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## COVID-19: VULNERABILITIES OF PERSONS WITH DISABILITIES IN GHANA

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### ABSTRACT

*There is evidence that persons with disabilities continue to encounter barriers in society globally, which impede on their participation and inclusion. In Ghana, the effects of the barriers could be profound because of attitudes that are deeply rooted in Ghanaian socio-cultural beliefs and practices. The lockdowns, social distancing, physical distancing, hygiene and health practices are among safety measures against the impact of the COVID-19 pandemic, which affects individuals, families, businesses, institutions and communities. Persons with disabilities are less likely to be employed, but more likely to lose their jobs. The majority work in vulnerable employment, characterised by low income, lack of job security and job-related benefits. Both categories of workers with disabilities are more likely to lose their jobs in the COVID-19 era, which could further worsen their income and savings and their economic resilience. Inadequate social protection, healthcare benefits and familial support, coupled with disability-related expenses, could add layers to the vulnerabilities of persons with disabilities noted to be among the poorest of the poor. The Ghana government COVID-19 response strategy, unfortunately, does not specifically address the needs of persons with disabilities. The vulnerabilities of persons with disabilities in the COVID-19 pandemic and recommendations to better address their needs are explored in this paper.*

**KEY TERMS:** Persons with disabilities, Ghana, COVID-19, vulnerability, inclusive

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## INTRODUCTION

This article explores the impact of COVID-19 pandemic on individuals with disabilities in Ghana. The authors discuss the effects of social distancing, physical distancing, and hygiene health practices on this vulnerable population who are often oppressed, ostracised and stigmatised. Based on the discourse, the assertion being made is that government measures implemented to control the spread of the virus and its impact does not make provision for persons with disabilities and other marginalised communities. We, therefore, discuss the vulnerabilities of this population and propose recommendations to ensure that government measures are more inclusive and thoughtful in mitigating challenges faced by the disability community. The recommendations include – ensuring that disaggregated data is available to enable the provision of unique and basic needs of the disability community, adequate social protection and disability emergency response units.

## BACKGROUND

According to the World Health Organisation (WHO) (2015), there are more than 1 billion persons with disabilities worldwide. Research shows that almost 80% of persons with disabilities live in low-income countries (Botts & Owusu, 2015). Persons with disabilities living in low-income countries are more likely to be characterised by disadvantage and exclusion; such as lack of access to public health, education, and other social services (Singal et al., 2015). These individuals are often considered the poor of the poor due to their socio-economic condition and the lack of support. The United Nations estimates that about 80 million individuals are affected by disability in Africa. The cause of disability is attributed to a myriad of factors and these include birth defects, environmental hazards, conflicts, wars, and accidents. Though some of these conditions are preventable such as malnutrition and diseases, the lack of resources due to poverty tend to play a significant role. In Ghana, the number of persons with disabilities continues to be a bone of contention. While the 2010 Census Report estimates this population at 737,743, the 2012 Human Rights Watch report shows a remarkable difference in the number. Statistics indicate that about 5 million people in Ghana live with disabilities, out of which 2.8 million are people with mental disabilities.

Disability has been described differently by researchers. Though a specific definition has not been universally accepted, it is worth noting that the common descriptor is the fact that it speaks to a person or groups of persons who are unable to function effectively in society due to a prevailing condition. In defining disability, it is worth noting the two schools of thought on disability, these are the medical and the social construction of disability. The medical model describes disability as an individual deficiency, illness or impairment in a person's body. The social model, on the other hand, describes disability as being socially constructed, that is, a condition attributed to the socio-economic and political disadvantage that limits one's ability to function effectively in society (Agbenyiga, 2003). In Ghana, the Persons with Disability Act (PWDA) defines a person with a disability as 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 or more of the major life activities of that individual. Thus, when a person is not able to function effectively without assistance, they are described as being disabled (Agbenyega, 2003). Unlike the Global North, disability does preclude one from actively participating and contributing to society in low-income countries. In Ghana and other parts of Africa, society's reaction to disability stems from social norms which tend to judge, stigmatize, label, ostracize and discriminate against disability.

