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Plight of Persons with Disability in Ghana: An Overview

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Abstract

Disability in most developing countries has serious implications on health, socioeconomic, and national development. In recent years, Ghana has made significant strides in advancing inclusivity and disability rights. However, this review highlights persistent gaps and issues that continue to hinder the full integration and empowerment of persons with disabilities in Ghanaian society. By shedding light on the challenges faced by persons with disabilities, this paper aims to raise awareness and inspire action toward a more inclusive and equitable society. It underscores the importance of collaborative efforts among government institutions, civil society, and the international community in addressing the plight of persons with disabilities and fostering a society where everyone can participate fully and thrive. It is therefore important for strong public education to be done across the country, advising on how everyone could assist in the fight for the rights of people with disabilities.

Keywords: advocacy, discrimination, Ghana, persons with disability, plight.

1. Introduction

It does not matter what stage at which it sets in; disability has a serious effect on anyone who experiences it. The onset of disability varies across the lifespan. It could start at birth, childhood, adolescence, adulthood or even at old age. There is ample evidence indicating that disability of any kind is a source of psychological distress (Choi, Marks, 2008; Lucas, 2007; Manor et al., 2001; Oswald, Powdthavee, 2008). Disability presents people with loss of bodily and other forms of functioning. This results in a sense of loss and grieving (Mandemakers, Monden, 2010).

The experiences associated with disability may differ from person to person depending on some factors. For example, social support has been found to correlate strongly with the impact of disability on individuals, where those who enjoy good social support experience less negative impact of disability than those who have poor social support (Turner, Noh, 1988). Bisschop et al. (2004) also indicated that a sense of maturity and locus of control help to temper the impact of disability.

The age of the disabled individual is an important factor in how the condition affects the individual. For adults, disability may present with stress in social life and daily hassles (Friedland, McColl, 1992; Turner, Noh, 1988). They may be affected in roles such as parenting, partner and even breadwinner (Friedland, McColl, 1992). It may result in job loss, increased expenditure and poor income (Burchardt, 2003; Jenkins, Rigg, 2004). There are national and societal factors that complicate or compound the experience of disabilities. When national policies fail to work and society structure hindrances for people with disabilities and minimise the chances of the liberty

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and rights of people with disabilities, it creates a much more debilitating experience of disability. Persons living with disabilities in Ghana are barely cared for by social policies, even though there seem to be such policies. Interventions are hardly implemented, and specialised services seem non-existent for people with disabilities in Ghana.

Unfortunately, the figures for disability, either with onset at birth or later in life, cannot be downplayed as people get disabled daily from different causes. It is reported in the United Kingdom (UK) that depending on the definition used for disability, in a given year, about 13 to 47 per 1000 people of working age experience the onset of a disability (Burchardt, 2003; Jenkins, Rigg, 2004).

Though not readily available, the figures may not be less in Ghana and other African countries, especially because there is a poorer consciousness towards the situation in this part of the world. This paper discusses the conceptualisation of disability, the types and burden of disability worldwide, with Ghana in particular view. It also discusses and critiques the interventions currently available, especially in Ghana, to minimise the negative effects of such disabilities. Finally, the paper calls for social and political policy frameworks and strengthening existing policies to assist persons with disabilities in Ghana.

2. Definition of Disability

Popularly, disability is identified by a person's function and appearance and, as such, labelling them as able or disabled (Davis, 1995). The definition of disability is complex, dynamic, multidimensional, contextual and contested. Grönvik (2007) presents five contextual definitions for disability as follows:

Functional definition of disability: It presents disability as the lack of or restrictions on bodily functions. This can be seen as a lay definition of disability. The challenge, unfortunately, is that disability in cases is defined in physical terms, ignoring the contextual/environmental and social implications. The problem with such definitions is that carefully analysing this definition brings out the understating that they are probably very much fitted for describing/defining impairment. This is what Grönvik's (2007) functional definition of disability captures. It is important to note that impairment is different from disability. For instance, a blind person is visually impaired. However, they become disabled when they use a computer without a screen reading software. In fact, this definition is not a useless one. However, it is only one dimension of the concept of disability. Therefore, it is clear to a large extent that the meaning of disability has a strong psychological undertone.

