Surviving on the Streets: Examining the Situation of Women with Disabilities in Central Ghana

By

Gloria Boateng

A Thesis submitted to the Faculty of Graduate Studies of

The University of Manitoba

in partial fulfillment of the requirements of the degree of

MASTER OF ARTS

Department of Disability Studies

University of Manitoba

Winnipeg

ACKNOWLEDGEMENTS

To God be the glory, great things He has done and greater things He will do! I achieved this milestone with the favor of the Great God, who showered blessings on me through the challenging times that characterized this Graduate study journey. In the academic realm, I wish to express my profound tons of gratitude to my Advisor, Prof Nancy Hansen, whose guidance, motivation, strong advocacy, and suggestions brought me this far. There were breaking moments she had to work during the weekend for my sake. She supported me immensely during the exceedingly difficult stage of my study: the ethics clearance applications process. This was a process that really stressed and frightened me. It took a whole period of ten months to go through the process and at some points, I thought that process was never going to end. However, through the strong advocacy, guidance and support from Professor Hansen and my team of Advisors, I managed to scale through that complicated process which at some point involved a high-powered meeting of officials from the Ethics Department and the Faculty of Graduate Studies. I am grateful to members of my Advisory Committee, Dr. Diane Driedger, and Prof. Michael Baffoe, for their unflinching support, guidance, and continuous words of encouragement, I would not have made it this far.

I want to use this opportunity to express my profound gratitude to all the women I interviewed for this study. Their willingness to participate in this study, and their voices gave life to this study. I thank them for trusting me, sharing with me their daily experiences on the streets and letting me in on the difficult lives they lead through unfortunate circumstances. I appreciate the time they took off to interact with me. To all these unsung heroes of this study I say a big thank you and may God continue to bless and guide you!

DEDICATION

This thesis is dedicated to my mother, Agnes Owusu who is popularly known as Eno Akua/ Aunty Aggie. Although she only had basic education, she endeavored to see all her children educated. Mama, I remember how you always vowed when we were young that all your children would be university graduates one day. And the least education you will allow in your household is a high school graduate. Mama, your words came through! And I completed this degree deriving inspiration from your zealous ways to raise money to fund my education. There were moments we encountered challenges financially, but these were your words to me, "Gloria, your part is to study, and my part is to raise money and pay your fees". Mama, you kept your part, you supported me through thick and thin. You support me emotionally, financially, and spiritually. There were days you fasted and prayed for me when I had pending examinations to write. I can recount pages of your support. I dedicate this victory to you, Eno Akua. We made it!

ABSTRACT

This study aims at examining the situation of women with disabilities in central Ghana, Kumasi. The study is exploratory in nature and delves into the everyday lives of women with disabilities making a living on the streets in Kumasi, central Ghana. These are individuals battling gender biases, stigma associated with disabilities, economic hardship of a developing country and many other unfavorable conditions affecting their very existence.

Using a qualitative research approach that relies on interviewing women with disabilities making a living on the streets of a major urban center in Ghana, the study unearths some significant themes in the lives of these women: these included their educational status, lack of marketable skills, support systems or lack thereof, being shunned by society because of their disability, and the internalization of the stigma and derogatory labels attributed to them by society. The study also unearths and highlights some factors accounting for the resilience of these women. The powerful voices of the study participants are presented through their narratives highlighted in the findings section of this report.

Keywords: Disability, Persons with disability, Streetism, Stigma, Intersectionality

TABLE OF CONTENTS

CHAPTER ONE

“Where a problem with access exists in the general population it is considerably more severe in subsets of the population that are most disadvantaged” (McColl et al., 2010, p. 205).

Introduction

This thesis is the culmination of several years of my personal life experiences and relations to persons with disabilities. Growing up in Ghanaian society where myths and superstitions abound about persons with disabilities, this research study focuses on women with disabilities in Ghana and aims at exploring the experiences and perspectives of women with disabilities making a living on the streets in a country whose attitudes towards disability are shrouded in myths and superstitions and traditionally label individuals with disabilities.

The thesis contains five chapters: 1) an introduction; 2) a review of the relevant literature; 3) the overview of the methodology employed, the theoretical frameworks, and the lens of analysis that guided the study forming the third chapter; 4) the findings from the study; and 5) the policy implications of the study with suggestions for services provision to persons with disabilities and suggestions for further studies in this subject area.

This chapter introduces the study and gives an overview of the rationale that influenced the selection of the study site, the participants, the research questions, and the title of the study. The study aims at documenting the daily experiences of women with disabilities in (the City of Kumasi) central Ghana that make a living on the streets either by begging for alms or engaging in small or petty economic activities like selling on street corners. The study considers how multiple variables like disability, illiteracy, gender biases, unemployment and low self-esteem intersect to influence the lives of women with disabilities in the study site.

The chapter begins with a general literature review on disability in the world and narrows down to consider disability in Africa and then disability in Ghana. The chapter highlights the estimated number of persons within the world at large who are estimated to be living with a disability in Africa and Ghana to be precise. It stresses on the need for persons with disabilities to be considered during policy formulation because they form the largest minority group. The researcher presents herself and gives a brief history about herself as an insider in this study. The researcher talks about how she gained interest in Disability Studies, how field trips from her undergraduate education exposed her to some challenges persons with disabilities face in some parts of Ghana and how course reading materials in her graduate studies made her curious about the life of women with disabilities making a living in central Ghana. The main research question and sub-questions will be presented and answers that emanated from the research to these questions will be presented.

It is estimated that about 15% of the world's population of approximately 6 billion (Pimentel & Pimentel, 1999) are persons with disabilities (Ned et al., 2020). Unfortunately, literature shows that this large minority group is mostly neglected, stigmatized, and made vulnerable in some instances. As Lorenzo et al. (2015) state, "Persons with disabilities across the lifespan are a neglected and vulnerable group" (p. 2) and hence have limited access to services and opportunities. The situation may be worse for women with disabilities that hail from countries whose culture is inclined towards gender biases. A study conducted by Presler-Marshall et al. (2019) on the neglect of adolescents with disabilities indicates girls with disabilities are mostly disadvantaged due to gender biases: "Girls with disabilities reported that they had particularly limited access to programming, given that gender norms common across the region" (p. 521). Women/girls with disabilities face a double jeopardy for reasons of disability and gender. Women from such countries have gender issues to consider aside from the difficulties their disability pose to them in general. Among such vulnerable and often neglected population groups are women with disabilities in Africa. The available literature stresses that many women with disabilities in Africa lack formal education, have no employable skills, and are neglected or often shunned by the general society. Thabethe (2021) states that, “while most people with disabilities are marginalized among non-disabled bodies, women with disabilities are disproportionately affected. The voices of women with disabilities are often ignored, trivialized, and silenced in mainstream society” (p. 3).

As Agbenyega (2003) posits, labeling as a method of constructing disability in Ghana emanates from the socio-cultural underpinnings of disability. The Ghanaian society is highly traditional with more than two hundred ethnic and tribal groups. The labeling process starts at birth. Pregnancy and birth are highly regarded as a blessing and are characterized with grand expectations. There is no reason a family can give to explain why a child is born with a disability except that the anger of the gods has been visited on them. (p. 3). Agbenyega (2003) highlights how some negative traditional interpretations have been attached to disability, hence the existence of some disability conditions (for example Down syndrome), are considered evil. He states, “persons with Down syndrome in Ghana are believed to be children given by the river gods, and hence they call them ‘Nsuoba,’ meaning children of the rivers” (p. 4).

The first time I (the researcher) heard of this belief system, I was curious as to what happens to a child born with a disability. I questioned my grandparents and they felt it was abnormal for them to even explain to me in detail what really happens when a child is born with a disability. After persisting for a while to know exactly what happens when these children are taken to the riverbanks, my grandfather finally explained to me what goes on at the riverbank. My grandfather explained this to me because he had a firsthand experience; my grandmother gave birth to a child with a disability and had to go through this ritual. They considered it as a form of cleansing. From my grandfather, these children born with disabilities are wrapped in a white cloth and left at the riverbanks or in thick forests. What they did not know but later found out years after giving up their child born with a disability to this ritual was that these newborn babies with disability are either poisoned before dumping them at the river side or leave them alive in a thick forest for wild animals to prey on them. My grandfather recounted that he knew about this ‘ritual cleansing’ from his old friend who also happens to be a traditional chief priest. Traditional chief priests are the ones in charge of performing these rituals.

Avoke (2002) also posits how some children born with disability in Ghana are “children of the rivers and forest” and culturally, some of these children are killed with the justification that they are being sent “to go back to where they came from” (p. 733). All these traditions were passed down to Ghanaians over many years and caused some mothers (parents) to lose their newborns. Ghana, a country on the African continent with a total population of 30 million, reported 51.2% of the population are women as in 2012 (PHC, 2012). On the streets in the urban centers of Ghana, many are women with disabilities who eke out a living.

I approached this study as both an insider and an outsider. ‘An outsider’ in that I do not identify as a person with disability and hence have no voice in this study. ‘An insider’ in that the researcher is (I am) a Ghanaian woman who took interest in disability as well as its studies during her teenage years. This was because of stories I heard as a child about persons with disabilities, the experiences my grandparents shared about disability, and due to me living in the same neighborhood with a deaf couple. This couple had three children all of whom were hearing and had the ability to speak. I was confused by this family. I asked myself numerous questions as to why it is possible for deaf couples to give birth to ‘hearing and speaking’ individuals. How are they (as a family) going to communicate? These and many other questions bothered me in my teenage years. Growing up, I wanted to know more about the deaf community and disability in general, resulting in my interest in disability.

I lived in Ghana and observed many individuals with disabilities living on the streets and roaming aimlessly. They were not enrolled in schools or skill acquisition centers. I believed these individuals had distinct reasons as to why they were not in school or working.

Growing up I heard of some households with children with disabilities. Those children were never allowed to leave their homes due to the stigma associated with disability. In some instances, parents of children born with disabilities, as Agbenyenga (2003) posits, “become victims of isolation and mockery” (p. 4). As a child, I did my best to stay away from individuals with disabilities. I was made to believe by my grandparents that persons with disabilities were not of this world: that they were evil, they bring bad omens, or they may infect me. These same grandparents lived in regret in their latter days when they discovered newborns with disability were murdered in the name of ritual cleansing.

I internalized these notions about disability until my university undergraduate studies at Kwame Nkrumah University of Science and Technology in Kumasi-Ghana Disability and Rehabilitation Studies Program. I would return to the city later to conduct research on persons with disabilities during my graduate studies. Gradually, these beliefs and the mindset began to change. during my undergraduate studies.

Initially, I wanted to be in the medical field to provide medical services to people that were sick. I considered them the most vulnerable and I wanted to help them. I did not get admission into medical school, so I considered other options. The Disability Studies program caught my attention because I had so many unanswered questions about disability. I was also of the view that persons with disabilities were ‘sick.’ They were vulnerable and needed to be cared for and ‘treated.’ I applied and was admitted to the program.

In my first year of study, I discovered through class discussions that most of my friends held the same views as I did. Some of my classmates also perceived persons with disability as ‘sick’ and in need of medical attention. Gradually, this belief changed as we pursued the four-year study program.

Through studies, I realized that most of the initial beliefs I held about disability had underpinnings of the religious and charity models of disability. These are notions that disability was divinely caused (religious model) and persons with disability ought to be pitied and given care (charity model) (Rerief & Letšosa, 2018).

I held little expectation for individuals with disabilities. My undergraduate program introduced me to the social model, medical model, bio-psycho-social model, charity model and the religious/moral model of disability. The program gave me the opportunity to meet and interact with persons with disabilities in different areas of Ghana through field trips and internships. These fieldworks exposed me to the difficulties some Ghanaians with disabilities face. I noticed the lives of some individuals with disabilities were structured to permanently depend on their relatives for their livelihood.

During one such field trip, I met a 36-year-old lady who was visually impaired. She was sitting under a tree in front of her family house one hot afternoon. Hearing the footsteps of my colleagues and I she shouted, ‘Who are you?’ So, my colleagues and I introduced ourselves and we started conversing. We asked her if she was employed, and she answered ‘No.’ We asked again if she was in school at the time or had ever been in school and she said ‘No.’ We were curious to know what she did for a living. She replied that she was taking care of the house as other members of her family were out working.

As we continued to talk, we discovered that she ate in the morning (when her family served her breakfast) and then had to wait for her relatives to go to work, return home and cook in the evening (when she was again served food). She ate twice and the type of food was decided by her relatives. Due to this situation, some persons with disabilities lose control over their lives, such as the activities of daily living: eating, sleeping, bathing, toileting and when to go out.

On another field trip, we went out to gather data on career prospects of persons with disabilities between the ages of 18 to 25 years. This was a group project that was aimed at improving our data collection skills. We recruited 30 participants in all for this project and we engaged them in a one-on-one interview session. At the end of each interview session, we gave money as an honorarium in appreciation of the participants' time.

On this trip/project, we met a 22-year-old man who agreed to participate in the study. This man was hearing impaired, and we communicated with him using sign language. Just when we were about to end the interview session, a woman walked into the house, and he signed to us saying "this is my mother" (pointing in the woman's direction). The mother was a hearing person. She greeted us and asked us what our purpose was. We told her who we were, why we were in her house and why we were communicating with her son. She did not seem bothered, and said, "OKAY."

After the interview session, we handed the young man we interviewed his honorarium and he was excited. He told us that he would use the money to purchase a football as it is one of the things he had wanted for a long time (his dream was to become a soccer player) but his mother had no intention of purchasing one for him. We signed farewell greetings and announced that we were leaving. Just a few steps from the house we heard noise. The young man we interviewed was struggling with someone. Instantly, we turned back to the house and found the mother struggling with him trying to take the money we gave him as an honorarium. We asked the woman why, and her reasoning was that food is more important than football. Hence, why should her son ‘waste’ that money on football?

My friends and I concluded that even if we convinced her to give the money back to her son, she would take it again once we were gone. So, we went with the young man to the outskirts of their town to purchase the football he desired for him. The joy and excitement of this young man was a delight to see.

This day’s incident brought so many thoughts to my mind: for some persons with disabilities, they ought to live to please their relatives or caregivers even when they are adults. Some persons with disabilities do not get to make decisions about their own lives. Some persons with disabilities seem to be enslaved. Family members who provide basic needs like clothes, shelter and food tend to control the lives of some persons with disabilities. It may be that some persons with disabilities, due to varying reasons which may include being fed up with maltreatment at their various homes and/or the imprisoned nature of living in institutions, end up living on the streets. The streets become their homes. They become free beings on the street unlike in their individual homes where they may be seen as individuals ‘incapable of freedom.’ This exemplifies, as Hollomotz (2013) states, “individuals who are thought of as free yet incapable of freedom” (p. 9). Irrespective of the countless dangers the streets pose, for example the harsh weather conditions that may result in illness, some persons with disabilities are constantly seen on the streets. This shows the extent to which humans are willing to have control over their own lives, such that regardless of the harsh weather conditions (direct hot sun and during the wet seasons, constant rainfall and cold), some persons with disabilities are seen ‘freely’ on the streets.

Dangers that may be posed by other people cannot be ignored, being sexually harassed for example. Opoku et al. (2016) found that “some men preferred to have sex with women with disability for superstitious or ritualistic reasons” (p. 101), and this puts women with disabilities at even greater risk.

Once I was traveling in a vehicle at a traffic stop, a visually impaired person using a walking stick came close to the car to beg for money. A passenger was angered by this and uttered “ayarefo) wei nso ha adwen dodo″ implying ‘these sick people can disturb our peace.’ The passenger then threw two Ghana cedis at the person with the disability when the traffic light turned green for the car to move. I tried in that instant to educate the passenger that persons with disabilities are not sick people, and not nuisances as he thought, but they were not ready to listen or learn. Many look down on people living on streets, call them derogatory names and treat them unjustly.

The way this passenger threw the money at the blind person begging was disrespectful and could cause one (the receiver) to feel less of themselves. Setting aside negative attitudes from other members of the Ghanaian society, the street provides no harmony. As Abekah-Carter and Oti (2020) point out, people living on the streets have “no access to good food, shelter, and health care” (p. 46). This seems to make street living difficult.

It is against this background that this study was conducted to answer the following questions:

- What accounts for the resilience of women with disabilities who make a living on the streets in Ghana?

- How do support systems, or lack thereof, impact the lives of women with disabilities in Ghana?

Conclusion

The study is exploratory in nature and delves into the everyday lives of women with disabilities making a living on the streets in Kumasi, central Ghana. These are individuals battling gender biases, stigmas associated with disabilities, economic hardship of a developing country and many other unfavorable conditions affecting their very existence. The study amplifies the voices of women with disabilities making a living on the streets.

CHAPTER TWO

REVIEW OF THE RELEVANT LITERATURE

The courses I took in the Disability Studies program as well as a Comprehensive Reading Course I took in the Faculty of Social Work during my first academic year at the University of Manitoba gave me insight into the existing literature which has been relevant to my study. I conducted an extensive review of the relevant literature to provide me with the theoretical foundation.

The study focused on women with disabilities making a living on the streets in central Ghana, Kumasi. I reviewed articles exploring disability in general and disability in the African context. I reviewed literature about women with disabilities and the intersection of gender and disability. Finally, I reviewed government legislation or policies that concern persons with disability. Reviewing literature concerning my study topic heightened my insight in the chosen population group.

Part of my review of the relevant literature for this study also looked at the educational sector as it affects persons with disability in Ghana. It is common knowledge in Ghana that persons with disability are either not given the opportunity for learning in formal educational settings at worst, and if they do, they (especially youth with disabilities) are segregated into “Special” schools where the quality of education is nothing to write home about.

Literacy is an imperative educational need since it is basic for appropriate personal and social development. It is a condition for educational equality and enhances individuals' opportunities in life in current society (Katims, 2000; Lonsdale & McCurry, 2004). For this reason, educational actions that guarantee effective learning for all students and reduce the achievement gap between groups of learners are required. Specifically, some persons with disabilities have special difficulties in mastering basic skills of literacy assumed in society (Morgan et al., 2011). As Downing and Eichinger (2003) opine, "students with severe disabilities tend to learn at a slower rate and need repeated practice opportunities to acquire and maintain skills and to generalize these skills to other settings" (p. 26). They recommend that, "educators provide multiple opportunities to practice essential skills" (p. 26) to aid persons with disabilities to unearth their potential.

As McColl et al. (2010) posit, "[W]here a problem with access exists in the general population it is considerably more severe in subsets of the population that are most disadvantaged" (p. 205). It was this background that inspired me to examine issues of Ghanaian women with a disability: a country that is culturally inclined to value males over females in all sectors, has unemployment as a national issue, accessibility as a national issue, a poor health system and other below average developmental factors means that women with disability are put at acute disadvantage in the society. Ghana is a developing country and has unemployment as a national issue. As Wuni et al. (2017) posit, "There is a historic trend of growing unemployment problem in Ghana" (p. 1). Agreeing with McColl et al. (2010), persons with disability and specifically, women with disability, are more disadvantaged when employment is considered in Ghana. These women with disabilities, aside from the general struggle of finding jobs in Ghana, suffer from cultural notions that hinder the participation of women, especially women with disabilities. Baffoe (2013) states,

> Myths, superstitions, and negative labels attached to disabilities in Ghana contribute significantly to the social exclusion of persons with disabilities. This exclusion results in their inability and difficulty in participating meaningfully in activities in society that will earn or ensure them a decent quality of life. (p. 194)

Some traditional notions about disability hinder persons with disabilities from participating in activities like working to earn a living. A study conducted by Boateng (2021) on the education of Ghanaian women indicates,

> Until a few decades ago, education for the girl-child in Ghana was frowned upon. Girls in many Ghanaian families were raised and groomed for marriage. At best, they were sent to vocational training, especially dressmaking, and more recently hairdressing. In effect, societal attitudes toward the girl-child underscored the axiom of a woman's place (office) being the kitchen. Little was considered of the girl-child in terms of education, career, or other ambitions. (p. 1)

This educational trend coupled with the societal disadvantages associated with disability have a major influence on the employment of persons with disabilities.

