Disability Culture in West Africa: Qualitative Research Indicating Barriers and Progress in the Greater Accra Region of Ghana

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Abstract

In 2006, Ghana passed a Disability Rights Bill which proposes that by 2016 Ghana will provide disabled persons in the country with a variety of services and equal employment opportunities. This article presents interviews conducted with community leaders from the Greater Accra region of Ghana in 2009, examining the current views of persons with disabilities in the country. Using qualitative analytic methods, these interviews were coded for themes and examined in relation to historical perceptions of disabled persons in Ghana. The results suggest that there appears to be a growing acceptance that people with disabilities have rights as human beings and that the Disability Rights Bill is a positive step in the right direction for Ghana. There was no consensus, however, on what these basic rights entail, and who is responsible for enforcing and funding new policies. A potential barrier to progress included non-biologically based beliefs about what causes disability, which were reported to resonate strongly with many Ghanaians. Copyright © 2010 John Wiley & Sons, Ltd.

Keywords
disability rights; disability culture; Ghana; developing countries; qualitative research; international education; study abroad disability; rehabilitation; culture; occupational therapy

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Published online 16 September 2010 in Wiley Online Library (wileyonlinelibrary.com) DOI: 10.1002/oti.303

Introduction

In 2002, 25-year-old Emmanuel Yebobah gained international recognition when he rode his bike across his home country of Ghana in West Africa. It was not just the 380-mi ride that was impressive, it was the fact that Emmanuel Yebobah had only one leg; he was disabled (Two Wheeled Foundation, 2008). In America, Europe and many other developed countries, a feat such as this now might be considered commonplace. Rehabilitation has become so good, so accessible, that people with disabilities engage in amazing activities everyday, just like fully able-bodied people. In fact, laws have been in place now in America and Europe for over 20 years (Office of Public Sector Information, 1995; United States Department of Justice, 2008) guaranteeing equal access for people with disabilities to education, employment, and other public buildings and activities. Foundation, commercial and national funding has supported large amounts of rehabilitation research, including the
development of technology that supports mobility, cognition and sensory function in individuals who exhibit deficits in these areas (National Institutes of Health, 2010). Prevention programs such as Early Intervention are in place to identify and treat developmental disorders in very young children (United States Department of Education, 2009), and basic science research is on the constant search for causes and cures to common disorders (World Health Organization, 2010). Although there is still progress to be made, the disability culture in developed countries suggests that there is an effort towards the acceptance of individuals with disabilities into society, a shared willingness to provide the services, training and equipment to those who need it, and an acknowledgement that individuals with disabilities can contribute back to that society.

So why is Emmanuel Yeboah’s story so amazing? Because in Ghana, prior to 2006, there were no laws or rights for people with disabilities. You could probably count on one hand how many rehabilitation professionals (e.g. physiotherapists) were employed in Ghana in 2002; even if there were health professionals who could help, a child like Emmanuel from a poor rural family would not have been able to access those services. Further, in a country where at least a quarter of the population worship according to indigenous beliefs (CultureGrams, 2007), a child born with only one leg may not have been allowed to live long past birth because of taboos and supernatural phenomenon associated with having a disability (Walker, 1982; Walker, 1983). Thus, the fact that Emmanuel Yeboah felt empowered enough to write a grant to get an adapted bicycle from the Challenged Athletes Foundation and to ride that bicycle with the purpose of helping people see what people with disabilities can do, is a truly amazing story.

No doubt in part to Mr. Yeboah’s efforts and the efforts of other advocacy groups, Ghana passed a Disability Rights Bill in 2006. This ambitious legislation proposes that by 2016, Ghana will provide disabled persons in the country with access to public places, equal employment opportunities, transportation at a free or reduced cost, free general and specialist medical care, creation of desks specifically for disabled people at employment centres and a national program aimed at disabled people (Action on Disability and Development, 2008). Although the passing of this bill is an important step, changes in both the physical and social structure of the country must occur before its aims can be actualized.