Relative or environmental definition of disability: It indicates that disability appears in the relation between a person with impairment(s) and inaccessible surroundings. This places the responsibility on the environment, particularly an environment that lacks adaptation. According to Grönvik (2007), a person (with impairment) only feels disabled when the environment or surroundings become inaccessible. This means that disability only occurs in some situations, not others, as long as the environment does not present an obstacle. Following this definition means that society must refrain from calling someone a 'disabled person' but rather a 'person with impairment'.

Social definition of disability: It defines disability as the oppression of and a barrier against people with impairments. This definition identifies that society has barriers that prevent people with impairments from fully participating in social activities. An example in Ghana is the traditional taboo that prevents persons with impairment from visiting or entering chiefs' palaces. Thus, persons with impairment may not be able to play any meaningful role in chieftaincy decision-making processes.

Administrative definition of disability: It also presents disability as when the welfare state categorises people as being in need of/or eligible for certain support systems. By this definition, the person termed as disabled is deemed qualified for assistance based on certain criteria, including physical impairment. In this case, assistance such as wheelchairs, sign language personnel and financial support are available to such persons. As far as this is concerned, the enlistment identifies the disability and not necessarily the other factors that impede the individual.

Subjective definition of disability: This is where disability is when people perceive themselves as disabled, irrespective of the basis of such perceptions. In the other definitions and, of course, in the general society, disability is defined from the viewpoint of the onlookers. What the

persons being referred to perceive about themselves might be a different story. However, the question is whether people seen as disabled also identify themselves as such. This is the import of the subjective definition. It describes the opinion and feelings of the person with the impairment. Indeed, in cases where persons are not actually perceived as disabled, they may perceive disability on their part. Thus, disability can also be a subjective concept or experience.

The World Health Organization (WHO) defined disability as the state in which a person fails to comply with the requirements of a normal life as a result of absence or malfunction of an organ leading to permanent loss of function and image of physical, mental and spiritual characteristics to a certain extent (Mutluer, 1997). In this paper, I adopted the WHO's definition of disability to guide this paper. Thus, the absence or malfunctioning of a bodily organ leading to significant impairment will be the basis for establishing the presence of disability. Indeed, this underlies all the definitions from a social, administrative or personal perspective.

3. Models of disability

The definitions for disability, as provided above, largely derive from some models that provide the basis for its conceptualisation. These models include the medical/individual, charity/institutional, and social models.

The medical model: This model links disability to various medical conditions an individual suffers. It identifies disability as residing solely with the affected individual. Effectively, the model perceives disability as the result of an individual's inability to function. By this assumption, the individual is alterable, the social environment is fixed and unalterable, and if a person does not fit into that environment, that person (not the environment) must be made to change. As a result, intervention should be medical rehabilitation and social assistance (Coleridge, 1993; Mitra, 2005). In this regard, the medical model describes impairment as an 'abnormality' and must be 'corrected', 'cured' or 'overcome'. This underscores the functional definition of disability provided by Grönvik (2007).

The charity model: This model perceives the person with a disability as a deserving recipient of charity, a person who is not able to or worthy of full participation in society and must be dependent on care and relegated to 'special' programs. They are effectively excluded from mainstream development activities (Coleridge, 1993; Yeo, Moore, 2003; Philpott, 1995). This is the basis for developing a society that ironically neglects people with disabilities. Instead of fighting for them, society is built against them, and a separate programme is later designed for them. Persons with disabilities are thus cared for by others rather than themselves because they are incapable. This is what drives the administrative definition of disability.

The social model: The social model of disability, on the other hand, presents the interaction of a person's functional status with the environment (physical, cultural, and policy) as the basis for disability (McClain-Nhlapo, 2006; Yeo, 2005). Thus, the model underscores that interventions must not be only at the individual level (e.g., medical rehabilitation) but also at the societal level. This includes the removal of societal barriers, including environmental, institutional, and attitudinal barriers, and a properly designed environment that allows better human functioning, accommodation, and support. This is believed to help people with functional limitations not to be "disabled" and fully participate in society. Disability is not only the individual's condition, and neither is it only the environment. The model advocates for universal design, making infrastructure accessible, inclusive education systems and community awareness programs to combat stigma.