Definition of Disability, the Medical and Social Models

There are several models of disability, some of which are the social model, the medical model, the charity model, the religious model, and the biopsychosocial model. For this study, the medical model of disability as well as the social model of disability were considered. The medical model of disability according to Zajadacz (2015) indicates that "disability is connected to the individual features of a given person and is above all their own personal tragedy. Any action undertaken (medical treatment, physical rehabilitation) is aimed at maximizing the ability of the individual (adaptation to the environment)" (p. 192). Zajadacz (2015) also defines disability in the context of the social model. Zajadacz (2015) opines,

> disability is not due to individual characteristics but is rather the result of existing restrictive factors in the environment (including social and mental barriers) which multiply

> a given individual’s dysfunction and hinder or prevent his/her participation in the full scope of life in society. (p. 192)

Other academic scholars have documented their understanding and views on the medical and social models of disability. Every individual depending on their orientation deduces meaning from the term ‘disability.’ Rerief and Letšosa (2018) propose that “the cultural approach does not seek to define disability in any specific way but rather focuses on how different notions of disability and non-disability operate in the context of a specific culture” (p. 6). The meaning of disability seems to alter when the purpose for understanding the term ‘disability’ is considered. When one seeks to barely know the meaning of disability either for academic purpose or personal motive, they may include every individual they see with an impairment. But when policy formulators seek to define disability to a social group and hence make available some resources to persons with disabilities, policymakers draw boundaries to define individuals considered to be disabled.

To gain practical knowledge during my undergraduate studies, I went to a local district assembly office that oversaw disbursing disability common funds (money provided by the government of Ghana to support businesses of persons with disabilities). A woman walked into the district assembly office to access her funds. This woman was a registered member of persons with disability under the district.

The officer in charge of disbursing the funds denied this woman access to the available funds because she did not have any visible disability. It was left to this woman to explain or prove why she identified as a person with disability before she could be considered for the disability common fund. From the woman’s explanation, she is easily tired at the slightest activity and that makes it difficult for her to engage in vigorous activity. She associates herself with the persons with disability group in her locality. However, the officer in charge of disbursing the disability common funds did not consider fatigue as a form of disability. He considered the woman to be 'lazy' and he did not approve her access to the funds.

I noted that the meaning of disability is dependent on many variables, including who is defining the term 'disability' and why. This woman lost her right to access the disability common funds because the officer in charge of disbursing the funds did not agree with the woman's interpretation of disability.

At present, the meaning of disability is gradually shifting to meet society's interpretation as disability is no longer perceived as a permanent-static condition or fault in humanity awaiting correction. Barnes (2003) posits,

> When thinking about disability and rehabilitation it is important to remember that perceptions of disability are slowly changing. Since at least the 1960s there has been a gradual but increasing realization amongst politicians, policy makers and, later, social scientists, across the world that the problem of disability can no longer be considered in purely individualistic medical terms. (p. 7)

Individuals are no longer considered faulty or deficient beings. Again, disability is understood not to be a one-on-one encounter. All persons may at a point in life acquire a disability. As Muir et al. (2019) posit, "Disability may occur at any time during the lifespan" (p. 1). According to Dokumaci (2019), in the past, people determined the quality of life of an individual based on the physical or visible body structure of that individual. One was considered to have a quality life when they have a 'normal body.' Today, the individual (with or without a disability) is the best or sole candidate to determine their quality of life.

Disability is not only about the visible elements. Some disabilities or conditions are invisible. As Muir et al. (2019) posit, "[M]ost disabilities are invisible…or not immediately apparent to an outsider” (p. 1). Dokumaci (2019) highlights disability as “a category that is defined not through its reduction to mere pathology, but through its dispersal into everyday life” (p. 72). Haegele and Hodge (2016) also argue that the meaning one attaches to disability is relevant as it guides language usage and how we interact with persons with disabilities: “the language people use to describe individuals with disabilities influences their expectations and interactions with them” (p. 6). They emphasize the medical and social models as they view these models to be the dominant models in the disability field and the acceptable languages in these models. Many authors, including Owens (2014), critically analyze the social model of disability. It has been useful in disability activism despite its critiques, but does not acknowledge the biological and mental component of disability. The social model provides a lens to view the world or the environment from the perspective of a person with disability. Owens (2014) posits that the “social model of disability has demonstrated political success for disabled people in society” (p. 12).

The social model of disability interprets disability as a social problem (Shakespeare, 2021). Shakespeare posits that “the social model identifies disability as a culturally and historically specific phenomenon” (p. 1). Disability is seen as the outcome of society’s failure to make accommodation for diversity. For example, from the social model’s perspective of disability, a blind person who cannot read is disabled not because their eyes cannot see; they are disabled because society failed to provide Braille.

The social model of disability considers disability to be a socially constructed problem and hence strikes a difference between impairment and disability. As Goering (2015) posits, the social model of disability “distinguishes between impairment and disability, identifying the latter as a disadvantage that stems from a lack of fit between a body and its social environment” (p. 1). As Disability Nottinghamshire (2014) opines,

> The social model of disability says that disability is caused by the way society is organi(z)ed, rather than by a person's impairment or difference. It looks at ways of removing barriers that restrict life choices for disabled people. When barriers are removed, disabled people can be independent and equal in society, with choice and control over their own lives. (p. 1)

Proponents of the medical model of disability seem to have contrasting opinions to that of the social model of disability. Some scholars have highlighted the 'person-centered' nature of the medical model by emphasizing how the medical model focuses on the individual with disability. Guevara (2021) posits that "the medical model treats disabilities as defects in need of treatment. In doing so, it reinforces the able body as the norm and perpetuates stigma and discrimination against people with disabilities" (p. 1) Proponents of the medical model of disability are of the view that disability is the outcome of an individual's body limitation. All disability interventions influenced by this model are targeted at the individual person with the disability.

The medical, social, and other models of disability influenced my interpretation of disability during my undergraduate education. At the end of my undergraduate studies, I concluded that one ought to bring to the table all elements of disability models to successfully work with persons with disability or successfully solve disability-related issues.

There is the need to respect and consider all the ideas the various models of disability present. Focusing solely on the medical model will neglect the ideas embedded in the social model that call for readjusting the physical environment to make it accessible to all persons, including those with disabilities. The religious or moral model cannot be discarded either because their underpinning ideas seem to influence how some societies interpret disability.

The religious model, according to Rerief and Letšosa (2018), interprets disability as "a punishment from God for a particular sin or sins that may have been committed by the person with disability" (p. 2). From literature, it is evident that the Ghanaian traditional society holds a similar view as far as disability is concerned. Baffoe (2013) posits that the Ghanaian traditional society interprets disability as "the result of evil placed on an individual from the gods, for committing offen[s]es in the community or to the gods" (p. 189). In the same study, he indicates that "when a woman gives birth to a disabled child, there is only one explanation that is offered: that the gods are annoyed" (p. 189). Hence in an instance where one wants to undertake a disability related project involving a traditional group or community, studying the religious model is significant to the success of the project because the religious model gives a clue of how religiously or traditionally community members interpret disability.

Perceptions and Realities of Disability in Africa

Africa, a continent with most of its countries in the developing stage, has many struggles and difficulties to contend with regarding the lived experiences of persons with disabilities. Shakespeare et al. (2019) document and stress the need to acknowledge the success attained by persons with disabilities from this background:

> [G]iven the right support, disabled people can achieve economic success, with the implication being that investment in education or training of disabled people can be productive and should be part of overall development efforts for economic reasons, not solely to achieve social justice goals. (p. 7)

There exist difficulties in the healthcare system of most parts of Africa. The situation is worse for persons with disabilities in these areas as they are faced with an inaccessible environment, negative attitudes from healthcare personnel and the lack of appropriate services.

For disabled individuals living in rural parts of these countries, their situation is unbearable as they lack healthcare units. Vergunst et al. (2017) highlight that their "access to health care in a rural area in South Africa for persons with disabilities is more of an issue than for persons without disabilities in that they face more barriers" (p. 6).

For some parts of Africa, shortage of food resulting in malnutrition remains their biggest challenge. Unhealthy patterns of eating as well as eating an unbalanced diet has resulted in some health conditions. These conditions result in disability when left unattended. This factor accounts for the increasing numbers in disabled persons across Africa: "Malnutrition and Neurodisability are both major or public health problems in Africa" (Kerac et al., 2014, p. 1).

Literature on Women with Disabilities

Women with disabilities are among individuals most likely to be seen on the margins of society. As Grobbelaar (2007) posits, "women with disabilities are further disadvantaged, not only because they are disabled, but because they are 'disabled women'" (p. 1). Nabila and Noviana (2021) opine that "marginalization is the root of various unfair treatments experienced by women" (p. 1). They are faced with numerous barriers intended to hinder them from achieving their goals in life. Women with disabilities appear to face multiple forms of discrimination; they may face discrimination as a woman and as a person with a disability.

Discrimination may intensify for Ghanaian women with disabilities as extraordinarily little or no achievement is expected of them. Hence, a guardian or relative sees no need to invest in them. Boateng (2021) found, "If there were limited financial resources in families to sponsor children in school, the tendency was always to prioritize schooling for boys instead of girls" (p. 1).

Most women remained stay-at-home spouses for their entire lives in most parts of the world, especially in developing countries like Ghana (Boateng, 2021). Most classrooms are male dominated, even though women form the largest part of the world's population. However, the narrative has changed. Boateng (2021) opines,

> [W]omen find themselves in classrooms, striving to be on top of the academic ladder and in respectable careers. Women no longer settle for the kitchen "office." Instead, they are occupying ministerial offices, making history in academia, and impacting society in more professional ways. (p. 9)

The Concept of Oppression

Many persons with disability are subjected to oppression in many forms in society, covert and overt, and this correlates to Ghanaian society and how these various forms of oppression impact persons with disability. Oppression is the "unjust or cruel exercise of authority or power" (Drydyk, 2021, p. 529). It involves the combination of prejudice and institutional power which creates a system that discriminates against some groups (often called "target groups") and benefits other groups ("dominant groups"). Pacquing (2021) posits that for the oppressed, "the idea of freedom is to pattern one's life to that of the dominant authorities in society. It is to imitate and behave in accordance with that authoritarian image" (p. 206).

Oppression results in the differentiation of people into groups (e.g., dominant/dominated, powerful/powerless, superior/inferior, oppressor/oppressed), and group membership determines the degree to which an individual has power or the opportunity and ability to access resources. As Nguyen and Van Ngo (2021) posit,

> social norms and values held by the dominant elite and middle class are acceptable. Individuals who do not belong to the middle or upper class are expected to unconditionally

> subscribe to these values and obey these norms. Such a biased view reinforced the status quo and denied the legitimacy of any form of social disruption... It strengthened a perception that crime only occurs among members of the lower class; therefore, it failed to examine criminal involvement among middle-or upper-class members. (p. 81)

Targets of oppression are members of social identity groups that are disenfranchised, exploited, and victimized in a variety of ways by agents of oppression and the agent’s systems or institutions. Targets have fewer “life chances” or benefits because of their membership in a particular social group (Gil, 1998). They are subject to containment, having their choices and movements restricted and limited, are seen and treated as expendable and replaceable, are without an individual identity apart from their group, and are compartmentalized into narrowly defined roles (Pacquing, 2021); “the model of the concrete expressions of life is to duplicate the narrative of the oppressors. Consequently, there exists a duality of being, i.e., themselves and those of the oppressors” (Pacquing, 2016, p. 206). Pacquing (2016) is of the view that oppressors, or those who are dominant or in power, use their access to power and privilege to impose their worldviews on the oppressed and justify and enforce the social, political, and systematic denial of resources to the oppressed.

Differentiating people into groups can be done in many ways (e.g., race, sex, sexual orientation, abilities). Oppression based on group membership thus also comes in various forms (e.g., racism, sexism, heterosexism, ableism). There are also what Sue (2010) calls, “oppression by deprivation which involves depriving people of desired jobs, an education, healthcare, or living conditions necessary for physical and mental well-being … [such as] food, clothing, shelter, love, respect, among others” (p. 7).

Jones (1997) also points out that oppression can also occur at the institutional or systemic levels. These can be seen through laws, policies, and ‘normative’ practices that marginalize and devalue groups of people. In addition to oppression being present in multiple levels, oppression may also be overt or subtle, with contemporary forms of oppression being not as blatant as oppression of the past (Sue et al., 2007). Oppression may not be displayed as openly as it used to be in the past, but oppressors find dubious ways to oppress others.

The contemporary reality of oppression is particularly precarious for oppressed individuals because modern forms of oppression occur at subtle, often unconscious levels. These entails various forms of microaggressions which often occur outside of the conscious awareness of the victim. Consequently, victims of microaggressions experience “attributional ambiguity,” which is the absence of a clearly identifiable source of oppression and discrimination (Sue et al., 2007). Microaggressions are perpetrated and experienced subtly and often unconsciously, and the victim often questions the reality of oppression. Thus, victims of microaggressions frequently blame themselves for being ‘overly sensitive’ and dismiss the behavior of the perpetrators. Nevertheless, microaggressions produce equally distressing psychological consequences as overt oppression and discrimination. Sue et al. (2007) further point out that when one is denied an opportunity to confront the source of oppression, the anger is directed inwardly at those who remind the oppressed individual of him- or herself. In this way, according to Duran (2014), microaggressions contribute to internalized oppression and work to perpetuate oppression.

Streetism in Africa, Ghana

I examine some of the relevant literature on the phenomenon of *streetism*. Most of the literature on streetism is about children, but the concept and phenomenon are relevant to this study since they are part of the same phenomenon of making a living off the streets. Many authors have presented these points below. According to Arthur (2013), “the phenomenon of ‘streetism’ refers to the living of homeless or unmonitored children on the streets especially when related to drug, disease, crime, or delinquency” (p. 8). He posits that, ‘streetism’ when it was first used in Ethiopia was used to mean children who for distinct reasons work and/or live in the street” (p. 8).

Victor (2015) also posits that, “the concept of street children refers to boys and girls under eighteen years for whom the street (including occupied dwellings and wasteland) has become home and or their source of livelihood, and who are inadequately protected or supervised” (p. 146). Victor (2015) focuses on ‘street children’ and hence he considers the age factor in. Victor (2013) claims that, “streetism” is a broad term used to encompass the desperate situation of children who are forced to spend most of their time outside their homes, engaging in menial income generating activities to survive, and often having to sleep rough on the streets” (p. 146). Victor (2015) focuses on the livelihood of these street children. He highlights the fact that “an estimate of one hundred million children are found on the streets of many economically unstable regions of Africa, Asia and Eastern Europe” (p. 146).

Awatey (2014), focusing on streetism in the Ashanti region of Ghana, claims that children living on the streets perceive themselves as discriminated against and hated. He posits that the plight of these street children is the result of social change of varying degrees, changes which destabilize life. Most of these vulnerable children squat on the street because of poverty, social unrest, lack of social conscience, waywardness, and they have nobody to look up to for their social and economic survival due to the breakdown of the extended family system, which hitherto served as a unit for social cohesion and solidarity. As Awatey (2014) puts it, “these factors serve as a chain of synergism which denies the victim basic necessities of life such as food, clothing, shelter, and health and more significantly parental love and affection. (p. 165)

Awatey (2004) describes challenges some of these street children face: “most of these children in Kumasi sleep on pavements, in front of stores and on benches especially around the City’s commercial hubs like Adum, Pampaaso, Kejetia, Roman Hill and Race-course (another suburb of Kumasi)” (p. 165). Most, he further explains, “are at the mercy of unscrupulous people like rapists resulting in furtherance of unwanted pregnancy and sexually transmitted diseases including HIV/AIDS” (p. 165). Again, Awatey (2014) states that, “street children are relegated, and nobody cares how they eat, sleep or access health care and society forget that the children on the streets are victims of circumstances” (p. 166).

All the above cited scholarly articles discuss *streetism* but with children at its center. These articles present some reasons that drive children to the streets. A major reason for this is poverty. These children make their way to the streets to engage in menial jobs to make a living. Evidence from literature shows that these street children encounter countless challenges with respect to where they will lay their heads (Anarfi, 1997; Anarfi & Antwi, 1995; Ankomah, 2007).

The tendency of sexual harassment of women on the streets, especially young women, was noted as well in the review of the literature on street children (Tettegah, 2012). It is easier for girls that sleep on streets to be raped and the consequences including pregnancy and contraction of sexually transmitted diseases cannot be ruled out.

The realities of street children examined above are no different from the realities of women with disabilities making a living on the streets of major urban centers in Ghana. They are shunned, disrespected, abused, vulnerable, neglected and in some cases sexually assaulted (see Arthur, 2013). A casual observation of women with disabilities that one passes by every day on the streets of Ghana seems to show that their lives are also characterized by the same complexities of survival and resilience that street children exhibit. The realization that few studies have been done on streetism as it affects women with disabilities, living, and/or working on the streets is what convinced me to examine the phenomenon as it relates to women with disabilities making a living on the streets in Ghana.

Relevant Literature on Intersectionality

According to Wong et al. (2017), intersectionality considers the intersection of various social locations like sexual orientation, religion, age, disability, ethnicity, geographic location, gender, socioeconomic status, race, and mental health at a point in an individual's life; "social identities, such as race, gender, and social class, are dependent on each other for meaning" (p. 1).

Collins (2015) also considers intersectionality as an approach that aims to liberate marginalized groups by highlighting the severity of their lived experiences. It considers how different forms of discrimination come together to define the life of a person. To consider the totality of an individual, singling out a social identity as the gender of the person will not provide details about that person. Instead, when social identities like race, ethnicity, economic status, and educational attainment are all considered, the totality of the person then comes under consideration. To Collins (2015), "the term intersectionality references the critical insight that race, class, gender, sexuality, ethnicity, nation, ability, and age operate not as unitary, mutually exclusive entities, but rather as reciprocally constructing phenomena" (p. 1).

Intersectionality constitutes different variables that interrelate to oppress an individual person. The individual variables are not considered separately; they are viewed together in terms of their characteristics and impact. Intersectionality is about multiple identities, relationality, social context, power relations, complexity, social justice, and inequalities (Hopkins, 2017). Intersectionality, then, should be viewed as a broad term that has inseparable parts or elements. Sometimes, a part or element of it may be used to represent the whole. Ghanaian-uneducated-unemployed-poor-dependent-woman living with a disability can be simply represented as a Ghanaian woman with a disability. This is how Bernstein (2019) puts it: “intersectionality is often described through metaphor” (p. 1). A part has been used to represent a whole. Saying a Ghanaian-uneducated-unemployed-poor-dependent-woman living with a disability brings to light all the various variables that influence the individual’s life as compared to merely saying a Ghanaian woman with a disability.

To Muirhead et al. (2020), different identities exist in society. For individuals that are socially excluded, discrimination, stigmatization and other disadvantages characterize their identity (Muirhead, et al., 2020). Hence selectively considering some of these disadvantages will not fully portray the difficulties an individual is facing. When considering the difficulties some Ghanaian women with disability are facing, elements like their educational attainment, employment status, marital status, family relations and many other variables must all be considered. The intersection of these variables defines the identity of that person.

Intersectionality and Women with Disabilities in Africa: Ghana

All the above cited scholarly articles present intersectionality as a complex term consisting of many components that interconnect to influence an individual’s life. Therefore, with the primary goal of ascertaining the daily experiences of some Ghanaian women making a living on the streets, some variables like their educational attainment, employment status, marital status, gender related issues and many other variables were all considered.

Basson (1998) opines that *“*disability has an impact on a woman’s sexual identity and confidence” (p. 362). With women with disability as the study participants, it was necessary to delve into existing literature to find out what has been documented about women with disability, as well as how issues of sexuality influence their lives (Basson, 1998). Worldwide, one of the pressing issues that affect most women with disability is the issue of sexuality. Women with disabilities are perceived to be either asexual or heterosexual. For this reason, Peta and Ned (2019) suggest that "research that facilitates the voice of women with disabilities of all sexual orientations in Africa is likely to empower the women, to both independently and jointly redefine and affirm their sexuality in ways that promote their health and well-being" (p. 978).

Aside from sexuality, violence is another pressing issue affecting women with disabilities and an area worth delving into when considering factors that intersect to affect the life of some women with disabilities. A study conducted by van der Heijden et al. (2016) in South Africa shows many South African women are exposed to violence during their lifetime: "[T]he most common forms of violence that women with disabilities experience are psychological violence, financial abuse, neglect, and deprivation, with disability stigma playing a central role and contributing to how women with disabilities are exploited and dehumanized" (p. 826).

These women are exploited and dehumanized. Psychological violence, deprivation, financial abuse, and neglect are among the most common forms of violence women with disability face. Constructions of women as asexual shape their sexual relationships and experiences of sexual violence. For this reason, van der Heijden et al. (2016) assert that the rate of sexual violence directed at women with disabilities is higher than that of non-disabled women. Furthermore, they assert that "women with disabilities are more at risk and experience additional layers of violence than women without disabilities" (p. 826). To address the issues of violence against women with disabilities, measures must be taken to deal with stigmatization of disabled women, as stigma is noted to be an influencing factor of violence (van der Heijden et al., 2016).

Touching on the same issue of violence, Budu-Ainooson et al. (2019) write about the difficulty some women with disabilities encounter when they are abused. Some abused women fail to seek help due to “concerns about retribution, keeping family matters private, shame and embarrassment from being subjected to cultural stereotypes (particularly among sexual abuse victims), lacking awareness of accessible services, and mistreatment and bias by informal and formal support systems” (p. 1).