### **Stigma, discrimination and tradition/oral history**

Persons with disabilities encounter stigma and discrimination in their daily lives (Adjei et al., 2013; Dugbartey & Barimah, 2013, Kassah, Kassah et al., 2012). The treatment of persons with disabilities is often ingrained in our beliefs about disability. Literature is saturated with various beliefs about disability within the Ghanaian society. Some believe the causation of disability is because of witchcraft activities or demonic/evil machinations against individuals with disabilities and their families. Others feel it is because of mistakes or wrongdoings of family or persons with disabilities themselves, and thus as punishment from the gods. It could be in the form of visitation of ancestral spirits or god or the supreme being (god) (Botts & Evans, 2010; Denham et al., 2010). There is also the belief that children with disabilities possess evil spirits and these beliefs contribute to their maltreatment, including various forms of exclusion and in some communities results in death (Allotey & Reidpath, 2001; Denham, Adongo, Freyberg & Hodgson, 2010). Most of these beliefs and cultural thought processes are inherently transferred and perpetuated by our traditional system via our oral tradition, which is a traditional African theoretical framework and passes from one generation to the other. Though some of these traditions may be false, it continues to persist because our forebears agreed and hence believed it (Owusu-Ansah, 2013).

Also, the extended familial system somewhat contributes to discrimination against persons with disabilities. A family's position in society is often measured by the wealth and health of the family members. Thus, any association with a person with a disability is viewed negatively. In some families, persons with disabilities are either hidden or not allowed in society because of the fear of tarnishing the family's image. This negatively impacts the support they receive from families including maintenance, healthcare, education and employment opportunities. Stigma and discrimination that persons with disabilities encounter in their daily lives often resulting in life-threatening abuse and neglect, marginalisation and exclusion (Adjei et al., 2013; Dugbartey & Barimah, 2013, Kassah, et al., 2012; Naami, 2015).

## **RISK FACTORS**

There is evidence that individuals with disabilities in Ghana continue to encounter barriers and challenges in society, which impede on their participation and inclusion. The effects of the barriers on persons with disabilities in Ghana could be profound because of attitudes that are deeply rooted in Ghanaian socio-cultural beliefs and practices, which marginalise persons with disabilities as discussed earlier. These barriers could increase the vulnerabilities of persons with disabilities to COVID-19 and exacerbate the effects of the pandemic on their lives. Risk factors and the intersection of vulnerabilities are discussed in this section. The section discusses education, economic, healthcare, social support and psychological vulnerabilities of persons with disabilities.

### **Education vulnerability**

Persons with disabilities are less likely to have an education compared to their counterparts without disabilities (World Health Organisation, 2011). Those who are in school struggle with physical, information and attitudinal barriers (Braun & Naami, 2019; WHO, 2011). The 'new normal' learning space which is virtual learning could be a challenge for every student. This means students should have access to workable computers and stable internet. Besides, online learning materials should be accessible for students with visual impairment and those who are deaf. While in school, they might have access to equipment and services such as screen readers, magnifiers, close captioning and subtitles services to make learning materials accessible, which might not be the case when they are at home and could impact their learning experiences during the pandemic era.

Those at basic and senior high schools learn virtually via televisions. Persons with disabilities are over-represented among the poor (WHO, 2011; Naami, 2015) and could further be burdened with disability-related expense (WHO, 2020a). All of these could impact their access to computers, televisions and the internet for online learning, as well as their poverty situation and their educational attainment. Students with disabilities in rural areas, where poverty is more concentrated (Ghana Statistical Service [GSS], 2018) could be more vulnerable. They might not be able to afford computers and television sets. Even if they do, some of these areas are yet to be connected to the national electricity grid. Thus, making accessibility to the internet problematic. The President of Ghana, His Excellency, Nana Addo Dankwa Akofu-Addo in his 14<sup>th</sup> (26<sup>th</sup> July, 2020) address to the nation about measures taken against the spread of COVID-19 stated that, final year students of junior high schools (750,000, including teaching and non-teaching staff), senior high schools (370,000), and students of tertiary institutions (127,143) had returned to their various schools to complete their education. The President stressed that logistics were deployed to the schools to ensure the safety of the students. But, no mentioning is made of efforts to address the special needs of students with disabilities who are more vulnerable to contracting COVID-19.

### **Economic vulnerability**

Several factors account for the employment vulnerability of persons with disabilities. Persons with disabilities are not only unlikely to be employed, but they are also more likely to lose their jobs (Lengnick-Hall, Gaunt & Brooks, 2001). Furthermore, they work in vulnerable employment (Naami, 2015), which is seasonal, marginal, menial and earns low income, lack job security and job-related benefits (United Nations, 2013).