In the spring of 2009, five occupational therapy students from the United States, led by one occupational therapy faculty member (author), participated in a course entitled Child Development and Disability Culture in West Africa; a course which culminated in a 2-week study abroad trip to Ghana in May of 2009. The main objectives of the course were as follows: demonstrate an understanding of Ghanaian history, culture, economy and politics, and how these factors might impact child development, health and wellness in the society; examine the disability culture and laws in Ghana and compare with US laws and regulations to support persons with disabilities; and analyse the role of occupational therapists in the delivery of services and promotion of occupational justice. As part of achieving these objectives, students interviewed local Ghanaian leaders from the Greater Accra region of Ghana and journaled, via blogging, about their own experiences and reflections. The purpose of this paper is to present qualitative data that were analysed retrospectively from these interviews, as it relates to the disability culture in Ghana and the disability law.

Data Collection

Interviews were conducted by the students at a time and place convenient for the informant. Students were allowed to choose an informant to interview based on the following five criteria: the informant had to be able to speak and understand English (the official language in Ghana) moderately well, the informant had to be born in Ghana and was currently residing in the country; the informant had to be someone who was well integrated into their local communities; the informant had to be someone who, through their job or volunteer efforts, would be considered a leader in their community; and the informant could not, themselves, have a disability. Five informants were selected; all of whom currently resided in the Greater Accra region of Ghana. Two of the informants were women, and three were men. One of the men interviewed was accompanied by his wife and brother, and therefore their comments were included in the interview as well. The occupations of the informants included a preacher, a facilities manager, a social worker, a community health worker and a retired businessman. All informants were asked for their permission to audio record the interviews. Digital recorders were used and audio files were saved to a shared laptop.
prior to departure. Informants were not compensated for participating in the interviews.

Interviews were conducted in a semi-structured format using an interview guide that was developed prior to the study abroad experience. Students first explained the purpose of the interview (i.e. course assignment) and their role as a student in an occupational therapy program. If necessary, the term 'occupational therapist' was explained and related to the more common rehabilitation professionals in Ghana, physiotherapists. Informants were then asked to describe where they grew up, their schooling, and their current family and job situations. Further information was probed about the informant’s experiences with persons with disabilities, either growing up or in their current roles as members of the community. Additional probes included asking the informants if they had heard of the Disability Rights Bill (if they had not, it was briefly explained to them), and their thoughts about disability rights in Ghana. Additional probes included perceived barriers or facilitators of progress in the area of disability culture, education, or general health and wellness in the country.

Because the interviews were done as part of a course project, and not for the purpose of research, the Internal Review Board approval was obtained retrospectively in order to analyse the interviews using qualitative methods for publication purposes. Audio files were transcribed by a student assistant and all identifiable (e.g. names, tribal associations, family relations) information was removed. Following transcription, all text files were imported into a qualitative software analysis program. Once imported, the author read each interview through twice prior to coding. Codes were identified with the third and fourth reviews of the transcripts. Codes reflected common attitudes, experiences or beliefs of the informants. Further analysis from several subsequent reviews of the data resulted in the collapse and expansion of codes, the development of categories and the emergence of themes.

In an attempt to validate the identified themes, the students who conducted the interviews were asked to engage in a verification process. Theme titles and supporting quotations were provided to them for review along with a copy of their transcribed interview. The students were then asked to indicate whether the themes resonated with their perceptions of their informants’ beliefs, attitudes or experiences. If the theme resonated with less than three of the five informants it was removed.

In sum, five major themes emerged which are presented in Table I and will be discussed in the following text.

**Findings**

**Theme 1: There are diverse views of what a disability is, how it is caused, and what people with disabilities are capable of doing**

When probed to talk about disabilities in their country, the informants noted similar views of what is considered a disability and how the people of Ghana believe disabilities are caused. In general, physical and sensory disabilities, disabilities that were clearly observable to others, were the most commonly discussed disabilities. Informants often referenced ‘the blind, the deaf, and the crippled’ when talking about programs for the disabled. Only one female informant made note of any type of cognitive or psychosocial disorder by stating:

> A disability here in Ghana is defined as people who cannot, who are deformed. Maybe they are also people who have mental disorder, not a disorder you can see.