For some women, the cultural stigma or shame that is attributed to abused women, especially sexually abused women, hinder them from voicing out their painful experiences. Budu-Ainooson et al. (2019) also suggest that focus should be placed on promoting increased awareness among women with disabilities about their rights to exist free from abuse and where to seek support services. Efforts towards challenging and correcting preconceived beliefs of persons with disabilities and women in the society are also encouraged (Budu-Ainooson et al., 2019).

It is the intersectionality of the several factors/variables of life faced by women with disabilities in Ghana that is the basis for this study. I intended to unearth how these variables (gender, age, social class [education or lack thereof, employment or lack of, income or lack thereof, home or homelessness]), all intersect to oppress women with disabilities in the country.

Government and Policy Interventions

This study was conducted in Ghana and had women with disabilities as the study’s participants. This resulted in the need to read Government or national policies concerning persons with disabilities in Ghana as a whole. Reading government policies concerning persons with disabilities in Ghana highlighted how their lives have been included in mainstream activities ‘on paper,’ but in practice, persons with disabilities are still on the margins of society. At the national government or policy level in Ghana, recognition was given to persons with disability in the year 2006 with the enactment of Act 715, the Ghana Disability Act (Asante & Sasu, 2015). The Persons with Disability Act (Act 715 of Ghana) provided for the establishment of a National Council on

Persons with Disability, a national public agency charged with the responsibility to oversee the implementation of the provisions of the Act and other related matters.

As of 2006, Ghana was one of the few African countries that considered the needs of persons with disabilities with a legislation. The Act aimed to recognize the rights of persons with disability, employment of persons with disability, education of persons with disability, transportation, healthcare and facilities, miscellaneous provisions, and other administrative and financial provisions for persons with disabilities.

The Act also sought to provide persons with disabilities the right to family life and social activities: “A person with disability shall not be deprived of the right to live with that person’s family if they so wish or the right to participate in social, political, economic, creative or recreational activities” (Act 715, p. 3). This is intended to enhance inclusiveness at the family level and at the larger society level. Also, persons with disabilities were to be treated equally with their non-disabled counterparts. Denying a person access to a residence based on their disability is deemed as an offense under the law. By this, housing issues of persons with disabilities have been considered.

Exploitation, discriminating or subjecting a person with disability to abusive or degrading treatment is unacceptable under the law. This was to serve as a check for employers, relatives or community members that exploit, discriminate or abuse persons with disability. Theoretically, this was what the Act sought to do, but in practice, some persons with disability are still being denied the right to live decent or ‘normal’ lives. Some persons with disabilities are evicted or forced to live in institutions or special homes because their relatives or family members are uncomfortable living with them at home.

The passage of Act 715 brought hope that persons with disability would finally be given recognition at the national level and hence all sectors of life (the physical environment, attitude, education) would be disability-friendly in Ghana by 2016 (10 years after the passage of the Ghana Disability Act). However, Ansah and Owusu (2012) point out that “most designers and contractors in Ghana fail to factor the disabled people in the design and construction of infrastructure” (p. 448). Many offices and institutions are in operation and are not considering other inclusive measures in the design and construction of their physical facilities.

To enhance employment of persons with disability, the Act requires the Ministry to secure jobs for persons with disabilities through the public employment centers. For employers who employ persons with disabilities, the government shall grant an annual tax rebate of their taxable revenues/income. Also, individuals with disabilities who set up their own businesses were to receive government incentives as a form of motivation (Asante & Sasu, 2015). If these hopeful provisions of the Ghana Disability Act were implemented, the likelihood of seeing some persons with disabilities jobless, begging and sleeping on streets may be lowered.

Several scholars have written about the value of education in alleviating vulnerable persons from poverty and downward social mobility (Villegas & Lucas, 2002; Sullivan, 2001; Gunn et al., 2015). Gunn et al. (2015) indicate that “social inequalities are legitimated by the educational credentials held by those in dominant positions. The educational system has a key role in maintaining the status quo” (p. 896). Knowledge generation and acquisition, according to Villegas and Lucas (2002), are also connected to “all other aspects of a person’s experiences which include thoughts, attitudes, emotions and actions; all those ingredients that make up cultural capital” (p. 23). Gunn et al. (2015) indicate that “powerful learning geared towards the upward mobility of persons occurs when knowledge is socially constructed by learners within learning communities that are inclusive and equitable" (p. 69). This is relevant because of the neglect of persons with disability in the field of education in Ghanaian society.

Parents, guardians, caregivers, or custodians of children with disabilities of school-going age in Ghana were required, under the Act, to enroll them in school. According to Asante and Sasu (2015), "any custodian, parent or guardian who refuses to enroll a child with disability in school commits an offense and is liable to pay a fine or serve a term of imprisonment" (p. 63). The Ministry of Education was expected to provide the needed teaching and learning materials, a disability-friendly institution, and a considerate learning curriculum at regional levels for students with disabilities. For individual persons with disabilities that could not pursue higher education because of their disability, the Ministry of Education was required to provide them with a skill-acquisition opportunity. This was intended to make them productive and financially independent fellows of society even though they could not pursue higher education. As Ocran (2019) posits,

> there are several anti-discriminatory laws that are meant to protect the rights of disabled people and accessible for all, especially persons with disability would have been a massive indicator of development for the country, Ghana. Educating people not only aids them secure reputable jobs: education advances a person's quality of life by giving them ideas about their rights and responsibilities. (p. 665)

In the transport system, the needs of persons with disability were to be taken into consideration by considering the designs, construction, or operation of vehicles. Motorcycle riders as well as vehicle drivers were to acknowledge persons with disabilities when they attempted to cross the road: "Drivers are to stop for a PWD who shows intention to cross a road" (Asante & Sasu, 2015, p. 63). Seeing the implementation of this clause alone would have reduced the rate at which persons with disabilities are involved in road accidents which sometimes lead to their sudden death (Asante & Sasu, 2015). “The state [Ghana] shall ensure that the needs of PWDs are factored into the design, construction and operation of the transportation network” according to the Ghana Disability Act (Asante & Sasu, 2015, p. 63).

The health sector had some set standards for persons with disabilities (Asante & Sasu, 2015). According to the Act,

> [T]he state shall provide free general and specialist care for PWDs. The Act mandates the state to ensure that the study of disability or disability related matters are included in the curricula of training institutions for health professionals. It is provided in the Act that health authorities shall organize periodic screening of children to detect, prevent and manage disability. (p. 64)

Regarding law enforcement agencies and persons with disability, law enforcement agencies were to take into consideration the disability of a person on arrest, detention, trial, or confinement of the person and provide for that person accordingly (Asante & Sasu, 2015).
Other disabled persons are stuck in their homes due to the inaccessible nature of the country’s transportation systems as well as the environment. Baffoe (2013), based on a study he conducted in Ghana, documented that “participants in the study constantly alluded to the blatant discrimination that are directed against persons with disability in Ghanaian society” (p. 193).

Also referencing the Disability Act, Kportufe (2015) highlights that, “despite the efforts of the government to establish a conducive environment for participation of person with disability in all spheres of life, there are still difficulties in terms of accessing the physical infrastructure as most public buildings do not have facilities such as ramps, lifts, elevators, and so on. Some of the existing accessibility facilities are not designed according to the required standards and as a result, “persons with disability face discrimination, violation of the right of persons with disability and deliberately putting impediments to the disabled to exhibit their full potential to contribute to the development of Ghana” (p. 76).

The foregoing has been a review of the relevant available literature on the issues that affect the participants of this study. The next chapter of this report will present the methodology that was utilized for this study, and the rationale for choosing this approach.

CHAPTER THREE

METHODOLOGY

Introduction

This chapter documents how the study was carried out. The chapter presents the questions that influenced the study, the study site, criteria for selecting the study participants, sample size, mode of the interviews, how data was stored and the theoretical framework that guided the study. This chapter also maps out how the study findings were attained.

Exploring the lived experiences of women with visible disabilities making a living on the streets of a major urban center in Ghana was the primary focus of this study. The explorative nature of the study influenced the study approach; hence a qualitative research approach was used. According to Aspers and Corte (2019), qualitative researchers study things in their natural settings, attempting to make sense of, or interpret, phenomena in terms of the meanings people bring to them. Qualitative research involves the studied use and collection of a variety of empirical materials – case study, personal experience, introspective, life story, interview, observational, historical, interactional, and visual texts – that describe routine and problematic moments and meanings in individuals' lives (p. 142). It considers the qualities of a subject including elements that cannot be measured. This approach is suitable for gathering in-depth information from research participants.

A qualitative research approach helps to unearth societal problems that are buried in emotions or experiences (McAleese & Kilty, 2019). McAleese and Kilty (2019) posit, "*Qualitative* methods allow us to draw out the complexities of social problems and the emphasis on storytelling in qualitative research is more conducive to findings that can be used to support transformative social, political, and economic change" (p. 822). It employs storytelling techniques to uncover or study a societal phenomenon. For this study, the qualitative method was employed to gather data (in-depth information) from the study participants through interview sections.

Creswell (2007) sums up the value of the qualitative methodological approach quite succinctly when he posits that a qualitative research approach "begins with assumptions, a worldview, the possible use of a theoretical lens, and the study of research problems, inquiring into the meanings individuals or groups ascribe to a social or human problem" (p. 37). In a further review and analysis of qualitative research methodology, Creswell (2012) espouses the justification for the use of qualitative methodology even further. Creswell (2012) points out characteristics of a qualitative research approach, including exploring a problem and developing a detailed understanding of a central phenomenon. Undertaking a literature review of previous studies also plays a role (Creswell, 2012). Stating the purpose and research questions in a broad and general way to capture participants' experiences are also prominent features of qualitative enquiry (Creswell, 2012).

An aspect of Creswell's (2012) overview of qualitative enquiry that is relevant for this study is his expressed directives to analyze the collected data for prescription and themes using texts analysis and moving on to interpret the larger meaning of the findings, and finally writing the study's report using flexible, emerging structures and evaluative criteria which should also include the researcher's subjective reflexivity and bias. (p. 16)

Because this study also falls in the realm of phenomenology, which is the study of the lived experiences of study participants (Maxwell, 2005), in this case women with disabilities, the qualitative research approach was deemed very appropriate for the study. The above justifications for qualitative research methodology are all relevant to this study and therefore influenced my choice of this research approach.

Main Thesis Question and Sub-Questions

The main thesis question around which this study was conducted is: "How does the intersectionality of the variables of non-formal education, lack of skills/employment, poverty, and gender impact women with disabilities in Ghana?"

From the main thesis question, the following two sub-questions emerged:

- What accounts for the resilience of women with disabilities who make a living on the streets in Ghana?
- How do support systems, or lack thereof, impact the lives of women with disabilities in Ghana?

Study Site

Kumasi, the second largest city of Ghana and the capital city of the Ashanti Region, was the site for this study. The study site was selected with convenience as the main influencing factor. The researcher is an Akan (the dominant ethnic group in Ghana). Hence, she speaks and understands the local dialect of the people in that vicinity and therefore communicating with potential study participants was not a problem. Again, persons with disabilities are visible on the streets of Kumasi and hence recruiting the study participants was anticipated to be quite easy. Located in the central part of the country, Kumasi is about 270 Kilometers north of Accra, the capital city of Ghana. Being the second largest urban center in the country, it is home to many persons with disabilities due to the economic nature of the city. In a study conducted by Salomon-Ayeh et al. (2011) in the Kumasi metropolis, the authors describe the Kumasi metropolis as "a nodal commercial center, with proliferation of street vending activities” (p. 1). There are a lot of businesses located in Kumasi, and ‘Kejetia’ (one famous market square in Ghana) is also located in Kumasi (KMA, 2021).

Outreach and Recruitment: Selection Criteria

There were no strict participation criteria for the targeted study population. Any adult woman with visible disability who was observed to be making a living on the streets in the city of Kumasi in the Ashanti Region of Ghana was regarded as a potential participant for the study. The early contacts with the potential study participants were exciting. I attended university in that city. I was familiar with sections of the city where many persons with disabilities could be found. They were mostly found in the busy commercial areas of the city, in the market areas, the bus terminals, the Post Office Square and the junction to the Kwame Nkrumah University of Science and Technology which is a bus terminal and market hub.

My initial approach was to identify some of these women, have conversation with them and then introduce the purpose of my contact with them. My very first day on the outreach beat around the Post Office Square, an area of about a mile square, was a bit frustrating because most of the persons with disabilities I found were men and some young boys. I did not talk to some of these men initially, but as the day wore on, and my walk-about encountered men and young boys with disabilities, I eventually approached some of them and asked where I could find some women with disabilities who were also on the streets like them. Initially, some of them were reluctant to show me the locations where I could find the women with disabilities. I did not ask for the reason for their reluctance, but I suspected that they suspected something good was coming from me, representing some organization, and they were equally entitled to that as well. After some hesitation, some of the men directed me to the main Kejetia market, the largest market center in the city, as well as a large commercial area where auto parts are sold known as Suame Magazine. Some of them asked me what I will offer them for their “service” of showing me where I could find women with disabilities. I promised to go back to “see” them when I find the women. I kept my word though: Two days later, after I had “discovered” the areas where many women with disabilities were concentrated, I went to the Post Office Square, and offered four of the men some pop drinks and pastries and they were incredibly grateful and wished me the best of luck.

The encounter with the women was quite exciting. Gender played a role; being a woman (researcher) approaching the women on the streets did not pose too much of a problem. They were enthusiastic when I explained to them the purpose of my visit and requested that they be interviewed for a study if they so wished. Apart from only two women who complained that some people have interviewed them before for similar exercises and nothing came out of that for them personally, the rest were eager to share their stories.

I deduced from the enthusiasm of many of the women, who eventually participated in the study, that they were eager to tell their stories with the hope that “it will get somewhere” (their exact words). Two of the women used a local Ghanaian Akan expression which translates as “if you don’t sell your needs, no one will buy them for you,” which means that to get attention to your issues and problems, you need to publicize them. So, they regarded the potential interview sessions as means to “sell their needs.” I also explained to them that the final report from this study will be published and hopefully presented to the government and other disability stakeholders. This has the potential to influence policy making and service delivery for persons with disabilities. The participants agreed with this assertion.

The outreach and recruitment turned into a snowballing exercise. It was the earlier women I approached on the streets who directed me to other women, and for other women with disabilities to contact me later. For each woman with a disability I approached, I left them with a flier and consent form for those that could read, and I went back to them after a couple of days to get their final consent for the interviews. Because of the enthusiasm of the women to participate in the study, the outreach and recruitment part of the study took less than a week.

By the fifth day, I had gotten agreement from fourteen women with disabilities to participate in the study. I needed ten of them for my sample size, so I kept four of them on a standby list in case any of the first ten dropped out. Fortunately, none of the first ten did, so I did not need to work the extra four persons. However, I went back to all four persons on the standby list and thanked them for taking the time talking to me and offered them some refreshments for which they were grateful as well. There was no form of coercion on the potential participants to participate in this study. Only those that willingly agreed after my explanations to them were recruited into the study. The final list of ten study participants were adult women with visible disabilities. There were other women on the streets with observable mental health issues. Individuals with mental health problems were excluded for the tendency that they may not be consistent with their responses during the interviews.

Sample Size

A total of fourteen adult women with disabilities making a living on the streets were recruited for the study. Personal one-on-one interviews were conducted with ten of these, while the remaining four were kept as stand-by in case any of the first ten dropped out. In the end, the four were not needed as all the first ten enthusiastically participated in the interviewing process.

Mode of Interviews

The Ghana Government had, as the time of the interviews, eased the COVID-19 restrictions of gathering of persons if there was social distancing of at least four feet between people wearing protective nose masks. This protocol was adhered to. The targeted research participants were persons with little or no access to the internet and/or social media, hence engaging them virtually was not an option. The study participants were persons with disabilities who make a living on the streets. They are constantly on the street. In this regard, my data collection involved in-person one-on-one interviews with the study participants. I conducted the interviews myself. I offered each participant a face mask and a mini hand sanitizer bottle and left about four feet between the participant and myself during the interactions. I did these to ensure I was adhering to the government of Ghana-directed COVID-19 protocols.

Duration of Interviews

The one-on-one interviews with the individual participants lasted between 45 to 60 minutes.

Recording of Interviews

I took personal handwritten notes during the interviews. Audio recording of the interviews was ruled out as most of the participants were in very noisy areas of the city’s streets and audio recording would have turned out to be inferior quality. I therefore made every effort to carefully follow the responses of the participants and wrote down their responses. The post-interview transcription was done by me to protect the integrity and confidentiality of the data.

Protection of Participants’ Identities

The actual names of the study participants were not used. Each of them was given pseudonyms to protect their identities. For this report, the following pseudonyms are used to represent participants: **Akosua, Adwoa, Abena, Akua, Yaa, Afua, Ama, Kuukua, Esi** and **Araba.** The participants’ ages range between 25 years (the youngest) to 63 years (the oldest). Six of them had children: Akosua and Adwoa had one child each, Yaa and Esi had two children each, Afua had three children and Araba had four children. It was, however, sad to note, as recounted by the participants themselves, that none of the men who had been in the lives of these women and had children with them were living with them at the time of these interviews. Some of the participants complained bitterly how most of the men disappeared from their lives as soon as they got pregnant. Two of them, Afua, and Araba, also complained that the men who were their husbands of many years abandoned them and their children after they acquired their disabilities.

Of the ten participants, four of them were engaged in some form of trading, selling items like sachet water, beads, chewing gum and cookies. I observed that revenue from their sales were not significant enough to earn them a living. The remaining six were engaged in begging passers-by for alms.

Housing

Three of the ten participants had homes that they lived in and returned to at the end of their days on the streets, four of them slept in nearby school buildings after their days on the streets, while three used some uncompleted buildings in their neighbourhood as their places of shelter.

Educational Status

Out of the ten participants, four of them had no formal education, five had some level of basic education and only one completed high school but did not graduate due to difficulty attempting to write with her left hand after her right arm was amputated after a motor accident.

Honorarium

In appreciation of their time for participating in the study, I gave each participant a token honorarium of fifty Ghana Cedis (GHC 50.00), the equivalent of about 15 Canadian dollars, after the interviews. For these participants, fifty Ghana Cedis was worth something for their contribution to this study. Many of them do not earn half of this amount from their difficult toils on the streets in a day.

Cross-Checking and Right of Withdrawal

I explained to the participants that this study is for academic purposes only and they had the right to indicate their withdrawal from the study before, during or one week after the interview session if they so wished. Considering this undertaking given to the participants, I went back to each participant about six days after the interview to check if they are still comfortable with their information being included in the data for the study. Fortunately, all the participants agreed to their data being used.

Storage of Data

The data collected is stored on my personal computer which is safely locked by a password known only by me. This computer is safely kept in my room which is securely locked. The data collected was only shared with my academic advisor for supervision purposes. The stored data will be destroyed two years after the completion of the thesis, as stipulated in the ethics protocols.

THEORETICAL FRAMEWORK

The study employed the Critical Disability Theory, Rights Theory and Social Exclusion Theory to analyze the data that was gathered from the study participants. The Critical Disability Theory, as proposed by Hosking (2008), aims at emancipating persons with disabilities by depending on existing legislation to relieve marginalized or segregated persons with disability and restore them to their rightful place in society. The theory provides means to question the power structures of society. It criticizes societal norms that encourage segregation based on physical differences. Critical Disability Theory is concerned with exploring and analyzing the lived experiences of persons with disability (Hosking, 2008).

As the study sought to explore the lived experiences of Ghanaian women with disabilities – illiterate, poor and vulnerable women – critical disability theory was the appropriate theory that guided this study. The Social Exclusion Theory, as elucidated by Somerville (1998) and Silver (1994) problematize social inequality and relative deprivation in the following areas among others: unequal access to income, education, citizenship, basic goods, and public services.

As Kogelmann and Ogden (2018) put it, proponents of the Rights Theory are of the view that every individual is entitled to an equal share of available resources and no individual ought to lay hold of more than what is due him or her. As some individuals lay claim to more than what is due them or necessary, scarcity or shortage of resources is likely to occur and the tendency of leaving some part of the population deprived of resources is extremely high.

Degener (2016) posits, human dignity is the anchor norm of human rights. Everyone is deemed to be of inestimable value, and nobody is insignificant. People are to be valued not just because they are economically or otherwise useful but because of their inherent self-worth...The human rights model focuses on the inherent dignity of the human being and subsequently, but only, if necessary, on the person's medical characteristics. (p. 3)

According to Degener (2016), prior to the adoption of the United Nations Convention on the Rights of Persons with Disabilities, persons with disabilities were denied some basic rights of life (human rights). It is through these lenses – Critical Disability Theory, Social Exclusion Theory and Rights Theory – that I analyzed and interpreted the data I gathered from the study participants.

