

UNIVERSITY OF CAPE COAST

COPING STRATEGIES OF STUDENTS WITH DISABILITIES IN THE
USE OF PHYSICAL FACILITIES IN THE UNIVERSITY OF CAPE
COAST



ALICE TAATIERE DERY

2023

UNIVERSITY OF CAPE COAST

COPING STRATEGIES OF STUDENTS WITH DISABILITIES IN THE
USE OF PHYSICAL FACILITIES IN THE UNIVERSITY OF CAPE
COAST



BY
ALICE TAATIERE DERY

Thesis submitted to the Institute for Educational Planning and Administration,
University of Cape Coast in partial fulfilment of the requirements for the
award of Master of Philosophy Degree in Administration in Higher Education


SEPTEMBER 2023

DECLARATION

Candidate's Declaration

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

Candidate's Signature.....



Date.....

Name: Alice Taatiere Dery

Supervisors' Declaration

I 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.

Principal Supervisor's Signature..... Date.....

Name: Dr. Francis Ansah

ABSTRACT

This qualitative research aims to delve into the coping strategies employed by students with disabilities when using physical facilities at the University of Cape Coast. The study adopts an exploratory research design and involves a purposive sample of 12 students with disabilities. Data collection methods include interview guides and observational guides, with data analysed using narrative themes through conceptual analysis of recorded and transcribed interviews. The study reveals that students with physical disabilities face significant difficulties in accessing various physical facilities on the university campus. The research provides concrete evidence of the experiences of these students, shedding light on the challenges they encounter when utilizing these facilities. Most buildings lack the necessary infrastructure, such as ramps, lifts, metallic guides, and easy access walkways, which hinder their accessibility. To navigate these challenges, students with disabilities have developed individual approaches to managing the difficulties. They also rely heavily on the support of their colleagues and friends to cope with the obstacles presented by the physical environment. The study highlights a discrepancy between the university's assurances of institutional support systems for students with disabilities and the actual experiences of these students. As recommendations, future construction or renovation projects should prioritize principles of universal design and accessibility from their inception. The university should foster a collaborative environment and establish adequate support systems for students with disabilities.

KEY WORDS

Disability

Coping strategies

Inclusion

Education

Quality

Physical facilities

Experience

ACKNOWLEDGEMENT

I am overwhelmed with gratitude to God for His unchanging grace and mercy that have sustained me throughout my academic voyage. I wish to extend my heartfelt thanks to Dr. Francis Ansah, from the Institute of Educational Planning and Administration at the University of Cape Coast. Dr. Ansah has proven to be an extraordinary mentor, offering priceless counsel and unwavering support throughout the duration of this project.

My gratitude also extends to the coordinator and the dedicated staff of the Resource Centre for Alternative Media and Assistive Technology (R-CAMAT) at the University of Cape Coast for their unwavering support. Their willingness to grant me access to participants and provide the necessary data for my study was instrumental in its success. I extend my heartfelt thanks to my mother and brother, Blaise Dery, whose unwavering emotional support played a significant role in completing my thesis. Additionally, I am grateful for the motivational support I received from my friend, Livingstone Edward Xetor, whose presence helped me overcome obstacles and persevere.

I am indebted to Prof. Galyuon K. Isaac, Dr. Boohene, and my sister, Martina Dosola, for their generous encouragement and support throughout this endeavour. Their belief in me and constant encouragement spurred me on, even during the most challenging times. Their contributions were instrumental in achieving the success of this work. Lastly, I would like to express my gratitude to the Director, lecturers, administrators, and my course mates at the Institute of Educational Planning and Administration (IEPA).

DEDICATION

To my lovely mother, Angelina Dery and brother, Blaise Dery.

TABLE OF CONTENT

	Page
DECLARATION	ii
ABSTRACT	iii
KEY WORDS	iv
ACKNOWLEDGEMENTS	v
DEDICATION	vi
TABLE OF CONTENT	vii
LIST OF ABBREVIATIONS	x
CHAPTER ONE: INTRODUCTION	
Background to the Study	2
Statement of Problem	4
Purpose of the Study	6
Research Objectives	6
Research Questions	6
Significance of the Study	7
Delimitations	8
Limitations	8
Operational Definition of Terms	9
Organisation of the Study	11
Chapter Summary	12
CHAPTER TWO: LITERATURE REVIEW	
Introduction	13
Theoretical Review	13
The Moral or Religious Model of Disability	14

Medical model of Disability	15
Social Model of Disability	18
Charity Model of Disability	21
Human Rights Model of Disability	23
Conceptual Review	28
Definitions of Disability	28
Prevalence of Disability	34
Empirical Review	38
Prevalence of Students with Disability	38
Strategies Adopted by Students in the use of Unfriendly Physical Facilities.	39
Perception of Students Using Disability Facilities	42
Institutional Support System for Students with Disability	48
Coping Strategies Adopted by the Students with Disabilities.	51
Chapter Summary	59
CHAPTER THREE: RESEARCH METHODS	
Introduction	60
Research Design	60
Study Area	62
Population	63
Sampling Size and Procedure	64
Data Collection Instruments	65
Data Collection Procedures	66
Ethical Consideration	67
Data Processing and Analysis	68
Chapter Summary	69

CHAPTER FOUR: RESULTS AND DISCUSSION

Introduction	70
--------------	----

CHAPTER FIVE: SUMMARY, CONCLUSION AND

RECOMMENDATIONS

Introduction	93
--------------	----

Summary of Findings	94
---------------------	----

Conclusions	95
-------------	----

Recommendations	96
-----------------	----

Suggestions for Further Studies	98
---------------------------------	----

REFERENCES	99
------------	----

Appendix A: Interview Guide	120
-----------------------------	-----

Appendix B: Observational Check List	118
--------------------------------------	-----

Appendix C: Ethical Clearance	92
-------------------------------	----

Appendix D: Introductory Letter	93
---------------------------------	----

LIST OF ABBREVIATIONS

CAALTC- C. A. Ackah Lecture Theatre

CANS- College of Agriculture and Natural Sciences

CoDE- College of Distance Education

CRPD- Convention on the Right of Persons with Disabilities

IE – Inclusive Education

KEEA- Komenda-Edina-Ekuafo-Abrim

LT- Lecture Theatre

SDG- Sustainable Development Goal

SWDs- Students with Disabilities

UCC- University of Cape Coast

UN- United Nations

WHO- World Health Organization

CHAPTER ONE

INTRODUCTION

The global population includes a substantial portion of individuals with disabilities but providing exact figure is challenging, as it is commonly acknowledged that this demographic is often underreported. Approximately, the number of disabled individuals worldwide is said to be about 10 to 15 percent of the total population (Yeo & Moore, 2003) as cited by (Ambati, 2015). People with disabilities' experiences differ due to personal circumstances, resources availability, and other internal and external factors.

The proportion of disabled students keep rising in the various higher educational institutions (Ambati, 2015) whose experiences and mindset of higher education are informed by their socio- cultural experiences, immediate environment, and the required facilities they need to make life easy for them. The disability report of the world aimed to encourage the implementation of measures consistent with the convention on the rights of persons with disabilities, with the goal of improving the well-being of individuals with disabilities.

Report averred that to achieve a sustainable and inclusive education for all, there is the need to commit to creating accessible environment, the need for a universal design approach, and disability inclusion. Even though notable progress in legislation and policies made for people with disabilities are not fully obeyed, less effort has been dedicated to investigating the coping mechanisms adapted by individuals with disabilities when utilizing the physical facilities at the University of Cape Coast.

Background to the Study

The Global significance of Inclusive Education (IE) can never be sidelined (Schuelka, 2018). Nations worldwide have embraced various treaties, such as the Education for All (1990), the Salamanca Statement (1994), the Dakar Framework (2000), and the United Nations Convention on the Rights of Persons with Disabilities (2006). It is estimated that disabled students constitute approximately 10 – 15 percent of the global population, equating to roughly 400 million individuals (Ambati, 2015). Sequel to that, Sustainable Development Goal (SDG) 4 places emphasis on eradicating educational disparities of all kinds and ensuring that the most vulnerable groups, including individuals with disabilities (SWDs) have equitable access to all educational levels. Specifically, the fourth goal encourages governments to construct and renovate educational facilities that are welcoming to children, inclusive of disabilities, and attuned to gender considerations, thereby fostering a secure, harmonious, inclusive, and supportive learning atmosphere for everyone to have equal access to all levels of education.

The disability report of the world aimed to encourage the implementation of measures consistent with the convention on the rights of persons with disabilities, with the goal of improving the well-being of individuals with disabilities. The Sustainable Development Goal (SDG) 4, a central priority for the United Nations and numerous organizations, urges governments, civil society groups, and the public to build and improve educational facilities that consider the needs of children with disabilities, and gender sensitive, ensuring a secure, peaceful, inclusive, high-quality, and efficient learning environment for everyone. Nevertheless, the treaties and

policies that were adopted by countries does not seem to be working to get rid of all sorts of discrimination towards people with impairments. Again, the report averred that to achieve a sustainable and inclusive education for all, there is the need to commit to creating accessible environment, the need for a universal design approach, and disability inclusion. Magasi et al. (2015) suggested that barriers hindering the active involvement of individuals with disabilities in a wide range of engaging activities serve as evidence that the environment significantly influences their life experiences.

The American success story in 1975, involving individuals with disabilities, prompted international organisations and governments worldwide to develop policies that seek to uphold the fundamental rights of individuals with disabilities (Kanter, 2015). The United Nations Convention on the Rights of Persons with Disabilities (CRPD), established in 2006, aims to advance and safeguard the complete range of fundamental freedoms and rights of individuals with disabilities, while guaranteeing their treatment with dignity and respect, recognizing their inherent value.

African countries such as South Africa, Namibia and Nigeria have made significant strides in incorporating inclusive education in their educational system (De Souza, 2021). The White Paper 6 of South African's Department of Education: Special Needs Education- Building an Inclusive Education (2001), Namibia's Ministry of Education Sector Policy on Inclusive Education (2013), and The National Policy on Inclusive Education (2016) by Nigeria's Federal Ministry of Education. This stands to reason that those other countries in the region can also implement policy measures to enhance wellbeing of people with disability.

In Ghana, the persons with disability act, 2006 (ACT 715) (Asante & Sasu, 2015) provides support to enable individuals with disabilities to engage in various social activities. The act states that, no one has the right to stop a disabled person from engaging in social, artistic, or recreational activities unless doing so would be harmful to the impaired person's health. A person with a physical limitation might need to use equipment to help them move around. Seidu, Malau-Aduli, McBain-Rigg, Malau-Aduli, and Emeto (2021) established that individuals with disabilities constitute approximately 3.7% of the population, a demographic often recognized as being underrepresented.

It is estimated that there are approximately 75 students with disabilities at the University of Cape Coast. Association of Students with Disabilities, UCC (2022). Base on the formulation and the implementation of policies on the rights of people with disabilities, the number has increased over the years. It is worth noting that research has uncovered various barriers that detrimentally impact the livelihoods of individuals with disabilities. These barriers encompass issues such as limited accessibility, insufficient data and evidence, inadequate resource funding, unfavourable perceptions towards those with impairments, challenges in service delivery, and deficiencies in policy implementation (Úbeda-Colomer, Devís-Devís and Sit 2019).