How Ghanaians believed disabilities were caused also varied. Most of the informants indicated that they knew disabilities were caused by various medical or environmental factors; however, they identified that traditional spiritual beliefs were still prevalent in the country and in their own communities.

> Some think it is through birth, through sickness, through accidents; and then some also think about a background of spiritualism; maybe it is caused by an ancestor, someone who did something that was wrong and there is a curse on the family.

> ... it is considered a superstition, part of our traditional beliefs that maybe there might be some spiritual problem that brought the children to that state. So, in the early stage, we do a lot of things; bringing the child to a (medicine man) to have the child corrected and become well; which never happens.
Four of the five informants mentioned the ongoing belief in spirits or witchcraft as a cause of disability, particularly in children. There was often a view that diseases such as Down’s syndrome or Autism could be contagious as suggested by one informant who noted:

Even in the society when people see a disability they don’t even like to touch them, because they think they might give birth to something of that sort.

These beliefs about how disabilities arise and what constitutes a disability appeared to influence how people with disabilities were viewed and treated in society. Both negative and positive views were expressed by the informants:

Some feel pity. Some also think, they don’t regard them, especially when they live on the street . . . People don’t really regard them, they are less than they are. Not equal as normal people are.

People with disability have been killed because of the disability; because of lack of understanding or education or whatever.

Table I. Identified themes and coding descriptions

<table>
<thead>
<tr>
<th>Themes</th>
<th>Number of passages coded</th>
<th>Description for coding</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. There are diverse views of what a disability is, how it is caused, and what people with disabilities are capable of.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1a. How disability is defined</td>
<td>2</td>
<td>How do informants define disability (e.g. physical, sensory, cognitive)</td>
</tr>
<tr>
<td>1b. How disability is caused</td>
<td>11</td>
<td>How informants believe disabilities are caused- either their own beliefs or those they report from others.</td>
</tr>
<tr>
<td>1c. Perceptions of disabilities</td>
<td>14</td>
<td>Comments on how Ghanaians view or treat persons with disabilities</td>
</tr>
<tr>
<td>1d. Impact on family</td>
<td>5</td>
<td>Mention of the effect of disability on family routines or roles.</td>
</tr>
<tr>
<td>2. People with disabilities have rights; though they may not be the same as for able bodied people</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2a. Basic rights</td>
<td>4</td>
<td>Mention of basic rights for all people in Ghana including those with disabilities.</td>
</tr>
<tr>
<td>2b. Right to education</td>
<td>3</td>
<td>Mention of disabled children in schools or the rights of disabled children to education</td>
</tr>
<tr>
<td>2c. Right to work</td>
<td>12</td>
<td>Informants discuss employment of individuals with disabilities, or training programs aimed at the disabled.</td>
</tr>
<tr>
<td>3. Experiences with individuals with disabilities may influence perceptions of disability.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3a. Where disability is seen (Exposure to people with disabilities)</td>
<td>9</td>
<td>Descriptions of where informants have encountered people with disabilities, and where they can be most commonly found.</td>
</tr>
<tr>
<td>3b. Personal accounts</td>
<td>10</td>
<td>Experiences interacting with people with disabilities that may have influenced the informant’s perception of disabilities in general.</td>
</tr>
<tr>
<td>4. Disability culture is something that must be considered in light of other societal issues in Africa</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4a. Ghana’s place in Africa</td>
<td>2</td>
<td>Comments that were general to Africa or Ghana’s role as a leader in Africa.</td>
</tr>
<tr>
<td>4b. Part of a larger problem</td>
<td>9</td>
<td>Mention of issues which are co-occurring or precursors to disability (e.g. poverty, health system, access to clean water or food)</td>
</tr>
<tr>
<td>5. Change is needed on a variety of fronts</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5a. Need for training and education</td>
<td>20</td>
<td>Mention of the need for training of people in Ghana to work with people with disabilities or for educational programs to help people understand how disabilities are caused.</td>
</tr>
<tr>
<td>5b. Who’s responsibility? (responsibility for implementation)</td>
<td>9</td>
<td>Opinions of informants on who should be advocates, who should make things happen and who should train and educate the public.</td>
</tr>
<tr>
<td>5c. Impact of Disability Rights Bill</td>
<td>10</td>
<td>Thoughts, views and opinions on the disability rights law specifically.</td>
</tr>
</tbody>
</table>
I think our culture looks for good things and when children are lamed or disabled, it’s not well accepted . . . It’s not what the African community cherishes.