Persons with disabilities in both the formal and informal sectors are more likely to lose their jobs during the COVID pandemic. This could further worsen their income, savings and their economic resilience in the COVID-19 era. For those in the formal sector, they could be the first to be laid off as COVID compels business to scale down (Lengnick-Hall, Gaunt & Brooks, 2001) due to attitudinal barriers. Social barriers remain the major challenge to the employment of persons with disabilities (WHO, 2011) and those who work on the job (Naami, 2015). Further, persons with disabilities are more likely to contract the disease because they manage several barriers daily, which necessitate that they touch things alongside barriers to observing other COVID-19 measures (WHO, 2020b). COVID-19 could, therefore, prevent some persons with disabilities from working because of the fear of contracting the disease.

The virtual work environment has become the 'new normal' during the COVID-19 pandemic. This could provide flexible working conditions for persons with disabilities because the virtual work environment could

reduce the challenges associated with going to and from work. But, persons with disabilities are less likely to work in jobs that migrate to virtual workspace because most persons with disabilities work in low ranking jobs unlikely to be elevated to managerial and other top positions (Naami, 2015; WHO, 2011). Assuming that persons with disabilities qualify to work from home, two challenges might occur; those with visual impairment may experience information inaccessibility, which has been their challenge at work (WHO, 2011; Naami, 2015). Working from home requires equipment and other necessary support available to workers with disabilities at their workplaces, such as screen readers for persons with visual impairment, Telecommunication Device (TDD) and text telephone (TTY) for the deaf, audio loop, FM and infra-red systems for those who wear hearing aids. These services may come across to employers at an additional cost that every employer would avoid during the pandemic. Thus, the 'new normal' virtual employment space will most likely be filled by persons without disabilities.

COVID-19 could worsen economic vulnerabilities for persons with disabilities who are self-employed. This group of people work mostly as dressmakers, tailors, handweavers, hairdressers, and petty traders-selling mostly at home (smaller bags of basic needs items or cooked food) in front of their houses or on streets (Naami, 2015). COVID-19 could prevent this group of people from working because they may have difficulty restocking their goods because of restricted mobility. Besides, due to the fear of contracting the disease, few people might want to go to other people's homes, neither do people want others to come to their homes. Also, the public may prefer to do business with people without disabilities because of the negative perceptions about the capabilities of persons with disabilities (Naami, 2014; 2015). All of this could affect the incomes of persons with disabilities and their households, which typically also incur disability-related costs such as assistive devices, specific goods and services (WHO, 2020a). Loss of jobs and income, irregular income and income insecurity could be an additional layer to economic vulnerability for persons with disabilities and could increase their vulnerability to poverty.

Employment and poverty vulnerability could be worse for women with disabilities, given that they are less likely to be employed compared to their male counterparts and more likely to work in the informal sector. They are also more likely to be poor (Naami, 2015; WHO, 2011). In addition to disability-related expenses, they must also incur gender-related expenses such as menstrual hygiene management materials.

### **Healthcare vulnerability**

The World Health Organisation (WHO) emphasises that persons with disabilities are at a greater risk of contracting COVID-19. They may have difficulty in observing basic hygiene measures because of inaccessible hand-washing facilities. Also, social and physical distancing could be difficult for persons with disabilities as some of them may need help because of physical, transportation, and information inaccessibility (WHO, 2020b).

Those in Ghana could be more vulnerable in accessing healthcare because of the severity of the barriers. Although the WHO (2020b) recommends less touching to reduce the spread of COVID-19, people with disabilities in Ghana must touch many items for physical support. For instance, the physical environment is impeded with open gutters, buildings with no elevators or inactive elevators, narrow doors, and inaccessible ramps, which compels persons with mobility disabilities to either crawl, supported and/or hold on to handrails or be carried into buildings (Naami, 2019).

Also, virtually no transport system is accessible in Ghana, except a few public buses ploughing through some parts of the capital Accra. Inaccessible bus entrances, crowded aisles and limited room for sitting all impact on the transportation experience of persons with mobility disabilities. Hence, they do a lot of touching to get in and out of buses (Naami, 2019). Further, hospital equipment (e.g., weighing and height measuring scales) and furniture, such as beds, laboratory chairs, and examination tables and chairs are inaccessible for persons with disabilities (Abrokwah et al., 2020; Badu et al., 2016). Communication is a tremendous challenge for persons with hearing disabilities. In some situations, where there are no sign language interpreters, those who are literate communicate by writing (Abrokwah et al., 2020), which means touching that could expose them to COVID-19.