4. Prevalence and Types of Disabilities

According to Mont (2007), there is a lack of consensus on the definition of disability due to differences in the nature and severity across places and time. Thus, it is difficult to establish an international prevalence rate that will provide comparison and understanding. However, in Ghana, approximately 8 % of Ghana's 30.8 million population in the 2021 census are persons with disabilities (Ghana Statistical Service, 2021). At the global level, more than 1 billion people, representing 10 % of the world's population (Ozcebe, 2008; Baser, 2008; Awasthi et al., 2017), are disabled. It has also been observed that disability is higher in low-income countries as well as higher in females than males. Developing countries have up to 20 % of their population as

prevalence rate for disability (Disability World, 2022). There is a strong diversity among persons with disabilities.

Stereotypical views of disability typically emphasise wheelchair users and a few other “classic” groups, such as the visually impaired and persons with hearing impairment, as persons with disabilities. Disability involves the newborn child with a congenital condition such as cerebral palsy, loss of his leg(s), a woman with severe arthritis, or even an older person with dementia, among many others. According to Voluntary Services Overseas, Ghana (2009), disability can be grouped under physical (paralysis, amputations), visual (blind), mental (mental retardation) and intellectual (learning disabilities, autism, dementia, speech).

A complex challenge exists regarding data on the prevalence and characteristics of disability (Blackburn et al., 2010). Mont (2007) maintained that the prevalence estimates of childhood disabilities vary considerably between and within nations, and in many countries, data on children with disability is even lacking. Interesting data emerging from India in the last census in 2011 indicates that there are 7,862,921 children with disabilities in the below 19-year age group, including 1,410,158 visual impairment, 1,594,249 hearing impairment, 683,702 speech disorders, 1,045,656 movement disorder, 595,089 intellectual disability, 678,441 multiple disabilities, and 1,719,845 other disabilities (Ministry of Home Affairs, Government of India, 2011). At the same time, the World Health Organization estimates that 15-20% of children worldwide have disabilities, 85% of which are in developing countries (WHO, 2011). In Ghana, the prevalence of disability was 14.4 per 1,000 for children (1-5) years, 16.6 per 1,000 for children 6-9 years and 3.7 per 1,000 for 10-15 years age group within the same period as India (Biritwum et al., 2001).

Across the literature, disabilities among children commonly found include Hearing and visual impairments, speech disorders, neurodevelopmental Disorders (NDDs) and intellectual disorders. However, this cannot be limited to only childhood. The onset of any of these forms of disability could be at any point in life. Thus, regardless of age, disability grouping/type and prevalence can be similarly identified. Among the aged, some common forms of disabilities include neurological disorders such as Alzheimer’s disease, dementia and amnesia. There are also instances of cortical blindness, hearing challenges and general reduction in muscle tone. In effect, old age itself has been often perceived as disabling.

5. Effects of Living with Disability

Economic effects of disability

Undoubtedly, the effect of disability across the lifespan is profound and worth worrying about. These effects have existed over centuries. As back as the 1990s, Wellington (1992) indicated that persons living with disabilities are not active users of public buildings and spaces, the same as indicated by Yarfi et al. (2017) and Kapsalis et al. (2022). This is often because the social, political and other structural systems create impediments for people with disability. Even in a disability-friendly environment, it is observed that the best is not given to them. For example, public places that are disability-friendly label washrooms with three genders: male, female and disabled. The challenge with this effort is that no attention is paid to the fact that the disabled are also males and females. Thus, males and females living with disabilities are expected to use a common washroom when they need the most privacy. In Ghana, most buildings have no provisions for people with disabilities when the international requirements stipulate that such provisions must be made (World Health Organization, 2001).

Persons living with disabilities, especially in developing countries, are usually unemployed. Those who were employed before the onset of their disability lost their jobs (Milner et al., 2015). Meanwhile, at the individual level, research indicates that persons with physical, psychological, intellectual and sensory disabilities have better mental health when they are employed compared to when they are unemployed (Milner et al., 2014). It is often assumed that disability means incapacitation. Meanwhile, the systems put in place are the hindrances for people with disabilities. Thus, it is difficult for an employer to think of hiring a disabled person. In contrast, people with disabilities find it challenging to pursue a particular career, knowing that the chances for success are minimal.