Statement of Problem

The University of Cape coast seems to give equal treatment to every student on campus irrespective of their disabilities, but this does not provide equitable treatment to the different forms of disabilities. Large structures are built on the university campus without due consideration to physical access to students with physical disabilities. Accessing these structures (library, lecture

theatres, laboratories, offices, and others) by students with disabilities remain a challenge to them daily. It is common to see students with disabilities struggle to climb staircases with books or stack of papers hanging on their shoulders to access the library, lecture theatre, and other structures on campus. Despite the fact that Ghanaian Disability Act 715 mandates organizations and institutions to establish accessible pathways for individuals with disabilities, the University of Cape Coast has not yet adhered to these provisions. Even structures that are newly constructed and those that are still under construction on the university campus ignore or partially provide physical access routes for students with disabilities they admit each year.

The disability act (2006) on access to public places state categorically that structures which are open to the public should be provided with the appropriate facilities that will be accessible to people with impairments. A decade after the enactment of the Disability Act, the physical facilities on the university campus indicate that the management of UCC appears to consistently overlook the provisions of the Act designed to mitigate the challenges experienced by students with disabilities and protect their interests within the university premises. However, it is unknown as to what coping strategies persons with disabilities adopt amid these barriers in their day-to-day activities to make life easy. It has been claimed that few facilities in UCC provide partial disability friendly entrance (Odame, 2017), there seems to be a lack of empirical evidence regarding the coping strategies employed by students with physical disabilities when it comes to utilizing the physical facilities available on the university campus.

In the light of this knowledge deficit on adaptation techniques used by people with disabilities, this study's primary goal is to examine the coping mechanisms employed by students with physical limitations when utilizing the physical facilities at the University of Cape Coast.

Purpose of the Study

The objective of this study is to investigate the varied coping strategies employed by students with disabilities when utilizing the physical facilities at the University of Cape Coast to inform policy formulation and implementation by the University management.

Research Objectives

The specific objectives seek to:

1. Identify the physical facilities on UCC campus that are regarded as disability unfriendly by students with disabilities.
2. Investigate the encounters of students while navigating the inaccessible physical facilities.
3. Investigate the institutional support systems available and accessible to students with disabilities at the University of Cape Coast.
4. Explore coping strategies that students adopt in the use of the unfriendly physical facilities on UCC campus.

Research Questions

The study will be guided by the following research questions:

1. Which physical facilities on UCC campus are regarded as disability unfriendly by students with disabilities?
2. How do students with physical disabilities describe their experiences in using the unfriendly physical facilities?

3. What institutional support systems on physical facility use are available to students with Disabilities in University of Cape Coast?
4. What coping strategies do the students adopt in the use of the unfriendly physical facilities on UCC campus?

Significance of the Study

The identification of coping strategies employed by students with disabilities (SWDs) is of paramount importance, as it can offer valuable insights into their specific coping requirements and needs. Other students without disabilities will also find this very useful in that it will help them to know how they can help SWDs reduce the stress they go through. Moreover, the findings from the study will provide an important input to the University administrators and planners in the planning of appropriate support schemes that can ensure inclusive education on campus.

The observations underscore the significance of conducting formal research on the coping mechanisms employed by students with impairments as they access physical facilities at the University of Cape Coast. Such research is essential in comprehending the challenges they face in actively participating in the pursuit of Agenda 2030. By undertaking this research, the university's management will gain valuable insights, enabling them to implement necessary measures to facilitate these students in their efforts to achieve these goals with greater ease and inclusivity.

This study holds significance as it endeavours to raise awareness and advocate for the incorporation of accessible facilities in architectural designs, thereby facilitating ease of access for individuals with disabilities. The rationale behind this research is to serve as a reminder to both the university's

management and the broader public about the imperative nature of finding effective solutions to address the challenges faced by students with disabilities on campus. Additionally, this study is poised to serve as a valuable reference point for future research endeavours in the field of disability education.

Delimitations

This study is conceptually focused on exploring the coping strategies employed by students with disabilities. While the University of Cape Coast (UCC) has students with disabilities across its satellite campuses, it is important to note that this research is specifically narrowed geographically to students and physical facilities located on the main campus in Cape Coast. This is because the problem being investigated is found on the main campus and the University offers special education programs, admits student with diverse needs, and committed to inclusive education.

Limitations

Disability students are diverse, but this study concentrated only on those with physical disabilities at the University of Cape Coast and therefore, the study does not capture the nuances in coping strategies of different disability subgroups. Again, the study used only students as participants and their experiences, even though, empirically, only the views of students may not reflect the total reality of disability support systems available in the University. It is worthy to note that the views from other stakeholders such as resources persons in the university were not included in the study but only that of the student with physical disabilities because the researcher was more interested in the experiences of students with disabilities at the University of Cape Coast. This is not in any way going to affect the findings of the study.

Despite the limitations, the amount of knowledge on college students with impairments has been greatly expanded by this study. Also, as a case-study with context-specific findings, it has the potential to shape policies and practices at the University of Cape Coast while simultaneously playing a pivotal role in advancing inclusive education and enriching the learning experiences of students with disabilities.

Operational Definition of Terms

Access is the possible means by which an individual can have something done or enter a place. It signifies that all individuals have the capacity to enjoy equal opportunities without discrimination based on their abilities. It can be defined as the potential pathways shaped by society to allow individual to have equal opportunity with no discrimination or constraints to participate in any activity or set of activity within a building facility. This means that building structures should be usable to all.

Accessibility is the quality of being able to use or reach a product, building facility or services by all individuals without any barrier that will hinder the use of these items.

Disability can be defined as any condition affecting the body, mind, or a combination of both that creates challenges for an individual to freely engage and interact within their immediate environment.

Physical facilities: Halls of residence, lecture theatres, the library, the auditorium, various offices, and the various labs at the University of Cape coast.

Language used to describe disabilities.

The history of the words used in describing disabilities are said to be disempowering (Rohwerder, 2016). The language used to describe disabilities has had a profound influence on shaping the world's perception. In recent times, the terminologies that was used to describe disabilities has evolved. Words that were used sometimes ago are no longer accepted. Some of these words include Handicapped, disabled, physically challenged, differently abled, visually impaired, and so on. These terminologies for instance, 'handicap' portrays an image of an individual who goes around begging. Also, "differently abled" is seen as problematic as some scholars stated, "we are all differently abled". The United Nations disability inclusion strategy which was launched in 2019 recommended that condescending euphemisms should not be used to refer to persons with disabilities (Grue, 2019) since it is offensive and carries negative connotations and as a way of ignoring the fact that disabilities exist and for that matter not talking about it.

Notwithstanding the fact that the words used to describe disabilities are changing, the language used to describe their experiences are medicalized (Grue, 2019). The language reveals some amount of dependency and inferiority. The language in some sense reveals that the experiences are happening to the individual rather than the individual actively taking part. Persons with disabilities are not patients and as such should not be labelled by their condition as it aligns with the medical model of disability, depicting the individual as lacking agency and experiencing a diminished quality of life.

The United Nations Convention on the Rights of Persons with Disabilities establishes the benchmark that we all must adhere to when

interacting with individuals with disabilities, promoting reverence for their individuality and full inclusion in all endeavours. The most widely embraced approach for addressing individuals with disabilities is the utilization of people-first language. People-first language prioritizes the individual over the disability, emphasizing the person and not their disability. For example, persons with disabilities. The people- first language rule does not apply to persons who are blind and the deaf. We can refer to them as persons who are blind or blind person.

Organisation of the Study

Chapter One serves as an introductory section, encompassing various essential components such as an introduction, study background, problem statement, research purpose, significance, scope, limitations, operational definitions, and a brief outline of the work's structure. Chapter Two delves into an in-depth exploration of the literature relevant to the research topic. It elucidates the research objectives and establishes the theoretical framework that underpins the study. Chapter Three is dedicated to the methodology employed in this research. It includes discussions on research design, the study area, the target population, sampling procedures, tools for data collection, data collection methods, data processing and analysis techniques, and provides a comprehensive summary of the chapter's content. Chapter Four is dedicated to the presentation and discussion of the research findings. Finally, Chapter Five offers a concise summary of the entire study, presents conclusions drawn from the research findings, provides recommendations based on these conclusions, and suggests potential areas for future research in the same field.

Chapter Summary

This chapter serves as an introduction to the study, starting by presenting the study's background to establish the context for the problem statement. Within this chapter, various essential topics are covered, including the study's purpose, research objectives, and its significance. Additionally, the chapter delves into the study's scope and limitations, shedding light on the research's boundaries. There is also a concise clarification of the terminology used when discussing disability, along with definitions of specific terms to aid readers' understanding within the study's context. The chapter wraps up by providing an overview of how the subsequent sections of the study are organized.

CHAPTER TWO

LITERATURE REVIEW

Introduction

The study seeks to determine the coping strategies employed by students with Disability in accessing physical facilities at the University of Cape Coast. This chapter has been structured into three distinct sections: a theoretical review, a conceptual review, and an empirical review. The theoretical review discusses various theories from extant literature on studying disability students in tertiary institutions. The next section delves into the various conceptual discussions on coping strategies of disability students. The final section examines the empirical studies on the coping strategies of disability students in higher education. Therefore, this chapter serves as the building block of the thesis in terms of research gap, the study's contribution to knowledge.

Theoretical Review

This section discusses various theories used or employed to study disability students. Though there are many models and theories of Disability, the study discusses five of them: moral/religious, social, medical, charity, and human rights. The discussion captures the historical perspective to the models of disability. The models below were selected in accordance with the study's objectives which are:

1. Identify the physical facilities on UCC campus that are regarded as disability unfriendly by students with disabilities.
2. Investigate the experiences of students with disability in using the unfriendly physical facilities.

3. Investigate what institutional support systems that are available to students with disabilities in the University of Cape Coast to navigate their way around physical facilities that are disability unfriendly.
4. Explore coping strategies that students adopt in the use of the unfriendly physical facilities on UCC campus.

The Moral or Religious Model of Disability

The moral or religious perspective on disability is a longstanding viewpoint that can be traced back too many different religious traditions, including the Judeo-Christian faith (Pardeck & Murphy 2012). This model suggests that disability should be viewed as a form of divine punishment for specific sins committed by an individual with a disability. According to (Retief & Letšosa, 2018) some individuals believe that certain disabilities arise from a lack of adherence to social morality and religious decrees that caution against conducts.

The moral or religious paradigm concerning disability, posits that a higher power may punish transgressors with disabilities as a form of retribution. Additionally, this model may portray disability as mystical or a metaphysical blessing, wherein an impairment of one sense enhances the functionality of other senses and imbues a person with exceptional spiritual qualities (Olkin, 1999). According to this perspective, God or a higher power may choose certain individuals to perceive a disability not as a negative affliction but as a means of demonstrating their unique mission or vocation (Niemann, 2007). While the moral or religious perspective on disability is not as widespread as it once was, its fundamental principles continue to influence the way people perceive illness and disability. Per the tenets of this model,

people need to be educated to stop attributing disability to evil acts perpetrated by the people with disability or their relatives. Having done that, the people with disability would have clear conscience to mingle with others without any prejudice or intimidation.

The religious model made people believe that certain impairments stem from a lack of compliance with societal morals and religious laws prohibiting specific behaviors (Idler & Kasl, 1992). Even though this religious model is no longer as popular, the core principle that underpins it may still be seen in people's reasoning when faced with disease or handicap (Clifton, 2021).