As discussed in the preceding sections, persons with disabilities require help to navigate their inaccessible environment that could impact on social and physical distance measures. Social and physical distancing could be an enormous challenge for deaf people. For an individual with hearing disabilities, the use of face marks could present communication challenge. They could obstruct communication for deaf people who read lips and make use of gestures. For persons with psychosocial and intellectual disabilities, social distancing could worsen their conditions since some of them may have challenges with restricted movement. These issues could impact on the health experiences of persons with disabilities.

However, they are not categorically included in the eligibility criteria for Ghana's National Health Insurance Scheme (NHIS). Persons with disabilities are lumped with other vulnerable groups under that the term 'indigent' which is ambiguously described under the legislative instrument (LI 1809), Regulation 58 (Section 1). Neither does the NHIS cover assistive devices and other disability-related expenses. All of this could impact on the health-

seeking behaviours of persons with disabilities because there is evidence that hospital is the last resort after pharmacy visits, self-medication, and exercising faith (Abrokwah et al. 2020).

Persons with disabilities living in rural areas could be more vulnerable given that they may have to travel to the cities for healthcare when they are ill or for follow-ups. They must travel to the district capitals from the remote areas, some of which do not have motorable access roads, irregular movement of inaccessible public transport systems and physical environment, as well as the distance involved.

Anecdotal evidence indicates that fear of stigmatisation and being tagged as contracting COVID-19 disease, or differential treatment by healthcare professional, could impact the healthcare and wellbeing of persons with disabilities. For persons with psychosocial disabilities, who need routine follow-ups and refills of medication, they could experience relapses and deterioration in their conditions. It is important to also consider how the experience of a COVID-19 patient would be, given barriers to healthcare as discussed in this section, attitudes of healthcare professionals towards persons with disabilities, as well as the stigma which COVID-19 patients face. They could experience several faces of stigma: stigma as a COVID-19 patient, stigma by healthcare professionals, stigma from society against persons with disabilities and stigma against COVID-19 patients.

### **Social support**

Social support is especially necessary during the current pandemic because of the economic effects, loss of jobs and income. The major social protection programme in Ghana, Livelihood Empowerment Against Poverty (LEAP) does not cover all persons with disabilities who need financial support as only a '*person with a severe disability with no productive capacity*' is the eligibility for the benefit. It is already established that persons with disabilities are less likely to be employed. What happens to all those individuals with disabilities who are unemployed? Another area of concern about the LEAP intervention is that the floor of benefit GHC64 (equivalent to 11USD) is insufficient. Persons with disabilities are already vulnerable because they do not have a stable income. Inadequate social protection could impact more on their healthcare and wellbeing. COVID-19 brings additional expenses to everyone, but persons with disabilities must spend more resources on hygiene and other safety protocols and also provide for people who help them.

Governments globally are mobilising resources to mitigate the effects of the pandemic, especially on vulnerable populations. Although food and other relief items were distributed to the vulnerable, including persons with disabilities during the three weeks lockdown, the government has yet to adopt a strategy to address the needs of the vulnerable. The COVID-19 fund has currently disbursed some business relief funds from 'COVID-19 Alleviation Fund' to support Small and Medium Scale Enterprises (SMEs). How many persons with disabilities benefited from this fund is yet to be determined. Also, national unemployed bill is in the parliament to be enacted into a law. But, how many persons with disabilities work in the formal sector to benefit from this relief? The question remains, how do persons with disabilities provide for themselves and their households in this pandemic, given that they are more likely to be out of jobs, have regular income and savings, grapple with disability-related expenses and are less likely to have health insurance? Those in rural areas could be impacted because they are also less likely to have information about available resources and services and/or inaccessible (language and content accessibility) information.

Ghanaians practice the collective family system, where the family oversees the overall wellbeing of its members, irrespective of disability status. Although modernization and urbanisation have weakened the extended family system (Dako-Gyeke, 2014), it still plays an immense role in the lives of persons with disabilities in Ghana (Agyire-Tettey et al., 2019). However, poverty, stigma and discrimination impact on the quantity and quality of this form of support (Agyire-Tettey et al., 2019; Naami et al., 2011). The impact of COVID-19 pandemic on livelihoods could impact more on the material support that persons with disabilities receive from their families and friends.

