

UNIVERSITY OF CAPE COAST

ATTITUDES OF THE PUBLIC, WORKERS TOWARDS PERSONS WITH
DISABILITIES IN THE SERVICE SECTOR IN THE TEMA/ACCRA
METROPOLIS

BY

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2015

DECLARATION

Candidate's Declaration

I hereby declare that this thesis is the result of my own original work and that no part of it has been presented for another degree in this university or elsewhere.

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Supervisors' Declaration

We hereby declare that the preparation and presentation of the thesis were supervised in accordance with the guidelines on supervision of thesis laid down by the University of Cape Coast.

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ABSTRACT

The study investigates the attitudes of the public, workers towards persons with disability in the Tema and Accra municipality and metropolis respectively. The study employed a cross-sectional study design to interview one hundred and fifty three respondents made of fifty three Persons with Disabilities (PWDs) and one hundred able workers or Non Persons with Disabilities (NPWDs). The one hundred NPWDs were interviewed to collect views on their attitude towards fellow workers who are PWDs while the fifty three PWDs were interviewed to collect their views on attitudes of their fellow able workers towards them as well as to confirm or disconfirm the information gathered from the NPWDs. The PWDs included in the sample for the study were selected by means of referral (snowball sampling) while the NPWDs were selected by simple random sampling technique.

Most of the respondents interviewed have worked at least within one year to fifteen years and as result have adequate information about PWDs they work with. The study revealed that most PWDs do not work in the service sector as compared to their counter parts the NPWDs even though the respondents indicated that it's their right to get jobs in the industry. The major recommendation of the study is that an intensive education should be given to the few NON-PWDS and PWDs who still hold on to old traditional beliefs and conceptions about disability which has perpetuated the negative attitudes recorded about PWDs despite the modern understanding of the disability concept.

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CHAPTER ONE

INTRODUCTION

Background to the study

According to the WHO (2009), there are more than 600 million disabled persons in the world, of which approximately 80 percent live in low-income countries. A recent report by WHO and the World Bank (2011) states that there are about one-billion people with disabilities in the world. That is to say that about 15 percent of the world's population is estimated to live with some form of disability (based on 2010 global population estimates).

UNDP (2007) estimated that there are about 2 million Ghanaians living with disability. The World Health Organisation (WHO, 2009) estimates the disability rate of Ghana to be between 7 and 10 per cent. This is equivalent to approximately 1.55 – 2.2 million of Ghana's population. Earlier surveys of individual districts by the Ghana Human Development Scale (GHDS) in 1993 and the Norwegian Association of the Disabled (NAD) in 1998 and 1999 indicate that: the three most prevalent types of disability are those related to visual impairment, physical disabilities and hearing impairment. The disability rate is the same for males and females. The rate is higher in rural areas than in urban areas and lowest in the 1 to 5 years age group and highest for persons who are 50 years of age or older.

The models that underpin the study are the social and medical theories. The social model argues that attitudes towards persons with disabilities (PWDs) are as a result of the way society is organised (Harris, 2003). To put it differently is to say that the social model views attitudinal problems encountered by PWDs as emanating from the society (i.e. the able persons, their beliefs and

perceptions). In contrast to the view of the society as the cause of the attitudinal problems encountered by PWDs is the medical theory which disagrees with the social construct and argues that problems of PWDs are within the disabled themselves and their impairment (Swain et al., 2003).

These models are very relevant to the study to the extent that they have been the basis on which disability issues have been discussed for a very long time and they further more give deep insight on the genesis of attitudinal and other problems PWDs face. Attitudes are directly influenced through questioning, personal experience and positive or negative reinforcement. In addition attitudes are indirectly influenced through social learning and observation or by learning through association (Eby et al., 1998). Thus the models are the primary basis on which people's attitudes and behaviours, perceptions and beliefs about PWDs which are discussed are constructed. The two theories will further help the study to establish which one of the two is a major contributor to the attitudinal problems encountered by PWDs.

It is reported by WHO (2011), that all over the world, people with disabilities have lower education achievement, poorer health outcomes, less economic participation and higher rates of poverty than people without disabilities. The reason for this is because people with disabilities are faced with a lot of barriers in accessing services that many people have long taken for granted, including health, education, employment, and transport as well as information. Such difficulties are exacerbated in less advantaged communities (WHO, 2011).

Contributing to the world report on disability by WHO and the World Bank (2011), Hawkins argued that governments throughout the world can no

longer overlook the hundreds of millions of people with disabilities who are denied access to health, rehabilitation, support, employment and education, and never get the chance to shine. To substantiate the above view, the WHO and the World Bank, in their 2011 report, argued that the countries with adequate mechanisms in place to respond to the needs of people with disabilities are few in number. A lot of issues continue to pervade in countries that do not have appropriate mechanisms to serve the populations of persons with disabilities within their nations. These issues include: inaccessible transportation, barriers such as discrimination and stigma, inadequate health care and rehabilitation services, inadequate buildings, information, and communication technologies. These issues have resulted in several consequences on people with disabilities.

WHO (2011) and the World Bank (2011) further argue that due to these issues, the people with disabilities experience higher rates of poverty, lower educational achievements, poorer health as well as fewer economic opportunities when they are compared with nondisabled persons. The convention on the rights for persons with disabilities (CRPD) and the international classification of functioning, disability and health (ICF) both highlight the role of the environment as a contributing factor to attitudes towards persons with disabilities or restricting participation for people with disabilities.

In view of the above discourse, the 2011 report of WHO and the World Bank documented wide spread evidence of barriers, including the following: inadequate policies and standards where policy design does not always take into account the needs of people with disabilities, or existing policies and standards are not enforced, negative attitudes in which case beliefs and prejudices include barriers to education, employment, health care, and social participation. A good

case is where the attitudes of teachers, school administrators, other children, and even family members affect the inclusion of children with disabilities in mainstream schools. The mistaken idea by employers that people with disabilities are less productive than their non-disabled counterparts and ignorance about available adjustments to work arrangements limits employment opportunities. Lack of accessibility whereby many built environments (including public accommodations), transport systems and information are not accessible to all. Lack of access to transportation is a frequent reason for a person with disability being discouraged from seeking work or prevented from accessing health care.

Negative attitudes regarding people with disabilities as workers and employees are kept in place by myths (Kilbury et al., 1992 & Satcher, 1992) and this has resulted in a situation where people with disabilities are more likely to be unemployed and generally earn less even when employed. Global data from the World Health Survey show that employment rates are lower for disabled men (53%) and disabled women (20%) than for non-disabled men (65%) and women (30%). The Organisation for Economic Co-operation and Development (OECD) (2009) reported that in 27 countries working-age persons with disabilities experienced significant labour market disadvantage and worse labour market outcomes than working-age persons without disabilities. On average, their employment rate, at 44 percent, was over half that for persons without disability (75%). The inactivity rate was about 2.5 times higher among persons without disability (49% and 20%, respectively).

A world health survey by World Health Organisation, (2002–2004) reported that people with disabilities thus experience higher rates of poverty

than non-disabled people. On average, persons with disabilities and households with a disabled member experience higher rates of deprivations – including food insecurity, poor housing, lack of access to safe water and sanitation, and inadequate access to health care – and fewer assets than persons and households without a disability. People with disabilities may have extra costs for personal support or assistive devices or for medical care. These higher costs result in people with disabilities and their households being likely to be poorer than non-disabled people with similar income. Disabled people in low-income countries are 50 percent more likely to experience catastrophic health expenditure than non-disabled people (WHO, 2004).

Reliance on institutional solutions, lack of community living and inadequate services leave people with disabilities isolated and dependent on others. Menlo (2003) found out that out of 1505 non-elderly adults with disability in the United States 42 percent reported having failed to move in or out of a bed or a chair because no one was available to help. Residential institutions are reported to be responsible for a lack of autonomy, segregation of people with disabilities from the wider community, and other human rights violations (WHO/World Bank, 2011).

The Ghana Federation of the Disabled (2008) reported that disabled persons in Ghana constitute an impoverished marginalized group characterised by lack of access to education, public health, and other social services that would ideally support and protect people with disabilities. Socially as well as in economic terms, disabled persons in developing countries are classified among the poorest of the poor. People with disabilities in Ghana are often regarded as unproductive and incapable of contributing in a positive way to society. Persons

with disability are rather seen as constituting an economic burden on the family and the society at large. This leaves them in a vicious cycle of poverty (Ghana Federation of the Disabled, 2008).

Persons with disabilities tend to have restricted access to both public and private goods and services. Even when they are not restricted, the quality of the services available to them is relatively low (World Bank, 2005). The type of society in which one lives is also an important component in determining one's state of disability, since disability is a complex phenomenon which involves the interaction of a person's body and society (WHO, 2009). Certain negative practices (special schools for the disable, excluding the disabled from occupying key positions, e.g. chief, clan head, killing of disable babies at birth) within the society promote discrimination against the disabled. Society has over the years been quite reluctant for a variety of reasons to accept persons with disabilities (PWDs) as full members of the group. For instance some Ghanaian cultural norms use physical disability to exclude people from holding any traditional political office or occupying any leadership position in the community like becoming a chief (Appiagyei-Atua, 2006).

People with disability (PWD) in Ghana, and in most parts of Africa face multiple discrimination from the home, the community and society at large and in terms of allocation of resources and opportunities. They are faced with low quality and segregated education, chronic unemployment, poor access to public facilities and widespread disdain or paternalism. Even infanticide of the disabled is widespread (Ghana Federation of the Disabled, 2008). Therefore, PWDs face a monumental task in asserting and enjoying their fundamental human rights which the Constitution of Ghana upholds.

The inability of PWDs to integrate themselves into society and enjoy their rights to education, employment and other resources explains the reason why in Ghana they form the chunk of the beggars on the streets and also why they are poor. The persons with disability lack the opportunity to fully utilise the resources of the society which are for all members of the society, notwithstanding the fact that Ghana has some intervention strategies as well as a lot of organisations and bodies (e.g. The persons with disability act of Ghana, the national council of persons with disability, the UN convention on the rights of persons with disability, disability and rehabilitation action plan of WHO (2006-2001), Ghana Federation for the Disabled, UN, WHO etc.) which represent PWDs (UNDP, 2007). The awareness of these policies can help solve the negative attitudes and perceptions people have towards persons with disability.

The 1992 Constitution of the Republic of Ghana provides a framework for the protection of the rights of people with disability. Chapter 5 of the Constitution enshrines the fundamental rights and freedoms of the individual. Article 12(1) promulgates that all organs and agencies of government as well as all natural and legal persons in Ghana are under obligation to respect those rights. Article 12(2) guarantees these fundamental rights for every person, the only requirement being the respect of the rights of others and for the public interest. Article 17(2) provides that “a person shall not be discriminated against on the grounds of gender, race, religion, ethnic origin, creed or social and economic status”. In addition, Article 29(4) provides that “Disabled persons shall be protected against all exploitation, all regulations and all treatment of a

discriminatory, abusive or degrading nature” (The 1992 Constitution of the Republic of Ghana, 2005).

In respect of Article 29(8) of the 1992 Constitution of the Republic of Ghana, the Government of Ghana enacted the PWD Law in the year 2006 and subsequently established the National Council on Disability to implement the National Disability Policy in the year 2009. Despite all these efforts, there have been several reports, including the Ghana Human Development Report (2007), which have indicated that PWDs are marginalised in the society. Article 29(7) provides that “Special incentives should be given to disabled persons engaged in business and also to business organisations that employ disabled persons in significant numbers”.

However, according to the Ghana Human Development Report (2007), the rate of employment of PWDs 69 percent is much lower than that of the general population 80.2 percent. The same report raises questions on the quality of work and attitudes towards PWDs at their places of work. It is obvious from the above background information that much has been done both locally and intentionally to mitigate discrimination against PWDs. If all was right and working well with all the efforts put in place, PWDs should be mainstreamed into our societies and be fully enjoying societal rights as all able people do. But this is not the case, PWDs are not mainstreamed into our societies and societal concerns and efforts, they face serious societal discrimination and negative attitudes, on the contrary. Thus the presence of all these organisations and the emergence of new ones have not led to the apparent full integration of PWDs into the society. This is because PWDs are still facing many problems of societal

discrimination among others that need to be tackled. Among the numerous problems facing PWDs in Ghana is the problem of unemployment.

Persons with disabilities must also work and earn a living just as any human being does. Work according to Brodzinky (1979), provides a window to the world outside the family. It is related to one's socio-economic status (Hurst & Gulding, 1981) and also provides the opportunity for expanding the circle of friends and acquaintances (Rice, 1992). The societal discrimination against PWDs puts them in a world of no friends and no opportunities to enhance their socio – economic statuses which as well worsen their poor conditions.

The negative attitudes PWDs encounter in the society makes them to shun the company of other disabled colleagues as has been argued by Deal (2006) that PWDs desire to avoid others labelled as people with disabilities for fear of further stigmatisation through association, to proclamations of strength and pride through association. The study focuses on the service sector of Ghana. A brief insight on the sector will justify the need to investigate attitudes towards PWDs in the service sector.

The services sector of Ghana is the largest source of employment after agriculture, employing 33 percent of the economically active population in 2000. It is also the the largest sector, contributing about half, 49.5, percent of GDP in 2013 from 48.4 percent in 2012 (Ghana statistical service: statistics for development and progress, 2014).

The services sector of the Tema Municipality is well endowed with services such as banks, post offices, schools, government institutions, hospitals, courts etc. (Tema Municipality Human Development Report, 2004). The public services tend to be concentrated in the larger communities with populations of

5,000 and over. More than half of the economically active population aged 15 years and over is employed in the services sector. In addition the report identified persons with disability as vulnerable groups that suffer from job insecurity, unemployment, underemployment and food insecurity in the Municipality (Tema Municipality Human Development Report, 2004). The Accra Municipal Assembly (AMA) estimates that total economic activity in the city accounts for at least 10.0 percent of Ghana's Gross Domestic Product (GDP), with manufacturing (secondary) activities contributing to over 50.0 percent of valued added. Most employment, however, is found in the tertiary (services) sector (Africa Region Working Paper Series No. 110, p. 89, January 2008).

Statement of the problem

Persons with disabilities have for long suffered from negative attitudes from able bodies in the society. It is for this reason Brostrand (2006), posits that negative attitudes resulting in discrimination in the workplace continues to be a significant problem for people with disabilities and this continues to adversely affect employment outcomes. Despite the training and services provided for persons with disabilities in Ghana, they still meet many obstacles preventing them from participating in everyday life activities (National Disability policy Document, 2000).

The background to the study has pointed out these negative attitudes which have compelled international organisations and governments to take necessary steps to end these negative attitudes towards PWDs. But the Ghana Human Development Report (2007), indicated that the rate of employment of

PWDs (69%) is much lower than that of the general population (80.2 %). The report further argue that even where PWDs are employed, they are faced with a lot of constraints and frustrations. The same report raises questions on the quality of work and attitudes towards PWDs at their places of work. Disability in Ghana is often considered as punishment for sins committed either by the PWD or parents of the PWD and persons with disability lack status and recognition in the Ghanaian society as well as having limited opportunities for training and employment (UNDP, 2007, p.129).

The Ministry of Employment and Social Welfare of Ghana reported in its national employment policy, (2012-2016) that the services sector is the largest source of employment after agriculture, employing 33 percent of the economically active population. However, the report pointed out that there is high unemployment and under - employment rates among vulnerable groups including the youth, women and persons with disability, and challenges for mainstreaming the vulnerable and excluded to make them productive. In support of this, the background to study revealed that the services sector of the Tema and Accra Municipality is the largest source of employment and the two Municipalities are a hub of service providing organisations in Ghana thereby making the study area conducive for the study.

Much has been done locally and internationally to mitigate discrimination against PWDs. However, if all was right and working well with all the efforts put in place, PWDs should be mainstreamed into our societies and be fully enjoying societal rights as all able people do. But this is not the case, PWDs are not mainstreamed into our societies, they face serious societal discrimination and negative attitudes, on the contrary. It is from this perspective

that the study seeks to investigate how the local and international steps taken has helped to solve the problem of negative attitudes towards PWDs.

Objectives of the study

The general objective of this study was to investigate attitudes of the public, co-workers towards persons with disabilities in the service sector of the Accra and Tema metropolitan areas. To achieve the above stated objective, the study sought specifically to:

1. collect views of the public on the awareness of PWDs, types of disability suffered and negative attitudes towards PWDs at their work places.
2. examine the attitude of PWDs to work and attitude of other workers towards PWDs in the service sector.
3. examine the perceptions of the public on whether disability contributes to poverty.
4. collect the views of the public and co-workers on the employment rights of PWDs
5. examine the awareness and effectiveness of policies, laws and conventions towards PWDs.
6. make recommendations on disability issues in Ghana for policy making bodies.

Research questions

In order to address the specific objectives the following questions are posed:

1. What negative attitudes do PWDs suffer from?

2. What kind of attitudes do PWDs have towards their work?
3. How do non-disabled workers behave towards PWDs?
4. What perceptions do people have on whether disability contributes to poverty?
5. Why are PWDs not employed? Do they have the right to be employed?
6. What policies, laws and conventions concerning PWDs are well known?

Significance of the study

With the formation of the National Council of Persons with Disability in April, 2009 by the Government of Ghana, there is the need for brand new information on attitudes towards PWDs. Therefore, this study is intended to add to existing knowledge on the issue. The Accra and Tema municipal areas immensely contribute to the development of the country and accommodate offices of major players in the service sector. These major players are expected to be very professional in their dealings and also to create knowledge on existing policies and laws relating to PWDs. Therefore, an assessment of attitudes towards PWDs in these areas should provide a good indication of the general public attitudes towards PWDs in the country.

Scope of the study

This study concentrates on the services sectors within the Tema and Accra metropolitan areas. Both public and private players within the service sector are studied. Study respondents included both PWDs and Persons without Disabilities in the service sectors of the Accra and Tema metropolis. The respondents were selected from all levels of the service sector.

Organisation of the study

The study is organised into five (5) chapters. Chapter One gives a general overview of the study. It includes the background to the study and the statement of the problem. It also discusses the research questions, the purpose, significance, limitations and organisation of the study.

Chapter Two reviews the available literature on PWD. This chapter also looks into local and international efforts, policies, laws, declarations and activities concerning PWDs. There is also information on PWDs and poverty. Chapter Three deals with the methodology of the study. It spells out the research design used in the study. The chapter also explains the study area and sampling procedure used in the data collection. Additionally, it captures how the data was collected, processed and analysed.

Chapter Four deals with the presentation and discussion of the findings of the study. Chapter Five, the final chapter of this study, provides the summary and conclusion of previous chapters and ends with recommendations that are aimed at addressing the research questions posed earlier in the study.

CHAPTER TWO

REVIEW OF RELATED LITERATURE

Introduction

This chapter reviews related and relevant empirical and theoretical literature on the disability problem under study. More significantly the chapter collects the views of other researchers on the topic under investigation. Areas of review include: the concept of attitude, service sectors, definitions of disability, types of disabilities, international and local efforts on disability and employment.

Models describing the development and change of attitudes towards persons with disabilities (PWDs)

The medical and social models that can be used to describe how attitudes towards persons with disabilities develop and some theories that explains how attitudes towards PWDs change are discussed below. The theories are the cognitive approach, cognitive consistency, self-perception theory, effect of exposure, elaboration likelihood theory, social representations theory and the theory of planned behaviour.

The medical and social model

The Social and the Medical models are very significant to this study. They help in understanding that disability is not only a medical condition but also a social construction. The medical model of disability suggests that the disabled person's inability to integrate themselves into the society is seen as a direct result of having impairment and not as a result of features of the society that can be altered. Any economic or social deprivation encountered by disabled people was located within the individual and their impairment (Swain et al., 2003). The medical model views disability as a problem of the person, directly caused by disease, trauma, or other health condition that requires sustained medical care provided in the form of individual treatment by professionals.

In the medical model, management of the disability is aimed at a "cure," or the individual's adjustment and behavioural change that would lead to an "almost-cure" or effective cure. The disabled people are expected to see their impairments as their problem, something they will have to make the best use of and accept that there are many things they cannot do (Oliver, 1993). The

Medical model is of the view that persons with disabilities need special services, such as special transport systems and welfare social services. For this purpose, special institutions (hospitals, special schools or sheltered employment places) exist, where professionals (social workers, medical professionals, therapists, special education teachers) decide about and provide special treatment, education and occupations to PWDs (Harris et al., 2003).

According to Campbell and Oliver (1996), there are certain “norms” in human development and functioning against which the person is judged such that it is only the nature and severity of the impairment that is important in addition to the extent into which the impairment can be put right or reduced. As such, the disabled are defined and categorized by their impairments. Campbell and Oliver believe that the Medical theory has dehumanizing effects as it encourages explanations in terms of features of an individual’s body, casting the individual as a victim of the problem, unlike the social model that encourages explanations in terms of characteristics of the social system (Campbell et al., 1996).

The Medical model of disability has also been criticized by disabled people whose philosophy is that disability is a social construction rather than seeking to “fix” a person or to separate him or her from the rest of the society. The social theory seeks to put the problem on the society rather than on the individual, and it defines the solution to disability as not lying with the person, but rather in breaking down the barriers that limit people from full participation in their communities and society. The disabled people argue that the medical theory has led to low self-esteem, underdeveloped life skills, poor education and consequent high unemployment levels.



Figure 1: The medical model

Source: Harris and Enfield, 2003

PWDs argue that the medical theory is responsible for the segregation of disabled people that have caused the breaking up of natural relationships with their families, communities and societies as a whole (Ingstad & White, 1995). The Medical theory of disability can also result in emotions such as fear or pity because the society has not recognized disabled people's needs as "rights". Where their needs have been met, it has often been through charity that reinforces the idea of disabled people being passive recipients. Below is a diagrammatical illustration of the Medical theory of disability.

The Social Model

The Social model of disability explains disablement as the result of any behaviour or barriers that prevent people with impairments from choosing to take part in the life of the society. The driving force to the Social theory is an inclusive view of the disabled community. The construction of the Social theory defines disability quite simply as the social consequences of having impairment. Although the social model has many manifestations, at its heart is apolitical message about human rights - " demonstrating that everyone - even someone who has no movement, no sensory function and who is going to die tomorrow - has the right to a certain standard of living and to be treated with respect" (Vasey, 1992, p. 44). Evolving from the recognition that disabled people's rights and status in society had been marginalised, the social model redefines perceptions of disabled people by reframing disabilities as outcomes of interaction - as a grouped entity (Barnes et al, 1999). It considers disability as intrinsically connected to people and their life choices.

Harris and Enfield (2003), argued that the social model regards disability to be a result of the way society is organised. Shortcomings in the way society is organised mean that people with disabilities face the following types of discrimination and barriers to participation in the society: Attitudinal: This is expressed in fear, ignorance and low expectations (influenced by culture and religion); Environmental: This results in physical inaccessibility affecting all aspects of life (market and shops, public buildings, places of worship, transport); and Institutional: This means legal discrimination. Persons with disabilities are excluded from certain rights (e.g. by not being allowed to marry

or to have children), or from school. These three types of barriers make people with disabilities unable to take control of their own lives. According to the social model, a disabled person not only depends on the individual but also on the environment, which can be disabling or enabling in various ways. Persons in wheelchairs can't be described as disabled if they can drive a car or motorbike and if their homes, workplaces and other buildings in the society are accessible (Harris et al., 2003).

The origin of the social model of disability can be traced to an essay by a disabled person by name Paul Hunt. In his essay: A critical condition, Hunt (1966) argued that because people with impairments are viewed as “useless, unfortunate, different, sick and oppressed”, they posed direct challenge to the popularly held western values. According to Hunt, they were viewed as “unfortunate” because they are unable to “enjoy” material and social benefits of modern society. They are viewed as “useless” because they are considered unable to contribute to the economic good of the community and marked as “minority group” members because, like the black people and homosexuals, they are perceived as “abnormal” and “different”. This analysis led Hunt to the view that disabled people encountered “prejudice” which expresses itself in discrimination and oppression.