The approach conformed with the concept of hermeneutics which originates from Friedrich Schleiermacher. Hermeneutics in research provides a mode to analyze and interpret people's lifeworld (Moules, 2002). Moules (2002) documents that Hermeneutics is more concerned with the question of human meaning and of how we make sense of our lives in such a way that life can go on...[it] works to rescue the specificities of our lives from the burden of their everydayness...[it] is about finding ourselves, which also, curiously enough, is about losing ourselves. Hermeneutics begins with the premise that the world is interpretable. (p. 4)

Employing hermeneutics in research is normally based on the assumption that a researcher should consider many perspectives to provide the most accurate frame for understanding the object under study. In this study, women with disabilities making a living on the streets in central Ghana are the study participants. Smith (2007) indicates that with hermeneutics, "whenever something is interpreted as something, the interpretation will be founded upon the fore-having, fore-sight, and fore-conception. An interpretation is never a presuppositionless apprehending of something presented to us" (p. 6).

Hermeneutics as an interpretative mechanism has its own critiques such as a researcher imposing his or her perspectives on the study participant, the problem of language and the complexities of human social and cultural life. I still used this theory to the best of my ability by approaching this study as an outsider, as I do not identify as a person with disability and hence have no voice of my own in this study. I also approached this study as an insider because I am a Ghanaian woman who grew up with persons with disability in my locality, and took interest in disability as well as its studies during my teenage years which led me to pursue an undergraduate degree in Disability and Rehabilitation Studies. Hence, I approached the study as both an insider and an outsider when it was necessary.

Embarking on this study using the qualitative research approach was exciting and a great learning experience. The theoretical frameworks employed were also relevant and provided me with good lenses for analysis and understanding of relevant studies and the findings that emanated from this study. The next chapter will present the findings from the study. An exciting and detailed part of that section will be the experiential narratives presented by the study participants. These powerful personal narratives will be presented to back up the main themes that emerged from the engagement with the study's participants. These narratives are in line with the tenet of counter-story-telling to privilege the experiences of the study's participants, because I consider them to be expert knowers in their own struggles to navigate the structures and perils in a society that pays little or no attention to their struggles for daily living (Ladson-Billings, 1998).

CHAPTER FOUR

ANALYSIS OF FINDINGS

This chapter documents the responses the study participants gave to various questions asked during the interview sessions. Participants spoke of what drives them to the street every morning. Some expressed their desire to quit their current work (trading on the street) due to dangers they encounter. From the data gathered, it was noted that some of the study participants have internalized negative comments they constantly hear from their neighbours, and this is influencing their lives negatively. Responses from the study participants were listened to, transcribed, read, and presented under various themes that emerged from the data.

The study sought to explore the impact(s) of intersectionality – the variables of little or no formal education, lack of marketable skills/employment, poverty, and gender – had on women with disabilities making a living on the streets in central Ghana.

From the main study focus, two themes emerged:

- Factors that fueled the resilience of the women interviewed.
- Impact(s) of support systems, or lack thereof, on the lives of the women interviewed.

From the main research focus, the following themes emerged.

Non-Formal Education Status of the Study Participants

Out of the ten women interviewed for the study, four of them had no formal education. These women indicated that they have not for once been enrolled in a school. Reasons for this were either that their parents did not believe in girl-child education, or their parents did not see the need to educate their child with a disability. Narratives from these women emphasize what existing literature says about how girl-child education used to be least considered in Ghana decades ago and how traditional notions surrounding disability influenced how persons with disabilities were treated. Abena, a 48-year-old visually impaired woman, narrated how her twin sister was enrolled in school while she was not because she was born blind:

> As a child, I could not understand what was going on. My twin sister constantly left the house and returned hours later every day. My twin sister and I used to be close, but she is no more. She [referring to her twin sister] passed away seven years ago during childbirth. She was my closest family and my only friend I can say. I was never allowed to go out as a kid, not to talk of making friends. Anytime my sister left for school, I was so lonely back then. I remember asking my mother to send me to school and her response was a series of questions: "Can you walk to the school? Can you read? Can you write? What can you see? Just go inside and stop distracting me, I have so much work to do today." That was how my mother responded to me.
>
> My father was living in the same house with us, but I heard less from him, and I did not know how he would react or respond if I was to mention my desire for school to him, hence I kept everything to myself. My sister after school sometimes used to share with me some of the stories they were told in school, and it constantly heightened my desire for school, but my mother had a point; I could not see. I lived the first 30 years of my life depending on my parents and accepting what they provided for me with respect to food and clothing. I moved to the street after my parents passed away and my uncles took over our house. They were not giving me food on time and constantly accused me of being a witch that killed my parents and twin sister. The house was no longer a comfortable place for me. I now live in an uncompleted building close to this market, and Aunty X [she pointed at a

> woman selling cassava at a distance] helps me walk to this stand every morning and she guides me back in the evening because she lives closer to my new home.

From this woman’s narrative, one may be tempted to think that all the four women who reported not having any formal education were so due to their disabilities. But findings from the study communicated otherwise as it was noticed that most of the study participants who reported not having any formal education also indicated that they acquired their disability while growing up.

Esi, a 38-year-old woman with her right leg amputated, narrated the circumstances that led to her present disability and laid emphasis on the fact that her present disability has no direct relation to her illiteracy status:

> I was involved in a car accident in 2019 that resulted in the amputation of my right leg. Ever since, I manage to walk with the aid of these crutches. I was a “normal” girl at birth. Had it not been that car accident, I still would have been “whole.” I have never been to school before, and I do not blame it on my disability because my parents had no idea I will be disabled when I grow up [she breathed aloud]. I was not given the chance to go to school. And it is my father’s fault here. I grew up in a big house with lots of children and adult women. We the children used to play together and do house chores like fetching water, fetching firewood, and sweeping the compound together. We also did farm work together. But the adult women used to fight from time to time. The adult women were seven in all. They were my father’s wives. [she laughed to herself] My mother was the fourth wife and she alone had eleven children for my father. I had eight brothers and two other sisters from my mother’s side. Considering my father’s children, I will say, we were countless [she laughed again]. Growing up, it was such that only our brothers went to school. But the truth

> is, I was not bothered or alarmed. I was constantly home, working with my other female siblings while our brothers went to school. After our morning chores, we join our parents in the farm and work with them till our brothers close from school then they will join us in the farm. Later in the evenings then we all come home together. It was a routine! But looking back, I wished I was also enrolled in school in my early childhood. I am not educated and had to take up muscle (hard labor) work to survive. Now with my current condition, I cannot go about arduous work again.
>
> Just imagine, if I had completed Teachers' Training College and was serving as a teacher, couldn't I have still been able to go to work and make earnings even after the accident? [she asked rhetorically] I heard teachers still receive their monthly salary if they are on sick leave. But look at us [she pointed to some women hawking on the street], who will pay us when we decide to stay home even on our sick days? We just must be here [on the streets] whether it is raining or shining. To tell you the truth, this is one of my main motivations for seeing to it that my kids (two children) get education. At least if they end up at the college level, they will be able to secure a government paying job. It is not easy for some of us too.

This woman's narrative indicates that until 2019, she was an abled bodied woman, yet she reported having no formal education, and she had to resort to hard labor for her survival. Her not being educated could be attributed to some traditional notions that hinder girl-child education in the traditional Ghanaian society as highlighted in the literature (Boateng, 2021).

Another participant, Araba, a 55-year-old woman with four children who is visually impaired (an acquired disability) and was begging on the street, also stated she had no formal education. She indicated that she acquired her disability and thus her present disability had no influence on her illiteracy status. Araba spoke of the cause of her present disability:

> I have no idea exactly what the cause of my blindness is. It happened one evening, I returned from the farm, I went to gather firewood (I used to sell firewood and sell waakye [rice and beans cooked together] as well until I went blind). The waakye selling business has been my means of making income since my early twenties. I loved cooking and decided to convert my passion (which is cooking) into a business idea. Not that I had options to choose from anyway, it was either I cook and sell or find something else to sell.
>
> You know for those of us that did not go to school, selling is all we can do. And looking back, I do not know exactly why I was not enrolled in a school. And I never asked my parents why I was not in school. And until today that you are asking me about school, I have not really considered how school could have sharpened my life! I should have been educated. Just maybe, I would not have gone to the farm for firewood if I was some educated madam, you know? Those fine (beautiful/rich) madams that used to buy waakye from me, I do not think they even have time to roam the farm for firewood that sells at cheap price.
>
> [Hmmm] Now let me continue how I got blind. I got home [from the farm] and sensed some sharp pain in my eyes. I rubbed it initially and it [my eyes] began to darken as if I was walking in darkness. I rushed for a cup of water to wash my face assuming dirt may have entered my eyes but the ‘darkness’ never faded away. I started screaming for help and my husband rushed to my direction. He asked me to open my eyes and he blew air over it [this is a traditional practice people do to get rid of dirt particles on the eye] but that made no difference. All these happened one evening.

> Early the next morning, we rushed to the hospital to seek medical attention. The doctors requested so many medical tests to be done and all were costly. After all the tests, the doctor concluded that my eyes need an urgent operation, and I should go back home with my husband and raise funds for the procedure. The money he mentioned was so huge that I knew instantly that I would never be able to afford this operation. To make things worse, my husband disappeared from the house, and I have not heard from him again.
>
> It has been 15 years now and I have still not heard from him. On several occasions I went to the hospital with one of my children, directing my steps to beg the doctor to perform the operation and I promised I would be paying the bills all my life as I work and raise money, but he never listened to me. He said without the money, he cannot perform the operation and that is how come I am blind.

On the same topic of illiteracy, another woman's narration supports the above assertion that most of the study participants that reported having no formal education were not denied basic education because of their disability as it was noted that their present disability was not congenital. Afua, 46-years-old with three children, stated that she was into palm oil production. Afua narrated how she was never enrolled in a school as a child and highlighted how this denial of formal education has affected her life negatively especially after acquiring her disability:

> I was never taken to school. You know in the olden days, our parents never prioritized schooling especially for we women. I have six brothers and two sisters. All three of us [referring to herself and her sisters] never went to school but my brothers did. As kids, I remember we used to stay home and fetch water, sweep the house, cook, and sometimes wash clothes including that of our brothers when they were in school. I never really saw anything wrong with it though till I grew up.

> My mother used to produce palm oil with local techniques, and I picked after her. And that turned out to be my occupation [producing and selling of palm oil] when I grew up. The palm oil production was my job and source of income, and it would have been for the rest of my life until the day the hot palm oil accidentally poured on me. Initially, I resorted to herbal medicine and did not see the need to go to the hospital until the wounds started swelling up. I got to the hospital and the doctors were all alarmed. Some of them yelled at me for staying home all the time to only come by the hospital at the last minute. But it was not my fault. I was home imagining the cost of seeking professional/medical attention. But when it got worse, I had no other alternative but to go to the hospital. The doctors did their best, I can see but it cost me a lot financially. I lost all my savings!
>
> And I ended up with all these scars on my body and my left thigh does not have strength to stand for hours as it used to. The doctors also advised me not to go close to naked fire for a long time. But you know how we produce palm oil locally [she asked rhetorically], it cannot be done without fire. So, I had to quit producing it. That made me jobless. Now I regret not going to school. My parents are to be blamed though but it is too late for me now. Now I just do not have any qualification aside from the palm oil production skill I learnt from my mother and that is why I am here, begging people to have pity on me and give me something small for food.

The above narratives clearly indicate that the illiteracy status of some of the women interviewed cannot be attributed solely to their disability. Because some of these women indicated that they were persons without disabilities in their school going age. Hence, their illiteracy status may be linked with the Ghanaian societal norms surrounding girl-child education. The traditional notions that used to govern education of the girl-child in Ghanaian society really influenced their lives. Traditionally, educating the girl-child in the Ghanaian context was considered a waste of resources since the girl-child was only considered a perfect candidate for the kitchen. Women were expected to stay home and learn housekeeping. The goal of getting education and occupying executive roles in society was least considered. And as found in some of the literature reviewed, no formal education or illiteracy tend to negatively influence the career goals or livelihood of most women including the study participants (Boateng, 2021; Chabethe, 2021).

Five of the participants had the opportunity to be enrolled in vocational institutions and had early childhood education only. These women indicated the unfriendly nature of the school environment as well as the negative attitude they received from teachers and colleagues as barriers that hindered their education. Hence, they ended up dropping out of school in their early years. One of the participants, Ama, 42 years old, who was begging on the street, recounted how her older sibling had to carry her on her back to school every morning because she had no access to a wheelchair and the school building had no ramps as well:

> ...my sister X has really suffered for my sake [she signs]. I remember when I was young, around the age of seven or eight, my sister and I were attending the same school. Each morning after our mother dressed us up for school, my sister had to go for a cloth that she used to carry me at her back to transport me to the school premise and finally to my classroom. Once she got me to the classroom, I had no other option than to spend my entire day in the class even during break times because I could not descend the stairs leading to my class on my own. In instances when I wanted to visit the washroom, I had to inform my class teacher for her to assist me get to the washroom. Sometimes she (my class teacher) complains about me urinating every hour and how irritating it was for her to be carrying

> me around. Once she busted out, “You better bring someone with you to nurse you or better still just stay home and let us have some peace here.”
>
> From that day, it became exceedingly difficult for me to even voice out to her when I wanted to visit the washroom. One day, I decided to hold the urine, and this ended up disgracing me completely. I urinated on myself and that was my last day in school. I never wanted to go back there again.

From this woman’s narrative, her parents wanted her to get education, but her inability to walk coupled with the inaccessible physical environment as well as negative attitudes from her teacher made her drop out of school at a tender age.

Another participant, Akosua, also recounted the odd treatment she had received as a child whenever she attended school and this negative behavior led to her dropping out of school. Quoting her directly, she said,

> I remember going to school as a child. But I do not have any joyous memories from that time. I went to the school every day because my mother insisted, I go. I never really enjoyed school. I had no friends and the teachers treated me as a “sacred being.” During break hours, no other student wanted to play with me. And when we closed from school, no one walked with me either. I was so alone. I knew I was different from the other students but both teachers and classmates made me feel worse.
>
> I felt worse not because of my condition [autism] rather because of how they [fellow students and teachers] treated me. I remember crying every morning when my mother was preparing me for school. On our way walking to school too, I resisted my mother’s grip with all my might just to free myself and go back home. My mom tried for a while and

> eventually gave in to my demands. Therefore, I stopped schooling at an early age, and I have never been to school again.

The negative reception this woman received from her school mates as well as teachers from her early childhood school discouraged her from pursuing her education. From her narration, it was evident her mother wanted her to be educated but the societal attitude towards persons born with a disability ended with her dropping out of school at a tender age.

Out of the ten women interviewed for this study, only one, Yaa, had education to the high school level. Interacting with Yaa, she stated that she was not born with her present disability. Yaa was born as a 'normal' girl, was enrolled in school at her early childhood, pursued her education to the first year in high school, then was involved in an accident that resulted in the amputation of her right arm. Yaa narrated how challenging it was for her to lose her dominant arm as a student and how this loss affected her academic journey and her life:

> I do not think I would have been here [on the street begging for alms] had it not been for that accident [the accident that resulted in the loss of her right arm]. I was not an exceptional student like some of my schoolmates were, but I could read and write, and I could pass my exams as well. So, I was good! [she smiled]. I wanted to be a teacher but here I am. [she signed] It all happened on Friday evening, I was returning from school and was involved in a car accident. Truth is, till date, I do not know exactly how that accident happened. I was told I was unconscious for eight days. All I can remember is, I woke up in a hospital with my mother sitting by the hospital bed.
>
> There were so many bandages on my right arm, and it looked shorter too. I felt some pain and instantly I knew something was not right. The tears in my mother's eyes confirmed my suspicion. So, what happened was, I lost my arm in the car accident! I was hospitalized for

> about three months. I came home with one arm gone. Life changed completely for me. I had difficulty doing everything. The intensity of this difficulty was when I decided to go back to school. I just could not write again! I had to learn how to use my left hand.
>
> For writing, it was exceedingly difficult. My handwriting was just so poor that my teachers and colleagues found it difficult to read. Out of sympathy I think, my school excluded me from writing any end of term exams, class texts or even homework. But at the end of each academic year, I got promoted to the next class without any assessment. This really affected my academic progress and subsequently led to me failing all the subjects during our final Secondary school exams (final High School exams). The results from the final exams discouraged me from furthering my education.
>
> My parents were also tired of funding my education (especially when I was deteriorating in academic work) but they were just waiting for me to say I do not want to go to school again. When I finally voiced out that I did not want to be in school again, I saw the relief on everybody's [her parents'] faces and no one insisted on me going back to the classroom again.
>
> It took me years to decide on this business idea [her current business was selling pocket tissues, handkerchief, chewing gum and toffees] because I did not know what to do with my life and I had no edge doing any form of work either.

This high school graduate may have been the teacher she dreamed of as a child had it not been for the accident that resulted in her losing her dominant arm. But I asked myself, 'Is it really the accident that killed her dream? What if there was a system in place for students who had no upper limbs? What if there was a different means of accessing students aside sit-down exams?'

This participant was a woman with dreams, a woman that had access to early childhood education as well as high school education. But the inaccessible nature of the Ghanaian educational system ripped her off her dreams. The impact she could have made on her students had she been a teacher as she envisioned has been lost. Now she is on the street facing all sorts of dangers street life poses.

The narratives from the study participants enumerated above is consistent with the literature reviewed for this study. For example, Boateng (2021) referred extensively to the girl-child excluded from formal education by many Ghanaian families. This exclusion, according to Boateng (2021), is even worse when it comes to the girl-child with a disability (see also Downing & Eichinger, 2003).

Lack of Marketable Skills or Employment Leading to Poverty

Many of the study participants had little or no formal education and hence getting a white-collar job is barely possible. Some participants complained bitterly how their dream jobs were altered resulting from little or no education.

Adwoa, who had the dream of becoming a journalist as a child, narrated how this dream of hers never materialized:

> As a child, I wanted to be a journalist. We had a little television in our home that we used to watch. Watching the news was my favorite. I liked how people were called to give reports on incidents that had happened in a part of the country. I did not know what workers like that were called so I said I wanted to work in a television station. I wanted to be seen nationwide. I grew up to know the job I admired so much was called journalism. I wanted to be a journalist, but my father did not help me. He never took me to school saying he will never waste his money on me. My father never believed in girls becoming successful. He always blames my mother for giving birth to me (a girl). He wanted me to be a boy.

> Looking back, my dad never contributed anything massive to my life. He was not concerned about my life in general. My mother was burdened with catering for the girl she gave birth to. My mother could not afford enrolling me in school as she herself was selling cola nuts as at then. She made truly little from her sales. When I told her about my dream of becoming a journalist, she pleaded with me to go learn sewing because she cannot afford paying my fees. Hence, I ended up in a vocational school.

Very few that had the desire to be in a vocational education or had the desire to acquire marketable skills from their early childhood could not achieve their aspirations due to financial difficulties associated with acquiring working material.

One participant (Kuukua) voiced her desire and passion to learn how to design fabric, tie, and dye business. With support from her religious group, she got enrolled into a training session and acquired the needed skills. But start-up capital to set herself up after her training session became a challenge and hence, she could not utilize the acquired skill:

> I wanted to design fabric as a child. I used to make patterns in my clothes. But my parents never took me to a fabric designing school or training center. They had no money. But I had hope again when at one church convention, the pastor announced that anyone that wanted to learn how to make tie and dye should wait behind when church closes and register for a training program they are about organizing. I registered and we [those interested in learning tie and dye] were six in number. We commenced the training exactly two weeks from the date we *registered.* The training was for a period of three months. I was among the best learners, and I produced some great patterns anytime we were tasked to do so.

> After the three months training session, I came out polished and refined and could make great patterns given the needed materials. Then, I was hoping that the church might have given us some start-up capital to set up a business with the skills we have acquired. But after inquiring, the pastor told me all the church financed was the training session and that we are to individually generate our own start-up capital.
>
> I had no one to go to for money to commence the tie and dye making business. So, I had the skill, but I was not utilizing it. And I could not make a living out of it because I had no start-up capital for purchasing fabric or dyes. Due to inactivity and no practice for 12 years now, I think I have lost the tie and dye making skills. Also, my hands are not functional as they used to be when I was receiving training.

Kuukua indicated that she has had the opportunity of being trained in the making of tie and dye but lack of start-up capital to purchase materials needed for work has rendered her jobless and now she is on the street begging for alms.