Medical Model of Disability

The medical model of disability emerged as a replacement for the religious model of disability which described impairment and Disability as a punishment for sinning on earth from God (McNair, 2015). Nonetheless, the emergence regarding the medical approach to disability occurred as a dominant thought over the religious model. The medical model of Disability attributes Disability to illness (Lawson & Beckett, 2021). According to Darcy and Buhalis (2011), the medical model of Disability describes Disability as a medical condition which affects individuals. The model further describes Disability as a deviation from the norm and pathological state stemming from a malfunction or breakdown in a biological system. Thus, management of Disability is aimed at curing, improving the physical condition to the maximum degree feasible, and rehabilitation (Cieza, Causey, Kamenov, Hanson, Chatterji, & Vos, 2020).

The model also assumes that individuals with disabilities are anticipated to utilize the extensive array of services at their disposal and to assume roles as patients or learners, benefiting from the guidance of proficient professionals. (Llewellyn & Hogan, 2000). The medical model of Disability directly influences the World Health Organization (WHO) view on Disability. The WHO defines impairment (Represented with a code I) as the abnormalities present in bodily structure and appearance and organ or system function caused by any cause. It referred to impairment as organ-level disruptions (World Health Organization, 1980). The WHO further went on to define Disability (represented by a code D) as disruptions at the individual level, representing the implications of assessing impairment in relation to the individual's functional performance and activities.

The WHO (World Health Organization, 1980). found individuals who are Handicapped, to be in a serious problematic issue as it arises from impairments and Disability. It described being handicapped as an individual's failure to interact with and adapt to their circumstances (Rosenbaum & Stewart, 2004). This definition also associated impairment with Disability, and their primary aetiology is biological abnormalities that deviate from normal human functioning and identify handicap in terms of disadvantage. (Terzi, 2013) was of the view that the description of impairment and Disability by the WHO limited the understanding of Disability and impairment to an individual condition; hence most individuals labelled their model as an individual model of Disability. However, (Lancet, 2009) illustrated in his editorial that Disability is not homogeneous. He demonstrated that every individual's story

is different; thus, Disability could result from some common factors, personal circumstances, contextual influences, and care.

The medical model of Disability was also referred to as the 'individual model' or 'personal tragedy' model. Because the medical model described Disability in a negative sense, most individuals viewed Disability as objectively terrible, a pitiful state, a "personal tragedy for both the individual and his or her family, something to be avoided and, if possible, treated" and this has led to the contribution to certain dubious medical procedures administered to persons living with Disability such as forcible sterilization and death (Dhakal, 2019). The medical model of Disability has some disadvantages since persons living with Disability and impairment do not regard themselves as sick individuals (Charmaz & Rosenfeld, 2016). Lancet (2009) indicated that the attitude of health professionals could further isolate and stigmatize persons with disabilities. It regarded this as one of the most significant hurdles to receiving proper health treatment. Most medical doctors intend to help or support persons living with disabilities only if they come as sick individuals and play a sick role. However, disabled people are not ready to play the sick role as they do not want to attribute Disability to illness.

The relational concept of impairment and social interaction among individuals with disabilities and those without disabilities has been scrutinized by medical method opponents. According to Reddy (2011), these debates changed the focus of discussion on talents and their lack of Disability and the social body. Pound, Parr, Lindsay and Woolf, (2018) argued that the difficulty of Disability rests not only in the impairment of function but also, perhaps more crucially, in the areas of our interaction with normal individuals. He

further advised several disability researchers to begin to address the crippling social and political constraints that disabled people face, such as architectural, attitudinal, and vocational restrictions. This model helps students to see disability as a medical condition which can be improved by giving the medical consumables. In essence the students see their conditions as treatable. However, those without the financial capability would find it difficult to access medical care as a scoping strategy.

Social Model of Disability

The Social Model of Disability, introduced by Michael Oliver, a sociologist who personally experiences disability, was developed in alignment with the Fundamental Principles of Disability established by the Union of the Physically Impaired Against Segregation in 1981. This model was conceived to emphasize that individuals are not primarily limited by their disabilities but rather by the constraining barriers they encounter within society (Oliver, 2013).

The social model of disability has had a significant impact on political perspectives of most disability groups worldwide. The concept has also greatly impacted the field of disability studies and educational viewpoints regarding inclusion. The social model distinguishes impairment from Disability, Disability from illness and disabled individuals from individuals living with Disability (Rembis, 2019). The model was proposed to oppose the theories which support the medical and sociological views of Disability which originally impacted the International Classification of Impairment, Disability and handicaps formulated by the World Health Organization (WHO). The

model illustrates that impairment is personal and individual, whereas disability is a public matter.

The social model views Disability as the result of specific social and economic institutions. It seeks to address oppression and discrimination faced by individuals living with Disability, which are exacerbated by Systemic forms of exclusion within institutions and prevailing cultural attitudes that influence social interactions (Retief & Letšosa, 2018). According to Masala and Petretto, (2008), the model described Disability as a lack of a body part, that is, the deficit or limitation of activity produced by a modern social organization that takes very little consideration of people with mobility limitations.

Davis and Davis (2021) argued that there is no specific association between Disability and impairment. They further illustrated that an individual might have a major handicap, such as an amputated arm. Yet, they are not regarded as significantly incapacitated if they can do their everyday responsibilities satisfactorily. Alternatively, a person may have a small handicap severely restricting their regular activity. For example, someone with arthritis in their knee may be unable to withstand a full day of work, resulting in job loss. Ghosh (2012) indicated that our ideology is built on a competitive market. According to this viewpoint, this social framework keeps us from achieving our full potential, and disabled individuals are compelled to live in a social prison.

The social model of Disability has proved useful in identifying societal hurdles that need to be eliminated White, Kuper, Itimu-Phiri, Holm, & Biran, (2016). Terroso (2021) argued that the social theory of Disability is a

technique rather than a theory or notion in solving educational issues. The social model illustrates that the challenges faced by individuals with disabilities arise from societal injustices and marginalization, rather than stemming from their inherent shortcomings (Barnes, 2016). As a result, society bears the social obligation of removing the restrictions imposed and enabling impaired persons to participate. As most companies have embraced the social method approach, services, buildings, and public transportation have been compelled to be accessible to persons with disabilities in later decades (Kanter, 2015). In Ghana, for example, most footbridges and public transport have made provisions for persons living with disabilities (Naami, 2019).

The social model of disability has also shown its strengths in the psychology of disabled persons. According to Levitt (2017), the model has effectively boosted the self-esteem of individuals with impairments and nurtured a positive sense of identity among them. In traditional perspectives on disability, people with disabilities often internalized blame. However, the model shifts the focus from individual responsibility to the constraints and societal attitudes that restrict them. In this view, it is society, rather than the individual, that bears responsibility. Rather than feeling sorry for oneself, one might be proud of oneself. However, the social model of Disability has faced some criticisms. Dewsbury, Clarke, Randall, Rouncefield, and Sommerville, (2004) said that the social model has also been chastised for portraying a narrow view of impairment by focusing on the problems of physically impaired or challenged people while ignoring those with learning disabilities, mental health issues, and others who have a difficult time coping with their impairment.

The social paradigm so forcefully disowns individual and medical methods that it risks claiming that Disability is unproblematic (Equestri, 2021). It is more difficult to disregard the negative implications of Disability for persons who have degenerative illnesses that cause pain and suffering. It is maintained that Disability is a significant component of many disabled people's lives that should not be overlooked or removed from their identity (Smith, Bundon & Best, 2020). The social model is believed to valorize Disability while marginalizing or silencing infirmity. Per the tenets of the model, students with disability can cope with their condition when the society desist from discriminatory act against the disabled. To this end, more education is required to sensitize the public on the implications of discrimination.

Charity Model of Disability

This model is of the view that persons with Disability should be pitied (Bartsch, Oliver, Nitsch, & Scherr, 2018). The charity model of Disability is currently being applied and understood by individuals as the circumstances of individuals with disabilities in terms of poverty, family desertion, and societal fragility (Grech, 2012). The concept of justice that underpins this model alludes to supernatural and otherworldly power, and it led to the construction of benevolent organizations that frequently housed these individuals (Clare, 2001). As a result, the initial philanthropic approach was topped with segregated practices of social isolation and institutionalization, leaving individuals they took in with a heavy social stigma and making them socially unattractive. According to Retief and Letšosa (2018), many in the disability community view the charity model with suspicion. Critics often argue that this

model is subject to frequent criticism for depicting individuals with disabilities as vulnerable, despondent, and dependent on others for care and protection. Such portrayals can reinforce harmful stereotypes and misunderstandings about people with disabilities. Tsai and Ho (2010) were of the view that most individuals saw persons living with disabilities as inferior.

In our world today, charitable and some religious groups now take the function and role of disability service delivery since the government pays less attention to them, reinforcing the common perception of Disability as a kind of reliance (Cortis & Lee, 2019). These groups and current disability groups promote the notion that disabled children are a burden who require charity, partly because funds must be obtained outside of the family and community (Andrews, 2019). Sarea and Bin-Nashwan, (2020) believed that the charity approach appeals to multinational corporate funders because it displays them providing to the less fortunate in the community and mainly reinforces the public perception that people with disabilities require outside charitable assistance.

Vincent and Chiwandire (2019) argued that the funds generated by these organizations are not only to cater for disabled children but to cover the operating costs of their companies and their self-interest. Also, most of the development agencies do not employ persons living with disabilities but normal individuals. In some cases, disabled individuals are employed for development assistance. These people frequently exhibit exceptional sensitivity in the domain of a specific handicap, but they lack understanding of cross-disability issues, cross-cultural attitudes, and linguistic overlays. Köseoglu, Hon, Kalargyrou, and Okumus, (2021) advised that charitable

organizations must work to better society and not for self-interest. Per the views of this model, the disabled can rely on charitable organization to survive. However, this act of dependence can limit the potentials of the people with disability as they conditioned their mind to depend on others.

Human Rights Model of Disability

Over the years, several alternative models to the social model have emerged, with one of them being the Human Rights Model of Disability. When it comes to human rights legislation and policy, the Human Rights Model of Disability holds the utmost significance and influence (Degener, 2017). According to Jackson (2018), the Human Rights Model of Disability centers on the inherent dignity of individuals and, when necessary, considers their medical attributes. He further said that it prioritizes the individual in all decisions that impact them. Most importantly, it places the primary concern beyond both the individual and society. Dickson, Misener and Darcy (2017) noted that most countries do not provide maximum protection to their citizens living with Disability, even though some countries have disability discrimination legislation.

It is noted that although the United Nations acknowledged that the Universal Declaration of Human Rights did not sufficiently safeguard disabled individuals, it endorsed the Standard Rules on the Equalization of Opportunities for Disabled Persons as a set of policy guidelines to assist countries in enhancing the protection of disabled individuals. However, it is important to clarify that these standard rules lack legal binding force. This resulted in intense force for countries to become better and document the status of disabled individuals in society. This development eventually resulted

in the establishment of the United Nations Convention on the Rights of Persons with Disabilities.

The United Nations Convention on the Rights of Persons with Disabilities address these issues and recognizes that persons with disabilities have a right to receive services from all sectors of citizenship, including athletic activities (Gooding, 2015). In contrast to frameworks like the World Health Organization's International Classification of Functioning, Disability and Health, which primarily center on the health aspects of individuals with impairments, the United Nations Convention on the Rights of Persons with Disabilities is grounded in social perspectives that acknowledge disability as a consequence of societal processes (Kazou, 2017).

