

My University Experiences as an Ally
to Disabled People in Ghana: An Autoethnography

By

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Abstract

Disability is socially constructed through constraints and challenges in the society that disabled people encountered in an effort to live an independent life. In recent years, university campuses have witnessed more disabled students been enrolled in and graduated from post-secondary schools. Despite the increase, most students with disabilities hardly have access to support services. In Ghana, disability is generally perceived as exceptional medical condition that requires special support services and intervention in the society. This current study examines the situation of disabled students in the University of Cape Coast. I share my stories on how students with disabilities in the University of Cape Coast utilize the available support services. I adopted an autoethnography to share the imbalance between the support services claimed by university authorities to be available for students with disabilities and the accessibility support services utilized by students with disabilities. My stories confirmed the daily experiences and persistent practices of oppression, stigma, and social exclusion where disabled students are denied access to the right to benefit from post-secondary institutions in Ghana. I conclude by offering some recommendations that can help resolve the identified challenges encountered by disabled students in utilizing the available support services. The current study provides recommendations on the need to provide inclusive and transformed physical environments to enhance collaborative online learning on university campuses in Ghana. It also encourages university authorities to increase education and skills training for disabled students to enhance their employability skills.

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Chapter One

Background

Disabled people are the world's largest minority as well as the largest marginalized group in society (World Health Organization, 2011). In this current study, I present my university experiences on how students with disabilities utilize available support services. With a focus on Ghana, this thesis provides background information on my experiences with disabled people. The next chapter explains the concept of disability, inclusive education and theoretical foundations of my study. After that, I will present the methodology, findings and recommendations for policy makers.

The World Health Organization (WHO) (2011) estimates that about one billion people with disabilities globally. Out of this population, about 80 percent live in the global south. Chappell and Beer (2018) call our attention to the fact that despite the increase in scholarship surrounding experiences of disabled people, a majority of the studies are situated in the Global North, especially United Kingdom, Australia, North America and Europe. According to Singal and Muthukrishna (2016), "since 1990s, most studies relating to inclusive education have centered on countries such as the United Kingdom, United States of America, Canada, Australia and the rest of Europe" (p. 200).

To explain the paucity of disability research in Global South, chiefly Ghana, Nigeria, Mali and Brazil, Chappell and Beer (2018) write,

[J]ust like other researched issues, the research gap may be due to the dominance of resources in the Global North and the imbalance of power between the global spheres. In addition, throughout the histories of disability studies, most of the popular theories and

concepts of disability such as medical model and social model have emerged from the Global North and then liberally exported to the Global South. (p. 2)

In addition, many authors fail to appreciate the historical, sociocultural contexts, geopolitics and the impact of imperialistic and colonial practices within the Global South (Grech, 2015; Meekosha, 2011).

It is essential to not just depend on the studies and knowledge of disabled people in the Global North and just apply it to the Global South. Growing evidence shows “students with disabilities are under-represented in their voices and experiences about inclusive education (Kamenopoulou, 2018, p. 3). Understanding how students with disabilities utilize available support services in university campuses in Ghana is important in Disability Studies. Even though the number of disabled people is on the rise, disabled people have gotten little attention in many areas (WHO, 2011).

Firstly, in relation to employment, the Convention on the Rights of Persons with Disabilities (UNCRPD, 2006) indicates that countries that have adopted the convention should ensure and promote the full realization of all human rights and fundamental freedoms for persons with disabilities without discrimination of any kind on the basis of disability (p. 5). Aside the convention, several European countries have adopted individual anti-discrimination policies such as the Equality Act in the United Kingdom, the Disability Discrimination Act in the Netherlands, or the Social Code IV in Germany (Vornholt et al., 2017, p. 44). For instance, in Canada, the federal government has established legislation such as Canadian Human Rights Act programs and Employment Equity Act that aims at encouraging organizations to practice equity and create employment opportunities for persons with disabilities (Hall & Wilton, 2011; Vornholt et al, 2017).

Despite these positive programs and policies, persons with disabilities are more likely to remain unemployed and stuck in jobs that are below their qualifications (Hall & Wilton, 2011; Holland et al., 2011). Holland et al. (2011) found out that even though “stricter employment protection legislation is found to be beneficial for people with disabilities on the labour market, other labour market policies specifically intended to benefit this group do not strongly affect their chances on the labour market” (p. 473). Approximately 1 in 2 university graduates, with or without a disability, held a professional occupation. However, graduates with a disability were less likely to hold a management position and earned less than those without a disability, especially among men (p. 1). Hall and Wilton (2011) identify factors that hinder persons with disabilities from working in Canada:

A key problem is that state programmes have focused principally on the “employability” of disabled people, with less attention paid to the inaccessibility and the inappropriate social and spatial organization of work (despite the enactment of legislative measures). As a result, contemporary employment environments remain, by and large, disabling spaces, with expectations of workload and tasks, flexibility and behaviour, based on able-bodied norms. As the data presented below indicate, the proportion of disabled people in paid mainstream employment has plateaued at a level far below that of non-disabled people. (p. 868)

In the Global South, Naami et al. (2012) report that about 80–90% of persons with disabilities of working age are without jobs. The authors argue that persons with disabilities faces several discriminations such as low societal expectations for disabled people skills, architectural barriers and limited access to transportation, all of which interfere with their participation in the labour market. They investigated the employment rates of women with physical disabilities in

Ghana and concluded: “Disabled women want to work but institutional, physical, and attitudinal barriers prevent them from becoming gainfully employed, so the majority depend on family and friends, while others engage in menial jobs and begging for survival” (Naami et al., 2012, p. 190).

In terms of education, recent years have witnessed a significant growth in the number of students with disabilities attending post-secondary in China (Hong, 2015). According to Erickson and Larwin (2016), as of 2016, 98% of public universities and colleges reported enrolling students with disabilities as compared to only 3% in 1978 in Indonesia. The number of students with disabilities in higher education have steadily increased due to support programs and legislation (for example, Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act [ADA, 1990], and the Individuals with Disabilities Act [IDEA, 2004]). Also, the Salamanca Statement and Framework for Action on Special Needs Education provided a framework for the inclusion of children with disabilities in mainstream schools (Kamenopoulou, 2018).

The framework indicates that students with disabilities have the right to access mainstream education with full participation in education. Furthermore, articles 28 and 29 of the UN Convention on the Rights of Persons with Disabilities (CRPD) adopted in 2006 highlight children’s right to inclusive education. Many countries which are signatories to the CRPD also rectified their education system to include persons with disabilities. Bines and Lei (2011, p.19) outline five factors that have contributed to the growth of persons with disabilities in educational institutions from 28 developing countries:

1. Increase in the general enrolment of children is enabling more attention to be given to children who are difficult to reach, many of whom are disabled.
2. There is increased awareness that universal primary education will only be achieved with active involvement of children.

3. There is an increase in the recognition of the rights of disabled people, including the right of children with disabilities to education, due to advocacy at both national and international levels.
4. There is an increase in the change associated with the attitudes towards people with disabilities and their capabilities in education.
5. There is an increase in advocacy on rights and inclusion in relation to disability in the Global North, which is having some influence on strategies to development, including in relation to education.

Moreover, Barnes (2007) maintains that many countries have exerted effort to make universities more accessible for people with disabilities. As a result of this, there has been growth, year-upon-year, both nationally and internationally in the number of students with disabilities, including those with invisible disabilities entering higher education and subsequently entering professional courses with placement components (Nolan et al., 2014). Although numerous rules and regulations have been implemented to ensure the inclusion of students with disabilities, many of these students encounter several forms of cultural and economic barriers, discrimination, bullying, marginalization and environmental barriers (Baffoe, 2013; Mullins & Preyde, 2013; Odame et al., 2019).

Mullins and Preyde (2013) investigated the lived experiences of students with invisible disabilities in Canadian universities and found that these students encounter social and organizational barriers which make learning and university experiences difficult. Participants reported that the size of the lecture halls, other noises, speech of professors, and the number of students in the class present them with difficulties. As a result, they are often unable to retain key

points during the lecture. Participants believed that university is set up for one type of learner, from which they felt systematically oppressed (Mullins & Preyde, 2013, p. 156).

Since society does not want to socialize with persons with disabilities in regular educational settings, they advocated for special education. This form of education was wrongly advocated for students with disabilities as society perceives them as people who need specialized strategies and approaches. Kassah et al. (2017) conducted a study with aim of providing knowledge on what makes special schools relevant in the educational services delivery for students with intellectual disabilities in Ghana. The authors found that ‘special’ schools

have well trained and dedicated teachers due to the priorities of the Ghanaian Government. Also, special schools serve as preparatory grounds for successful transfer of children with intellectual disabilities to mainstream schools. Finally, special schools are also arenas for networking, where the interaction between children with and without disabilities contribute to the eradication of cultural stereotypes. (Kassah et al., 2017, p. 351)

It is common to find specialized schools such as schools for the deaf, the visually impaired, specialized schools for autistic students and many others.

This is a form of ableism segregating persons with disabilities and removing them from mainstream activities. There is nothing ‘special’ about persons with disabilities. Supporters of inclusive education argue,

What is so special? Used as a euphemism, “special” serves as a gauze curtain behind which the word “disabled” resides perhaps too painful to be confronted as is. Sadly, more often than not “special” (i.e., disability) becomes synonymous with exclusion, segregation and marginalization. (Connor & Ferri, 2006, p. 64)

In this current study, I propose that it is a fallacy to believe that students with disabilities need special teaching methods, unique teaching materials and an exceptional environment to achieve high academic potential.

In higher institutions, most students with disabilities hardly have access to support services due to the non-availability of those services. For example, Phillips (2012) observes that the education system in Croatia for young adults with disabilities is unavailable, inaccessible, unacceptable and inflexible. Similarly, studies reveal that most students with disabilities are reliant on the informal support of non-disabled peers due to a lack of available support services in university (Chataika, 2010; Karangwa, 2008). Access to higher education support services or to specific programs is also unavailable. In Nigeria, Okoye (2010) points out that students with disabilities relied heavily upon their roommates, friends and relations for their activities of daily living because there are insufficient institutional support mechanisms available to them.

Davis (2018) provides succinct description of experiences of disabled people:

People with disabilities have been an oppressed and repressed group. People with disabilities have been isolated, incarcerated, observed, written about, operated on, instructed, implanted, regulated, treated, institutionalized, and controlled to a degree probably unequal to that experienced by any other minority group. While race, for example, has become in the past twenty years a more than acceptable modality from which to theorize in the classroom and in print, a discourse, a critique, and a political struggle, disability has continued to be relegated to hospital hallways, physical therapy tables, and remedial classrooms. (Davis, 2018, p. 16)

Before 1954, the Accra psychiatric hospital was the sole facility of its kind in Ghana, housing both people with mental illness and those who were diagnosed with a mental disability (Avoke, 2002). The Government of Ghana then established Dzorwulu School for the ‘Mentally Handicapped’ in 1972 which became the first educational institution for people with intellectual disabilities (Kassah et al., 2017). In addition, the government constructed the Sekondi Twin City Special School and Kumasi Garden City Special School took place in 1976 and 1977. Initially, educating children with disabilities in Ghana were largely centered in residential settings (Avoke, 2001). Currently, issues concerning education of persons with disabilities and reaching marginalized children have gained much attention in Ghana (Anthony, 2011).

Ghana has committed itself to educating persons with disabilities by joining international agreements, endorsing and assisting the majority of global educational policies and programs such as the World Declaration on Education for All (1990), the Standard Rules on the Equalization of Opportunities for Persons with Disabilities (1993), the Salamanca Statement and Framework for Action (1994), the UN Convention on the Rights of the Child (1998), the Dakar Framework for Action (2000), Flagship Initiatives (2000), the Millennium Development Goals (2000), and the UN Convention on the Rights of Persons with Disabilities (2006), Persons with Disability Act (Republic of Ghana, 2006) and the Special Educational Needs (SEN) (Ametepee & Anastasiou, 2015, p. 342; Antony, 2011).

Ghana’s government has made some level of commitment to the protection of human rights, opportunity equality, and the provision of educational services at both the international and national policy levels for students with disabilities (Antony, 2011; Ametepee & Anastasiou, 2015; Avoke, 2001). However, it appears that even though national and international policies and programs have become a driving force for inclusive education in Ghana Education System,

students with disabilities in Ghana continue to experience diverse forms of social, institutional, environmental and academic barriers.

Baffoe (2012) highlights a response from a university student with visual disability:

Open gutters line all campus roads. Blind people can't travel safely around campus because there are no sidewalks. Another problem is climbing to second- and third-floor lecture spaces. No elevator in the building, so friends carry me up sometimes. It's hard. If nobody carries me to class, I don't go. The university seems to be for able-bodied people only. (p. 194)

Sayed et al. (2000) argue that the inadequate professional development for teachers, poor monitoring systems inadequate accessible resources makes it difficult for post-secondary institutions to provide quality education for students with disabilities.

This study adopts an autoethnographic method to present my university experiences as an ally to disabled people in Ghana. Allies play an important role in moving social justice causes forward and resisting oppression. Maconi (2020), studying “Managing Narratives with Competing Goals in an Arts-based Disability Ally Organization,” found that personal narratives from artists with disabilities that are available through the website tell a range of stories about art and disability which is merely therapeutic. Maconi (2020) recommends that organizations should position themselves as an ally to persons with disabilities to understand body privileges and discrimination against disabled people. Allies are individuals who have privilege and work in their personal and professional lives to end oppression (Bourke, 2020).

An ally to disabled people can be explained in several ways. According to the Oxford American Dictionary, an “ally” refers to an individual or organization that actively advocates for

the rights of a marginalized group, even if they are not a part of that group (Inkumsah, 2023). Inkussah (2023) believes that to effectively support disabled individuals as a reliable ally, it requires more than mere verbal endorsement. It is essential to engage in tangible actions that provide assistance to disabled people. Bishop (2015) neatly outlines six steps in becoming an ally to the oppressed. Firstly, allies should understand oppression, how it arose, how it is maintained, and how it leaves its imprint on the individuals and institutions that perpetuate it. Additionally, allies should comprehend any interconnected web oppressions, their similarities and differences and how they reinforce one another. Again, allies should develop their knowledge on healing and awareness strategies. Also, allies should first work to achieve their own liberation.

In explaining the fourth step, Bishop (2015) compares the ally process to the very distinct experience of discovering one's own liberation. The author argues that while confronting your own oppression might be difficult, it can also propel strong energy to enhance bonding and conquer the fears of becoming an ally. Alternatively, the Centers for Disease Control came up with an acronym for the word 'ally' that makes it simple to remember how to be a good one: "Acknowledge (and respect) individual experiences and abilities"; "Leverage your influence to promote accessibility and inclusion"; and "Yield the floor to people with disabilities to help identify and eliminate barriers" (Inkumsah, 2023).

The challenge of becoming an ally is the potential for allies to position themselves paternalistically toward disabled people (Trepagnier, 2006). Trepagnier (2006) compares the idea of White Allies to the community of color in fighting racism and cautions that allies, in their effort to fight oppression, can cause harm and reinforce the status quo of White dominance. Specifically, paternalistic posture of an ally can strengthen the deficit model, maintain White privilege, and does nothing to challenge systems of power (Endres & Gould, 2009).

In this current study, I aim to actively participate in initiatives that challenge barriers and inaccessibility in university settings and existing systems of oppressions both at micro and macro levels. I will engage in introspection to recognize and address my own biases and how my position in society might influence my actions. I believe that achieving allyship with the disabled community requires a balance between patience and assertiveness, adaptability and boundaries, knowledge acquisition and acknowledging our own oppression, and maintaining clarity through careful observation, reflection and analysis of our actions.

The Ghana Disability Act (GDA)

People with disabilities in Ghana are often perceived as unproductive and not capable of contributing positively to society and national development (Baffoe, 2013). They are regarded as people who pose an economic burden on their family and their society at large, leaving them in a vicious cycle of poverty (Baffoe, 2013). It is against this background that some pressure groups advocated for the passage of the Ghana Disability Bill into law in June 2006 (Ansah & Owusu, 2012). After many decades of clamor, advocacy and complains from Non-Governmental Organizations (NGOs), Faith Based Organizations (FBOs), Civil Society Organizations (CSOs) and Ghana Federation of Disability Organization, the parliament of Ghana passed the Ghana disability act in June 2006 called ACT 715. This act was intended to make provision for the needs of persons with disabilities in the Ghanaian society through the provision of quality education, employment opportunities, accessible and affordable health care and many other provisions that are geared towards making the lives of persons with disabilities independent (Adjei, 2013).

The Ghana disability Act 715, which was passed after many efforts from FBOs, persons with disabilities (PWDs), NGOs and other advocacy groups who are disability focused, gained great attention and has the following objectives and provisions: access to affordable and accessible

education and training at all levels regardless of the location, dissemination of relevant information on disability issues to the public, and access to employment opportunities and creation of Community Based Rehabilitation Programs and centers as a means of empowering the participation of disabled people (Ghana Federation of the Disabilities, 2008).

The Ghana disability Act 715 also made some provisions for persons with disabilities, including: the right of disabled people to have access to public places; reducing discrimination; rights to life among others; promoting and provision of appropriate training as well as establishing various rehabilitation centres across the country; access to free education and educational opportunities for every child regardless of their disabilities; and provision of vehicles which are disability friendly.

Implementation of GDA in the University of Cape Coast

According to the University of Cape Coast (2010) Disability Policy, a person with a disability is an individual with physical, mental, or sensory impairment, including visual, hearing, or speech functional disability, which gives rise to physical, cultural, or social barriers that substantially limit one or more of the major life activities of that individual. The policy describes a disabled person as any person who has/is:

1. record of such impairment, or
2. record of a psychological or psychiatric disability, or
3. regarded as having either of the above.

Additionally, a student qualifies as a disabled person when he or she has a disability and:

1. meets the academic and technical standards required for admission or participation in the education programmes of UCC.