For Akua, unexpected life occurrences like fire outbreak caused her present disability and that same fire outbreak took the life of her mother. Akua was and is willing to learn a trade for survival because she has no formal education or qualification to secure a white-collar job but nobody (be it family, friends, individuals, or organizations) is willing to provide or support her. With tears rolling down her cheeks, she told her story:

> My daughter [she was referring to me], I am where I am now because in my days growing up, I was not sent to school. I had two brothers; I was the middle child, but my father sent my two brothers to school, and I was told that I should learn how to keep the house with my mother. I was always crying when my brothers used to come back from school in the afternoon. My older brother even went to college and became a teacher. Unfortunately, my

> brother traveled out of the country many years ago and no-one has heard from him ever since. It is about fifteen years ago or maybe more.
>
> When I was about fifteen years old, our house caught fire and my mother and myself were trapped inside. My mother died from the fire, and I was severely burned, and…and… [she started crying**,** and I had to pause the interview for her to compose herself].
>
> My two hands were severely burnt, and I spent many months in the hospital and when I recovered, I had lost my fingers on the right arm. They [the health personnel] said they amputated them to save my life. And that is why you see me like this [she stretched out her right hand without fingers].
>
> My father died in a car accident after I was discharged from the hospital with no fingers. There was nobody to care for me after my mother and father died. My younger brother, I do not see him at all, but I know he may be alive somewhere in this country. So, my daughter, I have nobody. I never got married because the men, nobody wanted a woman with no fingers and severely burnt body. My father's family members did not take care of me after he died.
>
> I wanted somebody, or an organization to help me learn some trade…I can do something with my legs and my artificial hand…but I have no help, so there is nothing I can do. This is where I am. Begging on the streets every day is what I have been doing for more than twenty years. It is tough, but I do not have a choice, my daughter [she started to cry again].

Adwoa who also wanted to be a tailor/dressmaker, but financial constraint made it impossible for her to purchase a sewing machine narrated how she diverted her sewing dreams to engage in a trade:

> I wanted to be a tailor, but I could not afford a sewing machine. And the madam of the sewing shop said every apprentice must get a sewing machine before they will be accepted. I had no money to purchase a sewing machine hence I reached out to friends and family to support me financially. Most of the people I reached out to complained they do not have money themselves and that they cannot help me. The very few that were willing to help offered me some few cedis.
>
> The sum of all the monies I gathered was not even up to a quarter of the cost of the sewing machine, therefore I changed my mind. I decided to venture into business. I started with groundnut selling with the little money I had from people as a gift when I made my intention known to them that I wanted to purchase a sewing machine. Then from the groundnut selling, I gathered money and ventured into this business; now selling soap, washing powder, sponge, etc.

No formal education coupled with no vocational education and/or the financial capacity to set up business has landed most of the women interviewed for the study in poverty. Poverty happens to be the lead force driving these women to the streets. Despite the surrounding circumstances making it difficult for these women to raise money for livelihoods, they must live, eat, clothe themselves, find shelter and cater for those that depend on them in the case of those having children, hence they are constantly on the streets.

Shunned by Society Because of Their Disability

Setting aside individuals that had no formal education nor marketable skills and hence saw themselves doing nothing in the job field, there were some individuals that had the urge to work by engaging in some form of trade. But the reluctant nature society shows in relation to trading with women with disability discourages most of these women from venturing into the business world.

One of the study participants, Esi, shared with me how some potential buyers or customers respond to women with visible disabilities trading on the streets:

> If I decide to sell anything edible, people will not buy it because of my leg. That is why I went for these beads but selling them is not easy. It comes with little profit, and it takes weeks to sell them off. Some people draw close due to the attractiveness of the beads but at the site of my leg, they withdraw and never come again to purchase them.

From this woman's narrative, it is evident that she wants to engage in a trade but society's attitude towards her because of her disability is discouraging her.

Akosua narrated how her business came to a halt due to negative societal behavior some members of her community demonstrated. She narrated how some of this negative reception from other members of society led to the collapse of her shop which was her source of livelihood and now she is on the street begging to earn meat.

> I had a small shop in front of our family house. I used to sell milk, sugar, rice, soap, bread, and other canned products but I eventually lost all the capital for that business because my neighbors would not buy from me. Even some of my family members went to different shops to get the same products I was selling. Not because mine was expensive or of low quality [she sighs], they said I am a witch and others said my condition is transferable. They did not want to be infected. They do not want their unborn kids to look like me.
>
> So eventually, I consumed the items in the shop bit by bit and closed the shop. Now my cousin is using that shop for business. The same business that I did not strive in. That shop was set up for me by my late uncle. But I could not run the business the shop was intended

> for. So, I have decided not to sell anything to anyone again. I stand here from morning to evening and by the grace of God, good people do come by. They give me money and I survive from that.

What was gleaned from the literature on employment and unemployment in Ghanaian society is relevant to the situation of these study participants, a subsection of persons with disabilities in Ghana (see Wuni et al., 2017), who commented on the historic trend of growing unemployment in Ghana. McColl et al. (2010) linked this succinctly to the plight of disadvantaged persons in society when it comes to access to resources.

Traditionally, disability has been viewed with much negativity in the Ghanaian society, and this cultural interpretation attached to disability goes a long way to negatively affect the livelihoods of individuals living with disabilities. The notion that impairments (disability) are transmittable still features in the minds of some individuals hence they are reluctant to associate or have physical contact with persons with disabilities. This can be considered as one of the factors contributing to street begging by persons with disabilities. Let us consider an individual with no formal education, hence no formal office job, no marketable skills to raise money and again no customers to sell to. Where is that individual expected to make a living from? The options are few. Among the limited options are depending on relatives for survival or begging on the streets for survival.

The intersectionality of the variables of non-formal education, lack of skills/employment, poverty, and gender in the lives of women with disabilities in Ghana has rendered them poor. The impact of these variables has resulted in them (women with disabilities) continuing to live in poverty. I examine these further:

They have poor health status because they cannot afford basic healthcare. Secondary healthcare is something some of these women rarely dream of accessing, but in contrast, these are the same women that need secondary healthcare. The sole reason these women avoid formal healthcare is the cost involved. Next to this is the negative attitude some healthcare givers portray towards them the few times they visited the healthcare centers.

When asked, "What do you think government and other agencies or organizations may do to ensure you have appropriate means to livelihood or needed services?" Araba said,

> I think the government can make healthcare free for some of us. Sometimes, I am tempted to think I lost my sight because I could not afford the operation. But it was not my fault. I really wanted to restore my sight, but the doctor said he can only attend to me once I made fifty percent part payment of the amount required. The amount was huge for me; I was struggling to put food on the table for my kids and me. There was no way I could raise a quarter of the money that was demanded at the hospital. And the hospital is such that, without money, no one regards you to be human, not to talk of attending to your needs. So, I gave up after a series of "empty visits." I went without the money for quite some time hoping the doctor would have mercy on me and perform the operation, but he refused to.

This woman was of the view that if the government had a support healthcare policy directed at less privileged individuals like herself, she would not have lost her sight.

Abena, responding to the same question, indicated that she wishes a hospital or care center would be set up solely for persons with disabilities, and this hospital should be staffed with individuals that have knowledge on issues of disability:

> How I wish a hospital would be set up for people with disabilities alone. And again, this special hospital will be staffed with personnel who understand issues of disability. Once I

> was at the hospital because I was feeling cold, and my head was aching as well. I was assisted by one individual who was also there to seek healthcare to locate one of the waiting seats. I dropped my hospital card and was waiting to hear my name being called. I waited for close to two hours and still did not hear my name being mentioned. So, I called out "Nurse," and a female voice responded. And I said, I have been here for two hours now, when is it getting to be my turn? And the voice responded…. "Can't you see there are a lot of people ahead of you?" So, I angrily responded…"Yes! I cannot see." Those nurses do not even understand my condition.

This woman is stuck with the negative remark a nurse gave to her at a hospital and this has reduced her desire to visit the hospital even when she is not well.

Ama also stated,

> I wish there were a disability agency set up in every district. I mean an agency that knows and understands us and the issues we encounter. I am talking about an agency that has deaf, blind, mobility impaired individuals and other disabled individuals running it. I do not know if you [referring to me] can make the government see or read this but I wish he sees it. I want to tell the government that the social welfare department is not an agency for persons with disabilities.
>
> I have been there [the social welfare department] several times. But they do not understand me. Sometimes when I am talking about services I need, they will be explaining to me the policies that govern their work. I do not want to hear about those policies. I want to enjoy services like providing for some of us accessible buildings, roads, job training and many more.

> Sometimes I walk in the social welfare building and some of the receptionists who have been seeing me come by regularly give me that “you are here again” look. I get the feeling sometimes that I am bothering them, but I do not have a choice. I do not have any other unit or agency to go to concerning some services that I need. But those people [social welfare] make it feel like they are doing me a favor by just listening to me sometimes which should not be the case. They are paid to listen to us as citizens of the country. Some workers at the social welfare department need to be taught that they are there to listen and address the social needs of the citizens of this country of which I am one!

Ama’s narrative sheds light on the negative societal attitude some government workers portray towards persons with disability. Ghanaians with disability ought to be served and treated equally as Ghanaians without disability by the government and all government agencies as well.

The intersectionality of these variables (non-formal education, lack of skills/employment and gender) has resulted in these women’s poor living standards. School buildings, lorry stations and shops happened to be ‘home’ of some of these women when they were asked where they considered to be their home. Affording a house or a room was difficult for some of these women and hence they resorted to sleeping at these unusual places (school buildings, lorry stations, shops) and regarded them as their home.

Internalization of Stigma

In social justice theory, **internalized oppression** is a concept in which an oppressed group accepts the methods and incorporates the oppressive message of the oppressing group against their own best interest. Rosenwasser (2002) defines it as believing, adopting, accepting, and incorporating the negative beliefs provided by the oppressor as the truth (p. 54). It occurs when a dominating group pre-emptively displays aggression from a perceived inequality of self-worth compared to the group it wants to dominate. The intention is to establish themselves as a highly valued/superior group to achieve authority and power and its benefits, also known as practice of cultural imperialism.

Members of marginalized groups, as a part of socialization in an oppressive environment, assimilate the oppressive view of their own group, or affirm negative self-stereotypes onto their psyche, and limit their reach socially, and reproduce disadvantageous behavior patterns by not engaging in active responsibility for one's own and the group's well-being. Internalized oppression may manifest on an individual or group level and may form as the base for in-group conflict and further discrimination that can be hurtful and limiting.

As Liebow (2016) puts it, "if women are surrounded by people who view them as subordinate, incapable, or lacking control over their actions, women are likely to come to understand themselves in a similar way, even if subconsciously" (p. 724). Internalized oppression "fosters the beliefs that the self cannot be autonomous, is unworthy of wielding power, and is little more than an object of sexual gratification" (Liebow, 2016, p. 724). Psychological oppression can be damaging to a person's moral relationship with the self since those who have internalized oppressive prejudices often engage in behavior that further perpetuates these biases. Internalized oppression is not only a symptom of an oppressive social climate, but it also represents a mechanism for its continued existence (see also Mfoafo-M'Carthy & Sossou, 2017; Drydyk, 2021; Pacquing, 2021).

Narratives from the study show that some women with disabilities have internalized negative comments or remarks they hear from their neighbors or family about them. Postcolonial scholars such as Fanon (1965), Freire (1970), and Memmi (1965) argue that internalized oppression, or specifically, internalized colonialism, is the major psychological effect of colonialism. Fanon (1965) argues that the sustained denigration and injustice that the colonized are subjected to often lead to self-doubt, identity confusion, and feelings of inferiority among the colonized. Memmi (1965) adds that the colonized may eventually believe the inferiority of one's indigenous identity. Freire (1970) further contended that because of the inferiority attached to their indigenous identities, the colonized might develop a desire to rid oneself of such identities and to emulate the colonizer because their ways are seen as superior.

Further, the colonized may eventually feel a sense of gratitude and indebtedness toward the colonizer for civilizing and enlightening the colonized (Rimonte, 1997). Based on postcolonial theory, we can relate the experiences of persons with disabilities in Ghanaian society, especially women with disabilities who were the subjects of this study of this societal phenomenon of oppression of persons with disabilities when it comes to internalizing their perceived negative status in society. Experiencing oppression over lifetimes and generations, as persons with disabilities in Ghana do, can lead individuals to internalize the messages of inferiority they receive about their group membership. In fact, internalizing the alleged inferiority and undesirability of one's social group can begin at an incredibly early age (Clark & Clark, 1947). This is in reference to children born with disabilities who have been marginalized and subjected to abuse all their lives.

Over time, internalized oppression can become an unconscious, involuntary (Batts, 1983; David & Okazaki, 2010) response to oppression in which members of oppressed groups internalize the negative stereotypes. Internalized oppression may even lead to active self-fulfilling prophecies as oppressed individuals begin to act out negative stereotypes (Thomas, Speight, & Witherspoon, 2005). According to Lipsky's (1987) definition, internalized oppression is the "turning upon ourselves, upon our families, and upon our own people the distress patterns that result from the oppression of the (dominant) society" (p. 6).

Duran and Duran (1995) argue that internalized oppression operates on an individual as well as a group level to maintain power structures that benefit the oppressors. Internalized oppression also leads to intragroup fragmentation (Pyke & Dang, 2003). It prevents group members from connecting with one another. Oppressed group members may begin to discriminate against one another (David & Okazaki, 2006a; Itzin, 1985; Neallani, 1992).

My initial interaction with the men with disabilities that I contacted earlier confirms the above position in the literature about oppressed persons and groups turning on themselves (Mulally & West, 2018). The men I initially contacted were reluctant to direct me to where I could find women with disabilities, thinking that if some benefits to persons with disabilities are coming through my initiatives, they should be entitled to them, and not the women with disabilities who are ironically members of their subgroup. This is not surprising, because in systems in which the oppressed is consistently, aggressively, and systematically devalued and dehumanized, the oppressor becomes the model of acceptable humanity (see also Nabila & Noviana, 2021; Freire, 1970). To effectively emulate the oppressor, the oppressed must devalue his or her own group membership (Padilla, 2001) and reject his or her own group.

To the question, 'How would you like to improve your current state of livelihood?' Esi, who had mobility limitation and was begging for alms as a source of her livelihood, responded,

> Oh, but for people like me, you know we cannot go about energetic work like others do, and we cannot do office work too because we have no certificate to show. And who will even buy from me if I decide to engage in a small-scale business? [she asked rhetorically] Some people hardly look at me when giving me money. Some just throw it at me because

> they cannot stand the sight of my leg. People find it disgusting. So, what can I do? I can only beg from able bodies like you who can work to support me financially.

To the same question, Kuukua participant responded:

> What good can I do apart from begging for money? I cannot carry water on my head to sell because of my leg and even if I decide to sell on a table, who will buy from me? And you tell me, apart from selling, which other work will consider a woman like me who did not go to school? My lady, all I can do is what I am doing [begging for money], I do not fit for any other job.

Career wise, these women believed due to their present disability, they cannot do any other thing to raise money for their livelihoods aside from begging on the streets. Some of these women belittled themselves due to how other members of the society look at them or behave towards them (Freire, 1970; Padilla, 2001). Hence, they do not see themselves good enough to even sell out goods to people.

On this same theme, internalization of stigma, Afua expressed how she considers herself 'not good enough' for marriage or any sexual relationship. This woman was asked about her marital status (one of the demographic indicators for the study) and she started laughing aloud. Afua said:

> I do not have a husband. My whole life I have not even had a boyfriend or someone to say he loves me [she smiled and covered her face, communicating she was shy talking about the topic of marriage]. But why do you even have to ask if I am married? [she asked rhetorically]. With my mouth drooling every now and then, who will want me as their wife? [she laughed to herself]. Most men in my community do not even look at me when I walk past them. The few that look at me when I walk past them look at me in an angry form.

> Sometimes I feel I have ruined their day just by walking past them. But I cannot control the drooling, it keeps coming as I wipe it off. So sometimes, I just leave it. But my mother would not let me be. She keeps saying, with this drooling mouth, I am never going to find a husband. Anytime she says this, I say to myself, without the drooling I still will not find a husband because I am not beautiful. Nobody wants me as a wife.

This woman maintained strongly that she has an image of herself that she is not beautiful, she is not desirable, and she will never find love or a husband simply because some men look turned off immediately, as soon as they set eyes on her. Negative behaviors like this from some men she meets in the mornings have led her to believe it is her fault people are not having a good day. This woman is not bothered or disturbed about the unfair treatment some men give to her; rather, she is worried about 'ruining' other people's day.

All the participants had an aspect of their lives that has been affected by internalized stigmas. Some consider themselves 'not capable' of going to school, working to earn money, or improving their current means to make a living and some did not consider themselves worthy of love. All these are results of internalized stigmas. This finding is consistent with the literature reviewed for this study (see also van der Heijden et. al, 2016; Phelan, 2001).

Derogatory Labels

Another theme that emerged from the study is the **use of derogatory names and labels by non-disabled persons toward persons with disabilities.** Most of the participants that were born with their disability recounted some odd names they were tagged with in their various homes or neighborhoods when they were children. To the question, "How have the Ghanaian traditional notions about disability influenced your life?" some participants shared how name-calling made them think less of themselves as a child.

One of the women interviewed, Ama, recalled and narrated the odd treatments she received as a child with a disability in school:

> Schooling as a child was never an exciting experience for me. Aside from my teacher shouting at me any time I needed her assistance to use the washroom, some of my classmates constantly mocked me with my leg. I had a name but all of them called me "apakye" [implying the lame]. I did not like this name and when I reported to our teacher her response was "but aren't you one?" Even my teacher believed I am an "apakye" just that she was not calling me that. I can say all these were part of the reasons why I dropped out of school at an early age.

From Ama's narrative, she had to battle with a derogatory name as a child with mobility impairment. As she clearly indicated, she had a name, but her peers preferred tagging her with a name that depicted she was feeble and incapable. The worst part is her teacher then did not see the need to stop this name-calling. This shows the extent to which some Ghanaians with disability had to battle with derogatory names (Agbenyenga, 2003).

Another participant, Akosua, also expressed how some negative name tag irritates her and recounted an incident where she reacted to one of the derogatory labeling:

> I get negative comments from people from time to time. But none of them bothers me as much as those that call me "gimigimi" [implying a dumb person or a fool]. Once, I went to buy toothpaste from a shop close to where I used to live. At the shop, I was served by the shop owner's teenage daughter. After giving me the toothpaste, she told me they had no change now and that I should go and come some hours later to get my change. I turned to

> go then she shouted to call her mother [the shop owner who was a distance away from the shop] saying, “Maa, abayewa gimigimi no nsesa aka ha oo” [implying, “mother, the dumb girl, has her change with us oo”]. Instantly I got furious and picked a stone that I wanted to hit her with, but she ran off. And her mother got angry at me. She asked why did I react that way? Couldn’t I have insulted her back? Was there a need for me to pick the stone? What hurt me most was that this woman was not bothered about her daughter’s action but my reaction.

This woman’s narrative shows the extent to which some societal members label persons with disabilities and expect the individual person with the disability to accept the derogatory label.

Factors that Account for the Resilience of Women with Disabilities Who Make a Living on the Streets in Central Ghana

All the study participants were on the streets to make a living. They all had needs to be met, the basics of which are food, accommodation, clothing, and others. The urge to secure these needs drove the participants to the streets. Some participants expressed themselves as follows on this point:

> Nobody helps me from my family. But I need to eat, buy dresses, buy soap and other stuff. As you can see, I cannot go to the farm anymore to continue my farm work due to my condition. I cannot stay home and die of hunger either. I am here to beg; I will get something by the close of the day. (Abena)

Akosua also noted the urge to acquire basic needs as the driving force that leads her to the street every day:

> I used to be a hard-working businessperson before the accident that resulted in my disability. I had money to run the house, feeding, paying rent and clothing were not financially challenging. But now things have changed. I cannot go on long business trips as I used to. I am stationed here. But you know I must eat…This is all I can do for survival.

Aside from making a living for themselves, many of the study participants were constantly on the streets for their children's livelihood. Most of the participants had at least one child to cater for. They are aware of the need to educate their children and hence are willing to go miles to support their children to strive high in the academic world.

Afua expressed her displeasure in the begging act and stated that if she is to get support for her children's education, she will put an end to street begging:

> If I get support, I will stop this act. I feel bad when people throw their money at me. My major concern is with my kids' school fees. If I get people to support me financially to cater for their fees, I will put an end to street begging.

Araba also indicated that the urge to educate her daughter drives her to the street every day:

> I do not want my daughter to end up on the street like me. Though I am a disabled person, I think I could have done something profitable if I was taken to school. I wanted to be a television or radio presenter but here I am selling these [handmade beads]. If not anything, I want my daughter to be educated. I admire the young nurses I see at the hospital anytime I go there. I want my daughter to be like them in future.