United Nations Convention on the Rights of Persons with Disabilities is based on eight principles, which sets it apart from the social model and the social-relational model. They encapsulate how it views Disability; what steps should be taken to repair any harm to disabled persons, and what is required to guarantee that fundamental human rights such as access to athletic activities are available to everybody. The eight principles encompass inherent dignity, individual autonomy, which involves the freedom to make one's own choices and achieve personal independence; non-discrimination; complete and meaningful engagement and integration within society; recognition and acceptance of disabled individuals as an integral part of human diversity and humanity; equitable opportunities; accessibility; gender equality; and finally, reverence for the evolving capabilities of individuals with disabilities. (Smith & Bundon, 2018).

Some aspects of the United Nations Convention on the Rights of Persons with Disabilities include physical exercise and sport. (Bundon & Hurd Clarke, 2015) point out that disability sports supporters have used legal precedents established by disability rights activists to further the practice of disability sports. The 2006 Sport Canada policy titled "Sport for Persons with a Disability" was one example mentioned to promote the complete and engaged involvement of individuals with disabilities in sports and to foster social integration through these activities, (Smith & Caddick, 2015) conducted a study examining the experiences of individuals with spinal cord injuries living in care homes. Their research emphasized the socially oppressive environment within these care homes for people with spinal injuries and how these facilities significantly curtailed their participation in sports and physical activity as part of a broader issue of discrimination against disabled individuals.

Shirazipour et al., (2017) also provided an example of the human rights model used in sports. The study looked at veterans with physical Disabilities in physical activities. Four key themes surfaced under the overarching concept of components contributing to an exceptional experience: group unity, adversity, defined roles, and autonomy and decision-making. Under the overarching topic of factors influencing the attainment of a high-quality experience, three additional major themes were recognized: physical environment, social context, and program design.

According to Lawson and Beckett (2021), the human rights model can be seen as a practical implementation of these very same three principles of technology modes as the social model within Foucault's framework. It also

functions as a disciplinary technology, as stated below. (Knuckey, et al., 2020) points out that the human rights model develops rights-holders as a production technology. Additionally, it delineates the distinctions between states and institutions that uphold rights and those that infringe upon them. However, these categories are not static or constant; it varies based on which aspect of which right is assessed, and it changes over time.

The human rights model functions by uniting individuals with disabilities alongside others within a broader human rights movement, utilizing these concepts and categories as instruments (Degener, 2017). Different claims to belonging characterize the human rights and social models, with the former focusing on human race membership and the latter on membership in the political category of persons with disabilities. The most apparent application concerns the necessity of programs to promote awareness of people with disabilities position as rights holders and the ramifications of recognizing and respecting that status (Kanter, 2014).

Secondly, the human rights model characterizes the type of expressions and actions associated with a human rights-oriented approach to disability policy as a system of sign technologies. It establishes norms of conduct for States and institutions to achieve fundamental social justice for disabled persons and develop and disseminate best practices and processes for monitoring rights implementation (Darcy, Taylor & Green, 2016). Also, it offers a foundation for challenging claims and actions that go in the other direction and a commonplace, for concluding remarks to contrast the suggested human rights model method with other ways labelled as a medical model or some other sort of problematic model (Darcy, Taylor & Green).

Furthermore, the human rights approach empowers persons with disabilities to work on themselves (Houston, 2016).

Latonero, (2018) described the human rights model as a framework that cultivates feelings of self-respect and self-esteem, a perception of oneself as equally valuable as anyone else, with one's choices and preferences holding significance, and with the entitlement to engage in community life, encompassing aspects such as education, work, recreation, and family life. Finally, in terms of disciplinary technologies, the human rights model may be described as an oppositional device that works to combat government technologies that marginalize, disadvantage, and disempower disabled people (Land & Aronson, 2020). The human rights model of disability can also be regarded as disciplinary technology (Dix, 2017). Discipline, in the Foucauldian meaning, refers to the methods for correcting an unsatisfactory situation and ensuring desired behaviour, and it is more than just a show of coercive authority. It also includes the subtle methods by which governments, other institutions or organizations, and people instill and embrace norms and expected behaviours (Dreyfus & Rabinow, 2014).

The Human rights model of Disability also has some criticisms. Degener, (2014) argued that the idea of Disability is not the focus or topic of the human rights model of Disability. He further says that the model has no evident ontology of impairment. It does not, for example, interpret Disability to mean denial of human rights. This interpretation would transform Disability from an impairment-based social category to a meta-category that applies to everyone who is denied human rights, regardless of whether they have an impairment. (Wayland et al., 2021) also argue to this effect, claiming that

ableism may be used to define oppression faced by all marginalized groups because of their perceived distance from any desirable social standard. However, no such case has been offered supporting the human rights approach.

The human rights approach does not place a premium on the idea of Disability. Rather, it gives guidelines on disability policy responses. Thus, it might be considered a model of disability policy rather than a model of Disability. The human rights concept is prescriptive rather than descriptive. Having known that they have the right to live, it would give them confidence to appreciate themselves. Per the above reviewed, it is important to highlight that the social model is best fit to underpin this study. Thus, it explains the cause of disability and how to cope with it.

Conceptual Review

This section presents the main concepts of disability that underpinned the thesis. Key among them include the concept of Disability, the current state of students with Disability, perception of students using disability facilities, strategies adopted by students in the use of unfriendly physical facilities, the state of institutional support system for students with Disability, diverse experience of Disability on the university campus and the prevalence of Disability on the university campus.

Definitions of Disability

Disability exists in all communities worldwide. The definition of Disability has been inconsistent over the years. Many scholars argue that the definition of Disability should be relevant to all persons, with no distinction made between groups such as "the visually impaired," "wheelchair users," or

those suffering from a chronic disease, and should be able to express the experience of impairment across a wide range of functions (Herrington, 2009). The definition of Disability should be flexible enough to allow comparisons of severity across different forms of impairment, be able to define all types of Disability, and recognize the effects of the environment on a person's Disability.

Also, no restrictions on the causes of any handicap should be included in the definition (Mengue-Topio, Courbois, Farran, & Sockeel, 2011). It is worth noting that the United States Interagency Committee on Disability Research (ICDR 2003) found more than 35 distinct definitions of Disability in federal law (Lengnick-Hall, Gaunt & Brooks, 2001). The words, Disability, impairment, and handicap are sometimes applied interchangeably in most cases, but they do not mean the same. As per the World Health Organization (WHO, 2018), Impairment is defined as the abnormalities present in bodily structure and appearance, as well as organ or system function, caused by any cause. Disability is also defined as disruptions at the individual level, representing the implications of impairment in terms of functional performance and activity by the individual and handicap as a combination of both impairment and Disability.

The UN Convention delineates Disability as a condition characterized by diminished functioning resulting from illness, disorder, accident, or other health-related factors. This condition can manifest as impairment, limitations in activities, or restrictions in participation within one's environment. This comprehension of the health and environmental aspects of Disability enables researchers to explore healthcare interventions aimed at improving functioning

and environmental strategies designed to enhance the involvement of individuals with disabilities (Leonardi, Bickenbach, Ustun, Kostanjsek, & Chatterji, 2006). (Okoye, 2010) also describe Disability as a measurable impairment or restriction that hinders an individual's capacity to perform actions such as seeing, moving, lifting, hearing, or learning. It represents a state where a person is unable to engage in essential bodily activities like walking, ascending stairs, reaching, lifting, or carrying.

According to Rosenbaum, Armstrong, and King (1986), several disabled children did not understand the word Disability, as most individuals referred to them as mentally disabled. Several forms of Disability have been found to exist. They include physical Disability, Intellectual Disability, mental Disability, and others. Physical Disability is the most common form of existing disabilities and occurs in everyday life (Turner & Nor, 1988). Physically disabled people may have difficulty moving or caring for themselves, yet they are otherwise much like everyone else.

Distinguishing between physical Disability and the term handicap has also been attempted. Many persons with a physical disability, especially students, usually cannot access critical areas inside the school campus, such as lecture rooms, cafeterias, hostels, and other places of necessity. Frequently, the educational setting is not structured to accommodate students with special needs. The disabled students cope by relying on roommates, family, and friends to access physical facilities as they may have difficulties carrying out their regular duties.

Others rely on assistive devices that use their unique talents and their ability to combine assistive devices with common items. These include

mobility aids such as crutches and wheelchairs, manipulation aids and communication aids, including artificial intelligence devices. People's unfavourable perceptions of persons with disabilities sometimes appear in circumstances when a person with a disability is unable to cope. Stereotyping, negative labelling and depersonalization are all possible outcomes. Individuals with physical disabilities may be portrayed as helpless, thoughtless, miserable, and deserving of compassion and charity because of their inability to cope.

Previous studies indicate that disabled individuals are exposed to stressful situations such as a lack of employment. Many employers are reluctant to employ persons with disabilities. A study by (Lengnick-Hall *et al.*, 2001) revealed that employers in the manufacturing and transportation industry are likelier not to employ individuals with disabilities. It was also noted that hospitality companies were likelier to hire individuals with disabilities. However, accommodation for them was their major barrier.

According to Gilbride, Stensrud, Vandergoot, & Golden, 2003), the factors influencing the employment of disabled persons include nature of work, customer attitude, accommodation, and cost concerns. Intellectual Disability is one of the outstanding health care issues. Persons with intellectual Disability are characterized by neurological and neurodevelopmental deficiencies and limits in their adaptive behaviours and functioning (Ropers, 2008). As per Lee, Cascella and Marwaha, (2019), these disabilities typically originate and become apparent before the age of 18 and are associated with various other challenges, including mental health conditions such as depression and anxiety, neurodevelopmental disorders like autism spectrum

disorders and attention deficit hyperactivity disorder, neurological conditions (such as infantile cerebral palsy), and medical ailments such as meningitis.

Schalock, (2014) defined intelligence as a broad spectrum of mental capabilities, encompassing logical reasoning, problem-solving, learning aptitude and language proficiency. Intelligence is exhibited and expressed through diverse means, encompassing abilities, behaviors, thoughts, and emotions. In essence, intellectual functioning refers to an individual's capacity to grasp and engage with the world around them. The Intelligence Quotient (IQ), derived from standardized assessments like IQ tests designed to gauge human intelligence, serves as a conventional method for evaluating intellectual aptitude. (Lean, Paul, Smyser, & Rogers, 2018).

Individuals, especially children, manifest intellectual Disability as a lack of social, conceptual, and practical competence. Interpersonal skills, social responsibility, self-esteem, gullibility, naivety, social issue resolution, and the capacity to follow society's standards and respect laws are all examples of social skills. The capacity to comprehend time, money and language is conceptual talent (Shree & Shukla, 2016), whereas practical abilities include utilizing tools, performing everyday activities, and connecting with others. These skills are cultivated and honed through experience and are employed in addressing routine or intricate tasks, as well as meeting the demands and societal norms of the community.

Manini, (2011) highlighted that disability can stem from a range of factors. These encompass social determinants like gender, socioeconomic status, race, age, cultural context, behavioral traits, as well as biological mechanisms linked to neighborhood attributes and air quality, such as

inflammatory reactions, cellular oxidative damage, and hormonal shifts. Environmental challenges contribute to influencing the decrease in physical function. Investigations have revealed age alone to be a low factor causing Disability. Ageing is linked to a higher incidence of illness problems that are usually a major cause of Disability (Staudinger, Smith & Baltes, 1992).

