support" (Hassiotis et al., 2020 p. 64). The COVID-19 pandemic has cast a stark light on existing societal inequities—especially for people with disabilities (Hassiotis et al., 2020). There is a need to amplify their concerns and advocate for a seat at the table as policymakers to make critical decisions. This study, therefore, becomes imperative as it provides knowledge for policymakers to learn from the perspective of persons with disabilities and how they were socially impacted by the COVID-19 pandemic. Since this knowledge gap exists in the Ghanaian context, this study will provide policymakers and practitioners with insight into the social needs of persons with disabilities during pandemics to help plan for future outbreaks. Furthermore, it will contribute to the literature on the social impacts of the COVID-19 pandemic on persons with disabilities in the Ghanaian context.

1.6 Scope

The study sought to examine the social impacts of COVID-19 on persons with disabilities in the city of Kumasi in the Ashanti region of Ghana. The conceptual scope of the study relates to the social impacts of the pandemic (COVID-19) on vulnerable populations (persons with disabilities) and the supports that helped address the social impacts of COVID-19 among persons with disabilities. The economic and financial impacts of the pandemic were outside the scope of the study, although in the discussion of the social impacts, these were mentioned as precursors to the social impacts.

Ghana, located on the west coast of Africa, is endowed with natural resources including gold, bauxite, and aluminum. The country is divided into sixteen administrative regions with the study region (Ashanti region) being the third largest. The Ashanti region is in the south of Ghana with a population of 5,440,463, accounting for 17.6% of the total population of Ghana (Ghana Statistical Service [GSS], 2021a). Persons with disabilities in the region make up 17.3% of the total Ghanaian disability population. With a rate of 17.3% among the population aged five years and older, the Ashanti Region in Ghana significantly contributes to the overall national disability prevalence (GSS, 2021b). This makes it the region with the highest number of persons with disabilities in Ghana, with up to 2.6% of the region's population considered disabled. Kumasi, the capital of the Ashanti region, is the second largest city in the country with an estimated population of 3.348 million (GSS, 2021a). This region was chosen for its strategic location in Ghana's central belt and the migration of numerous geopolitical and ethnic groups from other regions of the country.

Disability is defined in the Ghanaian context as "a complex process resulting from an individual's societal interaction and its negative impact on the person" (GSS, 2014 p. 2). Ghana has a population of 30.8 million people, with 1.14 million persons with disabilities, accounting for 3.7% of the population (GSS, 2021a; Seidu et al., 2021). Vision impairment (40.1%) constitutes the highest (GSS, 2014). The WHO (2011) posited, however, that about 7-12% of the Ghanaian population had some form of disability (Ganle et al., 2016). While both data were sourced from demographic and social characteristics, the data from the Population and Housing Census was from self-reporting (GSS, 2014), opening prospects for error. The WHO applied multiple data collection methods such as census and civil registrations, and it used various methods of analysis to improve data quality.

Ghana has pledged to support the rights of people with disabilities and is a signatory to several international laws and regulations such as the Universal Declaration of Human Rights and the CRPD (Mantey, 2017). Ghana ratified the CRPD in August 2012. This convention aims to realize disability rights for everyone through its battle for equal opportunity, accessibility, respect, dignity, participation, and the inclusion of women with disabilities. However, Ghana has not yet changed its laws to comply with the convention to help those with impairments. This could be one of the reasons why disability-inclusive policies and measures as well as social security interventions were deficient throughout the COVID-19 pandemic in Ghana. It has therefore become pertinent to examine the impacts of the pandemic on a highly vulnerable group (Singal et al., 2015) with less policy focus in Ghana, particularly throughout the pandemic (Swanwick et al., 2020).

1.7 Organization of the Study

This thesis is organized into five chapters. Chapter one focuses on the background of the study, the problem statement, the study's objectives, the research questions, the significance of the study, the scope, and the organization of the study. Chapter two discusses the conceptualization of disability, models of disability (medical and social models), culture and disability, Ghana and disability, and legal and regulatory frameworks for persons with disabilities in Ghana, including the 1992 Constitution, the National Disability Policy 2000, and the Disability Act 2006 (Act 715). Critical Disability Theory assists society in changing so that persons with disabilities, in all their diversity, can participate completely in society and be fully assimilated into local communities and is discussed as the theoretical foundation of the study. Chapter three comprises the methods and procedures adopted by the study to answer the research questions. Chapter four presents the analyses of data and findings obtained from the field. Chapter five is devoted to the summary, conclusions, and recommendations.

Chapter Two: Literature Review

2.1 Introduction

Persons with disabilities continue to endure social exclusion despite recent efforts to advance toward their full inclusion in society. Most of their social networks are frequently made up mostly of family, caregivers, and other people with disabilities. The vulnerabilities of disabled people are heightened by the COVID-19 pandemic which is a health, economic and social catastrophe. It is imperative to investigate how the pandemic has affected the social life of people with disabilities in Ghana. This chapter looks at relevant literature. The conceptualization of disability, models of disability (medical and social models), culture and disability, Ghana and disability, legal and regulatory frameworks for persons with disabilities in Ghana, including the 1992 Constitution, the National Disability Policy 2000, and the Disability Act 2006 (Act 715) are some of the issues discussed. Also, the chapter delves into theoretical reviews as well as empirical reviews on the impacts (particularly the social impacts) of pandemics and crises on persons with disabilities.

2.2 Conceptualization of Disability

Disability has different meanings in different cultures (Hartblay, 2020; Turner, 2012). To begin with, the word 'disability' has only been used to refer to a specific group of people in the last century "as a 'problem awaiting solution'—a hallmark of the 'medical model' of disability which sees it as a personal tragedy or as a 'deficit' residing in the individual that might be amenable to medical intervention" (Turner, 2012 p. 1). Over the years, the word 'disability' has been interpreted to mean 'inability' or to legally restrain a person in terms of rights and powers, which seems to "demonstrate that meanings of disability are not biological given but historically and culturally contingent" (Turner, 2012, p. 2). Disability, according to the International Classification of Functioning, Disability and Health (ICF), is defined as the multidimensional and interactive experience of a variety of functional challenges; in particular, these challenges include impairments, restrictions on activities and participation in social situations, and they result from the intricate interactions between a person's characteristics, health conditions, and physical and social barriers (WHO, 2001). Disability according to the CRPD is an ever-evolving term that arises from the interplay between people with disabilities and environmental and attitudinal barriers that prevent their full and equal participation in society (Kazou, 2017). Disability therefore "results from the interaction between persons with impairments and attitudinal and environmental barriers that hinders their full and effective participation in society on an equal basis with others" (Kazou, 2017, p. 26). The CRPD definition of disability is similar to the ICF conceptualization in that both acknowledge that disability goes beyond mere impairment but includes environmental and social norms and attitudes towards people with impairments that hinder their functioning.

Similarly, Disabled People International (DPI) established its definition of disability in 1982 as the loss or restriction of possibilities to participate in regular community life on an equal footing with others because of physical and social impediments (Barnes & Mercer, 2005). It must be noted that the DPI conceptualization has faced criticism due to a 'logical error' included in the definition provided above. There is no mention of 'impairment' as a prerequisite for disability in the definition of the term. DPI's objective was to purposefully "decouple disability from an impairment" (Shakespeare, 2006, p. 216). However, because of this, "the neglect of impairment as an important aspect of many disabled people's lives" (Shakespeare, 2006, p. 217) which allowed other social groups – such as individuals who have experienced racial prejudice, sexism, or deprivation – to be included in the social constructionist definition, even if they do not have impairments, a (possibly unintended) result (Shakespeare, 2006). Therefore, it could be argued that the DPI's definition of ‘disability’ is so broad as to encompass many people who would not otherwise be considered disabled. This, in turn, has the potential to seriously undermine the conceptual strength of the theoretical framework DPI proposed, talk less of its argumentative and/or political force.

Disability is an inherent aspect of life, requiring society to embrace inclusivity and provide equal opportunities for all individuals. At some point in life, everyone is likely to encounter it temporarily or permanently. Disability is difficult to describe since it is “complex, dynamic, multidimensional, and contested” (Ghoshal, 2018, p. 233). It has been described from the perspective of the social model by some scholars (Hinchcliffe, 2007; Oye-Lithur et al., 2007; Kazou, 2017). The concept and knowledge of human disability are seen to be constantly changing, which has led to administrative attention globally (Kazou, 2017). Disability conditions have occasionally been adopted largely following the medical model. In common parlance, phrases like ‘disabled,’ ‘handicapped,’ ‘physically challenged,’ and ‘cracked’ are interchangeably employed (Ghoshal, 2018, p. 233), reflecting a pronounced emphasis on pathologic disorders. However, disability is not regarded as a single medical disease, but rather as the result of the interplay between a person’s health and their environment in general (Kazou, 2017). Disability results from the interaction of conditions such as environment, health, and personal factors. Its multifaceted nature makes it difficult to analyze in a unilateral approach (Kazou, 2017; Mladenov & Brennan, 2021).

2.3 Models of Disability

Until the late 1960s and early 1970s, disability was understood from a medical perspective as the outcome of a personal handicap that calls for medical attention, rehabilitation, and personal adjustment (Kazou, 2017; Retief & Letšosa, 2018). During that period, disability was purely “viewed from a medical perspective” consequent to individual impairment, and “requiring rehabilitation and individual adjustment” (Kazou, 2017, p. 27). The predominant medical conceptions of disability were questioned, and the role of social and environmental impediments came to light (Kazou, 2017; Retief & Letšosa, 2018). Historically, the definition of disability has been a debatable issue. However, its definition can be based on medical and social models. Models of disability are frameworks designed to guide and provide comprehension of disability issues (Kazou, 2017; Retief & Letšosa, 2018; Owusu, 2019). Models define and describe the needs of people with disabilities (Smart, 2003) and provide interconnecting frameworks for the formulation of disability policies and shaping the self-identity of persons with disabilities. For this study, literature on the medical and social models (Berghs et al., 2019; Hogan, 2019; Retief & Letšosa, 2018) is reviewed.

2.3.1 Medical Model of Disability

The medical model, also known as the biomedical or ‘personal tragedy’ model, has been the bedrock for the formulation of disability policies for more than a century (Chander, 2020; Retief & Letšosa, 2018; Woods & Thomas, 2003). According to Amponsah-Bediako (2013), “it gained acceptance after World War II when many disabled veterans needed to be re-introduced into the society” (p. 129). This approach to managing issues affecting persons with disabilities resulted in disability being perceived principally as an ‘impairment:’ a problem of the individual (Chander, 2020; Retief & Letšosa, 2018; Woods & Thomas, 2003). The medical model thus recognizes people with impairments (disabilities) as ‘sick,’ emphasizing the impairment when it comes to policy formulation and development of treatment and services for disabled people (Chander, 2020; Retief & Letšosa, 2018; Smith & Bundon, 2018; Woods & Thomas, 2003). The medical model of disability places much focus on care hence institutionalization and segregation are justified (Retief & Letšosa, 2018). As a result, persons with disabilities may be excused from participating fully in communities and may be denied work opportunities. Furthermore, the medical model strengthens preconceptions among employers about the inability of persons with disabilities to work (Blanck, et al., 2003; Lawson & Beckett, 2020). The medical model of disability has been criticized for its narrowness and its locating the problem within the individual as being too simplistic (Kazou, 2017). This can be evident even in times of a pandemic such as COVID-19 which will further place persons with disabilities at the peril of job losses or job-seeking as well as access to healthcare services.

2.3.2 Social Model of Disability

Disability is considered from the environmental and attitudinal barriers that prevent disabled people from participating in society (Barnes, 2019; Berghs et al., 2019). Participation in decision-making and human rights are, therefore, central to this model (Berghs et al., 2019; Oliver & Barton, 2000) due to the obstacles that prevent their participation in society (Oliver, 2013; Oliver, 2018). It acknowledges the social and psychological factors disabling people, such as preconceived notions about individuals with disabilities (Berghs et al., 2019; Oliver & Barton, 2000). This was a response to the various interpretations of disability and its negative consequences on the self-identity of disabled persons (Hans & Patri, 2003; Oliver, 1986; Oliver & Zarb, 1989). It has positively impacted employment outcomes for persons with disabilities in the United States, Canada, and Australia. However, in Ghana, “disabled people have restricted employment and income-earning opportunities” (Yeo & Moore, 2003, p. 574). Social injustices create barriers for the disabled, leading to higher impacts of the COVID-19 pandemic on this group (Douglas et al., 2020; Naami and Mfoafo-M'Carthy, 2020), with no disaggregated welfare support.

The social model of disability is more accommodative of the needs of persons with disabilities for it focuses on societal attitudes rather than the individual with disability (Berghs et al., 2019; Oliver & Barton, 2000). Societal attitudes are the greatest barrier to accessing services such as healthcare, employment, and social protection for persons with disabilities. Most importantly, the social model focuses on the needs and abilities of everyone. This focus helps alter the negative societal attitudes towards persons with disabilities, as it “was used to bolster arguments against using disability, impairment or diagnosis as justifications for exclusion, segregation” (Blanck et al., 2003; Lawson and Beckett, 2020, p. 354). Despite the advantages of the model, it has been largely criticized by other researchers as unidirectional in its approach to disablement. According to critics, it emphasizes social change policies and fails to appreciate the interconnecting link between medical and rehabilitation interventions for disability prevention and management (Adams, 2014; Creamer, 2009; Lawson & Beckett, 2020). In certain contexts, there is often a strong emphasis on preventing disabilities through medical interventions, genetic screening, and other preventive measures (Shakespeare & Watson, 2001). While these efforts can be valuable in specific cases, it is imperative to strike a balance by prioritizing inclusivity and addressing existing barriers for individuals who already have disabilities. The statement highlights the need to shift the focus towards creating inclusive environments, dismantling societal obstacles, and ensuring equal opportunities for people with disabilities. Rather than solely concentrating on preventing disabilities, it is vital to acknowledge and confront the prevailing barriers and discrimination that impede the full participation and inclusion of disabled individuals in areas such as education, employment, healthcare, and social interactions. Through this approach, societies can work towards fostering inclusive environments that embrace diversity, remove barriers, and promote equality, enabling individuals with disabilities to fully engage and contribute to society.

2.4 Disability and Vulnerability

According to the WHO, about 15% of the world's population is disabled (Sharmila et al., 2019). Despite being the world's largest minority group, research shows that persons with disabilities are most likely to experience adverse social outcomes compared to the non-disabled, such as less education, poor health outcomes, unemployment, and poverty (Jesus et al., 2020; Sharmila et al., 2019). "The Standard Rules make very clear statements about the rights of persons with disability and promote an accessible environment in which these rights may be exercised" (Kayess & French, 2008, p. 16), yet the use of derogatory terms referring to persons with disabilities may shatter their spirit and possibly impact morale in the world of work. This will limit the ability of persons with disabilities to be empowered and make use of their rights.

Being more likely to live in poverty, experience greater rates of violence, neglect, and abuse, and having difficulty accessing healthcare, education, and employment opportunities, persons with disabilities were already one of the most marginalized members of most communities (Jesus et al., 2020; Sharmila et al., 2019). The persisting COVID-19 pandemic has social, behavioral, and economic impacts. There are also non-COVID-19-related health outcomes in addition to individual and community-level disease mitigation methods. "Reduced access to healthcare and community support services has a direct effect on persons with disabilities' willingness and ability to acquire and maintain employment" (Wong et al., 2021, p. 465). These consequences persisted past the duration of the mitigation strategy, and they were felt differently by various groups (Wong et al., 2021).

In the response to COVID-19, it has been evident that people with disabilities have been disproportionately excluded rather than included (Antova, 2020; Brennen et al., 2020; Morris, 2021). The measures and strategies implemented during the pandemic have often overlooked the unique needs and challenges faced by individuals with disabilities, hindering their access to essential services and support. A few of the disability injustices associated with COVID-19 policies include harms inflicted on disabled people in residential institutions, access to sanitary facilities, increased institutionalization, and reductions in community supports (including personal assistance) (Antova, 2020; Brennen et al., 2020; Morris, 2021; Safta-Zecheria, 2020; Shakespeare et al., 2021). These have deepened the existing vulnerabilities of persons with disabilities, which "reflect disability consequences and the need for job accommodations" (Wong et al., 2021, p. 464).

However, like any social phenomenon, the impacts of the COVID-19 pandemic are not and cannot be similar across all persons with disabilities (Antova, 2020; Wong et al., 2021). This stems from the diversity of persons with disabilities and their vulnerability levels, in addition to the social support networks and structures at their disposal. It is therefore worth studying the impacts of the pandemic on persons with disabilities to learn how their lives were socially affected. Such knowledge would serve as a guide and lesson for policy measures to avert these ills and the adequate inclusion of these in future crisis management for persons with disabilities. The ensuing disability injustices that occasioned the COVID-19 pandemic and the disruptions to the social life of disabled people could offer insight into how future disruptions caused by pandemics or similar disruptive events can be handled from a disability justice perspective such that this group of marginalized people are not further affected.