Generally, I think disability in Ghana is not scorned or something that is shameful; disabled are sort of accepted into the family. If you are disabled and a member of my family, it does not mean you should be an outcast, you still can be a member of the family.

Ghanaians as a whole do not view disability as an inability.

Prevailing negative views about disability, particularly those involving spiritual beliefs and taboos, seem to affect the family as a whole, both in their family productivity and the social stigma of having a child with a disability.

People see them (child with a disability) as a burden on the family. It is expected that every child must grow normal, attend school normal, grow into life, work and take care of the family. And when someone becomes disabled it becomes a liability on the family.

So those children (children with disabilities) are not really accepted. And to that family, it becomes a shame. And the mothers are not very happy all the days of their life. They see their child and it’s like, I wasn’t fortunate.

Overall, Theme 1 suggests that community leaders in the Greater Accra region of Ghana have some biomedically based views into how disabilities are caused, but that they see the perpetuation of spiritual beliefs as a barrier to progress in how people with disabilities are viewed and treated by the general population. These beliefs do not appear to be isolated to the rural regions of the country, but may persist even in the more developed and more educated regions, as well. In addition, the idea of disability still seems to be rather limited to observable physical or sensory disorders (e.g. paralysis, blindness, deafness). There appears to be a limited acknowledgement of mental health conditions, learning disabilities and neurodevelopmental disorders.

Theme 2: People with disabilities have rights; though they may not be the same as for able-bodied people

There was a general feeling from the informants that everyone has basic rights that should be upheld regardless of disability status. These included food, water and access to medical care when sick. It was only the female informants that mentioned education. The views suggest that while children with disabilities may have a right to be educated, their inclusion into regular classrooms may be difficult:

I think it’s hard to mix them with the other kids because most of the time, some of them behave, especially the mental ones, very strangely which scares the others. But if it is a separate school where they can be cared for and they can have skilled teachers who can handle them, it will be best. Because most teachers don’t have the training how to handle them . . . Later, when they are trained or skilled we can begin integrating them into society.

. . . they should all be in a home like an enclosed place where they can be taught for skilled training and other things.

This view of unequal access and rights extended to the area of work and productivity, which was discussed by the three male informants. Some informants identified obvious barriers and discrimination on the part of employers:

We went to school with some (disabled children) who were very clever, that did so well in school. But the only issue is that due to their disability, they do not get good positions in the company. They will not be put in a good job because it is looked down upon.

Many disabled people in Ghana will not be tolerated in work places. Some believe all they can do is beg for alms.

When one informant was asked if there are any facilities around Ghana that would employ individuals with disabilities, he responded ‘Yes, but these are token gestures’. This sub-theme of individuals with disabilities not being able to do work that is equal to that of a
normal-bodied person seemed to resonate with other informants:

The problem is that not many private entrepreneurs want to take on handicapped people for training because they will not bring in much. Training a handicap person, their contribution will not be that much; and meanwhile, they will expect to be given the same compensation as the others.

Some informants also saw the physical barriers being a problem since Ghana streets do not have universal designs like curb cuts, sidewalks or ramps. Because much of the commercial activity in the city area involves portable goods, people with physical disabilities were seen as being limited to static jobs.