2. meets the essential eligibility requirements for the receipt of services or the participation in programmes or activities provided by a public entity regardless of:

a. reasonable modifications to rules, policies, or practices

b. the provision of auxiliary aids and services

c. the removal of architectural, communication, or transportation barriers. (University of Cape Coast, 2010)

Adjei (2013) reports that in Ghana, since the passage of the Act, educated people are less discriminatory towards disabled people than uneducated people. With regards to discrimination, disabled persons reported that, since the passage of the Act, non-disabled people are less discriminatory towards disabled people. This even goes as far as their own family members as one woman complained bitterly about her family who do not treat her well which make her feel neglected. (Adjei, 2013, p. 49)

“The person with disability Act (Act 715) was passed to bind architects (designers), builders, building owners, managers, consultants, advocates and professionals in the building industry to provide facilities and infrastructure that are accessible and provide a barrier free environment for the independence, convenience and safety of all people with disabilities under section 6 of the Act 715 under the rights of persons with disability” (Ansah & Owusu, 2012, p. 450).

However, in a descriptive cross-sectional survey to investigate housing accessibility among 31 persons with visual disabilities and how public buildings comply with the Ghana Disability Act 2006, Act 715, Section 6, Nartey (2018) found that 90.3% of the visually impaired respondents lamented that the Disability Act was not being adhered. Similarly, Baffoe (2013) discovered that from 2006 to 2012, nothing beneficial has been implemented since the Persons with Disability Act (Act 715) was passed.

There appears to be some level of tolerance in the University of Cape Coast from students and staff towards disabled people. New admitted students who have little or no knowledge until they have been given orientation by the office of the dean of students may show discriminatory attitudes to students with disabilities out of ignorance. From my personal experience as a student in the University of Cape Coast, I have witnessed that as part of the orientation for freshmen of the university, they are also given orientation on disability and the need to show love, tolerance, and support for students with disability. This orientation is usually done within the first two weeks of arrival. Orientation of this nature is usually compulsory for all freshmen.

In this study, I will select three out of the eight sections and share my experiences on how implementations of these sections affect students with disability on campus. The selected sections are the education of persons with disability, transportation, and health care and facilities. Firstly, in terms of educational provision, the policy states that 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 (Government of Ghana, 2006). The state shall provide the necessary facilities and equipment to enable disabled people to benefit from schools. The state shall not only provide free education to disabled people, but also establish 'special' schools for disabled people who cannot be enrolled in formal schools. The state must provide appropriate training for disabled people who are unable to pursue further formal education (Government of Ghana, 2006).

The Act also specifies that no persons with disabilities shall be refused admission into schools because of his/her disability. Any school or person that goes contrary to this provision commits an offense and is liable to summary conviction to a fine not exceeding fifty penalty nits (which is GH¢60 money stated in Ghana currency), or to a term of imprisonment not exceeding three months, or to both. However, this law seems unenforced in Ghana. There shall be established

public technical, vocational, and teacher training institutions which shall include in their curricula special education (Government of Ghana, 2006). It concludes with the provision that all public libraries shall be fitted with facilities that are accessible for persons with disabilities (Asante & Sasu, 2015).

Under this section, it could be seen that UCC has contributed its quota in terms of not refusing persons with disability admission and provision of facilities and equipment such as the Resource Centre for Alternate Media and Assistive Technology (R-CAMAT). However, these provisions are not enough and are limited in promoting stress-free educational environment to students with disabilities. This limitation affects the benefits students with disabilities attain from the university. For instance, a person with a hearing impairment needs the services of a sign language interpreter during lecture hours; however, nothing like that happens on campus.

During my undergraduate study at the university, I spoke with one master's student with a hearing impairment who indicated that he was fortunate to have a sign language interpreter at some of his lectures. However, he pointed out that he could not access this service all the time, therefore he struggled during those times. Even though another important provision under Section three is free education for students with a disability, interaction with some students with a disability reveals that they pay school fees like any other person due to poor enforcement of the law. Currently the government of Ghana through the National Disability Council established a disability fund for persons with disabilities. The objectives of the fund include:

- [a.] To support the income generating activities of individual persons with disabilities as a means of economic empowerment.
- b. To provide educational support for children, students and trainees with disabilities.
- c. To build the capacity of persons with disabilities in the districts to enable them to advocate and assert their rights and undertake awareness raising

and sensitization on disability issues. d. To support persons with disabilities, have access to technical aids and other assistive devices and equipment. (National Council on Persons with Disability, NCPD/GFD, 2010, p. 4)

Students with disabilities are given scholarships from the fund through the social welfare department in their district or municipality through the Disability Common Fund (DCF). DCF is a 2% allocation of the District Assembly Common Fund in Ghana. The fund is a quarterly cash transfer from the central government to the local governments (metropolitan, municipal, and district assemblies) for development projects proposed by the local governments (Antony et al., 2016). The fund is used to support disabled children's education and increase the capacity of people with disabilities (Sackey, 2009). However, this policy is not well implemented due to poor monitoring. SEND Ghana (2014) indicates that about 55% of the local governments in several districts across regions (such as Greater Accra, Northern, Upper East and Upper West Regions) encounter implementation challenges. For instance, Antony et al. (2016) assesses the impact and the use of Disability Common Fund (DCF) in Kumasi. According to the beneficiaries, the funds are usually delayed and are insufficient due to poor monitoring and evaluation (Antony et al., 2016).

Furthermore, in Section Four, the GDA talks about transportation for persons with disabilities (Government of Ghana, 2006). The state shall ensure that the needs of persons with disabilities are factored into the design, construction, and operation of a transportation network. Persons with disabilities are permitted to import a vehicle modified or adapted for their use and such vehicles shall be exempt from payment of import duty and other related taxes (Government of Ghana, 2006). Drivers are to stop for a disabled person who shows the intention to cross the road. The Act is also clear on the reservation of a parking place for exclusive use by Persons with

disabilities. A person with a disability may own a driving license upon satisfying all the conditions prescribed by the Driver and Vehicle Licensing Authority. It is also mandatory for all port managers to provide facilities that will aid the movement of person with disabilities at the port (Government of Ghana, 2006). All commercial buses shall reserve at least two seats for disabled persons. Any driver that hits a disabled person or a bus that does not reserve at least two seats for person with disabilities commits an offense and is liable to pay a fine or serve a term of imprisonment (Asante & Sasu, 2015).

The university has made provisions on campus that seek to ensure that some seats in campus buses are reserved for students with disabilities. Although non-disabled students sometimes occupy these seats, the provision is beneficial to students with disabilities considering the general student populace ‘fight’ for spaces in these buses. There are inadequate buses on campus that take students from their halls of residence to lecture theatres. Because of this, there is usually pressure on the few buses available. At times students would have to queue to wait for buses, and when the buses arrive, students usually struggle with each other for seats on the bus.

Transportation of disabled persons on these buses on campus comes at no cost. The university has erected walkway pavements by the roadsides which come in handy for students with disabilities. Though these provisions are recognizable commitments, they are only a few of the numerous needs of persons with physical and sensory disabilities on campus in terms of transportation. A second look at Section four indicates that there should be reserved parking spots exclusively for persons with disability (Government of Ghana, 2006). A look around campus shows that this provision in Act 715 is lacking. During my undergraduate years, an interaction with one of the master’s students who had a physical disability indicated some experiences he had to go through when picking a taxi from his hall of residence to lectures. The student further

elaborated that the security men will stop the driver and tell him taxis are not allowed beyond certain points unless you have a pass card which usually is inadequate. The worrisome part is the security men will be arguing with the passenger as well as the driver even after telling them the passenger is physically disabled. This situation is always stressful and challenging for this student.

Additionally, visually disabled students face a great challenge with vehicles parked close to walkways. One student indicated that this attitude by some drivers is worrying because students with visual impairment bump into vehicles parked in such places. This negligence by some drivers can cause injuries to persons with visual impairment on campus. Drivers in the university and those in the community who ply the university roads should be educated and given some amount of training on how they can accommodate disabled students in their vehicles. The training can be offered by the National Council on Persons with Disability to enhance the knowledge of drivers about disability issues.

Moreover, section five of the GDA focuses on healthcare and facilities. It states that the state shall provide free general and specialist care for disabled persons (Government of Ghana, 2006). The Act mandates the state to ensure that the study of disability or disability-related matters is included in the curricula of training institutions for health professionals. It is provided in the Act that health authorities shall organize a periodic screening of children to detect, prevent, and manage disability (Government of Ghana, 2006). The state shall also establish and operate a health assessment center in every district, where mothers and infants shall be given early diagnostic medical attention to determine the onset of a disability (Asante & Sasu, 2015).

The Act under this section indicates that persons with disability shall have free healthcare access. However, interaction with some students with disabilities proved this otherwise. One student claimed that the only treatment they get for free includes drugs at the UCC hospital, and

public hospitals are already covered by National Health Insurance Scheme (NHIS). In other words, they pay for any general or specialized healthcare service they receive. They are denied any knowledge of help from the university in terms of healthcare.

Again, some students mentioned that even if you have the money to pay hospital bills, the accessibility of the hospital building is difficult for some students with mobility issues, and there are no sign language interpreters to help students with hearing impairment. In addition, some healthcare workers discriminate and stigmatize against caregivers/parents of children with disabilities. One key example worth citing is an interview reported by Inclusion Ghana (IG). Inclusion Ghana is part of Inclusion International, a network of organization working to reduce stigmatization and ensure full inclusion of persons with intellectual disabilities (ID) and their families by advocating for their rights and needs in Ghana. From the interview, respondents who are parents/caregivers of children with intellectual disability revealed the following:

[H]ealth workers discriminate against us when we go to the health facility. When I take my child to the hospitals, the doctors are very “nice” to us. It is the nurses who look down on us through their comments. I remember I sent my child to a health center and a nurse who came to attend to us asked me why I am wasting my time on such a child and asked me if I will not be happy if the child dies. I felt bad and just ignored her comment but when we finally managed to see the doctor, he really showed much concern. Moreover, at government hospitals, the nurse will straight away rain insults on us that we are over pampering our children. I used to cry a lot any time I heard these comments from health workers, whom I expected to know better and even advise us as to what to do. (Ghana I, 2013, p. 40)

Taking inferences from the above discussions concerning the provisions in the Act as well as analyzing UCC's contribution to the implementation of the same Act, it appears that the implementation of the Act has not provided students with disability the optimum benefits they should have received. There seems to be a gap in the implementation procedure that needs to be addressed. This inefficiency may create negative impact on the academic and/or professional lives of disabled persons. The top management of UCC must put in place measures to monitor and enforce the implementation of the provision outlined in the Act.

Measures such as staying focused on policy goals as well as being close to the implementers are good ways to ensure effective policy implementation. These will help lessen the burdens carried by persons with disabilities on campus. Ashigbi et al. (2017) used a random and stratified sampling approach to study 46 car parks, 40 access routes, 36 entrances, 78 doors, 33 stairs, 47 corridors and 15 sanitary areas at the at a university in Ghana. The authors found that the built environment of the university presents barriers to students with disabilities. For example, parking spaces in the university were devoid of international access symbol with a few demarcated bays (Ashigbi et al., 2017).

Another objective of the disability act is generating, gathering and disseminating relevant information on disability to the public through public education and community engagements. Under the persons with disability Act 715 of Ghana, the University of Cape Coast appears not to have done much public education and community engagement about people in the communities surrounding the university. These communities are Amamoma, Apewosika, Kwapro, Ayensu, and Akotokyir. There is little education about disabled people to members in these neighboring communities. In these surrounding communities in the University of Cape Coast, Ghana,

discrimination against persons with disabilities as calling disabled people names such as ‘gyimigyimi’ (a mad person).

Also, the social welfare department under the Ministry of Gender and Social Protection is mandated by this act to see to the implementation of this provision by helping secure jobs for disabled people. The Ministry of Gender and Social Protection is also mandated by the act to provide training programs for disabled people, and also make provision for tools and incentives for persons with disabilities to set up their own businesses (Agyei-Okyere et al., 2019). Also, the ministry is mandated to set up rehabilitation centres at community and district levels across the country. There is also a policy from the government to employ persons with disability at highway toll booths tax collection points (Amoatey, 2020). This policy after its passage has not been fully implemented (Agyei-Okyere et al., 2019).

Persons with disabilities still lack assistance from the government to find employment. When it comes to training programs, there are no efforts to develop the job skills of disabled students (Agyei-Okyere et al., 2019). Exploring how agriculture creates sustainable job opportunities for disabled people in Ghana, Agyie-Okyere et al. (2019) report a concern from persons with disability. The respondents share,

We can do something, but the problem is that they don’t educate us about what we can do. Recently, they started tilapia rearing but they failed to involve disabled people. It’s something we can do easily because it doesn’t need much strength to do that. (p. 5)

Similarly, another participant reported “At times, it becomes very difficult to find a job. There are certain job opportunities that you believe you can perform, but the people will tell you that you are disabled, and for that matter, you can’t do it” (Agyei-Okyere et al., 2019, p. 4).

After acquiring a university degree, the next thing everyone expects is to get employment. In recent years, graduate unemployment has become a topical issue in Ghana. Persons with disabilities who graduate from the university are not left out of these struggles for jobs. To curb this, the University of Cape Coast introduced a course in entrepreneurship for all undergraduate students of which students with disabilities are a part. For example, the Education and Psychology department introduced and designed a course on Educating the Special Individual. This is a core course for level 200 undergraduate students to gain understanding about disability issues and its impact on education.

The course seeks to help equip students with entrepreneurial skills to create their own business after school. In addition, trainings, workshops, and seminars are organized to enhance the skills of students on meeting job requirement. For instance, the University of Cape Coast, Ghana organized training on how to position a wheelchair in the classroom. In June 2019, the School of Medical Sciences held a workshop on “The Clergy and Biopsychosocial –Spiritual Treatments of Mental Disabilities” (School of Medical Sciences (SMS) Workshop, 2019). As part of the objective, the workshop helps to deconstruct the beliefs that persons with mental disabilities should resort to prayer camps for treatment. Although these happen, the university can do more for its students with disabilities to be gainfully employed after school.

My Experiences with Disabled Persons

One of the greatest ways of gaining satisfaction in life is by dedicating oneself to a cause that positively impacts the lives of others. I have always enjoyed my involvement with the community of people with disabilities from 2000 to 2021. My first experience happened in primary school where I served as the class prefect. As a leader, I often tried to assist my friend Daniel, who is a wheelchair user, to comfortably move into the class, be suitably situated and navigate the

school. Although I enjoyed my time with him, I always wished Daniel could independently access the school environment without encountering any difficulties, as I sensed he would love nothing more than the liberty and independence of accessing facilities.

Although I am a naturally determined and very confident person, I faced obstacles and ridicule from my peers because of friends and how they navigate their space with their body. That was a hard pill to swallow. For example, one of my friends approached me and indicated, “Ruth, do you want Daniel to transfer his illness to you?” Even though I worked hard to diffuse these fanciful notions of non-disabled colleagues, a majority of them continued to hold such negative attitudes about disabled students in Ghanaian Public Schools. Thus I could not help but think such attitudes toward people with disabilities are emblematic of, and consequently a true microcosm of, the larger system and society.

Additionally, during my undergraduate years, I had the opportunity to use the library with students with disabilities. My personal observation of attitudes of non-disabled students made me become emphatic and passionate about the experiences of students with disabilities in the university campus. On January 2017, I saw my roommate who was a wheelchair user being carried to her lecture room because the elevator had broken down. Upon witnessing that, I could not help but think that if the university had done its due diligence in being fully informed and proactive about human right and accessibility, they could have scheduled the lecture in a different classroom that accessible. Similarly, during my data collection at the university, I witnessed that most disabled students could not study at the library due to inaccessibility of the main library.

My volunteer activity as a social worker in Sekondi Prison Service also exposed me to several experiences of people with disabilities. During those years, I was exposed to the reality of the lifestyles of most people with disabilities. I will share more detail of most of these experiences

later in subsequent sections of the thesis, but it suffices now just to highlight a few of these experiences. After I graduated with a Bachelor of Science in psychology from the University of Cape Coast, Ghana, I volunteered at the Sekondi Prison Office to work with inmates whose circumstances have segregated them and resulted in them being labeled as ‘unfit’ in society.

My goal was to use my knowledge and skills to the best of my ability to provide inmates with social support, care and assistance. Surprisingly, my expectation was met with pain and anguish. I encountered majority of disabled women who had been locked up behind bars just because of differential cultural and societal misjudgment about how they interacted with their environment. I observed that most professionals labeled mentally disabled inmates and children with attention deficit hyperactive disorder (ADHD) as violent and aggressive people. I began to ask myself why most of my colleagues perceive disability as a frightening human experience. It appears to me that discussing the issues of disability challenges our perverse attitude towards persons with disabilities.

The University of Cape Coast believes that education is a basic human right for everybody for development of their full potential. The university places emphasis on serving the needs of students, training and challenging them to become morally, socially, intellectually and physically mature and future citizens to serve the global community (UCC Mission Statement, 2018). As part of the effort in fulfilling this mission, the university aims at providing appropriate accommodations, accessibility services and support systems for persons with disabilities.

Furthermore, there are provisions such as auxiliary aids and services for Information and Communication Technology (ICT) resources to everyone including students with disabilities. Although the university has these services stipulated as part of their mission, throughout my undergraduate studies, students with disabilities continue to press for equal participation in the

university's activities. Many continue to endure deprivation of academic and financial resources. Through personal observation and experiences, I have witnessed many students with disabilities facing attitudinal and environmental segregation. It appears that there is an imbalance between the support services claimed by university authorities to be available for students with disabilities and the accessibility support services utilized by students with disabilities. With such an identified gap, it is pertinent to assess the availability and utilization of support services for disabled persons in the University of Cape Coast.

Although I am ready to share my experiences on how students with disabilities utilize available support services in University of Cape Coast, I emphasize and reiterate that these experiences are from the point of an ally—vis-à-vis me, not a student with disability like Daniel. I do believe that students with disabilities reserve the right to tell their stories. As rightly said by Ellis (2007), when we share our stories, we usually fear the impact that our story will have on the people we know.

I acknowledge that everybody may not feel the same way. Notwithstanding, I agree with Langellier (1989) that personal narrative is one of the legitimate sources of information that provide voices to marginalized people whose stories and experiences have been silenced. As Connor (2006) affirms, “in many respects, a personal narrative is an authentic, political form of self-representation that holds power to promote change” (p. 155). As an ethnographer, I will disconnect myself from emulating the style of academic scholars and professionals, but rather present my thesis in the manner that I speak.

Aims of the Study

The aims of the study are:

- To share my experiences on the situation of disabled people in Ghana.
- To explore the available support services for students with disabilities in University of Cape Coast.
- To reveal in my stories how students with disabilities in the University of Cape Coast utilize the available support services.
- To share my experiences from genuine interactions with students with disabilities, offer some suggestions from analyses of the research conducted that can help resolve the identified challenges faced by students with disabilities in utilizing the available support services.