2.5 Ghana and Disability

Ghana was the first West African nation to attain independence in 1957 (Amoako, 2019; Balakrishnan, 2020). Ghana is endowed with natural resources such as gold, bauxite, and cocoa (Danso, 2020). Geographically, Ghana has an area size of 238,533 km^2 with its capital situated in the beautiful city of Accra. English is the official language with Twi a predominant local language spoken among many of the citizens. During the 2021 Population and Housing Census, the total population stood at 30.8 million (GSS, 2021a). As of 2010, slightly over 50% of the population lived in urban areas (Anarfi et al., 2020). The Ashanti region (the study region) can be found in the southern part of Ghana. It has a population of 4,780,380 (19.4%). This makes the Ashanti region the second most populated and fast-growing region in Ghana GSS, 2021a). In Ghana's Ashanti Region, disability affects a significant portion of the population aged 5 years and older, with a prevalence rate of 17.3% (GSS, 2021b). Among this group, 7.8% face difficulties in performing certain duties, underscoring the challenges they encounter in their daily lives (GSS, 2021b). The specific types of disabilities present a diverse picture: 155,138 individuals experience some difficulty with their vision, while 20,543 individuals face significant challenges with seeing, and 6,498 are completely blind. In terms of hearing, 62,634 individuals have some difficulty, 10,515 face considerable hearing challenges, and 3,157 have a complete inability to hear (GSS, 2021b). Furthermore, mobility issues affect a substantial number of people, with 122,450 individuals experiencing some form of mobility challenge, 35,167 encountering severe mobility issues, and 5,778 being entirely immobile (GSS, 2021b). These statistics provide crucial insights into the distribution and prevalence of disabilities in the region, emphasizing the need for inclusive policies, accessibility measures, and support systems to empower and improve the lives of individuals with disabilities in the Ashanti Region of Ghana. The choice of this region is because it is the region with the most populated number of persons with disabilities.

In a patriarchal society like Ghana, men are highly elevated, at an advantage and given a lot of opportunities by masculinity, which puts women at a disadvantage (Mohammed, 2022; Naami et al., 2012). Although persons with disabilities are unfairly treated in Ghanaian society, the situation is worse for women with disabilities (Naami et al., 2012). They go through much more discrimination, abuse, and stigmatization because of being women and disabled (Naami et al., 2012). Culturally, society has constructed roles for women because of gender. In the past and present in some parts of Ghana, “girls are often denied the equal rights of men and women as proclaimed in the UN Charter, which means, for most of the world’s women, a life of poverty” (Davenport et al., 2006, p. 255). This was further exacerbated by the exclusion of women from leadership positions until recently (Bauer, 2018). In terms of unemployment, more injustice is seen. Generally, the unemployment rate is high for persons with disabilities, but it is higher for women with disabilities due to gender roles and cultural underpinnings (Naami et al., 2012; Naami, 2015). In this time of a pandemic, the unemployment situation of women with disabilities is at its worst because of the intertwined effects of gender, disability, and the pandemic itself.

Disability in Ghana is highly influenced by traditional systems of thought, including ideas surrounding witchcraft (Abosi, 2002). The negative attitudes and assumptions about disability are often dependent on a clash between ideas associated with witchcraft, religious thinking, and biomedicine in addition to the problematic understandings of disability within and between each (Onyinah, 1994). According to Avoke (2002) and Tuakli-Wosornu and Haig (2014), among many contemporary Ghanaians, disability is commonly viewed as an individual issue rather than socially determined as observed in the Ghanaian belief system. Anthony (2014) emphasizes that “national policies are influenced by national belief systems” (p. 36). As a result of these systems, children with disabilities experience denial from infancy. Ironically, the home where children are supposed to be loved and accepted is hostile to disabled children. For instance, education is most often regarded as less important for disabled children, especially for disabled girls, who are likely to become wives and mothers and whose place is assumed to be in the kitchen. As such, gender and disability bias worsen the situation of disabled girls (Wagner, et al., 2007).

Generally, attitudes towards and the treatment of persons with disabilities are determined by misconceptions (Avoke, 2001). Societal attitudes towards disability show open resentment, oppression, and intolerance on the part of the non-disabled population (Aaberg, 2012; Freer, 2021; Lippman, 1972). In Ghana, persons with disabilities are stigmatized and treated unequally compared to non-disabled people (Kassah et al., 2014). These negative attitudes exist among most people in society. Due to the negative attitudes, persons with disabilities often develop low self-esteem and shun social interaction, which can lead directly to their marginalization from social groups (Desta, 1995). These attitudes are also a result of contemporary interpretations of ancient traditional beliefs and practices and local myths (Hanks & Hanks Jr, 1948). They are sometimes seen as a disgrace to their families, and as a result, they are mostly confined to distinct places where they will not be noticed.

Persons with disabilities may experience psychological issues due to several challenges they face daily coupled with their struggle for economic survival (Reynolds, 2010). Similarly, the negative attitudes associated with superstitious beliefs are serious barriers to social inclusion. (Abosi, 2002; Avoke, 2002; Tuakli-Wosornu & Haig, 2014). Groce (1999) explains the impact of cultural belief systems and explanatory models on disability. “Such knowledge can help establish what is universally true about disability and what is unique to specific cultures” (Groce, 1999, p. 285). These aforementioned factors command how an individual is likely to be treated in their community as well as their accessibility to services and opportunities (such as education, health, and employment) (Abosi, 2002; Avoke, 2002; Tuakli-Wosornu & Haig, 2014). Thus, cultural forces have a critical effect on the characteristic patterns of how people respond to a disability based on how disability is understood and how resources are distributed. According to Groce (1999), disability is likely to be culturally bound. Culture, therefore, determines the treatment meted out to persons with disabilities, resulting in preferential treatment concerning the allocation of resources and opportunities available to the non-disabled at the expense of persons with disabilities. Indisputably, persons with disabilities in the Ghanaian community experience a lot of injustice because of cultural myths and superstitions.

Despite these, the well-being and dignity of persons with disabilities have been supported and improved via the implementation of several interventions and initiatives, such as “the National Community-Based Rehabilitation Program (CBR)” (Asuman et al., 2021, p. 635). The CBR, which was established in 1992, offers home-based rehabilitation services that are provided by persons with disabilities and family members with the assistance of regionally trained supervisors. However, the initiative faced serious difficulties because of the donors’ withdrawal of support, “limited resources and income generation, lack of interest and commitment from members and no support from local government (district assemblies)” (Kuyini et al., 2011, p. 262). Additionally, persons with disabilities who are experiencing poverty can obtain unconditional transfers under the Livelihood Empowerment Against Poverty (LEAP) program (Asuman et al., 2021). Beneficiaries of the LEAP program also receive free services like agricultural assistance in addition to cash transfers. On the other side, persons with disabilities get free access to healthcare under the National Health Insurance Scheme (NHIS) (Asuman et al., 2021) which promotes access to formal healthcare services.

In 2005, the Ghanaian government established the Disability Fund to aid in the delivery of programs aimed at enhancing persons with disabilities’ well-being (Asuman et al., 2021). Each assembly receives 3% of the District Assemblies Common Fund (DACF), an intergovernmental payment from the national government to local governments, given to the fund to support persons with disabilities operations in the district. The Fund’s mission is to eradicate poverty among people with disabilities, particularly in the unorganized sector, and to improve their social standing by providing them with respectable employment (Asuman et al., 2021). “The purpose of the Fund is to reduce poverty among persons with disability, especially those within the informal sector, and enhance their social image through dignified labour” (Asuman et al., 2021, p. 635) and in accessing technical aids and assistive gadgets. It also strengthens the capacity of organizations of people with disabilities to uphold the rights of persons with disabilities. Since it was established years ago, the fund has faced several difficulties such as slow payments to beneficiaries and little knowledge of the fund’s existence among persons with disabilities (Asuman et al., 2021).

2.6 Legal and Regulatory Frameworks for Persons with Disabilities (Persons with Disabilities) in Ghana

In Ghana, several legislative and regulatory requirements aimed at protecting the basic human rights of persons with disabilities exist. Persons with disabilities have equal access to a fair social life under the fourth republican constitution of 1992, the Persons with Disabilities Act of 2006, and the National Disability Policy of 2000. These legal and regulatory frameworks provide persons with disabilities in Ghana with numerous opportunities as well as significant challenges. This section examines these legislative mechanisms aimed at ensuring equal opportunities for persons with disabilities in Ghana.

2.6.1 The 1992 Constitution of Ghana

Ghana’s fourth republican constitution, promulgated in 1992, guarantees all Ghanaians' basic human rights (Sackey, 2015). The constitution ensures that persons with disabilities' rights are guaranteed and supported against all forms of discrimination, marginalization, and violence (Sackey, 2015). Persons with disabilities must not be subjected to any kind of preferential treatment. As far as possible, all public places should have adequate facilities to ensure that persons with disabilities have access to public places, according to Article 29 of the constitution. In addition, the constitution provides incentives for persons with disabilities in the areas of business and jobs.

2.6.2 The National Disability Policy of 2000

The National Disability Policy Document discusses the needs of persons with disabilities. As part of its long-term objectives, the policy aims to ensure that persons with disabilities have equitable access to opportunities by 2020. The policy aims to achieve this by integrating persons with disabilities into Ghana’s development process. In the short to medium term, the policy will aim to educate the public about the importance of treating Persons with Disabilities equally to their non-disabled counterparts (Singal et al., 2015). However, owing to a lack of legal backing, the legislation did not provide enough to civil society groups in terms of mounting pressure for the adoption of the policy document’s objectives (Asuman et al., 2021). Persons with disabilities still encounter significant structural, institutional, and social hurdles that cause poor self-esteem, limited mobility, lack of access to healthcare and education, and a lack of job possibilities (Kuyini et al., 2011).

2.6.3 The Persons with Disabilities Act (Act 715)

After a series of protests from civil society groups, the parliament of Ghana passed the Disability Act (Act 715) in 2006 (Asuman et al., 2021). Persons with disabilities were given the power to put pressure on the government to behave in accordance with the law. The Act is divided into eight parts, the first of which focuses on the rights of persons with disabilities and the third on education. The Act mandates the ministry of education to make provisions for sign language, Braille writing and reading in teacher training curricula by statutory instrument (Asuman et al., 2021). The Act makes it illegal for parents and guardians to exclude a child of school age with disabilities from enrolling in a school. The Act also mandates the government to offer free education to persons with disabilities in formal schools or segregated schools if they are unable to enroll in public schools. The Disability Act called for the creation of a National Council on Disability, whose task will be to propose policies to ensure that persons with disabilities are fully included in national growth. Although there are good policies, their implementation has been difficult. From the literature reviewed, persons with disabilities are inhumanely treated and denied opportunities (Asuman et al., 2021). Again, there is a direct relationship between culture and disability. Culture has a major effect on how disability is understood and how disability policies are formulated and implemented.

2.7 Theoretical Framework

This study utilized the Critical Disability Theory as the theoretical framework for the present study. This is because it provides a standard for probing and analysing the various issues faced by persons with disabilities in society (Hosking, 2008). The theory seeks to create a participatory society for persons with disabilities by identifying current social issues. In addition, it seeks actors who can create change for social transformation and moves the focus from the traditional understanding and assumptions of disability to how people are made disabled through systems within society, thereby highlighting “a more participatory society” (Meekosha & Shuttleworth, 2009, p. 52). Generally, scholars that have researched disability issues have adopted this theory to explain how social, political, and economic change affects the lived experiences of persons with disabilities worldwide. The critical disability theory embraces a social model that is founded on the following tenets: (1) disability is a social construct and not an eventual outcome of impairment; (2) disability is best described as a complex interrelationship among impairment, individual response to impairment, and the social environment; and (3) the social discrimination encountered by disabled people is brought on by the physical, organisational, and attitudinal (collectively, the social) factors (Goodley et al., 2019).

Responses to COVID-19 have often been disability-exclusive as opposed to disability-inclusive. Access to public information and communications, access to sanitary facilities, reductions in community supports (including personal assistance), increased institutionalization and harms inflicted on disabled people in residential institutions, shortages of support staff, lack of access to food, medicines, and essential supplies, and violence in public (including physical assault) are just a few of the disability injustices linked to COVID-19 policies. Individualized and medicalized conceptions of vulnerability have served as the foundation for these injustices. First and foremost, persons with disabilities may fall into other groups of vulnerable people as such, on the surface, it could be argued that policy responses in these groups could cover them. However, this analogy is shrouded with flaws.

Instead of looking at the intricate intersections between these traits, many policy publications on groups that are at high risk of catching coronavirus concentrate on single demographic criteria like age, race, ethnicity, or weight in isolation (Peek & Stough, 2010; Phillips & Morrow, 2007). Studies that examine demographic parameters in this manner ignore the diversity of identities held by persons with disabilities. Such studies run the risk of reducing persons to a single trait, which is typically the disability in the case of handicapped people. Furthermore, the emphasis on demographic factors is problematic because it lessens the duty of health systems and governments to implement systemic changes by deflecting attention from universal structural problems (such as inequality, exclusion, and social control) by emphasizing individual traits (Pausé et al., 2021). “COVID-19 illuminates and highlights the deep-seated inequities already in existence that are independent of weight, but rather caused by the underlying drivers of social determinants of health such as poverty, racism, and other forms of structural oppression" (Pausé et al., 2021, p. 4). Additionally risky is the approach's stigmatization of particular body types (the 'fat,' 'frail,' or 'damaged' bodies). It has caused policymakers to target those with numerous comorbidities after determining that they are the most susceptible. This has pushed them to adopt a medical model of risk and vulnerability. However, this medical model of illness runs the danger of disregarding social variables, which can raise coronavirus exposure and mortality. "COVID-19 has conferred new experiential knowledge on society and a rare opportunity to better understand the social model of disability and to improve the lives of persons with disabilities" (Ebuenyi et al., 2020 p. 1).

Given the above, the study contends that the COVID-19 pandemic which is an economic and social change has great impacts on the lives of persons with disabilities. This is because during crises and pandemics such as COVID-19, the movement of persons, especially persons with disabilities, is limited with great impacts on their lives. Therefore, the theory suggests that during social and economic change, persons with disabilities should be prioritised as they are most often neglected in society and more affected by economic and social changes. How should this be done? First, by knowing the impacts the pandemic has on persons with disabilities' social lives and second, by carving out policies to address these.

2.8 Empirical Review

Holm et al. (2022) examined the impact of the COVID-19 pandemic on the psychosocial well-being of persons with disabilities. The study employed a sample of 22,165 persons with disabilities and persons without disabilities using data from a population-based survey from the Finnish Health, Welfare, and Services survey carried out between 2020 and 2021. The logistic regression method was employed for the analysis and the key finding revealed that during the pandemic, persons with disabilities reported increased loneliness as compared with people without disabilities. In addition, the study reports that there were decreased social contacts and interactions. The finding implies that during crises like the COVID-19 pandemic, individuals with various sorts of impairments should receive more care in terms of their mental well-being.

Wong et al. (2021) assess the impact of COVID-19 on the employment of persons with disabilities. When it came to finding work during the pandemic, persons with disabilities faced more difficulties than their contemporaries who were not disabled. The authors further discovered that during the pandemic, a substantial number of employers and persons with disabilities experienced layoffs and company closures. Up to 14.6% of the participants (n = 107) (Wong et al., 2021, p. 465) among persons with disabilities whose work was unaffected anticipated a loss of income and expressed concern about the pandemic's economic unpredictability (Wong et al., 2021, p. 465). Due to illness or disability, being laid off or furloughed, company downsizing, and a lack of safety at work, persons with disabilities have high rates of unemployment. According to employees and employers, the pandemic had a negative impact on persons with disabilities' employment. Findings show vulnerabilities that reflect the effects of disabilities and the need for employment adjustments, but they also show experiences that are similar to those of the non-disabled workforce.

Park et al. (2022) observed "more significant trip reductions among people with disabilities for two place types—grocery stores and community service providers ($p < .05$)" (p. 30) when examined travel behavior and community living during the COVID-19 pandemic conditions for persons with disabilities. There was a reduction in travel for people with disabilities compared to their counterparts. Depending on the destinations and means of transportation, people with impairments curtailed their daily travel to varying degrees. People with cognitive and sensory impairments (such as eyesight and hearing difficulties) had the greatest reductions in taxi journeys (including those made through ride-hailing services). For several destination types—groceries, restaurants, outdoor recreation, indoor recreation, and healthcare providers—cognitive impairment was linked to a trip decrease by location type. The COVID-19 pandemic has brought changes in the social lives of persons with disabilities, with negative impacts.