Hunt's work was further developed in 1976 by a UK base organisation known as the Union of the Physically Impaired against Segregation (UPIAS). In its attempt to further develop Hunt's work, UPIAS asserted that ‘the disadvantage or restriction of activity caused by a contemporary social organisation which takes little or no account of people who have physical impairments and thus excludes them from participation in the mainstream of

social activities.’ The views of Hunt and UPIAS created the situation where for the first time disability was viewed in terms of restrictions imposed on disabled people by social organisation. The consequence of these views is what is known today as the social model of disability. However, the UPIAS view of disability faced several criticisms thereafter.

In 1983, the UPIAS definition of disabled people as “people who have physical disabilities” was criticized by a disabled academic by the name Mike Oliver on the basis that it failed to include or consider other types of impairments. Oliver (1983), coined the phrase ‘social model of disability’ in reference to these ideological developments. Oliver focused on the idea of an individual model (of which the medical was a part) against a social model, derived from the distinction originally made between impairment and disability by the UPIAS.

The social model of disability is not restricted to only descriptions of impairments (Oliver, 1983). It also takes the wider view that social interventions affect the ability to undertake activities. As such, the limitation of activity is not caused by impairment but it is a consequence of social organisation. To Oliver, the social theory of disability does not wish to deny the existence of impairment and physiological differences, but rather, it addresses them without attaching value judgments such as “normality” and shifts the emphasis towards those aspects of our world that can be changed. "It does not deny the problem of disability but locates it squarely within society. It is not individual limitations, of whatever kind, which are the cause of the problem but society's failure to provide appropriate services and adequately ensure the needs of disabled people are fully taken into account in its social organisation"

(Oliver,1996, p.32). The social model of disability can be employed in this study to explain the disablement of the physically disabled people in Ghana as arising from the negative traditional beliefs and attitudes towards them by the Ghanaian society and to some extent the failure of government and the society to provide disabled people with support services and adapted environment for them to lead normal lives.

In this model, disability is seen more as a social construction than a medical reality. An individual may be impaired by a condition that requires daily living adaptations, but the bulk of his problem (his disability) can be found in the attitudinal and physical barriers erected by the Ghanaian society rather than the person's medical conditions. By this model, disability is not an attribute of an individual; instead it is rather a complex collection of conditions, many of which are created by the social environment of the Ghanaian community. The model recognises the solution to the disability problem as to rid the society of these barriers rather than relying on curing all people who have impairments, which in most cases is not possible. This issue is both cultural and ideological, requiring individual, community, and large-scale social adoption and change. From this perspective, equal access for someone with an impairment/disability is a human rights issue of major concern. Below is a diagrammatical illustration of the medical model of disability.



Figure 2: The social model

Source: Harris and Enfield, 2003

The relevance of the models of disability to this study

The Social model of disability is relevant to studying PWDs in Ghana because it provides the intellectual and methodological tools needed to create disability research. It can be applied to real issues in law, in community inclusion interventions such as an inclusive education, employment, accessibility to societal structures approach for the physically disabled people. In this study, the Social model is being used to expand the understanding and examination of the social, economic and political forces that for years have served to marginalize and oppress the physically disabled people in the Tema and Accra Municipality.

The social model is also important because it will help to change the way disabled people in Ghana think about themselves and their place in the world and for that matter the Ghanaian society. The focus of the Social theory: the idea that people with disabilities are a minority group, who have been discriminated against, can be used to describe the situation of the physically disabled people in Ghana as a minority group who are being marginalised by the wider able-bodied bigger society. The social model of disability can also be used by disability rights activists, education trainers, non-government agencies involved in disability work, human rights activists and academicians in Ghana to give the insights provided by the theory to lobby the government in changing and adapting its policies in areas of social, political and economic life to be responsive to the needs and aspirations of the disabled.

The model can also be employed to make it clear to people that being disabled does not have to be viewed negatively as some failure, weakness or a curse on the disabled people. This positive perception can help the non-disabled not to blame people with disability for their disability but rather increase their understanding of their situation and therefore lead to an acceptance of the disabled in the society. The model will help to boost the confidence of the disabled and allow them to feel a sense of self-worth and dignity. This is because it helps them to think about disability as caused by the negative attitudinal beliefs, physical and communication barriers, imposed on them rather than the effects of their impairments. Its focus on disability as caused by social barriers, rather than the person's conditions, can allow disabled people not to blame themselves but rather blame the society for not partaking fully in societal activities. It can also become the basis on which organisations for the disabled,

lobby groups can challenge and pressurise the Ghanaian government and the society to remove the barriers.

The medical model is important in this study in the sense that it explains the root causes of the marginalization of the physically disabled in the Ghanaian community who are the subject of this study. They are physically disabled, because they are incapacitated by injury or illness that limits and prevents the fulfilment of roles that are normal depending on sex, age, and socio cultural factors. The model also helps PWDs to understand their condition also as being medical and not only a social construct hence seek for medical assistance.

Cognitive approach

The concept 'breakdown of the expectations' is one of cognitive descriptions of negative attitudes towards persons with disabilities. A person forming a set of expectations (schema) about persons' physical appearances, clothes, speeches, movements and behaviours feel anxiety and fear when he meets someone not conforming to this set. This situation causes avoidance from the source of anxiety and formation of negative attitudes towards them (Westervelt & Turnbull, 1980). According to Heider, Weinberg and Yamamoto (1958), interaction with disabled individuals is a new case that is not coded cognitively. This new social situation makes it difficult to apply the known social rules and results in avoidance of interaction. Likewise, mentioning persons with disabilities as cripple, insane, freak and sick results in avoidance and negative attitudes (Cited in Livneh, 1988).

Cognitive consistency

People seek consistency and meaning in their knowledge, this situation works as a need. Perceiving inconsistency alone drives for change to provide consistency. Heider's (1958) theory of balance is the first of cognitive consistency theories. According to this theory, the individual seeks consistency between the feelings, belief and perceptions in his cognitive system. Perception of inconsistency breaks down the balance of the cognitive system and the individual tries to provide the cognitive adjustment that re-establishes the balance. When this idea is to be applied to the attitudes towards persons with disabilities, people who perceives other family members as having positive attitudes towards PWDs develops positive attitudes towards PWDs, this will help the cognitive system remain in balance.

The case in Ghana is different. The Ghanaians experiences a perception of inconsistency as the traditional culture gives a negative attitude towards the disable yet the schools teach about positive attitudes towards the disabled. This creates a lot of confusion among the Ghanaian youth as to who the disabled are and how they should be treated in society. Festinger's (1957) cognitive conflict theory also states that there is a tendency that no conflict between behaviour and attitude exists. Cognitive conflict is disturbing and the individual changes his behaviour or attitude in a way to resolve the conflict. If someone who has never made friends with persons with disabilities and therefore avoids them like the plague works together with a disabled person and gains success may develop an attitude that does not conflict the happiness of the partnership.

Self-perception theory

People who do not already have a significant attitude, develops attitudes through their behaviour. Self-perception theory propounded by Bem (1967) states that an individual develops an attitude suited to his behaviour towards an attitude object. If an individual applauded someone for his success, admired his success, this individual assesses that behaviour as a positive attitude and will desire to replicate that as his or her own attitude. If individuals in the Ghanaian society who have shown positive attitudes towards PWDs are identified and rewarded so that society attach so much value to their behaviour and show that what they have done is a positive behaviour, this will form the basis of other people creating positive attitudes towards PWDs.

In addition, if society can do the same to successful PWDs, that is recognizing and attaching so much value to the success they (PWDs) have achieved, other PWDs who have negative perception about themselves or have accepted how society have labelled them, will begin to reconstruct their own negative perception to developing positive attitudes of themselves. As a result they will stop begging on the streets and start putting into practice the skills they have acquired in the rehabilitation centres and those given to them by God.

Effect of exposure

A frequent exposure to a stimulator results in an individual developing a positive attitude towards it (Zayonc, 1968). People are not likely to develop positive attitudes towards attitude objects they have never met or interacted with. Thus there is a high likelihood of people developing positive attitudes towards familiar individuals or objects than unfamiliar attitude objects. The more people are exposed to persons with disabilities at every section of society, seeing them and interacting with them increases the likelihood of developing

positive attitudes towards them. Their research demonstrated that the effect of exposure positively affected the attitude towards persons with disabilities (Rillotta & Nettelbeck, 2007). Thus the Ghanaian education system where there are special schools for PWDs is not helping the able people to develop positive attitudes towards the disabled. This is because the special schools prevent the interaction and exposure that is needed between the two groups for positive attitudes to be created.

Elaboration likelihood theory

Petty et al (1986) developed this theory in relation with the change of attitude. The theory elaborates upon how the messages associated with the attitude object are assessed and in which situations, which characteristics of the message effect the formation of attitudes. According to the proponents attitudes are formed following central or peripheral routes. When people have detailed information about the attitude object and can review this information elaborately and if they have enough time and equipment to do this, they follow the central route; they develop or modify their attitudes in a highly cognitive process. Where this is not possible, in other words their skills, abilities, time and information are limited they follow the peripheral route and develop their attitudes through the visible clues. If individuals have detailed, true information about persons with disabilities and if they can understand these, they are expected to develop correct and more realistic attitudes following the central route. If not, through a shallow assessment, they may get stuck with the deficiencies of persons with disabilities and quickly embrace prejudged and discriminatory attitudes through existing shortcuts.

Social representations theory

The theory posits that attitudes were built by society, shared by the community members and reflect society or the group. Attitudes are therefore the true representation or the effect of society and culture. The community's social representations, common thoughts and belief accordingly shape our attitudes towards PWDs. The fact that persons with disabilities in the past were considered to be sinful, ill-fated, witches, among others and exposed to violence and maltreatment to an extent and today to prejudice, discrimination can be attributed to the outcome of these social representations. By the tradition of most Ghanaian communities disabled people cannot be chiefs or own chieftaincy titles.

The theory focuses on commonly shared thoughts by groups, (Moscovici, 1961, 1981, & 1988). They convert what is unknown and complicated into what is known and familiar and provide a common sense to interpret experiences. Moscovici argue that people's belief about attitude objects were built by society. Thus the thoughts of people rely heavily on what others believe and say. With time little pieces of information turn into social representations.

Theory of planned behaviour

The theory describes the relationship between attitude and behaviour and puts forward a model that increases the likelihood of foreseeing a given behaviour (Ajzen, 1989). An individual's behaviour relies not only on attitude but also on the norms of others he cares and to the perceived behaviour control.

These (attitude, subjective norms and perceived behaviour control) together form the intention of behaviour and when the appropriate conditions emerge determine the likelihood of executing of certain behaviour. Behaviour towards persons with disabilities, for instance marrying a disabled person, relies on the individual's attitude towards persons with disabilities, his loved ones' (family, friends) sympathy on this and perceived easiness of the life changing through marriage based on the intention of marrying a disabled person. In this theory, behaviour is handled more as a planned behaviour resulting from a cautious examination rather than an action driven by habits.

Concepts

The disability concept

'Disabilities' is an umbrella term, consisting of impairments, activity limitations, and participation restrictions. Impairment is a problem in body function or structure; an activity limitation is a difficulty encountered by an individual in executing a task or action; but a participation restriction is a problem experienced by an individual in involvement in life situations (WHO, 2009). The concept of disability according to ICF is "the outcome or result of a complex relationship between an individual's health condition and personal factors and of the external factors that represent the circumstances in which the individual lives" (ICF, 2001). However the social and environmental handicaps can be reduced by social, medical and technical adaptations which also reduce the effects of a person's disability. The only variable that cannot change is "impairment". For example the loss of a leg, though it can be replaced with an artificial one, this will not change the fact of loss of a leg. In this study therefore,

the definition of “physically disabled”, refers to any person from age 18, hence qualified by the Ghanaian constitution to work and who is impaired, a condition that limits and restricts their physical ability to perform an activity in the manner within the range considered normal for human beings.

In Ghana a “person with disability” has been defined by section 59 of the Persons with Disability Act, 2006 (Act 715) to mean “an individual with a physical, mental or sensory impairment including a visual, hearing or speech functional disability which gives rise to physical, cultural or social barriers that substantially limit one or more of the major life activities of that individual”. Two major schools of thought that attempted defining the term disability and its related concepts are the Nagi (1965) in his Disablement theory and the International Classification of Impairments, Disabilities and Handicaps (ICIDH), (WHO, 1980).

The Nagi concept of disability

According to Nagi (1965), “Disability is the expression of physical or mental limitation in a social context. His definition specifically views the concept of disability as representing the gap between a person’s capabilities and the demands created by the social and physical environment. Nagi (1976) defines disability as a limitation in performing socially defined roles and tasks expected of an individual within a socio-cultural and physical environment. These roles and tasks according to him are organised spheres of life activities like that of the family or other interpersonal relations such as work, employment and other economic pursuits, education, recreation and self-care.

Nagi (1965) noted that there are a number of factors that contributed to the shaping of the dimension and severity of disabilities. These factors include: “the individual’s definition of the situation and reaction, which at times compound the limitation of function. Secondly, the definition of the situation by others, and their reactions and expectations of those who are significant in the lives of the person with the disabling conditions such as family members, friends and associates, employers and co-workers, and organisations and professions that provide services and benefits. Thirdly, is the characteristic of the environment and the degree to which one is free or encounters physical and social-cultural barriers” (Nagi, 1991, p, 31).

Thus it is society that renders PWDs incapable of participating in the society by means of the barriers it has put on their way. The negative perceptions about PWDs which are socially constructed, informed the unfriendly and incompatible design of the physical environment of most societies and this has been the bases of the reasons why PWDs cannot take part in legitimate social activities such as employment, education, relationship, recreation among others. Societies define the basic tasks and role of PWDs as beggars and are described as unproductive people and a burden of society.

It is not surprising therefore to see the chunk of the disabled people end up as beggars on the streets in Ghana even when they have under gone rehabilitation programs that have equipped them with some skills with which they can participate in the societal activities equally with their nondisabled counterparts. In his attempt to define disability, Nagi also touches on other related concepts such as impairment and functional limitations. To him, impairments refer to the loss of or the abnormality at the tissue, organ, and body

system level. In his view these impairments represent a functional limitation that restricts the basic performance of the person.

International classifications of impairments, disabilities and handicaps concept of disability

The other school of thought is the International Classifications of Impairments, Disabilities and Handicaps (ICIDH) that was developed by the WHO. The ICIDH (WHO, 1980) describes disability as a term that summarises different functional limitations occurring in any population in any country of the world. It further argues that people may be disabled by physical, intellectual or sensory impairment, medical condition or mental illness. Such impairments, conditions or illnesses may be permanent or transitory in nature. An important component of ICIDH concept of disability is impairment, which is defined as: any loss or abnormality of psychological or anatomical structure of function (WHO, 1980, p.27).

The International Classification of Functioning, Disability and Health (ICF), which is the second edition of the International Classification of Impairments, Disabilities and Handicaps (ICIDH), is the WHO's framework for measuring health and disability at both individual and population levels. The framework acknowledges that every human being can experience a decrement in health and thereby experience some degree of disability (World Health Assembly Resolution, 2001).

By shifting the focus from cause to impact it places all health conditions on an equal footing allowing them to be compared using a common metric – the ruler of health and disability. Additionally, ICF takes into account the social

aspects of disability and does not see disability only as a 'medical' or 'biological' dysfunction. By including contextual factors in which environmental factors are listed ICF allows to record the impact of the environment on the person's functioning (World Health Assembly Resolution, 2001). Thus the ICF perspective of disability helps to understand the disability problem from both the social and medical perspective. A blend of the two perspectives is a good base for understanding and helping PWDs.

ICF defines activity as the execution of a task or action. It lists nine broad domains of functioning which can be affected in disability: learning and applying knowledge; general tasks and demands; communication; mobility; self-care; domestic life; Interpersonal interactions and relationships; major life areas; community, social and civic life (World Health Assembly Resolution, 2001). The ICF classification proposed three conceptual models to promote understanding on disability: The medical, social and market models.

The concept of marginalization

The operational meaning of marginalization as used in this study is an involuntary social exclusion and a shifting phenomenon. Understanding the concept of marginalization is very important for this study. It will help in understanding disability in totality and thereby design intervention programs that aim at countering the exclusion of the disabled into the mainstream life in the society. Furthermore marginalization is fundamental to the meaning of the human being. For those people who are severely involuntarily marginalized, their selfhood, their humanity, is threatened.

Charlesworth puts it thus: ... no matter what one has done occupationally ... [once marginalized] ... there is no way one can escape the experience of a social context that is like a stagnant pond in which we are the suffocating organisms. There is an absence of the social conditions that make optimism and hope a realistic life strategy (Charlesworth, 2000, p. 60). It is therefore unethical to do nothing about social marginalization: it is a major human problem, undermining the essence of humanity. It is important to address marginalization within different social institutions, including: work, families, religion, and education etc.

The term marginalization has been defined in diverse ways by different authorities. Eldering and Knorth (1998) define marginalization to mean social exclusion, and as expressing a process and not a static condition. They see it as a process because at some stages in one's life cycle, the risk of marginalization may increase or decrease. Eldering et al, (1998) illustrate this by using the example of the marginalization status of disabled children and youth that may decrease as they get older, or as they gain education and access to facilities and services.

Eldering and Knorth (1998) argue that the concept of marginalisation contains at least four elements. First of all is that it expresses a process and not a condition since an individual can be marginalized during some period of his life and not others. Secondly, that marginalization can be defined as an undesirable situation for the individual as it relates to areas in society where there are normative expectations for the participation of the individual and these are seen to be according to society's dominant system of norms advances. Thirdly is that marginalization entails exclusion from participation in some

areas of social life. Marginalization is characterized by an involuntary, incomplete part on one or more spheres of life where there is an expectation of vulnerability with limited control over ones social and economic existence. Lastly, marginalization can be more or less extensive, in that it does not necessarily lead to complete exclusion from participation in one given sphere or all essential spheres of life. People can be marginalized in several spheres but marginalisation in one sphere does not automatically lead to the marginalization in others.

On the contrary, Leonard (1984) argues that marginalization mean being outside the mainstream of production activity and or social reproductive activity. It also means: -“Being involuntarily socially marginalised i.e. remaining outside the major arena of capitalist productive and reproductive activity and as such experiencing an involuntary social marginality” (1984, p.18). Leonard (1984) agrees with Eldering and Knorth (1998) in viewing marginalisation as happening to a group of people in the society that finds itself being involuntarily excluded from the mainstream activity. On the contrary, Eldering and Knorth differ with Leonard by suggesting that marginalization can be a voluntary or an involuntary activity.

Oliver (1990) defines marginalization to mean a division resulting into a lesser category. He argues that disabled people in many societies are seen as less human. His definition is similar to that of Allan (1982) who also defined the term as a sharp dividing line that puts one category much smaller than the other. To Allan (1982), this division into normal or disabled has implications that the latter is a much smaller and a lesser important category than the former. The similarity in the definition of the two schools of thought is that a division is

drawn between the able-bodied and the disabled whereby the able-bodied become superior and the disabled remain inferior.

It is obvious from the above discourse that the term refers to being excluded from the mainstream. In other words, to be cut off from mainstream activities such that an individual preferably a disabled person suffers rejection and lack of acceptance by another – an able-bodied person. Because of their disability, the disabled are a minority group that faces exclusion from the wider bigger society that does not readily accept them as part of the society. Marginalised groups like the disabled have no or little control over their lives and the available resources in the society. They are not only stigmatized but often times are at the receiving end of negative public attitudes. Available opportunities within which they can also contribute to the development of the society are often times limited. Consequently they develop low self-esteem and low self-confidence.

Their inability to secure employment means they have limited opportunities for meeting with others, pay tax, and may become isolated. People who are experiencing marginalization are likely to have tenuous involvement in the economy. The sources of their income vary; some will depend on state benefits, marginal economic activity such as casual jobs or charity. Others may even turn to begging. This explains the increasing numbers of the disabled in the begging business on the streets of Accra and other big towns in Ghana. Poverty and dependency are everyday aspects of the social and economic dislocation of the marginalized people.

The concept of attitude

Attitude is an inner and neural state of readiness developing as a result of experiences that shape or dynamically affect the individual's behaviours on every object or situation it is involved. It is a covered and stimulating reaction considered to be important in society where the individual lives. It is a quite permanent system with behavioural tendencies containing experience or feeling associated factors towards a certain object, idea or person (Freedman, Sears & Carlsmith, 1993). Shaver also argues that attitude is a regular tendency which shape reactions in favour or against of a group of social objects (Shaver, 1977). Kagitcibasi defines attitude as a tendency attributed to a person forming his ideas, feelings and behaviours about a psychological object in a regular way (Kagitcibasi, 1979). Attitudes are the basis of what PWDs encounter in the society.

The reactions that persons with disabilities encounter arise from social attitudes (Antonak & Livneh, 2000). The integration of persons with disabilities into society becomes easier and they get more acceptance from family, friends, employees and others when the social attitudes are positive. Negative attitudes hinders integration into the society and paves the way for personal, professional, social or family related problems . In order to eliminate these obstacles, there is the need for a good knowledge of the attitudes' structure and characteristics and such information provides a better understanding to the nature of interactions between those with or without disabilities (Antonak & Livneh, 2000). Ghana including other developing countries has in recent time's enacted laws that will ensure that PWDs are fully integrated into the society.

Even though most societies have and are implementing laws requiring that persons with disabilities be fully integrated into society and obstacles

hindering this process has begun to disappear, positive developments that enable persons with disabilities to find job opportunities, use facilitated transportation, improve their financial status and blend themselves into society remain quite slow whereas hard-shattering and common attitude related obstacles continue to exist (McCoughey & Strohmer, 2005). The effectiveness of new laws and services and rehabilitation centres of most societies depends on the changes in society and professionals' attitudes towards persons with disabilities and their families. Also the PWDs have to prove to society that they are not liabilities to the society but assets. This will mean after receiving training and acquiring the necessary skills at various rehabilitation centres all over Ghana, they will put the skills into use rather than going back to streets to beg. Attitudes determine the type of relationship that people have with PWDs.

There are three types of attitudes that determine whether an integrating or excluding relation is to be established with persons with disabilities: not being ready to accept persons with disabilities as neighbours, friends, customers, etc., lack of awareness of persons with disabilities, being against the idea of integration of persons with disabilities into society. The third attitude is the common kind that does not accept disability, which leads to negative results. As a result of this attitude, persons with disabilities are considered to be individuals that for instance in an education setting affect the development of those children without disabilities in a negative direction or as burden on the shoulders of their parents and society, and thus the conclusion comes that they should be isolated from society or even their lives should be terminated (Yazbeck, McVilly & Parmenter, 2004). This has called for the establishments of special education schools where PWDs and children with disabilities are sent

to. This has raised a lot of questions as some people see it as a way of stigmatizing them. In most cases people who are sent to such schools have the capacity and the ability to acquire knowledge in the mainstream schools with the so called able students.

Coleridge (1993) is of the opinion that it is attitudes that disable. If other people did not react with horror, fear, anxiety, hostility or patronising behaviour towards PWDs, then there would not be a problem. He mentions a vicious circle whereby discrimination and prejudice create the sense of being disabled, which leads to further discrimination and prejudice. Coleridge emphasizes that human behaviour and attitudes can be influenced. On one hand, the process of attitude change has to start with PWDs and their attitude towards themselves and their disability, since society is not likely to change behaviour unless PWDs make the first move. If PWDs are able to come up for their own rights and see themselves in a positive manner and as being capable to contribute to society, in time the society will also start to see them in this way. The issue for PWDs is ultimately one of self-esteem, of refusing to accept the role of victim in which society puts them. On the other hand, self-esteem cannot be raised in isolation from the social environment. If the social environment is oppressive and casts PWDs in the role of victim, then it is very likely that this is the way in which PWDs will see themselves (Coleridge, 1993).