The social barriers which hinder their employability lead to poverty and poor education (Mitra, 2005; Banks et al., 2017). When even employed, exclusion may be evident where access to activities and resources may be grossly restricted. Surveys of work arrangements in Australia,

Canada, the United Kingdom and the United States of America found that people with disability are under-employed relative to their level of training, have lower income levels, have less promotion prospects, are at greater risk of becoming unemployed and are more often in non-standard work arrangements (Elwan 1999; Emmett, 2006; Mpawineza, 2023).

Psychological effects

The psychological effects of disability can be pervasive. According to Hussain (2006), disability affects the individual's self-image. In this case, it is observed that females have poorer self-concept than males within the disability group. In contrast, males have lower perceived scholastic competence, athletic competence and romantic appeal. This impacts the self-esteem of the individual, who tends to evaluate themselves against their able counterparts (especially among adolescents) in all aspects (Nair, Anuradha, 2014). According to Robson (1988) and Miyahara et al. (2015), persons living with disabilities experiencing low self-esteem are characterised by feelings of inadequacy, guilt, shyness, social inhibition, dependency, helplessness, withdrawal, downgrade by others, reduced ability, vulnerability and interpersonal problem.

Nair and Anuradha (2014) also found that the physically disabled experience a greater sense of low self-esteem compared to those with visual disabilities. Saghatoleslami (2005) found that students with learning disabilities struggle with self-concept and self-esteem, which in turn can lead to adjustment difficulties, substance abuse, depression, and suicidal ideation. There are also differences in the body image and Self-identity development for congenital and acquired disabilities (Grzesiak, Hicok, 1994; Livneh, Antonak, 1997; Taleporos, McCabe, 2002). As a result of the above effect of being disabled, people with disabilities have poorer physical and mental health (Emerson, Hatton, 2007; Emerson et al., 2012; Honey et al., 2011). Their mental health, on average, tends to decline after the onset of disability (Mandemakers, Monden, 2010).

Among the caregivers of persons with disabilities, especially children and adolescents, the task has been described as challenging (Howe, 2006). They are stressed out. Usually, parents tend to be less sensitive to the needs of their children with reduced parental emotional availability (Howe, 2006). These patterns of parenting behaviour (i.e. less sensitive parenting and reduced emotional availability) may significantly contribute to insecure attachment among adolescents with a disability (De Wolff, Van IJzendoorn, 1997; Out et al., 2009). Meanwhile, this kind of attachment has been found to be associated with poor psychological wellbeing even later in adulthood.

Usually, for people who are experiencing disability for the first time, there is the experience of shock. It comes as the initial phase of heightened emotional reaction to the onset of the disability or diagnosis of a life-threatening condition. It may be characterised by overwhelming depersonalisation, a sense of loss, and psychological numbness. Realising the magnitude of the disability often provokes anxiety, panic, confusion in thinking, fear of death, uncertainty about the future, and purposelessness. Denial or defensive retreat becomes a significant but problematic form of coping strategy against the painful realisation of the long-term effects of a disability or a disease. A person in denial often experiences wishful and unrealistic expectations of recovery. Depression may accompany an initial accurate understanding of the nature of the disability or loss. It is a natural grief reaction to loss associated with feelings of distress, helplessness, and hopelessness.

Social effects of disability

Disability is the largest minority group in the world. However, they are probably the most hit by society in a very negative manner. Apart from creating a physical structure that barely incorporates them, the social burden accompanying disability cannot be overemphasised. The existence of disability often causes a person to feel devalued, incomplete, and almost ashamed of oneself. The onset of a sudden traumatic event or insidious condition produces an emergency for the person and the family.

Sadly, disability compels a dependency state for the individual affected, primarily because provision is not made to assist them to function on their own. They are dependent on others within the confines of the domestic space and within the immediate limits of the community where there are willing neighbours to assist. They are typically not included in the mainstream developmental agenda (Department of Social Welfare (DoSW), South Africa, 1997). For example, the Millennium Development Goals had no provision for disability. This means that throughout the MDG to the current sustainable goals era, disability is not a priority and shall never be meant to improve. There is a horrifying attitude of fear, shame and rejection, together with negative stereotypes commonly

attached to disability. These generally result in social exclusion of the disabled (DFID, 2000) since many detest them and will do everything to avoid them. All these situations will cause severe psychological consequences for the state of disability for the affected individual.