Karpur et al. (2022) discovered that "individuals with autism spectrum disability (ASD) + intellectual disability (ID) were more than nine times likely to be hospitalized compared with those that did not have this condition" (p. 2352) and "individuals with autism spectrum disability (ASD) + developmental disability (DD) were nearly six times more likely, and those with autism spectrum disability (ASD) only were almost four times more likely to be hospitalized compared to those that did not have this condition" (p.2354) when they also analyzed the impact of the COVID-19 pandemic on individuals with disabilities. The results indicated there was an increase in the hospitalization of persons with disabilities during the period as most of them experienced increased health-related issues. These results highlight the necessity of prioritizing vaccination availability to stop COVID-19 infections and morbidities. This is the first study to show that people with Autism and other developmental disabilities had a greater risk of hospitalization and a longer average duration of stay in hospitals.

In a different study, Lebrasaeur et al. (2021) investigate the impact of the COVID-19 pandemic and associated isolation and protective measures, among people with physical disabilities. The study performed a rapid review of published literature from six online databases to synthesize results from original studies regarding the impact of the COVID-19 pandemic on people with physical disabilities. The study used evidence from 1,621 papers retrieved from the search strategy for the analysis. The findings from the various literature revealed that there has been a decrease in access to healthcare during the pandemic. In addition, changes in social and lifestyle habits, mood changes and decreased levels of physical activity were also recognized among people with physical disabilities during the pandemic period.

Jesus et al. (2021) analyze the experiences of persons with disabilities during the first wave of the COVID-19 pandemic. The findings from the thematic review analysis revealed persons with disabilities had challenges with disrupted access to healthcare; reduced physical activity leading to health and functional decline; social isolation and loneliness; and reduced employment or income. Similarly, Schwartz et al. (2021) analyze the impact of employment and service disruptions for persons with disabilities and chronic health conditions during the COVID-19 pandemic in the United States. The findings revealed disruptions in employment for persons with disabilities. Senjam (2020) shows that the pandemic affected healthcare access for individuals with visual disabilities. According to Ciciurkaite et al. (2022), "experiencing more pandemic-related stressors was associated with greater depressive symptoms across all levels of stress exposure severity among individuals with disabilities" (p. 331) and "loss of employment" (p. 313). Furthermore, it was revealed that there was depression among persons with disabilities during the COVID-19 pandemic while some also lost their jobs during the period.

2.9 Summary

This chapter extensively dealt with the concept of disability, models of disability, culture and disability, Ghana and disability, legal and regulatory frameworks for persons with disabilities in Ghana, the National Disability Policy 2000, and the Disability Act 2006 (Act 715). Also, theoretical reviews and empirical reviews were presented. Critical disability theory was employed as the theoretical framework which states that economic and social changes have a great impact on persons with disabilities. The theory was well explained and linked to the social impact of

COVID-19 on persons with disabilities. The empirical review showed the pandemic greatly affected persons with disabilities from various dimensions. Specifically, within the Ghanaian context, little is known about how the COVID-19 pandemic has affected persons with disabilities and how they coped or are coping with it. Following this, the study seeks to fill this gap in the literature by investigating the social impacts of COVID-19 on persons with disabilities living in the Ashanti Region of Ghana.

Chapter Three: Methodology

3.1 Introduction

Persons with disabilities are often recognized as marginalized groups in society. This group becomes more marginalized when there is an outbreak of a pandemic; they are at a higher risk of being disproportionately affected by the pandemic, concerning contracting the virus, losing their livelihoods, and ultimately reducing the quality of life. A study conducted by Brooke et al. (2022) also emphasizes empirical evidence gathered from previous pandemics that staying at home may cause a toll on the mental health and social life of individuals. This situation may be worse in persons with disabilities (Hassiotis et al., 2020). However, a paucity of work has been done regarding the social impact of the pandemic on vulnerable populations such as persons with disabilities. How can people with disabilities cope in the midst of economic challenges and how will this affect their social life, especially when restrictions on movements and interactions exist? This qualitative study is to explore the social impacts of the COVID-19 pandemic on persons with disabilities in the Kumasi metropolis of Ghana's Ashanti Region. This chapter presents the methodology and the various methods used in recruiting the study participants, collecting data for this study and the adopted analytical framework. To be precise, it includes research design and approach, participant sampling and recruitment**,** inclusion and exclusion criteria, the procedure for data collection, ethical considerations, and data analysis.

3.2 Research Paradigm

The philosophical foundation of every study is a research paradigm (Rehman & Alharthi, 2016). A paradigm is a fundamental theoretical framework and belief system that makes assumptions regarding ontology, epistemology, methodology, and procedures. "It is our way of understanding the reality of the world and studying it" (Rehman & Alharthi, 2016, p. 51). The study is founded on the constructivists' paradigm which holds that several realities exist rather than a single reality or truth. As such, constructivist researchers dedicate their time to deciphering and analyzing the significance of action by employing qualitative research techniques that emphasize offering many viewpoints, such as case studies and interviews. The constructivist epistemology is founded on the belief that "individuals create their new understandings through the interaction of what they already believe and the ideas, events, and activities with which they come into contact" (Ültanir, 2012, p. 195).

3.3 Research Methodology

Patel and Patel (2019) explain that the research methodology helps determine the type of data to be collected, the size of the participants to be involved in the study, the procedure involved in data collection, as well as the data analysis procedure. It involves "systematic procedures by which the researcher starts from the initial identification of the problem to its conclusions" (Singh, 2006, p. 79). The study utilizes the qualitative research approach as the methodology mainly because of its ability to derive knowledge from the "expert knowers" (Merriam, 2002; Mohajan, 2018). Qualitative research helps gain quality, in-depth, and richness of accounts (Corbin & Strauss, 2015; Merriam, 2002). In this case, it is believed that persons with disabilities have lived the experiences and can give a subjective account of COVID-19's impact on disabled people.

3.4 Research Design

For this study, a phenomenological research design was utilized. Phenomenology as a research design is a method that is based on the lived experiences of participants (Qutoshi, 2018; Sousa, 2014). Phenomenology "provides a theoretical guideline to researchers to understand phenomena at the level of subjective reality" (Qutoshi, 2018, p. 125). The design was used because of its flexibility and subjectivity; it allows participants freedom during data collection to explore the essence of their experience (Neubauer et al., 2019). Data collection using phenomenology is rich and impressive. Due to the emergence of new experiences during the data collection process, phenomenology enables the researcher to construct themes and patterns that can always be reviewed by participants. Furthermore, phenomenological inquiry focuses on what people experience concerning a phenomenon and how these experiences are interpreted concerning their perceptions, views, and understandings of a particular situation (Groenewald, 2004; Wojnar & Swanson, 2007).

Phenomenology is deemed appropriate for this study because this inquiry focuses on meaning, that is, how socially and historically persons with disabilities interpret the world within which they live (Groenewald, 2004; Wojnar & Swanson, 2007). Utilizing a phenomenological approach, this study delved into the perceptions of disabled individuals regarding the social repercussions of COVID-19. By employing this research design, the investigation uncovered the participants' individual encounters with COVID-19, shedding light on their interpretations within the broader social, cultural, political, and historical framework. This deeper understanding of their experiences and the resulting influence on their social lives was facilitated by this approach. Using in-depth conversations with participants, the researcher gained entrance to the participants' worldview and uncovered and made meaning of their experiences through the phenomenological research design. It, therefore, helped investigate the subjective views of persons with disabilities with the belief that critical truth about reality is grounded in their lived experiences, how they interpret those experiences, and what influenced their perceptions about COVID-19. Doing so helped generate in-depth data from the participants and, therefore, corroborate the construct of the phenomenological study design.

3.5 Population of Study

The study's population consists of persons with disabilities in the study area (Kumasi Metropolis). For this work, persons with disabilities were defined to include individuals with physical limitations or conditions that prevent a person from using one or more of their limbs normally and individuals with any kind of vision loss be it partial or total vision loss (Lebrasseur et al., 2021; Senjam, 2020). The population, however, excluded persons with other forms of disabilities such as intellectual, speech and hearing disabilities.

3.6 Recruitment of the Participants

Before embarking on this study, ethical approval was sought from the Human Ethics Office (HEO) of the University of Manitoba. Following the receipt of permission from the HEO, the researcher commenced the participant recruitment and data collection procedure. Again, notice and permission were sought from the Ghana Blind Union and Ghana Association of the Physically Disabled, Kumasi chapters.

Participants for this study were recruited using the purposive sampling technique. Purposive sampling is a technique used when a researcher selects individuals within the sample to be used for a specific study (Campbell et al., 2020). This is justified by the assertion that these participants possess the requisite characteristics which are relevant to the study (Hesse-Biber, 2017). Maximum variation sampling was employed as a purposive sampling technique. This approach involved selecting participants with diverse characteristics, including different types of disabilities, varying age groups, degrees of impairment, and geographic locations within Ghana. By including a wide range of participants, the study aimed to capture the varied experiences and social impacts resulting from COVID-19 on people with disabilities. Through this sampling approach, the study provides valuable insights into the challenges and needs faced by people with disabilities during the pandemic, informing the development of effective interventions and support measures. Core features of qualitative research samples from existing literature show that small samples are studied intensively, and each one typically generates a large amount of information (Tomaszewski et al., 2020). Again, a small sample size provides an in-depth description of the phenomenon under study rather than making general claims (Smith & Osborn, 2007), particularly in qualitative studies. According to Campbell et al. (2020), the goal of purposive sampling is to obtain cases deemed information-rich for the study. Therefore, the researcher assumed that a sample size of 8-10 will be ideal to achieve rich and thorough experiences of persons with disabilities vis-à-vis the social impacts of COVID-19 on their lives.

3.6.1 Inclusion Criteria

According to Creswell and Creswell (2017), the selection of participants should be based on inclusion criteria. The participants included in this study were persons with disabilities from the Ghana Blind Union and Ghana Association of the Physically Disabled in the Kumasi Metropolis of the Ashanti region of Ghana. Furthermore, a person was considered eligible for inclusion in the study if the person was (i) 18 years old and above at the time of the data collection (ii) willing to be interviewed (iii) willing to be recorded (iv) willing to voluntarily provide an informed consent to participate in the study (v) able to communicate in Ashanti Twi or English language – the commonly spoken languages in the study area. Using these criteria ensured that only people with relevant experience were recruited for the study.

3.6.2 Exclusion Criteria

Exclusion criteria refer to "features of the potential study participants who meet the inclusion criteria but present with additional characteristics that could interfere with the success of the study or increase their risk for an unfavorable outcome" (Patino & Ferreira, 2018, p. 84).

Frequently used exclusion criteria include traits of eligible participants that make them very likely to be lost to follow-up, miss visits to collect data, offer erroneous data, have comorbidities that might skew the study's findings, or raise their risk for adverse events (most relevant in studies testing interventions) (Patino & Ferreira, 2018). Participants excluded were those who were sick at the time of the study and those who experienced any unpreventable event that could predispose them to over-attribute their responses to COVID-19 without recourse to other non-COVID-19 antecedents that may have affected their social lives.

3.7 Recruitment Procedure

The researcher sent an email to two disability organizations – the Ghana Blind Union and Ghana Association of the Physically Disabled – to seek permission to engage some of their members who meet the criteria mentioned above in a study related to the social effects of the COVID-19 pandemic on their members. The Ghana Blind Union and the Ghana Association of the Physically Disabled were chosen as organizations for potential participants in phone interviews due to their representation of specific disability groups in Ghana. Including participants from these organizations allows for a comprehensive understanding of the experiences and challenges faced by individuals with visual impairments and physical disabilities. It is important to consider the participants' ability to cope with phone interviews, taking into account accommodations and accessibility needs to ensure their full participation in the research process. This approach aims to create an inclusive research environment that acknowledges the diversity within the disability community. Upon approval of the request, I scheduled a period in one of their meetings to verbally introduce my intentions to the members of the organization via a telephone call. On the day of this meeting, an information sheet was presented detailing the nature of the study. A verbal explanation of the nature of the study was offered to the participants. Interested members who met the inclusion criteria contacted the researcher through a phone number indicated on the information sheet. The first ten interested members who willingly reached out and met the inclusion criteria were selected. The selection of participants was voluntary and entirely based on the interests expressed by participants. A convenient time for both the researcher and participants was chosen for the interviews. Since “informed consent has been recognized as an integral part of ethics” (Sanjari et al., 2014 p. 3), the participants selected were made to thumbprint, append their signatures, and verbally give their consent. Signed forms were then scanned and emailed to the researcher. Participants who gave their consent verbally were audio recorded after they permitted such to take place.

3.8 Data Collection

A data collection instrument is “any procedure or device for systematically collecting data” (Fraenkel & Wallen, 2009 p. 434). Fraenkel and Wallen (2009) and Fraenkel et al. (2012; 2015) further explained that the preference for data collection instruments is dependent on factors such as the nature of the study, cost, available resources, and time. Questionnaires, interviews, and observations are common instruments used in data collection. For this study, a semi-structured interview guide was developed for the data collection. Significantly, employing an interview guide makes it easier for participants to describe their personal experiences rather than having the researcher drive the conversation (Baumbusch, 2010). The interview guide entailed a combination of closed and open-ended questions to allow the participants to expound on their subjective experiences regarding the social impact of the COVID-19 pandemic.

In-depth telephone interviews were used as the data collection tool for this study. As Novick (2008) observes, some disadvantages of the use of telephone interviews include loss of nonverbal data, loss of contextual data, and data distortion. Indisputably, gestures, actions and other visual cues are missed in this type of data collection which can also enrich and provide depth to the verbal data. Lechuga (2012) also states that the use of telephone interviews contradicts the traditional notion of conducting qualitative interviews. However, to Novick (2008), participants have been described as "relaxed on the telephone, and willing to talk freely and to disclose intimate information" (p. 393). Additionally, Carr and Worth (2001) note that telephone interviews are gradually being accepted as a means of conducting interviews. Lechuga (2012) further adds that the use of telephone interviews enhances privacy and reduces distraction especially when it comes to notetaking. Therefore, for this study, telephone interviews are preferred to Zoom/Skype calls. This is because Zoom/Skype calls require internet usage or connection which is costly for both the participants and the researcher. However, phone-based interviews impose no out-of-pocket cost on the participants. Thus, the researcher bore all the monetary costs involved in the conduct of the telephone interviews. Also, internet connection in Ghana is poor and limited in some areas (Ogbonnaya et al., 2020).

The process of the interview follows this pattern – an opening introduction, guiding questions, and a final closing statement. This process was repeated for each interview, to ensure consistency. The interviews were conducted in Asante Twi, a predominant local dialect that was preferred by participants. Research shows that millions of people speak Asante Twi either as a first or second language in Ghana (Boateng et al., 2020; Opoku-Amankwa, 2009).

Once I had received all the signed forms, the interview commenced at an agreed time, and the interview guide that was constructed was used. However, a pre-interview session was first held via telephone to go over the details of participation. Contact information of counsellors was given to each participant before the interview. This was to aid participants to seek counselling support when the need arises. Also, the participants were emphatically made aware before the interviews that their identities would be anonymized, and their responses protected. Again, I explained to participants that they can choose not to answer any question they are not comfortable with and can also opt out of the process at any time before data analysis begins. Furthermore, I also signed an ethics document to authenticate the agreement and assure respondents of ensuring privacy and professionalism in all their engagements that may follow.

The interview began with the researcher asking questions from the semi-structured interview guide which sought their experiences with COVID-19 as disabled persons. These semi-structured questions were put together based on knowledge obtained from existing literature on the experiences of people with disabilities in past pandemics and COVID-19 itself from other jurisdictions. The interview guide also ensured uniformity in the questions that the researcher asked participants during the interview process. As observed by Brinkmann and Kvale (2015), this method of interviewing allows participants to express their views and share their experiences with examples thereby providing rich data freely and thoroughly. The duration of the interviews ranged between 45 minutes and 1 hour. The interview was recorded to aid the researcher in effective transcription and for easy referencing. The whole study was conducted over 4 months during which insights about the thoughts, feelings and changes experienced by persons with disabilities in the face of COVID-19 were obtained. A follow-up interview was deemed important for each participant to ensure the data corresponded with the participant's experiences. The researcher observed during the follow-up interviews that participants were more open to information. This is as a result of the trust that had been built between the researcher and participants (Cope, 2014). This enabled the researcher to gain more detailed information. At the end of each interview, participants were thanked for their time and participation.

The interviews ended when all the questions were exhausted, and no new information was needed. At the end of the interviews, an honorarium was presented in the form of recharge cards (100 GH₵ each, equivalent to 10 CAD) to participants based on the telecommunication network they use through an international money transfer provider (lemonade). During the interviews with participants, the interviews were recorded with a digital recorder. Recorded interviews were then kept on the researcher’s laptop which is password protected and only accessible to the researcher. The recordings were later moved to the researcher’s UM OneDrive platform which is accessible by the supervisor and the student. The purpose was to ensure that no other person had access to the information given by the respondents. In addition, this was also done to protect the privacy of the respondents and their views.