Impact of Support Systems or Lack Thereof on the Study Participants

Eighty percent of the study participants stated that they have, in one way or the other, received support from either their family, friends, government organizations or non-governmental organizations. But the nature of help received and the significance of the help in these women's lives varied. Some expressed they have been contacted before by an agent or a group urging them to come to the district assembly (a local government body in charge of citizens' welfare at the district level) to register under the district as a person with disability. Some participants expressed the difficulties they had to go through to register as well as the empty promises they were given that were never fulfilled. The narratives below support the above points.

Yaa said:

> I have been contacted before by a group of people from the district assembly. They gathered us [some persons with disabilities in the vicinity] and told us we should come to the district office on Monday [it was a Saturday morning] to register under the district as individuals with disabilities and make known our requests. They [people from the district assembly] told us, they will forward our needs to the government and the government will provide it for us. The very Monday, I managed to register, despite the long queue (because there were many of us). Personally, I requested a refrigerator.
>
> I wanted to commence water [sachet water] and ice block selling business. I did not intend to carry it around. I planned to sell it in front of our house because of the closeness of the house to that school [she mentioned the name of the school], the school children would have been my main customers. But the refrigerator never came. Each time I go there to ask, the guy at the front desk asks me to go and that they will call me if it comes. I left my contact with them during the registration, but no call has come yet.

Adwoa also expressed her desire to set up a small-scale business for herself, but lack of capital is preventing her from achieving this goal. She stated how expectant she was of the government aid-through the district assembly but poor reception from a worker at the district assembly office discouraged her from inquiring further:

> My friend, [she mentioned her friend’s name] who used to sleep here with me told me there is a registration ongoing at the district assembly office. We went to register but not long after that, my friend relocated to a new town [a relative of hers came for her]. I do not have a mobile phone. My friend [she mentioned her friend’s name] used to have one. During the registration, I used her phone number but now she is not here anymore. So, I decided I will go to the district office from time to time to check if the items [a bag of rice, sugar, a gallon of oil, a carton of milk] I requested are in. I wanted to start a mini shop with the items. I can sit and sell…. but I do not have the money to start.
>
> That is why I was hoping to get any help from the government. I used to pass by the district assembly office to inquire if the items were in, any time market [begging] is not good here. But I have stopped going there. The last time I was there, that madam there shouted at me. She said I like going there too much. I should go and whenever my items are in, they will call me. I wanted to explain to her that I do not have a mobile phone, but she would not even listen to me. She kept yelling at me and went into another office, so I have decided not to go there again.

Despite the above-referenced negativity or difficult experiences some of these women have had in their attempts to obtain support or receive assistance, some of these women have good experiences to share with respect to their engagement or involvement with government organizations in charge of disability issues. Notably, all these women were speaking of assistive devices. They spoke of how they received the device and how it has been of help to their daily lives.

Below are some narratives from some of the participants illustrating the above point.

> I had this [she stretched the white cane in her hands] from the group I join [she spoke of a disability group she is a member of]. The group is good. Most of the people there are like me, they cannot see. Others can see but they have their own disabilities too. So, we are all the same anytime we go for meetings. We meet last Friday of every month. In one of our meetings, we had visitors from some charity organization. They gave me this cane. Prior to having this, I was walking with a stick my daughter picked from the bush for me. I cannot see this cane, but it feels smooth and easy to walk about with. I like it. At the meeting that day, some of my friends [group members] were also given wheelchairs and they also shared food for us all.
>
> I still go for group meetings from time to time, but I am not as active as I used to be. Nothing new comes up, we go, and the executives talk and talk and talk…so now I pass by when I miss my friends and want to meet them there. (Afua)

Afua finds solidarity from the disability group she has joined. The meeting space serves as a venue for other organizations to do their charity work. There is a sense of belonging when they meet. Meeting her friends, she said, inspires her to go to their gatherings.

Another participant, Esi, also shared how she had her wheelchair from the hospital welfare unit:

> The car accident resulted in the amputation of my leg. I was admitted to hospital X [she mentioned the name of the hospital] for one year and six months. I was constantly thinking of how I will move about when I am discharged from the hospital because the hospital had wheelchairs that aided my movement. But I was not financially capable of affording one for myself. But God being so good, a day to my discharging day, two gentlemen approached me on my hospital bed.

> They introduced themselves as personnel from the hospital’s welfare unit. They said they are under the social welfare department of the hospital. They examined my leg and asked me to pass by the welfare unit when I am discharged before I go home. I complied and I was given this wheelchair when I went to the welfare unit as instructed. A staff from the welfare unit told me these are equipment from the government to support people in my condition. I was grateful. Part of my worries have been catered for. I commenced using it that very day. And I have been using it for three years now.

Some participants also shared the experiences they have had with some non-governmental organizations and some renowned individuals who are known for their wealth. From their narratives, these women appreciated the acts of these non-governmental organizations or renowned individuals. Mostly, these organizations visit them (persons with disabilities) on festive occasions and distribute food items as well as some second-hand clothes to these women.

Narratives from the participants on the gifts they receive from philanthropists on festive occasions reflect on the charity model of disability (Rerief & Letsosa, 2018). But not only do these organizations pity their receivers (who are mostly individuals with disabilities), some of the women with disabilities saw themselves as individuals that needed to be pitied and helped.

Some of the study participants had these to say to support the above assertion:

> As for X [she mentions a male’s name], he is our savior ooo. Every Christmas, he comes around with his workers to supply jollof and drink. He makes us also enjoy Christmas with a nice meal. I pray God blesses him so he can also bless us every Christmas. (Adwoa)

Akua also noted that she has received support from a non-governmental organization, and she expressed gratitude to the organization and wished they would come around often:

> I have received quite some stuff from organizations that are non-governmental. I remember last year, it was during Mother's Day…this group [she mentioned the name of an organization] came around and distributed six yards of clothes, a bottle of oil and five kilograms of rice to every woman with a disability. That rice was helpful to me. But I have not heard from them again. How I wish they would come around from time to time.

These women were grateful to their givers and wished there would be more charity work done in their favor, not only at festive times and occasions, but throughout the year.

Conclusion

This chapter presented the findings from the study, including what I consider to be immensely powerful and insightful narratives from the women interviewed for this study. Findings from the study showed that the intersectionality of little or no formal education, lack of employable skills, gender biases and disability has resulted in many Ghanaian women with disabilities living in poverty. Some of the study's participants were poor financially, some were poor as far as health was concerned and some had low self-esteem, some believing, sadly though, that they were worth nothing.

Poor health, financial constraints as well as low self-esteem are the by-products of some of these women having not had formal education because of their disability at birth or acquired later in life, and/or because of their gender, being born female. Aside from education some of these women never had the opportunity to be enrolled in any skill acquisition training program due to the cost involved in training. The very few who had the opportunity to acquire a marketable skill are not utilizing it because they have no start-up capital to purchase the materials for production. All these variables render some of the women interviewed for this study jobless and as a last resort for survival end up street begging.

Women with disabilities making a living on the streets are constantly motivated to be on the street because they need to fend for themselves. Some of the women interviewed indicated that they need to feed and clothe themselves. They have some basic needs they want to meet and that drives them to the streets every morning. Some also indicated that the need to cater for their dependent ward(s) constantly drives them to the street. Some of the interviewed women expressed how they wish and are willing to go the extra mile to find the means to educate their wards, so their children do not end up on the streets like themselves. And for this course, these women do not give up on the streets despite all the dangers street life poses.

Some of the women made known that they have received support from groups and individuals and all the support received came in forms of assistive devices. These women expressed how grateful they are to their givers and wished more of this gesture were done from time to time. Contrarily to some of the women expressing gratitude for support received, some participants also indicated they have not received any support in whatever form and therefore urged the government to set up disability-related agencies at the district level so that the needs of persons with disabilities will be listened to and addressed accordingly. These women were of the view that the District Assemblies and the Social Welfare Departments are agencies set up to address the welfare needs of the general population and that personnel at these agencies are not abreast with issues of disability. Hence, they recommend that the government set up an agency solely for persons with disabilities and this agency ought to be run by persons with disabilities themselves. The findings were consistent with evidence from the available literature on the oppression, discrimination, and marginalization of persons with disability, especially in Ghanaian society (see Abekah-Carter & Oti, 2020; Agbenyega, 2003; Avoke, 2002).

The next and concluding chapter of this thesis report will present inferences that have been deduced from the findings presented regarding their implications for policymaking, further research, and social services intervention. It is my fervent hope this will be my modest contribution to the existing body of knowledge in this domain.

CHAPTER FIVE

IMPLICATIONS FOR POLICY, SOCIAL SERVICES INTERVENTION, SERVICE DELIVERY AND RECOMMENDATIONS FOR FURTHER RESEARCH

This qualitative study relied on the experiential narratives, the lived experiences, of its participants. This approach, known as counter-story telling, is a tenet of Critical Race Theory that relies on the hitherto silenced voices of the marginalized and vulnerable sections of society (Degaldo & Stefancic, 1995). In this study, the hitherto silenced voices were those of women with disabilities who find themselves living or making a living on the streets of Ghana. The qualitative method does not require large numbers. Every single voice counts.

This study has taken a modest foray into this critical area of research: the lived experiences of a section of women with disabilities in Ghana. The findings unearthed so far have convinced me that there is a real need for further studies and explorations into the lives of this vulnerable population group and their issues and needs. The findings from the study have unearthed some critical issues in policy formulation, services delivery to vulnerable population groups in Ghana, especially persons with disabilities, and the need, and if I may add, urgent need, for more studies and research initiatives into this area. This chapter of the thesis report will therefore be devoted to a critical examination of current social policies in this area and the need for a review of the same, recommendations on improved service delivery to this population group, and finally recommendation for further studies.

Policy Formulation

I have made several references in this thesis report to the Ghana Disability Act (Act 715) promulgated as far back as the year 2006, 16 years ago as of the time of this study. In the light of the findings from this study, I will take a critical look at relevant sections of the Disability Act, how and where it has fallen short of expectations in the lives of persons with disabilities and offer suggestions for improvements and implementation of the noble provisions of the Act.

The final promulgation of the Act, amid all the fanfare that the politicians could muster for public and political exposure, was the result of many years of advocacy by disability rights groups, non-governmental organizations, intense activism, and in some cases, radical actions by persons with disabilities themselves. Hitherto, in the many years before 2006, persons with disabilities and their issues were mostly ignored at best, and totally shunned from society's limelight at worst. These societal attitudes and positioning of public officials, especially politicians, were and still are reflective of the general Ghanaian societal attitudes, myths, and superstitions regarding disabilities. The challenges faced by such persons with disabilities in Ghana due to the prevailing culture and societal practices thus tend to stigmatize, discriminate, and socially exclude these individuals from living normal lives. The lack of resources and policies will continue to compound this problem.

It is common to find people in Ghanaian society being very dismissive when it comes to the issue of services for persons with disabilities. Many children with disabilities, especially those with intellectual disabilities, including those born with Down syndrome, are hidden from public view. Many parents of such children do not want their neighbors to know that they have such children in their families. Many of such children therefore spend their early lives hidden away from the public. These attitudes and parental practices are reflective of the cultures, myths, and superstitions that Ghanaian society holds on disability referenced above (Mfoafo-M'Carthy & Sossou, 2017).

As enumerated above by some of the study participants, the government of Ghana has directed that a percentage of the District, Municipal and Metropolitan Common Fund should be allocated to persons with disabilities to set up their own small-scale businesses or as start-up capital for other businesses. As can be seen from the narratives of some participants who had tried to access these funds from the Assemblies, their lot has only been frustrations when they visit the Assemblies to even make enquiries about the Fund.

On the policy front, I strongly argue and advocate for the importance of embracing individual, cultural and institutional training and change in Ghanaian societal attitudes, perceptions, and funding of services to address these issues. Policy actors in Ghana tend to respond to issues when the 'victims' become vocal in their demands for action or advocates become more vocal on issues, especially in political campaigning in election years. These kinds of policy stands are untenable. The issues thus tend to be forgotten or given a lower priority as soon as the political campaigning is over. This does not augur well for any meaningful or sustainable policy formation and its long-term impact. It is difficult for persons with disabilities who endure the most of society's neglect, and in some cases hostility, to contribute meaningfully to the society. These are some of the reasons why many persons with disabilities, especially women with disabilities, end up on the streets trying to eke out meager sources of living.

There should be sustainable and meaningful public education initiated, financed, and constantly promoted by the government on the issue of disability in the country. These public education campaigns should be designed and implemented with the active collaboration of traditional rulers and community leaders in the country. They should be aimed at addressing the myths and superstitions surrounding disability in the country. Governments (policy makers) should refrain from the piecemeal approach in this area, responding only to issues when advocacy becomes too hot for them to handle. These public education campaigns should also address the fact that persons with disabilities are persons to start with who have the same needs, hopes and aspirations like all other citizens of society.

In this regard, further studies into this area of research will be beneficial to all the participants, including the general society of Ghana and beyond. When people, (especially study participants) find out their views and needs communicated in research have been addressed, individuals will be inspired to participate more in future research. Otherwise, individuals may feel they have been over researched on a single issue and hence in the future, people will be reluctant to participate in further research into their lives and issues. Therefore, this chapter of the study report has been dedicated to analyzing existing policies and social services and how they can be improved to address the needs of persons with disabilities especially, women with disabilities in Ghana.

The Ghana Disability Act (Act 715) was enacted in the year 2006. Under its provisions, the Ghana government committed itself to a ten-year grace period for adjusting and adaptation of some of society's structures and institutions. This implied that by the year 2016 most provisions of the Act were expected to be in full effect. This is the year 2022, 16 years after the passage of the Ghana Disability Act and six years after the 'grace period' has passed.

It is, however, disheartening to note that truly little or no changes at all have occurred as far as the implementation of the provisions of the Act is concerned. All the participants in this study expressed their disappointment and frustration on this issue of non-implementation of the provisions of the Disability Act. A close look at Act 715 (Ghana disability Act) has liberating and empowering clauses that if they were implemented, it would have been difficult to spot a person with a disability begging on the streets of Ghana for survival. Under the section concerned with healthcare of persons with disabilities, the Act states, "The Ministry of Health in formulating health policies shall provide for free general and specialist medical care, rehabilitative operation treatment and appropriate assistive devices for persons with total disability" (p. 9). Yet participants still tell the story of financial demands on them in the health sector when they show up for healthcare services. Like other services in the country, healthcare services for persons with disabilities, where they exist, tend to be concentrated within the urban centers. It is therefore difficult for persons with disabilities who live in the rural areas (and they are the majority) to access health services when they need them. The situation is no better either for persons with disabilities who live in the urban centers where these health services are concentrated. The lamentations expressed by the participants in this study who live in the second largest urban center in the country, the site for this study, show that they do not fare any better due to all kinds of challenges, including transportation and demands from health personnel for payment from patients when they show up for services. Further, for a vulnerable population group like women with disabilities who make a meager living from the streets, paying for such health care services is almost impossible.

This has, to a significant extent, discouraged most people with disabilities from seeking healthcare services. On this note, one is tempted to ask if these individuals (the study participants) are not individuals with 'total disability.' The Act went to an extent to define a 'person with disability.' It says, "person with disability" means an individual with a physical, mental, or sensory impairment including a visual, hearing or speech functional disability which gives rise to physical, cultural, or social barriers that substantially limits one more of the major life activities of that individual" (p. 17). Hence to what extent will a person be defined as an individual with 'total disability' to access free general and specialized medical care? The boundaries are yet to be drawn. The lack of clarity on the definition of 'total disability' in the Act has given rise to different interpretations of the Act's provisions by those charged with the responsibility to implement the Act's provisions. To me, and this view was echoed by the study participants, this is just an excuse for non-action.

Considering employment, the Act has some attractive and feasible ideas to increase the rate of employment among persons with disabilities. Some of these are: "The Ministry shall, through the public employment centers, assist to secure jobs for persons with disability" (p. 5).

The above points, if implemented, can take many persons with disabilities off the streets. Some of the study participants stated that they have some marketable skills, but the capital to set themselves up was the problem. Others also stated that they have no formal education and no trained skills either. That left them jobless and made them seek street life. None of the study participants ever mentioned a 'job search list.' This implies that they are ignorant about this aspect of the Act. If individuals who need financial support are supported to set themselves up, and those in need of a formal or office job are assisted to secure one and those with no skills are trained to have some marketable skills, most persons with a disability will have something to live on and live a decent life as well.

In the case of the few ones that do not see the need to work and make a living, the Act provides that counseling or rehabilitation services will be made available to them. The Act states: "A rehabilitation center shall offer guidance, counseling and appropriate training for persons with disability who are unable to enter into the mainstream of social life" (p. 6).

On the topic of education, most of the study participants stated that they had no formal education with varying reasons ranging from financial constraint to cultural or societal issues. The Act has some clauses spelt out to ensure persons with disabilities get access to education.

Act 715 (Ghana's Disability Act) is convincing and presents an enabling world for individuals with disabilities in Ghana. However, most Ghanaians with disabilities experience the consequences of unemployment, low or no education, negative attitudes from society and many other disabling situations. All these are since the Ghana Disability Act lacks implementation, or the official will for implementation. Aside from implementation, some clauses in the Act need clarification and most importantly, knowledge of the Act must be made available to all, especially individuals with disabilities. Publicizing the content of the Act in all available media platforms and utilizing all available mediums will aid individuals with disabilities to know the services that are due them and where and how to access these services.

Human rights abuses and the debilitating effects of stigma, discrimination, and marginalization of persons with disabilities in Ghana

The Universal Declaration of Human Rights (UDHR) of the United Nations as well as the United Nation Convention on Rights of Persons with Disabilities (UNCRPD [United Nation Convention on Rights of Persons with Disabilities]), says that every person has the right to freedom, justice, and peace (United Nations, 1948). Article 25 (section 1) states,

> [E]veryone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability,

> widowhood, old age, or other lack of livelihood in circumstances beyond his or her control. (p. 81)

It is not far-fetched to conclude, from the responses from this study's participants, that persons with disabilities in Ghana are exposed to gross human rights abuses and violations in society. These human rights violations, as enumerated by study participants, include denial of employment, marriage (in some cases, they are shunned by large segments of the society's population), having children, education, malnutrition, physical abuse and personal negligence, stigma, and discrimination. These stigmas, neglect and abuses endured by persons with disabilities in Ghana can be likened or referred to as a hidden human rights emergency.

Social exclusion is a situation experienced by individuals primarily due to marginalization from society through economic deprivation, social isolation, and fragmentation of social relations (Figueredo & de Haan, 1998). Atkinson (1998) and Kleinman (1998) believe that exclusion refers to an act by an agent or agents, such as individuals, groups, institutions, or markets that have the power to exclude some people from various spheres of life.

Persons with disabilities in Ghana experience various forms of deprivation and social exclusion such as lack of income, which is usually related to unemployment; lack of proper housing; poor physical health and under-nourishment; psychological problems; and unpleasant and insecure family and personal relationships.

Goffman (1963) states that stigma is deeply discrediting and causes the person experiencing it to be perceived as different and as less pleasant than others. Likewise, Link and Phelan (2001) posit that the unpleasant phenomenon of stigma is accompanied by stereotyping, rejection, loss of status, and discrimination.

The theoretical perspective that underpins the issues of stigma and discrimination is derived from the social model of disability concept. This model posits that many persons with disability are not able to function well in society due to societal environment and structures that society erects and creates which impose hindrances to the full participation of persons with different abilities (Hughes & Patterson, 1997; Harris, 2000; Swain & French, 2000).

Such hindrances include negative attitudes, physical impediments, and institutional, communication, and social barriers. According to the social model, disability is differentiated from impairment by exclusionary societal practices that isolate and stigmatize individuals with disabilities (Goodley, 1997; Hughes & Patterson, 1997). This model adopts a civil rights perspective on the social and civic participation of persons with a disability (Marks, 1997a, 1997b; Munn, 1997).

Ciftci et al. (2013) defined discrimination as "the behavioral component of stigma and occurs when people act on the basis of prejudiced attitudes or beliefs" (p. 18). Also, Goreczny et al. (2011) describe discrimination as the way persons are treated, intentionally or unintentionally, due to stigma. Dako-Gyeke and Asumang (2013) also point out,

> [D]iscrimination may lead to societal exclusion, bullying, aggression, ridicule, and devaluation of the self-worth of people, and these could bring about oppression against such persons in all areas of life including the ability to obtain housing, maintain regular employment, access education, engage in meaningful relationships and enjoy quality of life. (p. 2)

In this connection, and in view of societal attitudes towards persons with disabilities, it can be concluded that such persons are robbed of opportunities for quality of life and purposeful interaction in their communities, with family members and friends.