Research Questions

- How have I, as an ally, observed the social, economic, and educational status of disabled persons in my life in Ghana?
- What are the available support services for students with disabilities at the University of Cape Coast?
- How do students with disabilities utilize these support services available to them?
What are some of the solutions that students with disabilities believe to be effective in dealing with the challenges that they experience in utilizing the available support services on campus?

Chapter Two

Literature Review

Introduction

This chapter provides insight to different scholarly works done by researchers about disabled people. The first part of the chapter deals with the concept of disability and geography of Ghana. The chapter also covers the situation of disabled people in Ghana, specifically students with disabilities.

Concept of Disability

Disabled people are the subject of diverse cultural beliefs and practices of a society (Kleinman & Benson, 2006). Munyi (2012) points out that history plays a vital role in the understanding of disability. The author traces the development of disability from early Roman and Greek literature. The Greeks and Romans perceived disabled people as inferior and believed that the ‘deformed’ offspring of both the superior and inferior be thrown away in some “strange unknown locations” (Goldberg & Lippman, 1974).

To the contrary, Baker et al. (1953) reveals that early Christian doctrine brought the view that disease is neither a disgrace nor a penalty for sin, but a method of purification and a path of grace. However, in the 16th century, Christians like Luther and John Calvin asserted that those who were ‘mentally retarded’ and others with impairments were under the influence of evil spirits (Munyi, 2012). As a result, these men and other religious figures of the time frequently caused mental or physical agony to those with disabilities to drive out evil spirits (Thomas, 1966). In addition, in the 19th century, social Darwinists argued against providing welfare to disabled people (Munyi, 2012). They reasoned that keeping persons with disabilities who were considered ‘unfit’

in society would interfere with natural selection, making it less likely to produce a healthy gene required for progeny (Hobbs, 1973).

The United Nations (2006) asserts that in defining disability, there is a need to establish vital terminologies used across the world due to the diverse legislative methods in the identification and treatment of disability. According to Michailakis (2003) disability in some societies is conceptualized as not being able to do things that one is normally capable of doing. Mitra and Sambamoorthi (2006) argue that in the USA, more emphasis is laid on ‘persons with disabilities’ while the UK stresses ‘disabled people.’ Koppers (2011) believes that terms like ‘crippled’ and ‘retard’ have negative meanings, however usages of terms like ‘disabled people’ or ‘people with disability’ are more appropriate to identify the group and to use.

In 2015, the United Nations noted a problem with data collection in its report on disability statistics and data. The problem was attributed to lack of uniformity in the definition of disability (United Nations, 2015). The WHO (2014) viewed disability as an evolving concept. From the Americans with Disabilities Act (ADA) of 1990 perspective, disability is a physical or mental impairment that substantially limits one or more life activities (Nyangweso, 2018). The United Nations Convention on the Right of Persons with Disabilities (CRPD) (2006) defines disability as comprising “those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others” (UNCRPD, 2006, p. 3). The Ghana Disability Act (Act 715) of 2006 in Section 59 also defines disability as “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”.

According to Kothari (2010), discrimination against people on the basis of disability was the key reason for not defining the term. However, to avoid chaos and bring transparency to the movement, a precise and universal definition of the term ‘disability’ was needed. Leonardi et al. (2006) opined that in explaining disability, one must consider the subjective description (i.e., others’ appraisal) and the objective description (i.e., individuals’ view of their own limitations and experience).

The WHO (2011) concurred that the individual-other composite interactive definition of disability makes disability not an attribute of the person. Faye et al (2013), explains disability as a relational category that is formed by social conditions. Kasnitz and Shuttleworth (2001) argue that “disability occurs when people experience discrimination based on perceived functional limitations” (p. 2). In other words, disability exists when physiological processes are socially categorized as problems, illnesses, conditions, disorders, and syndromes (p. 2).

The aforementioned literature reveals the complexities surrounding the conceptualization of disability. Since the social model reveals both the negative effects of sociocultural and traditional values about disability as well as the environmental barriers against disabled people, perceptions that disability is only about long-term visible or medical conditions associated with people in wheelchairs, blind and deaf appears to be a misrepresentation. The overemphasis of the definition of disability from the lens of the medical model overlooks invisible impairments and disabilities which are more common than often acknowledged. Davis (2013) writes, disability has functioned historically to justify inequality for disabled people themselves, but it has also done so for women and minority groups.

Concept of Disability Across African Culture

Disability is becoming more widely acknowledged as an evolving concept ingrained in culture and society (United Nations, 2006). As Bickenbach (2011b) put it, “disability is still complex, dynamic, multi-dimensional, and contentious and represents a dynamic between an impairment and the environment” (p. 656). Africa has a different perspective on what it means to be disabled. The nature of culture on the concept of disability is articulated in the works of several authors (Allison & Strydom, 2009).

In Africa, as in other parts of the world, there are differences in how people with disabilities are treated (Amoako, 1977). For instance, persons with disabilities were viewed by the Chagga people of East Africa as pacifiers of the bad spirits (Munyi, 2012). Moreover, to avoid hurting the physically disabled, caution was taken (Munyi, 2012). The people of Benin (formerly Dahomey in West Africa) who had disabilities were chosen to be security guards. Children with disabilities were thought to be protected by supernatural influences in several Beninese communities (Munyi, 2012). Because they were regarded as bringing luck, they were accepted by the community (Wright, 1960). According to Ishola-Esan (2016), the Ibo people of Nigeria treated people with impairments with absolute rejection.

In Uganda, a narration presented by Nyangweso (2018) from *Drum Magazine*, 2017 is worth sharing.

[I]di Amin, Uganda’s dictator and president during his tenure of office, drove into Kampala’s main car park on November 20, 1975. Amin asked to participate, and one guy gave up his spot for him. Amin played ajua well. As he fought, the crowd cheered. The throng gathered as word spread that the president played ajua. Wandera Maksini, a cripple, entered the celebration. Wandera Maksini, a man with a disability, arrived in the midst of the celebration. Popular Kampalan Wandera made his way through the crowd while using

crutches. Wandera asked President Amin why he called himself president when there is economic hardship, no food in the stores and no accommodation. Being ashamed from the question asked by Wandera, the President on the same day, declared on Radio Uganda that disabled people who needed aid should go to the local police station. The government pledged free housing and food for disabled persons in Jinja, Uganda's next capital. The next morning, thousands of disabled people flooded Kampala police stations. Military trucks drove the disabled people to Jinja. At Jinja, the disabled people were discharged into the Nile River, today's Owen falls dam. The disabled people who were thrown into the Nile River got drowned in the crocodile-infested river. Those who tried saving their lives were shot down until they fell into the river. (Drum Magazine, 2017, cited in Nyangweso, 2018, p. 1-3)

Cyriaque Minani, a 27-year-old albino male, was ritually murdered in Makanda, Kayogoro, Rutenderi, Gatobo, Burundi, on December 12, 2014 (Nyangweso, 2018). In March 2015, Tanzania arrested over 200 'witchdoctors' and traditional healers for the murder of an albino. A one-year-old albino boy slain in northwestern Tanzania. Some of the 220 unlicensed healers arrested had objects used in witchcraft, including lizard skins, warthog teeth, ostrich eggs, monkey tails, birds' claws, mule tails, and lion hide (BBC News, 2015, cited in Nyangweso, 2018). The murders were attributed to albinism beliefs. Most tales relate albinos with ghosts, mystical beings, or curses; others call them 'deified' 'gods.' In 2011, a Nigerian court remanded four people for ritually killing Ifeoma Agela Igwe. Ifeoma, a hunchback, was kidnapped, beheaded, and killed. Her community believed the hunch has a mysterious mercury-like material that may make people prosperous.

Born blind in Zimbabwe, Masimba Kuchera describes his struggles. Many in his situation do not realize their aspirations or attend school, he says. Few government schools serve disabled

children, he says. The government does not invest in disabled children's education. Access to public utilities, education, information, public transport buildings, and public gathering is challenging for those with disabilities, adds Kuchera. Masimba describes how disabled people beg in Harare. Most are unclean and use improvised wheelchairs or crutches while some drag themselves on hands and knees. Lucky ones are catered for by the Jairos Jiri facility (Koszela, 2013).

In summary, the concept of disability has varied and complex perspectives. Among these perspectives are the social model, medical model, biopsychosocial, cultural, and religious. The universal conceptualization of disability is hard to establish. Scholars opined that due to the abstract nature of disability, it is advisable not to define it at all (United Nations, 2006; Kothari, 2010). The social model highlights the limitations in societies that impede effective participation of disabled people. On the other hand, the medical model believes disability to be an illness and diseases that need intervention from medical professionals.

The cultural and religious definition of disability reveals that certain beliefs and historical and spiritual practices in societies segregate disabled people from active involvement in developmental activities. The biopsychosocial model argues for a balanced approach among the diverse models. It emphasizes that the interaction of social variables (beliefs, cultural norms, community influences), psychological variables (personality, feeling, behaviors, cognition) and biological factors such as genes, chromosomes, abnormalities and biochemical imbalances (Santrock, 2007).

History and Geography of Ghana

The name 'Ghana' was historically derived from an ancient Ghana Empire which signifies "Warrior King" (Williams, 2013). Ghana is a West African republic located on the Gulf of Guinea,

bordered to the north by Burkina Faso, to the east by Togo, to the south by the Atlantic Ocean, and the west by the Ivory Coast. Formerly, Ghana was a British colony known as the Gold Coast (Cook, 2018). The country was led to independence by Dr. Kwame Nkrumah on March 6, 1957. Ghana became the first country in sub-Saharan Africa to obtain independence from British rule. Ghana's landscape is primarily made up of the ancient Precambrian shield, rich in mineral resources.

The nation has a total area of 92,100 square miles, similar to the scale of Britain or the U.S. state of Oregon (238,540 sq. km). It is approximately rectangular, about 419 miles (670 km) north to south and 312 miles (500 km) east to west. It lies between latitude 4 and 12 degrees north and 3 and 1 degrees east. The southern border is slightly longer than the northern border, with around 344 miles (550 km) of beautiful coastline to explore (Cook, 2018). The country is divided into 16 regions with about 75 ethnic groups. Ghana's population in 2012 was about 24,652,402 (Krawczyk & Sweet-Cushman). The Ashanti region's coastal areas and the two main cities, Accra and Kumasi, are the nation's two most densely populated parts. The Fanti in the coast and the Ashanti who live in central Ghana are the most numerous populations belonging to the Akan tribe. The Ga-Adangbe inhabit the plains of Accra. In the northern region, most of the inhabitants belong to the Moshi-Dagomba of Gonja.

Language Used to Describe Disabled People in Ghana

Language influences how we think and behave. Thus, the dominant cultural ideology that marginalizes, silences, and creates subjectivities throughout society and the educational system is predicated on the language used to name, inscribe, and construct the disabled in Ghana. We frequently exaggerate the traits of those who are different from us through words. In Australia, Foreman (1996) contends that because we suffer from the labelling syndrome to such an extent,

we sometimes erroneously categorize, construct, and stereotype people as disabled without considering anything other than the individual. For instance, the designations ‘disabled,’ ‘handicapped,’ ‘epileptic,’ ‘spastic,’ and ‘blind’ are all social constructions that indicate that persons who fall under such categories are part of a single, homogenous group. Closer inspection will show that these people are distinct from one another (Foreman, 1996).

Social goods are generated, maintained, dispersed, and redistributed through the specifics of language. Language’s finer points are where people are both helped and hurt. Because the person is lost, it is extremely demeaning to put the handicap above the person. In extreme circumstances, we stop referring to people with impairments by their names and instead use labels. Furthermore, in most parts of the developing world and in Ghana, when people are living with disabilities, they are perceived to be ‘mad people’ (Moasun & Mfoafo-M’Carthy, 2020). This belief is accepted by most people based on the preconceived thoughts that people with mental disabilities demonstrate signs of violence (Moasun & Mfoafo-M’Carthy, 2021).

Moasun and Mfoafo-M’Carthy (2021) indicate that the labelling of persons with disabilities in Ghana sends a strong signal to the public that persons with disabilities are mentally ill and unproductive in the society. It is relevant to note that when language is used in such offensive manner towards persons with mental disabilities, it encourages discrimination and stigmatization against disabled people. Unfortunately, names or descriptions like ‘yarefor’ (sick person), ‘woadi dem’ (retarded) and ‘apakye’ (deformed) still exist and are used by Ghanaians to describe people who are visually or physically impaired. In Ghana, disability is attributed to witchcraft, sorcery, ‘juju,’ and magic (Avoke, 2002, Agbenyega, 2003).

Before Christianity and missionary work evolved, Ghanaians were not religious but possess some form of belief in the existence of spirits. For example, some cultures held the belief

that epileptics were possessed by demons that torment and fling persons with mental disabilities to the ground. As such, persons with epilepsy were labelled ‘dzeanyikplatowo’ in the Ewe tribe, a derogatory tribal language that literally means ‘falling down sicknesses.’ When the convulsion occurs, no one is allowed to touch or be near them, under the idea that anyone who does would be possessed by the demons as well (Agbenyega, 2002). Persons with disabilities are often marginalized and alienated from society and community life, especially social events, as a result of these disparaging designations (Avoke, 2001). People with ‘mental retardation,’ as it is still referred to in Ghana, are the most vulnerable victims of labelling.

Additionally, some particular tribes in Ghana, for instance the Ewe’s and Ga’s, identify people with disabilities as ‘Buluus,’ meaning poor intellectual ability, and ‘Asotowo,’ meaning idiots (Avoke, 1997). Within the Akan tribe, people with intellectual disabilities are generally referred to as ‘Nea wanyin agya n’adwene ho,’ which literally means mentally or cognitively retarded. These are demeaning and hurtful labels that are equated with insults in the tribe’s tradition. According to Adatuu and Gyader (2021), marginalization encompasses superstition, ignorance, a lack of understanding and empathy, as well as outdated cultural institutions enabling social exclusion of disabled people. For instance, most families in Ghana investigate the history of disabilities during marriage preparation for their children. Any form of disabilities such as visual, auditory, mental or physical disabilities may force a particular family to become reluctant in accepting such marriage proposals.

The language used to describe disabled people in Ghana is mostly embedded in negative cultural practices. Amenyedzi (2016) discovered that in Ghana, unfavorable cultural views against disabled people are pervasive, even in Christian churches. These ideas frequently imply that disabled individuals are cursed and require healing from exorcisms or religious healers. Disabled

people are further ostracized and excluded if they are not cured. Again, Geurts and Komabu-Pomeyie (2016) identify restrictive cultural attitudes and prejudices about disabled persons as well as widespread contempt. People with physical disabilities and people with sensory disabilities such as blindness or deafness are frequently considered to have mental illness or intellectual disability.

Disability is a source of stigma in many cultures, therefore having a disabled child is considered as a double obligation that might lead to the family's devaluation. Disabled children's economic position is intertwined with cultural stereotypes. For instance, some destitute families will prefer to use their limited resources to educate their non-disabled children in the hopes that they will eventually help support the rest of the family. It is necessary to persuade society to see beyond the 'limitations' of an individual's disability. For example, the mere fact that a person's legs are impaired should not diminish that person's ability to utilize solely their hands or ignore their ability to use other portions of their body, such as their brains, for academic and other intellectual productivity. Such an attitude is degrading to people who have physical disabilities.

Most of these unfavorable attitudes arise from ignorance about disabilities and how they affect one's ability to function. These misunderstandings arise directly from traditional thought systems which represent magical-religious philosophies that can safely be classified as superstition. According to Botts and Evans (2010) the attitude of a family with a disabled child is mostly denial and rejection of the child. Even in homes where children are accepted and loved as role models, these children experience hostility.

Agbenyega (2003) studied the power of labeling and negative language in Ghanaian society and its effects on the education, treatment, and management of persons with disabilities. The research adopted an autoethnography to describe observations of the general situation of how persons with disabilities are labeled within the Ghanaian tradition and how these labels become

powerful tools or weapons that society and classroom teachers use to suppress and to exclude students with and without disabilities. The author argued that if educators focus on the problems that arise daily in the classroom rather than on the individual, this will lead to innovative pedagogies that speak for inclusion.

Agbenyega (2003) recommends the following:

[S]pecial schools in Ghana, such as Schools for the “Mentally Retarded,” “Schools for the Deaf” should be renamed with appropriate labels like mainstream local community schools. For example, “X” School for the Mentally Handicapped could be renamed as “Y” Community School. This re-naming will be a further step in weakening the foundations of pejorative labels, by detaching them from students who attend those schools. (p. 11)

The Situation of Disabled Students’ Education in Africa

The documented evidence underpinning Inclusive Education in Africa according to Howgego et al. (2014) is fragmented and weak. Chataika et al. (2012) concurred that accommodation problems, inaccessible environments, lack of disability policies, negative attitudes, and biased admission processes negatively affect learners with disability in Africa. Even though Nigeria enacted the IE policy in 2008, its implementation faced several obstacles such as lack of teacher readiness, limited infrastructural facilities, inadequate funding and socio-economic barriers caused by administrative functions. Uche et al (2014) attributed the problem to lack of support facilities like laboratories, libraries among others.

Joel et al. (2013) conducted a descriptive survey research on built support services and resources for students with hearing impairment in Kenya. Primary schools. The population of the study was 121 students with hearing impairment, 1584 students without hearing impairments, 36

instructors and 18 principals in Kenyan primary schools. The researchers employed a random sample to select 480 students without hearing impairment, 32 instructors and 16 school principals. Questionnaires and interviews were used as a data collection procedure. The researchers found that special needs education teachers, individualized coaching, audiological assessment and hearing aid acquired through provisions by parents were the main available support resources for students with hearing disabilities. The authors discovered that the Kenya primary schools do not have Kenya Sign Language (KSL) textbooks, KSL interpreters, note-taking and teachers' aides were not available. Finally, instructors in the schools have inadequate in-service training in special needs education (Joel et al., 2013).