The participants in the study were approached with a strong emphasis on voluntary participation and their autonomy to decide whether to respond to the research inquiries. It was made clear that there was no pressure for them to provide answers to any uncomfortable questions, and they were assured that they had the freedom to decline or skip any questions that they found distressing or intrusive. While every effort was made to create a safe and supportive environment for open and honest dialogue, it is important to note that no situation arose where participants expressed discomfort or declined to respond. Their willingness to share their experiences and perspectives on the social impacts of COVID-19 on persons with disabilities in Ghana was greatly appreciated and contributed to the overall depth and richness of the study.

Transcription of each recorded interview was done by the researcher alone. Each interview was translated from Twi to English by the researcher for analysis. It must be noted that the names of the participants were not used in any of the transcribed documents as they were assured of the confidentiality of the information provided. In addition, during the data collection period, information on the socio-demographic characteristics, participants' views on the COVID-19 pandemic, and their experiences regarding the impact of the pandemic on their livelihoods, among others, were collected and analyzed in line with the study objectives and questions.

Other documents about the study were kept in a folder on the researcher's laptop and password protected. After the researcher was done transcribing the first interview, the participants were contacted, and the transcribed data were summarized to them to ensure the information gathered was accurate and nothing was left out. The follow-up interviews were also transcribed and summarized to them. Once everything was done, participants were asked if they had additional information to add. The data collection period took four months (August to November 2022). The researcher faced some difficulty in the recruitment process as the researcher recruited participants in Ghana while residing in Canada.

3.9 Assumption

As noted by Thorne et al. (2004), it is impossible for researchers to be neutral or unbiased in their research work because they possess both prior knowledge and assumptions about the subjects being studied. The research questions are developed by them. They conduct interviews, collect data, code the data, and undertake data analysis and interpretation of the results. Therefore, the researcher must acknowledge the biases which may influence perceptions of COVID-19-related experiences of persons with disabilities. To avoid or minimize this, journaling was done throughout the data collection process to ensure the experiences, thoughts and feelings of the respondents are adequately captured.

3.10 Data Analysis

To proceed with data analysis, verbatim transcription of each recorded interview was done. The transcripts were re-read several times to identify concurring and contrasting themes across and within the transcriptions. In so doing, the researcher took the *miner* position as described by Brinkmann and Kvale (2015) where the discovery of information is obtained through interaction with people. After this process was done, the etic phase was employed. Here a summary of the information obtained was read and codes were given to important information. These two steps reflect what is known in Interpretative Phenomenological Analysis (IPA) as double hermeneutics where participants interpret their experiences, then the researcher will interpret their interpretation of their experiences (Smith & Osborn, 2007).

The transcripts were uploaded into NVivo (version 12) – a qualitative data analysis computer software – to organize, analyze and gain a deeper understanding of the data from the transcribed interviews. Given that there was no pre-defined code frame, inductive (open) coding was employed. Inductive coding is a ground-up approach that entails creating codes from scratch based on the survey responses.

The first step, familiarization with the data, was done by the researcher through listening to the recordings, transcribing, reading (and re-reading) and re-listening to the audio to fully comprehend all facets of the data and prepare the foundation for further analysis. In the second step, preliminary codes were identified based on the interesting patterns of the data in a systematic manner. The third step started the interpretive analysis and entailed collating (or splitting) codes into emerging themes and sub-themes. These themes were labelled using the participant's own words and phrases. Comparisons were then made to identify prevalent themes in the interview. Based on the accounts of the lived experiences of disabled persons, the following are the major themes identified from the analysis:

1. Knowledge of COVID-19 transmission, prevention and vaccination among persons with disabilities.

2. Impact of COVID-19 and its containment measures on the social lives of persons with disabilities.
3. Positive and negative economic implications of the pandemic on persons with disabilities
4. Access to social support programs among persons with disabilities during the COVID-19 pandemic.
5. Recommendation for persons with disabilities-inclusive policy and planning.

Chapter Four: Results and Discussion

4.1 Introduction

This chapter is devoted to the analysis of the field data obtained through in-depth interviews with persons with disabilities (living in the Kumasi Metropolis of the Ashanti Region of Ghana) on the effect of the COVID-19 pandemic on their lives, vis-à-vis the disruptions to their social lives and the economic consequences of the pandemic. The chapter presents the analysis in the following parts: (i) demographic characteristics of respondents; (ii) respondent's knowledge of COVID-19 transmission, prevention, and vaccination behavior; (iii) effects of the COVID-19 pandemic on the social lives of persons with disabilities; (iv) positive and negative economic implications of the pandemic on persons with disabilities; and (v) access to social support programs during the era of the COVID-19 pandemic. These helped to achieve the objectives of the study as well as in answering the research questions the study seeks to address. Being a qualitative study, the results were largely presented and supported by direct quotations from the participants, followed by a brief description of the characteristics of the participants.

4.2 Background Characteristics of Participants

The essence of the background characteristics of study participants is to help readers and audiences appreciate the persons engaged in the study and how to put their perspectives into proper context. In Table 4.1, the background characteristics of the ten participants are presented. Males, persons aged between 30 years and 39 years, single or never married, and have a physical disability in either their legs or arms were the most dominant in the sample. Five participants were employed, either in self-employment or by another entity, while the remaining five were unemployed. Their sources of income included basket weaving, hairdressing services, selling custom-designed clothing, running a food stall, and working as a teacher.

Table 4.1: Background characteristics of the study participants

ID	Gender	Age	Marital status	Education	Employment	Type of disability
Participant A	Male	32	Single	Tertiary graduate	Self-employed	Vision impairment & physically disabled
Participant B	Male	20	Single	Junior high school graduate	Unemployed	Physically disabled
Participant C	Female	33	Undisclosed	Junior high school incomplete	Hairdresser	Physically disabled
Participant D	Male	48	Married	Senior high school incomplete	Unemployed	Physically disabled
Participant E	Male	43	Married	Tertiary graduate	Fashion designer	Physically disabled
Participant F	Male	31	Married	Junior high school graduate	Self-employed	Physically disabled
Participant G	Female	29	Single	Senior high school graduate	Unemployed	Vision impairment
Participant H	Female	31	Single	Primary school incomplete	Unemployed	Physically disabled

Participant I	Male	28	Single	Tertiary graduate	Trained teacher	Physically disabled
Participant J	Male	37	Single	Senior high school graduate	Unemployed	Vision impairment

Source: Field Data, 2022

4.3 Identified Themes and Sub-Themes

Following the thematic analysis, four themes were identified. The first of the themes is knowledge despite lingering doubts. This theme chronicles the participant's awareness and knowledge about the COVID-19 in terms of origin, modes of transmission, preventive etiquettes, and vaccination behavior among others. The second is functioning without a social network, a theme that presents the social consequence of the pandemic in terms of how social interactions and social networks of the disabled people were impacted. In the third theme labelled the economic consequences of the COVID-19 pandemic, the employment, economic shocks and the overall labor market and the global market effects of the pandemic and its trickle-down effects at the micro level were discussed. The fourth and final theme, sources of support during the COVID-19 pandemic, looks at how and where the participants leveraged on social capital and social networks, in addition to state machineries through which they overcame the economic consequences of the pandemic. These are presented in the text below together with sub-themes and illustrated by quotations from data in italics. After each quotation follows the specific participant's characteristics. A schematic demonstration of themes and subthemes is presented in Table 4.2. Together, the four themes (knowledge despite lingering doubts, functioning without social network, the economic consequences of the COVID-19 pandemic, and the sources of support during the COVID-19 pandemic) aided the understanding of the social effects of the COVID-19 pandemic on people with disabilities in Kumasi, Ghana. Again, the findings positioned the recommendation of policies, interventions and actionable and workable solutions that have deep-seated ramifications on the well-being of people with disabilities, especially during future pandemics or shocks that may have telling effects on the social and economic well-being of people with disabilities.

Table 4.2: Identified themes and sub-themes

SN	Themes	Sub-themes
1.	Knowledge despite lingering doubts	❖ Awareness ❖ Transmission modes ❖ Prevention etiquettes ❖ Vaccination behaviour
2.	Functioning without social network	❖ Limited contact with friends ❖ Feeling dejected ❖ Abnormalities of social gatherings
3.	Economic consequences of the COVID-19 pandemic	❖ Demand for essential services and goods ❖ Lost opportunities ❖ Business down-turn
4.	Sources of support during the COVID-19 pandemic	❖ The state as a companion ❖ Family and friends as saviours ❖ Benevolent groups and organisations

4.4 Knowledge Despite Lingering Doubts

This theme discusses the participants' perceptions about COVID-19, their knowledge about the viral transmission, in addition to the behavior towards vaccination. The participants discussed how the COVID-19 pandemic wreaked havoc across the globe and the possible means by which it is transmitted. In addition, they provide evidence with regards to their acceptance of COVID-19 vaccines, demonstrating how their knowledge and perceptions about the pandemic affected their health behavior.

4.4.1 Awareness

In this sub-section, the focus was on the participant's knowledge of the COVID-19 pandemic. It must be emphasized that participants in responding to the question about whether they know COVID-19, answered by giving a wide range of answers. Three dimensions were discovered and used to represent the awareness of the COVID-19 pandemic among the physically disabled and visually impaired individuals who participated in the study. The first of such dimensions is the knowledge about the origin of the viral transmission that affected global populations and caused disruptive consequences on economies and businesses around the world. The study found that eight of the participants were highly aware of the COVID-19 pandemic, while two of them demonstrated little knowledge of the pandemic. An illustration is provided in the form of quotes from the participants.

> The COVID-19 is a pandemic that started in 2019 in China. It spread across many parts of the world including Ghana, where we recorded our first cases in March 2020. The viral transmission is deadly, resulting in the death of several millions of people around the world and about hundreds to thousands in Ghana. At first, we thought it was far from us, but in time, it was with us. It wreaked havoc in our society and its effects are still felt as of now, even though the severity of the viral transmission has declined in recent months. [Participant A]

> I am told that COVID-19 is a disease caused by a virus from China that affected the whole world. I do not know so much about it, but the little I know about is terrifying as I learnt it has killed a lot of people, particularly outside Ghana. I am glad Ghana did not suffer a lot in terms of death. Our system is porous, weak, and unable to cater for such high demands.

> Hence it was good that the pandemic did not get to a lot of people, unlike other countries we heard of. [Participant G]

> Since March 2020, we heard of a virus that was declared deadly. We didn't know much about it then, but now, it seems we know a lot about it. It has led to the loss of lives, in millions. I do not know what else has killed a lot of people in the world within a short time, and across all countries like this? We were terrified, the psychological effects of hearing about the death toll from the disease was in itself draining, while the fear of contracting it was like hell. Some of us thought the end times prophesied in the Book of Revelations in the Bible had come. Life has been terribly affected, and I do not know how we'll get back. But in all, I know COVID-19 as deadly and an event that the world will never forget, no matter how long it takes. [Participant J]

> It is a viral disease that spreads very fast. It is highly communicable and has become a global pandemic since 2019. It started in China and within a few months spread across the globe. [Participant I]

Despite the demonstration of knowledge on the origin of the COVID-19 pandemic by some of the participants, others had no clue about the virus' origin. Specifically, three of the participants fell within this category. They were unable to mention the originating country or city in their submission, while some explicitly indicated their limited knowledge and awareness of the virus by questioning where it came from. These are quotes from some participants that vividly capture this dynamism.

> It is a disease I heard about which got me scared. I kept wondering where it had come from. I asked my mother lots of questions about it because I was confused about the stuff I heard. I believe she did not give me the right answers because she was equally naïve about it. Some said it was emerging and that we do not know anything about it. That even created a lot of fear and panic, since you cannot fight an enemy, you do not know. Life has been stressful and challenging, living through the COVID-19 pandemic, especially for people with disabilities. And in my case, I did not know much about it, and the more I seek understanding, the more confused I become. What kind of situation is this? Even now, I am still not clear about what actually it is. My mind is full of conflicting ideas. [Participant C]

> COVID-19 is Ebola. That is what I know. I learnt that Ebola transformed and changed into COVID-19 and is affecting us. Thus, Ebola and COVID-19 are the same thing, and have similar symptoms. [Participant E]

While there is adequate knowledge about the COVID-19 pandemic's origin among quite a significant number of the participants, an equally significant number of them do not know its origin.

The second dimension of the awareness sub-theme looks at the participants' perceptions of the fallouts of the COVID-19 crisis, relative to the magnitude of the effects and casualties that resulted from the viral infection. Here, the participants restated that the pandemic wreaked havoc, impacting lives and leading to the deaths of several people across the globe.

It is a pandemic that is killing millions of people around the world. It spreads very fast. According to reports, there is no known cure yet, which was terrifying. No one wants to die, even the very ill and aged. Life is enjoyable, regardless of the sufferings and challenges we encounter, as such, facing a pandemic that we know little about, talk less of cure was a difficult and devastating situation. For us people with disabilities, it was a double agony, because it is a situation of running away from a catastrophic event which one does not know where it is coming from, where it is going and how to stop it on the one hand, and the challenge of being visually impaired, making one unable to even see and plan an escape, should there be a sight of where it is from and where it is going. Our helpers needed help, how can they effectively support and help? [Participant J]

There were a lot of casualties as it spread across the country. The media landscape and communication among peers and family was dominated by deaths from the virus. Although, attempts were made to focus on the recoveries, the death could not be ignored. It was frightening and heartbreaking, especially when you hear of prominent, rich, and successful people succumbing to COVID-19, then you ask yourself; how can a pauper and disabled person like me survive? [Participant A]

The worst-hit countries are still counting their loss as many lives were lost. Largely, I will say Ghana was a bit lucky or we had fewer people with comorbidities, or it was a divine intervention by God. I just do not know which reason to ascribe to the low death rate recorded in Ghana, compared to other parts of the world. This gave a little hope, in light of

> the opaque future that was presented by the pandemic, within the Ghanaian context. [Participant I]

Beyond the human casualties, the participants also listed some economic consequences that occasioned the COVID-19 pandemic. The economic recession and instability, resulting in limited demand for goods and services, low sales and revenue, layoffs and shut-down of business and other related consequences were a couple of such economic impacts brought by the COVID-19 pandemic according to the participants.

> They say it is a global disease that affected every country causing economic instability and affecting the society negatively in so many ways. Low outputs and economic activities have plagued the global economy and in our local settings, the effects are not different. People have lost their jobs and others have had their businesses shutdown, since there was no or low demand for their products or services. [Participant H]

> A pandemic that suppressed the economic situations of many people and countries. It virtually created the impression of the end of the world. Many people who were better-off before were complaining of hardships since their businesses were not doing well. Some people were sacked from their workplace or worked without pay, since the operations could not generate enough to cover production costs and their salaries. [Participant B]

In the third dimension of the awareness sub-theme, responses of governments, vis-à-vis limiting the spread and containing the viral infection were discussed. From the evidence, lockdowns and restrictive movement orders were some instruments the government of Ghana, for instance, used to reduce the spread.

> The government took steps to partial lockdown some regions in the country to curb the spread. This, I believe, reduced the spread. The lockdown and other measures by the government, partly contributed to the low death recorded in Ghana and the less health impacts, compared to other countries. Nonetheless, these measures had their negative consequences on the national and local economy. Thus, the lockdown and other restrictive measures by the state through its various agencies was a curse and a blessing; as it limited the spread of the virus and saved lives, while it also reduced economic activities and interactions, thereby having deleterious economic consequences on households at large. [Participant A]

> It caused many nations to go on weeks and months of lockdown and this affected lots of businesses and social life. The worst hit countries are still counting their loss as many lives were lost. Nationwide lockdowns were imposed in some instances, but in Ghana, restricted lockdowns, in the two hotspot areas was implemented. This reduced the spread of the virus, but also led to economic hardships for a lot of informal sector workers who earn their living from day-to-day jobs, which were unavailable in those periods. [Participant I]

4.4.2 Transmission Modes

How the COVID-19 virus is transmitted from an infected individual to another individual is the focus of this sub-theme. Knowledge of how COVID-19 is transmitted represents another dimension of exploring or testing the awareness of persons with visual and physical disabilities regarding their knowledge and perceptions of viral infection. Some of the participants reveal that the virus is spread through being close to an infected person, that coming into close contact with an infected person and having conversations with such a person predisposes one to contract the virus. These excerpts describe their explanations.

> Through physical conversation with an infected person. The possibility of that person's salivary droplets getting into contact with your eye, mouth or neck region. Coming into contact with an infected person's sweat or touching where he or she may have previously touched and subsequently getting in contact with your eye, nose or mouth leaves you at risk. [Participant A]

> Through physical contact and being in crowded places like public transports. I belief that was the reason social distancing and lockdown measures were implemented to reduce human interactions and the spread of the virus. [Participant D]

> Through physical contact with carriers of the virus. It is also described to be airborne, so can spread even without physical contact. [Participant J]

Others held the view that sharing personal items with someone infected puts one at risk of contracting the virus. Thus, being in the same space with someone infected by COVID-19 and sharing their items makes one vulnerable to getting the virus.