This stereotype perspective towards persons with disabilities causes the role expectations to decrease, unwillingness and hesitations in establishing interpersonal relations, unwillingness in hiring qualified disabled for jobs, discomfort and uncertainty as to how to react to the presence of persons with disabilities and prevent them exhibit behaviours to experience, enjoy

opportunities and seek for help (Chan, Leierer, & Parashar, 2008; McCoughey & Strohmer, 2005). Although negative behaviours towards persons with disabilities are not explicitly exhibited, negative attitudes and prejudgments continue to exist in different forms such as discomfort, avoiding, fear and pity and the fact that persons with disabilities are considered as inferior leads to avoidance (aversive disablism), negatively affecting the lives of persons with disabilities (Deal 2007).

Components of attitude

Attitudes are composed of affective, cognitive and behavioural parts (Zimbardo & Leippe, 1991). The affective component involves a person's evaluation of liking or disliking, favouring or being against for any attitude object and is quite simple. Affective component of attitude contains the positive, negative or neutral information about an attitude object. Affective responses reflect one's attitude with sensations of pleasure, sadness, or other levels of physical arousal. The cognitive component of an attitude is conceptualised as a person's factual knowledge of the situation, object, or person, including oneself. In other words, the cognitive component refers to how much a person knows about a topic. Behavioural component of attitude includes observable (verbal or non-verbal) behaviours toward an attitude object. These components need to be manipulated in order to change the negative attitudes that society have towards the PWDs.

Empirical literature on influencing attitudinal change towards PWDS

Information

Information, simulation and establishing personal relations are among the many techniques used to change negative attitudes towards PWDs. In respect of information, Yazbeck et al. (2004), and Rillotta et al. (2007) argues that individual's attitude towards objects is basically influenced by the availability of information and the access to information. Thus the more information there is about persons with disabilities, the more the likelihood of changing attitudes towards them into positive attitudes. The availability of information decreases misunderstandings, prejudgments, anxiety and fears about PWDs; persons with disabilities are perceived less different, similarities are focused even more and accepted more. Due to wrong and insufficient information, wrong belief, prejudgments and unrealistic expectations, those who do not know how to establish relations with persons with disabilities generally resort to avoiding them, are frightened of them, overprotect them or try to have authority over them (Rillotta & Nettelbeck, 2007, Yazbeck & Coll, 2004). Providing much information about PWDs is the basis for people changing their negative perceptions about PWDs.

According to Bak and Siperstein, (1987) having knowledge about the lives, instruments, communication techniques, interests, preferences, characteristics and similarities with the non-disabled, of persons with disabilities will change the perceptions and wrong belief of the non-disabled persons about persons with disabilities and will decrease the stress of their presence. As the knowledge level raises stereotypes will decline, leading to the development of more positive attitudes (Bak & Siperstein, 1987; Beh-Pajoooh, 1991; Cohen, 1977; Ibrahim & Herr, 1982; Lombano, 1980). There are several means by which the society can be fed with information about PWDs.

Through information individuals establish communication with persons with disabilities more easily and generalize their information and experience about a given disabled group to other groups (Campbell, Gilmore & Cuskelly, 2003). It has been found that college students who took a course on discrimination changed their attitudes towards persons with disabilities and racial minorities in a positive way, perceived gender roles in an even manner and gained more tolerance for intercultural differences (Probst, 2003). A program based on establishing relations with persons with disabilities implemented on preliminary school students decreased prejudices against persons with disabilities (Cameron & Rutland, 2006).

Information is provided through such channels such as attending a lesson on an attitude object, participating into a conference, attending in-service education programs, reading books or stories, participating into a discussion, utilizing mass communication instruments, watching a play or movie, etc. Another source of information is the biographies or stories of successful PWDs. There are many PWDs that made it in life, examples are John Milton (1608-1674); Francisco de Goya (1746-1828), Ludvig van Beethoven (1770), Sarah Bernhardt, (1844-1923), Ray Charles, (1930 – 2004), Stephan Hawking (1942). Their stories of success, how they coped with their impairments, how they made it contributes to a more positive assessment of disability.

Emphasizing and highlighting such stories of success of PWDs in various settings (educational environment, business environment or television) helps to draw society's attention not to their impairments but to their other characteristics (Saliend, 1998). Furthermore, movies like Rain Man, My Left Foot, MarAdentro, Nell and the book: "Of Mice and Men", 1937, that describes

disability conditions, their characteristics, difficulties, successes, ways of handling disability issues are important sources of information about individual differences. Some empirical studies can be used to substantiate the significant role information plays in eradicating negative attitudes towards PWDs.

Significant positive changes happen in attitudes of teachers who received training or information on private education field (Akcamete & Kargin, 1994; Avramidis, Bayliss & Burden, 2000; Hunter, 1999; Murray, Wren & Keys, 2008). Teachers and professionals who receive private education courses and interact with persons with disabilities, gained more work experience with persons with disabilities during practice courses (college students) (Altindag, Yanik, Ucok, Alptekin & Ozkan, 2006; Cameron & Rutland, 2006; Hunt & Hunt, 2004, Laws & Kelly, 2005; Stachura & Garven, 2007).

Kucuker (1997) found out that informative psychological consultancy programs had positive effect on the level of information of the siblings of persons with learning difficulties about disability and their attitudes towards their disabled siblings. In a study, teachers were given structured hands-on training as well as information about children with Down syndrome. After the trial, positive changes were observed in the attitudes of the trial group teachers who received this training both in general towards persons with disabilities and in particular towards the children with Down syndrome Gilmore & Cuskelly (2003). Older participants who took a course on disability issues also changed their attitudes in a positive way (Pruett, Lee, Chan, Wang & Lane, 2008). After a one-day education on awareness, positive changes were observed in the male

or female employers' level of information about and their attitudes towards persons with disabilities (Hall, 2008).

Awareness of a disabled group in general caused changes in attitudes towards persons with disabilities and decreased the discomfort in interacting with persons with disabilities. In another research, teachers were given training on establishing with a research staff with cerebral palsy before they started their careers. This kind of interaction not only increased the prospect teachers' knowledge about disability but also decreased the discomfort of being disabled and allowed them to see persons with disabilities beyond their disability conditions (Brownlee & Carrington, 2000). In Hall's (2008) study, after a one-day education on awareness positive changes were observed in the employers' level of information about and their attitudes towards persons with disabilities.

However in some other researches such as Harris and Shechtman, (1959), Shaddock, (1979), Aldridge and Clayton (1987), Russel and Brynt, (1987), Farmer, (1997), it has been observed that information did not cause changes in attitudes. Informative group consultancy service given to parents of children with learning difficulties and autistic children where a four-session video and written material were utilised, decreased their level of depression, increased their inner values yet did not create differences in their attitudes (Girli, et al 1998).

Thus information alone does not suffice for a change in attitudes. Bond and Rosing (1973) on the other hand suggested that this approach led to negative attitude changes in non-disabled children. Therefore for information to be efficient communication must be persuasive. The fact that the source of information is specialized about disability, is attractive and leaves the final

decision to the individual facilitates changes in attitude. Information is much more effective in changing attitudes when it is presented with direct and structured association combination (Donaldson & Martinson, 1977; Higgs, 1975; Ibrahim & Ferr, 1982; Kucuker, 1997; Zwiebel, 1987).

Another technique used to change negative attitudes towards PWDs is simulation. This refers to how non-disabled persons sympathize with persons with disabilities by acting as if they were disabled too. Thus, the individuals have an experience of what it is like to be a disabled. However, while researches on the effects of simulation exercises aimed at changing the negative attitudes towards persons with disabilities yield uncertain, undefined results (Donaldson, 1980), a meta-analysis study by Flower & Burns & Bostford-Miller (2007) concluded that simulation is not successful and interaction with persons with disabilities is the most effective variable in attitude changes. It will be very difficult for able persons to put themselves into the shoes of the disabled and feel exactly what they go through. Positive effect of simulation is usually a short-termed effect and creates a feeling of sympathy rather than empathy, and unless precautions are taken it is sometimes perceived as a game by non-disabled persons, especially the children (Salend, 1998).

Simulation yields positive results only if it issued in combination with information and establishing relation processes (Handlers & Austin, 1980; Leyser, Cumblad & Strickman, 1986; Rule and coll., 1985). Krahe & Altwasser (2006) embraced cognitive-behavioural approach containing hands-on practices in gymnastics lessons with disabled athletes as well as cognitive approach informing ninth grade students about physical impairments and suggested that presentation of information alone is not sufficient for changing attitudes. In

other words, so that the negative attitudes towards persons with disabilities could be changed in positive direction cognitive activities such as informing about disability, lecturing on prejudgments, and behavioural activities such as establishing direct relations with them, acting together with them should be concomitantly applied. These and other similar findings validate Allport (1954) cited in, Krahe and Altwasser, (2006).

Allport (1954) posits that establishing personal relationship with someone in a group can change negative attitudes towards the group. Allport suggests that prejudices will decrease when intergroup contact includes the following four conditions: equal intergroup status in a given situation, presence of shared common targets, absence of competition between groups, authority approval forming the norms encouraging relations between two groups. Many researches validated his ideas (Pettigrew, 1998; Pettigrew & Trop, 2008). According to social contact hypothesis, meeting an attitude object (such as a disabled person) frequently may allow you to like that attitude object. Holding back this attitude object (i.e., disabled individual) from the environment creates a feeling of dislike rather than liking (Triandis, Adamopoulos & Brinberg, 1984). Being in direct contact with persons with disabilities decreases the individuals' social worries and contributes to positive attitudes by enriching positive perceptions for persons with disabilities and increases social acceptance (Barr & Bracchitta, 2008; Marom, Cohen & Naon, 2007).

Being in contact with persons with disabilities creates sympathy for them, increases sensitivity for them and so persons with disabilities are perceived more positively. The duration of the contact with persons with disabilities helps the attitudes to be positive. As the time spent together

increases, non-disabled individuals can review their negative ideas, worries and feeling of discomfort about disability, and after a certain time they start to realize the function of disability (Rimmerman, Hozmi & Devdevany, 2000). Extended contacts such as children who read stories where persons with disabilities and non-disabled children are friends has helped to develop positive attitude changes (Cameron & Rutland, 2006). On the other hand persons who have problems in communicating with PWDs, lack experience with persons with disabilities, lack knowledge about them, and experience much more discomfort with persons with disabilities when they are not educated about them (Aulagnier et al., 2005).

But persons who have acquaintances among persons with disabilities (Laws & Kelly, 2005; Parasuram, 2006), have a person with disabilities in their families, have work experience with them, have informal social relations with them and have already had regular relations with them, usually approach disability more positively. This assertion have been supported and substantiated by researchers such as (Parasuram, 2006; Stachura & Garven, 2007, Pruett et al., 2008) , who develop awareness of disability (Nagata, 2007), have frequent and close relations with a disabled person (Brownlee & Carrington, 2000, Popovich et al. 2003, Parasuram, 2006), communicate in an integrated and at a minimal level of labelling (Rimmerman, Hozmi & Duvdevany, 2000).

As closeness increases so does the positive approach (Beh-Pajooh, 1991; Pruett et al., 2008; Senel, 1995; Yazbeck, McVilly & Parmenter, 2004; Yildirim & Dokmen, 2004). Again those persons who actively and voluntarily worked with persons with disabilities (Avramidis et al., 2004) have experience with children with disabilities (Meegan & MacPhail,2006), live in the same

institutions (Iecovich & Lev-Ran, 2008), work, play together and interact with them (Dyson, 2008) approach individuals with disabilities positively. Relations with persons with disabilities cause changes in attitudes towards them (Ballard, et al., 1986; Bak & Siperstein, 1987; Burns, Storey & Certo, 1999).

Even though it is generally argued that having relations with persons with disabilities are the key component in shaping attitudes towards them (Yuker 1988, Cited in, Parasuram, 2006), there is a counter argument that having relations with persons with disabilities sometimes creates adverse effects and reinforces the denial feeling, causing negative attitudes to be embraced or existing negative attitudes to be strengthened (Alghazo, Dodeen & Algaryouti, 2003; Rimmerman, Hozmi & Devdevany, 2000). Triandis, Adamopoulos and Brinberg (1984) have also stated that attitudes are affected by what others say at home, school and other environments; relations with persons with disabilities may bring negative results as well as positive ones; how the interaction emerged, whether attitudes towards PWDs are rewarded or not and what the individual has gained as a result of the interaction are important issues; in some cases interactions reinforce stereotypes and validate negative expectations; the conditions in which the interaction emerges also influence the formation of attitudes.

It has also been argued that relations with persons with disabilities do not cause change in attitudes (Begap, 1968; Harris & Shechtman, 1959; Robinson, Martin & Thompson, 2007; Tervo, Palmer & Redinius, 2004). It is expected that blending or integration in educational environment will decrease or eliminate social obstacles, so social acceptance will increase. However, positive interaction requires much more than sharing of educational setting

(Kaner, 2000). Just being in the same educational environment does not guarantee positive experience among individuals (Ballard et al., 1986; Beh-Pajoo, 1991; Coryell, Holcomb & Scherer, 1992). Although all these findings appear conflicting, they let us think that the type of relation is important. If the relation is structured, is direct but not indirect, is aimed at shared targets based on cooperative but not on competitive motives, it encourages frequent and close interaction and decreases stereotypes and cause consistent attitude changes (Archie & Sherril, 1989; Coryel et al., 1992; Fenrick & Paterson, 1984; Rees, Spreen & Harnadok, 1991). On the other hand, having little relations with persons with disabilities may cause one to ignore and deny PWDs functional restrictions and capabilities thereby reinforcing the negative attitudes towards persons with disabilities (Parashar, Chan & Leierer, 2008).

Social exclusion of PWDs

Social exclusion refers to limited/inequitable opportunities and capabilities to participate in decision making, gain access to meaningful livelihood opportunities and social services due to discriminatory institutional practices in the political, economic, social spheres based on gender, ethnicity, geographical location, age, income status, health status, educational attainment, and disability (The Ghana Human Development Report, 2007). Disability issues has for long been excluded from development programs in most societies despite the call for this to be done by international organisations and NGOs. "... there is little practical evidence that mainstreaming has taken place and disability has hardly registered at all in the development process" (Thomas, 2004, p. 70). Disabled delegates at an international conference held in London

in November 2003, noted very strongly that the present invisibility of disability in development is degrading and unjust, furthers exclusion and violates disabled people's human rights" (International Service, 2003).

The vast majority of Africans with disabilities are excluded from schools and opportunities to work, virtually guaranteeing that they will live out their lives as the poorest of the poor. School enrolment for PWDs is estimated at about 5-10 percent. But only 1 percent of disabled women living in developing countries are literate (USAID, 2005). In developing countries, even special schooling is rare. The International League of Societies for Persons with Mental Handicap (ILSMH) carried out a continent wide review of the coverage of special schools for children with specific learning difficulties or intellectual impairments. The figures recorded were: Nigeria, 0.7 per cent; Zambia, 2.9 per cent; Botswana, 4.7 per cent; Kenya, 4.5 per cent. Moreover, these were regarded as "rather generous estimates" (ILSMH, 1990).

In Africa as many as 80 percent of working age people with disabilities are unemployed. The social stigma associated with disability results in marginalization and isolation, often leading to begging as the sole means of survival. Living in poverty with a disability translates into inadequate access to health services, resulting frequently in serious secondary conditions and general deterioration of the quality of life (USAID, 2005). "People with disabilities in Ghana are often regarded as unproductive and incapable of contributing in a positive way to society, and rather seen as constituting an economic burden on the family and the society at large, which leaves them in a vicious cycle of poverty" (Ghana Federation of the Disabled, 2008). Also culture, social status and religious cosmology have interacted and influenced people's perception and

attitude towards disability in the country (Appiagyei-Atua, 2006). Females with Disability (FWDs) face more discrimination and prejudices at the household and community levels than men (The Ghana Human Development Report, 2007).

A direct result of this religion-cultural thinking about disability is that traditionally, more focus has been placed on finding out and obviating the causes of disability and less on improving the living conditions of PWDs. In some Ghanaian communities, disabilities are often considered as curses or punishments for sins committed either by the PWD, parents of the person or one of his ancestors. For instance, among the Akan, a person born with some disability or who becomes disabled is barred from holding any traditional political office or occupying any leadership position in the community. Even, children born with disability were killed or disposed off in the past (Appiagyei-Atua, 2006).

Services sectors

The service sector is very relevant to this study. This is because the study is focused on studying the attitudes towards PWD in the service sector. Feketekuty Nusbaumer (1987) argues that "Service activities are at the heart of a major economic revolution taking place all around us. The tertiary sector of industry (also known as the service sector or the service industry) is one of the three main industrial categories of a developed economy, the others being the secondary industry (manufacturing), and primary industry (extraction such as mining, agriculture and fishing). Services are defined in conventional economic literature as "intangible goods".

Hill (1977, p. 318) defines services as constituting a "change in the condition of an economic unit, which results from the activity of another economic unit, which is brought about as the result of the activity of some other economic unit, with the prior agreement of the former person or economic unit". Riddle agrees with Hill and gives some examples of what she considers inadequate definitions of services (Riddle 1986, p. 9): "Service industry, an industry that produces services rather than goods.

According to Riddle (1986, p. 1)," service sector is one of the least understood portions of our global economy" in spite of the fact that "no economy can survive without a service sector". The place of services in the world economy today is to facilitate all economic transactions, not only by providing essential inputs to manufacturing, but also allowing forward and backward linkages to the development of growth poles, that is: "services are the glue that holds any economy together, the industries that facilitate all economic transactions, and the driving force that stimulates the production of goods" (Riddle, 1986, p. 26).

The tertiary sector of industry involves the provision of services to other businesses as well as final consumers. Services may involve the transport, distribution and sale of goods from producer to a consumer as may happen in wholesaling and retailing, or may involve the provision of a service, such as in pest control or entertainment. The goods may be transformed in the process of providing the service, as happens in the restaurant industry. However, the focus is on people interacting with people and serving the customer rather than transforming physical goods (BizEin, 2006).

Other examples of service sector employment include: Franchising, Restaurants, Retailing, and Entertainment, including the Record industry, Music industry, Radio, Television and Movies, News media, Leisure industry, Consulting, Transport, Healthcare, Consulting, Investment and Legal advice and services. Public utilities are often considered part of the tertiary sector as they provide services to people, while creating the utility's infrastructure is often considered part of the secondary sector, even though the same business may be involved in both aspects of the operation (BizEin, 2006).

Disability and employment

Work, and for that matter paid work is an integral part of every person's life. It does not only provide an individual a source of income but also provides the individual with a political and social status in the society. Work is where many social relationships are formed and social status established. Without the opportunity of working, integration into society can be limited. In addition, poverty, stemming from unemployment or poor wages, may restrict social and leisure pursuits (Jongbloed & Critchton, 1990). Among the numerous challenges PWDs are facing, unemployment is one of the biggest.

In regard to the above view, the biggest problem disabled people face in gaining and advancing in employment is not the physical environment but the negative attitudes often displayed by employers and co-workers towards them. The Right to Work (2004, p. 58) report by the Human Rights Commission refers to "the enduring stigmatization of people with disabilities in the workplace". An overriding theme that emerged was the need to break down the attitudinal barriers to allow disabled people the opportunity to gain employment. In

particular this means overcoming the negative attitude many employers have to engaging disabled people. One of the suggested methods was disability awareness education for employees and management, supported by senior management. The message seems to be clear that workplace culture change can only be achieved if a top-down approach is taken.

The world picture of the disabled and employment

The inability of the disabled to participate in the workforce has gained much attention and hence has been given enough discussion over the years. Overseas research shows that disabled people are a significantly marginalized employment group (Lunt & Thornton, 1994; Woodhams & Danieli, 2000). In the United Kingdom the unemployment rate for disabled people is 38 percent compared with 26 percent for non-disabled people (Stevens, 2002). In Singapore the unemployment rate for disabled people is as high as 53.3 percent (Lim & Ng, 2001). In the United States the 2000 census suggested that only 30.5 percent of people with an impairment aged between 16 and 64 were employed, compared with 82.1 percent of those without impairments (Russell, 2002).

The International Labour Organisation (ILO, 2003) suggested that 200 million disabled people in the Asia and Pacific region do not have access to employment. This has a flow-on effect to the economic status of disabled people. The ILO (2003) believes that positive change has started to take place: In line with the policy developments that have taken place internationally, training and employment opportunities for people with disabilities have changed dramatically at national level in recent years, reflecting a strong,

growing movement towards promoting the inclusion of disabled persons in all sectors of society (p.8). Research shows that disabled people want to work and many are actively seeking work. A UK survey showed that 75 percent of unemployed disabled people felt that getting a job was important and 98 percent would keep looking for a job (Meager & Hibbett, 1999).

The Ghanaian situation of the disabled and employment

In Ghana the employment rate of PWDs is 69 percent which is much lower than that of the general population of 80.2 percent (The Ghana Human Development Report, 2007). PWDs who find themselves in employment may face a lot of challenges. According to Tetteh (2009) PWDs in Ghana are sometimes disrespected in the service sector because of their condition. The same study found out that most organisations within the service sector do not have disability friendly facilities to aid employees effectively discharge their duties. Furthermore the study reported that PWDs suffer from some amount of discrimination from colleagues or employers themselves.

PWDs are also treated with fragility in the service sector and are therefore not given the opportunity to carry out challenging tasks. As a result when there are promotion opportunities, PWDs are barely considered (Tetteh, 2009). This makes PWDs more vulnerable and results in a high proportion of PWDs being poor. People with disabilities in Ghana are often regarded as unproductive and incapable of contributing in a positive way to society, and rather seen as constituting an economic burden on the family and the society at large, which leaves them in a vicious cycle of poverty (Ghana Federation of the Disabled).

Some barriers to employing the disabled and barriers in the workplace

Research has revealed other barriers that the disabled face in their attempt to enter the workforce or those that they face at the workplace. These barriers can be attitudinal, stereotypes, physical and communication, workplace policies and procedures, education and training as discussed below:

Attitudes

Employers' lack of disability awareness and negative and stereotypical attitudes towards disability. In some workplaces disabled employees have been segregated from colleagues and customers (CIPD 2001; European Commission, 1997; Gray & Neale, 1991; Murray & Heron, 1999; Smith. J, 2004). Interviewers' lack of expectations, and focus on a person's impairment rather than on their skills and abilities (EEO Trust, 2005). Colleagues lack of understanding and flexibility. In some cases workers with impairments have been shunned and harassed (CIPD 2001; Robert, 2003; State Services Commission, 2002). "More staff with disabilities reported having experienced unwelcome behaviour, and they were less satisfied than other staff with the extent to which staff worked co-operatively" (State Services Commission 2002, p.6). Public perceptions focusing on impairments rather than ability (ILO, 2003). Low self-esteem and over protective families.

Stereotypes

The perception that disabled people are more likely to have accidents and be less productive (Perry et al., 2000; La Grow & Daye, 2004). The low expectations of people supporting disabled people in finding work who may stress the moral and legal obligations of employing people rather than the benefits and skills of disabled people.

Physical and communication barriers

Transport - inaccessible public transport or lack of car parking at work. This can be a significant barrier for people who are visually or physically impaired (EEO Trust 2005; La Grow & Daye, 2004). Physical barriers – access to the building and facilities is an issue for people with mobility and visual impairments (Brake, 2001; EEO Trust 2005; La Grow & Daye, 2004). Accessibility of information for people who are vision, learning or hearing impaired. This includes lack of specialised equipment and low vision aids, specialised training to use this equipment and the availability of sign language interpreters for interviews, training and meetings (Bruyere, 2000; EEO Trust 2005; La Grow & Daye, 2004).