The attribution of the responsibility for disability is an important factor in determining people's attitudes (Hanks, Hanks, 1948). In fact, if the attribution of the disability could be viewed with some positivity, society would have lessened the burden for people with disabilities. For instance, in the Hindu culture, the existence of a disability is believed to be the cause of wrongdoing in a previous life. As a result, there is little sympathy for those with disabilities. In Nordic mythology, Gods are said to have disabilities. Some believe that suffering is a test for high-level future pursuits. Suffering provides deep insight into life and is a means of self-sacrifice to achieve higher purposes (Wright, 1983). It is a fact that the prevalence of disability is high among older people. However, with age comes wisdom. American Indians, therefore, revere older people as the most knowledgeable and often have a connection between life and the afterlife (Marshall, 2001).

Physical appearance has been an important concern among human beings since time immemorial. In that case, it is often believed that the characteristics of the physique are reflections of the inner self. Perhaps the philosophy of mind and body being two interconnected parts of the human unity may have inadvertently generated the notion of intimate interdependence of physique and personality. Even today, disability is considered a challenge. It is perceived as a misfortune that results in a very long and arduous journey through life unique to those with disabilities. As a result, the effects of spread (where the spread is the ability of a single characteristic to evoke inferences about the person as a whole) continue to devalue and dehumanise the individual as an object of intervention. Thus, a person with a disability may be perceived as unhappy, eager to please, frustrated, childlike, and incompetent. Though society has made progress in becoming sensitive to the needs of this population, significant levels of prejudice, ignorance, and stereotypes continue to impact the quality of lives of people with disabilities (Marinelli, Del Orto, 1999; Gunderson et al., 2022; Mantey, 2017; Dammeyer, Chapman, 2018).

In line with Maslow's hierarchy of needs, an individual needs to satisfy personal needs for physiological (food, water, shelter, and warmth), safety (security, freedom from fear, and stability), and love (friendship, family, and belongingness) before attempting to self-actualise. This theory arguably places a responsibility on society to create a community that must function to connect, relate, and foster interdependence as a prerequisite for self-sufficiency. According to this theory, self-actualisation implies that a person has the ability to become proficient to a certain level. Villa et al. (1992) argue, however, that society has a unique way of identifying the "gifted" and the "mediocre" and providing the "gifted" with the opportunity to develop the areas in which they naturally excel (purely discriminatory against people with disabilities). Often, people with disabilities, with their obvious or otherwise limitations, do not appear to possess the need to self-actualise as per society's pre-existing standards.

In Ghana, there was a recent resistance to the nomination of a visually impaired politician to the office of tourism minister. It is an unfortunate traditional value that prevents the physically disabled from entering the chief's palace. As a tourism minister, the visually impaired may have to work hand-in-hand with local community chiefs and traditional leaders. This cannot happen without his entry into the palaces. The outcome is obvious to everyone that such a nominee must be denied the opportunity. Regardless of this person's talents, expertise and resources, society has no regard for him, nor is society ready to provide him with the asset to self-actualise.

The reality, however, is that there are such persons with disabilities in society who have a lot to provide at various levels. Currently, the flag bearer of the oldest political party is a physically disabled person who is stuck in a wheelchair (the disability that is so obvious for all to acknowledge). This was acquired in his political career during one of his political trips. However, this places some limitations on his chances since the attitude towards such conditions is not favourable at every level of society, hence the difficulty citizens will have in electing him to the highest position in the country.

6. Social Interventions and Legislation

Indeed, persons living with disability are the most significant minority in almost all societies across the world. Indeed, policy interventions regarding disability across the world have been impressive over the years. In most developed countries, disability is a good priority. This, however,

does not mean that in these developed countries, persons with disabilities have been rescued entirely from their challenges. In developing countries, disability and associated interventions are barely seeing the light of day.