Areas where they can go to are also more or less limited.

If the disabled is put at the right place, it is worthwhile. Like the front desk or like the one who appraises (forms); he sits in a chair. An able bodied person would do the same, you have to sit there.

This view of physical barriers limiting work productivity, however, contrasted with the notion that most individuals with disabilities are successful at begging on the city streets.

You have a fragment of the disabled who collect around the city begging for alms because it is lucrative; it is better than learning a vocation. If you have a vocation you may not earn as much. Because commercially it is bad, they seem to be riding on the fact that they might make some quick money here and there, a few of them will not quit doing that.

Some of the informants acknowledged training programs available for some types of disabilities. Problems were identified, however, which suggested that completion of these programs may not actually translate to paid employment in society.

But the thing is, they do the handicapped work, they train, and what next? You get the training but there isn’t a program of saying ‘now, you need $20 million cedes to get started; here is money for you for the first six months of supplies. Use your materials and capital to start something on your own’. No, they are put back on the street and they find begging more lucrative than anything else. You know, so the program is there but there is not clear objective of the training.

In general, theme two suggests that while informants were open to the idea of people with disabilities going to school and working, they were sceptical about individuals with disabilities being both welcomed into those arenas and their ability to perform at a level equal to that of non-disabled persons. Current training programs for people with disabilities were also appraised, and comments suggested that these programs may not have effective transition programs in place to assist people with disabilities in finding gainful employment in society after training. This lack of openness to employing individuals with disabilities, and lack of supports for job training, appears to cause many individuals with disabilities to beg for alms on the city streets.

Theme 3: Experiences with individuals with disabilities may influence perceptions of disability

This theme was based on specific experiences informants had with persons with disabilities that they reported during the interviews. Only one of our five informants acknowledged growing up or going to school with a child with a disability. It was noted by three of the informants that they primarily see disabled people on the streets, begging for alms.

They come from their individual home towns and villages and they come to dwell in the city for the big life. They do this to beg for alms.

Other informants were able to recall stories, either ones they had heard, experienced or read, which helped to shape their view of individuals with disabilities. For example, this story was recounted by an informant:

There is one lady who started with a pittance to cook rice. And slowly, she was able to have other branches. She is a really good example for
disableds. But she went out and did everything on her own. Setting up the places she went to, she was refused; she was even told abled people could not survive there. You cannot sell rice and stew here because people who have tried were stronger, they were abled people, you are disabled and we don’t want you to waste your money. But she was determined and she has done so well; and she has employed abled people! So the story is like an American dream.

Two other informants reported their personal encounters with persons with disabilities:

One of our (relatives) trained . . . as a social worker and she was in charge of the rehabilitation center (there). She was living in the unit with the rehabilitees and we went to see her. So we saw physically the cripples, the blinds, the deafs, all of them. And I remember the experience, you know, close quarters to the people with these disabilities. But what I also realized is their amazing spirit. I was more downcast than they were in their position.

I have worked with a man . . . who has worked with a lot of cripples and blinds and deafs and he has involved me in several of his programs which makes me realize there are some who can read and can write and some who can work with him on the street; and it makes me realize they are not useless after all . . . So I see that potential, you may just have to help them along.

Theme three suggests that many Ghanaians do not interact with, nor even see, individuals with disabilities on a regular basis. The positive personal accounts given by our informants, while limited, suggest these types of interactions, which specifically highlight the capabilities of disabled citizens, may be beneficial in terms of changing perceptions of disability and the overall social stigma associated with disabilities.

Theme 4: Disability culture is something that must be considered in light of other societal issues in Africa

Ghana has consistently proven itself as a leader among other countries on the continent of Africa. This pride in Ghana’s role as a progressive developing country was voiced by two of the male informants:

. . . we are ahead of many African countries in terms of addressing these things (disability rights). We are a little more progressive here than elsewhere.