Workplace policies and procedures

Recruitment and selection procedures “Recruitment practices rarely recognise the value of equal employment and other good recruitment practices” (European Commission, 1997, p.54). Recruitment agencies imposing selection bias, even though an employer may promote an inclusive environment (EEO Trust, 2005). Lack of awareness of the funding and workplace disability support available to employers (EEO Trust, 2005; Pernice & Lunt 1998). Lack of

flexibility around hours worked (EEO Trust, 2005). Lack of flexibility to work part-time (Gray, 1993). Restrictive work practices which are impossible for people with some impairments to observe (Murray & Heron, 1999). Support for employed people who acquire an impairment (EEO Trust, 2005). Lack of policy support. In the State Services Commission “Moving Forward” 2002 guide this is described as “departments not ‘walking the talk’ with EEO policy and practice” (p. 6).

Education and training

Lack of previous experience, adequate housing, education and access to support are all interrelated with employment. It is not possible to look for work if you do not have adequate and reliable supports at home (Barnes et al, 1998). Unequal access to education and training, resulting in a relative lack of employable skills (Mintrom & True, 2004). Research has also revealed that the disabled also face barriers to career development.

The state Service Commission, 2002 find out that: employees with impairments are less likely to receive job-related training, in the state sector employees with impairments often receive less support and guidance from their managers regarding career advancement. Perry et al. (2000) and Barnes et al, (1998) also report that there is a gap in the research relating to the issues of maintaining a job and developing a career. Findings also revealed that the job status of most disabled employees is of a low status. In a study conducted by Stevens (2002), it is reported that most employees with impairments held secretarial or junior technical roles. Very few were in management roles. In New Zealand, disabled people are similarly under-represented in professional,

managerial, administration and legislative roles (Mintrom & True, 2004). Barnes (2000) points out that “too often the type of jobs being offered to disabled people are low status, low waged occupations with poor working conditions and few opportunities for advancement” (p.450). Perry et al (2000) note that there has been little research into the job satisfaction of disabled workers.

Types of discrimination

In plain English, to "discriminate" means to distinguish, single out, or make a distinction. There has been a long history of discrimination and mistreatment of the disabled. Scotch et al. (1997) argue that even with laws prohibiting discrimination towards the disabled, they are “subject to prejudiced attitudes, discriminatory behaviour, and institutional and legal constraints that parallel those experienced by African Americans and other disadvantaged and excluded groups” (Scotch & Schriener, 1997).

Doyle (1994), an advocate to improve Britain’s disability policy, suggests five reasons why disabled individuals may be discriminated against. First, there may be a fear or mistrust of disabled people. Many people possibly still believe that disabled individuals are diseased and thus a threat. Second, discrimination might be based on a social Darwinist perspective, viewing the disabled as weak and inferior. Third, discrimination, especially by employers, may arise from ignorance of a disabled person’s capabilities. Employers may not know what a disabled worker can or cannot do. Fourth, employers, in particular, may discriminate because the costs to accommodate a physically disabled person adequately may be considered too high.

Lastly, Doyle (1995) suggests that discrimination may be based on a third party's attitude. For example, an employer may not want to hire a physically disabled person because their appearance is noticeable to customers who may be prejudiced against the disabled. This might cause customers to no longer engage in business with this employer. All these explanations by Doyle (1995) suggest that discrimination may still be playing a part in whether or not a physically disabled person is hired.

Other researchers have shown the behavioural consequences for disabled persons of being seen as a minority group with an inferior status (Best, 1967; Bowe, 1978; Deegan, 1981; English, 1977; Kutner, 1971; Roth & Eddy, 1967; Rivlin, 1989; Safilios-Rothschild, 1970, 1976; Sussman, 1969; Tenny, 1953; Wright, 1960). In trying to explain such factors as work outcomes, this theory suggests that the disabled may be experiencing the same kind of discrimination and inferior status as racial and ethnic minority groups do. Safilios-Rothschild (1970) suggests four reasons why disabled people are viewed as an inferior group. First, the disabled constitute a separate place in society. Second, segregation may cause the members of the group to be seen as inferior. Third, they have acceptance among their "own kind." Lastly, like other minority groups they tend to be evaluated on their disabled membership rather than on individual characteristics.

Viewing disability in terms of discrimination and minority status helps to explain the consequences of stigma and prejudice (Scotch & Schriener, 1997). The shared experiences of the disabled make laws and protections seem legitimate. Society does not question laws or policies created to protect disabled individuals from discrimination because most people realize and accept the

disabled status as a minority. This status allows for protections from discrimination, as it does for race and ethnic minority groups. However, one of the major flaws of this model is that it fails to see the diversity of disability and that disabled individuals are victimized in many ways based on the type of disability they have (Scotch & Schriener, 1997).

There are many ways in which discrimination can be express. According to Perry et al., (2000) and Studholme (1994, p. 25), discrimination can occur in accessing employment, in promotion or in the treatment of an employee and it can also be direct or indirect. Studholme (1994) gives the following example of access discrimination "...indirect discrimination is the employer who rejects those individuals who did not have a full drivers licence, even though it was not a requirement of the job" (p.25).

Discrimination preventing access to employment

Access discrimination can occur through: failure to hire due to reasons irrelevant to the job, Lower salary offered, lack of access to career development and higher skilled jobs, failure to recruit people for certain positions, e.g. not wanting to employ a disabled person as a receptionist because of fear of negative customer/public attitude (Perry et al., 2000 & Studholme, 1994).

Treatment discrimination

Treatment discrimination occurs during employment through: being overlooked for promotion opportunities, not being offered challenging projects, getting fewer training opportunities. Perry et al. (2000) comparing the experiences of college students with and without physical impairments suggests

that while the disabled students experienced more access discrimination, they did not experience more treatment discrimination.

Disability discrimination

Discrimination is also directly related to an individual's disability in the following ways: the visibility of the disability, the severity of the disability, the type of disability. Non-disabled employees are usually rated more employable than disabled people (Bricout & Bently, 2000). A New Zealand study of employers' attitudes towards disability found that attitudes differed depending on the disability Studholme (1994). She states that employers were less likely to employ people with the more "traditionally defined" impairments such as paraplegia, visual or intellectual impairment.

This finding is supported by Dench et al (1996) who found that people with hearing impairment, allergies and skin conditions, heart problems, epilepsy and diabetes were more "employable" than people with the 'traditional' impairments. La Grow and Daye (2004) found that in New Zealand, people with significant visual impairment face major barriers to obtaining employment. One of the key barriers identified is the attitude of employers and employees who assumed visually impaired people were unsafe or not as productive.

Work outcomes for the disabled

There are many research findings that offer an explanation for the treatment of, and responses to the disabled which are relevant to their employment seeking process. Others also focus on discrimination faced by individuals as minority, individuals' skills and work history, labour market trends and structural changes in the economy, and the variations in the types of

disabilities that can affect work outcomes. This section provides a discourse on some of these research findings.

Stigma explanations

In his conceptualization of stigma, Goffman (1963) argues that stigma is a devalued characteristic that creates negative reactions of others and tensions between the virtual and real identities of the stigmatized (cf Söder, 1990). Basically stigma is associated with persistent traits of a group or an individual that bring about negative responses. These negative responses to certain traits over time create a social process in which the stigma associated with people cause them to be treated categorically rather than individually (Zola, 1993). The disabled are one of such groups that have endured this social process. This group has been recognized by Goffman as a prime example of the use of stigma in society. He felt that a person with a visible disability was considered to be a “faulty interactant” in the eyes of the nondisabled (Goffman, 1963).

Disabled people throughout human history have been treated differently, mostly negatively, because of the visible difference of their disability. Because disabled individuals appear “different” compared to others, they have been mutilated, isolated, sterilized, and discriminated against within society. Early sociological research on the disabled concentrated on the idea that the disabled individual is a deviant with a stigmatized social role (Cahill & Eggleston, 1995; Davis, 1961; Freidson, 1965; Herman & Miall, 1990; Safilios-Rothschild, 1970; Scott, 1969), and this role then influences their interaction with others (Hanks & Poplin, 1981).

Consequently, the disabled will find it very difficult to find and win employment as a result of these interactions. In job interviews, applicants with obvious physical disabilities are required to defend their physical shortcomings rather than highlight their qualifications (Strom & Ferris, 1982). The stigma associated with the applicant's physical disability signifies, to the employer hiring, that this person has certain problems because of the disability that may interfere with the job. The employers hiring do not realize that all disabled people are not the same, and they are not challenged by the same physical constraints. Even rehabilitation centres are neither helping the situation.

Rehabilitation counsellors, who are there to help find employment for the disabled, stigmatize the disabled by keeping them in inferior and dependent roles in the kind of employment they help seek out for them (Safilios-Rothschild, 1976). Counsellors provided to help the disabled stigmatize them by only finding certain kinds of jobs of which they think the disabled are capable. Hence, it seems that the stigma associated with being disabled may affect their employment status. Regardless of ability to do the job, the stigma of being disabled could be why so many disabled people are unemployed. But there are other research findings that argue that stigma is good.

Thus in contrast to the negative consequences of stigma to employment opportunities, Herman and Maill (1990) feel that there are also positive consequences of stigma. They argue that too much research has focused on the negative consequences of stigma upon the disabled. In a study looking at the mentally ill, they found that there are some outcomes of stigma that people with disabilities see as positive. They found that disabled people used their stigma to get away with deviant and bizarre acts, such as, in one case "mooning"

someone. These kinds of actions are excused because of the person's disability. When looking at employment, there are also positive consequences of stigma as discussed in the next paragraph.

Because of their disability, many of the respondents in Herman and Maill's (1990) study felt this excused them from working. The believe is that being mental means that there are people and places (the social agencies, churches etc.) out there in the society that are dying to 'help you.' Some will give you a few bucks; others will give you a hot meal. You quickly find out where they are, hand them a line, and they fork over. It's better than working for a living (Herman & Maill, 1990).

Having a stigma associated with a disability thus allows and excuses unemployment because of the disability condition. In the U.S., people on government disability insurance are seen as more legitimate in receiving those benefits because of the stigma associated with their disability than those who are on welfare. Hence, it seems that stigma can possibly have consequences that are seen as positive by some disabled individuals because it excuses them from participating in the working world. These individuals can choose not to work and that is acceptable. Having this stigma seems to explain the lack of employment for some individuals with disabilities (Herman & Maill, 1990).

The introduction of the Rehabilitation Act in 1973 and the ADA in 1990 resulted to a new stigma for disabled individuals. Thus employers see the disabled as a cost and a burden, rather than as productive and beneficial employees. Most employers do not understand the variations in and conditions of being disabled. They often anticipate problems because they base their

concerns on stereotypical views of the disabled, such as being in a wheelchair (Dalglish, 1994).

These anticipated problems are related to the laws and regulations employers are bound by in the ADA. If an employee is disabled, the employer is bound to make reasonable accommodations, such as ramps, elevators, and accessible workspaces. Even though most of the time the cost is minimal, many employers overestimate this cost (Scotch & Schriener, 1997). When an employer notices a visible disability in a job candidate, the hiring process may be discontinued because it is assumed the candidate will incur many costs to the employer. This is even supported by the fact that many disabled individuals report that their employers had a poor understanding of their condition, and they were very unaware of possible solutions that could be of minimal cost (Thomas, 1992).

Labelling explanations

The theory provides a clear understanding of the relationship between stigma and behaviour. It states that if people are constantly treated as inferior and deviant they will come to see themselves as such (Hanks & Polin, 1981; Sussman, 1994). This explains the reason why despite the numerous rehabilitation programmes in Ghana, the disabled people return to the streets to beg (Adongo, Daily Graphic, Saturday, May, 2007). Söder (1990) explains this concept nicely by stating: The negative attitude of others (and, in particular, significant others) creates self-fulfilling prophecies where the living conditions in general and the self-image of the person with a disability in particular are formed by the reactions of the environment. Disabled people may not seek

employment because they are viewed, and come to see themselves, as unworthy and unproductive citizens.

With this self-perception, many with disabilities may choose not to work. Asbury, Walker, Maholmes, Green, and Belgrave (1994) conducted a study of black disabled individuals and found that their attitudes towards their disability, their self-esteem, and their attitude about employment were very significant predictors of whether these black disabled individuals would seek employment. How these individuals responded to the stigma and perceptions held by them, and others, mattered in their employment success. If a disabled person is stigmatized by their disability, they may see themselves as unable to work, as unable to function, and as not expected to work. Labelling also may hinder the employment process because there is a potential for pervasive generalisations (Zola, 1993).

The stigma associated with disability creates generalizations about certain kinds of disabilities, which thus creates a label for these generalizations. For example, “quad” is used as a name for someone who is paralyzed from the neck down. When a person is labelled as a “quad,” people assume they have no movement at all. But many so-called “quads” can drive, paint, and even walk. So, the disabled may be hindered in gaining employment because the label associated with their disability generalizes and stereotypes their capabilities. An employer who sees “quad” on a resume or application may assume the person cannot do anything but move their head, and pass them up for employment. This labelling problem might also cause the employer to overestimate the costs of accommodating a disabled person because the label has over generalized the condition.

Disability and poverty

A study on social assessment in 16 communities in Ghana, found that the main distinguishing features of poverty included hunger and food insecurity, weak capacity to educate children and access to basic services, inability to honour social obligations, powerlessness and isolation (Korboe, 1998). Norton et al. (1995), in an earlier participatory analysis of poverty in Ghana, found that poverty was defined as lack of physical inputs, houses, labour, social capital, good clothing and having to be involved in “by-day” work. The participatory studies thus highlight, as characteristics of poverty vulnerability, social exclusion and low self-esteem.

Disabled people make up about 10 percent of the general population but about 20 percent of the poor within the general population are PWDs (USAID, 2005). About 80 percent of people with disabilities, particularly in the child population, live in low income countries and that poverty further limits access to basic health services, including rehabilitation services. As many as 80 percent of working age people with disabilities are unemployed (World Health Assembly Report, 2005).

The associated social stigma to disability leads to marginalization and isolation, often leading to begging as the sole means of survival. Addressing disability is a significant part of reducing poverty (Bonnell, 2004). “The overarching mission of DFID is to assist developing countries to achieve accelerated and irreversible reductions in poverty. Mainstreaming disability issues in development is an integral component of that mission” (Ortiz, 2004, p. 4).

Bringing disabled people out of the corners and back alleys of society, and empowering them to thrive in the bustling centre of national life, will do much to improve the lives of many from among the poorest around the world. In general, PWDs receive the lowest priority in accessing scarce resources, such as subsidized credits, agricultural inputs, and land. They are unlikely to have access to information as they are faced with a scarcity of translation devices (e.g. Braille), sign-language translators, information on audiotape, or means of accessing information on the Internet (Bonnell, 2004). The lack of information further compounds the poverty situation of PWDs.

Lessons learnt

It is evident from the literature reviewed that disability issues have long been with most societies. What is clearer is that people with disability have for a long time suffered in diverse ways repeated discrimination and negative attitudes. It is reported that in the past people with disabilities were ridiculed, killed, and abandoned to die or condemned to permanent exclusion in asylums (Pritchard, 1963). It was also realised from the literature review that as time passed by disability issues became the concern of most governments as well as local and international organisations. This resulted in the enactment of many laws to enable mainstreaming people with disabilities into the society and eliminate discrimination and negative attitudes towards persons with disability. As to whether the concerns of local and international bodies and governments on disability issues have helped in any way is what this study aims to find out.

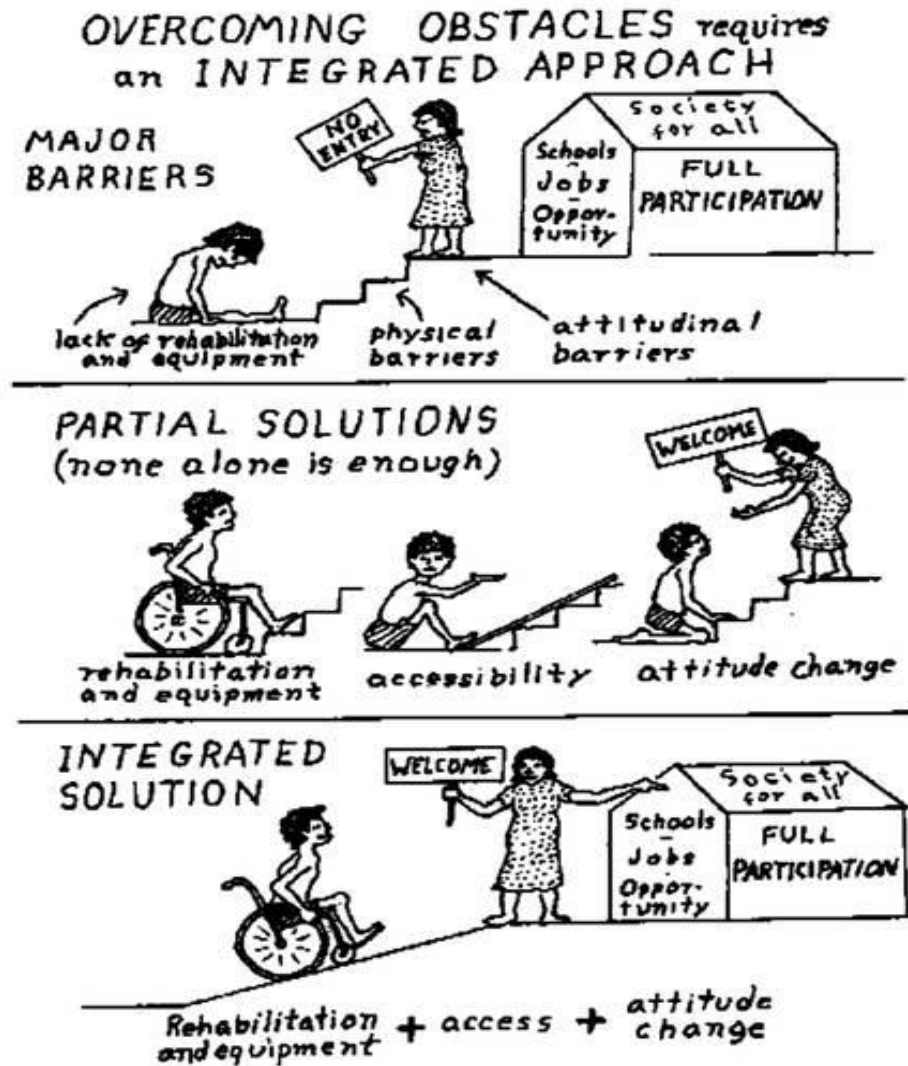


Figure 3: Conceptual framework: The enabling – disabling picture

Source: STAKES, 2003 (p. 29)

Explanation of the conceptual framework

The physical space and social structures such as the community, family, school, hospital, the society at large etc. is represented in the framework by the building with the labels society for all, full participation, schools, job opportunity, indeed it represents all that takes place in a human society. The portrait human being with the no entry sign post (depicting society’s negative attitude towards PWDs) represent the able persons who are fully integrated into the environment and fully partake in all mainstream activities in the society.

The portrait human being crawling on the floor to climb the staircase (depicting lack of rehabilitation, medical care, equipment, physical barriers etc.) represent the physically challenged who have been cut off from mainstream activities in the environment as a result of societal barriers or health conditions as argued by the medical and social theories hence has increased needs. This is the disabling process. But integrating people with disabilities means overcoming different types of barriers (Stakes, 2003).

The second diagram provides a partial solution to the disabling process in that societal attitudes towards PWDs is changing, there is accessibility to societal structures, PWDs now have equipment, rehabilitation etc. In other words the enabling or the rehabilitative process depicts the social model which proposes redesigning the environment to expand it and removal of societal barriers to make it more accessible to the disabled. But rehabilitation, provision of equipment, accessibility, attitudinal changes alone cannot ensure that PWDs are fully integrated and fully participate in the society. This is what the last diagram presents, an integrated solution involving rehabilitation, equipment, accessibility and attitudinal changes.

CHAPTER THREE

METHODOLOGY

Introduction

The chapter discusses the methodology followed for the study. It includes the description of the study area, study design, target population, sampling frame, sample size as well as sampling technique. The sources of data, data collection and research instruments are also explained in detail.

Study area

The Accra metropolitan area has been Ghana's capital since 1877 and has a total land area of 200 square kilometres and is made up of six sub metros, namely, Okaikoi, AshieduKeteke, Ayawaso, Kpeshie, Osu Klotey and

Ablekuma. The Southern boundary of the Metropolis of Accra is the Gulf of Guinea from Gbegbegese to the Mukwe Lagoon near Regional Maritime Academy (Accra Metropolitan Assembly, 2009). Accra has a population of approximately 2.2 million in 2009 and accounts for about 25 percent of the urban population in Ghana. The Greater Accra Metropolitan Area (GAMA) includes the cities of Accra and Tema (Ghana's new port town some 20 km to the east of Accra) both of which are located on the south coast. GAMA accounts for approximately 20 percent of GDP and employs about 10 percent of the national work force (one-third of the national urban work force). Accra and Tema house majority of Ghana's industries, from micro-enterprises to large plants. Major financial institutions, government ministries, parastatals, and multi-national corporations have their head offices in Accra. Tema is Ghana's primary port, handling about 75 of all goods shipments (World Bank, 2002).

The occupational structure of the region shows that 42.0 per cent of the economically active population were engaged in sales and service occupations, while professional, technical and related workers comprise 10.8 percent. (Mordern Ghana, 2005).

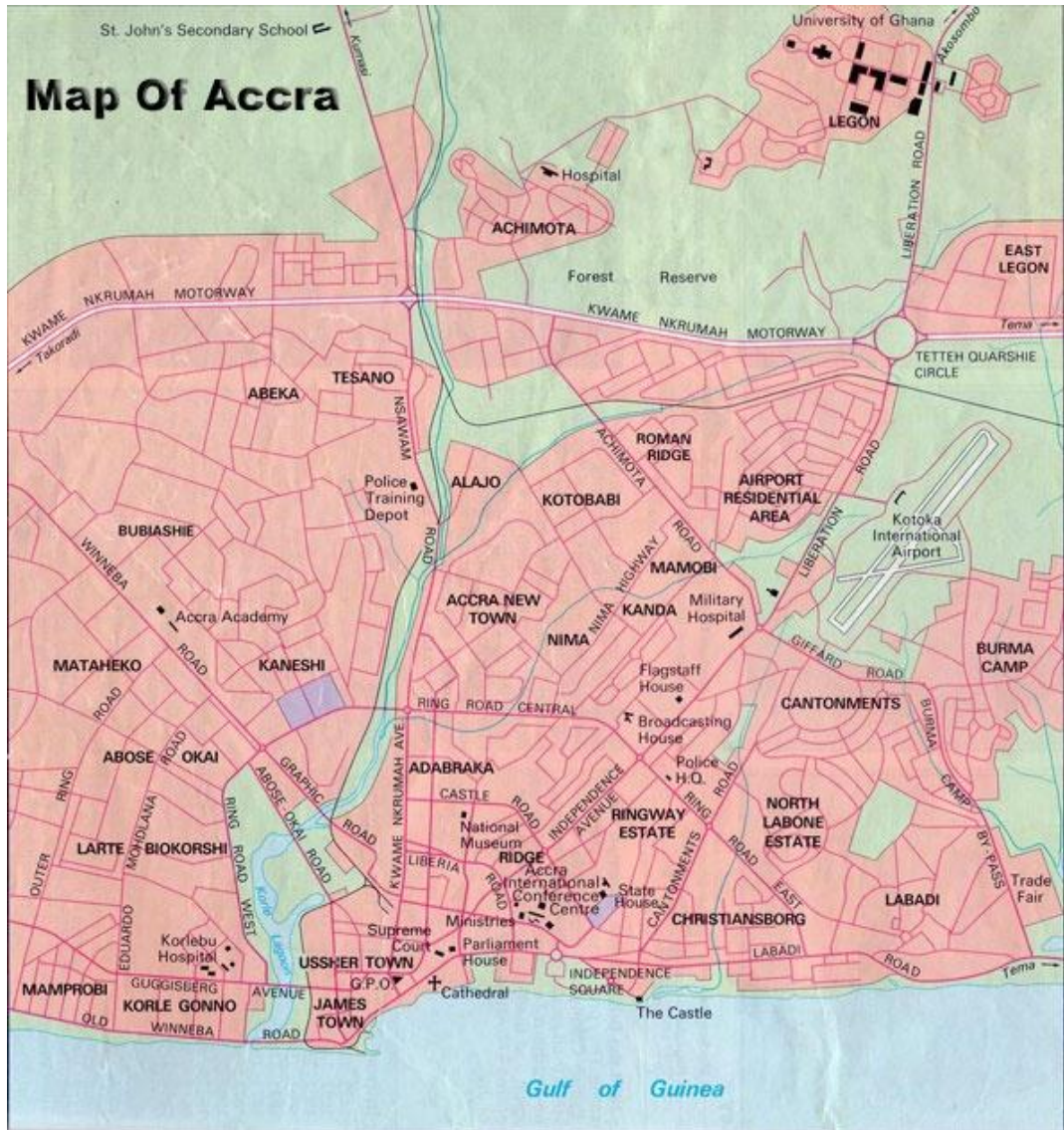


Figure 4: Map of Accra Metropolitan area

Source: World Maps, 2005

The Tema Metropolitan area

Tema, which serves as the administrative capital of the Tema Metropolitan is a coastal city situated 25 kilometres east of Accra, the national capital. The Greenwich Meridian (00 Longitude) passes through the city of Tema (Ghanadistricts, 2006). It was created in 1951 as a well-planned township and an industrial city. The metropolitan area shares boundaries northwards and eastwards with the Dangme West District Assembly (DWDA), on the west with

the Accra Metropolitan Assembly (AMA) and on the north-west with the Ga District Assembly (GDA). On the south it is bounded by the Gulf of Guinea. The Greenwich Meridian '0' degree Longitude passes through the city of Tema. Over 80 percent of the population of the Municipality is concentrated in the major settlements in the municipality: Tema (capital), Ashaiman and Tema Manhean. The township is the pivot around which the entire municipality revolves. It has well planned industrial and commercial areas, which constitute the economic hallmark of the nation (Tema Municipality Human Development Report, 2004).