### **Psychological vulnerability**

The COVID pandemic could have psychological effects on everyone because of fear, anxiety and panic about the virus, its spread and effects. Added to this is the social and physical distancing measure that could disrupt social support networks needed during this tough time. For persons with disabilities, the impact is likely to be more due to the existing stressors discussed in the previous sections, environmental and information barriers, stereotypical traditional beliefs and practices which marginalise persons with disabilities, stigma and discrimination, and employment and income insecurity. Persons with disabilities are also more likely to have weak social capital because of stigma and discrimination. They may further have challenges connecting to the few support networks that they have because they are unlikely to have phones and other devices which have become the 'new normal' for communication. Deaf people are more likely to live in social isolation because of communication barriers.

### **CONCLUSIONS AND RECOMMENDATION**

The COVID-19 pandemic has brought world economies to its knees. This brings to the fore the popular saying that 'anytime the global North catches a cold, the Global South which is dependent on these economies develops pneumonia.' Economically, there is a slowdown of Ghana's economy due to it being at a standstill as a result of the lockdown and those on the margins of society unable to make ends meet. The economy lacks social safety net, which in effect makes it difficult for the marginalised in society to be supported. The challenges faced by persons with disabilities are enormous as they are affected in many ways. For instance— a) How do individuals with disability fend for themselves amid the pandemic? b) How are those who live in unsafe and unhealthy conditions able to survive the carnage of the virus? c) How could persons with disabilities be warranted universal access to health care in the event of an outbreak? It is therefore imperative that steps be taken to provide urgent care for persons with disabilities in our community as the pandemic could take a drastic toll on the population as a whole and to devise strategies to effectively mitigate the effects of future pandemics on persons with disabilities. Data on persons with disabilities, disability emergency units, adequate social protection and inclusion of persons with disabilities in emergency response planning.

### **Data on persons with disabilities**

Data is important for targeting, development of policies and programmes to better address social problems. For persons with disabilities, data is more important to provide for their unique basic and social needs. But the exact number of persons with disabilities in the country is not known as stated earlier. The lockdown revealed the systemic weakness in measures adopted to address issues of the vulnerable populations. The government employed the services of the National Disaster Management Organisation and Faith-Based Organisations, instead of social welfare agencies, to oversee the distribution of food and other relief items to the vulnerable. Persons with disabilities queued like everyone for the food and other relief items, a situation the Chamber for Local Governance criticised saying "This action of government has undoubtedly opened the flood gates for all manner of people who clearly do not fall within the bracket of vulnerable people to throng the designated food distribution centres to be fed because it is 'free food'..." (Ghana News, 2020). We recommend detailed disability data. The data must be disaggregated to allow for proper targeting of people with different types of disabilities as well as females, children and elderly people with disabilities and their unique needs. It could also help for policy and other interventions as well as monitoring. Effective and detailed disaggregated data will be needed to plan appropriately for persons with disabilities during pandemics like the COVID-19.

### **Disability emergency units**

The government could designate a unit to handle issues of persons with disabilities during crises like COVID-19. This unit must mobilise and coordinate all services and resource needs of persons with disabilities. The unit should be managed by social workers and partner with faith-based and non-governmental organisation and other agencies deem necessary in discharging its mandate. The unit must adopt strategies to ensure that services and resources are accessible to all persons with disabilities. This unit must have special hotlines solely to address the needs of persons with disabilities. The phone lines must be accessible for persons with all forms of disabilities, including video calls for deaf people. Establishing the unit at regional, district and community levels could be more helpful.

### **Adequate social protection**

Persons with disabilities are not only less likely to be employed, but more likely to lose their jobs. They are also more likely to work in jobs that lack security and job-related benefits. They are over-represented among the poor, but they spend more on disability-related and other expenses. Existing pro-poor programmes do not sufficiently address the needs of persons with disabilities. The pandemic could worsen their conditions. Therefore, efforts to put in place social protection measures to improve their situation is imperative. Both disability and disability-gender specific programmes to benefit women with disabilities who are more vulnerable, are recommended.

### **Inclusion of persons with disabilities in crises response planning and implementation**

There is a need for the government to develop emergency response plans to address future crises like the COVID-19. The plans must explicitly outline measures to address people with different types of disabilities as well as females, children and elderly people with disabilities and their unique needs. It is imperative that persons with different types of disabilities, including women, are part of the crises response team to help identify their unique needs and to facilitate interventions that could effectively address those needs.

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