A study by Abimanyi and Mannan (2014) in Uganda shows that lack of resources, funds, mobility devices, negative cultural attitudes towards disability, and inadequate teacher training in IE were the major hitches to IE. Kenya, however, has made notable progress in the pursuit of IE (Nungu, 2010; Republic of Kenya, 2008, 2009, 2010). Petriwskyj (2010) adds that limited access to support services as well as limited professional learning about diversity influenced teachers' understanding of the implementation of inclusive education. In Kenya, IE is described as the provision of additional services to students with disabilities taking into consideration the nature of curriculum, aims of education, and assessment methods among others (Winzer & Mazurek, 2017). Njoka et al. (2012) reveal that this notable progress is a result of government domesticating all international agreements in its law (Republic of Kenya, 2005, 2009, 2012). The Kenyan policy framework suggested that all senior high schools design and implement IE programs.

According to the Republic of Kenya (2019), restructuring procedures that aid students to gain access to course content, assessment strength and learning activities is enabled by the policy guidelines on IE. According to Hughes (2015), inclusive guidelines stress the conduciveness of

the learning environment in accommodating diversity and the provision of quality education. He adds that failure in addressing issues of structural support, human and instructional activities towards students with disabilities impacts IE.

Mokaleng and Möwes (2020) conducted a study to investigate the issues affecting the implementation of inclusive education and its practices in selected secondary schools in the Omaheke region of Namibia. The authors collected data using questionnaires which were administered to a sample size of 90 high school teachers. The researchers adopted descriptive statistics in the form of frequencies and percentages to analyze the data. The results from the data revealed that the implementation of inclusive education is hindered by inappropriate policy development issues, teacher attitudes, lack of teacher training, inadequate support and resources, as well as curriculum issues.

Similarly, Zulu (2007,) as well as Newton et al. (2014), found that lack of knowledge, lack of training and insufficient support for teachers hamper the progress of inclusive education. In the view of Qeleni (2013), one of the barriers to inclusive education is lack of a supportive environment for teachers. This implies providing teachers with environments where they feel respected, sense they belong and feel appreciated. Stofile (2008) notes that in South Africa, teachers in both private and government schools reported receiving no support or funding from the Government of South Africa to maintain inclusive education.

Swart and Pettipher (2015) assert that in South Africa, the diverse interpretation, controversies, and multidimensional nature of inclusion brings about contradictions in its application. Yssel et al. (2007) posit that the understanding of 'inclusion' in South Africa is consistent with that of the British Psychological Society which indicates that the term goes beyond the placement of persons with 'special needs' in mainstream schools. According to Spreen and

Vally (2006), the focus of the IE system in South Africa is solely based on the role of institutional structures in addressing social inequalities which has been a key worry. Donohue and Bornman (2014) indicate that South African high schools lack teachers who have the capacity and knowledge to instruct diverse learners in a single classroom.

According to Potgieter-Groot et al. (2012), the provision of learners with the same access to quality education was a result of the formation of the Education White Paper in South Africa. Lomofsky and Lazarus (2001) add that this will aid the development of diverse institutions that will represent an IE training system. Donald et al. (2014) consider highlighting a series of learning barriers the main aim of the policy. This will help in the provision of support for learners, school staff, parents, and other relevant parties.

An inclusive education system is based upon a sense of shared responsibility, belongingness, appreciation for diversity and eradicated discrimination (Yssel et al., 2007). Inclusion in South Africa regards every learner as able and must be mainstreamed in the education sector including learners languishing on the periphery of community (Yssel et al., 2007). According to Donald et al. (2014), IE encourages and promotes learning through various modalities as well as the active participation of all learners. They stressed the importance of the usage of diverse modalities. This includes considering diverse learning styles, multiple intelligences, developing and acknowledging learners' capabilities and catering to students' needs (Donald et al., 2014).

Nketsia (2016) surveyed 125 teacher educators from four educational institutions about inclusive education, teacher training, and implementation in Ghana. According to the survey, inclusive education is supported by teachers. In Ghana, according to most teacher educators, they are not ready for inclusive education. Their biggest issues were about inadequate teacher

preparation, unprepared teacher educators, a lack of inclusive instructional practices, and a lack of teaching and learning resources.

The concept of Education Support Services (ESS) has many interpretations from one country to another, but it can generally be viewed as support that various professionals provide to students with disabilities in either mainstream, inclusive or 'special' schools. Avramidis and Norwirth (2002) state that in contexts where students with disabilities have been part of inclusive schools, 'inexperienced' teachers felt students with disabilities were burdensome due to inadequate resources and poor guidance. Singh and Grewal (2006) note that in India, lack of trained manpower to properly support the teaching of students with disabilities has been a major worry for many years. The concept of education support services has been linked to psychology as a profession and assessment.

Ross et al. (2002) indicate that psychologists are the backbone of IE; they assess students' emotional, personal, social and intellectual capabilities. They added that proper assessment aids the identification of appropriate material for students with disabilities. In relation to challenges in identifying available support services, Weiss and Repetto (1997) note that students with disabilities who have improper transitioning and orientation from high school to postsecondary school leads to poor awareness of support services available in tertiary institutions. To elaborate further, the authors argued,

[O]ne problem is that students with disabilities are unaware of services and programs before admissions, often do not apply and, if they do, are not as apt to have a successful postsecondary experience. Secondary, students are often unprepared to move from the protected environment of the high school setting to one that places the burden on the student to notify the school of any needed services and supports. (p. 710)

Weiss and Repetto (1997) then conducted a study on support services provided to disabled students in 28 community colleges and 39 vocational and technical centers in Florida. The authors identified “counseling services, equipment supports, campus environment, student-centered supports, developmental labs, program or course flexibility, and special programs as support services available for disabled students” (p. 709).

Moisey (2004) conducted a study to assess the support services available for students with disabilities in Distance Education at Athabasca University in Canada. Most students with disabilities received services and support such as “an extended contract time to complete academic work, files translated into electronic file of text material and transcript for audiotaped materials. The author also found that during examination, students with disabilities receive additional time or break times, support with presenting the questions and recording the student’s response through the use of a reader or a scribe. Regarding adaptive technology, students with disabilities are provided with text-to-speech, speech-to-text, and screen reader software” (Moisey, 2004).

Hanafin et al. (2006) notes that in Ireland, several policy initiatives and legislation have placed little premium in ensuring that students with disabilities have equal access to the educational opportunities available to their non-disabled people in post-secondary institutions. Also, in South Africa, the assessment process is a collaborative process done by different stakeholders. According to the Department of Education (1998), assessment speaks of the connection between parents, students and ESS such as educational psychologists. As indicated by the Department of Education (2001), the ESS as indicated in South Africa’s Education White Paper 6 should be district-based for easy access by students and school, but improvement in decentralizing education and support service has been restrained by the shortage of fiscal and human resources in certain localities (Mosia, 2009).

Africa lacks an organized system of assessment of students with disabilities (Mittler & Platt, 1996; Urwick & Elliott, 2010). Although teachers in Africa are entrusted with the identification and assessment of students with disabilities, research shows that teachers' assessment is, to a greater extent, unsystematic (Hoy & Gregg, 1994). Troublesome students can be removed from their classrooms or teachers can receive additional resources such as classroom aides and assistants. Professionals external to the school, such as psychologists, can assess both the child and their context efficiently (Solity & Bickler, 1994). Furthermore, a study conducted by Urwick and Elliot (2010) reveal that countries with low economic status need strong professional assessment structures in the identification of the learner's need. They add that inadequate or poor instructional resources negatively affect the development of the learner.

Mwaura (2004) found that sufficient learning resources and support services for students at post-secondary institution need to be made available and put in place to support inclusive education, and that it would be excellent if adequate support could be provided to mainstream teachers to meet the needs of learners in inclusive classes. This support can be in terms of teaching assistant in each class. The deduction that could be made here is that teachers are of the opinion that support is not sufficient to assist them in their classes for them to address the special needs of learners. It could be that these teachers find it challenging to address learners' needs due to having more learners in class; therefore, they may feel the need for sufficient support in terms of teaching assistant and ample learning resources.

Level of Knowledge of Available Services

According to The Republic of Kenya (2008), students' inability to access usable and useful information has been a major impediment to assessment of services. Kiarie (2007) notes that parents of disabled children are unaware of the availability of services to their wards. A study

conducted by Odongo (2018) reveals that most parents felt daunted by the school system, and this gave them the notion that they could not make any contributions with respect to their ward's education. He adds that parents who are especially in the rural areas do not know how to access services and do not understand the availability of choices for their children (i.e., IE or special school), lacks common support structures, and lacks communication with other parents (Odongo, 2018).

However, Njeru (2015) revealed that families mostly lack knowledge on the appropriate educational service their child will need, especially during early childhood stage. He associated it with parents having little access to useful information (i.e., personal or funding support services) (Njeru, 2015). Life in the remote areas limits the capabilities of students with disabilities because most of the available support services are in the cities (Odongo, 2018). Families in rural areas may not receive the appropriate health care service for their children with disabilities because of lack of knowledge about the availability of services (Mwangi & Orodho, 2014).

Lucy et al (2015) assessed the challenges facing implementation of inclusive education in public secondary schools in Rongo sub-county, Migori County, Kenya. The main problem encountered by parents in educating their children with learning disabilities was stigmatization, negative attitudes from members of society and parental ignorance. The authors concluded that "Students with disabilities have different learning ability and competencies as compared with their regular counterparts and therefore they should be treated according to their individual differences both in school and at home" (Lucy, Nyangia & Orodho, 2015, p. 121).

Frimpong and Kwakye (2021) look at transitional programmes in Ghana that helped students with intellectual disabilities get ready for life outside of school. Scholars began using Piaget's methodology. The purpose of this theory is to explain how people can learn and apply

new information. Descriptive, qualitative data was gathered using semi-structured interviews from house mothers and parents/guardians. The study found that due to poor teaching and learning resources used by teachers at the basic schools, transition programmes in special schools were not well-structured to meet the needs of students with disabilities. In addition, lack of government support in policy and grants were identified factors that hamper the development of the educational programme for students with disabilities in the junior high schools (Frimpong & Kwakye, 2021).

Support Services Offered to Students with Disabilities in Post-Secondary Education

A study conducted by Gillies (2012) reveals that students with disabilities were comfortable with the services being rendered to them. They added that the university is where they feel comfortable, happy and included. Nonetheless, the barriers in the transition from institution to work still exist. Regardless of these directives, students with disabilities encounter diverse barriers in their institutional environment in other parts of the world.

A study conducted by Mole (2012) in the USA on the support services offered to students with disability revealed that learners received supports like alternative test arrangement, such as making a test in braille format for students with disabilities (blind and partially sighted). It was however noted that students were provided with assistive technological devices such as large print, tape-disk and braille (Pingry, 2007).

Wizikowski (2014) in his study on academic support experiences and perceptions of postsecondary students with disabilities at Claremont Graduate University in California, USA found that students received support services like a sign language interpreter, assistive listening devices, such as FM transmitters/receivers (a device that assists students with hearing impairment). Hadjidakou et al. (2010) affirm that the quality of support for students with disabilities is affected by physical access, provision availability, positive responses by fellow students without

disabilities, and the level of awareness among the members of the academic staff or the rest of the staff (e.g., cleaners, administrative officers, and accommodating staff).

Runhare (2004) reveals that students with disabilities are dissatisfied with the quality of services provided to them by lecturers at tertiary institutions in Zimbabwe. The study investigated the extent to which students with disabilities were coping with the inclusive educational setting due to the discrimination and marginalization from non-disabled peers. Matonya (2012) examined the lived experiences and individual support given to disabled women at the University of Dares Salaam in Tanzania. The findings showed that there were few support services available for students with disabilities. The authors recommended the educational institutions boost the support services for students with disabilities in Tanzania.

Babic and Dowling's (2015) research examines how college students who have disabilities see assistance and encounter challenges. In qualitative interviews, students expressed satisfaction with help from friends and family but dissatisfaction with assistance from universities and the government. Barriers to inclusion included inaccessible building, restroom, lift, classroom, and dormitory adjustments as well as inadequate funding and transportation for attending university. The students promoted formal procedures from the national government to institutions and NGOs, boosting disability awareness among academics, professionals, and other students in higher education; and investing in modifying buildings, personal assistants, educational funds, and transportation. Babic and Dowling (2015) write,

the progress of inclusive education for children and adults with disabilities has been slow due to negative public attitudes, lack of political will, the inertia of institutions and the lack of financial investment that would ensure better implementation of reforms. (p. 3)

Chapter Three

Methodology

Introduction

In this chapter, the medical model, charity model and social model models of disability are explored as a tool adopted by disabled people, scholars and policy makers to explain disability and provide society with approaches to studying disability issues. The section also provides a brief description of autoethnography as a methodology adopted for the study.

Medical Model

As stated by Mitra and Sambamoorthi (2006) a person's mental or physical barriers are often not as a result of geographical or social factors (Bediako, 2013; Llewellyn & Hogan, 2010; Mitra & Sambamoorthi, 2006). It is mostly regarded as functional limitations or medical circumstances. The WHO (2012) explains the medical model in relation to impairment, disability and handicap. The model sees the person with disability as the source of the problem and the accessibility of the solution is dependent on the disabled individual. This model stresses that the key need of persons with disabilities is a medical service (i.e., therapists, doctors, specialists, etc). That is, impairment is any loss of the anatomical function whilst handicap is any demerit that restricts a person from fulfilling one or more normal roles. It is based on the wrong notion that persons with disabilities have a physiological system that contributes to their inability to work, walk, see and talk. The individuals concerned must be cared for if self-care is not possible. The care is given by a variety of counselors, specialist professionals, therapists, psychologists, and social workers who work to reduce the "problem" (Bediako, 2013; Lisicki, 2013).

According to Antony (2011) the medical model emphasizes that

disability is fundamentally located within the individual themselves. Therefore, rehabilitation efforts aim to “fix” the individual and restore functioning to an “acceptable” or “normal” level. Also, this requires the individual to adapt to social and environmental structures around him to fit within the mainstream paradigm. (p. 1075)

There is no doubt that the medical model has been the most dominant definition of disability for quite a long time. Be as it may, it does not offer a practical point of view from the perspective of disabled individuals themselves.

The model forces a paternalistic way to deal with the difficulties which, albeit focuses on ‘care,’ eventually promotes regulation and isolation. This concept creates barriers for the chances of disabled individuals to make their own decisions, build up their latent capacity and deal with their own lives. The model marginalizes disabled people thereby allowing medical professionals to make decisions on their behalf (Legg & Penn, 2013b). Alternatively, evidence-based policies and practices have largely centered on health belief model which perceives the understanding of disabling cultural and environmental barriers as superficial (Legg, 2010). Even though there is a medical facet to disability, far more relevant is the critical role of the systems of social oppression and environmental barriers designed by society to disadvantage disabled people (Bickenbach et al. 1999, p. 1173). To better understand the medical model of disability, a description of ableism is required. Ableism enters our lexicon alongside racism, sexism, ageism, and elitism. Ableism appears to be rooted in negative cultural beliefs that disabled people require ‘fixing,’ and thus devalues and limits the potential of persons with disabilities. Ableism is a set of attitudes and practices that guide cultural and institutional practices ascribing negative values to individuals with disabilities whilst deeming able-bodied and neurotypical individuals as ‘normal,’ therefore superior

to their disabled counterparts (Annamma et al., 2013). Ableism is discrimination and social prejudice against people with disabilities based on the belief that typical abilities are superior.

There are many causes for ableism, but it is frequently due to a lack of knowledge about what it really feels like to be disabled. Since most non-disabled people have no experience with disabled people, they frequently end up projecting their frequently negative expectations onto disabled people and assuming that disability must be terrible and a continual source of worry (Dunn, 2019). There are many triggers for ableist thinking or behaviour including curiosity, desire to help, prejudice, discrimination and stigma, and unrealized privilege. During my four years lived experience in the University of Cape Coast, there has been many interactions and personal experience some disabled people disclosed to me about the negative prejudice society or students have about them. In this view, other students have had several experiences that revealed ignorance about disabilities and a propensity to generalize about disabled people based on rather unconscious preconceptions informed by the biomedical model of disability. Hence, this ethnographic study extends beyond biomedical understanding of disability and rather focus on the participants' interpretation of their fears, experiences and feelings about the support services available to them in Ghana.

Charity Model

From the charity model perspective, disabled people are perceived as victims who should be pitied because their condition is painful and sad. The charity model emphasizes that disability is an unfortunate event that happens to some people. Oliver (1995) argues that the charity model of disability locates the problem of disability within the individual and focuses on the psychological losses or the functional limitations as the causes of the problem. Duyan (2007) stated that the proponent of the charity model believes persons who are able-bodied should help disabled

people in any manner they can because they require ‘special’ services, ‘special’ institutions, and other services because they are unique. The identity of disabled people as “sick people” or “people in need” reinforces negative attitudes and absolute exclusion of disabled people in the society (Haller et al, 2006). Ogundola (2013) elucidated further on the charity model of disability and confirmed that when people with disability are perceived as sick people, it strengthens the idea that disabled people cannot contribute at the workplace to maximize the potential of organizations. The charity model “declares disability to be a tragedy, a misfortune, that must be tempered or erased by generous giving” (Clare, 2001, p. 340).

In addition, Burns (2010) adds that the usage of negative words against disabled people hinders the community perceptions about disability and the meaning of having an identity as disabled person. As a result, persons without disabilities are led to believe that they have to assist persons with disabilities in whatever way possible. The charity model portrays disabled people as dependent, helpless and sad, reinforcing the kind of treatment from the non-disabled people (Henderson & Bryan, 2011). Seale (2006) highlights that the charity model describes persons with disabilities as reliant on non-disabled people for protection and care, promoting this misconception about disability. In Ghana, disabled people are normally depicted as problematic, miserable and after thought (Amposah-Bediako, 2013). The Ghanaian society believes that persons with disabilities are victims of circumstances who cannot decide or plan independently without the assistance of persons without disabilities.

As a result of this model, several charitable organizations such as Enlightening and Empowering People with Disabilities in Africa (EPPD Africa), Time and Change Aged Care Center, Youth Initiative for African Development, Delmand Foundation International and Destiny Child Foundation have sprung up in Ghana to help and protect persons with disabilities. Instead

of identifying societal barriers and finding solutions to those barriers, the charity model limits the disabled people's self-esteem and capability, making them unproductive members of society. In Ghana, the charity model is predominant and broadly accepted as an effective model because disabled people are viewed as object of pity. Again, it is believed that disabled persons are social outcasts who spend most of their lives in humiliation.