The Municipality hosts the industrial nerve centre of the country. It is a recipient of a large number of migrants. The population of the Municipality stood at 506,400 in 2000 when the census was conducted. Less than 10% of the population lives in rural communities. More than half of the economically active population is employed in the services sector. Unemployment rate in the Municipality was estimated at 11.7 percent in 2003. This is higher than the national unemployment rate of 5.5 percent (Tema Municipality Human Development Report, 2004).



Figure 5: Map of Tema Municipality

Source: Nonanet, 2006

Study design

Any study that aims at finding out the prevalence of a phenomenon at the time of the study is known as a cross-sectional study (Kumar, 2005). The study falls in the category of explanatory research. To answer the main research questions in this study, the study employed the ‘cross-sectional study design type’. This design allows for views to be gathered from a selected sample of the population being investigated, with an appropriate sampling technique to effectively reflect the views of the population being studied (Kumar, 2005). In this regard twenty four services providing organisations that had PWDs as employees were selected from the Tema and Accra Municipality and Metropolis respectively.

Target population

The population targeted PWDs in the service sectors of Accra and Tema Metropolitan areas. A PWD targeted in this study is as defined by section 59 of the Persons with Disability Act, 2006 (Act 715) to mean “an individual with a physical, mental or sensory impairment including a visual, hearing or speech functional disability which gives rise to physical, cultural or social barriers that substantially limit one or more of the major life activities of that individual” (The Ghana Human Development Report, 2007). The service providers targeted were: private and public schools, hotels and guest houses, banks, transport services, media organisations and ministries in the Accra and Tema Metropolitan and Municipal areas respectively. Employees and co-workers of PWDs were major targets in the services providing organisations selected. The services providing organisations that were used for the study include Ghana

revenue authority, Ghana broadcasting corporation (GBC), University of Ghana – Linguistic department, Alive and Kicking, Controller and Accountant General, Department of Social welfare, eTV, UTBank, Ministry of Finance, Ghana Judicial Service, Department of Community Development, Ghana society of the physically disabled (GSPD), Ghana blind union (GBU), Ghana national association of the deaf (GNAD), Accra psychiatric hospital, E-process international and Ghana Education Service all in the Accra metropolis. The others are Tema general hospital, Crystal hospital, Ashiaman health centre, Tema development corporation (TDC), Adjei Kojo School for the deaf and Tema municipal assembly all in the Tema municipality.

Sample and sampling procedures

The Accra and Tema Metropolitan areas have several organisations in the services sectors, but documents on the number of PWDs working in the services sector could not be obtained. However, by means of observation and interaction with some workers (able and disabled), it was estimated that about one hundred PWDs work in the service sector of the two municipalities under study. Before selecting the study sample, the researcher first identified the population that formed the sources of data (Keith, 1998; Marshalls & Rossman, 1995) in line with the methodology demanded for designing qualitative research. The study sample was drawn from twenty three services providing organisations in the study area. Majority of them are government organisations. This is because most of the private organisations did not have PWDs as employees. The organisations from which the subjects were sampled are presented in the Table 1.

Table 1: Distribution of respondents by work

Organisation/institution	Number of interviewees	
	PWDS	Able co-workers
	<i>Accra</i>	
Ghana revenue authority	3	6
Ghana broadcasting corporation (GBC)	4	6
University of Ghana – Linguistic department	1	3
Alive and Kicking	1	3
Controller and Accountant General	2	4
Department of Social welfare	3	5
ETV	1	3
UTBank	1	3
Ministry of finance	2	4
Ghana Judicial Service	2	4
Department of Community Development	1	3
Ghana society of the physically disabled (GSPD)	3	5
Ghana blind union (GBU)	4	7
Ghana national association of the deaf (GNAD)	3	4
Accra psychiatric hospital	2	4
E-process international	2	4
Ghana Education Service	3	4
Centre for employment of persons with disability	1	3
	<i>TEMA</i>	
Tema general hospital	2	4
Crystal hospital	3	4
Ashiaman health centre	2	4
Tema development corporation (TDC)	2	3
AdjeiKojjo school for the deaf	3	6
Tema municipal assembly	2	4
Total	53	100

Source: Field work, 2011

The stigma attached to persons with disability by the Ghanaian society makes them a difficult to reach group. In this regard, the PWDS for the study were selected by means of snow-ball sampling procedure. To substantiate the use of snow-ball sampling for the PWDS, Goodman (1991), posits that among all other methods for studying difficult to reach subjects, snow-ball method is

the most effective and efficient method. The co-workers of PWDs were randomly selected from a sampling frame of able workers of each organisation selected for the study. This enabled each abled bodied worker in the selected organisations to have equal chances of being included in the sample. In the selected organisations, not less than three and more than seven abled bodied employees were interviewed. This was due to the availability and willingness of employees to avail themselves for the exercise.

Not all PWDs have equal probability of being chosen and also it does not reflect the overall population. However, the essence of qualitative research as argued by Flick, (2006) is that their relevance to the research topic rather than their representativeness which determines the way in which the people to be studied are selected. To overcome the above limitations associated with using the snow-ball method, the researcher employed the suggestions of Waters and Biernacki (1989) whereby the targeted population was mapped up by identifying the organisations that had PWDs as employees and then linking potential respondents from these organisations – this prevents the under-sampling that traditional approaches would produce. In addition, especially knowledgeable respondents were selected and asked about attitudes towards PWDs in the service sector (Deaux & Callaghan, 1985). This was done to check response biases.

In all a hundred and 153 respondents were sampled from the above mentioned service providing organisations for the study. This includes 100 non-disabled persons working in the service sector: 50 each from Accra and Tema metropolitan areas and 53 PWDs selected from both Accra and Tema areas: 30

form the Accra metropolis and 23 from Tema Municipality. This was because Accra had more organisations and for that matter more PWDs than Tema.

Except the organisations that had only one PWD not all PWDs were interviewed from the selected organisations even though some of them (Adjei Kojo school for the deaf, E-process international, Ghana revenue authority, Ghana broadcasting corporation, Ghana society of the physically disabled, Ghana blind union and the Ghana association of the deaf) employed a range of 5-11 PWDs especially the organisations that work for PWDS. This is because the target of the study is on attitudes towards PWDs hence more of the NPWD were interviewed. The PWDs for this study were identified by means of referrals – a snow-ball procedure as has been explained above. They included persons who had physical deformities – the blind, the dumb etc.

Data sources

The study used both primary and secondary data. Primary data were collected through structured interviews with the respondents, observation of the physical working environment and attitudes towards PWDs, forms and severity of disability. A total of 153 interviews were conducted. The duration of the interviews ranged between 10-45 minutes each. The secondary data were gathered from official statistics and other information on PWDs obtained from the offices of the sampled organisations and the offices of PWDs in the Tema and Accra municipalities, previous researches, population census, minutes and reports. In order to get a better understanding and increased knowledge about the existing attitudes towards PWDs and policies for the disabled, as well as expanding knowledge about the situation of the disabled in Ghana, a review of

the above documents was done. This helped to retrieve valuable data concerning the situation of the disabled

Research instruments and data collection

The main instrument used to collect data was structured interview and interviews. The PWDs and their co-workers within the service sectors of Accra and Tema metropolitan areas were interviewed by the researcher. The structured interview schedule contained both closed and open-ended questions. The open-ended questions gave the opportunity to explore issues concerning respective items on the interview schedule while the close-ended questions were also used to restrict the respondents to some specific items of interest to the study. The responses given by the respondents were recorded manually and electronically. The manual recording was by writing the explanations of respondents and ticking answers to closed ended questions on the interview schedule. Primary data collection ended at the close of January 2011 and Secondary data collection for the study ended at the close February 2011. This afforded the researcher the opportunity to blend theoretical findings with empirical verifications from the field.

Pre-test

A pre-test was conducted at the Tema Metropolis. It was also used to test the data processing and analysis procedures. Two institutions, namely, the Municipal Assembly and the School for the deaf at Adjei Kojo were used for the pre-test. Five respondents from each of the named institutions making a total of ten respondents were interviewed and their responses analysed. Each

interview lasted for about forty-five minutes. Even though the two institutions selected for the pre-test were located in the study area of the research, they were selected because they had both PWDs and NPWDs. However, the 10 respondents selected for the pre-test were identified and were not included the main data collected for the research.

Analytical techniques

Data analysis was done by the use of a combination of thematic discussion of qualitative information and the use of percentages, ratios, tables, charts, graphs and cross-tabulations. The Statistical Package for the Social Science (SPSS) was used to organise the data for the study and the information presented in the above mentioned forms and their discussion followed.

Challenges of the study

The major challenge of the study was that the sample does not reflect the overall population. This is because the subjects selected for the study were selected because they possessed unique characteristics that describe them as physically challenged and had a job with a service providing organisation. Such organisations were difficult to come by in the study area. Despite the above mentioned challenge, the validity and reliability of the outcomes of the study will not be affected because the selected respondents are very relevant for the problem under investigation and were also selected from different organisations in the service sector of the two municipalities under study. The outcomes of the study are valid and reliable to the study area.

There was also apathy and lack of cooperation on the part of some PWDs the researcher was referred to. They argue that a few of such interviews they granted yielded no results in their conditions. This challenge was overcome through education, persuasion and giving them financial tips. However, three PWDs refused to be interviewed.

CHAPTER FOUR
RESULTS AND DISCUSSION

Introduction

This chapter is about the findings and discussions. The results cover the demographic background of the respondents, particularly age groupings and gender, occupation, the position held and the levels of education. The presentation of the results is done according to the objectives of the study. The discussions centre on the knowledge and respondent awareness with respect to the issue of disability, attitudes of the people with disability towards work, attitude of non-persons with disability (NPWD) workers towards PWDs, disability and poverty, disability and the issue of employment and level of awareness of laws and policies concerning disability.

Respondents' background

The background information of the respondents such as age, educational level, work experience, occupation and position held are very important to the study. Important in the sense that age and education are the basis for determining if the PWD sampled are qualified to work in the service sector for them to be subjected to any form of negative or positive attitude. Work experience, occupation and position held provide the basis for determining discrimination and marginalization.

Table 2: Age distribution of the respondents

Age	PWDs	NON-PWD	Frequency	Percent
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Below 20 years	0	1	1	0.7
20-29	15	27	42	29.2
30-39	26	48	74	51.4
40-49	7	14	21	14.6
50 and above	2	4	6	4.2
Total	50	94	144	100

* The frequency did not sum up to the sample size of 153 because 9 respondents did not respond to the issue

Source: Field work, 2011

The survey results in Table 2 shows that from the 153 respondents, 144 of them indicated their age range while nine of them refused to indicate their age range. The ages of the respondents ranged from below twenty to above fifty years as shown in Table 2. The detail analysis of the table shows that 95.2 percent of the respondents are in the age range of 20-49 while the remaining 4.8 percent are distributed among the below 20 and above 50 age range. That is an indication that the respondents are matured enough and well informed to give correct responses to questions posed to them. Those below twenty years are expected to be lowly represented as fewer young people get employed. A few of the respondents who were well advanced in age normally have less representation in most studies except studies that are typically about that category of age. Thus the table shows that respondents who are 50 and above constituted just 4.2 percent (2 PWDs and 4 NON PWDs).

Table 3: Educational level of respondents

Level of education	PWD	NON-PWD	Frequency	Percent
No formal education	1	3	4	2.6
Middle School/Basic education	4	7	11	7.2
Secondary/Technical/Vocational	17	31	48	31.4
Tertiary level	31	59	90	58.8
Total	53	100	153	100.0

Source: Field work, 2011

The survey as shown in Table 3 indicates that the respondents are well educated: only 2.6 percent had no formal education, the frequency four in this regard constituted three PWDs from the Ghana revenue authority, alive and kicking, the department of social welfare and one non-person with disability (NPWD) from the controller and accountant general offices respectively. There were 17 PWDs who had Secondary/Technical/Vocational whereas 31 NPWD respondents indicated to have had same level of education. This is indicated as 31.4 percent in the table. From the 153 respondents sampled, 59 NPWDs had tertiary level education while 31 of them were PWDs who also had tertiary level education. This gives a percentage of respondents who have had tertiary education as 58.8 percent. 11 respondents comprising of seven NPWD and four PWDs indicated to have had middle school/basic education, represent 7.2 percent as shown in Table 3. This is an indication that the respondents are well qualified to be employed.

Sex distribution of respondents

The male-female representation was (51.6%) and (48.4%) respectively. The frequency of 79 male respondents constituted 64 NPWD and 15 PWDS while the frequency of seventy four females constituted fifty NPWD and twenty four PWDS.

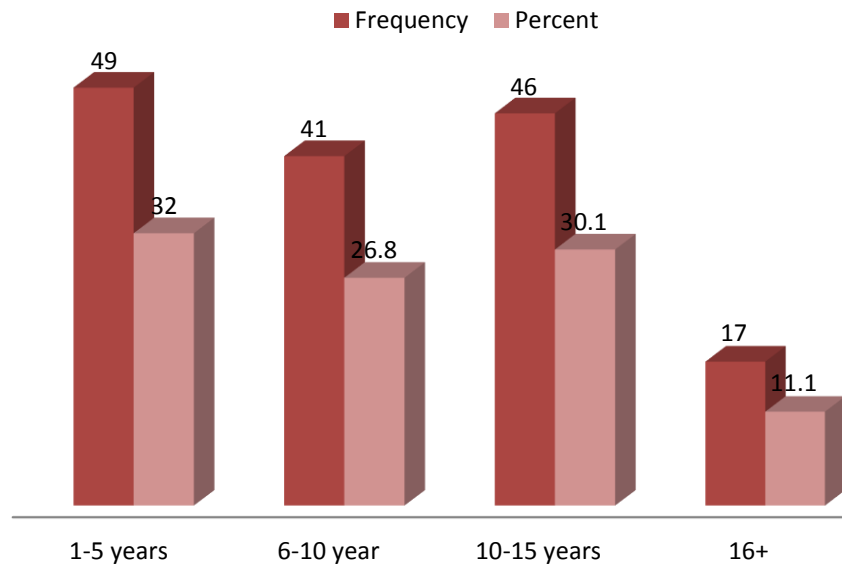


Figure 6: Number of years of work experience

Source: Field work, 2011

Figure 6 gives a pictorial presentation of the number of years of work experience of the respondents. This is in response to a question that asked the respondents to state number of years they had worked in their respective organisations. It is clear from the analysis that most of the respondents had worked between 1-5 years (32%) and 10-15 (30.1%). Comparatively, out of the 49 respondents that had worked for 1-5 years, 22 percent were NPWD and 10 percent were PWD. The analysis shows that 19.60 percent non-persons with disability (NPWD) had worked in the service providing industry between 6-10

years while (7.18%) PWDs indicated that they had worked in the same industry for the same period.

Collectively, 26.8 percent of the 153 sampled respondents had worked in the service sector for between 6-10 years. In the range of 10-15 years working experience in the service providing industry, 23.52 percent of NPWDs compared to 6.53 percent of PWDs indicated that they had worked in the industry for that long a period. Information from the respondents shows that most of them had not worked in the service providing industry beyond sixteen years. In this regard, 8.49 percent of NPWDs as compared to 2.61 percent of PWDs indicated that they had worked in the service providing industry for that long. It is therefore very clear from the information given by the respondents that they had enough working experience.

A total of 131 respondents out of the sampled respondents indicated their occupations while there was no response from the remaining 22 respondents. The information gathered from the respondents showed in Table 4 that majority of them (i.e. 30.5%) worked as office and administrative support staff while only 3.1 percent worked as legal and building and grounds cleaning and maintenance staff. The details of the analysis in Table 4 is that out of the 34 respondents who worked under the business and financial operations, 12 were PWDs and the remaining 22 were NPWDs that collectively constituted the sample size of one hundred and fifty three. The twenty respondents that worked under the occupation category of education, training and library, 13 were NPWD and the remaining seven were PWDs that collectively formed part of the sample size of the study.

Table 4: Occupational distribution of respondents

Respondents	PWD	NON-PWD	Frequency	Percent
Business and financial operations	12	22	34	26.0
Education, training and library	7	13	20	15.3
Healthcare practitioners	5	9	14	10.7
Management	5	10	15	11.5
Office and administrative support	14	26	40	30.5
Legal	1	3	4	3.1
Building and grounds cleaning and maintenance	1	3	4	3.1
Total	45	86	131	100.0

* The frequency did not sum up to the sample size of 153 because 22 respondents did not respond to the issue

Source: Field work, 2011

Out of the 14 healthcare providers nine were NPWDs and five PWDs. Out of the 131 that indicated their occupation, 11.5 percent of them could be classified under management category. The distribution of these 15 respondents was 10 NPWDs and five PWDs – the CEO of the Ghana National Association of the Deaf (GNAD) was inclusive. The sample size of the study included 26 NPWD and 14 PWDs who indicated to have worked as office and administrative supports as well as the four respondents (1 PWDs and 3 NPWDs) that were distributed equally between the legal and building and grounds cleaning and maintenance.

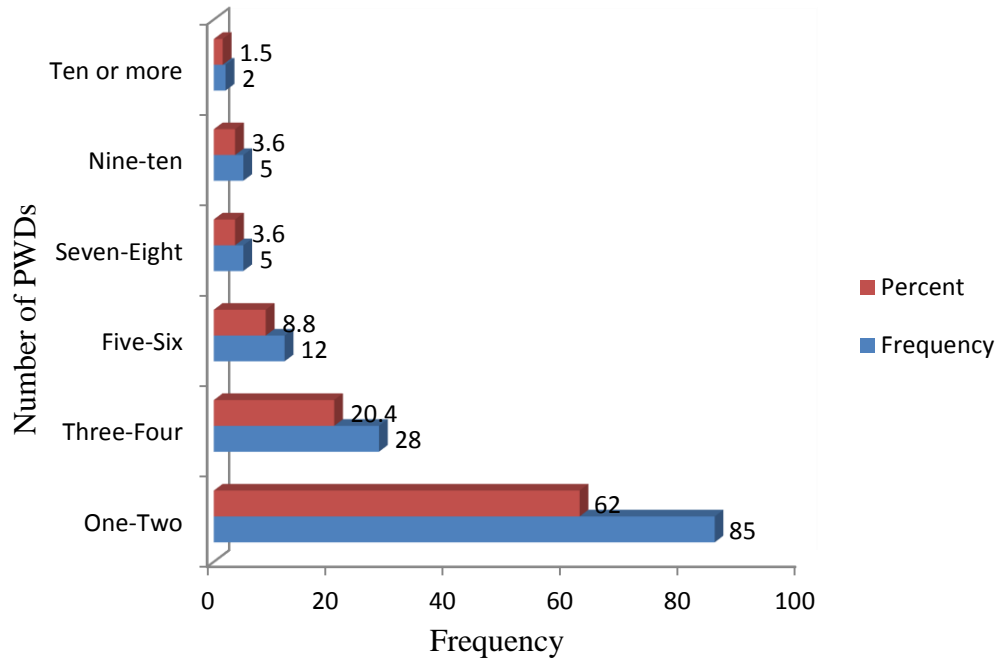


Figure 7: Awareness about persons with disability at work places

Source: Field work, 2011

The NPWDs were asked to indicate how many PWDs they work with. This was to find out whether NPWDs were aware of PWDs at their work places. The information gathered from the field in this regard are displayed in figure 7 above shows that, 62.0 percent had between 1 and 2 PWDs at their workplaces, 20.4 percent had between 3 to 4 PWDs while 8.8 percent had 5 and 6 PWDs. The respondents that had 3.6 percent PWDs in their workplaces as per the results of the survey are those within the 7 to 8 and 9 to 10 range of number of PWDs they worked with while 1.5 percent had between 11-20 PWDs.

These PWDs were co-workers of NPWDs in the aforementioned service providing organisations. The majority of them were from institutions like Adjei Kojo School for the deaf, E-process international, Ghana revenue authority, Ghana Broadcasting Corporation, Ghana society of the physically disabled, Ghana blind union and the Ghana association of the deaf. The survey then

proofs that most organisations in the service sector do not have more PWDs as employees. This is because 85 percent of the service providing organisations had only one or two PWDs as employees. Thus the presence of one or two PWDs suggest that the non – disabled are well aware of PWDs and all the issues related to them in their various organisations.

In affirmation of the above findings from the field, the literature reviewed on disability and employment revealed that PWDs encounter negative attitudes often displayed by employers towards them. In the Ghanaian context, the employment rate of PWDs is 69 percent which is much lower than that of the general population of 80.2 percent (The Ghana Human Development Report, 2007).