> I learned one could get infected if he or she inhales an infected person's breath. There was also a risk involved in using the personal items of an infected person. Items such as chairs and cups. [Participant C]

Handshakes and physical contact with someone infected by COVID-19 were also reported as means by which the virus spreads. It was for that reason lockdowns and measures that restrict human movements and interactions were introduced at the peak of the crisis.

> I know that the virus is transmitted through handshake, and I hear if you engage in a physical dialogue with another person at a close range. This made interactions and dialogue less common and virtual interactions increased, due to the potential of transmitting the virus. [Participant E]

> Droplets from sneezing, coughing, and talking with an infected person could lead to one contracting the virus too. It made it almost scandalous for someone to cough and sneeze in public, especially at the height of the pandemic; as they were seen, sometimes erroneously tough, as persons who have contracted the virus. [Participant F]

4.4.3 Prevention Etiquettes

When it came to describing the measures to adopt to reduce the risks of contracting the virus, avoiding crowds, washing of hands, and wearing face masks were among the strategies mentioned by the participants. Since COVID-19 is an airborne disease, interaction with people, especially without maintaining a safe distance and not wearing masks places one at risk of getting infected. The opposite holds as the participants revealed that avoiding crowds and wearing masks limits the potential of contracting the virus. These quotes from the participants buttress the point.

> Avoiding crowds and wearing masks. This made masks a product in high demand, during the peak of the pandemic, with producers and traders taking advantage of the demand to sell it at exorbitant prices. Also, I believe the need to avoid crowded places led to increased

> admonishing of the public to adhere to social distancing guidelines and lockdown procedures. [Participant D]

> Constant washing of hands is very important to reduce the spread of the COVID-19 pandemic. Avoiding handshakes is also a good measure to control the disease from spreading. I am told that this made advocacy for frequent handwashing under running water and the provision of free water by the government an important component of the COVID-19 mitigation measures in Ghana. [Participant E]

> Based on what I know, there are a lot of things to do to prevent COVID-19 infections. Some of these include avoiding crowded places, frequent washing of hands under running water, avoid touching of the face, nose, eyes, and mouth indiscriminately. As such, detaching oneself from others is particularly the most effective means of not contracting the virus, since humans are the carriers of the virus. It is not surprising that most efforts were centered on reducing human interactions and movements. [Participant F]

Practicing personal hygiene like frequent washing of hands under running water, the use of hand sanitizers and in addition to staying indoors were other COVID-19 prevention measures according to the study participants.

> Spacing, use of hand sanitizer and washing of hands regularly are means of preventing oneself from contracting the COVID-19. Additionally, avoiding contact with people we suspect to be carrying the virus is also an important strategy to COVID-19 prevention. [Participant A]

> Hygienic practices like frequent washing of hands and maintaining distances between people as well controls rate of spread of the COVID-19. I belief if everyone stays at home, the potential for transmission will be limited. [Participant G]

> Social distancing, regular handwashing, and staying indoors help prevent the spread of the virus. The importance of distancing oneself from others underscored the social distancing measures and the lockdown introduced by the government in the early part of 2020 to limit the disease's spread. The free water we received from the state is also a testament to the essence of frequent handwashing in the fight against the virus and its spread. [Participant I]

Overall, the participants demonstrate ample knowledge concerning the measure that an individual can undertake to lessen the risk of contracting COVID-19. This could imply that a great effort has been put into COVID-19 risk communications in the country. Again, it could also imply that the participants also took personal initiatives to either research the virus or seek information about the virus. In either case, the efforts have paid well, considering the high level of awareness demonstrated in their responses to issues ranging from the origin of the virus to transmission modes and how to prevent the spread of the disease.

4.4.4 Vaccination Behavior

Vaccination behavior is the fourth sub-theme under the knowledge about lingering doubts. Under this category, the participants indicate that they are aware of vaccination campaigns in their localities. However, not all have been vaccinated. Those who have been vaccinated did so to protect themselves from ever contracting the virus.

> Yes. I have taken two shots. Why did I take the vaccine? You need not ask, my sister! This is a viral transmission we knew little about and now we are told there is something to reduce the potential of infection and death and you want me to drag my feet? No way! I could not do that. I love my life and I intend to protect it and continue enjoying life. [Participant F]

> Yes. I have taken two shots of the vaccine. I did so to protect myself and prevent infection. Life is sweet and satisfying, despite the challenges we are confronted with. As a result, I will not want to succumb to a preventable death. I must fight and do all the needful, and if it happens, there will be no regrets on my part and that of my families and friends. [Participant C]

> Yes, I have taken two shots, so as to protect myself against this deadly disease that has caused millions to lose their lives. As the saying goes, I did not want to be a statistic in terms of the death, so I play my part by vaccinating against the virus. After all, life over everything. [Participant A]

For persons who have not been vaccinated, they cited personal reasons for their decision not to take the vaccines. Here is an excerpt from a participant who explained why he has not been vaccinated.

> No, I haven’t. For personal reasons, I don’t know why I don’t want to take the shots. Maybe, I feel they are not safe. There are some conspiracies about COVID-19 and the vaccines and all that, so I am a bit skeptical. Maybe in the future, I might change my stance,

> and maybe I might have a better appreciation of the vaccination process. But for now, I’m not willing to accept it. [Participant E]

While these personal reasons were not mentioned, conspiracy theories, misinformation, and disinformation surrounding COVID-19 could be some of the reasons for the non-uptake of the vaccines among the participants. That notwithstanding, more than half of the participants six out of the ten participants have been vaccinated.

The study found that age and education had an impact on the understanding of COVID-19 among the participants. Out of the 10 participants, 8 demonstrated knowledge about COVID-19. One reason for this could be that educated participants had a better understanding of viral transmission and health-related information, as they had access to formal education and were more likely to stay informed through various sources such as news, internet, and social media. Additionally, younger participants tended to have higher awareness of COVID-19, possibly due to their exposure to modern communication channels and a higher likelihood of engaging with health-related information on social media platforms. However, it is important to note that individual differences and other factors may also influence understanding, and further research would be needed to explore these dynamics in more detail.

4.5 Functioning without Social Networks

This theme relates to and addresses the study’s second objective which seeks to understand how the COVID-19 pandemic has affected the social interaction between disabled persons and their families and friends. Effects ranging from isolation and limited contact with their friends and families to a feeling of dejectedness and abnormalities of social gatherings were reported. Overall, these changes negatively impacted their psychological well-being and they felt left alone.

4.5.1 Limited Contact with Friends

At the height of the COVID-19 pandemic, the participants indicated that the containment and restrictive measures implemented by the government of Ghana and its allied agencies, although necessary for the country to reduce rates of infections and save lives among other things, had side effects. One of such effects is reduced contact with their social networks. The lockdown in some parts of Ghana including the Greater Accra Metropolitan Area and the Kumasi Metropolitan Area made them unable to visit their families and friends. Even beyond the lockdown, the fear of contracting the virus also played in, thus, further curtailing the social activities and engagements with their friends and families. As such, when the lockdown was lifted in April 2020, they still were not able to reintegrate their social activities into their plans.

> COVID-19 affected me negatively in the aspects where I could not visit family and friends like I would have done before the pandemic. You know before COVID-19 came, I had many engagements with my family and friends. But since the pandemic visited, earlier in 2020, I had slowed and limited the interactions I have with my social circle. This is partly because I am afraid to contract the virus in my attempt to visit or engage with them, especially since we live apart and had to cover a lot of distance to meet. With social distancing a major issue and movement from one point to the other a predisposing factor to contracting COVID-19, I was afraid to visit and engage. While this helped me escape the potential of contracting the virus, I missed my social circle and the positive impacts they have on me. It was, therefore, not surprising that my mental and psychological health was poor during the pandemic, and I had severe anxiety. [Participant A]

> Hmmm. COVID! COVID!! COVID-19!!! I have a lot of bad memories to share. A lot for that matter. Due to COVID-19, I had to avoid contact with people, including my family

> and friends. You really have no idea who is infected or not, and whether you will be infected if you go out. This dilemma really affected my interaction with people. I could not visit my family who were far from me, likewise, interact with my friends. The church where I could get solace from was also not congregating. Everything was shuttered and solace seemed far and distant. I was in a lonely wilderness, where friends and family were distant, likewise any other source of comfort I could get. The deficiency in social interaction got to me a lot and often time pushed the frustration on other people. For instance, I was bitter, often getting angry with people around me. I was frustrated with everyone and everything around me. I don't want to get there and experience that, never. [Participant C]

> It affected my social life a lot. I stayed indoors most of the time just so I do not contract the virus. Typically, I am not someone who stays indoors. After school, I mostly visit friends and families, socialize with neighbors, and interact with a lot of people. I love football very much and so I spend most of my weekends and evenings at a sport center near my house, where I watch football matches and engage with other football enthusiasts. When COVID-19 came, I lost all of that. The sport center was shut down, and I could not watch and enjoy football as I used to. I missed my friends from the football network. My family was also not very close, hence, interaction with them was also limited. I did not have a social life during that period, as I was home, just speaking and engaging the few members of the house, who also had series of issues, which limited and affected their ability to socialize with me. [Participant I]

Interactions with others can increase memory recall and shield the brain from disorders that cause brain deterioration. Persons with disabilities benefit from social interaction and might be inspired by these encounters to keep learning and keep their minds active to stave off mental deterioration. The social ramifications of the limited interactions with their families and friends could be dire for their mental health and well-being.

4.5.2 Feeling Dejected

Another social impact of COVID-19 is the feeling of dejectedness. Being left alone to go through the ‘new normal’ as the period of COVID-19 was referred to created loneliness and feelings of depression among some of the participants. A 29-year-old female who is visually impaired made the point that she felt dejected and lonely, especially in the context of increasing deaths and casualties from the virus and greater detachment from her friends and family.

> It nearly got me depressed. I felt dejected sometimes, having to stay indoors and not knowing what to expect next, especially hearing on the news about how many people lost their lives through the pandemic. My family and friends who should be the ones comforting and lifting me are nowhere. How do you want me to go through this difficult situation alone? It was very frustrating and consuming, to say the least. It was an experience I will never wish for even my worst enemy. The trauma of experiencing loneliness, where family and friends are unavailable not only physically, but sometimes, virtually. There is nothing as tormenting and draining as such. Sometimes, I felt no one loves me or cares about me. But then, I realized we were all dealing with something we knew little about and had little control over, as such, caution was our best weapon, even if that caution caused emotional and psychological damages. [Participant G]

The detachment from their families and friends during the COVID-19 pandemic makes it difficult for them to function effectively and pull through the challenge brought to persons with disabilities by the pandemic. The devastating impact of this dejectedness and feeling of loneliness could have several ramifications on their health and well-being and their overall functioning.

4.5.3 Abnormalities of Social Gatherings

The abnormalities of social gatherings where individuals meet and interact with others as a means of releasing stress and revitalizing and refreshing their memories were banned. Combined with limited interactions with their friends and families, the absence of social gatherings made it challenging for persons with disabilities to balance the complexities and excesses of the COVID-19 pandemic with their restricted social life. This statement is a testament to this point.

> The COVID-19 pandemic affected my social life as well. I could not attend any social gatherings. Funerals, weddings, durbars, and other social gatherings were banned. Surviving it was difficult. You know as Ashantis, funeral is an important part of us; not only does it present an opportunity to pay the last respect to the dead, but the living also has a chance to reconnect and socialize. So, you can imagine how badly that affected me. You may say how a disabled person like me participates in funerals. Don't be quick to judge [Laughing in the process]. Well, there is a community and a durbar ground in front of our house, so you see, I do not have to labor to move and participate in funerals. I can be in my house and see virtually everything. People come to our house to ease themselves, charge their phones among other things. This creates moments of interaction, almost during weekends. Such moments were beautiful and became a part of me. Then COVID-19 came, and I could not enjoy those things again. Home became boring and frustrating. [Participant F]

4.6 Economic Consequences of the COVID-19 Pandemic

The study's third objective, exploring the economic impacts of the COVID-19 pandemic on persons with disabilities, was addressed here. The economic consequences of the COVID-19 pandemic describes the economic impacts of the pandemic on the visually impaired and the physically disabled in Ghana. On the one hand, the theme chronicles the positive influences of the COVID-19 pandemic on businesses and economic activities, while on the other hand, it chronicles the negative repercussion of the pandemic. On the positive impacts, the participants indicated that due to the shortages created in the global supply chain processes, business activities progressed during the early days of the COVID-19 period. This was not surprising as many people increased the prices of their goods and took advantage of shortage in supply as against demand. However, there is also a loser at the end of the day, who argued that the COVID-19 pandemic affected their businesses, resulting in low sales and ultimately low revenue, and profits.

4.6.1 Demand for Essential Services and Goods

The onset of the COVID-19 pandemic witnessed the demand for essential services amid shortages due to limited capacity to produce. The impending and eventual implementation of lockdown measures further heightened these vulnerabilities. Essential service providers were, however, allowed to engage in their activities. As a result, their businesses were not heavily impacted, especially in areas with high populations. The study found that only two of the ten participants experienced this positive consequence of COVID-19, implying that this situation is limited within the participants. As narrated by one of the participants, they created a monopolised market in which they somehow determined prices unilaterally, as the force of demand exceeds supply, making the supplier the king of the market. While they are not happy with the occurrence of the pandemic, they benefitted from it somehow, through government policies that restricted businesses and economic activities to predetermined essential service providers.

> COVID-19 helped me. That is not to say I was happy with the occurrence of the pandemic. I deal in the sale of commodities which were categorized as essential. So, during the lockdown, I still had the opportunity to go ahead and run my business. In these times, there was some level of monopoly for me in my area which boosted my sales and revenue. For instance, masks and sanitizers were in high demand during the pandemic, but contrastingly, they were in short supply. I managed to get some locally made masks and sanitizers from some friends, which traded quickly, though significant differences in costs, compared to that of other people, but at the same time yielded exceedingly higher profits. Take for instance, a mask you bought for $10 and trade for $30 or $40 dollars? Same applies to sanitizers. I don’t know if you heard of reports that small containers of sanitizers were sold for more than 1$? That was the sort of thing I meant. That is a great profit, right? So the pandemic was a blessing in some way for me. [Participant A]

The boom in their economic activities and the accompanying rise in revenue and profits amount to a positive economic consequence of the COVID-19 pandemic, as their outputs and income significantly increased during the height of the COVID-19 pandemic, without necessarily increasing production. The pandemic, therefore, became a blessing to them in terms of the profits they made from their economic activities.

4.6.2 Lost Opportunities

Lost opportunities as a sub-theme chronicles the chances or opportunities missed by the participants to either engage in economic activities or obtain employable skills and competencies through apprenticeships. Visually impaired and physically challenged participants in this category lamented how the fallouts of the COVID-19 pandemic affected or ruined their chances of continuing their apprenticeships and their employment. The study found that five of the participants experienced lost opportunities. Those employed lost their jobs as persons with disabilities were often the first casualties of job losses due to social perceptions about efficiency and productivity. This statement from a participant fairly captures that argument.

> I was laid off from work because the COVID-19 pandemic affected the performance of the company I work for. I was part of a company that produces sofas. I handle the designs and polishing of fabrics and leathers. When COVID-19 came, business was slow, so was demand, thus, the manager asked me to stay home. Presumably, my work could be done by others, so he did not see the need to keep me. Others also lost their jobs. But it was difficult for me. Additionally, food items became increasingly expensive, I had no money to buy them because I was not working. Feeding myself was nearly impossible at a point in time. [Participant H]

For those who called off their apprenticeship pursuits, the reasoning behind such a decision was the increasing cost of living, especially in line with transportation costs, which made it difficult for the participant in question to travel between home and the place where he was undertaking the apprenticeship and back to home.

> I was learning a trade when the pandemic started. I had passion for dressmaking, and I was learning the basics. Where I live, there are no tailors, hence I had to commute a long distance. Before COVID-19, people often help me board vehicles by carrying me, but following the COVID-19, people were afraid to touch me. Do I blame them? No. Of course

> not. It was in their place to do so, as I would have done same. The situation affected my regular commuting thus affecting the apprenticeship. Now, I have ditched that idea, as I want to go back to school. Even the school, I do not know how I will go about it. [Participant B]

4.6.3 Business Down-Turn

Individuals operating their businesses as entrepreneurs indicated that their businesses were affected. The pandemic resulted in low demand for their goods and services as supply chains were disrupted, earnings were declining and general economic activities declining. This had telling effects on their living, as reduced revenues led to difficulties providing for themselves and their families. For the eight participants who revealed that the COVID-19 pandemic led to business downturn, they further decried the implications on their socioeconomic well-being.