A study by Adams and Barnes (2006) reveals that individuals ages 45 and above tend to have higher physical or mobility restrictions. It was also noted that the proportion of young individuals who reported limits in everyday activities rose from 6.5 to 16 per cent. The tendency increases to 26.9 percent at 65 years old, then 45.3 per cent at 75 years old and beyond. Over 85 years old, 55 per cent of women and 38 per cent of men report being unable to execute mobility tasks such as walking, stooping/kneeling, writing, and lifting 10 lbs. Many disease conditions linked to Disability in ageing include hypertension, osteoarthritis, cardiovascular disease, cancer, lung dysfunction, diabetes, and stroke. However, cardiovascular disorders and osteosclerosis are the two major leading diseases which cause Disability in ageing.

The neuromuscular and skeletal system has been researched to Play a pivotal role in bolstering the everyday movement, both of which are vital for physical individuality (Fragala et al., 2019). While illness is the primary cause of physical impairment in older persons, the heterogeneity in the decline of physical function and beginning of activity restrictions can partly be explained by the neuromuscular system's typical alterations with age (Kalyani, Corriere & Ferrucci, 2014). According to Manini (2011), scientists have rapidly amassed data on the loss of muscle features with age, giving them a greater knowledge of how muscle attributes are implicated in crippling disorders. In

cachectic illnesses such as HIV, muscle tissue acts as the primary reservoir of readily available amino acids within the body and is associated with morbidity and mortality. Initial findings indicated that reduced levels of muscle mass were correlated with diminished physical performance in older adults living in the community, like the findings in illness circumstances. As a result, increasing muscle mass became a sensible first phase goal for enhancing physical function in the elderly (Dudgeon et al., 2006).

Reid, Naumova, Carabello, Phillips and Fielding (2008) indicated that muscle strength strongly predicts significant limitations in mobility, subpar performance in physical mobility, and increased mortality risk. He further went on to reveal that the influence of muscle mass on the incidence of activity limitations among older persons has not yielded expected associations causing scientists to investigate what other factors control muscle strength, namely the neural and biochemical kinetics that control muscle contraction.

Contextually, the UN Convention defines Disability as a state of diminished capacity resulting from illness, disorder, accidents, or other health-related factors. This state becomes apparent as impairment, limitations in activities, or restrictions in participation within one's environmental context. This definition is adopted in this study as the study focus on physical disability of the respondents.

Prevalence of Disability

An increasing disability population can potentially place a significant and unsustainable burden on medical, public health, and elder service systems (Lynn & Adamson, 2003). The prevalence of Disability has been inconsistent and differs worldwide. Based on statistics provided by the United Nations

Economic Commission for Africa in 2016, about 600 million individuals were living with disabilities around the world, 400 million of them reside in developing countries and 80 million in Africa, totaling nearly 10 per cent of the overall population. Also, around one out of every ten Africans has a disability (Ayoung, Baada, & Baayel, 2021). The occurrence of Disability in low-income countries is relatively rare, and the reason is due to the wrong methodologies employed in the studies.

According to a study by (Theis et al., 2010), 50 million individuals in the United States (21.8%) were disabled. The most common Disability across all five components was mobility-related activity restrictions. Arthritis and back or spine issues (8.9 million) were the most prevalent causes of Disability. A comprehensive review conducted by (Lisy, Campbell, Tufanaru, Moola, & Lockwood, 2018) on the prevalence of Disability in individuals with underlying conditions showed that cancer survivors reported 10.4–34.5 percent difficulty with activities of daily living; 21.1–64.1 percent difficulty with cardiovascular illness, 7.4–49.8 percent difficulty with chronic respiratory disease, and 12.2–54.5 percent difficulty with diabetes. Most of the research was carried out in high-income nations.

Another systematic review by Ramadass et al., (2018) in India on the prevalence of Disability among individuals indicated that the percentage of impaired people ranged from 1.6 to 43.3 percent. Males were shown to be more impaired than females in key surveys. The prevalence of Disability was found to range from 70.0 to 93.2 percent in research endeavors that employed the concept of the International Classification of Functioning, Disability, and

Health to assess it. Most of the research employed semi-structured questionnaires to assess impairment.

Various research studies have employed the Barthel Index for Activities of Daily Living, the Instrumental Activities of Daily Living scale, the Indian Disability Evaluation and Assessment Schedule, the Rapid Assessment of Disability scale, and the Standard Health Assessment Questionnaire. Results from a similar study conducted in the USA by (Varadaraj, Deal, Campanile, Reed, & Swenor, 2021) indicated that 26.8% (95% CI, 26.5%-27.0%) of the participants, representing 67.2 million adults, reported having any disability. Furthermore, 11.7% (95% CI, 11.5%-11.9%), corresponding to 29.6 million adults, reported experiencing more than one disability. The most prevalent type of disability was related to mobility (34.2 million adults; 13.3%; 95% CI, 13.1%-13.5%), followed by cognitive or mental disabilities (28.6 million adults; 12.1%; 95% CI, 11.9%-12.3%), independent living disabilities (17.6 million adults; 7.2%; 95% CI, 7.0%-7.4%), hearing disabilities (16.2 million adults; 6.1%; 95% CI, 6.0%-6.3%), vision disabilities (12.8 million adults; 5.2%; 95% CI, 5.0%-5.3%), and self-care disabilities (9.8 million adults; 3.9%; 95% CI, 3.8%-4.1%).

Adults with disabilities were more likely than those without disabilities to be older (age ≥ 75 years, 16.6% vs. 5.9%), female (53.7% vs. 50.0%), and Hispanic (20.8% vs. 17.2%). They were also more likely to have less than a high school education (20.7% vs. 9.7%), lower income (annual household income $< \$25,000$, 44.8% vs. 19.2%), and were less likely to be employed (unemployed status, 11.5% vs. 4.4%). Additionally, individuals with disabilities were more likely than those without disabilities to identify as

bisexual (9.4% vs. 4.0%) and transgender (0.8% vs. 0.3%) or gendered nonconforming (0.4% vs 0.1%). (Jha, Bhattacharyya, Shukla, Tiwari, & Dubey, 2019) reveal that in Uttar Pradesh, almost 2 out of every 100 people have a physical or mental disability. Disability rates reflect the populace's overall health. The impact of Disability will be reduced in Uttar Pradesh, and the quality of life will be improved by identifying the underlying causes and implementing effective and focused preventative interventions.

The prevalence of Disability in Ghana has also been explored. A study by (Awuviry-Newton, Ofori-Dua, & Newton, 2022) determining the prevalence of Disability in adults based on the WHO-ICF conceptual framework revealed that women had a high prevalence of Disability in Ghana (54%). However, a similar study by Tetteh et al., (2021) also indicated the prevalence of disability stood at 21 percent, with males exhibiting a higher prevalence rate (4.57%) compared to females (1.46%). This gender-based disparity in disability rates was significantly associated with factors such as age group, marital status, household size, geographic region, residential location, relationship to the head of the household, weekly employment hours, and wealth assessed based on assets. All individuals with disabilities encountered challenges in performing daily tasks, which restricted their ability to participate fully in the study.

A study conducted by Asuman, Ackah and Agyire-Tettey (2021) linking poverty to Disability also showed that the additional cost to households with a disabled member is estimated to be 26 percent of yearly household consumption expenditures. When the added cost of poverty is

considered, the frequency of poverty among households with a disabled member rises from 38.5 to 52.9 percent.

Empirical Review

This section presents extensive review of empirical studies on students with disabilities in higher education. More so, the section delves into prevalence of students with disability, institutional support system for students with disability and the coping strategies adopted by students with disabilities.

Prevalence of Students with Disability

Students with Disability are one of the groups increasingly engaged in pursuing advanced learning possibilities. Various scholars have studied the prevalence of students with various forms of disabilities. A study by Aftab, Ashfaq, Bashir, Qamar and Nadeem (2022) on children with learning disabilities shows that 50 percent of primary school children had various learning disabilities. Another study by Nugent and Smart (2014) also determined the prevalence of Disability (ADHD Symptoms) among post-secondary school students with disabilities. It was found to range between 2 to 12 percent. Newman and Madaus (2015) indicate that few undergraduate students (35%) with disabilities informed their institution. While 95 percent of students received disability-related accommodations during their secondary education, only 23 percent received such support at the postsecondary level. Similarly, 59 percent received at least one adjustment during secondary education, but this figure dropped significantly to just 4 percent in college. The study also examines the practical implications of these findings and suggests directions for future research.

A study by Blake, Lund, Zhou, Kwok, and Benz, (2012) in the USA showed that the prevalence of Disability ranged from 24.5 percent in primary school children to 34.1 percent in junior high school children. He additionally mentioned that this figure is one to one and a half times higher than the national average for students who do not have impairments. Bullying victimization was higher among kids with emotional disturbance at all school levels. According to the findings of this study, Children with disabilities who have experienced bullying once are more susceptible to enduring such treatment again.

Among students in primary, junior high, and high schools, those with autism and orthopedic disabilities were found to be the most prone to repeated victimization. In Canada, medical disabilities were found to be the most prevalent form of Disability among university students (Kent, Ellis & Giles, 2018). In Ghana, few studies have explored the prevalence of students with disabilities (Odame, Opoku, Nketsia, & Nanor, 2021). The prevalence of ADHD Disorder among school children was 7 percent, with males having a higher prevalence than females.

Strategies adopted by students in the use of unfriendly physical facilities.

Many scholars have explored that strategies disabled students have adopted with unfriendly physical facilities in schools. These unfriendly environments are mostly because of the institutions not making provisions for disabled students when putting up infrastructures and not setting up offices for students' support. A study by Ocloo and Subbey, (2008) in Ghana on the perception of basic education schoolteachers towards inclusive education revealed that most classrooms are not accessible to students living with

Disability. Despite certain structural modifications made to the facilities, such as the addition of ramps and accessible toilets, the slopes of the ramps were found to be excessively steep for students with physical disabilities who required support from their peers to access the buildings, there were no provisions made. Additionally, the newly constructed classrooms at one of the rural schools lacked any facilities or accommodations for students with physical disabilities, as ramps were not factored into the construction plans. Consequently, these students had to depend on their classmates for assistance.

However, an investigation by Schoger (2006) in the United States concerning regular school environments showed that most students with disabilities had good or friendly physical facilities such as ramps and toilets in their schools, respectively. This helped raise the self-esteem and cognitive learning abilities. Lehtomäki, Tuomi, and Matonya (2014) recommended that students with physical disabilities should be partnered with their able-bodied peers to enhance their access to school buildings, which may involve helping them with tasks like pushing wheelchairs. This was due to their study's findings showing that most disabled students were faced with physical inaccessibility and inadequate structures and facilities, such as the lack of ramps, elevators, escalators, and railings. These usually limited their educational possibilities.

As per the guidelines outlined in the UNICEF child-friendly school manual, child-friendly school models prioritize the holistic well-being, safety, security, nutrition, and mental health of each child. They also emphasize the appropriateness of teaching methodologies and educational materials employed in the educational process, aligning with the Ministry of Education's

Sector Policy for Learners and Trainees with Disabilities (Hervie & Winful, 2018). In 2003, the Task Force on Special Education (MoE) put forth a recommendation that students and educators who have disabilities should have access to an environment that is devoid of obstacles, both physical and social, enabling them to perform with minimal assistance and access readily available resources (Hervie & Winful).