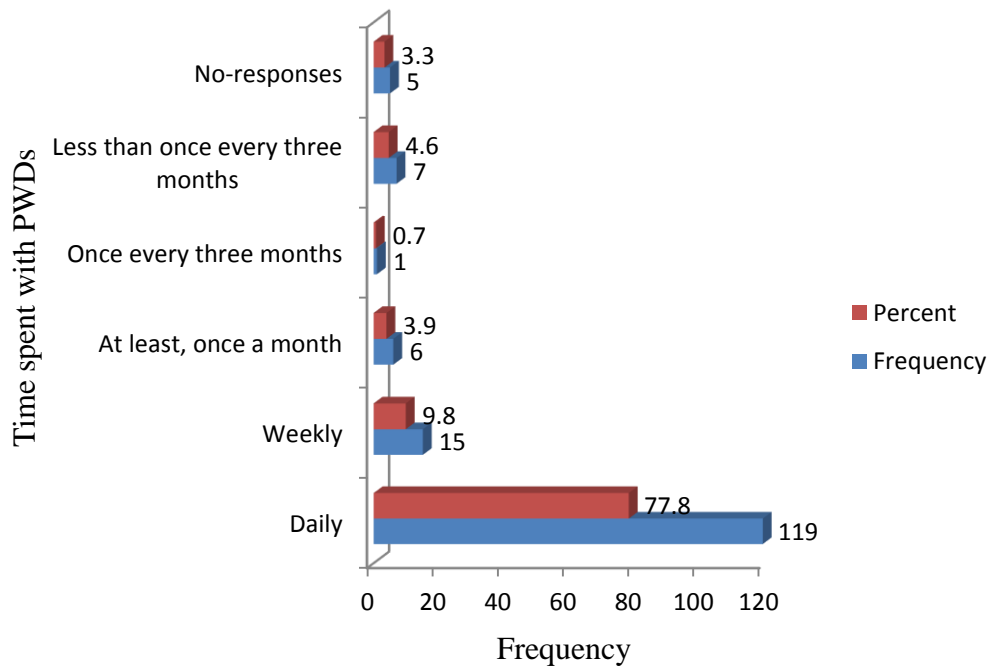
In a bid to ascertain whether respondents were aware of the kind of disability the PWDs they work with were suffering from, they were asked to indicate the type of disability their disabled co-workers had and what PWDs know they suffered from. The results in the Table 5 indicates that physical impairment was the disability suffered the most (49.7%). This was followed by deaf/hearing impartment (23.7%) while blindness/visual impairment followed (22.4%). The others were intellectual/mental disability (8.6%), mental health problems, depression, Alzheimer (2.6%) and learning difficulty/slow learning, reading or writing (2%).

Table 5: Types of disability suffered

Type of disability	Responses	Type of respondent				Total (%)
		Frequency	PWDs (%)	Frequency	NPWDs (%)	
Physical impairment	Yes, it is a type of disability suffered	9	17.2	33	32.5	49.7
	No, it is not a type of disability suffered	10	18.9	31	31.4	50.3
Intellectual/mental disability	Yes, it is a type of disability suffered	2	2.98	6	5.62	8.6
	No, it is not a type of disability suffered	17	31.63	60	59.77	91.4
Blindness/visual impairment	Yes, it is a type of disability suffered	4	7.75	15	14.65	22.4
	No, it is not a type of disability suffered	14	26.85	51	50.75	77.6
Deaf/hearing impairment	Yes, it is a type of disability suffered	4	8.2	16	15.5	23.7
	No, it is not a type of disability suffered	14	26.4	50	49.9	76.3
Learning difficulty/ slow learning, reading or writing	Yes, it is a type of disability suffered	1	1.0	1	1.31	2.0
	No, it is not a type of disability suffered	18	33.91	64	64.09	98.0
Mental health problems, depression, Alzheimer	Yes, it is a type of disability suffered	1	1.0	2	1.6	2.6
	No, it is not a type of disability suffered	18	33.7	64	63.7	97.4

Source: Field work, 2011

In order to find out whether NPWD interact with their co-workers who are PWDs, the NPWD respondents were asked to indicate how often they had close contact and interact with PWDs at their work places. The survey as indicated in figure 8 reveals that 77.8 percent of the NPWD respondents had daily contact with the PWDs while 9.8 percent of them had contact with PWDs on weekly basis.



*The frequency did not sum up to 100 because 19 PWDs also gave their views on the issue

Figure 8: Time spent with PWDs by respondents

Source: Field work, 2011

The implication is that the respondents have constant contact with themselves or with the PWDs. This suggests a positive attitude towards PWDs as argued by Allport (1954) that prejudices will decrease when intergroup contact includes the following four conditions: equal intergroup status in a given situation, presence of shared common targets, absence of competition between

groups, authority approval forming the norms encouraging relations between two groups. Pettigrew (1998), Pettigrew and Trop, (2008) affirm the above view.

In addition, Rimmerman, et al., (2000) also argued that being in contact with persons with disabilities creates sympathy for them, increases sensitivity for them and so persons with disabilities are perceived more positively. The duration of the contact with persons with disabilities helps the attitudes to be positive.

As the time spent together increases, non-disabled individuals can review their negative ideas, worries and feeling of discomfort about disability, and after a certain time they start to realise the function of disability. It is important to note that the above indication is applicable to only the few PWDs who are employed.

The respondents were asked to give their views on what causes disability on the basis of deciding on a 'yes' or 'no' to some known causes of disability. The responses given in Table 6 indicates a very high scores for a 'yes' answer to the causes of disability as against a 'no' answer. The only cases with regards to a 'no' answer that recoded higher answers than 'no' responses were the spiritual (65.3%) and others/Genetics (99.3%) causes of disability.

Table 6: Causes of disability

Causes of disability		Type of respondent		Total (%)
		PWDs	NPWDS	
		(%)	(%)	
Medical Reasons/Diseases	Yes it is a cause of disability	31.9	60.2	92.1
	No it is not a cause of disability	2.7	5.2	7.9
Accident	Yes it is a cause of disability	31.0	58.5	89.5
	No it is not a cause of disability	3.6	6.9	10.5
Spiritual	Yes it is a cause of disability	12.0	22.7	34.7
	No it is not a cause of disability	22.6	42.7	65.3
Medical error	Yes it is a cause of disability	28.7	54.2	82.9
	No it is not a cause of disability	5.9	11.2	17.1
Others/Genetics	Yes it is a cause of disability	0.2	0.5	0.7
	No it is not a cause of disability	34.4	64.9	99.3

Source: Filed work, 2011

Out of majority (65.3%) that disagree on spiritual factors as a cause of disability constituted (42.7%) were NPWDs and 22.6 percent were PWDs. This contradicts the position of Agbenyega (2003) that disability issues and their causes in Ghana are related to spiritual issues. A large proportion of the respondents (i.e. 92.1%) (Out of which 60.2 percent were NPWDs and 31.9% were PWD) believed that medical reasons/diseases are causes of disability. Some other respondents (7.9%) which include 5.2 percent NPWDs and 2.7 percent PWDs were of the view that disability is not caused by medical reasons and diseases.

Accident was mentioned by 89.5 percent of the respondents (58.5% NPWDs and 31.0% PWDs) as a cause of disability while 10.5 percent (6.9% NPWD and 3.6% PWDs) thought that it was not as a result of accidents. With regard to other causes of disability, 82.9 percent of the respondents believed disability was caused by medical error but 17.1 percent of them did not think so. A few respondents 0.7 percent added genetic factors as a cause of disability. Results from the field also revealed that 99.3 percent of the respondents did not agree on others/genetics as a cause of the disability.

The 100 NPWDs sampled for the study were asked to indicate how they felt when they came into contact with their fellow workers who were PWDs. The information gathered on how the NPWD felt upon their encounter with PWDs is shown in Table 7.

Table 7: Kind of feelings respondents had upon encounter with someone with disability

Responses	Often	Sometimes	Rarely	Never
Awkward/Uncomfortable	6.2	23.6	16.7	53.5
Afraid of the person	2.1	7.7	17.6	72.5
Sorry for the person	39.9	27.0	12.2	20.9
Indifferent toward the person	4.1	5.5	17.9	72.4
Admiration for the person	39.4	32.4	8.5	19.7

Source: Field work, 2011

The field survey on the issue was measured on the basis of sometimes, rarely and never with corresponding variables as awkward/uncomfortable, afraid of the person, sorry for the person, indifferent toward the person, admiration for the person. About the feeling of awkwardness and discomfort, 62.2 percent of the respondents experienced that often, 23.6 percent had such a feeling sometimes, 16.7 percent felt that rarely while a large number of them (53.5%) never felt awkward and uncomfortable towards PWDs. Being afraid of the PWDs was also not a serious issue among the respondents in the sense that 2.1 percent often felt afraid, 7.7 percent had the same feeling sometimes, 17.6 percent rarely entertained fear and a large number of the respondents (72.4%) never had a shred of fear of PWDs.

The feeling of being sorry for PWDs, however, was quite considerable because 39.9 percent often had such a feeling, 27.0 percent felt sorry sometimes, 12.2 percent also had the same feeling rarely while 20.9 percent never felt sorry for the person. With regard to feeling indifferent towards PWDs, the survey results as indicated in Table 7 shows that 4.1 percent of the respondents felt

that often, 5.5 percent felt that sometimes 17.9 percent had such a feeling rarely and as much as 72.4 percent never felt indifferent toward the person. Having admiration for the person was a major achievement on the part of the respondents because 39.4 percent of them often admired them, 32.4 percent sometimes admired them, 8.4 percent rarely admired them while 19.7 percent of them never had admiration for the person.

From the above analysis on the kind of feelings expressed on having an encounter with PWDs, it can be argued that most people had normal feelings towards PWDs as against the popular notion that PWDs were not respected, regarded as humans or looked down upon at the work place because of their predicament as was argued by Tetteh (2009). What is also clear from the survey is that even though a lot more people often feel sorry for PWDs they do not pity them (72.4% never felt indifferent towards them); they are seen as normal beings capable of doing what the able bodies can do. This contradicts the medical model and the popular believe that PWDs cannot work and are just a burden on the society or PWDs should be treated as persons deserving benefit from charity (UNDP, 2007).

Attitudes of PWDs to work

The attitudes of PWDs to work can be effectively measured if one can establish what relationship exists between PWDs and their abled workmates in terms of how their able workmates regard them when it comes to working. In assessing the PWD's attitudes to work, the first issue was to establish whether they go to work on time. From the field results, 86.6 percent of the respondents reported that they go to work on time while 13.4 percent did not. The reasons

given by the respondents as to why physically challenged people are able to go to work on time is given in Table 8.

Table 8: Reasons for PWDs early report to work

Respondents	PWDs	NON-PWDs	Frequency	Percent
Closeness to workplace	14	26	40	33.61
They set off early because of their condition	7	13	20	16.81
Availability of transport	8	16	24	20.17
It is the responsibility of workers to report on time	3	7	10	8.40
They are committed to work	3	7	10	8.40
Duty consciousness and being on time is a habit	2	3	5	4.20
They are happy at their work places	3	7	10	8.40
Total	41	78	119	100.00

* The frequency did not sum up to 153 because 34 respondents (12 PWDs and 22 NPWDs) did not respond to the issue

Source: Field work, 2011

One hundred and nineteen respondents out of the sampled size of 153 responded to the issue of why PWDs reported to work on time. Their responses to the issue as given in Table 8 shows that the major reason why PWDs report to work on time is their closeness to their work places (33.61%). The other reasons given by the respondents are setting off earlier because of the

consciousness of their impairment (16.81%) and availability of transport (20.17%). While 8.40 percent of the respondents think PWD report to work on time because it is their responsibility to do so and because they are committed to their work as well as being happy at their various workplaces. Others (4.20 %) think it is because they have an attitude of duty consciousness and being on time is a habit.

An insignificant number of the respondents however did not think that PWDs report to work on time. They gave reasons such as: their residences were rather far from their workplaces, vehicular problems, and discrimination on the use of the transport facilities. The survey shown in Table 8 contradicts the assertion of the medical model that PWDs need special transport and sheltered employment because they can't walk, talk and see. This is because the survey indicated that the few PWDs that are employed had strategically located close to their work places and the means of transport is available.

The results in Table 8 however do not fully confirm the enabling process as discussed in the conceptual framework of the study. This is because majority of PWDs reporting to work on time because they had strategically located close to their work places do not especially mean they had easy access transportation facilities even though 20.17 percent indicated that there was availability of transport. The study also investigated the attitude of PWDs to work and that of the able workers to PWDs at the workplaces of respondents based on the criteria shown in Table 9.

Table 9: Attitude of PWDs to work in respondents' organisation

Attitudes	PWD	NON-PWDs	Frequency	Percent
Positive because fellow able workers love and respect them	25	46	71	47.65
Positive because their efforts are regarded	15	27	42	28.19
Negative because of discrimination against them	9	18	27	18.12
Negative because of discrimination in promotion	1	3	4	2.68
Fair	2	3	5	3.36
Total	52	97	149	100.0

*The frequency did not sum up to 153 because 4 respondents (1 PWDs and 3 NPWDs) did not respond to the issue

Source: Field work, 2011

In response to the question of the attitude of PWDs to work, 47.65 percent indicated that it was positive because fellow abled workers loved and respected them while 28.19 percent said it was positive because their efforts were regarded. However, about 18.12 percent think it was negative because of discrimination against them while 2.68 percent also indicated that the attitude

was negative because of discrimination against PWDs in promotion. About 3.36 percent thought the attitude of PWDs to work was fair.

This revelation by the survey contradicts the view of Tetteh (2009) who argued that PWDs in Ghana are disrespected in the service sector because of their condition and most organisations within the service sector do not have disability friendly facilities to aid employees effectively discharge their duties. He further argues that PWDs in Ghana suffer from some amount of discrimination from colleagues or employers themselves and are also treated with fragility in the service sector hence they are not given the opportunity to carry out challenging tasks. As a result when there are promotion opportunities, PWDs are rarely considered (Tetteh, 2009). Furthermore, the survey results demonstrated the enabling process of the conceptual framework of the study and showed an improvement in attitudes towards PWDs. This deduction holds because 47.65 percent and 28.19 percent argued that the attitudes of PWDs to work is positive because abled work mates love and respect them as well as regarding their efforts. This indicates an attitudinal change of 'no entry' in the conceptual frame work to entry and partaking in societal activities as well as recognising their efforts.

On the issue of whether PWDs were able to execute duties assigned to them, majority of the respondents (about 54.0%) said yes with perfection and about 29.3 percent said on average. Six respondents (4.0%) thought PWDs are unable to execute their duties because of their disability, 8.0 percent also said no and they cited negative attitude towards them as a reason why they are unable to execute their deities and 4.7 percent said because of absence of facilities that will aid them (PWDs) in the execution of their duties, they are unable to do so.

Table 10: Execution of duties assigned to PWDs

Responses to execution of duties	PWDs	NON-PWDs	Frequency	Percent
Yes with perfection	28	53	81	54.0
Yes on average	15	29	44	29.3
No because of their disabilities	2	4	6	4.0
No because of the negative attitude towards them	4	8	12	8.0
No because of absence of facilities that will aid them	2	5	7	4.7
Total	52	98	150	100.0

* The frequency did sum up to 153 because 3 respondents (1 PWDs and 2 NPWDs) did not respond to the issue

Source: Field work, 2011

This findings from the field once again contradicts the medical model and the view of Tetteh (2009) that PWDs in Ghana were treated with fragility in the service sector hence they were not given the opportunity to carry out challenging tasks. Furthermore, the findings also contradicts the findings of the UNDP that PWDs were often perceived as someone else's responsibility; requiring constant supervision; being best served in isolated self-contained settings and being generally incompetent (UNDP, 2007, pp.129-130).

It is obvious from the survey that PWDs were able to execute their duties to perfection. This is in contradiction to the view that PWDs were not given higher positions nor promoted because they were unable to perform to perfection the duties assigned them as a result of their predicament (Agbenyegah, 2003). What is also clear from the survey is that despite the good performance displayed by PWDs at their work places, there were a few abled workmates who showed some discrimination towards PWDs as well as the absence of or inadequacy of facilitates to aid PWDs perform their duties. This has accounted for a few of the PWDs failing on their jobs. This again emphasizes the fact that when given the right environment, PWDs can execute their duties perfectly just as their abled work mates do. Furthermore the low responses given to issues bordering on the condition of PWDs, negative attitudes, and the absence of aiding facilities indicated a movement from the disablement to enablement of PWDs as shown in the conceptual frame work for the study.

The field results as shown in Table 11 is contrary to the popular view that attitudes towards PWDs are all negative. An explanation to this improvement in attitudes towards PWDs as compared to previous studies that reveal negative attitudes towards PWDs is because of the on-going education on the need to mainstream PWDs into the economy and other initiatives taken by Government and other bodies to protect their rights.

Table 11: People's attitude toward PWDs

Responses	Type of respondents	Total
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	Frequency	PWDs	Frequency	NON-PWDs	
Positive because they are hardworking coupled with high public education on disability issues	17	32.0	22	22.4	54.4
Positive out of sympathy towards them	6	10.9	6	6.1	17.0
Negative because they are not able to work	1	2.0	1	1.4	3.4
Negative because of society's negative perception about them	8	15.6	1	0.7	16.3
Fair	2	4.1	5	4.8	8.9
Total	34	64.6	35	35.4	100.0

*The frequencies did not sum up to 153 because 19 PWDs and 65 NPWDs did not respond to the issue

Source: Field work, 2011

The survey results confirmed the conceptual frame work underpinning the study in the sense that 54.4 percent of the respondents indicated a movement from the disabled state of no entry to fully participate in societal activities and negative attitudes to an enabling state of welcoming PWDs to participate in social activities and showing positive attitudes towards them.

The field results conforms to the views of Rillota and Nettelbeck (2007). They argue that the more information there is about persons with disabilities, the more the likelihood of changing attitudes towards them into positive attitudes. On the other hand, a very small section (3.4%) of the respondents had negative attitudes towards PWDs because they think PWDs are unable to work due to their condition. Nonetheless about 16.3 percent of the respondents thought PWD face negative attitudes because of society's negative perception about them.

Furthermore the survey contradicts the view that disabled employees have been segregated from colleagues and customers and workers with impairments have been shunned and harassed (CIPD 2001). The European Commission, 1997; Gray & Neale, 1991; Murray & Heron, 1999; Smith, 2004; Robert, 2003; are of the above view that has been contradicted by the survey. Another contradiction to the findings of the study is view of the State Services Commission (2002, p.6) that "more staff with disabilities reported having experienced unwelcome behaviour, and they were less satisfied than other staff with the extent to which staff worked co-operatively".

The survey also contradicts popular believes such as "People with disabilities in Ghana are often regarded as unproductive and incapable of contributing in a positive way to society, and rather seen as constituting an economic burden on the family and the society at large, which leaves them in a vicious cycle of poverty" (Ghana Federation of the Disabled, 2008). This is because 54.4 percent of the respondents (32.0% of PWDs and 22.4% of NPWDs) had positive attitudes towards PWDs because they are hard-working and a small percentage of 3.4 percent of the respondents had negative attitudes

towards PWDs because they think they are not able to work hard. The finding however supports Eldering et al. (1988), that marginalization of PWDs decreases as they gain education and access to facilities and services.

Table 12: The participation of PWDs in social activities

Responses	Type of respondents				Total %
	Frequency	PWDs %	Frequency	NON- PWD %	
PWDs must participate in					
social activities	29	55.6	31	30.5	86.1
PWDs must not participate					
in social activities	3	6.6	5	4.6	11.3
Don't know	1	1.3	1	1.3	2.6
Total	33	64.5	37	35.5	100.0

*The frequencies did not sum up to 153 because 20 PWDs and 63 NPWDs did not respond to the issue

Source: Field work, 2011

The study investigated whether PWDs should participate in social activities like the NPWDs do. The 153 respondents were asked to say 'Yes', 'No' or 'I don't know' to the issue. In this regard, the results as shown in Table 12 suggested that there is no difference between the views given by both PWDs and NON-PWD. In all, 86.1 percent of the respondents that is a 55.6 percentage of PWDs and a 30.5 percentage of PWDs and NPWDs respectively agreed that PWDs should participate like anyone else in social activities while 11.3 percent

of them thought otherwise. This means that they both recognize the need for PWDs to partake in the societal activities just like others. The findings as shown in the table above contradicts the findings of the Ghana Federation of the Disabled (2008) that PWDs are viewed in the Ghanaian society as unproductive and incapable of contributing in a positive way to society, and are rather seen as constituting an economic burden on the family and the society at large, which leaves them in a vicious cycle of poverty.

The analysis on the participation of PWDs in social activities as shown in the Table 12 did not only confirmed the conceptual frame work (of moving from a disabled society of not allowing PWDs to fully participate in societal activities because negative attitudes and barriers to an enabling society of allowing PWDs to fully participate in societal activities because of change in attitudes) but also implied that persons with disability are no longer seen as unproductive and incapable of contributing in a positive way to society or constituting an economic burden on family and society. Another interesting revelation by the field survey is that 55.6 percent of PWDs disagreed with the position of the medical model that any economic or social deprivation encountered by disabled people was located within the individual and their impairment (Swain et al., 2003). The large number of PWDs saying ‘Yes’ is a clear indication that more of the PWDs are willing to take part in social activities.

Table 13: The extent to which PWDs are integrated into the society

Integration of PWDs into the society	Type of respondents				Total
	Frequency	PWD	Frequency	NON-PWD	
PWDs are well integrated	3	6.6	4	4.0	10.6
PWDs are fairly integrated	15	27.8	17	16.6	44.4
PWDs are not at all integrated	15	29.1	13	13.2	42.4
I don't know	1	1.3	1	1.3	2.6
Total	34	64.9	35	35.1	100.0

*The frequencies did not sum up to 153 because 19 PWDs and 65 NPWDs did not respond to the issue

Source: Field work, 2011

The study investigated into the issue of whether PWDs are well integrated into the society. From the 153 respondents interviewed on the issue, 64.9 percent of the PWDs responded to all the options and 35.1 percent of the NON-PWDs also responded to all the options. The views of the respondents as exhibited in Table 13 indicated that the PWDs are not all integrated into the society. This is because out of 153 respondents interviewed on the issue, 42.4 percent of them are of the view that PWDs are not at all integrated into the society while 44.4 percent of them argued that PWDs are fairly integrated into the society. Judging between the responses of (well integrated 10.6%, fairly integrated 44.4 and 42.4 not at all integrated) meant that the full integration as proposed by the conceptual frame work had not been achieved fully. The poor integration of PWDs into the Ghanaian society is further supported with the

field results shown in Table 15 which gives the indication that much is lacking when it comes to PWDs having access to societal facilities as 54.0 percent of the respondents argued so.

The field results on the issue of whether PWDs are well integrated into the society confirms the findings of USAID (2005) that in Africa as many as 80 percent of the working age people with disabilities are unemployed, excluded from schools and opportunities to work and that the social stigma associated with disability results in marginalisation and isolation. In addition the findings confirm the view that disability issues have for long been excluded from development programs in most societies despite the call for this to be done by international organisations and NGOs. "...there is little practical evidence that mainstreaming has taken place and disability has hardly registered at all in development process" (Thomas, 2004, p. 70).

Table 14: Extent to which PWDs are treated fairly

Treatment of PWDs	Type of respondents				
	Frequency	PWD %	Frequency	NON-PWD %	Total %
PWDs are treated fairly	13	24	13	13.3	37.3
PWDs are not treated fairly	20	38	16	16	54
I don't know	2	3.3	5	5.3	8.7
Total	35	65.3	35	34.6	100

*The frequencies did not sum up to 153 because 15 PWDs and 65 NPWDs did not respond to the issue

Source: Field work, 2011

The study further sought the views of the respondents on the issue of whether PWDs are treated fairly in their places of work. In this regard the survey results in Table 14 show that 54 percent disagreed on the issue, 37.3 percent think PWDs are treated fairly while 8.7 percent could not decide on the issue. What this means is that most of the respondents from both PWD and NON-PWD have no difference in their opinions on the fair treatment of the PWDs. They simply do not agree on a fair treatment given to PWDs. This finding from the field supports the argument of Strom and Ferris (1982) that in job interviews, applicants with obvious physical disabilities are required to defend their physical shortcomings rather than highlighting their qualifications and abilities. The results from the field on the issue of unfair treatment given to PWDs further confirms the findings of Barnes (2000, p.450) who points out that “ too often the type of jobs being offered to disabled people are low status, low waged occupations with poor working conditions and few opportunities for advancement”.

The study further examined the attitude of able workers to their work colleagues who are physically challenged. Responses on this issue were taken from both the PWDs and NPWD on the basis shown in Table 15. The finding as indicated in Table 15 implies that the difference between positive and negative attitudes exhibited towards the PWDs is wide. Results from the field survey indicated that attitudes towards PWD are largely positive. A large number of the respondents representing 54.4 percent believe that PWD are hard-working despite their physically challenged condition but some of the respondents (17.0 %) have positive attitudes towards them out of sympathizing with them because of their condition.