> It affected my business. There was a big reduction in sales. As someone who weaves baskets and other accessories, the roadside provided the most ideal and convenient marketplace. This is only so if there were no restrictions on movement, selling by the roadside and others. We were all asked to move from the streets which provided livelihoods for us, since large congregations of people provides fertile grounds for increased infection. We had to comply with the directives. Business became ineffective as demand slumped, and profits drastically reduced. In sharp contrast, there was a shortage of food items which got relatively expensive. Only a few people with enough income were able to stock their homes with adequate food items, which I'm not part of. [Participant F]

> It has affected my business and income. My business slowed down and eventually collapsed. I was into the processing and designing of fabrics; I stopped and became a toll

> booth attendant till the government scrapped the collection of tolls earlier this year. I am currently unemployed. [Participant E]

> It affected my business. I am a tailor. I do it on a small scale. I had a few clients who patronize me on a regular basis. It was enough to keep me going. But then, when movements were restricted, they no longer needed my services. They had nowhere to go and no need to sew new clothes. I was always on a calling spree, begging people to bring clothes for me to sew. These often yielded no significant results as they lamented about the hardships and no need for clothes. The very few who brought clothes did not even pay on the agreed terms. Sales went down and I had to rely on family and friends at certain times for donations of food items and money to feed my wife and four children. [Participant D]

4.7 Sources of Support During the COVID-19 Pandemic

This part of the analysis focuses on the social support program that individuals with disabilities benefited from during the COVID-19 period. The results show that up to five of the participants benefit somehow from either the state, benevolent groups, including disability-related groups and their families and friends. These support measures sought to reduce the impact of the pandemic on overall living conditions.

4.7.1 The State as a Companion

On the part of the state, the participants indicated that their electricity bills and water bills were absorbed and subsidized for some months, depending on their total consumption. Again, the free water was provided by the state to enhance access to water for periodic handwashing as one of the COVID-19 prevention etiquette and reduce the burden on families. Furthermore, the participants revealed that the state, through the Ministry of Gender, Children and Social Protection offered and delivered food to some vulnerable groups, of which persons with disabilities, although not an entirely targeted program, recounted how that reduced their burden.

> Things have changed over time and made living expenses more costly. The cost of utility and food items have become relatively expensive. Incomes were declining and, in some instances, non-existent. The government supported us by subsidizing electricity and water tariffs. That was a great initiative as it relieved us of some burden. Let me put this into proper context. We were spending most of the time at home, and the consumption of electricity also increased. That support helped us as we diverted the money that could have been used for electricity and water into buying food items. With food, I fend for myself, since I did not benefit from the food distributed. [Participant A]

> I benefited from free food items distributed by the government and subsidy in electricity and water tariffs by the government. I was lucky to receive some support, especially during the lockdown period. My family was a beneficiary of the government's free food distribution initiative, which lessened the financial burden on me during that period. The subsidy offered by the government on water and electricity also helped significantly. [Participant D]

> During the lockdown especially, access to food was a challenge for me and my two children. We had to struggle and feed ourselves. However, water and electricity were not a problem for us because the government helped in those regards. Adding the cost of these utilities would have increased the financial strain on me. I am grateful for that intervention at such a critical period in our national life. Absolutely brilliant and a case of care and

> commitment by the government, especially knowing that we stayed at home the more and the consumption of electricity, in particular appreciated. [Participant E]

> The government came through for us during the early days of the pandemic. The free water and electricity offered to citizens in a bid to increase the practice of frequent washing of hands and maintaining proper hygiene in the case of free water, and the electricity also saved us from additional costs. Half a loaf is better than none. I therefore do not bemoan the fact that I was not a beneficiary of the food that was distributed to vulnerable people, although I wished to be part of it. This little gesture of subsidy on tariffs showed the government cared, and we also experienced some sort of relief. [Participant B]

This implies that although the state was unable to cover every vulnerable group and all persons with disabilities, it showed to some extent the commitment and resolve to be the promoter of the welfare of its citizens.

4.7.2 Family and Friends as Saviors

Some of the participants obtained support, both financial and material, from their friends and families. This either augmented the government support for persons who benefited from both or served as an end for those who relied solely on the support from their families and friends.

> I had to rely on family and friends at certain times for donation of food items and money to feed my wife and four children. [Participant D]

> I am currently unemployed and depend on family and friends for support. [Participant H]

4.7.3 Benevolent Groups and Organizations

A section of the participants also received support from benevolent groups like religious bodies such as an association of Christian groups in Ghana, the Islamic community, disability-support groups, and other non-governmental organizations. This in isolation and or together with the support bases sought helped the beneficiaries survive the ills of the COVID-19 pandemic concerning the devastating effects it had on persons with disabilities.

> Some groups donated food items to me. I remember a church gave me rice, oil, and some other items. I cannot remember the name of the church, but they did so to relieve pressure on vulnerable people. That was able to support me for some days. [Participant B]

> During the COVID-19 lockdown, I received a bag of rice from our disability group. It was a gift to us from a philanthropist. It was not that much, but better than receiving nothing. [Participant E]

> COVID-19 affected my accessibility to food and water. I was not working then, so those were very difficult times. Food items were brought to us once. I heard of other people receiving items on more than one occasion though. [Participant C]

4.8 Discussion

4.8.1 Knowledge and Perceptions of Disabled Persons on the COVID-19 Pandemic

Although the COVID-19 virus does not discriminate, its effects undoubtedly do. Over a billion individuals worldwide have a disability of some kind (Bista, 2020). The majority of them live in areas with lower incomes and resources and have little access to high-quality healthcare.

They encounter obstacles in society and the environment every day. People with disabilities are disproportionately impacted by disasters because planning, response, and recovery activities do not take their needs into account. During emergencies, persons with disabilities such as those with visual and hearing loss, cognitive impairments, or poor literacy levels frequently cannot access risk communication. The COVID-19 pandemic has presented several communication challenges for people with disabilities, not just during crises (Antova, 2020; Brennen et al., 2020). Several people had extra difficulties as a result of communications that were either difficult to access or erroneous owing to conflicting messaging. Persons with hearing and communication disabilities were prone to misinformation among others.

People with disabilities were once again left in the dark owing to a lack of accessible information while most of the world’s population is inundated with fast updates and live news on the pandemic’s effects (Antova, 2020; Brennen et al., 2020). Even worse, they become puzzled by signals that are either ambiguous or unrelated. They frequently lack the knowledge necessary to safely implement the recommendations. Clear and accurate risk communication is essential. All target audiences should get messages, leaving no room for interpretation. Risk communication should strive to lessen, not heighten, the impacted population’s sentiments of dread and panic. Yet, inclusive risk communication is not specifically included in the WHO guidelines on communicating risk in public health emergencies. Without considering how persons with physical or mental impairments communicate, access, or use information, public health information is often distributed to the general population during the COVID-19 period, or at least at its onset. It was also harder to communicate with people during lockdown because of the wearing of face masks or virtually entirely use of phones for video chat and texting. In nations where individuals with disabilities are most impacted by the mobile divide, this further isolate and increases the risk of neglect for those who rely on face-to-face communication or cannot use a phone.

Although there was a flood of responses at the beginning of COVID-19, with these voices bringing attention to the serious issues that people with disabilities confront, the framing, interventions, and policies put in place fell well short of what is required for disability-friendly policies and measures (Goggin et al., 2020). People with disabilities were not the focus of any welfare measures. This is especially revealing in the case of Ghana, where there are more than 700,000 people with varying degrees of disabilities (GSS, 2012). A few of the disability injustices connected to COVID-19 policy include access to public information and communications (Antova, 2020; Brennen et al., 2020; Lloyd-Sherlock et al., 2020; Mladenov & Brennan, 2021; Safta-Zecheria, 2020; Shakespeare et al., 2021).

People with disabilities would not be able to create backup plans if they fail to get important information that has been made available to the public. Risk communication must be inclusive to guarantee that no one is left out during a catastrophe (Bista, 2020). Vulnerable populations with various requirements throughout the socioeconomic range must have access to public health alerts and information on preventative actions. By utilizing captioning or sign language interpretation, for instance, the WHO and other high-income nations have increased the accessibility of digital information. However, in many developing countries like Ghana, narrative captions for the blind or a sign language interpreter for the deaf are not usually provided in the daily COVID-19 government TV updates. People with visual impairments may miss out on important public health information, just as in Sierra Leone during the Ebola outbreak, where the government's public awareness campaign was inaccessible to people with disabilities (Mobula et al., 2020; Porat et al., 2020). This creates information disparity between persons with communication disabilities and individuals without disabilities, with the former demonstrating behavior and predispositions that contradict recommended guidelines.

Despite these vulnerabilities encountered by persons with disabilities with exclusion from COVID-19 risk communications, the study found substantial awareness and knowledge among the participants. The participants demonstrated vast knowledge regarding the origin, modes of transmission and preventive measures of COVID-19. The finding thus supports evidence from past studies that have reported high knowledge and awareness of COVID-19 among persons with disabilities (Fäldt et al., 2022; Krishnan & Kumar, 2020). Among children with disabilities, Fäldt et al. (2022) discovered that knowledge and awareness of COVID-19 produced fear, panic and worry among the children. This also led to increased demand for social interactions and school engagements, which were all affected due to the pandemic.

The high knowledge of COVID-19 reported in this study contradicts the argument advanced by Senjam (2020) that lack of accessible and tailored information for those with visual disabilities, especially those living in rural regions, led to an inadequate understanding of COVID-19. Again, Senjam (2020) contends that despite the government’s extensive public announcement, there may be a high level of awareness about COVID-19, but due to a lack of readily available information, understanding of the cause, transmission, preventative methods, and protective measures of COVID-19 may be limited among persons with visual impairments, as the present announcement does have the general public as its primary audience, which may not be appropriate or user-friendly for persons with visual impairments.

The high knowledge within this sample must however be placed within certain contexts. First, most of the participants are physically disabled, could read or write and have social networks that provide them with information. These factors could for instance account for the high awareness and knowledge among the participants, including the minority of the visually impaired, contrary to the argument put forward by Senjam (2020). With good and strong social support, for instance, persons with visual impairment could receive adequate briefings on the virus, its modes of transmission and the preventive measures, partly negating or rendering the strong influence of non-disability-friendly risk communications on the COVID-19 pandemic. Also, since the majority of the participants in the study have attained at least a junior high school level of education, it is reasonable to assume that they possess the ability to read and access information about COVID-19, with the exclusion of the visually impaired who also could hear and understand news in their local languages like Twi and the English language as well. These factors might have empowered them to have a better understanding and awareness of COVID-19 than projected in some studies.

Despite the high awareness, the need for non-disability-friendly risk communications on the COVID-19 pandemic and future pandemics and crisis-like events should not be less prioritized. Disability-friendliness must be integral to all risk communications on COVID-19 and other events that have devastating impacts on humans, especially on persons with disabilities, due to their exceeding vulnerabilities. This is essential, as the ancillary factors (not being visually impaired, access to strong social support and literacy) that might have contributed to high awareness of COVID-19 among persons with disabilities might not always be present or strong as they are among these participants. Disability-friendly risk communications during a crisis should therefore be the focus, and when combined with these ancillary factors, could produce a better outcome.

The finding that eight persons with disabilities in the study were knowledgeable about COVID-19's origin, transmission modes, and prevention etiquette is significant given the widespread concerns about their vulnerability to the virus. Several studies have highlighted that individuals with disabilities are at higher risk of contracting COVID-19 due to various factors such as underlying health conditions, the need for personal support workers, and barriers to accessing healthcare (Senjam, 2020). Therefore, the knowledge of prevention measures among persons with disabilities is crucial in reducing the transmission of the virus within this population. The finding supports previous research that has indicated that knowledge about COVID-19 is an essential factor in reducing the spread of the virus (Senjam, 2020).

The finding of the participants' knowledge of COVID-19's origin, transmission modes, and prevention etiquette also aligns with the broader discourse on disability rights and the importance of empowering persons with disabilities. Historically, persons with disabilities have been marginalized, and their voices and knowledge have been excluded from public discourse. However, this finding shows that individuals with disabilities can be informed about important public health issues and should be included in discussions and decision-making processes that affect them. The UN Convention on the Rights of Persons with Disabilities highlights the importance of promoting the participation and inclusion of persons with disabilities in all aspects of life, including decision-making processes. Therefore, the finding underscores the need to include persons with disabilities in discussions and strategies aimed at controlling the spread of COVID-19.

The finding that persons with disabilities were knowledgeable about COVID-19's origin, transmission modes, and prevention etiquette also has implications for public health messaging. Studies have shown that effective communication and clear messaging are critical in promoting adherence to preventive measures (Kampf et al., 2020). However, there is a concern that public health messaging may not be reaching or adequately tailored to persons with disabilities. For instance, persons with visual or hearing impairments may have difficulties accessing or understanding public health messaging. Therefore, the finding highlights the need for inclusive public health messaging that considers the diverse needs and experiences of persons with disabilities. This approach is in line with the principles of universal design which aim to create products and environments that are accessible and usable by everyone, including persons with disabilities.

Finally, the finding that persons with disabilities were knowledgeable about COVID-19's origin, transmission modes, and prevention etiquette has implications for policy and practice. Efforts to address the impacts of COVID-19 on persons with disabilities should focus on promoting knowledge and empowerment. For example, policymakers should consider developing educational programs and materials that are tailored to the needs of persons with disabilities. Additionally, healthcare providers should ensure that persons with disabilities receive adequate information about COVID-19 and its prevention. The finding also highlights the importance of including persons with disabilities in the development of policies and strategies aimed at addressing the impacts of COVID-19. This approach aligns with the principles of the disability rights movement, which emphasize the importance of involving persons with disabilities in decision-making processes that affect them (Oliver, 1992).

In conclusion, the finding that persons with disabilities were knowledgeable about COVID-19's origin, transmission modes, and prevention etiquette is significant in several ways. It highlights the need for inclusive public health messaging, the importance of promoting knowledge and empowerment among persons with disabilities, and the significance of including persons with disabilities in discussions and decision-making processes that affect them. Furthermore, the finding underscores the importance of considering the diverse needs and experiences of persons with disabilities in policies and strategies aimed at addressing the impacts of COVID-19.

The finding that two out of the ten of the persons with disabilities were not knowledgeable of COVID-19’s origin, transmission modes, and prevention etiquette highlights a concerning knowledge gap that may increase their risk of contracting the virus. This result is consistent with previous studies that have found individuals with disabilities may have a lower level of health literacy compared to those without disabilities (Bittlingmayer & Sahrai, 2019). Low health literacy is associated with poor health outcomes, including increased risk of infectious diseases and complications (Berkman et al., 2011). Therefore, there is a need for health education programs that are tailored to the specific needs of persons with disabilities to bridge this knowledge gap and mitigate the risk of COVID-19.

Several studies have demonstrated the effectiveness of tailored health education programs in improving the health literacy and health outcomes of individuals with disabilities. For example, a study by Adair et al. (2015) found that an educational program designed for individuals with intellectual disabilities significantly improved their knowledge of health-related topics. Similarly, a systematic review by Velikonja et al. (2017) found that health education interventions for individuals with physical disabilities led to improved health outcomes, including reduced risk of secondary complications. These studies support the need for tailored health education programs for persons with disabilities to improve their knowledge of COVID-19 and other health-related topics.

In summary, the finding that two out of the ten persons with disabilities were not knowledgeable of COVID-19's origin, transmission modes, and prevention etiquette highlights the need for tailored health education programs that are designed to meet the specific needs of this population. Low health literacy among individuals with disabilities has been linked to poor health outcomes, including increased risk of infectious diseases and complications. Tailored health education programs have been shown to be effective in improving the health literacy and health outcomes of individuals with disabilities. Therefore, it is essential to develop and implement tailored health education programs that can improve the knowledge of COVID-19 and other health-related topics among persons with disabilities. Addressing these knowledge gaps requires a comprehensive and inclusive approach that considers the diverse needs and experiences of persons with disabilities, promotes equitable access to information, and empowers individuals with disabilities to make informed decisions about their health during the COVID-19 pandemic and beyond.

There are several reasons why some persons with physical and visual disabilities may be more knowledgeable about COVID-19 than others. Firstly, accessibility to information is an important factor that affects knowledge. Persons with disabilities often face barriers that make it difficult to access information. For instance, information on COVID-19 may be disseminated through websites, videos, and social media which may not be accessible to persons with visual and physical disabilities. However, those who have access to assistive technology and devices may have better access to information which can enhance their knowledge about COVID-19.

Secondly, persons with disabilities who have a history of using healthcare services may be more knowledgeable about COVID-19. These individuals may have received information from their healthcare providers on COVID-19 prevention, transmission modes, and management. This information may have been provided in accessible formats, such as sign language interpretation, Braille, or audio format, which could increase their understanding and knowledge about the pandemic.