It is a common practice in Ghana for philanthropists and charity organizations to set up a fundraising period to provide for disabled people. Normally in these events, donations, wheelchairs, foods, clothing and several mobility aids are given to persons with disabilities. Even though the charity model provides some form of support and services for persons with disabilities, it approaches disability from the angle of aid and support rather than as a human right issue. From personal observation, I noticed that persons without disability in Ghana regard disabled people as 'useless' and refuse to accept them as members of society. Because of their disabilities, society has made most disabled people permanently reliant on others for their livelihood.

Elaborating on the negative impact of the charity model on persons with disabilities, Amponsah-Bediako (2013) in Ghana writes,

[T]he charity model does not address the real problem issues of ensuring the employment of disabled people. Even though, the point here is not to call for the dismantling of charities and, thereby, kick against acts of care and charity which enrich society through soliciting badly needed or urgently required funds for a good cause, there is a need to educate managers of charity organizations and other professionals to ensure that funds are channeled to promote the empowerment of disabled people and their full integration into society as equal citizens who require respect but not pity. (p. 124)

Social Model

The social model sees disability as an outcome of ecological, social and attitudinal barriers that keep individuals with impairment from most extreme support in the public arena (Amponsah-Bediako, 2013; Anastasiou & Kauffman, 2011; Oliver, 2004; Reddy, 2011). The model is otherwise called the Minority-Group Model of Disability (Oliver, 1995). The Union of the Physically Impaired against Segregation's (UPIAS) (1976) highlights the relevance of social model when conceptualizing disability:

[D]isability is a situation, caused by social conditions, which requires for its elimination, (a) that no one aspect such as incomes, mobility or institutions is treated in isolation, (b) that disabled people should, with the advice and help of others, assume control over their own lives, and (c) that professionals, experts and others who seek to help must be committed to promoting such control by disabled people. (p. 3)

In addition, UPIAS (1976) elaborates on the conceptual differences between impairment and disability:

“[I]mpairment is defined as ‘lacking part of or all of a limb, or having a defective limb, organ or mechanism of the body,’ while disability is defined as: the disadvantage or restriction of activity caused by a contemporary social organisation which takes no or little account of people who have physical impairments and thus excludes them from participation in the mainstream of social activities. Disability, on the other hand is a socially constructed disadvantage, which is, in a very real sense, imposed on persons with disabilities, constituting a particular form of social oppression. (p. 14)

From a sociopolitical perspective, disability originates from societal reluctance to address the issues and demands of a disabled minority. The model indicates that rather than emphasizing

on the disability in the medical perspectives, people should look at the social system that enables and perpetrates disability through the socio-cultural, attitudinal and architectural barriers which result in discrimination and prejudices (Hughes & Paterson, 1997). If a person with physical disability cannot utilize the transport system, the transport system should be overhauled (Erkilic, 2011).

Oliver and Barnes (2010) provide a succinct description of social model. The authors write: [U]nlike previous traditional individual, medical approaches, the social model breaks the causal link between impairment and disability. The “reality” of impairment is not denied but is not the cause of disabled people’s economic and social disadvantage. Instead, the emphasis shifts to how far, and in what ways, society restricts their opportunities to participate in mainstream economic and social activities rendering them more or less dependent. (p. 548)

The social model insists that society and environmental stakeholders should ensure that our built environment is designed to accommodate diverse groups of people in society. Indeed, the value of the social model lies in putting the onus on the public and not the person.

Society has portrayed disability first as a medical problem requiring the intervention of medical professionals, and secondly as a social problem that needs social intervention (Oliver, 1992). This has resulted in isolating people with disabilities from mainstream activities and placing them in a variety of institutions such as workhouses, asylums, jails, colonies, and ‘special’ schools (Oliver, 1990). Amponsah-Bediako (2013) provides a thorough description of the social model of disability:

[T]he Social Model reveals that disability stems from the failure of society to adjust to meet the needs and aspirations of a disabled minority. At the same time, it places emphasis on

the need of the individual, arguing that society must create a conducive environment for disabled people. That is, if the problem lies with society and the environment, then it is society and the environment that must change. If, for example, a wheelchair user cannot use a bus then the bus must be redesigned. The merit of the social model lies in placing the onus on the society but not the individual. (p. 125-126)

Notwithstanding, many scholars argue that as the population gets older the number of people with impairments are likely to increase, subsequently making it harder for society to change or adjust (Amponsah-Bediako, 2013; Berghs et al., 2019; Levitt, 2017). In addition, the authors argue that persuading medical experts and non-governmental organizations to change their roles from ‘cure or care’ and empowering disabled people to be independent might not be easy. The authors added that changing from ‘fix or care’ to making disabled individuals assume responsibility for their lives will not be simple. Despite the argument, it is prudent to dissociate ourselves from a simplistic view of disability and broaden the scope of disability by embracing the view of Garland-Thomson (2006) who writes: “The public presence of people with disabilities stretches our shared understanding of the human variations we value and appreciate and invites us to accommodate them” (p. 195).

Instead of focusing on the disorders within the disabled community, it is essential to understand that people exist in the context of cultural phenomena and economic and political ecosystems. This means that able-bodied society must appreciate these interconnected factors and learn from the experiences of disabled people. As rightly reiterated by Oliver (1990), conducting research is not about examining disabled people but able-bodied society. Also, it is about informing disabled and able-bodied people about the relevance of integration, and of fighting institutional disablism and ableism.

Autoethnography

The characterizing feature of autoethnography is that it includes the researcher performing a narrative analysis of their own experiences (Anderson, 2006). Autoethnography involves expounding on oneself as an analyst expert; however, it is not equivalent to collection of memoirs in the abstract sense. It is not just the recounting of a day-to-day existence; it is a particular type of basic inquiry that is based on principle and practice (McIlveen, 2008).

McIlveen (2008) asserts that autoethnography is connected with being fundamental about exploring the experiences and thoughts of individuals. To further explain, Reed-Danahay (1997) states two fundamental qualities to autoethnography. First is the role of autoethnography in the narrative (i.e., is autoethnography an insider or outsider of the phenomenon being described). The second quality, which talks about voice, asks whose voice is being heard (i.e., the people under investigation or the researcher).

Anderson (2006) speaks to the distinction between analytic and evocative autoethnography, projecting a more analytic system of autoethnography where the investigator is devoted to developing theoretical understanding of the broader social occurrence, being a full member of the research group and visible as a member in published texts.

Evocative autoethnography aims towards the researcher's self-examination on a specific topic that aids readers to connect the researcher's experiences and feelings, whereas analytic autoethnography aims at analysis of a specific group and objective writing.

Conversely, Foley (2002) supports more reflexive narratives and epistemological practices because they would make autoethnographies more common and participatory, bridging the gap between ordinary people and the researcher. Bochner and Ellis (1996) suggest that "on the whole, auto-ethnographers don't want you to sit back as spectators; they want readers to feel and care and desire" (p. 24).

Auto-ethnography offers access to the researcher's world and offers rich data (Pavlenko, 2007). This will ease the accessibility to information since they draw on their own feelings as the source of occurrences. Similarly, the use of autoethnography will serve as an emancipatory discourse because those being emancipated are representing themselves instead of being colonized by others and subjected to their agendas or relegated to the role of second-class citizens (Richards, 2008). This allows the participants in the research to speak the truth as experienced without waiting on others.

Autoethnography can be advanced with diverse emphases. This study will adhere to the description given by Ellis (2007) who indicated that "doing auto-ethnography requires a back-and-forth movement between experiencing and assessing a vulnerable self, observing and revealing the wider context of that knowledge" (p. 14).

In this manner, autoethnography is appropriate for this research in the sense that there is much emphasis on my experiences of students with disability in public universities in Ghana. The researcher shares her experiences, thoughts and personal reflections on how students with disabilities utilize the available support services. I believe my stories will help develop understanding and increase discussion on issues of accessibility and equal participation in public universities.

University of Cape Coast-Research Setting

The University of Cape Coast was established in October 1962 as a University College with a specific relationship with the University of Ghana, Legon to train teachers. On October 1, 1971, the University College received the legal mandate to operate as an independent university and award its own degrees, diplomas and certificates by the Constitution of Ghana, PNDC law 278, University of Cape Coast Law, 1992 (PNDCL 278), the University of Cape Coast

(Amendment) Law, 1990 (PDCL 241) and the University of Cape Coast (Interim Administration Committee) Law, 1990 (PNDCL 243) (University of Cape Coast, 2021). The law provides legal support for academic programs established by the university, ensures consistency with the Ghanaian Constitution, positions the university to meet economic challenges within the Ghanaian society and beyond, and keeps up with changes in the university campuses (University of Cape Coast, 2021).

The University of Cape Coast has broadened the mission and the vision of the university as a higher institution of learning that enhances the human resource development of Ghana. The university was founded mainly in response to a critical shortage of highly trained and skilled educational personnel who could provide leadership and positive change in society. Its original mission was to train graduate professional teachers for Ghana's second cycle institutions and the Ministry of Education of Ghana in order to meet the workforce requirements at the time. The university has progressively increased its student population from 155 in 1963 to 74, 720 in 2022. There are 18949 regular undergraduate students, 1445 sandwich undergraduate students, 1014 regular graduate students, 2773 sandwich graduate students, 48989 distance undergraduate students and 1540 graduate distance students.

The university is divided into five colleges in order to carry out its goal. Different schools, faculties, and departments make up each college. Although the university could boast of the first ever woman Vice-Chancellor in the West African sub area who assumed office in October 2008, the Centre for Research, Advocacy, and Documentation (CEGRAD) was formed in 2013 to address the gender gaps that existed in the University. The university sometimes supports students with financial aid for their education in the form of grants, bursaries, tuition credits, scholarships, and waivers among other options. The goal of academic advising is to help college students finish

their degree programmes. In addition, the counselling department or the university provides academic support in the form of seminars, presentations on academic excellence and academic work ethics.

The university now has the capacity to address the workforce demands of other ministries and sectors in the country, in addition to the Ministry of Education, thanks to the development of some of its faculties and the diversification of its programs. In response to changing societal and educational needs, the University of Cape Coast has gradually added to its traditional functions the training of educational planners, administrators, agriculturalists, actuarial scientists, optometrists, information technologists, biochemists, environmentalists, laboratory technologists, and experts in commerce, management, tourism, population and family life over the last several years (University of Cape Coast, 2021).

Relating My Story with Autoethnography

On December 20, 2005, Auntie Eva and Uncle Ben, neighborhood friends, gave birth to their fourth and final child. Eva informed me that Eric, their third son, passed away as the result of a horrific car accident. I grew up with their first son, Dan, who was born with congenital disabilities. Dan developed muscular atrophy. This is a genetic disease that continuously affects the muscle of the body. The onset of disease caused Dan to use wheelchair and rely on the assistance of support workers to perform housekeeping activities. Initially, this diagnosis caused Dan to be eliminated from the classroom due to negative cultural beliefs that he could not cope with the pace of the curriculum in the class. Years later, persistence and the determination to challenge the negative mindset of society and to prove to society that persons with disabilities can perform equally well in the classroom led Dan's parents to teach him in the home.

Growing up with Dan, I observed that he hardly shared his goal in life with us in preparatory school. Even though Dan had a dream of becoming a medical doctor, the consistent barriers in our school forced him to abort his dream and depend on financial support from family members for daily survival. I realized that Dan needed to take advantage of the financial assistance provided by the family to meet his basic needs. For six years, Dan moved from one person's house to another until he finally decided to ignore the negative societal perception and environmental barriers to complete his secondary school education. Fortunately, after secondary school, I had the opportunity to work with Dan in a welfare institution. The job description for Dan was to file documents as well as mentor other youth during outreach programs. The organization was happy with Dan's determination and hard work. While working, Dan became interested in studying project development. He proceeded to further his education in Development Studies while I went to the University of Cape Coast to pursue my undergraduate degree.

Gaining admission to the University of Cape Coast in 2013 was overwhelming. As a fresher I recall the uncertainty I experienced about who to speak to, where to search for information and the roadmap to my lecture halls. On one sunny day, I went to the library to read a book on African music, a topic I enjoy reading about. I made my way to the bookshelves to pick up a book, and there I met Anna, a student with a physical disability who was also a level 100 student. Anna assisted me to pick the right book and I was quite astonished by her enthusiasm in helping me find the book. Our first interaction became the foundation for a lasting relationship. I enjoyed her friendship throughout my undergraduate studies.

Throughout my undergraduate years, I observed that students with disabilities at the University of Cape Coast are very determined and dedicated in reaching their academic potential and achieving their life goals. There are some mechanisms in University of Cape Coast that have

been implemented to curb barriers to learning and facilitate learning in the classroom for students with disabilities. The university also strives to make life more equal for students and employees with disabilities by offering a variety of support resources tailored to their barriers in the environment.

In 2017, as an undergraduate student, I noted that the university was dedicated to providing equal rights and opportunities to all students and employees, including those with disabilities, and strived to develop an environment that allowed them to fully engage in university life. The management of the university believes in the university's mission statement which states that everyone who has the capability to benefit from studying at the university should have the opportunity to do so. This is the guiding principle that guides the university's approach to broadening participation in a variety of fields, including students with disabilities.

In the University of Cape Coast, once a student with a disability reports on their first day, they are required to request services of accommodation they may need. Students with disabilities often live on campus in wheelchair accessible residential halls. When halls of residences are allocated to students at the University of Cape Coast, a student's disabilities are taken into account. The criteria for considering a student who falls within the category are a person with a mobility disability who has simple access in and out of the room, as well as a sufficient turning radius inside for his or her wheelchair or general maneuverability with no more than one other person. Because of organizational considerations relating to their impairment, the halls have a policy that a student with a visual impairment should have a room with no more than one other person in a quiet location where listening devices can be used.

To access this accommodation, the process involves indicating that they have some form of disability in the admission application. Whether a student is eligible for disability support

services or not is made by the university management board. The management will notify the appropriate hall of residence after determining when and for how long the student will need the accommodation.

The student is given a hall of residence on campus upon gaining admission. It should be noted that unlike other categories of students at the university who are only guaranteed residential accommodation on campus in their first year due to inadequate hall of residence, students with disabilities are accommodated by the management into the various halls of residence on campus in their entire duration of their studies.

The university has services such as sign language interpretation, closed captioning of videos for events, guidance and counselling, entry and exit ramps, an Information and Communication center as well as programs such as Education the Special Individual that educate teachers on their attitude towards disabled students. The university considers students' requests to determine who qualifies for an appropriate type of service. The university authorities analyze these requests usually from the lens of the medical perspective and then decide on the accommodation to offer. In one of my conversations with my roommate, she affirmed that the eligibility criteria for providing these services was tedious and sometimes one must wait for several months or years. In the University of Cape Coast, there are a lot of processing and protocols a student needs to follow before getting access to support services. This processing sometimes delays access to the support. For example, for a student with disabilities to access a scholarship refund money or apply a financial support for students with disabilities under the office of the Dean of Students (ODS), the students would have to write a letter through their Head of Department (HOD) as well as the Hall Master before the letter will be processed. The ODS will also have to write to the Directorate

of Finance. These protocols delay payment to students. Sometimes, before the money comes, the students would be at the end of the semester.

Physical access services mostly include ramps, lifts, elevators, and handrails (Ansah & Owusu, 2012). Other available support services include residences for students with disabilities. The university offers assistive technology services and mobility services to disabled students. These services include braille, test screen magnification system and accessible web pages. On transport policy, the university recognizes the importance of adapting the university transport to support students with disabilities. However, this remains only a statement without implementation; in the transport policy of the university, provision was not made for students with disabilities. According to Odame (2017), the transport policy of the university did not even mention the word ‘disability’ and even with UCC’s current disability policy, transportation provision was only provided for disabled employees of the university rather than students. The following is a quote from the policy: “The staff or faculty member with disability may request on-campus mobility assistance (shuttle service) to and from college courses and related educational activities” (Odame, 2017, p. 11). This is a policy that guides the University of Cape Coast to provide accommodations such as note takers, audio recordings, tape recorders, computers and providing extended time on tests or alternative forms of testing. Furthermore, the university offers interpretation services to students who have documented profound hearing loss or deafness. Medical professionals play an important role in the initial assessment and diagnosis of persons with disabilities, especially where other health related problems are prominent in the individual. The medical team service providers carry out evaluation and prescription of proper medication for the patient with hearing impairment where the condition needs medical attention. Counseling services are made available to support students with disabilities experiencing behavioural problems (for example, agitation, aggression,

and impulsivity), academic challenges, and personality problems (unhealthy ways of reasoning, behaving, thinking and feeling that negatively interferes with individual's relationship with others) (Buckley & Mahdavi, 2018).

Although the university is putting efforts into achieving its vision of becoming “a driving force in ensuring accessibility, inclusiveness, and satisfaction in the Library's information provision to persons with varied information needs” (Department of Clients Services, University of Cape Coast, 2020), research conducted at the university reveals that it does not provide adequate support services for students with disabilities (Addai-Wireko et al. 2020; Ansah & Owusu, 2012; Odame, 2017). For example, Odame (2017) at the University of Cape Coast sought to examine transport infrastructure and mobility from the perspective of students with physical disabilities in the university. The findings showed that sidewalks at the university are plagued with hazards such as potholes and electric poles that obstruct the road. None of the traffic lights on campus were constructed with audible transmitters to help persons with visual disabilities. Additionally, Ansah and Owusu (2012) report that out of the 31 buildings (completed and uncompleted) in 2012, only three were physically accessible in their design and construction, and 21 of the buildings were not physically accessible. Planners for the buildings of the University of Cape Coast have not completely incorporated accessibility designs.

According to the study by Ansah and Owusu (2012) , all public buildings, governmental facilities and institutions, office buildings, educational institution buildings, utility service buildings, recreational facilities, and all other building types normally used by the general public must comply with accessibility requirements for the disabled, but in this study, the researchers limited themselves to tertiary educational institution buildings, which include lecture halls, auditoriums, and offices for students (ACT 715). The buildings and infrastructure that were

surveyed were built between 2007 and 2012. Newly constructed buildings in the University of Cape Coast were also considered. According to Ansah and Owusu (2012), for a building to be regarded as being accessible, it must meet the United Nations standard. They stated the following criteria for considering a building as accessible:

[A]n accessible building must have the following, install curb ramps, provide wide routes and spaces, provide sufficiently wide door openings with low beveled thresholds or none at all, provide low-mounted controls, provide ramps, elevators or platform lifts; increase the opening interval of elevators and automatic doors, provide handrails for gripping, use automatic or easy-to-open doors, use lever-type door handles, provide bright-coloured markings or signals to identify obstructions, provide clearly legible lettering and sufficiently large dimensions for direction signs, use contrasting colour for doors, handrails, tactile signs, as well as provide alarm signals. (Ansah & Owusu, 2012, p. 453-454)

I chose autoethnography as my research technique of inquiry because I wanted to share my story and honour the voices of persons with disabilities who have shaped my personal development in the world. My language and terminology, as well as how I evaluate facts and draw conclusions, have all improved as a result of studying with persons with disabilities in the university. Even though I will take many detours to collect and organize my data, I hope that every story will provide persons without disabilities a sense of direction on how to relate to persons with disabilities.