Table 15: PWDs having access to societal facilities

Treatment of PWDs	Type of respondents				Total
	Frequency	PWD	Frequency	NON-PWD	
PWDs have full access to societal facilities	13	24.0	13	13.3	37.3
PWDs do not have full access to societal facilities	20	38.0	16	16.0	54.0
Don't know	2	3.3	5	5.3	8.7
Total	35	65.3	34	34.7	100.0

*The frequencies did not sum up to 153 because 18 PWDs and 66 NPWDs did not respond to the issue

Source: Field work, 2011

The study examined the sampled respondents on the issue of whether PWDs are treated fairly when it comes to having access to and making use of societal facilities. Even though the survey results in Table 11 strongly suggest that negative perceptions about the physically challenged has reduced, the case is different when it comes to whether PWD are treated fairly with regards to having access to societal facilities. Table 15 shows that 37.3 percent as against 54.0 percent of the respondents were of the view that the physically challenged are not treated fairly when it comes to assessing public facilities. About 8.7 percent did not know their position on the issue. Thus, the field survey suggests that the NPWDs to a large extent agreed with PWDs that PWDs are not fairly treated when it comes to accessing public facilities. In this regard the finding is similar to literature. For example it was found in the literature review that the

following were inaccessible to the physically challenged: public transport, buildings (not designed to suit the use of the physically challenged), information (lack of specialised equipment and low vision aids, specialised training to use this equipment and the availability of sign language interpreters for interviews, training and meetings) (La Grow & Daye, 2004, EEO Trust, 2005).

Table 16: Ability of PWDs to execute duties assigned to them

Responses	Type of respondents				Total
	Frequency	PWD	Frequency	NON-PWD	
Yes with perfection	19	35.8	19	18.5	54.3
Yes on average	8	15.2	13	12.6	27.8
No because of their disability	1	2.0	4	4.0	6.0
No because of the negative attitude towards them	4	7.3	1	0.7	7.9
No because of the absence of the facilities that will aid their performance	2	3.3	1	0.7	4.0
Total	34	63.6	38	36.4	100.0

*The frequencies did not sum up to 153 because 19 PWDs and 62 NPWDs did not respond to the issue

Source: Field work, 2011

Another issue explored by the study was on the ability of PWDs to execute duties assigned to them. The respondents were asked to respond to the issue indicated in Table 16. The responses given to the issue indicated that there was a general agreement from both PWDs and NON-PWDs that the PWDs are able to execute duties assigned to them. Results from the field in the light of PWDs having the ability to execute duties assigned to them indicated a 54.3 percent ability to perform with perfection while 27.8 percent reported ability to perform on average. There were relatively a small number of respondents as exhibited in Table 16 who thought PWDs were unable to execute duties assigned to them either because of their disability condition, negative attitudes towards them and the absence of facilities.

The field results as shown in Table 16 contradict the view of Tetteh, (2009). Tetteh argues that PWDs in the service sector of Ghana are treated with fragility and are therefore not given the opportunity to carry out challenging tasks. The findings contradict this view because a large percentage (54.3%) of the respondents argued that PWDs can execute their duties with perfection. Thus the findings from the field suggests that there is no basis for employers to discriminate against PWDs on the basis of ignorance of their capabilities as has been argued by Doyle (1994) that discrimination against PWDs by employers arise from ignorance of a disabled person's capabilities.

In the light of finding out whether PWDs should participate in social activities like all other able bodies do, the respondents were asked to respond to the issue with either a 'yes' or 'no' or 'I don't know'. In this regard the respondents largely agree that PWDs should participate in social activities. The survey revealed in Figure 9, that 87 percent as against 11 percent of the

respondents agreed to the issue that PWDs should participate in social activities like all other able bodies do.

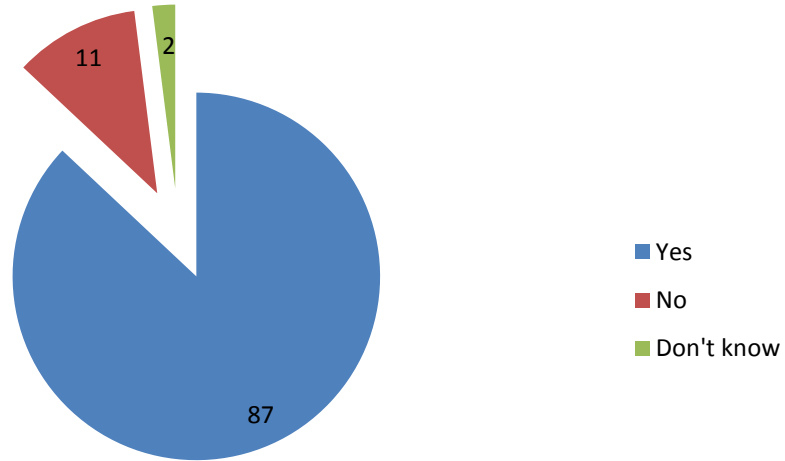


Figure 9: Participation of PWD in social activities

Source: Field work, 2011

However while eleven percent do not want PWDs to participate in social activities only 2 percent did not know whether PWDs should participate in social activities.

The findings did not conform to previous researches and further suggests that PWDs can now fully participate in social activities. One of such contradictions to the findings is that PWDs in Africa have been excluded from participating in social activities just like able bodies do (USAID, 2005). The USAID argues that school enrolment for PWDs is estimated at about 5-10 percent, only one percent of disabled women living in developing countries are literate and about 80 percent of the working age people with disabilities are unemployed. PWDs in Ghana have largely been excluded from societal activities because they (“People with disabilities in Ghana) are often regarded

as unproductive and incapable of contributing in a positive way to society, and are rather seen as constituting an economic burden on the family and the society at large, which leaves them in a vicious cycle of poverty” (Ghana Federation of the Disabled, 2008).

Having PWDs as neighbours

The study collected the views of NPWDs on the issue of whether they would be happy to associate with PWDs as neighbours. The survey result on the issue reveals that about 90 percent of the respondents would be happy to associate with PWDs as neighbours while 5 percent indicated either “No” or “don’t know” respectively. Thus, the respondents are happy and willing to relate and associate with the PWDs as other people will ordinarily not do. This revelation from the field contradicts the findings of UNDP (2007). The UNDP reported that in most cases in the Ghanaian community, the company of PWDs has been shunned. This is because Ghanaians consider disability as a curse or punishment for sins committed by either the PWD or the parents of the PWD, and also associate disability with witchcraft, sorcery, ‘juju’ and magic (UNDP, 2007, p.129). Thus Ghanaians fear to associate or get closer to PWDs on the basis that the curse may be transferred to them or they may be influenced magically by them. It is clear from the survey that this perception of the PWDs is no longer holding since 90 percent of the respondents gave an indication of willingness to associate with PWDs as neighbours.

Furthermore the findings of the study suggest that the past ways of associating with PWDs as reported by Agbenyega (2003) are no longer accepted. This is because 90 percent of the respondents would accept PWDs as

neighbours. Agbenyega (2003) reported that instead of associating with them, PWDs are rather treated cruelly and sometimes thrown into the river or killed at birth and this has deepened the discrimination and negative attitudes towards the physically challenged in the Ghanaian community. The survey result contradicts this assertion because if 90 percent of the respondents are willing to associate with PWDs then there will be no basis for the cruel attitude reported by Agbenyega (2003).

However the findings support the argument raised by Triandis, et al., (1984). They argued that meeting an attitude object (such as a disabled person) frequently may allow one to like that attitude object. Holding back this attitude object (i.e., disabled individual) from the environment creates a feeling of dislike rather than liking (Triandis, et al., 1984). The fact that 90 percent of the respondents are willing to associate with PWDs as neighbours as the survey indicated means there is more interaction and association going on between PWDs and NPWDs and this leads to liking and understanding PWDs.

In addition, the findings on the issue support the view that being in direct contact with persons with disabilities decreases the individuals' social worries, contribute to positive attitudes by enriching positive perceptions for persons with disabilities and increases social acceptance (Barr and Bracchitta, 2008; McDougall, Devit, King, Miller & Killip, 2004; Marom, Cohen & Naon, 2007; Meyer, Gouiver, Duke & Advokat, 2001; Rimmerman, Hozmi & Devdevany, 2000). Comparing the findings on the issue of having PWDs as neighbours to available literature suggest that negative attitudes towards PWDs are reducing.

Table 17: Negative experiences observed by the PWDs

Comments	Frequency	Percent
Not really	1	7.1
They are very rude	2	14.3
Not involved in decision making	4	28.6
Discrimination in terms of promotion and training	7	50.0
Total	14	100.0

*The frequency did not sum up to 53 because 39 PWDs did not respond to the issue

Source: Field work, 2011

The research investigated into practical negative experiences that PWDs have observed being meted out to them by their abled work colleagues. Respondents who are themselves PWDs stated the negative and positive sides of associating with their counter parts that are not physically challenged. The response rate was very low and the responses given suggest that most of them were not willing to write much as they resorted to giving very short comments. The survey indicated in Table 17 that about 28.6 percent of the respondents observed that when it comes to decision making in the organisation, they were not involved. A probable reason for this may be because for a very long time PWDs in Ghana have been considered as unproductive and incapable of contributing in a positive way to the society (Ghana Federation of the Disabled, 2008). Two respondents out of the 14 that responded to the issue representing 14.3 percent of the respondents experienced rude behaviours from their abled working mates. A 7.1 percent of the respondents gave the comment ‘not really’ suggesting they have not had any negative experience with their work mates. Even though majority of the respondents (73.58%) did not respond to the

issue, 50.0 percent of the 14 respondents who responded to the issue indicated discrimination in terms of promotion and training as a negative attitude towards PWDs. This confirms the findings of Tetteh (2009) who argued that PWDs in Ghana are sometimes disrespected in the service sector because of their condition and they suffer from some amount of discrimination from colleagues or employers themselves. PWDs are also treated with fragility in the service sector and are therefore not given the opportunity to carry out challenging tasks. As a result when there are promotion opportunities, PWDs are barely considered (Tetteh, 2009). This makes PWDs more vulnerable and results in a high proportion of PWDs being poor.

Table 18: Positive experiences observed by PWDs

Response	Frequency	Percent
They are very nice and friendly to PWDs	4	26.7
They treat us with care: helping to climb the stairs, join public busses, seat down etc.	5	33.3
They are tolerant and very helpful in discharging our duties	4	26.7
They encourage us to work hard and know that we can do all type of work	2	13.3
Total	15	100.0

*The frequency did not sum up to 53 because 38 PWDs did not respond to the issue

Source: Field work, 2011

The study also collected views from PWDs on positive experiences they have experienced from their able bodied working colleagues. Even though response rate on the issue was low, 26.7 percent of the respondents indicated in the survey in Table 18 that their able bodied working colleagues are nice and friendly to them as well as tolerant and helpful in discharging their duties and this confirmed the conceptual frame work of accepting PWDs and developing positive attitudes towards them. In the words of one respondent “am so happy working here because my non-disabled work mates chart with me, play with me, call me often on phone and it gives me a good feeling”. Another section of the respondents (33.3%) reported that their non-disable work mates treat them with care by assisting them to have access to the physical structures. A respondent who is visually impaired stated that “once I alight from the car, a work mate who is not disabled like me will take my bag and guide me to my office. I always have someone around to assist me do the things I couldn’t do because I can’t see” One respondent however gave a negative experience in this words; “They feel rejected in society”.

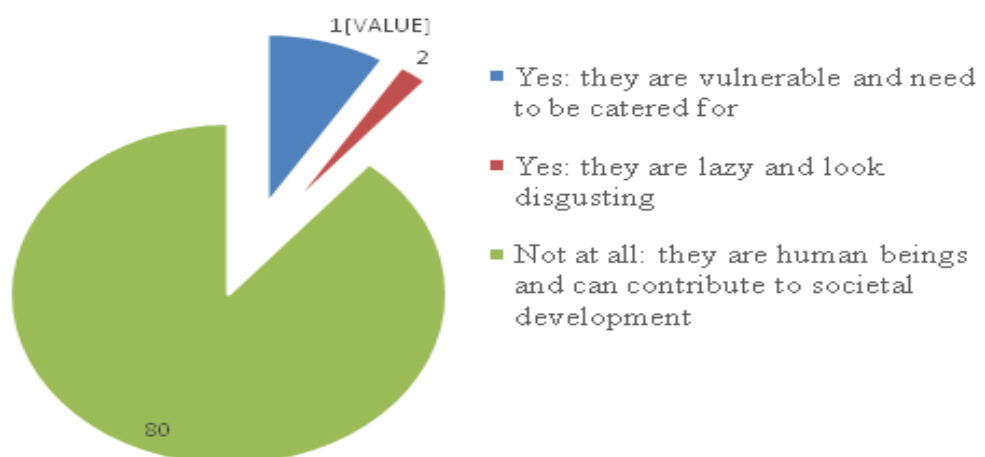


Figure 10: Separating PWDs from the society

Source: Field work, 2011

On the issue of whether PWDs should be separated from the rest of the society, 80 percent of the abled persons interviewed disagreed on the basis that PWDs are human beings and can meaningfully contribute to the development of the Ghanaian society. The field result is an indication of the willingness on the part of NPWDs to fully welcome and accept PWDs in partaking in societal activities as proposed by the conceptual frame work for the study. The findings further indicates that social attitudes towards PWDs are getting more positive as has been argued by Antonak and Livneh (2000). The researchers argue that the integration of persons with disabilities into the society has become easier and they get more acceptance from family, friends, employees and others when the social attitudes are positive. The finding further confirms the argument raised by the social model of disability. According to the social model of disability, the inability of PWDs to integrate themselves into the society is because of the way society is structured in which PWDs experience negative attitudes (Harris & Enfield, 2003).

However, a relatively small section of the respondents (18%) were of the view that PWDs should be separated from the society because they are vulnerable and need to be catered for. This confirms the position of the medical model on disability which argues that the inability of PWDs to integrate themselves into the society is a direct result of having impairment and not as a result of features of the society that can be changed. “Any economic or social deprivation encountered by disabled people was located within the individual and their impairment.” (Swain et al, 2003). The medical model views disability as a problem of the person, directly caused by disease, trauma, or other health condition which therefore requires sustained medical care provided in the form

of individual treatment by professionals. About 2 percent of the respondents hold to traditional beliefs and therefore think PWDs should be separated from the society because they are lazy, look disgusting and are not normal human beings

The study also investigated whether disability contributes to poverty. 152 respondents (53 PWDs and 99 NPWDs) out of one hundred and fifty three respondents responded to the issue. The findings from the field on this issue as indicated in Table 19 shows that 65.13 percent of the respondents agreed that disability leads to poverty because it acts as a barrier to employment.

Table 19: Disability and poverty

Response	PWDs	NON-PWDs	Frequency	Percent
Yes, perception of PWDs is a barrier to their employment	34	65	99	65.13
Yes because the facilities that can enable them are not available	11	22	33	21.71
Yes because PWD cannot do any meaningful job	1	2	3	1.97
No because many PWD are gainfully employed	4	9	13	8.55
I don't know	1	3	4	2.63
Total	53	99	152	100.00

*The frequency did not sum up to 153 because 1 NPWDs did not respond to the issue

Source: Field work, 2011

To put it differently is to say that without a job one is bound to be poor. The PWDs are poor because they are unable to secure jobs due to the perceptions the society has about them. PWDs are perceived as people who cannot do any meaningful job because of their condition. This finding from the field conforms to a USAID report that about 20 percent of the poor Ghanaian population are PWDs (USAID, 2005). The World Health Assembly Report (2005) also reported that about 80 percent of the PWDs live in low income countries and are unable to access basic life necessities because they are poor. Furthermore, it has been argued that addressing disability is a significant part of reducing poverty (Bonnel, 2004).

About 21.71 percent of the respondents also agreed that disability leads to poverty because the facilities that can enable PWDs to work are not available hence they are unable to work. Thus Tetteh (2009) reported that most organisations in Ghana within the service sector do not have disability friendly facilities to aid employees effectively discharge their duties. Furthermore, about 1.97 percent of the respondents were of the view that disability leads to poverty because PWDs cannot do any meaningful job due to their disability. This confirms the findings of the Ghana federation of the disabled that people with disability in Ghana are often regarded as unproductive and incapable of contributing in a positive way to society, and are rather seen as constituting an economic burden on the family and the society at large, which leaves them in a vicious cycle of poverty. However, 8.55 percent had contrary view by saying 'No' because many PWD are gainfully employed.

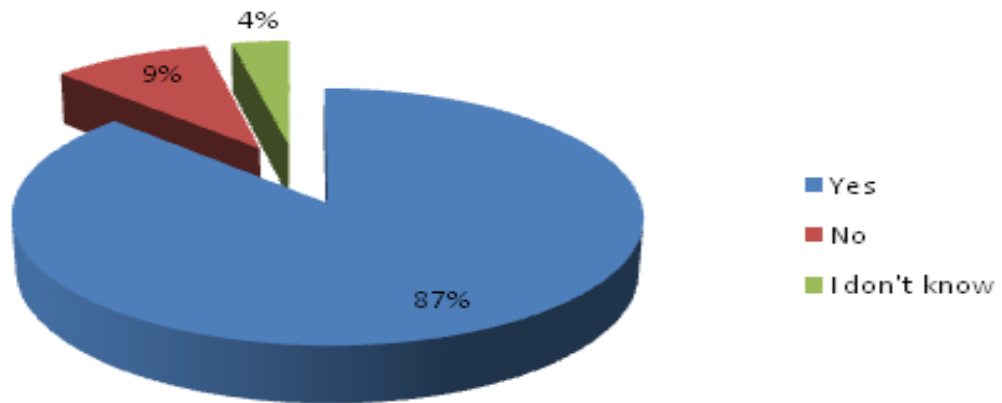


Figure 11: The rights to employment

Source: Field work, 2011

On the issue of disability and employment, the respondents were asked to express their views by saying 'Yes' or 'No' to whether PWDs have a right to be employed, whether PWDs are being employed and whether PWD are less likely to be hired as compared to NPWD. The field result shown in figure 12 indicates that 87 percent of the respondents are of the view that PWDs are less likely to be hired for a job than NPWD. To substantiate this field result, the Ghana human development report (2007) reported that the employment rate of PWDs in Ghana is 69 percent which is much lower than that of the general population of 80.2 percent. In addition, Stevens (2002) reported that the unemployment rate for disabled people is 38 percent compared with 26 percent for non-disabled. Russell (2002) further posits that only 30.5 percent of people with impairment aged 16 and 64 were employed, compared with 82.1 percent of those without impairments. However, a small section of the respondents (9%) gave a 'No' response to the issue while 4 percent did not know what to say.

Data collected from the field on the issue of whether PWD have the right to be employed indicated that almost all the 153 respondents were in agreement

that PWDs have a right to be employed. This is because about 96.7 percent of the respondents responded ‘Yes’. The remaining 3.3 percent of the respondents did not respond to the issue at all. However, whether PWDs are being employed or not, 32.0 percent of the respondents (majority being NPWD) believe PWDs are getting jobs while 68.0 percent of the respondents most of them being PWDs were of the view that PWDs are not being employed.

Table 20: Knowledge of policies/laws on disability

Response	PWDs	NON-PWDs	Frequency	Percent
The disability bill	25	46	71	79.8
Not known	2	3	5	5.6
The 1992 constitution of Ghana	3	5	8	9.0
UN convention on human rights	1	3	4	4.5
The employment laws	0	1	1	1.1
Total	31	58	89	100.0

*The frequency did not sum up to 153 because 64 respondents (22 PWDs and 42 NPWDs) did not respond to the issue

Source: Field work, 2011

Knowledge of legislation on disability is a step forward in improving the well-being of the PWDs and the knowledge is contingent on whether the law exists in the first place. Thus the study investigated on which law(s) of disability is known to the respondents. Out of the one hundred and fifty three

respondents, eighty nine of them responded to the issue. With regards to the types of laws of disability known to the respondents as shown in Table 20, 79.8 percent of the respondents mentioned the disability bill, 9.0 percent of the respondents referred to the 1992 constitution of Ghana, 4.5 percent of the respondents knew about the UN convention on Human rights, 1.1 percent of the respondents mentioned the employment law and 5.6 percent of the respondents indicated that they did not know about any legislation on disability. Laws which are known but are not effective are as good as not being in existence. Thus the study also investigated whether these laws known to the respondents are effective or not.

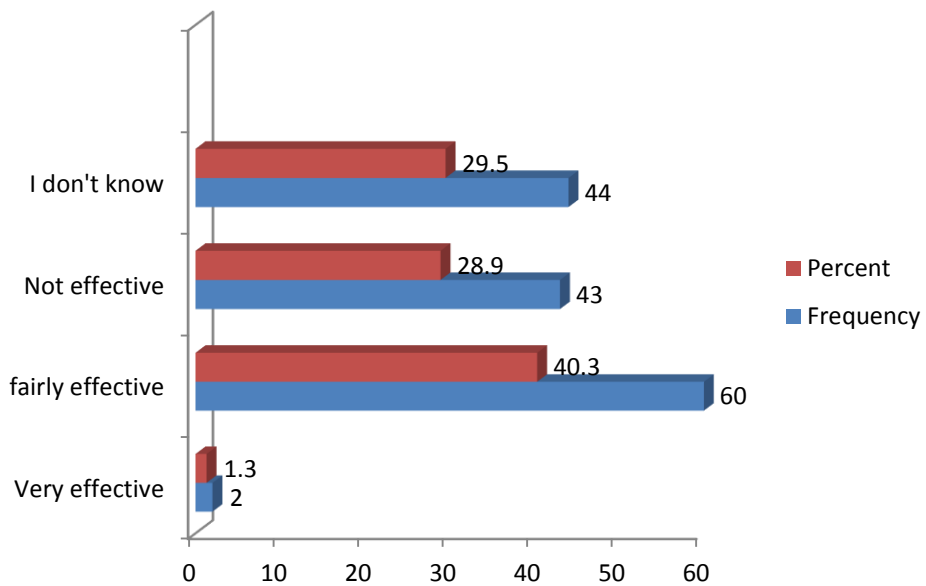


Figure 12: Perception of effectiveness of the disability laws

Source: Field work, 2011

The study further collected the views of the respondents on whether the laws on disability they indicated that they are aware of are effective. On this note 40.3 percent indicated that the laws are fairly effective while 28.9 percent said that the laws are not effective. However, 1.3 percent of the respondents are

of the view that the laws are very effective while 29.5percent of the respondents do not know whether the laws are effective or not. Thus the survey indicates that even though there is existence and knowledge of disability laws, the respondents largely think the laws are not sufficiently effective.

CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

Introduction

The chapter offers a summary of the major findings and the general conclusions reached in the study. The section also includes recommendations

which, if applied, could enable those concerned about mainstreaming PWDs into the Ghanaian society initiate action on the conclusions arrived at in the study.

Summary of findings

The main findings are below:

1. Most of the workers have worked at least within one year to fifteen years hence they have adequate information about the PWDs they are working with. The PWDs which are in the respondents workplaces are mostly one in general or two. There were however, a few instances where the PWDs were more than two.
2. The PWD go to work on time and the reasons were that they were closer to the workplace or they also have access to a regular means of transportation with exception of few who had difficulty with the means of transport or their residents were rather far from their workplaces. The respondents have high level of personal contact with PWDs.
3. Level of awareness about persons with disability at work places
Normally workers will be more aware about PWDs and all the issues related to them if they have a number of them in their workplaces. Even though Ghana has a sizeable number of PWDs less of them work in the formal sectors like the civil or public service and it is as though they are not employed by service providing organisations in the informal sector as the informal sector employed the least of PWDs. As a result people do not see more PWDs work in the organised work places as their counterpart able persons. That is to say there is a low awareness of

PWDs at various work places as majority of the respondents indicated just one or two PWDs on their staff.