According to Muthomi and Muthee (2016), numerous institutions in Kenya, including both regular and special educational settings lack a physical and social environment devoid of barriers. This lack of accessibility restricts the mobility and independence of individuals and poses risks to their safety and the quality of their learning experiences. The fundamental structural design does not align with the policy guidelines aimed at constructing educational institutions that consider Disaster Risk Reduction (DRR) measures sensitive to disabilities. Consequently, the school infrastructure remains inaccessible to students with physical impairments. The Ministry of Education is committed to ensuring that all educational and training institutions provide an environment free from barriers and that they meet the health and psychological needs of learners with disabilities.

Kogei (2013) surveyed the factors that impact the enrolment of students with disabilities in inclusive elementary schools within the Nandi South area. The results revealed that the absence of adequate physical facilities hindered the enrolment of students with impairments in regular schools. According to the findings, the enrolment of students in mainstream schools has placed significant strain on the existing physical resources and capacities. Additionally, this ongoing study aims to explore the methods or approaches

used by students with disabilities to navigate the challenging physical environment at the University of Cape Coast. This study aligns with the research objective of Kogei.

Perception of Students using Disability Facilities

Unfortunately, every student will not have the same experience as some life with a disability. Students with disabilities tend to go through various experiences during their school years that impact their overall happiness with education, whether it is a feeling of inclusion within their school surroundings, a commitment to embracing diversity, or the perception of being stigmatized (Aquino, Alhaddab, & Kim, 2017). Brown, Ouellette-Kuntz, Lysaght, and Burge, (2011) investigated into high school students' behavioural inclinations towards peers with disabilities, this study compares their intentions regarding individuals with intellectual impairments and those with physical disabilities. The research also delves into the underlying reasons driving these behavioural intentions.

The results indicated that students displayed significantly more negative behavioural intentions towards individuals with intellectual impairments compared to those with physical disabilities. The replies to the open-ended questions showed this disparity. Variations in interests or talents were commonly mentioned as causes of unease. Negative attitudes pose significant barriers to the education of most students living with disabilities. In certain societies, many individuals with disabilities are perceived or labelled as symbols of divine punishment or bearers of misfortune (Jaeger & Bowman, 2005) Consequently, certain children with physical limitations, who would

otherwise be eligible for school attendance, are denied authorization to do so (Baio, 2014).

Community-based research in Rwanda by Karangwa (2006) discovered that a child's impression of impairments influenced whether they attended school. The language employed to describe individuals with disabilities reflected unfavourable community attitudes. The inclusion of students with disabilities in regular schools can be influenced by the perspectives of instructors, school officials, fellow students, and even family members. Certain school instructors, particularly principals, may believe they have no obligation to educate disabled students. Also, it was discovered that in South Africa, school attendance and completion are said to be impacted by school officials' beliefs that students with disabilities have no future in higher education.

Some school instructors, especially principals, think they are not obligated to teach disabled students (Christie, Nelson & Jolivette, 2004). Okutoyi (2012) discovered that typical elementary schools implemented strategies like involving learners with hearing impairments in group discussions and play activities alongside their hearing peers. These approaches contributed to fostering positive attitudes among learners in regular primary schools. This assessment of coping strategies was conducted with regular primary schools that accommodated deaf and hard of hearing students in Kakamega County. These findings agree with a study by Mohammed (2020) on the coping strategies employed by students with physical disabilities to navigate the environment within typical primary schools in Kenya.

Navab, Negarandeh, Peyrovi, and Navab (2013), describe stigma as a mockery of shame or dishonour to individuals. Many typical students do not want to be linked with students who have impairments since they bear stigmas. They regard individuals with a disability as pity objects and look down on them, leading to retreat (Cowden, 2010). Both internal and external effects of stigmatization influence people's quality of life and social and psychological well-being. It contributes to tension, worry, and social stigma. Reduced acceptability, prejudice, rejection, and social marginalization are all consequences. It leads to avoiding labels and creates challenges in securing employment or assistance. It can lead to a loss of self-confidence and self-efficacy (Chan & Mak, 2014). People who believe they are stigmatized are more likely to internalize stigmatizing views. Avoidance-withdrawal, education, and secrecy are some of the stigmas coping techniques (Chan & Mak).

A student's attitude is anticipated to be influenced by their self-esteem. According to Vignes, Coley, Grandjean, Godeau, and Arnaud (2008), the more positive a child's perception of their own life is, the more positive their attitude toward classmates with disabilities will be. In keeping with these findings, (Nowick, 2006) discovered that those with higher self-esteem have more favourable attitudes toward affection, behaviour, and cognition. Dupoux, Hammond, Ingalls and Wolman (2006), also found that instructors preferred a particular form of impairments for inclusion in normal settings in a cross-sectional examination of teachers' attitudes toward learning disabilities in Haiti.

Another study shows that teachers tend to be more accepting of students with moderate impairments in comparison to those with behavioural or emotional disorders. Educators encountered challenges when it came to instructing students with more significant issues like social maladjustment and emotional disturbance, primarily due to insufficient preparation and excessively large class sizes. It's worth noting that the Dopoux study focused solely on teachers' attitudes toward students with disabilities. Therefore, the present study aims to investigate the strategies employed by students with disabilities at the University of Cape Coast to effectively adapt to their social surroundings.

According to a study by Mhaka-Mutepfa, Mpofu, Moore, and Ingman (2017), teachers at Zambia's elementary and secondary schools reported interest in involving students with impairments but had the thought that this was a job for professionals. Many feared diseases like cerebral palsy were infectious as they were encouraged to talk about their negative views on teaching persons with disability. Usually, teachers include students with disabilities to collaborate with their peers who do not have disabilities in group projects. Also, all students, including those without disabilities, ate together during break times. During focus group talks, non-disabled students reported that they frequently assist physically disabled students and students with disabilities appeared to get along very well with those without disabilities. Classroom and extracurricular observations indicated that students, both with and without impairments, actively interacted with each other during group activities and beyond the school premises.

Yoder (2014) reports that majority of students achieve optimal learning outcomes when guided by a teacher or collaborating with more skilled peers. A more capable individual assists a young learner in advancing from their current level to where they can reach without support. To accomplish this task, the instructor employs prompts, hints, modelling, explanations, leading questions, discussions, joint participation, encouragement, and the management of the child's focus (Miller, 2012). Physically disabled students can benefit from the experiences of their classmates who do not have impairments, as well as from the supervision of teachers to develop a better comprehension of the idea being taught.

Teachers in the Gambia utilize various strategies to help students with a disability cope with unfavourable attitudes from normal youngsters, including counselling and warning not to injure the disabled. Other alternatives include punishing the offender in front of the disabled victim, as well as caution, warning, and punishment. The tactics used on the impaired include telling them not to worry about the attitudes of the other kids and encouraging them to work together. Cobb, Sample, Alwell, and Johas, (2005) said that physically disabled students in the United States have substantially greater dropout rates than general education students, resulting in much worse adult results.

Although many schools develop dropout prevention programs in response to unfavourable attitudes in the school community, the impact of this retention is seldom assessed. According to (Snyder & Dillow, 2012), students with disability in Zambia had an especially high dropout rate because of unfavourable peer and instructor attitudes. Between 2005 and 2009, 22 percent

of 14-21-year-olds with PDs dropped out of school. Students with a disability had the greatest dropout rate of any disability category, at 40 percent.

According to Snyder and Dillow (2012), 60 percent of learners with physical impairments can adapt to normal schools despite the hurdles; therefore, this study aims to discover techniques employed by students with disability in coping with the social environment at the University of Cape Coast. Students with disability in Belgium, according to (Hewstone, 2003), employ direct and indirect experience to cope with unfavourable attitudes. This has an impact on the formation of attitudes because it changes the way accessible information is processed. He says that successful intergroup interaction leads to more positive out-group sentiments and enhances the out-perceived group's variety, making it look less homogeneous. Intergroup contact can also help to build trust outside of the group.

The term direct experience refers to genuine involvement in the field. Learners with and without disabilities participate in structured free play activities in a classroom setting. Playing together in a structured environment with learners with and without impairments increases good engagement, especially when the play comprises toys and social activities that promote social contact (Odom & brown, 1993). Researchers in Zimbabwe have been studying the attitudes of Zimbabwean school employees on the inclusion of disabled students in ordinary schools. Teachers' opinions regarding incorporating such students in normal education classrooms were unfavourable in these investigations.

Headteachers of these schools are reported to have more positive views toward physically disabled students than classroom instructors.

Bloemen et al. (2015) observed that inclusive classrooms provide obstacles for learners with physical impairments in normal primary schools in the United States. Inclusive classrooms are those in which students with and without impairments are educated together, with additional help for disabled kids. Children with physical impairments who are integrated into conventional settings, according to (Van Leeuwen et al., 2012), are at a higher risk of facing rejection or neglect compared to their typically developing classmates and tend to engage more with the adults in the classroom rather than with their peers. It is unhealthy for youngsters to spend more time in the classroom with adults than with their peers.

Van Leeuwen et al. (2012) further stated that these children are frequently rejected because they cannot socialize physically through activities such as running, climbing, leaping, skipping, and hopping, which are common among school-aged children. The rate of rejection by other children in normally developing young children is around 10 percent. On the other hand, children labelled as having physical impairments have a rejection rate of up to 33 percent. They continue to notice that students with disability in ordinary classrooms grow frightened when they are among those without a physical impairment. As a result, they stay away and do not make friends because they cannot deal with rejection.

Institutional Support System for Students with Disability

The prevalence of students with various forms of Disability is relatively high and continues to rise over the years (Autism and Developmental Disabilities Monitoring Network Surveillance Year 2008 Principal Investigators, 2012). Students with disabilities require the same

information and facility demands as students without disabilities. Therefore, there must be an equal guarantee of protection from discrimination (Chaputula & Mapulanga, 2016). Rayini (2017) argued that students with physical challenges aspire to access relevant information in their preferred accessible format, much like individuals without disabilities wish to read a newspaper or download electronic content from the Internet. Academic institutions must take practical steps to meet their requirements by establishing provisions for them. This entails carving out a particular place for them in the academic library (Niemeijer, Depla, Frederiks, & Hertogh, 2015).

According to Okoye (2010), most disabled students mostly rely on friends and roommates to carry out their daily activities, such as accessing facilities. They have demonstrated that the physical inaccessibility of facilities such as the library and washroom pose the greatest difficulty to people with disabilities. Most libraries are constructed in a way that makes them highly inaccessible for physically challenged individuals. Bigdeli (2009), states concisely that, even when granted entry to a library, the interior layout often restricts their freedom of movement to a minimal extent.

Comănescu, Ungureanu and Gowran (2017) looked at the main barriers that make physical structures inaccessible for individuals with impairments. They observed that the lack of physical accessibility features such as ramps, adapted bathrooms, and the challenges involved in moving between buildings, especially for practical activities, posed significant obstacles at both campuses. Momodu (2013), in his research study, he embarked on an investigation to determine the suitable facilities for physically challenged individuals in Nigerian libraries. His findings revealed that library

services for people with disabilities were inadequate. The study highlighted various concerns, including architectural issues and the absence of emergency facilities for disabled individuals.