Chapter Four

Presentation of Findings

This chapter illustrates the situation of disabled people in Ghana, how students with disabilities utilizes support services such as transport systems and university and lecture halls. I share my experiences on how information available on the UCC website concerning disabled students differs from what they experience in reality as well as how policy implementation in Ghana contributes to the barriers faced by student with disabilities in Ghana. Also, the chapter presents findings about barriers faced by disabled people in the utilization of available support services.

The Situation of Disabled People in Ghana

Following the declaration and reaffirmation of the disabled child's rights in Salamanca, Spain in 1994, several nations have increased their efforts to place people who are classified as impaired in the best educational and social settings possible. In spite of this dramatic development and notable successes by certain nations such as the United Kingdom, Australia, and New Zealand, nothing has been done in this area in other nations, particularly Ghana and in sub-Saharan West Africa. According to research done in Ghana, the labelling discourse, which is deeply ingrained in the populace's dominant culture, is at least partially to blame for this condition (Avoke, 1997, 2001; Oliver-Commey, 1999; Agbenyega, 2002). According to Oliver-Commey (2001), most Ghanaians view disabled people as social misfits or outsiders and treat them like animals. Superstition and cultural beliefs threaten inclusive education since it is hard for 'normal' and impaired students to interact. Attributing disease to divine wrath and demonic forces is a submission to an unknown, potentially evil force that some regard as part of their culture.

In Ghana, persons with disabilities constitute an impoverished, marginalized group, characterized by inadequate access to public health, education, and other social services that would ideally support and protect people with disabilities. Certain key development areas such as health, education, shelter, and security for non-disabled people are prioritized over disabled people. Notwithstanding, education in Ghana is a right for all citizens. Historically, it is generally accepted that the first recorded attempt in Ghana to provide education for students with disabilities was undertaken by missionaries in the year 1936 (Anthony, 2011).

In 1964, parents of students with intellectual disabilities (ID) formed an association called the ‘Society of Friends of the Mentally Retarded’ whose extraordinary advocacy led to the establishment of the first ‘home for persons with mental disability’ in 1966 (GES, 2005). The National Education Act (1961) forced the Ghanaian government to assume responsibility for the education of students with disabilities (Anthony & Kwadade, 2006). Coupled with increasing international influence, this led the ‘home’ to become the first “school for persons with mental disabilities” in 1970 (Avoke, 2001).

The World Health Organization (2010) estimates the disability rate of Ghana to be between 7 and 10 percent, which equates to approximately 1.55 – 2.2 million people in the country. Similarly, Ghana Statistical Service [GSS] (2014) survey results indicate that 16% of children between the ages of 2-9 have at least one disability. The increase in the population of young adults with disabilities influenced the government to adopt inclusive education.

Education is an important socio-economic tool in every nation. It is difficult to overestimate the important role education has in empowering citizens in every country (Ennals et al., 2015; Venville et al., 2015;). Although public universities in Ghana pride themselves in providing supportive environments and equal opportunities for students with disabilities, the extent

to which these services are accessible and utilized by students with disabilities is unknown. For instance, a report from the Ghana Ministry of Education (2013) indicates that from 2011, forty-six districts in ten regions in Ghana had embraced inclusive education. Despite this acclaimed public self-achievement, studies confirmed challenges in adapting instructions, inadequate resources, prescriptive, inflexible, and mechanistic teaching practices in high schools (Agbenyega & Deku, 2011; Moltó & María, 2008; Nketsia & Saloviita, 2013).

Moltó and María (2008) explore the perceptions from a group of teachers from five teaching program (Kindergarten Education, Primary Education, Music Education, Physical Education, and Foreign Language Education) in Spain about the inclusion of pupils with disabilities in regular classrooms as well as their feeling of competence to teach them in inclusive classrooms. Even though teachers supported inclusive education they did not feel adequately competent to teach and manage the behavior of students with disabilities in inclusive settings (Moltó & María, 2008, p. 39). Similarly, in Ghana, Nketsia and Saloviita (2013) recruited 200 final-year pre-service teachers from three colleges of education in Ghana and investigated their views and knowledge on inclusive education and special educational needs (SEN). The authors found that almost all the teachers have some form of knowledge and idea about inclusive education. However, only one-third felt highly or somewhat prepared to teach students with disabilities in primary schools (Nketsia & Saloviita, 2013, p. 431).

Inclusive education has become a policy in the Ghana Education Service. The Inclusive Education (IE) policy is established on the value system that everyone who attends an educational institution is entitled to equitable and fair access to quality teaching and learning (Republic of Ghana, 2008). The policy informs professionals in the education sector to recognize the varied learning needs of learners as well as the different needs of students in the Ghanaian education

system under the universal design for learning and within a learner-friendly environment for all (Republic of Ghana, 2008). The IE policy locates inclusion as a part of the wider reform of the education system that aims to create learning environments that are responsive to the needs of all students and conducive to successful educational outcomes, ultimately to a more equitable society. In addition, the policy goes beyond the education system to the communities in which the student lives to ensure that they are welcomed, nurtured and given the opportunity to thrive to their optimum capacities (Republic of Ghana, 2008). The weakness in this policy is that it was not formulated together with the disabled community. The self-acclaimed professionals in the disability studies in Ghana assumed they understood the needs of persons with disabilities and designed the policy.

With regards to practicing inclusion, Agbenyega (2003) recommended educators have a responsibility to prevent the continuation of harm to students with disabilities, caused by the sociocultural and traditional values of our community. This is possible when teachers are informed about the evils of labeling, and become actively engaged in their profession as reflective practitioners. Such engagement will help educators to label their own teaching and methodology, rather than the students themselves. (p. 13)

In 2016, Ganle, Otupiri, Obeng, Edusie, Ankomah, and Adanu conducted research on the difficulties faced by women with disabilities in Ghana. In Ghana's Bosomtwe and Central Gonja districts, 72 lactating or pregnant women with physical, visual, or hearing issues were qualitatively examined in 27 rural and urban areas. Semi-structured interviews were used to acquire the information. The result revealed that disabled women were experiencing challenging situations to access adequate physical health infrastructure and the expert care they need when they seek institutionalized maternal healthcare. The lack of specificity in health information regarding the

unique maternity care needs of women with disabilities is one barrier to access, as is healthcare providers' insensitivity and ignorance of these women's needs, service providers' negative attitudes, and the perception of able-bodied people that women with disabilities should be asexual.

Despite significant policy initiatives such as community awareness creation, training of teachers and restructuring facilities in Ghana, several barriers such as disabling social attitudes, physical barriers, inadequate assessment facilities, the inaccessibility and inflexibility of the curriculum, and inadequate training for teachers exist and persist (Danso et al., 2012).

Utilization of Available Support Services in UCC

From personal observation and as a past student of UCC, I observed that key tertiary institutions in Ghana such as the University of Cape Coast and Kwame Nkrumah University of Science and Technology have ramps on some routes across the university communities that make movement difficult for students with disability. On the other hand, urban dwellers are not spared mobility problems. For example, in Cape Coast, Amoako-Sakyi and Owusu (2011) report that in places like Kotokuraba, Tantri and Adisadel there is glaring and visible absence of pedestrian facilities. These communities surround the university and the positioning of houses near to the edge of roads is due to the lack of pedestrian facilities. This has historical precedence near key transport routes on UCC campus.

As road users will be vying for the road, the impact of the absence of pedestrian facilities would be congestion. The quality of some of these facilities is so bad in other parts of Cape Coast, such as the University of Cape Coast, that placement of pedestrian facilities is available in some parts of the University, students with a disability find it a disincentive to use them. For example, there are very few curb cuts in pedestrian installations, poorly laid bricks on the walkway, and the presence of electric poles in the walkways (Odame, 2017). The provision of exclusive services,

such as priority seats for visually disabled people and dedicated areas for wheelchair users, also entails meeting the transport needs of people with disabilities. The study by Odame (2017) found that none of these buses had allocated room for wheelchairs and no priority seats for the visually impaired while reviewing all 18 shuttles on the University of Cape Coast campus. If a student with a disability wants to board a shuttle bus on campus, he or she will have to do so without being in a wheelchair. Here the wheelchair user is helped by people to get onto the bus, and the wheelchair will have to be folded before it can find a position on the bus. This does not only happen in the University of Cape Coast Campus, but across most tertiary institutions in the country.

I remember a particular day – May 20, 2017. I had finished with my last paper, so I decided to take a shuttle to my hall of residence. One disabled student communicated to me that he could not use the regular buses and taxis because some of the non-disabled students and people in the university of community thinks he is not ‘normal’ and hence should not be allowed to join the buses or taxis. Although a lot has been achieved with regards to eliminating discrimination against persons with disabilities, there are still some people who have some level of prejudices and negative attitudes towards persons with disabilities. The student further elaborated that the university always indicates in their annual report that there are available buses and various means of transport for disabled students. However, what the university is missing is that these transport systems are inconvenient and inflexible to accommodate students with disabilities.

Barriers for Disabled Persons in the Utilization of Available Support Services

I lived with students with disabilities at the hall of residence. I found out that accessibility was a problem. The halls lacked signs and features that could help disabled students identify their rooms. There were no accessible washrooms that were disability friendly. When I was in level 200, my roommate with visual impairment would usually go missing and had to rely on the support

of other non-disabled students to get to her room. Upon returning, she would be frustrated about the lack of digital and accessible road maps in the university. In addition, I observed that one of the challenging situations for the disabled community is inadequate sign language interpreters. The university prides itself on one sign language interpreter who serves all the deaf students. With the higher number of students with disabilities seeking higher degrees in the University of Cape Coast, it is inadequate for the university to have only one sign language interpreter. This does not serve the needs of students with hearing impairment who are admitted into the university. It is difficult for students with hearing impairment to achieve academic excellence in the university if they solely depend on one sign language interpreter. From my campus experience, I observed that students with hearing impairment from multicultural backgrounds encounter several language barriers due to the inability of the sign language interpreter to navigate through the different local languages of the students.

I was sometimes surprised by the attitudes of most of the non-disabled students and some lecturers in their treatment of disabled students. One day a few years ago, during a coffee break discussion, a lady who had a hearing impairment in the group in a rather discouraged tone said, “Ruth, don’t be surprised.” Speaking to her, I said, it seems then “that the poor, rich, uneducated, literate, youth and elderly all treat you as social outcast and economically unfit.” She reiterated, “Disabled people have to deal with issues of oppression, marginalization, discrimination and stigmatization. I do not blame anyone or members in society. What I blame is the poor structures and institutional policies that continue to perpetuate systems of discrimination against disabled students in public universities.”

My friend’s experience is not just a personal narrative but appears to be consistent with research about challenges faced by disabled students in utilizing support services in public

universities. For example, Beilke and Yssel (1999) argue that support and policy implementation from tertiary institutions in America does not necessarily guarantee positive faculty attitudes towards accommodating disabilities. In another study, it was reported that not all post-secondary faculty are supportive in the process of accommodations for students with disabilities (Baker, Boland & Nowik, 2012; Mullins & Preyde, 2013). Finally, Mullins and Preyde (2013) investigate the lived experiences of Canadian university students with disabilities, who reported that although accommodations were vital to their academic success at the post-secondary level, they were reluctant to utilize services that would identify them as a disabled student to their professors and peers.

Impact of Hilly-Nature of UCC, Land, Road Nature and How it Affects Persons with Disabilities

Disability is not inherent in an individual but rather a relational concept that is a function of the interaction of the person with the social and physical environments (Haegele & Hodge, 2016). The amount of disability that a person experiences depends on both the existence of a potentially disabling condition and the environment in which the person lives (Garland-Thomson, 2012). For any form of disability (i.e., potential disability), the amount of actual disability experienced by a person will depend on the nature of the environment, that is, whether the environment is positive and enabling (and serves to enhance participation) or negative and disabling (i.e. how physical and social environment to impose limitations upon certain categories of people).

The environment may be conceived of as having two major parts: the physical environment and the social environment. Physical and social environments affect the degree of disability (Hammel et al., 2015). It could be agreed that the amount of disability in a person is not determined by levels of impairments or functional limitations, but instead is a function of the kind of services

provided to people with disabling conditions and the extent to which the physical, built environment is accommodating or not accommodating to the disabling condition (Livneh, 2012).

The University of Cape Coast is a water-logged and hilly land. This makes navigating around the university very difficult for students with disabilities. For example, students who require the aid of a wheelchair would need extra support from their colleagues to be pushed to have access to lecture halls situated on a steep hill. The hilly nature of UCC campus increases the disabling conditions of persons with physical disabilities because these same groups of persons would be less disabled in a flat geographical location. The rugged terrain of UCC campus makes it inaccessible for people with disabilities to participate in campus programs. Lecture halls are located on a hill at the east campus of the university. The University of Cape Coast is also built along the Accra-Takoradi highway. Most cars which ply this road drive at top speed. The two main gates that lead to the university campus are along this highway. There are no traffic lights or zebra crossing signs on the highway near the two gates to allow easy crossing of the road. Disabled people are mostly at the mercy of by-passers to assist in crossing the road. The main recreational facility for students at the university is a beach situated at the South gate of the university. To access this beach, popularly known as the 'nkoso beach,' one must cross the highway. Due to the high speed of vehicles on this highway, students with disabilities are unable to have access to this recreational facility which goes a long way to affect their social life while on campus.

Regardless of the hilly nature and physical structures of UCC campus, the disabling conditions created by this environment could be reduced for persons with disabilities. In America, the National Academies of Sciences, Engineering, and Medicine (1997) proposed three attributes of the physical environment that need to be in place to ensure disabled people live comfortably and benefit from the environment. The first attribute is object availability. Objects must be in a

useful location, at a level where they can be retrieved and must be organized to support the performance of the activity. The second attribute is accessibility. Accessibility is related to the ability of people to get to a place or to use a device (Taylor & Józefowicz, 2012).

Accessibility permits a wheelchair user to ride a bus or a braille user to read a document. The third attribute is the availability of sensory stimulation regarding the environment. Sensory stimulation, which can include visual, tactile, or auditory cues, serves as a signal to promote responses (Lloyd & Kennedy, 2014). Examples of such cues could include beeping microwaves which elicit responses from people without hearing impairments, or bumpy surfaces on subway platforms which tell users with visual impairments to change their location.

Apart from the recommendation by the National Academies of Sciences, Engineering, and Medicine (1997) to improve the functionality of disabled people, the provision of the necessary assistive technologies on campus could help alleviate or limit the disabling conditions that persons with disabilities face on campus.

Assistive technology devices are identified in the Individuals with Disabilities Education Act (IDEA) (2004) in Ghana as: “Any item, piece of equipment or product system, whether acquired commercially off the shelf, modified, or customized, that is used to increase, maintain, or improve the functional capabilities of children with disabilities” (para. 2). Assistive technology affects the level to which a functional limitation is disabling. It contributes to making the lives of disabled people more functional and independent (Carver et al., 2016). For instance, a student whose visual impairment is corrected by corrective lenses does not technically have a disability. Also, assistive technology enhances the environment in which disabled people live and work. An example is a UCC staff who uses a wheelchair and works in an office could work effectively if the

simple technology of an adjustable desk allows the desk to be raised to allow the wheelchair to fit under the desk.

The establishment and provision of ramps, elevators, steps, adequate lighting, braille signage, etc. into already existing structures are likely to enhance accessibility on UCC campus. For example, the presence of ramps will increase the ability of a student who uses a wheelchair to get around campus easily. Also, wider doors, lower bathroom sinks, and grab bars are other modifications in built environments that decrease the degree to which a building itself may be disabling.

The nature of some specific objects, such as doors, handles and toilets, is often standardized to the degree that many people with disabilities find it difficult to use them. It makes those with visual impairment have difficulties locating the handles and doorways whereas persons with physical disabilities are unable to reach cabinet handles because they are mostly located at high levels. In turn, people with disabilities are often made dependent on others to allow them to navigate in the environment. For example, during my undergraduate years, I once witnessed a situation where a student who was disabled was compelled to abandon his wheelchairs and be carried to the classroom by another colleague because the entrance to the lecture theatre was not accessible and there were no ramps.

UCC Disability Policy and Information for Disabled Persons on UCC Website

Although UCC has policy to integrate persons with disabilities in all UCC programs in line with the UN and government of Ghana's agenda to achieve inclusion for disabled people, there is still more to be done to achieve the objectives of the policy. On UCC websites, there are policies for students with disabilities under the Resource Center for Alternative Media and Assistive Technology. The website has some information on policies for students with disabilities. This

information includes admission, financial aid, priority registration for students with disabilities, academic adjustments for students with disabilities (who may need to change a course or require an extension to complete an academic program), ICT and assistive devices (such as reading and writing enhancement software, screen recorder software, alternative navigation program, CCTV text magnification software, refreshable braille display, and printer access for not-for-profit organizations are all included in this information).

In addition, exam services (taped tests, extended time, braille, CCTV, large print, and readers for students with impairments) are available on the UCC website. The university has drafted the following as support services for university students: Orientation for Mobility Training, Registration assistance, financial aid assistance and other university services, Coordination and administration of specialized services based on an individual's disability-related needs, ICT laboratories with internet connection, including intense and ongoing (computer training programs), Disability-related events and trainings, Access to assistive technologies, such as (JAWS and FM listening devices), Conversion of instructional materials to accessible formats such as (digitized large print, electronic screen-readable text, CCTV, and Braille).

Moreover, students are offered exam services (extra time; invigilation; adapting the mode or presentation of the exam without changing the content, scope, or depth of the exam; conversion of the exam to an alternative format; provision of a distraction-free environment; and oral and sign language interpreters) and note-takers (for classes and academic activities, for writing, note-taking, and manual manipulation scribe). Also, on-campus mobility support (shuttle services to and from university classes and related educational activities for readers and lab assistants) and non-academic transportation considered based on availability and disability-related counselling and advising are some support services available for student with disabilities on UCC campus.