There are several provisions made at the international, regional and national levels as interventions for the challenges faced by persons living with disabilities. This has led to the formulation of laws and the establishment of agencies (international and local) to protect people with disabilities. For example, in Ghana, the 'Persons with Disabilities Act' came into force in 2006. The effort to pass this Act took 13 years when the bill was presented to the parliament of Ghana in 1993. It is interesting that such a bill could take such a long time to pass. However, eventually, it was passed (on June 23rd, 2006). The Act seeks to protect the following: Rights of persons with disability, Employment of persons with disability, Education of persons with disability, Transportation, Healthcare facilities, Miscellaneous provisions, Establishment and functions of the National Council on Persons with Disability and Administrative and Financial provisions.

As to whether these agendas are being pursued and achieved in any way is a very debatable topic. This is because, for the past five years or so, the Association of Persons with Disabilities in Ghana constantly lamented their inability to secure jobs. One should not be confused about why people with disabilities in Ghana cannot guarantee jobs. It is not because of the general lack of jobs in the country. They do not get jobs because they are disabled. They are perceived to be incapable of delivering their duties. If this were not so, the visually impaired nominee for the tourism sector ministry should have faced no resistance.

The person with a disability has every right to access all public places, including transportation, buildings/offices and other facilities. The Act prescribes that owners or occupiers of an existing building to which the public has access shall make that building accessible to persons with disability within ten years of the commencement of this Act. It has been several years now, and buildings are without access for persons with disabilities. In fact, new buildings that still do not consider people with disabilities are springing up. Public transport makes no sense for people with disabilities. It is challenging to comprehend that the council established by the Persons with Disabilities Act, 2006, seems to do just little about the situation. It can be concluded that the person with a disability in Ghana is still on his own.

Other countries also have legislation determining the rights, fate and purpose of life of people with disabilities. The United States of America passed the Americans with Disabilities Act (ADA) in 1990. There is the Disability Discrimination Act (DDA) in Australia and the United Kingdom in 1992 and 1995, respectively (Otmani et al., 2009). Without a doubt, these countries will be making good use of these legislations to benefit people with disabilities and the country as a whole.

There are also intervention agencies that seek to guard the interests of people with disabilities. The 'African Charter on the Rights and Welfare of the Child' is at the continental level. This pursues the rights of children with disabilities to protection and assistance from the State to ensure their dignity, development and integration into the community. The 'African Charter on Human and People's Rights' also aims to give persons with disability the right to special protection measures in keeping with their physical or moral needs. Internationally, the 'World Programme of Action concerning Persons living with disabilities' helps to enhance disability prevention, rehabilitation and equalisation of opportunities. The UN Standard Rules on the Equalisation of Opportunities for Persons with Disabilities (World Health Organization, 2001) also ensures accessibility, education, employment, social security, family life and personal integrity, culture, recreation, sports and religion for people with disabilities.

7. Ghana's National Policies on Disability

Disability, as defined by the various models and perspectives, does not tend to be limited to only one form, nor is it restricted to only the presence of a physical challenge. Ageing can present with disability. Chronic illnesses are equally disabling. Viewed in this way, it is necessary for national policies to target the various domains and provide support as appropriately as possible.

Recently, in Ghana, the Livelihood Empowerment against Poverty (LEAP) programme was initiated by the Ministry of Gender, Children and Social Protection. This programme typically targets people experiencing poverty, most of whom are aged. These aged individuals usually depend on other people in their families or communities. With the introduction of the LEAP, these people, including many others who are disabled by poverty, are expected to be empowered. This

programme supports the beneficiaries financially and places them all on the National Health Insurance Scheme. Essentially, this is an excellent national policy directed at one disability domain in the country.

In 2013, the Ministry of Education in Ghana drafted an inclusion policy that creates room for more forms of disabilities and accommodation of all such disabilities in the educational sector. This comes as a realisation of the fact that disability in the educational sector has been limited to only visual, hearing and locomotor challenges among school children in Ghana. Thus, children with other forms of disabilities were for a long time disregarded for their challenges and not paid any particular attention when it comes to their educational needs. The West African Examination Council has provisions for students/candidates with visual and hearing impairments. This excludes children with intellectual disabilities. The 2013 inclusion policy positively indicates the educational sector catering to people with disabilities. The Inclusive Education (IE) programme, now adopted by the Ministry of Education, seeks to run an educational system that places children with disabilities in the same facility as their non-disabled counterparts. This will reduce discrimination stigma and avoid the poor facilities that special schools are run within. The programme has expanded from 29 districts in seven regions in 2011 to 46 districts in all ten regions. The programme has included training for district staff, head teachers, and teachers working with children with special educational needs using appropriate pedagogy.