Lawal-Solarin (2012) conducted a survey of 20 university libraries in Nigeria and discovered that most of these libraries were situated in high-rise buildings that lacked elevators and wheelchair ramps. One of the issues she discovered in her research was that some of the library facilities were not even large enough for persons in wheelchairs to enter, while others had high shelves and tiny openings. These findings support Viney's (2006) allegation that disabled people face physical barriers to access, such as retrieving books from library shelves. Likewise, all library items should ideally be available to all library clients. To accomplish this goal, libraries need to procure various non-print resources, including talking books, video or DVD books with subtitles and sign language, Braille books, accessible e-books, easy-to-read books, and other accessible materials. However, in South Korea, most institutions have e-libraries, easy-to-read books and friendly facilities for persons living with disabilities (Yoon & Kim, 2011).

Aside from creating a friendly library environment, schools can introduce teachers to disability studies to help them help school children with disabilities. Mukhopadhyay, Nenty and Abosi (2012), revealed that most teachers chose to include learners with moderate disabling problems over learners with severe to profound disabling disorders. Inadequate special education training, a lack of resources, and a high student-teacher ratio were cited by school leaders as hurdles to the successful implementation of inclusive education. On the other hand, the children's peers reported a high

level of acceptance of pupils with impairments. However, Milic, Babic, and Dowling (2015) said that most colleges had established offices for students with Disabilities, as well as institutional programs of peer support, in which fellow students assist their disabled classmates.

An investigation by Szumski and Karwowski (2012) was also conducted on school accomplishment of Polish primary school pupils with modest intellectual impairments, considering the socioeconomic situation, placement, and parental involvement. It was found that students with Disability of parents with a better socioeconomic standing received more comprehensive education, according to the findings.

Coping Strategies Adopted by the Students with Disabilities.

Very few studies have been conducted on students with disabilities strategies for using physical facilities. Most coping strategy studies of disabled students are mostly on other specific disabilities. Okoye (2010), in his research, sought to investigate some strategies for physically challenged undergraduate students in Nigeria. In the study, he interviewed 92 undergraduates aged 13 to 38 years who were disabled with a questionnaire and two groups of focus group discussions. This study revealed that the students mostly relied on friends, roommates, relatives, and themselves to use physical facilities at the university. Also, from the focus group discussion, there were no institutional mechanisms to assist people in dealing with their daily activities. Furthermore, some students indicated that social field workers were allocated to physically challenged students. However, it was noted that the social workers only aided visually impaired students with movement around physical facilities.

Similarly, a study by (Vaccaro, Moore, Kimball, Troiano, & Newman, 2019) assessed the coping and resilience of students with disabilities. 59 students were interviewed based on a constructivist grounded theory with questions about their disability. It was found that the disabled students relied on themselves using physical facilities. They intentionally and unitedly formed a reinforcement system on campus. They made sure they shared common hostel accommodation and use the available resources together. They also indicated that school authorities provided customized accommodation for students with disabilities.

Another study by Xu and Liu (2020) identified coping strategies and its relationship with mental health. The study interviewed 255 Chinese college students with physical disability, hearing disability and visual impairment using questionnaire. The study reported that most disabled students adopted positive coping strategies with the use of physical facilities and that played a role in mediating body image evaluation and mental health. However, their mental health statuses were found to be lower. Milinga (2016), examined the obstacles faced by students with disabilities and the coping techniques utilized by these students at two Tanzanian inclusive secondary schools, 59 students with disability were interviewed.

According to the findings, students with disability experience obstacles relating to teachers and the surroundings. As a result, students with disabilities cope with the problems through complaints, aid seeking, self-initiatives, isolation and despair, and assertiveness. The study recommended that; educational stakeholders should collaborate to reduce the negative impact of restricted learning settings on students with disability. Also, teacher

preparation and professional development was recommended. Similarly, Ambati (2015) In Andhra Pradesh, India, Ambati investigated the coping techniques utilized by students with impairments in handling social and higher educational situations. It was stated that Students with disabilities used friendships and healthy social interactions, as well as social support, self-advocacy, and engagement in extracurricular activities, to manage their experiences. Students with impairments were able to engage in a variety of social and academic activities because there were such initiatives. It was also shown that certain disabled pupils lacked key skills for forming and maintaining connections. Those who were able to create positive social relationships felt more integrated, and vice versa, even though they were founded on mutuality and reciprocity.

Plotner, Ezell, VanHorn-Stinnitt, and Rose (2020), investigated the coping strategies used by college students with intellectual disability. Intellectually disabled students who were attending a postsecondary school were the study population. They were interviewed on their coping strategies which helps them in school and their everyday activities including social media interactions. About one-third of the students revealed that playful problem solving was their first coping strategy, especially in their romantic relationships.

Additionally, approximately half of these individuals depended on friends for their daily tasks, including the utilization of physical facilities. Meanwhile, others adopted a confrontational coping approach within the realm of social media. It has been observed that most individuals with intellectual disabilities tend to employ Problem-Focused strategies most frequently when

managing stressful situations (Hartley & MacLean, 2008). Coping strategies to other forms of disabilities have also been explored but are limited. Givon and Court (2010) investigated the emotional and cognitive processes encountered by high school students who had both verbal and non-verbal learning disabilities. They sought to identify the coping strategies employed by these students. A total of 20 students with learning disabilities were interviewed concerning their social functioning, social support, and academic achievement.

The study revealed that both internal and external coping mechanisms were employed by the students. The external factors encompass family support, social support, and school support, while internal factors encompass personality traits, self-perception, the stage of the student's acceptance process regarding their deficiency, and the perception of the deficiency as an integrated part of their identity during adolescence. A similar study conducted by Firth, Greaves, and Frydenberg (2010), on the coping mechanism of intellectually disabled individuals. Adolescent students were interviewed with questionnaire. The students also indicated that they had positive coping strategies which helped them at school.

The coping strategies of the parents of children with disability have been extensively studied. A study by Ogbonnaya, Anyakoha, Anowai, Okechukwu, and Ezeonyeche (2019), on the coping strategies of parents of disabled children was carried out in Nigeria. 107 family members were interviewed with questionnaire and the study employed a qualitative approach. The findings indicated that coping strategies of family members depended on educational level, level of information, social status, sex, and social support available to families. Also, the study discovered various pattern with which the

families cope, and they include problem-focused approach, emotion-focused approach, and spiritual or religious-focused approach.

Boakye-Yiadom and Mensah (2019) investigated the coping strategies employed by students with different abilities in their university halls of residence at the University of Cape Coast. The study used narrative designed which was qualitative in nature. Purposive sampling, snowball sampling and quota sampling techniques were used in selecting research sample. Findings from the study shows that differently abled students do not get much attention at the Halls of Residence and most of them depend on their roommates, friends, and family members to cope with their day-to-day activities. The study also reveals that the kind of disability and other factors will determine the coping strategies that the individual will adopt in coping with life's problems.

From the study it is also known that most differently abled students put their trust in God who they believe is their strength and keeper since there is not much for them in their various Halls of Residence and the institution which has made them to live in fear. It emerged from the study that there are no specific kind of coping strategy for differently abled students, but the situation will determine the kind of strategy to adapt at a particular time. The study is important to my study because of the connection it made to the implication for practice and the recommendations it made as to how to improve the lives of differently abled Students at their halls of residence.

Okoye (2010), in his study, Support systems and coping strategies available to physically challenged students in University of Nigeria, Nsukka discusses some coping strategies that physically challenged students adapt to

cope with their day-to-day activities in university of Nigeria, Nsukka and the available support systems that are available for them in the institution. The study reveals that the level of physical disabilities will determine the adaptations made by students with physical disabilities and that the gender of the individual also determines the coping strategy that physically challenge students will adopt. It emerged from the study that there is not much support for students with physical disabilities and these students depend mostly on Friends, roommates, and family members for support to cope with daily life. The study shows that the physical environment of the University of Nigeria, Nsukka is not disability friendly which makes it a bit difficult for disability students. The study used 92 undergraduate students who are physically challenged. Questionnaire and focus group discussions is what was adopted in the study. Though the study made some recommendations, but it did not state the ways they could achieve these measures successfully to make physically challenged students feel a sense of belongingness.

Odame et al (2021) in their study, they investigated into the experiences of graduates with visual impairments in the tertiary institutions in Ghana. The study used face-to-face and 14 graduates with visual impairment selected from three regions in Ghana. It was understood from the study that visual impairment is associated to superstition and as such is view as a punishment from the gods. From the study, it is revealed that students with visual impairments are not fairly treated as supposed to be in inclusive institutions. They are not giving the attention that they needed and, they lack the facilities that will assist them in their daily activities. It is also known from the study that the physical environment is not disability friendly and most of

them depend on their friends for help since there isn't much support from the institution in which they are admitted to.

From the study, visually impaired students have limited choice when it comes to the selection of programs of study. They are limited to only reading related courses to the neglect of the sciences, mathematics and technological courses which are observable and which they are handicapped when it comes to that. The study has explained in detail the experiences of visual impairment students at the University of Cape coast in the past years and what we do not know is that as to whether there has been a significant improvement in the services provided for the students or it remains the same and as such one cannot base on the information provided to give any valid judgement. The study ended by providing recommendations as to how to improve upon the services rendered to visual impairment students on campus to make their lives better and function independently.

Ansah and Owusu (2012) in their study discuss the state of public buildings as disability unfriendly. From the study, it can be understood that the Disability Act has not yet been fully understood by people who design and put-up public building since they do not incorporate into these buildings' disability friendly infrastructures. This is seen as a discrimination against the disabled. It emerges from the study that the disability law was inadequately enacted, and the result is what is being manifested in these public buildings.

The study provided the kind of facilities that are supposed to be incorporated in these public buildings to make it disability friendly and accessible to all and sundry. The study used survey questionnaires and semi-structured interviews in collecting data. Four institutions were selected from

the central and western regions and 31 total number of buildings were used for the study. The study ended by recommending that there is the need to educate the public about making public buildings disability friendly.

Ackah-Jnr and Danso (2019) also indicated in their study that Inclusive education (IE) has caught the attention of most countries worldwide as the best practice to bring on board everyone the right to education irrespective of who you are in the society. The study examines the state of the physical environment of some Ghanaian inclusive Schools and gives a detailed description of how the physical environment of inclusive education should be like and the impact it has on students and suggested a conceptual and theoretical framework that will help in the implementation of inclusive education. It emerged from the study that the nature of the physical environment of inclusive education schools has a great impact on both students and teachers' achievements. The study also confirmed that colour is a significant component of the physical environment that can impact and influence students' learning and behaviour in the context of inclusive education.

The study used descriptive, mixed methods, survey and written responses and semi-structured observation to gather both quantitative and qualitative data. The study is important to my study such that it gives a detailed description of how the physical environment of inclusive education should look like and the impact it has on students and teachers regardless of any disabilities one may be challenged with. Though the study did not provide details about the specific conditions of the individual schools chosen for the research, it presents a general description of the states of the physical

environment of the schools involved. The study, however, recommend that the authorities in charge of ensuring inclusive education, adhere to and take action to support the policies on inclusive education.

Chapter Summary

The chapter reviewed the relevant and related literature on disability. The chapter was structured into three sections: theoretical review, conceptual review, and empirical review. The theoretical review discusses various theories from existing literature on studying disability students in tertiary institutions. The next section looked at the conceptual discussions on coping strategies of disability students and the final part is based on the empirical studies on the coping strategies of disability students in higher education. The theoretical framework that was discussed were the models of disability theories.