These policies and programs which the University of Cape Coast have laid in place for students with disabilities have positively impacted students with disabilities and have contributed immensely to their inclusion in the school. For example, students with disabilities can be seen every day going in and out of the university's library to study owing to the disability resource unit created in the library. The provision of ICT laboratories with internet connection and braille services are also implemented and readily available in the university library. These provisions have made academic life and studies for students with disabilities in UCC easier and more comfortable, enhancing the UN agenda of inclusion for all persons regardless of their disabilities.

Although the university has made effort in implementing some provisions in the disability policy on its website, more advocacy programs and inclusive policies need to be implemented to assist students with disabilities. Again, the university management must put in effort to increase mobility support for disabled people on campus and in the neighboring communities.

On February 5, 2022, I went back home and as well visited my alma mater, the University of Cape Coast, Ghana. I observed that several public vehicles on campus were not disability friendly. Only two vehicles made provisions to accommodate students with disabilities. The public buses that transport students around the university campus are either faculty or department owned buses managed by the transport section of the university. The Ministry of Transport under the government of Ghana donated two buses to the university, which are popularly called the "ayalolo buses" (meaning campuses buses to transport students to lectures). It is relevant to know that only the ayalolo buses provide some form of accessibility services for students with disabilities. For instance, the ayalolo buses have spaces reserved for students who use wheelchairs. The buses have a ramp to accommodate students who are wheelchair users without been carried. Despite the notable initiative provided by the Ministry of Transport, the university owned buses and private

owned taxis provide no form of accommodation and accessibility structures for students with disabilities. For instance, it is common to observe students without disabilities carrying students with disabilities in their wheelchair when boarding buses.

Meeting the transportation needs of people with disabilities entails providing accessible seats and spaces to be used by disabled students on campus. The help of non-disabled individuals is required to assist the wheelchair user in boarding the shuttle and finding a location to store the folded wheelchair. The lack of a wheelchair area violates Mitchell and Rickert (2010) suggestion of the provision of such facilities in buses. It should be emphasized that none of these buses featured a ramp and there was no obvious method for wheelchair users to access the shuttle while seated in their wheelchair at the entry. In addition, the estate section of the university should mount road signs such as pedestrian crossing signs along key roads of the university to make movement for students with disabilities comfortable.

A walk through the principal streets of the university will show how the estate department responsible for designing and constructing facilities in UCC seems to have totally forgotten the need to include students with disabilities in terms of transport and road construction. As it stands now it is very dangerous for disabled students to navigate the university campus alone as they can be easily knocked down by moving cars because of lack of disabled crossing signs and pedestrian signs on the major roads on campuses. Most students with disabilities turn to rely on their colleagues (those without disabilities) to help them move around campus. It is usually common to see disabled students moving around campus with mates who are not disabled. This is to help them move around campus without getting accidents or hit down by a car as a result of absence of disabled crossing signs.

In reality, road transport facilities in Ghana, and particularly those at the University of Cape Coast, have fallen short in meeting the requirements of both the Persons with Disabilities Act (2006) and the UNDP (2010) standards, as the pedestrian facility lacks the necessary accessories to reduce mobility constraints for commuters with disabilities. The most prominent facility at the University of Cape Coast is the sidewalk, which is clearly insufficient to enable the independence of impaired students on campus. The present sidewalks are plagued by uneven surfaces, path obstruction, and sidewalk discontinuity, forcing wheelchair users to quit the sidewalk and contend for space with automobiles on campus's roadways. The dislodging of bricks from sidewalks causes the visually handicapped to take to the road at specific times throughout their journey.

Crossing points are essential for the protection of students with disabilities and even though traffic lights have been erected at major passage places, the safety of students in general are not assured because drivers on UCC campus continue to treat pedestrians with disabilities as non-disabled when crossing roads. Having done all these, the university management should ensure that all objectives and provisions of the Ghana disability Act 715 that are in line with the university's own disability policy are fully implemented to enhance the inclusion of persons with disabilities in the university as well as the Ghanaian society at large.

Information from the policy affirms that students with disabilities have the right to enjoy the values of the university (accountability, diversity, integrity, respect, social responsibility) and values of the Division of Student Affairs (knowledge, humanity, responsibility, integrity, sense of community). The university will continue to improve the campus environment to satisfy the standards of the Disability Act of 2006, which requires institutions to have been fully accessible by 2016.

Information about Disabled Students Policy on the UCC Website

In this section, I share my experiences on how information available on the UCC website concerning students with disabilities differs from what they experience in reality. On the website, information concerning students with disabilities is enshrined in the UCC policy document. Within the policy documents, the university is mandated to eliminate any form of discrimination that hinders the professional, social, and academic rights of disabled students (University of Cape Coast, 2021). The policy seeks to provide appropriate accommodations which give students with disabilities equal opportunities to participate in and enjoy the benefits of campus services, programmes, and activities.

One of the sections in the university policy document is Comprehensive Services. This provision gives students with disabilities priority registration for courses. One of the benefits of this provision is that it gives students with disability the opportunity to seek a change in venue or time from the Timetable Committee if the initial location or time puts the students with a disability at a disadvantage due to a functional limitation. However, the policy states that in a situation where the venue and time cannot be changed, one of the steps to take is to discuss with the lecturer how the individual's disability-related needs can be met concerning the location and/or time.

With regards to this provision, one student with a physical disability shared his concern about how he could not fully participate in a registered course during the entire semester because he could not access the venue. He narrated that the venue for his 'Entrepreneurship' lecture was on one of the upper floors of the College of Distance Education building. During that period, the elevator was malfunctioning, therefore he could not attend lectures. He added that the venue for the course was later changed which is also in accordance with the University policy. After the venue was changed, the lecturer made an accommodation for him. The lecturer assigned a teaching assistant to him who gave him tutorials after school hours to make up for the hours he lost. The

policy states that if the University is unable to provide access to a certain area or building of the campus, steps will be taken to ensure that the individual is granted access through other means, including but not limited to:

1. Priority registration
2. Change of classroom location
3. Change of class schedule
4. Temporary ramps
5. Alternate routing

Under the Environmental Access Section of the policy, it states that the university will institute an Environmental Access Plan and Timeline to ensure that appropriate accommodations are taken to make the University of Cape Coast campus physically accessible to persons with disabilities in accordance with the Disability Act of 2006, Act 715, following the guidelines set by International Standards of Accessibility. However, it seems that much has not been done to realize this good initiative by the university. Per my conversations and interactions with persons with disabilities during my stay on campus, most of the students disclosed that UCC and its management shows little concern in terms of creating proper and timely accommodations in making campus physically accessible for persons with disabilities. Others somehow felt that the authorities simply did not care about their special needs even though they are made to indicate during the application process if they had any form of disability, which they did disclose, but upon arrival struggled to commute through the university campus.

In the policy, the Resource Centre for Alternative Media and Assistive Technology is responsible for providing free printing or embossing of learning materials, such as quizzes, exams, assignments, notes, and handouts. Individuals have the responsibility of going through the

orientation process at the Resource Centre following intake at Office of the Dean of Students and following through with all requirements. The Resource Centre is also responsible for providing Braille transcription services for students with visual impairments.

The university has made an enviable contribution in this regard by providing the above services to students with visual impairment at Resource Center for Alternative Media and Assistive Technology (R-CAMAT) However, there is a challenge arising from the increased number of students with disabilities, especially students with visual impairment. Due to the growing number of students with disabilities getting admission into the university, the Resource Center for Alternative Media and Assistive Technology (R-CAMAT) at the university is confronted with many challenges. For instance, students now have to pay for items such as printing and reading materials at the center (Walker, 2019, p.49).

This impacts the service delivery of the Resource Centre, which seems limited in both human and material resources, thereby making it difficult to provide the necessary timely services to students at times. These inefficiencies negatively impact the lives of students with impairment to fully participate in school life (Odame, Opoku, Nketsia, & Nanor, 2021; Walker, 2019). Anita (not her real name) was born with a congenital condition that caused her to be visually impaired. Before Anita came to University of Cape Coast, she used to attend Cape Coast for the Deaf and Blind, a high school in the Central Region of Ghana. In 2014, I was visiting the library to complete an assignment on Information and Literacy Studies, a registered course that provide first year undergraduate students on the necessary information on accessing the university library and retrieving academic information on the internet. At the library, Anita decided to use the Resource Centre to complete her assignment.

Anita decided to search for a book on Information and Literacy that has been translated into braille. After searching through the catalogue section of the library thoroughly, Anita could not locate any book on the Information and Literacy. A worker came to give her a book which was not translated into a braille format to use. Anita informed the worker to help her send the copy of the book to Resource Center for Alternative Media and Assistive Technology (R-CAMAT) for it to be translated into braille for her. The worker informed Anita the computer and the machine was not working, and he cannot assure Anita the appropriate time to come back. For this reason, Anita avoided visiting the Resource Center during assignments and decided to find her own strategies for completing her assignments. I observed Anita participating in group discussion and relying on his own technology to work on her assignments. I began to ask myself how I could play a role in bringing positive change in the society by understanding the barriers that disabled people encounter on university campuses.

Another important section of the policy is Universal Designs. This section looks at introducing accommodations that promote universal learning among students (University of Cape Coast, 2010). The university must incorporate universal design principles in the development of architectural, programmatic, instructional, and technological access. This means highlighting the value of teaching to a multitude of learning styles and abilities and developing a much-needed overall plan for universal design in academic assessment, teaching, and learning (Womack, 2017).

The university recognizes that people possess multiple intelligences and that learners benefit from instruction that incorporates multiple modalities, and therefore teaching to a variety of learners from the outset ensures that everyone in the classroom feels they are valued and have the potential to succeed. This provision in the policy is far from the reality on campus. It seems

little or nothing has been done to ensure the implementation of the universal learning design which seeks to provide for students' diverse learning needs (Womack, 2017).

During the visit to the university, it was discouraging to observe that students with disabilities have to carry their wheelchair with support from their non-disabled friends to the top floors when going to lectures. One of the students shared that he must plan ahead of time to avoid lateness during lectures. The design of the lecture halls and absence of lifts made it inaccessible for students with disabilities to equally participate in the university. In addition, it is common to observe students with visual impairments encountering obstacles not just in terms of physical surroundings, but also in terms of attitudes of some members in the University of Cape Coast community.

A study by Vanderpuye et al. (2022) at the university of Cape Coast found that students with visual impairments are marginalized by their lecturers, illustrating certain lecturers' unusual attitudes toward students having visual impairments. One of the participants in the study lamented,

Sometimes when you intend recording lectures, you are prevented or in a way scolded at. Also, if you try to ask some lecturers to repeat something you didn't hear or understand during lectures or for clarification they don't. The saddest thing is that when we go for lectures, some professors fail to modify their teaching strategies to accommodate us. For instance, in one of our lectures, the lecturer in explaining a concept wrote on the marker board only and failed to read it out to benefit us, forgetting that there are other students with visual disabilities. (Vanderpuye et al., 2022. p. 6)

In my own experience, when I was in the university with Tilly, I noticed that even her own family did not believe in her. They perceived her as worthless as well as someone who cannot accomplish her dream of supporting children in her community. I observed that with each passing

moment Tilly grew lonelier. The negative social attitude about the disabled students is highly unhealthy, deviant and very defective. Disabled students are treated unfairly, due to assumptions that disabled people are not capable of contributing and participating in any significant activities but rather at the mercy of only charitable organizations and government benefits. And this mentality has crumbled the idea of equal participation for disabled people. However, in the midst of all these experiences, Tilly made me believe that she can work productively when given the opportunity. I was happy to see her working at the Residential School for disabled children.

When I revisited my home country, Ghana, as part of my stay, I decided to visit Tilly (not her real name), a visually impaired lady who works at Residential Home for Children. The organization operates jointly with the Department of Social Welfare. It provides supportive relationships with children experiencing economic challenges. Also, the organization is responsible for caring for children and providing them with independent living skills before they reach eighteen years of age. Tilly was born in one of the villages in Northern Region of Ghana in June 1998. Tilly shared that she was a curious child who was concerned about the welfare of her parents.

Tilly observed that due to the frequent killing of children and youths during the Konkomba and Nanumba tribal ethnic war, livelihood was challenging for her family. In one of our interactions, Tilly shared that she was very upset and worried that she does not have the authority to avert the innocent killing of women, youth and children in the Northern Region. Growing up, she remembered that the destinies of many young girls were shattered by Konkomba and Nanumba conflict. The conflict contributed to poverty, unemployment, school dropped out and teenage pregnancy. Despite all this, she enjoyed school and worked hard to complete her basic, high and tertiary education.

Tudzi et al., (2020) conducted an intrinsic case study approach to investigate the experiences of a single female student with physical disability on University of Ghana Campus. The authors collected data through interviews with the lady, Victoria, her parents, her uncle who worked at the university, the Faculty Examinations Officer, the Department Examinations Officer, the university porter at the main classroom block, her former Head of Department (who was also her professor), and a disabled staff member at the university library. According to the authors, Victoria had non-congenital mobility disability. Non-disabled students carry Victoria whenever she needed to leave her wheelchair. She always needed help from others to move. One of her low-income parents had to quit their job to support her. She had siblings and participated in extracurricular activities to motivate and encourage younger pupils with impairments.

Accessibility of the University's built environment was difficult, and she had a hard time getting around. Accessibility issues on campus forced her to take taxis to school for her first two years. Her condition, due to the university's constructed environment, required that she always have someone with her to address her requirements and allow her to focus on and engage in the academic programme. Unfortunately, the university had no such service, so her parents had to take her home daily and remain with her on campus during lecture hours to cater to her needs until her mother ceased working to support her education. Her father said these troubles affected the family's finances. Despite the barriers, Victoria was one of her class's top students during the research. At the end, the researchers confirmed that when provided with the right physical surroundings and accommodations, disabled students can achieve excellence in education and contribute meaningfully to the country's socio-economic growth.

Policy Implementation in Ghana

Globally, the enjoyment of equal opportunities to access certain rights as members of society is the right of every citizen. However, members of minority groups in societies mostly face challenges in accessing these privileges (McEwan & Butler, 2007). To ensure that people have rights to equal opportunities, policies are made to protect the rights of the minority in societies (Isaac, Dharma Raja, & Ramanan, 2010). Persons with disabilities are one of the minority groups in our society (McEwan & Butler, 2007); therefore, policies such as the United Nations Convention on the Rights of Persons with Disability (UNCRPD) and Persons with Disability Act, 2006 were formulated to protect their rights (Asante & Sasu, 2015). Nonetheless, in most instances, these enacted policies are limited in implementation (Asante & Sasu, 2015).

Policy implementation refers to the stage where policy actors take action to provide solutions for an identified problem (Adjei, 2013). Usually, this stage involves policy actors like administrative officials and civil servants to carry out policy programmes. It is often taken for granted that once a policy decision has been made, implementation automatically takes place successfully, but this is not the case (Adjei, 2013). According to Howlett et al., (2009), while most policy decisions identify the means to pursue their goals, subsequent choices are invariably required to attain results. Funding must be allocated, personnel assigned, and rules of the procedure developed to make a policy work. This suggests that if these subsequent choices are faulted, successful implementation becomes curtailed.

The passage of the Persons with Disability Act, 2006 (Act 715) has been considered a noteworthy milestone in Ghana's human rights discourse because it was established to remove barriers and encourage active participation of persons with disabilities to enable them to be a part of the mainstream society. Though the Act covers key thematic provisions such as rights, accessibility, employment and education for disabled people among others, it has been criticized

on the grounds that it has no provision on non-discrimination, the gender dimension of discrimination, rights of children with disability and legal definition of disability (Asante & Sasu, 2015). Aside the Ghana Disability Act in 2006, the country revised that the 1969 Ghana Policy Action Plan to enhance the integration of disabled people in national development (Daniel et al., 2007). According to Daniel et al. (2007, p. 277) the policy set the following objective as a roadmap to monitor the implementation of the policy:

1. Identify and register persons with disabilities
2. Review and enforce policy on the employment of the disabled
3. Enact laws to establish the rights of disabled persons
4. Carry out periodic training to update the skills of disabled persons
5. Establish more rehabilitation centres

Despite this policy, persons with disabilities progressively encountered several barriers such as inaccessible job information, inaccessible working environment and hostile attitude from workers (Daniel et al., 2007).

In addition, the Ghana Education Strategic Plan (ESP) for the period 2010–2020 (Ministry of Education [MoE], 2012) has outlined one of its eight policy implementation objectives to “To provide education for those with physical and mental impairments, orphans, and those who are slow or fast learners, by including them, wherever possible, within the mainstream formal system or, only when considered necessary, within special units or schools” (Ministry of Education, Ghana Education Strategic Plan (ESP), 2012, p. 31). The Ghana Education Strategic Plan (ESP) for the period 2010–2020 (MoE, 2012) mandates educational institutions in Ghana to enhance inclusive and special education to ensure that all students have equal opportunities to access and benefit from high quality instruction. Moreover, Ghana Education Strategic Plan (ESP) (MoE,

2012, p. 32), documents the following indicative activities guide provides educational institutions with guidelines and directions on implementing this objective:

1. Ensure that school infrastructure and teaching materials facilitate pupils/students with special physical needs and train at least one teacher per JHS and SHS as a focal person for children with special requirements.
2. Ensure that all schools/teachers can identify and cater for children who are slow learners or fast learners and provide at least one Special Needs coordinator to serve schools on a cluster basis.
3. Conduct a study of severely disabled children, the extent and their requirements and apply findings of study to review the provision of Special Units, extending to more schools across a wider geographical spread.
4. Review provision of Special School, establishing new schools where necessary and locate special schools close to mainstream formal schools to foster socialization and inclusion.

Despite these indicators and policy guidelines, it is surprising that the Ghana Strategic Plan never defines inclusive and special education and how students with disabilities should be categorized under severe or nonsevere disability (Singal et al., 2015). In other words, the absence of accurate criteria to select disabled students who qualify to be included in Inclusion Education or accepted into Special Education made monitoring of the policy difficult. In addition, it excluded persons with invisible disabilities.