Thirdly, the socioeconomic status of persons with disabilities may play a role in their knowledge about COVID-19. Persons with disabilities are more likely to live in poverty which can limit their access to resources and information. Those who have access to resources such as the internet, smartphones, and other communication devices may have better access to information which can enhance their knowledge about COVID-19.

In conclusion, the knowledge of persons with physical and visual disabilities about COVID-19 may be influenced by various factors, including accessibility to information, healthcare utilization, and socioeconomic status. Understanding these factors can help healthcare providers and policymakers develop targeted interventions that can improve the knowledge of persons with disabilities about COVID-19.

4.8.2 Effects of the COVID-19 pandemic on the social life of disabled persons

To stop the diseases spread, lockdowns of companies, schools, and other public places have become frequent (Afriyie et al., 2020; Agyekum et al., 2021; Assan et al., 2022; Foli & Ohemeng, 2022). These precautions have affected many parts of daily life, including social interactions. These measures, though necessary, caused significant alterations to the lives of all. The decreased interaction that occasioned these measures, partly due to adherence to lockdown measures and the fear of contracting the virus, had significant impacts on almost everyone. The effect on disabled people was probed. The pandemic affected the social interactions of persons with disabilities, limiting participation in culturally demanding rites like funerals and marriage ceremonies among others limited. These events became ‘danger zones’ that no one wants to enter, despite the social repercussions.

Again, face-to-face interactions were frequently confined to core network members such as spouses during the height of COVID-19 restrictions and family members; some ‘weak’ links were lost, and interactions grew increasingly exclusive to those closest to the individual. Considering that peripheral, weaker social relationships offer a variety of tools, viewpoints, and sources of support, COVID-19 most likely produced networks that were more compact and homogeneous. The finding supports the argument of White et al. (2007), who posit that most disabled people suffer from disruptions to their social networks both during and after pandemics. Again, it supports similar research by Brooke et al. (2022) where remaining at home was found to harm people’s mental health and social lives.

Due to the restrained interactions, feeling lonely and dejected abound among the participants, negatively affecting their psychosocial health. In the past, persons with disabilities reported increased loneliness as compared with people without disabilities, in addition to having decreased social contact and interactions (Holm et al., 2022; Jesus et al., 2021). The limited interaction also resulted in reduced social support, which is a crucial way that social connections improve health. As a result, the psychological and material resources that are made available via social engagement were lost, making them lack one of the most crucial resilience variables in the wake of stressful situations – social support. Thus, since the onset of the pandemic, the typical methods by which people engage and get social support have been substantially disrupted by COVID-19. To lessen long-term impacts, enhance the quality of life, and encourage social participation per the convention on the rights of persons with disabilities, it is essential to improve the social effects brought by the COVID-19 pandemic (Lebrasseur et al., 2021).

How should interactions be improved during a crisis of this nature? A switch to an online community where one engages and interacts with new people seems to be a good and viable option. How so? With restrictions on physical interactions, persons with disabilities can switch to online engagement with their peers and networks, so the loneliness and dejection they experience will be reduced. However, this cannot work for all persons with disabilities, as some may be alien to social media and online communication technologies and techniques. Again, due to the nature of their disability, a switch to such means would be less meaningful and less productive compared to having physical interactions. The establishment of disability support groups where individuals share and interact could help. In virtual meetings, or through recorded experiences, persons with disabilities can share their experiences and get to know the experiences of others. Such engagements could serve as a means of building and maintaining the fractured or lost social ties because of the pandemic or related crisis on the one hand while providing encouragement and support to others on the other hand. By so doing, a community of people with similar experiences would be created, thus reducing the likelihood of a person with a disability perceiving their plight as peculiar to them alone.

The COVID-19 pandemic has significantly impacted the social interaction and activities of disabled persons. Many individuals with disabilities relied on support systems and social networks to access community activities, participate in events, and engage with friends and family. The pandemic and resulting lockdowns have disrupted these support systems, leaving many disabled individuals feeling isolated and alone. The pandemic has also led to the cancellation of many disability-specific events and activities, including social clubs, sports groups, and day programs. These cancellations have not only led to social isolation but have also impacted the mental health of many disabled individuals.

In addition to cancellations, many disabled individuals have also faced significant barriers to accessing virtual events and activities. For example, individuals with hearing or visual impairments may struggle to access online events that do not include proper captioning or audio descriptions. Furthermore, many virtual events require stable internet connections and updated technology, which may be difficult or impossible for some individuals with disabilities to access.

The pandemic has also led to changes in the way disabled individuals access healthcare and support services. Many healthcare providers have switched to telehealth appointments, which can be difficult for individuals with certain disabilities, such as those with communication or cognitive impairments. Additionally, support services such as personal care attendants or therapy sessions may have been disrupted or cancelled, leading to increased stress and anxiety for disabled individuals and their families.

In conclusion, the COVID-19 pandemic has had a significant impact on the social interaction and activities of disabled persons. The disruption of support systems, cancellations of disability-specific events, and barriers to accessing virtual events have all contributed to increased social isolation and decreased mental health for disabled individuals. It is important for policymakers and healthcare providers to recognize and address these issues to better support disabled individuals during and after the pandemic.

The effects of the COVID-19 pandemic on the social interaction and activities of disabled persons in Ghana have been significant, and these effects can influence their well-being. Social isolation has been identified as a major challenge for disabled persons during the pandemic. This is because most of their social activities and interactions have been restricted due to the social distancing measures put in place to curb the spread of the virus. Many disabled persons have been unable to participate in social activities that were previously available to them, leading to increased loneliness and social isolation, which can negatively affect their mental health and overall well-being.

In addition, many disabled persons in Ghana have faced challenges accessing healthcare services during the pandemic. This has been due to the prioritization of COVID-19 patients by health facilities, leading to reduced access to essential health services for disabled persons. This has had negative impacts on their well-being, as they may have had to delay necessary medical treatment and support.

To address these challenges, it is important for stakeholders to implement measures that can promote the social well-being of disabled persons in Ghana. For instance, policymakers can invest in the development of assistive technologies and infrastructure to enable remote participation in social activities and interactions. This can help to reduce social isolation and promote social inclusion for disabled persons.

Furthermore, healthcare providers can implement measures that ensure the continued provision of essential health services to disabled persons during the pandemic. This can include the provision of telehealth services and mobile healthcare services to ensure that disabled persons have access to healthcare services from the safety of their homes.

Healthcare use can play a crucial role in promoting social activities among persons with disabilities. Access to healthcare services and support can help individuals with disabilities manage their health conditions and increase their physical and emotional well-being, which in turn can enhance their social interaction and engagement in various activities. For example, healthcare providers can work with persons with disabilities to develop personalized care plans that address their specific health needs, including physical rehabilitation, pain management, and mental health services, among others. By improving their overall health and well-being, persons with disabilities are more likely to engage in social activities, meet new people, and participate in community events.

In addition, healthcare providers can also offer resources and referrals to social support services, such as disability advocacy groups, peer support groups, and community-based organizations. These resources can provide persons with disabilities with opportunities to connect with others who share similar experiences, interests, and challenges, and engage in social activities together. For example, a healthcare provider might refer a patient to a local disability advocacy group, where they can attend events, participate in advocacy campaigns, and connect with others who share their interests and concerns. Such social interactions can provide important emotional and social support for persons with disabilities, helping them to build social connections and combat feelings of isolation and loneliness.

Furthermore, healthcare providers can also work with persons with disabilities to identify and address any barriers to social participation they may encounter. For example, a healthcare provider may suggest adaptive equipment or modifications to help individuals with physical disabilities participate in sports or other physical activities, such as wheelchair basketball or adaptive skiing. Healthcare providers can also collaborate with community organizations to create accessible social events and activities for persons with disabilities, such as accessible community festivals or movie screenings with closed captioning or audio descriptions.

4.8.3 Economic Impacts of COVID-19 on Disabled Persons

The stigma associated with impairments, unworkable conditions, and limited access to education and training may make it more difficult for people with disabilities to find employment when limitations are lifted (WHO, 2011; World Bank, 2011). Where they are employed, they become the first point of resort for layoffs, when there is an economic downturn or the need to downsize (Korman & Mujtaba, 2020). Additionally, people with disabilities are more likely than others to be unemployed and are overrepresented in the informal sector, where they lack access to social security and labor rights (Korman & Mujtaba, 2020; Wong et al., 2021). A drop in income, an increase in living expenses, or both were reported by participants because of the pandemic. In this study, many participants stated that their general costs exceeded their income. People with disabilities claimed that their overall financial stability had been negatively impacted by the pandemic. Again, persons with disabilities did not have a regular source of income, either because their place of employment closed, they were self-employed, or their company operations slowed down. The evidence shows that severe economic difficulties are being caused by the COVID-19 pandemic and crucial containment measures, especially among persons with disabilities are in high demand. This reechoes the suggestion that those currently experiencing or in danger of experiencing poverty, such as the projected one billion individuals with disabilities worldwide, would be particularly affected by these effects (Kuper et al., 2020).

People with disabilities are more likely to be unemployed or underemployed, and other household members may forego employment to provide caregiving support, so households with members with disabilities tend to have fewer working members to offset income losses if one or more members lose their jobs (WHO, 2011; World Bank, 2011). Many families are under financial strain because of the COVID-19 pandemic, which may disproportionately impact households with disabled members. Importantly, the pandemic has caused the job market to be severely disrupted. For instance, a survey of Jordanian adults with physical disabilities revealed that, before the pandemic, 58% of them lived in households with a single breadwinner, of whom 78% had lost their jobs because of COVID-19 restrictions (Banks et al., 2021; Humanity & Inclusion, 2020). Also, individuals with disabilities—especially women—are more likely to work in the informal sector, which lacks financial stability such as unemployment insurance and paid sick and caregiving leave (WHO & World Bank, 2011). This further increases their vulnerability to economic shocks like the COVID-19 pandemic.

The deleterious economic impacts of the COVID-19 pandemic on persons with disabilities ranging from job losses, and declining business operations among others could have greater impacts on their well-being and sustainability. This is also because persons with disabilities require longer periods to recover from economic shock such as that brought by the COVID-19 pandemic, due to their exceeding vulnerability and low economic prospects. Gains made before the COVID-19 pandemic are on the verge of collapse, if not already collapsed, necessitating urgent policies and interventions to reposition persons with disabilities to meet SDG 8. As such, all economic recovery measures must be sustainable and inclusive of people with disabilities per SDG 8 in particular. To guarantee that people with disabilities are not left behind in economic recovery, targeted steps should be taken. To expand the skill set and career prospects for people with disabilities, education and retraining programs should be implemented, including information technology (IT) training. Additionally, persons with disabilities should be targeted by government economic recovery programs like the Corona Virus Alleviation Program – Business Support Scheme (CAP-BuSS).

CAP-BuSS was introduced by the Ghanaian government to help Micro, Small and Medium-Sized Enterprises (MSMEs) especially to recover from their operational losses due to COVID-19 (Antwi-Boasiako et al., 2021; Darkwah et al., 2022). Through the initiative, entrepreneurs in Ghana were provided with an emergency relief fund which built a comprehensive and financially viable emergency relief fund package for businesses and offered them technical support to lessen the effects of COVID-19. Of these businesses, persons with disabilities were part of and could lessen the impacts of COVID-19 on them. As a soft loan program with a one-year moratorium and a two-year repayment period under the National Board for Small Scale Industries (NBSSI), in partnership with business and trade associations, selected commercial and rural banks, and other parties (Antwi-Boasiako et al., 2021; Darkwah et al., 2022; Owusu-Mensah et al., 2021), the CAP-BuSS did not have priority interest in persons with disabilities. Disability-responsive economic programs must therefore be developed alongside retraining programs to make disabled persons more employable, particularly outside the informal economy. This solves an immediate unemployment problem while positioning them to withstand a future crisis.

The study revealed that some of the participants experienced a positive consequence of COVID-19 in the form of increased demand for their goods and services. This finding is consistent with previous studies that have shown that the pandemic has led to a decrease in economic activity in many sectors. According to Khan et al. (2021), the pandemic has caused significant disruptions to supply chains, production, and distribution networks, leading to a decline in economic activities worldwide.

One possible explanation for the lack of positive economic impacts of the pandemic on the participants is the nature of their businesses. Many of the participants were engaged in informal or small-scale businesses that were more susceptible to the effects of the pandemic. According to Neklyudova (2022), small-scale businesses have been hit hard by the pandemic due to their inability to access credit facilities and government support. Additionally, many small-scale businesses were not equipped to pivot to online sales or delivery models, which made them more vulnerable to the pandemic's effects.

The lack of positive economic impacts of the pandemic on the participants may also be since many of them were living in low-income communities. According to a study by the World Bank (2020), the pandemic has had a disproportionate impact on low-income communities, which have experienced higher rates of job losses and reduced incomes. This may have limited the demand for the participants’ goods and services, as many of their potential customers may have been struggling to make ends meet during the pandemic.

Given the lack of positive economic impacts of the pandemic on the participants, it is important to explore strategies that can help support them during these challenging times. One approach that has been suggested is to provide targeted financial support to small-scale businesses in low-income communities (Belitski et al., 2022). This could include grants, loans, or other forms of financial assistance that can help businesses weather the storm of the pandemic. Additionally, policymakers could explore ways to facilitate the transition to online sales or delivery models, which could help businesses reach new customers and maintain their income streams.

In conclusion, the study found a large section of the participants experienced a negative consequence of COVID-19 in the form of decreased demand for their goods and services. This finding highlights the significant economic challenges faced by persons with disabilities during the pandemic, particularly those engaged in informal or small-scale businesses. To support these individuals, policymakers must explore strategies to provide targeted financial support and facilitate the transition to online sales or delivery models. By doing so, they can help mitigate the economic impacts of the pandemic on persons with disabilities and promote their overall well-being.

The COVID-19 pandemic had a complex and multifaceted impact on businesses owned by persons with disabilities. The findings suggest that the pandemic has had both positive and negative consequences for the participants, with some experiencing an increase in demand for their goods and services while others have experienced a decline. The study found that two of the participants witnessed increased demand for their products, following the onset of the COVID-19 pandemic.

The COVID-19 pandemic led to an increase in demand for some essential commodities provided by people with disabilities in Ghana for several reasons. Firstly, the pandemic resulted in restrictions on movement and social distancing measures, which made it difficult for some individuals to access goods and services, including those provided by people with disabilities. As a result, the demand for these goods and services, such as food and delivery services, increased significantly.

Secondly, the pandemic also led to the closure of some businesses, which resulted in a reduction in the supply of certain goods and services. As a result, people with disabilities who were able to continue providing essential services saw an increase in demand for their products and services. For example, some participants in the study provided handmade face masks which became essential during the pandemic due to the shortage of personal protective equipment (PPE). This led to an increase in demand for their products.

Thirdly, the pandemic also led to an increase in the demand for locally produced goods, as supply chains were disrupted due to restrictions on movement and international trade. People with disabilities who were involved in the production of locally made goods, such as handmade crafts and clothing, were able to benefit from this increased demand. This led to an increase in demand for their products.

According to the study conducted by Paul and Chowdhury (2021), it was found that the participants experienced an increase in demand for their goods and services during the COVID-19 pandemic. This positive impact of the pandemic was reported by most of the participants and was attributed to the increased need for certain products and services that they provided. The study further reveals that this increased demand had a significant impact on the income and financial stability of the participants.

The findings of the study are consistent with previous research that has highlighted the positive impact of pandemics on certain sectors of the economy. For instance, a study by Liu and Tsai et al. (2018) on the impact of the SARS outbreak on the hospitality industry found that some businesses experienced an increase in demand due to changes in consumer behavior during the pandemic. Similarly, a study by Bhatti et al (2020) on the impact of COVID-19 on the e-commerce sector found that online retailers experienced a surge in demand due to increased online shopping during lockdowns.

It is important to note, however, that the positive impact of the pandemic on the participants' business was not universal. Some participants reported a decline in demand for their goods and services due to the economic impact of the pandemic. This finding is consistent with previous research that has shown that the pandemic has had a disproportionate impact on certain groups, including small business owners and individuals in low-income households (Bartik et al., 2020).

Overall, the study suggests that the COVID-19 pandemic has had a mixed impact on the participants' businesses. While some have experienced an increase in demand, others have experienced a decline. Nevertheless, the pandemic has had a significant impact on the participants' financial stability and underscores the need for policymakers to provide support to vulnerable groups during times of crisis.