The PWD go to work on time as indicated by almost all of the respondents and the reason was that they were closer to the workplace or they also have access to a regular means of transportation. A few respondents who did not think that PWDs were on time to work gave reasons such as their residents were rather far from their workplaces and also has vehicular problems or they mostly cited discrimination on the use of the transport facility. The respondents indicated having personal contact with PWDs on daily basis and this has contributed to a very high level of positive attitudes among the respondents towards PWDs.

4. Types of disability

The respondents were of the view that about half of the types of disability suffered by PWDs were physical impairment. Deafness/hearing impairment constituted a remarkable challenge followed by blindness/visual impairment. Of course the persons with intellectual/mental disability especially, mental health problems, depression, Alzheimer could not be in work places and so are those with learning difficulty/slow in learning, reading or writing hence they represented a negligible percentage of the workers. To work efficiently, one's mental faculty should be intact. Apart from brain disorders, physical disabilities involving arms, legs and organs are not a challenge at all. Even loss of sight or hearing impairment does not affect the thinking faculty therefore those with such challenges if they have the needed training and skills and know-how, should be able to work.

5. Who a person with disability is

With regards to views on who is a PWD, based on the descriptions given by the respondents, most of the respondents were not of the view that one with a chronic depression/feeling down all the time is to be considered a disabled. However, almost all of the respondents were of the view that the one who uses wheelchair all the time is a PWD. The respondents massively agreed that someone who is deaf is a disabled but they did not agree that someone who experiences chronic pain is a PWD. Someone who is not able to take care of him/herself because of mental disorders was also considered a PWD as well as someone who has difficulty speaking while someone who has limited vision even with glasses was also considered as a disability. In like manner the one who has difficulty with social interaction is not considered to be a PWD by most of the respondents. Those who have difficulty learning new things are not seen by most of the respondents as having a disability. Finally, someone who has to stay away from the sun because of type of skin was considered by more than half of the respondents as not having a disability.

6. Causes of disability

Views on the causes of disabilities as held by the respondents were varied, though they overwhelmingly agreed on all the factors raised with the exception of spiritual and genetic factors. For instance, most of them thought disability was a function of Medical Reasons/Disease factors. Again majority opined that accidents are a cause of disability. However, spiritual factors though was thought could play a role as the cause of

disability, was not supported in this study. But Medical error, according to the respondent was a major causative factor of disability. A few respondents added genetic factor as a cause disability.

7. Kinds of feelings upon encounter with someone with disability

Any kind of feeling a person especially, NON-PWDs has when he/she comes closer with PWD is explained in terms of likeness, fear, stigmatization among others. All these can generate certain kinds of attitudes to the PWDs. From the survey results, most of the respondents did not have awkward feelings and discomfort often, rather more than half of them never felt awkward and uncomfortable with PWDs. Thus it can be said that most of them felt normal upon seeing PWDs. Being afraid of PWDs was also not a serious issue among the respondents as most of them never had a shred of fear. The feeling of sorry for PWDs however, was quite considerable as just a few of the study subject never felt sorry for PWDs. This is quite natural because no matter how better one would have disability is not inability, one still feels that PWDs lack something they have.

The feeling of indifferent toward the person was not a serious case but in all most of them never felt indifferent toward the person implying that the respondents have been embracing PWDs. Some of the respondents sometimes had admiration for PWDs though some of them never had any admiration for them. The result generally implies the respondents had positive attitude towards the PWDs.

8. Attitudes of the PWDs to work

The vulnerability or otherwise of the PWDs can best be measured if it is established that people both able and PWDs themselves have good interpersonal relationships and positive attitudes towards one another. This was bent on establishing the attitudes of PWDs to work and also that of the able workers to PWDs at the workplaces of respondents.

It was established that attitudes of PWD to work in the organisations was generally positive because fellow able workers love, respect them and also it was positive because their efforts are regarded. Just a few however, indicated they had negative attitude because of discrimination against them in general especially when it comes to promotion. Others were of the view that attitude of PWDs towards work was fair. It is also known that most PWD are able to execute duties assigned to them with perfection while a good number of them perform on average with just a few of them indicating no because of their disabilities or no because of the negative attitude towards them. A few more complained that their inability to perform equally with their counterparts is because of absence of facilities that will aid them.

The people's positive attitude toward PWD is due to the fact that they are hardworking. Others indicated it was positive out of sympathy towards them. A few of the respondents thought that it was negative because they are not able to work and the rest argued that it is negative because of society's negative perception about them. However, some think that the peoples' attitudes towards them are fair. The other impressions given on the attitudes of the people to the PWDs were that they were not fairly treated.

Even though the respondents were firmly of the view that PWDs must be involved and should be well integrated into societal activities, they indicated that PWDs were not well integrated into the society. On the issue of whether PWDs are treated fairly, the opinion of the respondents is that PWDs are not treated fairly in the society.

Attitudes towards PWDs is positive because both PWDs and NPWDs were of the view that PWDs are hardworking and the public is receiving education on disability issues. Negative attitudes towards PWDs emanating from PWDs inability to work due to their disability and society's negative perception of PWDs received a low response from the respondents.

There was also a general agreement from both PWDs and NON-PWDs that the PWDs were able to execute duties assigned to them with perfection. However a small section of the respondents indicated inability to execute duties assigned to PWDs because of their disability and the negative attitudes of the society towards PWDs.

A few of the PWDs are well integrated into the society. Most of the interviewees however, agreed that PWDs were not well integrated into the society, but a few indicated they had no knowledge. Also respondents in general are of the view that PWDs should participate like anyone else in social activities with just a handful disagreeing or indicating "I don't know" on that score. Almost all of the respondents would be happy to be associated with PWDs as a neighbour thus, the respondents were happy and willing to relate and associate with the PWDs as other people will ordinarily not do.

PWDs stated both negative and positive impressions of associating with each other. Their impressions were that some of them are very rude. Moreover, there was a suggestion to the effect that they are not involved in decision making. This is rather discriminatory against them. There was yet another discriminatory issue against them in terms of position assumption at work and this made them feel rejected in society.

Among the positive comments about the PWDs are; they feel well with colleague PWDs, very caring and comfort each other and are friends in times of troubles, they are very sociable and are hardworking and source of motivation to other PWDs and even able ones. Additionally, there are indications that the PWDs are either very nice to each other or tolerant and they are very helpful, very friendly and they worked for longer hours without stopping.

9. Disability and poverty

Most disabled people are vulnerable because the extent of their abilities to engage in economic activities is in one way or the other is distorted. This causes most of them to become poor. The respondents indicated that disability can contribute to poverty because perceptions about PWDs is a barrier to employment of PWDs and facilities that can enable PWDs are not available. What is also clear from the field results that disability itself is not a cause of poverty but societal perception about PWDs and the structure of society that do not favour PWDs is what can make them poor. However, some of the respondents were with the contrary view as they see many of PWDs who are gainfully employed.

Almost all agreed that PWD have the right to be employed but they pointed out that just a handful of them are employed. According the respondents, it was also obvious that PWDs were less likely to be hired for a job than those who are not PWDs.

10. Awareness of legislation on disability

Knowledge of the legislations of disability is a step forward to improving their well-being and this is contingent on whether the law exists in the first place. Most of the respondents are aware of the legislation for the PWD, (disability Act, 2006), the 1992 constitution of Ghana and UN convention on Human rights. It was not known from the respondents whether the laws as they mentioned have been of any advantage to them. The comment made by a number of them on the laws was that “they are fairly effective”. Some of the respondents did not even know whether the laws were effective or not and the rest simply indicated the laws were not effective at all. Thus, while it was good for most of them to be aware about the legislations, their impression they portrayed was that their laws are not effective.

Conclusions

From the field survey it can be concluded that NPWDs are much aware of PWDs as co-workers because all respondents indicated one or two PWDs as co-workers they encounter on daily basis and the PWDs mostly suffered from physical impairment followed by blindness/visual impairment.

Attitudes of NPWDs towards PWDs was positive mainly because PWDs are hardworking and marginally out of sympathy towards PWDs. Education and

advocacy about disability issues have changed from negative attitudes of not allowing PWDs to participate in societal activities (to work) because of their disability to a positive one of willing to allow PWDs to participate in societal activities and have them as neighbours. Despite the willingness of NPWDs to associate with PWDs and allow them to partake in societal activities majority of PWDs are not well integrated into the society and they do not have full access to societal facilities. The main negative attitude towards PWDs in their work places is not involving them in decision making and discriminating against them during training and promotion.

PWDs report to work on time mainly because most of them leave close to their work places and they are able to execute duties assigned to them with perfection. This is because their co-workers who are not disable respect them and regard their efforts. Disability was seen as a contributing factor to poverty in the sense that it is a barrier to employment which is the main source of livelihood and a key out of poverty. People's (especially employers) perception about PWDs as people who cannot work is a barrier to employing PWDs.

Despite the general consensus that PWDs have the right to be employed, it was very clear from the survey that majority of PWDs were not employed as most of the organisations used for the study had only one or two PWDs as employees and the public sector employs more of PWDs than the informal sector. It can also be concluded that PWDs are less likely to be hired by employers while NPWDs are more likely to be hired by employers. Apart from the disability bill, other policies and laws concerning PWDs are not well known especially those concerning employment rights of PWDs and the laws/policies are not sufficiently effective.

Recommendations

- People with disability feel better in the society and they feel well integrated if a lot of people are aware about their conditions and have better and regular contact with them. In this study, the respondents, both PWDs and NON-PWDs have appreciable awareness about PWDs and this has made it possible for them to relate and interact on daily basis without discrimination and other acrimonies. It is therefore strongly suggested that the awareness creation about PWDs should not be limited to their workplaces but also to the general population. This can be achieved through educating the general population about their abilities and not about their disabilities.
- It has somehow been exposed that a few workers discriminate against the PWDs at their workplaces especially in terms of promotion and occupation of positions. PWDs on various staff should rather be promoted even if they are a little lower in status. The reasons are that, this will encourage most of them to aspire to greater heights rather than begging on the streets.
- Stemming from this is the need for government to intensify and make effective the legislations that seek for the human rights of the PWDs. The laws will not only empower PWDs to seek their legitimate needs but will compel employers and the potential right violators of PWDs to do the right things. The study revealed that the respondents are much aware of the disability Act but awareness of other policies and laws on disability is very low hence it is recommended that the government and

disability agencies educate the populace on such laws and policies to enable the effectiveness of the laws.

- The study revealed that disability contributes to poverty because employer's perception of disability is a barrier to employing PWDs. However, it was also discovered that the few PWDs that were employed execute their duties with perfection and had positive attitudes to work. It is therefore recommended that employers especially those not having PWDs as employees, should be educated on the abilities of PWDs and be referred to PWDs working in other organisations. This will help eradicate the negative perception they have about PWDs. The disability agencies and government should further educate PWDs who still hold on to traditional beliefs that they will not be employed due to their disability hence do not make any effort to look for jobs that perceptions about PWDs are changing to accepting PWDs as people who are capable of partaking in societal activities.
- It is recommended that the state, human rights advocates and all stakeholders including all able citizens should make it the need to help through opening of avenues and opportunities for PWDs to be employed. Education, through skill and vocational training can be the best option in this direction.
- A major discovery of the study is that negative attitudes towards PWDs are changing to positive attitudes due to education on disability issues and PWDs. Despite this discovery, the study also revealed that a small section of the respondents still hold on to the primitive convictions about PWDs which has perpetuated the negative attitudes recorded about

PWDs. Furthermore, the huge numbers of PWDs on the Ghanaian streets begging for alms suggest that they still believe they are excluded from normal societal activities. On this note it is recommended that an intensive educational program should be adopted to remove these traditional beliefs on the minds of people. Persons with disability especially those who have received some kind of training and are on the street begging because they think society has rejected them should be educated that the society thinks otherwise now. This is because about 90 percent of the respondents would like to associate with them while about 80 percent of them disagree that they should be separated from the society.

- A major step to mainstreaming PWDs into the Ghanaian society is by government and disability agencies encouraging them to get involved in societal activities. This is because most of them are not active partakers of the society because they feel they have been rejected by the society. Some of them have accepted the label that they are unproductive people and have been cursed. It is therefore recommended that the government should identify the few PWDs that have made it and reward them. In addition to ‘the best farmer of the year’ there can also be ‘the best PWD of the year’. Such initiatives will rejuvenate the dead abilities in PWDs that have lost hope because of societal labelling.

Future directions of research

There is insufficient data on disability in Ghana. There is the need for further research on disability data to enhance policy formulation on disability.

More qualified PWDs are not employed in the Ghanaian labour market. It is from this background that there is the need for research on barriers to employing PWDs in Ghana. Such research will lead to formulating policies that will guide and create a conducive employment environment for PWDs.

The argument put forward by PWDs is that the society has neglected them and this account for the reason why they are on the streets begging. It is obvious from the findings of this research that negative perceptions of abled people towards the disabled has changed drastically but there is still a large number of PWDs on the street. It is therefore important to research into the perceptions of PWDs despite the changing attitude of the larger abled society.

Ghana has a number of PWDs in employment. It is important to research on the contributions that the few PWDs in employment have made towards the development of Ghana.

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APPENDIX A

INTERVIEW SCHEDULE FOR PERSONS WITH DISABILITY

PERSONAL DATA

1. Which of the following age range can I place you?
 - a. Below 20 YRS
 - b. 20 – 29 YRS
 - c. 30 – 39 YRS
 - d. 40 – 49 YRS
 - e. 50 YRS and above

2. Gender: Male Female to be observed by the interviewer
3. What is your position in this organisation?
4. How many years have you been working here?
 1 – 5 YRS
 6 – 10 YRS
 10 – 15 YRS
 16 YRS and above
5. What is your level of education?
 No formal Education
 Middle School/ Basic Education
 Secondary/Technical/Vocational school
 Tertiary Education
6. How many disabled persons do you have among your staff?
7. Do they report to work on time? Yes they do No they do not
8. Why do they either report to work on time or not?

AWARENESS ON DISABILITY

9. Do you have personal contact with anyone (else) who has a disability?
10. What kind of disability does this person have?
 Physical impairment
 Intellectual disability (Mental handicap: Down Syndrome, Autism)

- Blind/visual impairment
- Deaf/hearing impairment
- Learning difficulty (slow in learning, reading or writing)
- Long-standing illness or health condition (diabetes, HIV/AIDS)
- Mental health problem (depression, Alzheimer)

11. How often do you have close contact (one on one) with a person with a disability?

- Daily
- Weekly
- At least once a month
- Once every three months
- Less often than once every three months

12. For each of the following please tell me whether you would consider this person to have a disability?

	Yes, it is a type of disability	No, it is not a type of disability
a) Someone who has a chronic depression / is feeling down all of the time		
b) Someone who uses a wheelchair all of the time		
c) Someone who is deaf		
d) Someone who experiences chronic pain		
e) Someone who is not able to take care of him /herself because of his/her mind		

f) Someone who has difficulty speaking		
g) Someone who has limited vision even with glasses		
h) Someone who has HIV/AIDS		
i) Someone who has difficulty with social interactions		
j) Someone who has difficulty learning new things		
k) Someone who has to stay away from the sun because of the type of skin		

13. What do you think are the causes of disability?

- Medical reasons / diseases
- Accident
- Spiritual cause
- Medical error

14. How do you feel when you encounter someone you don't know well who has an obvious disability?

	Often	Sometimes	Rarely	Never
a. Awkward / Uncomfortable				
b. Afraid of the person				
c. Sorry for the person				
d. Indifferent towards the person				
e. Admiration for the person				

ATTITUDE OF PWDs TO WORK

15. What is the attitude of people with disability (PWDs) to work in your organisation?

- a) Positive, because fellow able workers love, respect and regard them
- b) Positive, because their efforts despite their conditions are recognized
- c) Negative, because fellow able workers discriminate against them
- d) Negative, because of managerial discrimination in terms of promotion, type of job offered them etc.
- e) Negative, because of non-availability of facilities that will aid their performance
- f) Fair (neither positive nor negative)

16. Are people with disabilities able to execute duties assigned to them?

- a) Yes, with perfection
- b) Yes, on average
- c) No, because of their disability
- d) No, because of negative attitudes by able workers towards them
- e) No, because of the absence of facilities that will aid their performance

ATTITUDE OF OTHER WORKERS (ABLE) TOWARDS PWDs

17. What is the attitude of other workers (able persons) towards people with disabilities?

- a) Positive, because they are hardworking despite their disabled condition
- b) Positive, out of sympathy on them due to their disabled condition
- c) Negative, because they are not able to work due to their disabled condition
- d) Negative, because of society's negative perception about disabled people
- e) Fair (neither positive nor negative)

18. Are people with disabilities treated fairly?

Yes they are treated fairly [] No they are not treated fairly []
I do not know []

19. Are people with disabilities well integrated into society?

Yes they are well integrated [] fairly integrated [] No they
are not well integrated [] I do not know []

20. Should people with disabilities participate like everyone else in social activities?

Yes they must participate [] No, they must not participate []
I do not know []

21. Would you feel happy to be associated with people with disabilities either as a next door neighbour or a colleague at work?

Yes, as a next door neighbour and work colleague [] Not all
as a next door neighbour and work colleague as [] I do not
know []

22. Should people with a disability be kept apart from the rest of the society and should be avoided by able persons

Yes they must be separated from the society and avoided by abled people [] Not all, they must be part of the society just as the abled people [] I do not know []

23. Have you ever experience any other POSITIVE or NEGATIVE attitude from your fellow able workers that you want to share?

NEGATIVE.....
.....
.....

POSITIVE.....
.....
.....

DISABILITY AND POVERTY

24. Does disability lead to poverty?

- a) Yes, because people’s perception about the disable is a barrier to employment of the disabled []

- b) Yes, because facilities that can enable the disable people to work are not available []

- c) Yes, because people with disabilities cannot do any meaningful job due to their condition []
- d) No, because many disabled people are gainfully employed []
- e) I do not know []

DISABILITY AND EMPLOYMENT

25. Do disable people have the right to be employed?

- a) Yes they have a right to be employed []
- b) No, they do not have a right to be employed []

26. Are the disable people being employed/are they getting jobs to do?

- a) Yes they are getting jobs []
- b) No they are not getting jobs []

27. Are people with disabilities less likely to be hired for a job than those without disabilities, even if they are equally qualified?

Yes they are less likely to be hired [] No they are not less likely to be hired [] I do not know []

THE LEVEL OF AWARENESS ON POLICIES/LAWS CONCERNING PWD

28. What legislation or law concerning disability do you know?

29. How effective are these legislations/policies?

Very effective [] fairly effective [] Not effective [] I do not know []

APPENDIX B

INTERVIEW SCHEDULE FOR ABLE WORKERS

Personal data

30. Which of the following age range can I place you?

f. Below 20 YRS

g. 20 – 29 YRS

h. 30 – 39 YRS

i. 40 – 49 YRS

j. 50 YRS and above

31. Gender: Male Female to be observed by the
interviewer

32. What is your position in this organisation?

33. How many years have you been working here?

1 – 5 YRS

6 – 10 YRS

[] 10 – 15 YRS

[] 16 YRS and above

34. What is your level of education?

[] No formal Education

[] Middle School/ Basic Education

[] Secondary/Technical/Vocational school

[] Tertiary Education

35. How many disabled persons do you have among your staff?

36. Do they report to work on time? Yes they do [] No they do not []

37. Why do they either report to work on time or not?

AWARENESS ON DISABILITY

38. Do you have personal contact with anyone (else) who has a disability?

39. What kind of disability does this person have?

Physical impairment

Intellectual disability (Mental handicap: Down Syndrome, Autism)

Blind/visual impairment

Deaf/hearing impairment

Learning difficulty (slow in learning, reading or writing)

Long-standing illness or health condition (diabetes, HIV/AIDS)

Mental health problem (depression, Alzheimer)

40. How often do you have close contact (one on one) with a person with a disability?

- Daily
- Weekly
- At least once a month
- Once every three months
- Less often than once every three months

41. For each of the following please tell me whether you would consider this person to have a disability?

	Yes, it is a type of disability	No, it is not a type of disability
l) Someone who has a chronic depression / is feeling down all of the time		
m) Someone who uses a wheelchair all of the time		
n) Someone who is deaf		
o) Someone who experiences chronic pain		
p) Someone who is not able to take care of him /herself because of his/her mind		
q) Someone who has difficulty speaking		
r) Someone who has limited vision even with glasses		
s) Someone who has HIV/AIDS		

t) Someone who has difficulty with social interactions		
u) Someone who has difficulty learning new things		
v) Someone who has to stay away from the sun because of the type of skin		

42. What do you think are the causes of disability?

- Medical reasons / diseases
- Accident
- Spiritual cause
- Medical error

43. How do you feel when you encounter someone you don't know well who has an obvious disability?

	Often	Sometimes	Rarely	Never
a. Awkward / Uncomfortable				
b. Afraid of the person				
c. Sorry for the person				
d. Indifferent towards the person				
e. Admiration for the person				

ATTITUDE OF PWDs TO WORK

44. What is the attitude of people with disability (PWDs) to work in your organisation?

- g) Positive, because fellow able workers love, respect and regard them
- h) Positive, because their efforts despite their conditions are recognized
- i) Negative, because fellow able workers discriminate against them
- j) Negative, because of managerial discrimination in terms of promotion, type of job offered them etc.
- k) Negative, because of non-availability of facilities that will aid their performance
- l) Fair (neither positive nor negative)

45. Are people with disabilities able to execute duties assigned to them?

- f) Yes, with perfection
- g) Yes, on average
- h) No, because of their disability
- i) No, because of negative attitudes by able workers towards them
- j) No, because of the absence of facilities that will aid their performance

ATTITUDE OF OTHER WORKERS (ABLE) TOWARDS PWDs

46. What is the attitude of other workers (able persons) towards people with disabilities?

- f) Positive, because they are hardworking despite their disabled condition
- g) Positive, out of sympathy on them due to their disabled condition
- h) Negative, because they are not able to work due to their disabled condition
- i) Negative, because of society's negative perception about disabled people
- j) Fair (neither positive nor negative)

47. Are people with disabilities treated fairly?

Yes they are treated fairly [] No they are not treated fairly []
I do not know []

48. Are people with disabilities well integrated into society?

Yes they are well integrated into the society [] They are fairly integrated into the society [] No they are not at all integrated into the society [] I do not know []

49. Should people with disabilities participate like everyone else in social activities?

Yes they must participate [] No they must not participate []
I do not know []

50. Would you feel happy to be associated with people with disabilities either as a next door neighbour or a colleague at work?

Yes as neighbours and work colleagues [] Not all as neighbours and work colleagues [] I do not know []

51. Should people with a disability be kept apart from the rest of the society and should be avoided by able persons

- Yes they must be separated and avoided by abled persons [] Not
all, they must be part of the society as the abled persons [] I do
not know []

DISABILITY AND POVERTY

52. Does disability lead to poverty?

- f) Yes, because people's perception about the disable is a barrier to employment of the disabled []
- g) Yes, because facilities that can enable the disable people to work are not available []
- h) Yes, because people with disabilities cannot do any meaningful job due to their condition []
- i) No, because many disabled people are gainfully employed []
- j) I do not know []

DISABILITY AND EMPLOYMENT

53. Do disable people have the right to be employed?

- c) Yes they have a right to be employed []
- d) No they do not have a right to be employed []

54. Are the disable people being employed/are they getting jobs to do?

- c) Yes they are getting jobs []
- d) No they are not getting jobs []

55. Are people with disabilities less likely to be hired for a job than those without disabilities, even if they are equally qualified?

Yes they are less likely to be hired [] No they are not less likely
to be hired [] I do not know []

**THE LEVEL OF AWARENESS ON POLICIES/LAWS CONCERNING
PWD**

56. What legislation or law concerning disability do you know?

57. How effective are these legislations/policies?

Very effective [] fairly effective [] Not effective [] I
do not know []