During my undergraduate studies at University of Cape Coast, I observed that Bernard (not his real name), a student with invisible disability (chronic pain) was reluctant to seek disability support services. Bernard, even though willing to be identified as disabled student and always happy to join the disabled students in advocating for improved support services such as ramps and

accessible parking lots, was not interested in visiting the Student Support Office for needed services. Due to his condition, Bernard had trouble sitting for long periods of time, and always had difficulty sitting for two hours to write an examination paper. He would usually leave the examination hall early. Also, during lectures, Bernard would always complain of the poor design of the chairs and tables. On one occasion, when Bernard attempted to ask for support from Student Support Service, the center asked Bernard to go to the university hospital for medical examination and testing to identify his eligibility for support services. Bernard was denied access to disability support services because the doctor believed Bernard did not have any ‘severe’ impairment that should interfere with his academic performance and attendance.

Bernard was wrongly labelled as a ‘lazy’ student who does not want to study and pass his examination. The continued stigmatization and discrimination had a devastating impact on Bernard’s self-esteem. The stigma associated with seeking help for accessible chairs and tables to be used during lectures forced Bernard to drop out of school.

Education is an important socio-economic tool in every nation. Although public universities in Ghana pride themselves in providing supportive environments and equal opportunities for students with disabilities, the extent to which these services are accessible and utilized by students with disabilities is unknown. Institutions have prejudiced persons with disabilities, assuming they have a slow response to grasping, assimilating and the recalling of information from memory. Such an ableist statement conveys an inferiority complex to the person with disability upon hearing them. Most disability is definitive to its type; being physically disabled, visually impaired, nor hearing impaired does not impair on one’s intellect. Intelligence is a cognitive function. Most people treat this aspect of disabled people as incapable of responding to academic excellence or performance in schools. Personally, an educational exposure in the field

of psychology has transformed my mindset on the ableist notion towards negative assumptions about persons with disabilities, especially dealing with the sensual human body parts and its impacts on one's academic performance intelligence.

It was a time in level 100 where I was taking one of the general university courses; African studies: Democracy and Governance. The class had about four persons with disabilities. During this time with them in the class, my pre-conceived notion about disability was still active. Usually, the lecturer offers prizes to the most excelling students in the quiz being written usually scored with an overall mark of 20% in both quiz 1 and quiz 2 respectively. It was in the second quiz/test a physically disabled student got the outstanding marks of 19% out of the 20% marks. That was an incredible score to my hearing. Upon hearing, I exclaimed, "Wow!" expressing my shocking disbelief. On this test, I had a score of 17% and a colleague friend scored so low (11.5%) in comparison to the physically disabled person.

Dropout rates are exacerbated when students with disabilities feel they are not being supported by their institution (Becker & Palladino, 2016). According to Couzens et al., (2015), students who have disabilities are expected to succeed academically at the same levels as their classmates without disabilities. With so many factors affecting their academic performance, students with disabilities often find it difficult to adjust to the expectations and demands of a university. Students with disabilities are not receiving the supports services and accommodations they need to be successful in college (Becker & Palladino, 2016). In a study conducted at South Texas University by Los Santos et al., (2019) reveal that 63.1% of the participants were not receiving academic accommodations while only 18% of them answered they had used academic accommodations since their first semester and 38.5% answered accommodations influenced their academic progress. Previous research shows that students with academic accommodations have a

better chance of achieving academic success in higher education. Extra support systems kept in place for persons with disability would be beneficial to their holistic development. Faculty, administrators, and other students may have real or perceived negative attitudes towards students with disabilities (Lombardi et al., 2012). College students with disabilities who need accommodations must take charge of their own academic careers and seek out disability services (Lechtenberger, et al., 2012).

Ghana as a democratic state has a responsibility of caring for the well-being of its people including individuals with disabilities and this is a responsibility of the elected government officials which includes government appointees, ministers, and members of parliament. While members of the executive arm of government and parliamentarians in Ghana have shown good will in passing the Persons with Disability Act, just like many other humanitarian and state policies which have been formulated in the past, the passage of the bill alone is not enough.

The essential thing is to develop the political will to commit funds and resources towards successful implementation of the policy. Agyepong and Adjei (2008) found that the growing concern of Ghanaians is not about the formal passage of the bill and how the bill gets to be passed into law but rather the political will of leaders and management of the economy to make budgetary allocations towards the effective and sustainable implementation of the bill and its associated policies. They added that economic conditions and societal pressures affect how policies are implemented in Ghana.

What normally appears to occur in Ghana regarding policy implementation is that at the early stages of implementation, there is a high motivation towards implementation of the policy, but after a while the implementation takes a slow pace and eventually become abandoned. Some factors accounting to this occurrence are inadequate funds or lack of funds to steer the project as

well as unwillingness of some individuals to cooperate with agencies responsible for implementing policy programs. (Agyepong & Adjei, 2008). While lack of funds is a major cause of lapses in implementing policies in Ghana, another factor is the usual phenomenon in Ghana whereby new elected government officials, especially if they are from a different political party, abandon programs and intervention initiated by the previous government (Agyepong & Adjei, 2008).

This attitude of political leaders when elected to power has created a vicious cycle of some abandoned policies, programs and projects (Ocran, 2019). Tuakli-Wosornu and Haig (2014) argue that there is apparent apathy towards implementing the provisions in the disabled people act. It seems that in every election period the government demonstrates high support towards the disability bill as a bait to win power, but after gaining power, the bill becomes neglected. Furthermore, there are several reasons why the legislation goals in the Act have not been monitored and met. As one of my personal experiences captured, and I quote from my previous write-up: “Ruth, do you want Daniel to transfer his illness to you?” This statement made by a friend brings a deep scrutiny to when disability actually became contagious. The Act has failed in its monitoring as traditionalism has taken its occupancy. Researchers (e.g., Agbenyega, 2003; Naami & Hayashi, 2012) argue that these unacceptable attitudes are founded on the assumption that disability is the outcome of evil spirits, sins, witchcraft, magic, ‘juju’ and/or retribution from the gods. Most people in the Ghanaian sect believe that issues with disability stems from a spiritual attack because of lack of adherence to traditional beliefs and system made within a traditional cult. According to Bandura (1993), people’s behaviors are significantly influenced by strongly held beliefs. Despite the growing awareness and the political will to enact inclusion, negative attitudes, stigma, and limited knowledge of disability still prevail in educational systems in many countries (Hayes & Bulat, 2017).

This societal attitude is a major contributor to why the Act has not been effectively enforced. In my personal experience, I also observed that there are rarely strong disability movements working in Ghana to protect the rights of persons with disabilities. It is unfortunate that seventeen years after enacting the Disability Act, Ghana still has challenges in finding measures to remove all barriers that hinder the full participation of persons with disabilities persons.

Globally, employment has become a major challenge for persons with disabilities (Singal et al., 2015). After acquiring a university degree, the next thing everyone expects is to obtain employment. In recent years, graduate unemployment has become a topical issue in Ghana. Persons with disabilities who graduate from the university are not left out of these struggles for jobs. To curb this, the university of Cape Coast introduced a course in entrepreneurship for all undergraduate students of which students with disabilities are part. This is to equip students with entrepreneurial skills to create their own business after school. There are also several training workshops and seminars on skills training and job creation for students. Although these are carried out, the university can do more for its students with disabilities to be gainfully employed after school. For example, the university can liase with human resource professionals in various organizations in Ghana for an open dialogue on ensuring accessibility for students with disabilities. This will help students with disabilities to have services that help in gaining employment.

These assumptions, ideas, and the terminology we use to characterize disability have far-reaching cultural effects both in and out of the classroom. People who are not physically impaired face double discrimination in modern society. Unlike a dichotomy, in which two options are mutually exclusive and/or antagonistic, a double bind occurs when an individual is faced with conflicting values or is expected to act in ways that run counter to one another. This double bind

manifests itself in numerous ways in the realm of disability, the first of which is the myth of disability and capacity as separate categories.

People with hidden disabilities are generally assumed to be fully abled. Disabled people may not require help with mobility, vision, hearing, or the fine motor skills required for activities like walking, sitting up straight, or using our hands to feed ourselves or dress ourselves, but they may require help with other aspects of daily life, such as eating, toileting, and/or completing other tasks. A person with dyslexia or dysgraphia, for instance, may need assistance reading signs even though they have equal vision; a person with chronic pain may require help climbing stairs where there is no elevator, even though they do not use mobility aids like a wheelchair or walker; and a person with dyscalculia may require assistance figuring out how much of a tip to leave at a restaurant, even though they have numeracy. Every day, people with hidden disabilities face these challenges and, every day, they discover methods to get by without the aid of a formal accommodation plan or, in some cases, an official diagnosis.

Non-visibly disabled people are expected to act in the same manner as their non-disabled peers, including holding doors open for people who use walkers, leaving handicapped parking spaces and bathroom stalls open for the people who are entitled to them, and assisting people with manual (hand-related) disabilities with routine tasks like inserting money into a vending machine. However, the non-visibly disabled can face hostility, disbelief, and denial when they disclose their disabilities or ask for assistance.

At age 20, during my final undergraduate year, I had the chance to watch a documentary called the *Implementation of Ghana Disability Act, 2006* on a Ghanaian television station called Ghana Television. As a youth who had many disabled friends on UCC campus and have witnessed barriers such as discrimination and derogatory languages, experienced by my disabled friends, the

documentary drew my attention to watch it keenly. As I watched, I observed high school disabled students sharing their stories about some challenges they encountered in the classroom. A person with visual disability shared how he has been rejected by several employers due to his disabilities. In the documentary, the person with visual impairment shared how a marketing organization sent him away with the reason that they cannot afford to make the software that they use in the organization accessible. Also, the organization could not install his software due to privacy of information and protection of relevant documents. Even though the reason was not essential to refuse a potential applicant a job, unfortunately, the gentleman was rejected.

Chapter Five

Recommendations and Conclusion

This chapter presents the recommendation and conclusion of the study. It is recommended that libraries, lecture halls, pavements, toilet walks, paths, and highways should be made accessible for disabled students. The current study also suggests intensive media campaign to reinforce the relevance of understanding the potentials and the wealth disabled people to economy of Ghana. The Ministry of Ghana is also admonished to provide materials such as braille machines, screen readers, braille lights, handwriting frames, stylus, audiobooks to aid students with disabilities participate in learning in the educational institutions.

Recommendations

Over the past decades, there has been a growth in the number of disability studies programmes and accessibility. Much of this growth can be attributed to increasing concern about human rights globally and the understanding that accessibility is a matter of disability rights.

It is expedient that the university's administration takes practical steps to ensure that the university's physical environmental structures are further improved. This will make the physical environment more accessible for students with disabilities. Libraries, lecture halls, pavements, toilet walks, paths, and highways, for example, should be rebuilt to make them more accessible to students with visual impairments. This will help students with visual impairments to easily access and move freely on campus while attending academic events at the university. Organizing in-service training programs and seminars for lecturers, sighted students, and other university members would also serve to provide them with the capacity to accept students with impairments and, as a result, take efforts to address students' requirements.

Furthermore, public education on national television and other television stations would not only reinforce the need for those in the university community to appreciate and assist students with disabilities, but this could also help the general public appreciate the needs of persons with disabilities and provide assistance as needed. Students with disabilities should be provided with essential learning materials such as braille machines, screen readers, braille lights, handwriting frames, stylus, audiobooks, and other technological devices by the Ministry of Education in collaboration with Non-Governmental Organizations (NGOs) and university administration.

It is impossible to overestimate the importance of educating people with disabilities in the same environment as people without disabilities. However, the numerous problems that students with disabilities have in the academic environment while meeting the demands of their academic work against their academic success, therefore overcoming these challenges is critical to students with disabilities' academic development. For instance, the World Bank (2014) reports that compared to non-disabled people, disabled people are more likely to face poorer health, lower levels of education, lower rates of employment, and higher rates of poverty in a society. For instance, the World Bank Group (2014) confirmed that in developing countries

with widespread school closures, children with disabilities have lacked access to basic services such as meal programs; assistive technologies; access to resource personnel; recreation programs; extracurricular activities; and water, sanitation, and hygiene (WASH) programs. COVID-19 has led to a sudden shift in the role of the parent/caregiver to act simultaneously as their teachers, in addition to exacerbating the digital divide between learners related to access to equipment, electricity, and the internet.

As a result, I believe that by considering the following suggestions, students with disabilities will enjoy the support of the whole university community, enhancing their academic

experience, achievement and overall well-being at the university and beyond. Due to an inaccessible university atmosphere, students with disabilities require urgent attention and need support. This will provide equal opportunities for students with disabilities to pursue their right to education. Issues concerning students with disabilities are usually an afterthought. Students with disabilities have the talents and should be given all the assistance to exercise their right to education.

I agree with Harvard Law Review Associations (2013) and the CRPD (United Nations 2006) recommendation on accessibility that universities should institutionalize reasonable accommodation so that students with disabilities are not denied their access to education. It is also essential to share students with disabilities' admission data with university administrators and academics to implement an evidence-based disability policy. The National Association of State Director of Developmental Disabilities Services (NASDDDS) in America, defines an evidence-based disability policy as the responsible application of the best available evidence in the design, administration and reform of programs, services and assistance in a way that is in agreement with attaining productivity, autonomy, inclusion and self-determination for disabled people (NASDDDS Research Committee, 2009).

In addition, the effect of COVID-19 pandemic prompted universities to enhance their online learning technology tools instead of solely depending on the traditional face-to-face practices in favor of solely online ways of learning and teaching. In this current study, I recommend that the university authorities develop an effort to provide inclusive and transformed physical environments to enhance collaborative online learning. Incorporating technology will help disabled students to improve their employability skills in any organization.

Every person is entitled to enjoy their fundamental human rights that are enshrined and protected by a state. With regards to approaching disability issues, Adjei (2013) emphasized that in Ghana, “there should not be discrimination against who is entitled to specific rights and where it is applicable in the world, thus there should be equality and universality when it comes to the issue of human rights” (p. 11). Based on the current study, it is recommended that university authorities, lecturers and non-disabled students should enhance their understanding on the policies and structures put in place by national and international organizations to aid students with disabilities achieve maximum productivity and efficiency in their educational performance. This was clearly emphasized in a statement from the World Bank Group at the UN High-Level Meeting of the General Assembly on Disability on September 23, 2013 that “increasing our understanding of exclusion and marginalization is the key to building a foundation for inclusive economic and social policies for the poorest and most vulnerable populations, including people with disabilities” (World Bank Group, 2013).

In terms of international policies, Jim Yong Kim, former president of the World Bank Group (2012-2019), shared that the World Bank Group embraced the ambitious goals of eradicating extreme poverty by 2030 and promoting shared prosperity by raising income growth among the bottom 40 percent in every developing country. He added that these two sets of objectives are interconnected; without increasing growth and the creation of quality jobs today, the state cannot reduce poverty and increase shared wealth. Hence, improving fair opportunities and resources that can enhance the employability skills for persons with disabilities who are disproportionately impacted by poverty and vulnerability must be a cornerstone of a national policy.

Furthermore, policy makers and researchers in educational institutions must make sure that people with disabilities are included in decision making. This can be achieved by inviting disabled people to the decision-making table and the starting line of policy development. This will necessitate considering the needs of students with disabilities from the planning stage through to delivery stage in all interconnected levels of education.

In addition, there is the need to increase education and skills training for disabled students to enhance their employability skills. This can be achieved by providing free conferences and programs with free transportation as well as providing free Internet and Computer Technology skills that is essential for work productivity in the labor market. Moreover, the government of Ghana should enforce and monitor the compliance of UN Convention on the Right of Persons with Disability Act, 2006 by employers and business owners.

Finally, regarding future research areas, researchers can conduct a comparative study in different public and private universities and investigate support services available for disabled students in these institutions. Research can map support services in post-secondary institutions such as University of Energy and Natural Resource, University of Education, Winneba, University of Health and Allied Sciences, University of Mines and Technology and Central University to identify their support services. The findings of this study may help to identify the services that need to be provided by these institutions. Future studies can also combine data collection from both quantitative and qualitative research design to provide more conclusive evidence on the current study. According to Onwuegbuzie and Leech (2015) adopting mixed method in research helps “enhance the interpretation of findings and also validate quantitative results by linking the information extracted from the qualitative phase of the study” (p. 771).

Conclusion

This thesis explored the experiences of students with disabilities at the University of Cape Coast. The paper is based on my personal experience as an undergraduate student at the university. In the current study, I highlighted physical inaccessibility, negative attitudes (discrimination, stereotyping) and social exclusion as the major barriers affecting disabled students in Ghana. I argue that while post-secondary education in Ghana has been relevant in enhancing socioeconomic growth and human capita development, it has done little to mitigate barriers such as the inadequate accommodation, inaccessible roads and inadequate lecture rooms, inadequate financial support, and negative perception about disability.

Disability stereotypes and stigmas were found to be rooted in cultural and religious conventions of the society. For instance, many negative generalizations about disabled individuals emanated from the perception of a disabled body as abnormal leading to marginalization of the disabled population. People with disabilities face discrimination, stigma, human right abuse and fear because society perceives the disabled body as a diverged from 'normal.' My stories confirmed the daily experiences and practices of oppression and social exclusion where disabled students are denied access to right to benefit from post-secondary institutions in Ghana. From the findings students with disabilities are more likely to drop out of university education or attain a degree. Those who persist to complete post-secondary education are likely to experience deficient support services such as sign language interpreter, availability of ramps, disability parking space, financial aid, and accessible transport system.

In addition, through personal observations and experiences in the disabled community, I observed that some students with invisible disabilities in the postsecondary institution refuse to disclose information on their disability to the disability support services in UCC, Ghana with the

goal to avoid social stigma and oppression. As a result, majority of information and longitudinal data at Disability Support Services in UCC, Ghana, only pertain to those identify with the Disability Support Service Office. This has hindered the university to develop effective postsecondary policies and programs to support inclusion of persons with disabilities in educational program since not all students with disabilities are registered and part of the Disability Student Services. Even though significant global economic, political, and social changes in disability research and related topics have occurred in the twenty-first century to solve barriers in the society, one method to give disabled people hope for the future is to respect their right to equal access to opportunities and programs in the society. As ally to disabled people, I look forward to organizing series of workshop and conference via face-to-face and online medium as a way of communicating my findings. I also intend to make publications of this thesis work available and accessible by all via online and placed in national and academic libraries for peruse. Furthermore, I aim to collaborate with persons with disabilities and other disability rights activist groups in Ghana to advocate for persons with disabilities.

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