4.8.4 Support for Persons with Disabilities During the COVID-19 Pandemic

Social support from family and friends, benevolent organizations and the state was found to be crucial in lessening the impacts of the COVID-19 pandemic on the participants. Friends and families provided emotional and financial support which helped the participants shoulder their financial obligations, while the emotional support helped them deal with the psychological impacts of the pandemic. Again, benevolent groups like religious bodies and some disability groups also provided food items and cash donations to some persons with disabilities. These were all done to ameliorate the negative impacts on persons with disabilities – a group they considered vulnerable and less independent. The finding supports arguments put forward by Gilligan et al. (2020) that the COVID-19 pandemic provides opportunities for greater solidarity within families, despite the unique challenges it posed to support exchanges between the generations. Social support may be utilized as a problem- and emotion-focused coping technique by offering knowledge or practical help to address a problem or by controlling emotions that come with stressful situations (Mo et al., 2020). Social support plays an important role in maintaining psychological health either directly by improving mental health or indirectly by acting as a stress-relieving mechanism, especially for those who are already under a lot of stress (Cohen & Wills, 1985; Cohen, 2004). According to Chen et al. (2021), social support from neighbors can lessen psychological distress and buffer the impact of stressors related to COVID-19, whereas support from friends and family had a limited impact on stress coping. As a result, interventions to lessen stressors and encourage neighborhood support are essential to lessen psychological distress during infectious disease outbreaks.

The foundation of safe and respectable living is social protection. Its primary goals are to combat poverty and safeguard individuals against dangers and shocks brought on, for example, by unforeseen economic swings. The implementation of social protection usually appears to be a big issue in nations where the majority of people live in poverty. Social protection programs are especially necessary during economic downturns, increases in food prices, or natural disasters to shield the populace from adverse effects. Millions of Ghanaians' economic well-being has suffered significantly from the COVID-19 pandemic, as it has in most of the rest of the world. A pandemic-related worldwide slowdown, government-imposed containment measures, and decreased interpersonal interaction among Ghanaians to help lessen the risk of infection have all contributed to the economic repercussions (Dadzie & Raju, 2020). The two major cities Accra and Kumasi, which experienced a partial lockdown for more than three weeks in April, appear to have been worst hit economically (Dadzie & Raju, 2020).

Many initiatives have been made by the government to help individuals who are impacted. Public utility customers have received several months of free water and free or discounted electricity services (Dadzie, 2022; Owusu & Frimpong-Manso, 2020). Another initiative, carried out in collaboration with faith-based organizations, provided free food (for almost 2.7 million people) and other necessities to those in need in Accra and Kumasi throughout the partial lockdown (Antwi-Boasiako et al., 2021; Duho & Kauppinen, 2021). Some persons with disabilities received their share of the food items through their disability organizations, which involved some form of converging. Although hotlines were provided, these were largely unused. The distribution of food aid, however, experienced challenges and poor implementation. One of the main challenges was the inadequate targeting and identification of the most vulnerable individuals and communities. This led to the exclusion of some deserving beneficiaries and the inclusion of individuals who were not in dire need of food assistance (Aduhene & Osei-Assibey, 2021). The lack of accurate and up-to-date data on the vulnerable populations posed a significant obstacle in ensuring that the aid reached those who needed it the most. Another issue was the poor coordination and logistics in the distribution process. In some instances, delays and mismanagement occurred, leading to long wait times and frustration among the recipients. The lack of proper planning and coordination resulted in inefficient delivery mechanisms and uneven distribution, further exacerbating the challenges faced by vulnerable populations (Swanwick et al., 2020). Additionally, there were reports of corruption and diversion of food aid by individuals involved in the distribution process.

This unethical behavior undermined the intended purpose of the aid and deprived those in need of essential resources. Such incidents highlighted the need for better oversight, accountability, and transparency in the food distribution process (Aduhene & Osei-Assibey, 2021). Again, the experience of food distribution was marred by a lack of information and a competitive approach, resulting in poor implementation and limited access to food aid for vulnerable populations. The challenges and poor implementation of food distribution during the COVID-19 pandemic in Ghana can have significant impacts on the health of vulnerable populations. Limited access to food aid and exclusion of deserving beneficiaries can lead to food insecurity, malnutrition, and compromised immune systems. These factors can increase the risk of various health problems, including weakened immune responses, stunted growth in children, and increased susceptibility to infections and diseases. Overall, the experience of food distribution during the COVID-19 pandemic in Ghana revealed shortcomings in targeting, coordination, and integrity. It emphasized the importance of effective planning, accurate data collection, transparent processes, and strong accountability measures to ensure that food assistance reaches those who are most in need and that the implementation is conducted in a fair and efficient manner.

Furthermore, to assist Ghana's most vulnerable and impoverished households, the government has also made use of its key social safety net initiatives (Dadzie & Raju, 2020). To lessen the danger of infection for both program staff and participants, authorities have modified how the programs are implemented. The Livelihood Empowerment Against Poverty (LEAP) program is one of the initiatives. LEAP provides monetary assistance to around 332,000 households every two months (about 1.5 million individuals). Each round of payments provides households with between 64 and 106 Ghana cedis (about $12 to $20) in cash. In May 2020, LEAP provided recipients with another one-time round of cash transfers to deal with the economic effects of the COVID-19 pandemic. The initiative depended on contactless transfers since it was unable to disburse cash transfers in the hinterlands. Beneficiaries drew money from ATMs using electronic benefit transfer cards, and LEAP offered a top-up benefit (10 Ghana cedis for beneficiaries in urban areas and 20 Ghana cedis for recipients in rural areas) to cover the cost of travelling to banks (Dadzie & Raju, 2020). LEAP cash transfer beneficiaries include impoverished older adults, orphans and vulnerable children, and persons with disabilities. As such, the benefits derived under the additional support provided by intervention benefitted disabled persons under the intervention.

As has been done elsewhere, the President of the Republic of Ghana announced some direct reliefs to households in his address to the nation (Update No. 6) on *Measures taken to combat the spread of coronavirus (MTCSC)* as part of measures to lessen the pandemic's effects on the social and economic life of the nation. They included the government paying all Ghanaians' water bills for April, May, and June 2020 (Antwi-Boasiako et al., 2021; Duho and Kauppinen, 2021). Also, the government pledged to pay the whole cost of all lifeline users' power bills, which means that anyone using less than fifty (50) kilowatt-hours per month would receive free electricity (Nkrumah et al., 2021; Office of the President, Government of Ghana, 2020). Once more, the government paid 50% of the power cost for all other users, both residential and commercial, for the same period. The government of Ghana extended the 100% water subsidies for domestic and commercial users for another quarter (July–September) on July 23, 2020, but only extended the full absorption of electricity bills for lifeline consumers until the end of the year 2020 (Antwi-Boasiako et al., 2021; Duho & Kauppinen, 2021) in its mid-year Budget Review and Supplementary Budget submitted to the Parliament of Ghana. The positive implications of these interventions by the state were intimated by the participants as it relieved them of some financial burdens, especially considering the dwindling economic impacts they experienced.

Chapter Five: Summary, Conclusion and Recommendations

5.1 Introduction

In this study, the impact of COVID-19 on persons with disabilities was investigated. The study was promised on the lack of evidence on how the pandemic affected these groups of vulnerable people. Within this chapter, a summary of the results, conclusion, recommendations, and areas for further studies are presented.

5.2 Summary

Awareness and perceptions of persons with disabilities regarding the COVID-19 pandemic, the effects of the pandemic on social interaction between people with disabilities and their social networks, and the economic impact of the pandemic on people with disabilities were what the study sought to establish.

From the results, knowledge and awareness of the pandemic were high among the participants. This is contrary to the extant literature which portrays low awareness among people with disabilities. Awareness of the pandemic among the participants covered issues such as the origin of the virus, modes of transmission, and preventive measures among others. While disability-friendly risk communication might not be the strongest during the height of the pandemic, there is high awareness among the participants. Social networks and literacy among the participants could explain this high awareness and knowledge within the sample.

Regarding the impact of the pandemic on social interaction between people with disabilities and their social networks, reduced interactions with detrimental mental and psychological health impacts were reported in the study. The fear of contracting the virus implying a high adherence to stay-at-home directives and social distancing measures coupled with the lockdown affected social relations and interactions with others. The participants were unable to visit and interact with their friends and families as was the case before the onset of the pandemic in March 2020. Again, the ban on social functions like funerals and weddings among other functions further limited their movement. The limited mobility and interaction led to loneliness and feeling dejected and abandoned. The consequence was poor mental and psychosocial health among disabled people.

Several economic impacts of the COVID-19 pandemic were reported in the sample. The impacts were both positive and negative. The positive impact was realized from increased demand for essential services during the COVID-19 pandemic. Disabled persons who provide essential services described how the pandemic influenced an increased demand for their products and services. The increased demand led to a boost in their revenue. However, the positive impact of the pandemic on their economic lives was reported by few participants. The negative impacts which dominated covered job losses, declining sales and low demand for goods and services. People with disabilities are often engaged in the informal sector where job security is low. They also represent a target group of the first resort during downsizing and layoffs. For those employed, this vulnerability came to bear as they were released from their duties. The economic downturn that occasioned the pandemic saw low demand and the collapse of some businesses. This brought economic hardships to the affected persons with disabilities.

Despite the challenges they faced, the participants received support from friends, groups, and the state, thus reducing the impacts of the pandemic on them. Benefits from the state included free water and electricity subsidies for April to September 2020. Again, food was provided to some participants during the lockdown periods in April 2020 as part of the government’s social support initiative. Beyond the support from the state, the participants also mentioned how their friends and families alongside religious bodies provided emotional and financial support for them during the period.

5.3 Conclusion

This study investigates how the COVID-19 epidemic has affected people with disabilities in Ghana using the Ashanti Region as a case study. There is evidence that people with disabilities in Ghana still face obstacles and hurdles in society that prevent them from participating and being included. Due to views that are strongly ingrained in Ghanaian socio-cultural beliefs and practices that marginalize people with disabilities, the consequences of the obstacles on people with disabilities in Ghana might be substantial. These obstacles may make people with impairments more susceptible to COVID-19 and worsen the pandemic's consequences on their quality of life.

During the COVID-19 pandemic, people with disabilities who work in both the formal and informal sectors lost their employment. In the COVID-19 age, this may make their income, savings, and economic resilience much worse. Individuals working in the formal sector were the first to lose their jobs when attitudinal hurdles caused by COVID-19 forced businesses to scale back. The greatest obstacle to the employment of disabled people and those who work continues to be social hurdles. The economic vulnerability of self-employed people with disabilities deteriorated as a result of COVID-19. These individuals mostly work as dressmakers, tailors, hand weavers, hairdressers, and petty traders, selling goods primarily at home (smaller bags of necessities) in front of their residences or on the streets. This group of people were not able to work because of COVID-19 because of their potential problems refilling their inventory due to their limited mobility. Also, due to misconceptions about the ability of individuals with disabilities, the public can choose to do business with those who are not disabled. All of this had an impact on the earnings of people with disabilities. Disability-related economic vulnerability for people with disabilities was exacerbated by the loss of employment and income, irregular income, and income instability. Given that they are less likely to be employed than non-disabled persons and are more likely to work in the informal sector, employment and poverty vulnerability may be worse for people with disabilities. In that vein, economic recovery programs that are disability-centered are in high demand, to offset the ills brought by the virus and its devastating economic implications.

In addition, few individuals were willing to visit other people's houses because they were afraid of getting the sickness, and neither did they want others to visit theirs. The isolation and less social interaction may have deleterious effects on the mental health and well-being of persons with disabilities. In that regard, the study recommends that support groups be formed so that they can help one another during a crisis. Again, mental well-being and psychosocial factors must be factored into disaster management programs, so that people do not become socially affected beyond certain thresholds, as was the case during the COVID-19 pandemic.

5.4 The Study's Contributions to Knowledge

Since the onset of the COVID-19 pandemic, research on its impact on people with disabilities has been growing. In Ghana, the focus has been largely on health inequalities brought on by the pandemic for people with disabilities. This has received lots of attention from empirical studies as well as commentaries. Another area of focus has been the educational challenges brought by the pandemic, vis-à-vis online learning as well as the long periods of school closures which could affect the recollection and sharpness of children with disabilities (visually impaired, the deaf and those with intellectual disabilities) who were largely excluded in the online learning platforms provided by the government and other institutions. The economic aspect also received attention, albeit it was mainly commentaries developed in line with evidence from the vulnerabilities of people with disabilities and how the various authors perceive the scenario to play out. In essence, empirical evidence on the economic impacts of the COVID-19 pandemic on people with disabilities is non-existent, to the best of the author's knowledge. This study thus is the icebreaker, as it chronicles the economic impacts of COVID-19 on persons with disabilities from the participants, distinct from the theoretical extrapolations. Such new knowledge can help in developing policy.

Again, the study brings to bear the social support networks that aided persons with disabilities to navigate and endure the negative implications of the pandemic on their lives as well as the social interventions provided by the state to ameliorate the plight of citizens following the multifaceted ramifications of the COVID-19 pandemic. Additionally, it offered insights into how the government's social interventions, albeit not disability-focused, had a trickle-down effect on persons with disabilities in Ghana. With such knowledge, targeting crisis response interventions with a disability focus could help achieve a better outcome than was experienced from the COVID-19 response interventions in Ghana.

Most studies conducted on the impacts of COVID-19 revealed the devastating effects it had on their employment and livelihoods. Although that was established in this study, the positive impacts from some of the participants, in the wake of the pandemic, mainly in the forms of increased demand for essential goods and services are somehow novel and refreshing. Knowing some people had positive impacts of the pandemic is quite contrary to the large negative impacts established in the literature and this study. It could provide the basis for research into how COVID-19 could alter lives in either positive or negative directions. Devoting attention to such in the future could prove important in fully understanding the holistic impacts of the COVID-19 pandemic.

Despite the novelty and contribution of this study to understanding disability and COVID-19, there are some limitations to interpreting and using the study result. Although qualitative studies are renowned for offering comprehensive and in-depth information on a phenomenon, the sampling strategies and usually small sample sizes restrict the findings' applicability and generalizability. This restricts how far the study's results may be applied. This restriction suggests that care must be used in interpreting the results in terms of what applies to all of Ghana. As a result, this provides policymakers and employers with information on potential difficulties faced by persons with disabilities from the two mentioned disability groups in Kumasi but because of the nature of the study methodology used, generalization is not possible. A thorough explanation of the study's background and the procedures employed to collect and analyze the data, however, gives crucial details for transferability.

5.5 Areas for Future Research

While this study captured the perspectives of disabled persons concerning the impacts of the pandemic on their lives, persons with hearing loss and intellectual disabilities were excluded from the sampled participants. The inclusion of persons with physical and visual disabilities implies that other categories of disabled people are excluded. As a result, the findings cannot be used to represent the generality of people with disabilities. Faced with different disabilities, their perceptions and experiences could differ from that of the physically and visually impaired. It is therefore important for future research to focus on the impacts of the pandemic on these other categories of disabled people. This will help develop a better and holistic understanding of how the COVID-19 pandemic affected people with disabilities.

Again, the study is limited to how the pandemic affected the sampled people with disabilities, without recourse to their economic re-engagement. The economic re-engagement of persons with disabilities, during the post-COVID-19 pandemic is critical, just as the effects of the pandemic on their pre-pandemic economic lives. Studying and understanding how persons with disabilities have, are and will re-engage in economic activities following the impacts of the pandemic is essential. This would provide knowledge to help fashion strategies and measures to support the post-COVID-19 employment endeavors.

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Appendix A: Interview Guide

Exploring the Social Impacts of COVID-19 on Persons with Disabilities Living in Kumasi, in the Ashanti Region of Ghana

Date:……………….

Introductory Questions

1. Is it ok that the interview be recorded? Yes, or No
2. Can you tell me a little about yourself? (Name, age, marital status, employment, educational background).

Section A: Socio-demographic characteristics

1. Name (or ID): ……………………………………………………………..
2. Age Group 18-30 31-40 41-60 [5] above 60
3. Gender: Male Female Non-binary [4] Prefer not to say
4. Marital status:
   [
1. How would you describe your disability?
2. ____

Questions on Objectives

1. **Probes**

   a. What is COVID-19? ………………………………………………………………

   b. How do you catch COVID-19?..

   c. Please tell me what you do to avoid catching COVID-19? ....

Have you been vaccinated against COVID-19?

. If yes, was it full or partial?
   [1] **Full** vaccination (1 shot of J & J or 2 shots of others)
   [2] Partial (one shot of others)

If no, why?
   Please tell me about your education

What are some of the challenges you encounter as a result of the COVID-19 pandemic?

Are you working right now?

How has your job changed with the outbreak of COVID-19?
Please tell me about the jobs you had before 2020 (the year COVID-19 pandemic was declared)?

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If no, how has the COVID-19 pandemic affected your ability to look for work?

Please tell me how COVID-19 affected your ability to obtain food? water? and electricity?

How have things changed since COVID-19 concerning food? water? and electricity?

Please tell me about programs that you have participated, or benefited from?

Since the outbreak of COVID-19 have you received any other support? Would you please tell me about it.

Is there anything else that you would like to add?

Thank you for your participation and invaluable contribution.