The potential for the human rights abuses of persons with disabilities due to stigma, discrimination and marginalization underscore the urgent need for stronger, sustainable, and meaningful social policy responses, including public education campaigns in this area. As a result of the challenges faced by persons with disabilities in Ghana, especially women as enumerated above, it is imperative that concrete and meaningful steps are taken to explore and resolve issues of social exclusion and marginalization of persons with disabilities in Ghana. As stated earlier, some of these challenges should be addressed through informal and formal social education and training of the public.

Due to the traditional nature and make-up of Ghanaian society, these public education initiatives should be conducted in collaboration with community leaders including chiefs and queen mothers (female community leaders). Since most current services to persons with disabilities in Ghana are provided by non-governmental organizations (NGOs), the government of Ghana should encourage the NGOs to play significant roles in the recommended public education initiatives. Since poverty and lack of education and possession of employable skills are some of the challenges alluded to by the participants in this study, it is my strong recommendation that governments should focus more attention on skills training for such persons with disabilities, especially women.

Service Delivery and Intervention

During my conversations with this study's participants, I heard repeatedly that public agencies and organizations that provide services to persons with disabilities in Ghana are virtually non-existent. The main government department charged with overseeing the welfare of persons with disabilities is the Department of Social Welfare. However, this state agency is only tasked with policy formulation and not service. Study participants expressed their frustration with contacts some of them claimed to have had with this department. They said officials at this agency constantly told them that they are not set up to deliver services. Several of them said that anytime they made any attempt to see any official at the Department of Social Welfare, they were referred to the Ministry of Women, Gender, and Social Protection. They then pointed out in frustration that this Ministry also in turn referred them back to the Department of Social Welfare. So, all that they got was round-arounds with no one taking responsibility for service delivery to persons with disabilities.

The name of the Ministry is deceiving: "Women, Gender, and Social Protection." One will be tempted to think that all the three concepts in the Ministry's name will have some relevance to the issues of this study's participants, "*women*" (emphasis mine). Even more ironic of the Ministry's name is the part of "social protection." I was tempted to believe that there would be a whole department of that Ministry tasked with providing services to persons in need of social protection, including women with disabilities who were the focus of this study. However, all the participants complained of being tossed around whenever they attempted to enquire about potential assistance from this Ministry. It was very disheartening listening to the women pour out their frustrations with the government Ministry and departments on non-service delivery to them.

One may be tempted then to ask about who provides the needed services to persons with disabilities in the country. Most of the study participants pointed out that the only groups or organizations that occasionally provide some services to them are some non-governmental organizations. They pointed out that the services or activities of these non-governmental organizations were limited to Christmas and New Year times when some of them came round and distributed some foodstuffs. The study participants however expressed their frustrations with this kind of service delivery. They were unanimous in their opinions that food handouts are not what they needed. Many wanted assistance to learn some trades or employable skills. Some wanted start-up capital to engage in some small-scale businesses and trades, not one-time food rations and donations.

What then can be done on these issues of non-existent needed services to this population group? I asked the study participants if they knew about the National Council on Persons with Disabilities. None of them had heard of them. I checked, and this is the national government body created under the Disability Act to oversee the implementation of the provisions of the Act. However, since they were outside the purview of my study, I did not contact them, but information I obtained from the website indicated that they were not into service delivery by being tasked with coordinating the activities of the other disability organizations scattered across the country.

My Recommendations

It is necessary for the general Ghanaian population and its successive governments to realize persons with disabilities are persons to start with, who happen to have disability. While doing this study and during my interaction with the study population, the participants lamented the fact that they are treated as second class citizens at best, or totally ignored as non-existent as worse. They lamented the fact that whenever governments or even the non-governmental organizations that pretend to be sympathetic to the cause of persons with disability provide any service to them, they make it seem as if they are doing the persons with disability some favors. This is regrettable!

I do not think that persons with disabilities need favors or sympathies from anyone, including from the government of Ghana. They are equal citizens who should be treated fairly and equally like all other citizens who are all entitled to an equal share of the national cake. It is my recommendation therefore that the Ministry of Women, Gender, and Social Protection should be proactive in establishing a unit within that Ministry that will ensure that appropriate and deserving services are provided to persons with disabilities.

The needs that were expressed by the study's participants are things that the nation and its structures can afford. Their expressed needs ranged from looking for opportunities for skills training, looking for small business start-up funding, even in the form of loans, access to healthcare, and the right to be treated with dignity and respect. These are not difficult deliverables. They can be done if the political and societal will are there.

The government and the nation of Ghana at least have the Disability Act, the enabling legislation enacted specifically to right the wrongs and injustices that have been done to persons with disabilities over the years. The response to the needs expressed by the study participants to be given the assistance for education and skills training has a backing from the Disability Act. The following extract from the Act supports this and provides a "cover" or tool to act:

> i. The Minister of Education shall by Legislative Instrument designate in each region a public technical, vocational and teacher training institutions which shall include in their curricula special education, such as 1. sign language, and 2. Braille writing and reading. (p. 7)

This is it. Implementation of the above provision from the Disability Act on education and skills training attests to my recommendation on this thorny issue of lack of employable skills and formal education of some of the persons with disability, especially the women, some of whom were participants in this study.

Wildhagen (2010) points out that education is sometimes touted as ‘the great equalizer,’ an important vehicle through which upward career and social mobility can be achieved by all, regardless of their socio-economic and cultural backgrounds in society. Evidence abounds in every society, including Ghanaian society, on individuals from humble or disadvantaged backgrounds who have climbed to the very top or closer to the top of the social and class ladder through the education system, having had the opportunity to acquire knowledge and skills through education. In this connection therefore, I recommend that the Ghana government, through its Ministry of Education, takes the necessary steps as a matter of urgency and social justice to use these provisions to provide some education, especially employable skills training, for persons with disabilities in the country. That way, the whole society wins.

These women with disabilities have what it takes to lead productive lives. They only need willing state actors and support from the general population to fulfill their hopes and aspirations. I was impressed with one slogan of the disability movement in Ghana: “*Disability is not inability*.” Yes, many of these women are capable of leading productive lives if they can find the right support system. My strong recommendation is for the government to collaborate with actors in the private sector, businesses, and non-governmental organizations to provide the necessary and needed support for these women.

Some of the persons with disabilities who were part of this study referred to the fact that they need some functional skills to perform self-care activities at home, or even in their daily living on the streets which they regard as ‘work.’ In addition, functional skills encompass a wide range of areas including vocational skills, social skills, and behavior management skills. As Liberati et al. (2009) and Stabel (2013) point out, assistive technology can help individuals with certain disabilities perform and develop various functional skills. It can also allow them to access support to complete a certain task or activity (LaRue et al., 2016). It has been argued that a lack of access to available technology to promote functional skills may have a negative impact on sense of self-worth, self-confidence, and an individual’s overall personal judgment of well-being (Patterson & Pegg, 2009). It can also promote people to participate in everyday routines.

Healthcare access and delivery are areas that pose challenges to persons with disabilities in Ghana. The lamentations of the study’s participants attest to this problem. With healthcare service providers constantly demanding payments, some of which are unauthorized from patients before rendering services, and the locations of most healthcare centers create further problems for many persons with disabilities. Since Ghana has a national health insurance policy designed to make healthcare accessible to all citizens with discrimination, it is my recommendations that the government should, in the letter, intent and spirit of the Ghana Disability Act, put measures in place like special passes that persons with disabilities can use to access healthcare without being harassed for payments at the health centers.

There is also a national ambulance service. I recommend that some public transportation, like accessible buses, should be added to this fleet of healthcare vehicles with wheelchair access that persons with disabilities can access, on designated routes, to visit healthcare centers.

Recommendations and Implications for Future Research

This study contributes to the current body of knowledge and opens critical doors to further studies in this area. The present study was conducted in just one urban center in Ghana. Although the study site, Kumasi, is the second largest city in the country, home to many persons with disability, the findings from this study cannot be generalized to the whole disability population in the country. The study focused on only women with disabilities and was limited as well to those living and making a living on the streets of that city.

There is the need for more and further studies into this area to cover many of the other persons with different forms of disabilities who live and survive in other areas and aspects of Ghanaian society, both urban centers and rural areas of the country. Further studies in this area can also cover policy-making and social services' provision for vulnerable population groups in the country. The present study did not specifically delve into the area of policymaking and service provision. However, some limited recommendations are provided in the foregoing section of this report because the study participants alluded to them. Further studies targeted specifically on those two critical areas on policymaking and services provision will add to the much needed body of knowledge on the plight and fortunes of persons with disabilities in Ghana.

Challenges

There were numerous challenges or difficulties that were encountered during this study. Some of these challenges are highlighted below:

- All the study participants were in a noisy area to start with. Audio recordings were difficult to listen to because there were a lot of interferences, hence all the interview sessions were documented in writings as fast as the researcher could. To counter this challenge, I recommend in future studies recruiting research assistance as a necessity. With an additional hand, the documentation of these narratives will be easy to capture.
- Another challenge was the 'busy' nature of these participants. The study participants were either engaging in a trade or begging for alms. In both instances they needed to pay attention to their buyers or givers. Engaging them for about 45 minutes was not something

most of them wanted to do as a priority. At some point, I had to pause the interviews to allow the participant to engage in whatever activity they had cropped up in their attempts to earn a living on the streets, the site and location of the interviews.

Conclusion

This study has been a modest attempt at beginning an enquiry into a hitherto unexplored area on the plight of women with disabilities in Ghana. The findings are a revelation. I have proposed or recommended several interventions which can make some positive difference in the lives of persons with disabilities in Ghana, especially women with disabilities. These interventions, however, may not work for women with disabilities on a generalized application because people's needs differ from individual to individual due to variations in their impairment, but there must be a starting point.

Irrespective of their current means of livelihood, they all value time and would not welcome the idea of a long talk. Also, all the study participants were on the streets to make a living by whatever means available for them. Most of the participants drew inspiration from the hope of their children succeeding in the future and that drove them to constantly be on the street to raise money to finance their child/children's upbringing.

The inaction of the Ghana government and its agencies on the effective and meaningful implementation of the provisions of the Ghana Disability Act, a historic piece of Legislation in Africa, is troubling. After sixteen years of the passage of this Act with all the fanfare and the hopes and grand expectations it generated among the disability community, nothing much has been done about the issues that gave birth to the Disability Act sixteen years ago. I recommend that the government and agencies tasked with the implementation of the Act should get into action to make a real difference in the lives of a very vulnerable and significant section of the Ghanaian population.

Policies are good, but policies and laws do not implement themselves. Human actors do. Therefore, the human actors who are charged with the implementation of these kinds of legislation and social policies should take their responsibilities seriously, for all persons in society, including persons with disabilities, are deserving of resources and opportunities. They should not need to resort to degrading acts of street begging to make a living. As the disability communities in Ghana have been proclaiming, “disability is not inability.” Persons with any form of disability can be contributing members to society’s functioning and development if given the needed assistance and recognition of the human worth.

As Yaa poignantly puts it, “It is sad that in Ghana people only see our disability and not our ability. Our true ability lies where others only see our disability.” These were powerful words, and I had to check my emotions to not get caught up in the emotions considering my position as the researcher. The study participants also objected to and complained about being pitied by Ghanaian society, especially able-bodied citizens. They presented the situation where other citizens who do not live their (women with disabilities) realities, constantly deciding and implementing what able-bodied persons think is good for women with disabilities in Ghanaian society. For this reason, one other slogan of the disability movement in Ghana also rings through and is incredibly significant: “*nothing about us without us.*” Yes, nothing about them without them. All the study participants are cognitively stable: they can talk, reason, and therefore decide what is good for them and what is not. For persons who do not live the realities of persons with disabilities, deciding what is good for them amounts to paternalism and further perpetuates dependence and oppression.

Persons with disabilities, especially women, should not be left to their fate and be reduced to living on the streets either begging for alms or making a modest source of income which does not improve their livelihoods.

REFERENCES

Abekah-Carter, K., & Oti, G. O. (2020). Perspectives of community members on homeless people with mental illness in Nsawam, Ghana. *International Journal of Social Psychiatry*, 002076402098419. https://doi.org/10.1177/0020764020984195

Agbenyega, J. (2003). *The power of labeling discourse in the construction of disability in Ghana.* http://Citeseerx.ist.psu.edu/Viewdoc/Download?doi=10.1.1.214.8974&rep=rep1&type=pdf

Anarfi, J. K. (1997). Vulnerability to sexually transmitted disease: Street children in Accra. *Health Transition Review: The cultural, social, and behavioural determinants* 0/ health 7, 225-306.

Anarfi, J. K., & Antwi, P. (1995). Street Youth in Accra city: Sexual work in a high-risk environment and its implication/or the spread 0/ HIVIAIDS. *Health Transition Review 5*(suppl.), 131-151.

Ankomah, A. (2007). *International encyclopedia of sexuality: Ghana*. Publisher.

Anthony, E. J. (1987). Risk, vulnerability, and resilience: An overview. In E. J. Anthony & B. J. Cohler (Eds.), *The invulnerable child*, pp. 3-48.

Arthur, I. I. (2013). *Streetism*. *Authorhouse.co.uk* (p. 238).

Ansah, S. K., & Owusu, K. (2012). State of public buildings in Ghana after the passage of the Persons with Disability Act (Act 715): The case of tertiary institutions. *Journal of Construction Project Management and Innovation*, *2*(2), 448–463.

Asante, L. A., & Sasu, A. (2015). The Persons with Disability Act, 2006 (Act 715) of the Republic of Ghana: The law, omissions, and recommendations. *Journal of Law, Policy, and Globalization, 36*(Act 715), 62–69.

Aspers, P., & Corte, U. (2019). What is qualitative in qualitative research. *Qualitative Sociology, 42*(2), 139–160.

Atkinson, A. B. (1998). Social exclusion, poverty, and unemployment. In A. B. Atkinson & J. Hills (Eds.), *Exclusion, employment, and opportunity*. Case Paper no. 4. London: Centre for Analysis of Social Exclusion, London School of Economics.

Avoke, M. (2002). Models of disability in the labelling and attitudinal discourse in Ghana. *Disability & Society*, *17*(7), 769–777. https://doi.org/10.1080/0968759022000039064

Awatey, S. (2014). Assessing the effects of streetism on the livelihood of street children: A case study of Kumasi (in Ghana). *Research on Humanities and Social Sciences, 4*(9), 165–174. Retrieved from www.iiste.org

Baffoe, M. (2013). Stigma, discrimination & marginalization: Gateways to oppression of persons with disabilities in Ghana, West Africa. *Journal of Educational and Social Research, 3*(1), 187–198.

Barnes, C. (2003). Rehabilitation for disabled people: A ‘sick’ joke? *Scandinavian Journal of Disability Research*, *5*(1), 7–23. https://doi.org/10.1080/15017410309512609

Basson, R. (1998). Sexual health of women with disabilities. *CMAJ: Canadian Medical Association Journal*, *159*(4), 359–362.

Bernstein, S. (2019). The metaphysics of intersectionality. *Philosophical Studies, 177*(2), 321–335. https://doi.org/10.1007/s11098-019-01394-x

Boateng, G. (2021). “We too have arrived”: The shifting gender balance in the post-Basic Education System in Ghana. *International Journal of Gender and Women’s Studies*, *9*(2). https://doi.org/10.15640/ijgws.v9n2a1

Budu-Ainooson, A., Nakua, E. K., Donkor, P., Mock, C., & Kernic, M. A. (2019). Use of support services and help-seeking behaviors among abused Ghanaian women with disabilities. *Journal of Family Violence*. https://doi.org/10.1007/s10896-019-00117-4

Ciftci, A., Jones, N., & Corrigan, P. W. (2013). Mental health stigma in the Muslim community. *Journal of Muslim Mental Health*, *7*(1), 17–32.

Collins, P. H. (2015). Intersectionality’s definitional dilemmas. *Annual Review of Sociology*, *41*(1), 1–20.

Creswell, J. (2007). *Qualitative inquiry and research design: Choosing among many traditions*. Sage.

Dako-Gyeke, M., & Asumang, S. (2013). Stigmatization and discrimination experiences of persons with mental illness: insights from a qualitative study in Southern Ghana. *Social Work & Society, International Online Journal, 11*(1). http://www.socwork.net/sws/article/view/362/712.

Degener, T. (2016). Disability in a human rights context. *Laws*, *5*(3), 35. https://doi.org/10.3390/laws5030035

Disability Nottinghamshire. (2014). *Social model vs medical model of disability.* Disability Nottinghamshire. http://www.disabilitynottinghamshire.org.uk/index.php/about/social-model-vs-medical-model-of-disability/

Dokumaci, A. (2019). The “disabilitization” of medicine: The emergence of quality of life as a space to interrogate the concept of the medical model. *History of the Human Sciences*, *32*(5), 164–190.

Downing, J. E., & Eichinger, J. (2003). Creating learning opportunities for students with severe disabilities in inclusive classrooms. *Teaching Exceptional Children*, *36*(1), 26–31. https://doi.org/10.1177/004005990303600103

Drydyk, J. (2021). Capability and oppression. *Journal of Human Development and Capabilities*, *22*(4), 527–550. https://doi.org/10.1080/19452829.2021.1982880

Duran, E., & Duran, B. (1995). *Native American post-colonial psychology*. State University of New York.

Fanon F. (1965). *The wretched of the earth*. Grove.

Figueiredo, J. B., & de Haan, A. (1998). *Social exclusion: An ILO perspective*. Geneva: International Institute for Labor Studies.

Freire, P. (1970). *Pedagogy of the oppressed*. Continuum.

Ghatak, S. (2015). Challenging the state: Effect of minority discrimination, economic globalization, and political openness on domestic terrorism. *International Interactions*, *42*(1), 56–80.

Goering, S. (2015). Rethinking disability: The social model of disability and chronic disease. *Current Reviews in Musculoskeletal Medicine*, *8*(2), 134–138. https://doi.org/10.1007/s12178-015-9273-z

Goreczny, A. J., Bender, E. E., Caruso, G., & Feinstein, C. S. (2011). Attitudes toward individuals with disabilities: Results of a recent survey and implications of those results.

Research in Developmental Disabilities, *32*(5), 1596–1609. https://doi.org/10.1016/j.ridd.2011.02.005

Grobbelaar, du P. I. (2007). African women with disabilities: The victims of multilayered discrimination. *SA Public Law*, *22*(2), 405–421.

Guevara, A. (2021). Essay: The need to reimagine disability rights law because the medical model of disability fails us all. *Wisconsin Law Review*, *2*(2), 269–292.

Guun, A. A., Pterson, B. J., & Welsh, J. L. (2015). Designing teaching cases that integrate course content and diversity issues. *Teacher Education Quarterly*, *42*(1), 67-81. https://perma.cc/2Z97-86SF].

Haegele, J. A., & Hodge, S. (2016). Disability discourse: Overview and critiques of the medical and social models. *Quest*, *68*(2), 193–206.

Hollomotz, A. (2013). Making life work: Freedom and disability in a community group home. *Disability & Society*, *28*(3), 433–435.

Hopkins, P. (2017). Social geography I: Intersectionality. *Progress in Human Geography*, *43*(5), 937–947.

Hosking, D. L. (2008). Critical Disability Theory. A paper presented at the 4th Biennial Disability Studies Conference at. *4th Biennial Disability Studies Conference*, (1972), 1–17.

Hughes, B., & Patterson, K. (1997). The social model of disability and the disappearing body: Towards sociology of impairment. *Disability & Society*, *12*(3), 325–340.

Kerac, M., Postels, D. G., Mallewa, M., Alusine Jalloh, A., Voskuijl, W. P., Groce, N., Gladstone, M., & Molyneux, E. (2014). The interaction of malnutrition and neurologic disability in Africa. *Seminars in Pediatric Neurology*, *21*(1), 42–49. https://doi.org/10.1016/j.spen.2014.01.003

Kleinman, M. (1998). Include me out? The new politics of place and poverty. Case paper No. 11. London: Centre for Analysis of Social Exclusion, London School of Economics. http://sticerd.lse.ac.uk/dps/case/cp/paper11.pdf.

Kogelmann, B., & Ogden, B. G. (2018). Enough and as good: A formal model of Lockean first appropriation. *American Journal of Political Science*, *62*(3), 682–694. https://doi.org/10.1111/ajps.12369

Kportufe, G. S. (2015). Assessment on the accessibility of public buildings and its facilities to the disabled in Ghana. *Civil and Environmental Research*, *7*(10), 76–83.

Kumasi Metropolitan Assembly. (2021). Brief on KMA. Retrieved from http://kma.gov.gh/kma/?brief-on-kma&page=5143

Kyrillos, G. M. (2020). Uma Análise Crítica sobre os Antecedentes da Interseccionalidade. *Revista Estudos Feministas*, *28*(1). https://doi.org/10.1590/1806-9584-2020v28n156509

Ladson-Billings, G. (1998). Just what is critical race theory and what is it doing in a nice field like education? *Int. Journal of Qualitative Studies education*, *11*, 7-24.