People have faith in the power of their government. Ghana has many programs that other countries in Africa do not have; national health insurance plans, free feeding programs. It has increased the percentage of young people in school because they can eat free of charge in school.

Despite this national pride, disability rights were seen as part of a variety of larger overarching challenges faced by the country. One challenge was the variety of dialects used by the country, which makes the widespread distribution of general and health education programs challenging; one informant noted ‘And we have different dialects, 52 different dialects!’

Additional economic and political challenges were noted by other informants.

The government in power loses an election, and another power comes in. They have their own time and may have their own objectives. Honestly, unlike the US most often than not, these objectives get swept under the cover. But if it’s acceptable and it’s been passed by parliament, it should be followed through. But that is a problem we have in Africa, following through on objectives.

If you look at the economic problems that we face in this part of the world, and you add the prejudices, the beliefs and other factors that come into play; you can imagine the enormity of the problem. The funds are not there to support the thing properly. But before you get public funds you need to change the mentality and belief system of the people for them to understand; because if you don’t understand the process or disease, you can’t ever have an appropriate response to curing the disease.
Theme four suggests that attempts to make changes in disability culture or disability rights will need to take into consideration the larger problems of the country (e.g. access to basic health care and nutrition needs for all citizens) and the challenges that can go along with making changes in any country. This may be a particularly salient point for non-Ghanaian groups attempting to support rehabilitation or educational efforts in the country.

**Theme 5: Change is needed on a variety of fronts**

All of the informants noted that there is more to be done in the area of disability rights and advocacy. Four of the five informants specifically mentioned the need for either better training for persons with disabilities, training for people to work with or educate people with disabilities, or educational programs targeted at helping people in society better understand what disabilities are and how they are caused. A variety of statements supported this theme:

Some (people with disabilities) might feel uneasy being with other people, so it makes it hard to get help. It is hard for them to even mingle with society. So I think the more training and education is good. And for people to know that it is not something that needs to be feared.

But the more informed people are, the more they realize that it is a medical condition, and it can be prevented.

It is good to train people, but it is not everyone who can stand a child like (child’s name); because if you don’t know how to handle her, you will yell at her and pick her up and cross her. So I think education is important . . .

There was some discrepancy of opinion among the informants as to whose responsibility it was to make these training programs and educational endeavours happen. Three informants mentioned the Disability Rights Bill specifically, and indicated the role of the government in carrying out the proposed legislation.

I think the disability law that was passed in Ghana will be so helpful. There are some who are not trying to agree. Some do not see why the disabled should be able to go to school and work in offices and all that. But I think it is good. When it takes effect, it will at least help bring the disabled into the workforce.

Yes, it (the disability rights bill) will help. It’s good because it will help them to also feel part of society.

It’s (the disability rights bill) long overdue . . . It’s only gradually that awareness is coming. It is part of the law now.

Other informants pointed to the role of non-governmental organizations (NGO) and the general public.

Government should be aware that these problems exist and that they should address them. NGOs and the general public should be advocates to make things happen.

But you can have churches, mosques, civic associations talking about the same thing (as the disability law). And we are very inclusive; we enjoy group discussions and group activities. So it is not difficult to get people to sit around, listen to a message and have a discussion.

The public, the NGOs, which have proven to be very effective when it comes to these things (educational programs); because the government is too broad to be effective on the ground, they are too far removed.

Overall, theme five suggests that the informants were hopeful about the future for people with disabilities in Ghana, and that with further training and education, along with supports provided by new legislation, that change may be soon forthcoming. Some of this hope seems to stem from the pride Ghanaians feel for their country, and the gains it has made compared with other parts of the continent. Although there was a general sense that something should be done to help people with disabilities, however, there was some disagreement about whose responsibility this should be.
Discussion

By examining these interviews with community leaders in Ghana, we are able to get an idea of some potential paradigm shifts and prevailing barriers related to disability culture in this developing country. Within our small sample from the central region, there appears to be an acceptance that people with disabilities have rights as human beings and that the Disability Rights Bill is a positive step in the right direction. Even within our small group, however, there was no consensus on what these basic rights entail (e.g. work, school, life) and who is responsible for enforcing (and funding) new policies.