Ghana formally introduced the National Social Protection Strategy (NSPS) in 2008 to give new direction and vision to governmental services to the less privileged in society. This was based on the philosophy that all Ghanaians, if accorded the opportunity, could contribute towards the transformation of Ghana. According to the NSPS (2008), social protection/intervention consists of formal and informal mechanisms to provide social assistance and capacity enhancement to the vulnerable and excluded in society. This idea gives the country a focus or direction on what and why to engage and assist people with disabilities in society.

There is also the Disability Employment Project, which intends to offer decent employment to Persons with Disability and to serve as a platform for demonstrating the capabilities of Persons with Disability to the general public. It also intends to offer livelihood opportunities to persons with disability, their general dependents, and their households. This project is to be implemented by Ghana Investment Fund Electronic Communications as an Easy Business Centre for Persons with Disabilities. These centers will be in the form of kiosks where persons with disabilities will sell telecom accessories such as phone recharge cards, USB data modems, and SIM cards and also carry out SIM registration. This policy directive from the Ministry of Communications urges the Ghana Investment Fund for Electronic Communications (GIFEC) to initiate projects beneficial to persons with disability.

Several activities have been initiated at the national level to empower and protect the person with a disability. It is commendable how Ghana has been working hard to meet international prescriptions on disability. At least, this offers hope that there will be a change shortly, even if things are not in the best shape now. Thus, the following recommendations are provided to help strengthen and improve the actions undertaken.

8. Recommendation

Despite the efforts by the country to help the situation of disability over the years, very little has been done about sensitisation among the citizenry on the prevention of stigma for disability. It becomes an individual decision on whether to perceive disability to be a crime, curse or disease. It is, therefore, crucial for strong public education to be done across the country, advising on how everyone could assist in the fight for the rights of people with disabilities.

It must also be recommended that cultural traditions that prohibit, discriminate and jeopardise the rights of persons with a disability must be strictly banned by the country. This is because the traditional ruler who guards these traditions against people with disabilities could also become disabled at a point in life. It is necessary to avoid such traditional norms that do not favour scientific knowledge among the citizenry.

Organisations must be compelled to provide a quota for employing persons with disabilities. This is because, without a national policy, individual organisations in their interest will not be willing to engage such persons since discrimination has been deeply embedded in society. Such a policy must come with incentives for organisations that comply with it. For example, there may be

some tax exemptions for a number of persons with a disability an organisation employs. The government may also absorb the salary burden of a percentage of such persons for the organisation. This will drive the zeal to hire them since most are exceptionally talented towards specific careers.

Government road toll booths can be used by persons with disabilities, especially those with walking challenges. This is because this job does not require walking about. Other people may rather assist them than people with disabilities. This will increase the job scope of such persons, thereby reducing unemployment among persons with disabilities.

The various government institutions enforcing policies for disability must be financially and logistically resourced in order to deliver their duties. Such institutions must make it a point to employ more persons with disabilities. The said institutions and policies must involve mental health personnel or consultants to deal with the psychological component of the challenges of disability, as indicated above. Traditional authorities must also be included in developing policies that cover people with disabilities in order to facilitate the fight against discrimination and stigma. This is the only way holistic attention can be given to the situation.

9. Conclusion

In conclusion, disability is a concept that has not received a unified definition and conceptualisation due to its diverse nature. This has also affected the data available on the types and prevalence rates across the world. The effects of disability are enormous, ranging from physical to social and psychological. The poor structuring of society often compounds these effects in terms of traditions, infrastructure, and human relations. However, when policy decisions are carefully made to include people with disabilities, a lot of success can be chalked on the fight against the effects of disability in Ghana and the world over.

10. Declarations

Ethics approval and consent to participate

The study was conducted following the ethics standards for completing reviews.

Consent for publication

Not applicable.

Availability of data and materials

Not applicable.

Conflict of interest statement

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