LaRue, R. H., Manente, C. J., Dashow, E., & Sloman, K. N. (2016). Functional skills. In N. N. Singh (Ed.), *Handbook of evidence-based practices in intellectual and developmental disabilities* (pp. 229–239). Springer International Publishing.

Liberati, A., Altman, D. G., Tetzlaff, J., Mulrow, C., Gøtzsche, P. C., Ioannidis, J. P., Clarke, M., Devereaux, P. J., Kleijnen, J., & Moher, D. (2009). The PRISMA statement for reporting systematic reviews and meta-analyses of studies that evaluate health care interventions: Explanation and elaboration. *PLoS Medicine*, *6*(7), e1000100.

Liebow, N. (2016). Internalized oppression and its varied moral harms: Self-perceptions of reduced agency and criminality. *Hypatia*, *31*(4), 713–729.

Lorenzo, T., Van Pletzen, E., & Booyens, M. (2015). Determining the competences of community-based workers for disability-inclusive development in rural areas of South Africa, Botswana and Malawi. *Rural and Remote Health*, *15*(2). https://doi.org/10.22605/rrh2919

Marks, D. (1997a). Models of disability. *Disability and Rehabilitation, 19,* 85–91.

Maxwell, J. (2005). *Qualitative research design: An introspective approach*. Sage.

Mfoafo-M'Carthy, M., & Sossou, M. A. (2017). Stigma, discrimination, and social exclusion of the mentally ill: The case of Ghana. *J. Hum. Rights Soc. Work, 2,* 128–133.

Memmi, A. (1965). *The colonizer and the colonized*. Beacon.

McAleese, S., & Kilty, J. (2019). Stories matter: Reaffirming the value of qualitative research. *The Qualitative Report*, *24*(4). https://doi.org/10.46743/2160-3715/2019.3713

McColl, M. A., Jarzynowska, A., & Shortt, S. E. D. (2010). Unmet health care needs of people with disabilities: Population level evidence. *Disability & Society*, *25*(2), 205–218. https://doi.org/10.1080/09687590903537406

Moules, N. J. (2002). Hermeneutic inquiry: Paying heed to history and Hermes. An ancestral, substantive, and methodological tale. *International Journal of Qualitative Methods*, *1*(3), 1–21. https://doi.org/10.1177/160940690200100301

Muir, R., Thompson, K. M., & Qayyum, A. (2019). Considering "atmosphere" in facilitating information seeking by people with invisible disabilities in public libraries. *Proceedings of the Association for Information Science and Technology*, *56*(1), 216–226. https://doi.org/10.1002/pra2.17

Muirhead, E. V., Milner, A., Freeman, R., Doughty, J., & Macdonald, M. E. (2020). What is intersectionality and why is it important in oral health research? *Community Dentistry and Oral Epidemiology*, *48*(6). https://doi.org/10.1111/cdoe.12573

Mullaly, R. P., & West, J. (2018). Challenging oppression and confronting privilege: A critical approach to anti-oppressive and anti-privilege theory and practice. In *Challenging oppression and confronting privilege: A critical approach to anti-oppressive and anti-privilege theory and practice* (pp. 1–34). Publisher.

Munn, P. (1997). Models of disability for children (comment). *Disability and Rehabilitation, 19*, 484–486.

Nabila, S., & Noviana, F. (2021). Marginalization of women in Higuchi Ichiyou's Nigorie short story: A feminism studies. *Japanese Research on Linguistics, Literature, and Culture*, *3*(2), 133–140. https://doi.org/10.33633/jr.v3i2.4675

Ned, L., Tiwari, R., Hess-April, L., Lorenzo, T., & Chikte, U. (2020). A situational mapping overview of training programmes for community-based rehabilitation workers in Southern Africa: Strategies for strengthening accessible rural rehabilitation practice. *Frontiers in Public Health*, *8*. https://doi.org/10.3389/fpubh.2020.569279

Nguyen, Q. H., & Van Ngo, H. (2021). Strain theories and labelling theories: A critical examination through an anti-oppressive lens. *Critical Social Work*, *22*(1).

Ocran, J. (2019). Exposing the protected: Ghana's disability laws and the rights of disabled people. *Disability & Society*, *34*(4), 663–668. https://doi.org/10.1080/09687599.2018.1556491

Opoku, M. P., Huyser, N., Mprah, W. K., Badu, E., & Alupo, B. A. (2016). Sexual violence against women with disabilities in Ghana: Accounts of women with disabilities from

Ashanti region. *Disability, CBR & Inclusive Development*, *27*(2), 91. https://doi.org/10.5463/dcid.v27i2.500

Owens, J. (2014). Exploring the critiques of the social model of disability: The transformative possibility of Arendt's notion of power. *Sociology of Health & Illness*, *37*(3), 385–403. https://doi.org/10.1111/1467-9566.12199

Pacquing, I. R. B. (2021). Understanding the Freirian dyadic relations from the Frommian framework of social character. *Philosophia (Philippines)*, *22*(2), 205–217. https://doi.org/10.46992/PIJP.22.2.A.4

Peta, C., & Ned, L. (2019). So, from here where do we go? A focus on the sexuality of women with disabilities in Africa: A narrative review. *Sexuality & Culture, 23*(3), 978–1009. https://doi.org/10.1007/s12119-019-09585-8

PHC. (2012). 2010 Population and housing census: Final results. Ghana Statistical Service, Final Results, 11.

Pimentel, D., & Pimentel, M. (1999). Population growth, environmental resources and global food. *Journal of Sustainable Forestry*, *9*(1-2), 35–44. https://doi.org/10.1300/j091v09n01_03

Presler-Marshall, E., Jones, N., & Odeh, K. B. (2020). 'Even though I am blind, I am still human!': The neglect of adolescents with disabilities' human rights in conflict-affected contexts. *Child Indicators Research, 13*(2), 513–531. https://doi.org/10.1007/s12187-019-09700-z

Rerief, M., & Letšosa, R. (2018). Models of disability: A brief overview. The medical model: Disability as a disease. *Theological Studies*, *74*(1), 1–8.

Salomon-Ayeh, B. E., King, R. S., & Decardi-Nelson, I. (2011). Street vending and the use of urban public space in Kumasi, Ghana. *The Journal of the Ghana Institution of Surveyors*, *4*(1), 20–31. http://dspace.knust.edu.gh/bitstream/123456789/3423/1/Surveyor Journal 3.pdf

Shakespeare, T. (2021). The social model of disability. In *The Disability Studies Reader* (pp. 16–24). Taylor and Francis.

Shakespeare, T., Mugeere, A., Nyariki, E., & Simbaya, J. (2019). Success in Africa: People with disabilities share their stories. *African Journal of Disability*, *8*(8). https://doi.org/10.4102/ajod.v8i0.522

Silver, H. (1994). Social exclusion and social solidarity: Three paradigms. *International Labour Review*, *133*, 531–578.

Smith, J. A. (2007). Hermeneutics, human sciences, and health: Linking theory and practice. *International Journal of Qualitative Studies on Health and Well-Being*, *2*(1), 3–11. https://doi.org/10.1080/17482620601016120

Somerville, P. (1998). Explanations of social exclusion: Where does housing fit in? *Housing Studies*, *13*(6), 761–780.

Sue, D. W. (Ed.). (2010). *Microaggressions and marginality: Manifestation, dynamics, and impact*. John Wiley & Sons.

Sue, D. W., Capodilupo, C. M., Torino, G. L., Bucceri, J. M., Holder, A. M. B., Nadal, K. & Esquilin, M. (2007). Racial microaggressions in everyday life. *American Psychologist*, *62*, 271.

Sullivan, A. (2001). Cultural capital and educational achievement. *Sociology*, *35*, 893-912.

Tettegah, C. A. N. (2012). Streetism or living in the street, an emerging phenomenon as a way of life in developing countries, a case study of children living on the streets of Ghana. *Thesis submitted to the University of Nottingham for the degree of Doctor of Philosophy,* Retrieved September 20, 2022.

Thabethe, N. (2021). “We have no power over perceptions”: The lived experiences of women with disabilities in a rural South African community. *Disability & Society*, 1–6.

Tinarelli, C., Lepri, A., Camanni, G., Baglioni, A., Menna, M., Ilicini, S., … Elisei, S. (2021). Affective disorders in complex disabilities: Strategies empowerment for improving the lifestyle of the disabled person. In *Psychiatria Danubina* (Vol. 33, pp. 80–83). Medicinska Naklada Zagreb.

Trafford, Z., van der Westhuizen, E., McDonald, S., Linegar, M., & Swartz, L. (2021). More than just assistive devices: How a South African social enterprise supports an environment of inclusion. *International Journal of Environmental Research and Public Health*, *18*(5), 2655. https://doi.org/10.3390/ijerph18052655

Tossebro, J. (2008). Definitions of disability in social sciences. Methodological perspectives, by L. Grönvik. *Scandinavian Journal of Disability Research*, *10*(2), 144–146. https://doi.org/10.1080/15017410802051581

van der Heijden, I., Abrahams, N., & Harries, J. (2016). Additional layers of violence: The intersections of gender and disability in the violence experiences of women with physical disabilities in South Africa. *Journal of Interpersonal Violence*, *34*(4), 826–847.

Vergunst, R., Swartz, L., Hem, K.-G., Eide, A. H., Mannan, H., MacLachlan, M., Mji, G., Braathen, S. H., & Schneider, M. (2017). Access to health care for persons with disabilities in rural South Africa. *BMC Health Services Research*, *17*(1). https://doi.org/10.1186/s12913-017-2674-5

Victor, O. O. (2015). Streetism as a social tragedy in Amma Darko's Faceless. *Humanities and Social Sciences Letters*, *3*(4), 145–156.

Villegas, A. M., & Lucas, T. (2002). Preparing culturally-responsive teachers: Rethinking the curriculum. *Journal of Teacher Education*, *53*(1), 20-32.

Wong, Y. J., Liu, T., & Klann, E. M. (2017). The intersection of race, ethnicity, and masculinities: Progress, problems, and prospects. In *The Psychology of Men and Masculinities* (pp. 261–288).

Wuni, I. Y., Boafo, H., Dinye, R. D., Wuni, I. Y., Boafo, H. K., & Dinye, R. D. (2017). Examining the non-participation of some youth in agriculture in the midst of acute unemployment in Ghana. *International Journal of Modern Social Sciences*, *6*(2), 128–153. https://www.researchgate.net/publication/320842174

Zajadacz, A. (2015). Evolution of models of disability as a basis for further policy changes in accessible tourism. *Journal of Tourism Futures*, *1*(3), 189–202. https://doi.org/10.1108/JTF-04-2015-0015

APPENDIX A

STUDY TITLE: SURVIVING ON THE STREETS: EXAMINING THE SITUATION OF WOMEN WITH DISABILITIES IN CENTRAL GHANA.

INTERVIEW GUIDE

Demographic Indicator

- Age
- Marital status
- Number of children
- Educational attainment and/or any acquired marketable skills
- Cause of present disability

1. Please tell me, where do you consider your home to be?
2. Can you please tell me about the circumstances or driving forces that lead you to the street?
3. Career-wise, what were your aspirations and how has it been altered due to your disability?
4. How have the Ghanaian traditional notions about disability influenced your life?
5. Please tell me about your experiences making a living on the streets: dangers/challenges, weather conditions, threats from other persons without disabilities.
6. Has any agency, governmental or non-governmental, reached out to you before with services or assistance? If yes, do share with me the nature of their engagement.
7. Please share with me the nature of support you receive from your family/friends if any?
8. As an individual, do you have any plans to improve your current state of livelihood? (if yes, please tell me about it and if No, why not?)
9. What do you think Government and other agencies/organizations may do to ensure you have appropriate means to livelihood or needed services?
10. Is there anything else you would want to say?

APPENDIX B

Individual Interview Consent Form

Title of Research Project: A research study is being conducted by a Master's Graduate student at the University of Manitoba, to explore the experiences and life challenges of women with disabilities in Kumasi- Ghana.

Principal Investigator: **Gloria Boateng**
Disability Studies
University of Manitoba

Advisor: Professor Nancy Hansen
Disability Studies
University of Manitoba

The consent form, a copy of which will be left with you for your records and reference, is only part of the process of informed consent. It gives you the basic idea of what the research is about and what your participation will involve. If you would like more detail about something mentioned here, or information not included here, you should feel free to ask. Please take the time to read this carefully and to understand any accompanying information. The researcher is also happy to read it to you if you like. Or you are free to bring in a trusted person to read it to you.

Purpose of the Research

The purpose of this project is to delve into the everyday lives of women with disabilities who earn a living on the streets of Ghana. An insight into how policy formulation or the lack of it has influenced the lives of these women. To inform and add up to existing literature on this field and also to make recommendations and suggestions on how to enhance the livelihoods of these individuals (women with disabilities making a living on the street).

Your Participation Will Include:

Participation in this study is voluntary. If you agree to participate in the study, I will give you a false name and any information you give will be referred to by that name. This will hide your identity when my research is done and I am writing my findings. For example, a participant will be given a false name like WWDS4, WWDS6, etc. This will help to describe the group characteristics of those who participate. You will be asked to engage in a 45 to 60-minute interview with the principal investigator from the Disability Studies Department at the University of Manitoba. Handwritten notes will be taken during interview sessions, only participants that agree to be audio recorded will be recorded as well. There will be individual interviews of at most ten women with disabilities making a living on the streets of Kumasi, Ghana. In the interview you will be asked to answer some questions in relation to your everyday life on the streets and also asked to recount some of the reasons that lead to you earning on the street.

Withdrawal

You are free to withdraw from this study during or seven days (at most) after the interview session with no penalty. To withdraw from the study, please contact Gloria Boateng xxxxx

Potential Benefits and Risks

There is no direct benefit to your participation in this study. Findings from the study will inform policy makers in future about the challenges women with disabilities face on the streets and potential interventions that can enhance the lives of these women. The only potential risk to your participation is the tendency of triggering some old memories or emotions. For this perceived risk, provision has been made for individuals who willingly want to see a counselor during or after the interview session for emotional support. If you would like more information or clarification of any of these points, please contact me, Gloria Boateng at: xxxxx

Confidentiality

All the information you will give me will be kept private and no one will know that you told me or my advisor details about your life. I will keep all documents that have your real identity in a secure location. This means the paper versions will be kept locked in a cabinet accessible only by me. The electronic versions will be both encrypted and password protected so that only me and my advisor can access them. This will include the audio recordings, consent forms and other identifying information.

I will be translating the interviews from Twi to English transcriptions. The transcriptions are a written record of exactly what was said. In the transcriptions you will be referred to using a false name. In the written report, I may quote you from the transcriptions and refer to you by the false name. I will also group together all the descriptive information about all the people I interview so that no one person can be identified. While the quotes will have any identifiable information about you or your life removed, there is a small chance that people that know you could possibly identify

you. I hope to publish findings from this study in scholarly and professional journals. The thesis will be available publicly in the Thesis and Practice collection of the University of Manitoba repository MSpace.
Audio recordings will be transcribed by the principal researcher and hence no other party gets access to the raw data.

You are free to decline any of the interview questions if you so wish.
All identifying information about you will be destroyed by October 2022.

Limitation of Confidentiality
For the purpose of this study, confidentiality cannot be guaranteed due to the public location of the interviews. Interviews could be overheard by passers-by.
Please, place a check mark in the corresponding box to signal your consent and agreement.

- I have read and reviewed the consent form with the principal investigator
- I have had the opportunity to have any of my questions answered

- I agree to be audio recorded
- I do not want to be audio recorded

I, ________________________ (Print Name) agree to participate in the study. I agree to be contacted by phone if further information is required after the interview. I agree to have the findings (which may include quotations) from this project published or presented in a manner that does not reveal my identity.
I want to receive a summary of the findings: Yes No

- I consent to have the summary received in hard copy or read and explained to me orally by October, 2022.

Participant's Name____ (Printed name)

Participant's Signature_____________________________________Date__________________
Participant's contact Number: _______________________

Researcher's name____ (Printed name)

Researcher's Signature_____________________________________Date__________________

APPENDIX C

CONSENT FORM IN TWI (Ghanaian Language)

Asem Ti: 3kwan ho Abrabo. Mma Adi Dem aa Wotete Kwan Ho Aeresere Adea anaa Tonton Ade3 Daadaa Abrabo wo mfinfin Mantanmu, Ghana.

Osuanii: Gloria Boateng
Disability Studies
University of Manitoba

)kyerekyerenii: **Professor Nancy Hansen**
Disability Studies
University of Manitoba

Krataa wei ma wo nimde3 fa dwumadie aa 3b3koso no ho. #ma wo hu no ankwakra biaa anamom aa 3s3s3)tu oo. M'3 gya wo saa krataa yi baako. Nya aboter3 kenkan. S3 wo ntumi nkenkan nso aa, p3 obi aa wo gye no die na)nkenkan mma wo. Anaa s3 wo b3 tumi ama makenkan ama wo. S3 wo w) asem bisa bi wo ho aa, b)moden ma me nhu na me nkyerekyere wo mu yie ansa na wo de wonsa ahye ase3.

Adwumadie Yi Botae3.

Adwumadie yi botae3 ne s3, y3 b3 ya nimde3 ne suahunu wo mmaa 3di dem aa wotete kwan ho abrabo mu nsem na afei, y3 b3 kyer3 y3n adwene akyer3 mpaninfo) aa wo ka bi a 3y3 yie no na watu anamon a 3b3 boa saa mmaa yi asetena.

S3 wo de wo ho b3shy3 mu aa

3ny3 oshy3 so s3 wo de wo ho b3 shy3 dwumadie yi mu. S3 wo p3 aa na wo b3 y3. Afei, wo tumi gyae abreebiaa wo ara wo p3 s3 wo gyae. M3 bisabisa wo nsem afa wo daada asetena ho wo 3kwan yi ho. Me ne wo b3 di nkomo b3y3 sema 45 ne 60 ntem. Nnema bi te s3, wo din ne wo mfoyinii de3, me ngye 3firis3, mmemp3 s3 obi kenkan nwoma aa 3b3firi dwuma yi mu no a)b3 tumi ahunu s3 Maame asemesi nie.

Mfaso) ne)haw a 3b3 tumi aba.

Mfasode3 a 3b3 firi dwuma yi mu aba ne s3, 3b3 ma mpanifo) a woka bi a 3y3 yie nimde3 afa mmaa a wotete kwan ho abrabo ho. Na s3 daakye bi wo y3 nhye3yie bi a, way3 de3 3b3 boa.)haw a 3b3 tumi aba nso ne s3, 3bia na mmaa yi akia nnema dadaa bi a 3twam wo w)n abrabo mu aa 3de yaw bi bre)mo. Ne saa nti, me ne 'Taking Charge of Our Lives Counselling agency" ay3 nhyehy3ye bi s3, wo b3 tu saa mmaa yi fo.

Me Kura Ahintas3m.

Nkomo a y3 b3 di no, m3bo me ho mmoden s3 obi ntumi hunu s3 wo asem aa wo kay3 nie. Mentwer3 wo din, afei nso, me de y3n nkomo twetwe no b3 sie fii. Me ne me kyerekyereni p3 na 3b3tie wo anum asem no. Aba a m3fa afirii y3n nkomo yi mu no, 3no na me de b3twer3 krataa ak) ab3fo ntintan no so na amansan yinaa 3ya suahunu no bi.

Ahintas3m Kora Hu Sint)

Me hy3 b) s3, menma obi nhunu s3 wo na wo ka sie. Na 3mmom, wo y3n nkomo twetwemu no, s3 mehunu s3, wo w) adwene bi s3 wo yaa wo b3 ku wo o de3, m3yi 3dwumakuo a wob3tumi aboa wo asoter3.

Wo w) akwanya s3 wo nnyi nsem bisa no bi ano.

Tim s3 wo agye atum s3 wo ne me 3b3di saa dwuma yi aa.

Ma kenkan na ma te krataa yi ne dwumadie yi ase. ☐

Me, ________________________ (Print Name) gye tum s3 me ne wo b3di dwumadie. Me gye atum s3)b3tumi atwe me kasa no agu afidie so. Me gye tum s3 wo b3 tumi afr3 me wo tetefon so s3 wo w) asem bisa bi aa. S3 wo b) me din anaa s3 wo dan me nipa ban adi a, wo b3 tumi de suahunu a 3b3firi dwumadie yi mu ato ab3fo ntintan no so.

Wo p3 s3, krataa 3b3firi dwumadie yi mu aba no, ☐3 br3 wo☐haa? Aane ☐ Daabi

Tetefone Nomba: ____

W) din____

Tim ha______________________________________Date_________________

Osuanii din____

Osuanii b3 tim ha______________________________________Date__________________