Although most of our informants identified some medical or biologically based causes of disability (e.g. harmful polio vaccines, accidents), there was acknowledgement that spiritual traditions and beliefs still resonate strongly with many Ghanaians. These prevailing beliefs seem to influence how individuals with disabilities in Ghana are treated, the opportunities they are afforded and their acceptance in the general community. These beliefs and traditions also appear to influence how or if disability-related symptoms are treated. Many diseases and disorders have been shown to have a biological or neurobiological basis; and treatments exist that can cure or ameliorate the effects of these conditions. Even in instances where cures are not available, rehabilitation may be able to provide individuals with disabilities with the physical, emotional or environmental supports needed to live a fulfilling and independent life. Therefore, although traditions and spiritual beliefs must be respected, education about the cause of disabilities and the potential for overcoming disability-related impairments should be considered as part of the governmental efforts to improve acceptance of people with disabilities and their families. Occupational therapists may be able to play a key role in supporting Ghanaians in achieving these aims.

According to the World Federation of Occupational Therapists (2006), ‘Occupational therapists have the knowledge and skills to support persons who experience limitations or barriers in participation in occupation. Occupational therapists also have a role and responsibility to develop and synthesize knowledge to support participation; to identify and raise issues of occupational barriers and injustices; and to work with groups, communities and societies to enhance participation in occupation for all persons’ (p. 2). The results of the study suggest that persons with disabilities in Ghana are often not provided with equal opportunities to participate in meaningful occupations and that they are not valued as members of their community or society. Barriers to participation are both physical and attitudinal in nature (World Federation of Occupational Therapists, 2006). Occupational therapists may have a role in ameliorating these occupational injustices by working collaboratively with community members in order to raise awareness of disability rights and promoting policies to support persons with disabilities and their families. In addition, occupational therapists may serve an important role in educating the community about mental health problems throughout the lifespan, as this area of disability seems to be largely overlooked in the Ghanaian society.

Limitations

This qualitative study is limited in the number of participants interviewed and the representation of only a small urban area of Ghana. Most of our informants had post secondary education and/or training and two were educated in Western countries. Research by Walker (1983) indicated that individuals with higher educational levels were less likely to have negative attitudes towards the disabled, and less likely to blame the disabled person or their family for the presence of the disability. The views of progress and changing perspectives on disability rights expressed in this article, therefore, may be limited to those individuals with higher educational levels who were less likely to have negative attitudes towards the disabled, and less likely to blame the disabled person or their family for the presence of the disability. The views of progress and changing perspectives on disability rights expressed in this article, therefore, may be limited to those individuals with higher education and greater experiences outside of the country. Change often comes from community leaders, however, so the views expressed by our informants may in fact accurately represent trends that will occur in Ghana throughout the next several decades.

Conclusion

This paper presents a qualitative perspective on disability culture in Ghana, following the passage of the Disability Rights Bill in 2006. Despite the small sample and methodological limitations, the information presented suggests a positive trend in attitudes towards persons with disabilities. Much work needs to be done in order to actualize the aims set forth in the bill, and
partnerships between community members, govern-
mental organizations and outside groups will likely be
essential for success. Future research efforts are needed
to systematically track and record changes in disability
culture in Ghana and throughout the developing world.
Occupational therapists have an opportunity to support
Ghanaians in their efforts to improve the lives of
persons with disabilities by promoting engagement in
meaningful occupations and reducing physical and atti-
tudinal barriers through education.

Acknowledgements

The author would like to acknowledge the students who
conducted the interviews reported in this paper:
Meredith Cofield, Katherine Kapus, Lea Peck, Susan
Phipps and Jessica Secor. Thank you also to Dianne
Simons for her editing and consultation regarding
qualitative methodology.

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