CHAPTER THREE

RESEARCH METHODS

Introduction

This study is centred on uncovering the coping strategies employed by students with disabilities when navigating the physically inaccessible structures at the University of Cape Coast. Accessibility is evaluated by considering participants' assessments of their utilization of campus building facilities, including the library, lecture halls, laboratories, various offices, and the involvement of stakeholders in addressing the accessibility requirements of students with disabilities at the University of Cape Coast. The topics covered in this chapter encompass research design, study location, target population, sampling methods, data collection tools, data collection procedures, data processing and analysis, and a summary of the chapter.

Research Design

Given that this study is about disability students' coping strategies based on their experiences, it is underpinned by constructivist anthology which acknowledges that knowledge is actively constructed by individuals through their experiences and interactions with the world (Creswell, 2013). This aids in comprehending how students with disabilities navigate and adapt to the physical facilities to achieve quality education outcomes. Constructivism aligns with the idea that students' perceptions, experiences, and coping mechanisms are influenced by their unique contexts and interactions within the university environment. To this end, the study's epistemological orientation naturally aligns with interpretivism, which underscores the significance of comprehending and interpreting the subjective

meanings and experiences of individuals within their social and cultural contexts (Creswell).

The design to use to study a topic depends on the philosophical assumptions the researcher brings into the study. Based on the philosophical assumption articulated, the study employs a qualitative exploratory case-study research approach to explore the coping strategies of students with disabilities in the use of disability-unfriendly physical structures in the University of Cape Coast. Qualitative case-study research entails an engagement between the researcher and the socio-cultural context (Kusi, 2012).

The study opted for a qualitative exploratory case- study research approach as it was most suitable for delving into disability students' coping strategies when confronted with the challenges associated with accessing physical facilities at the University of Cape Coast. This approach allowed for an in-depth exploration and gathering of information in the context of the study's objectives, where indicators of these coping strategies had not been already identified to enable an explanatory or evaluative studies to be conducted.

Exploratory approach enabled the researcher to gain a comprehensive understanding of the phenomenon being studied, as viewed from the perspectives of the individuals actively involved in the research (Kusi, 2012). The choice of an exploratory case-study design was made for this study because it offers the researcher the opportunity to gain fresh insights, unearth novel ideas, and enhance understanding of the coping strategies and challenges faced by students with disabilities at the University of Cape Coast. (Ozge, 2010) as cited by (Odame, 2017) stated that this research design serves

the purpose of elucidating and delineating a phenomenon and can be appropriately labelled as formative research, as it lays the groundwork upon which other research designs can be developed.

The exploratory case-study research design has faced criticism for its limited capacity to generalize findings to a broader population. Exploratory case-study research typically utilizes relatively small sample sizes, which may not be deemed representative of the entire population. Consequently, this poses a challenge for researchers when attempting to generalize the research findings (Van Wyk, 2012). To address the challenge of generalization, Wyk pointed out that it is primarily due to the lack of a rigorous framework in methods of data collection and analysis. Despite the constraints of this design, the exploratory case-study approach was still considered appropriate because there were no pre-existing indicators of disability students' coping strategies in the context of university settings in Ghana with which to study through explanatory or evaluative designs (Boakye-Yiadom & Mensah, 2019). Also, exploratory because the researcher aimed to comprehend the coping strategies of disability students at the University of Cape Coast without imposing any preconceived notions or assumptions on the study's context.

Study Area

Cape Coast serves as the capital of the Central Region, and its geographical boundaries include the Gulf of Guinea to the south, the Komenda-Edina-Ekuafo-Abrim (KEEA) Municipality to the west, the Abura-Asebu-Kwaman Kese District to the east, and the Twifo-Hemang Lower Denkyira District to the north. Located within the Cape Coast North Constituency, the University of Cape Coast was founded in 1962 with its

primary mission being the training of teachers for all levels of education in the country, a role it continues to fulfil. The southern campus, also known as the old site, is distinctively positioned amid the hilly neighbourhoods of "Apewosika" and "Kokoado" within the Cape Coast metropolis, in proximity to the Atlantic Ocean's coastline. This location is elevated above sea level, offering a picturesque panoramic view of the ocean. Notably, Adehye Hall, Atlantic Hall, and Oguaa Hall are situated on this campus.

This side of the campus also hosts several valuable university facilities that extend their services beyond the university community. One such facility is the University Hospital, which offers high-quality healthcare services to both university members and the public.

Moving to the northern campus, often referred to as the "Science" campus, it is situated near the Kwaprow and Amamoma communities, approximately 1 kilometre from the old site. The establishment of the northern campus was prompted by the increasing number of students admitted to the University. As a recently developed campus, it houses all the latest additions and innovations you will find within the university.

The central administration, the university's largest library, which stands as the most extensive repository of documented knowledge in the region, the university's exclusive male hall (Casley Heyford Hall), Kwame Nkrumah Hall, Valco Hall, and the Campus Broadcasting Centre are all situated in this area.

Population

The target population encompassed all students with disabilities residing at the University of Cape Coast, as the topic under investigation in

some way impacts these students (Addo, 2014). These students included students with visual impairment and the physically challenged. Addo emphasized the importance of selecting participants who self-identified as impaired. The selection of the target population also hinged on the respondent's acknowledgment of their impairment. Therefore, if a respondent did not perceive themselves as impaired, they were not included in the target population, even if they displayed visible evidence of physical impairment. According to the president of the association of students with disabilities the population size of registered student with disabilities is 75, (Association of Student with Disability) that is those who recognise that they have some form of disabilities and have registered to be part of the association and need some kind of assistance. The study did not consider all those with some kind of disabilities who are students at the University for the reason stated.

Sampling Size and Procedure

The study utilized a sample of 12 students from a total of 75 registered students with disabilities. Malhotra, Birks, & Wills (2010), argues that largely for qualitative studies, the emphasis is placed on data Credibility and information appropriateness. They further explained that the sample size does not necessarily have to be large; rather, the key consideration is how well it reflects the population. Given that students with disabilities are consistently housed on specific floors within the various residence halls, the most suitable sampling technique is purposive sampling. This method is apt not only due to the population's small size but also because the participants are in a specific, defined area.

In this sampling technique, researchers intentionally select participants whom they believe are pertinent to the research topic (Sarantakos, 1998). In this scenario, the investigator's judgment holds greater significance than obtaining a probability sample. The sampling process, in this case, will entail identifying the informants and coordinating meeting times with them. In all, the sample is made of two students with disabilities from each hall of residence in the University, making a total sample size of 12. These students were selected base on their availability at the time of visit for data collection at the various halls of residence.

Data Collection Instruments

The primary instrument used for data collection was the interview guide, and it was designed in accordance with the study's objectives. To gain a comprehensive understanding of the coping strategies employed by students with disabilities, a semi-structured interview approach was adopted. This approach afforded the researcher the opportunity to pose follow-up questions, which would not be feasible with a questionnaire. Consequently, the researcher could observe the respondents' behaviour during the interaction, enabling them to derive insights from their actions. This approach also facilitated the detection of any discomfort exhibited by the respondents in response to specific questions, prompting the researcher to rephrase or omit such questions as necessary.

The choice to utilize the interview guide aligns with the perspective presented by Bryman (2016) and Creswell (2012), who assert that the aforementioned instrument allows respondents to articulate themselves in a manner that suits their preferences. This is because they have the luxury of

seeking clarification from the interviewer and exercising discretion in choosing which questions to respond to. Interviewing enables participants to convey their thoughts in their own language rather than relying on the researcher's words. It also permits the examination of non-verbal communication, which is often employed by individuals in subordinate positions to convey their feelings. Additionally, it fosters the cultivation of a sense of rapport between the researcher and the participant (Ciccone et al., 1990) as cited by (Sarantakos, 1998).

The interview questions were structured based on the themes derived from the research questions introduced in Chapter one, which encompassed the examination of the physical facilities on the UCC campus. that are regarded as disability unfriendly by students with disabilities, why students consider these facilities as disability unfriendly, coping strategies students adopt in the use of the unfriendly physical facilities on UCC campus, and institutional support systems available to students with Disabilities in University of Cape Coast. In addition to the interview guide, observation guide was developed which will be use as a guide for me to observe and make notes on the nature of disability unfriendliness physical structures on UCC campus.

Data Collection Procedures

Creswell (2012), emphasizes the importance of demonstrating respect for the research site, particularly by obtaining permission prior to entering the site. In accordance with this principle, I diligently sought informed consent from the authorities at the University, that is the institutional review board before commencing the study. To initiate this process, I formally requested an

introductory letter from my department to the Department of Special Education. Subsequently, I conducted a pre-visit to the Department of Special Education, where I scheduled an appointment with the authorities, particularly the coordinator. During this pre-visit, I submitted the letter to the registry (see Appendix A), which outlined the study's purpose.

Furthermore, I provided a comprehensive explanation of the study's objectives, its intended use of findings, and the potential social consequences that the study could have on the lives of those involved and the university. I specified the reasons for selecting their site and provided a breakdown of the time spent at the site. I conveyed to the participants that their involvement in the study was entirely voluntary, and they retained the freedom to abstain from or withdraw from the study if they so desired. To ensure the anonymity of the participants, their names were not disclosed during the interviews.

Ethical Consideration

Ethics in research encompass the actions and considerations undertaken to safeguard and honour the rights and well-being of participants and other individuals connected to the endeavour (Reynolds, 1982 as cited by Awini, 2010). I prioritized the rights of the respondents and implemented several measures to uphold and safeguard their rights and interests throughout the various stages of the study. Specifically, I ensured the anonymity and privacy of the participants by instructing them not to disclose their names during the interview. I used two weeks for the data collection and at a schedule time with participants. The research subject and the participants involved in the study were safeguarded from any potential harm through strict adherence to rules and regulations governing research procedures. Prior to

initiating the data collection process, the study underwent a comprehensive ethical evaluation by the Institutional Review Board (IRB) at the University of Cape Coast. Ethical clearance was diligently pursued and subsequently granted. Throughout the research process, ethical considerations, such as ensuring the right to privacy, voluntary participation, confidentiality, and anonymity of participants, avoiding harm to the participants, and preventing any form of scientific misconduct or falsification, were carefully considered. In addition, the researcher obtained explicit permission from the principal supervisor before proceeding with data collection.

Data Processing and Analysis

The qualitative data analysis was conducted through the identification of narrative themes (conceptual analysis) derived from the recorded and transcribed interview data. To maintain anonymity, codes such as P1, P2, P3, P4, P5, P6, P7, P8 were assigned for students with physical disabilities, and V1, V2, V3, V4 were used for students with visual impairments. (Fraenkel, Wallen, & Hyun, 2012) emphasized that the initial step in coding data involves assigning unique identification numbers to each group from whom data has been collected. As suggested by Bogdan and Biklen (1997), coding serves the purpose of predefining categories and patterns emerging from the data, facilitating the analysis of smaller units. The analysis commenced with a comprehensive review of all the data to gain an understanding of the overall context. Whenever necessary, verbatim expressions of the students will be utilized when reporting the data.

Chapter Summary

In this chapter, the methodology employed for conducting the study was delineated, including the rationale behind its selection. Prior to the main data collection, a pilot test was conducted to refine the research procedures. The chapter also provided a concise overview of the sample size, sampling technique, data collection process, and data analysis methodology. The study's sample size comprised 12 participants drawn from all the traditional halls of residence within the University of Cape Coast. The sampling technique utilized was purposive sampling, carefully selecting participants based on specific criteria. Data was collected primarily through interviews and the use of an observation guide. The research approach adopted was a basic interpretive qualitative study.

CHAPTER FOUR

RESULTS AND DISCUSSION

Introduction

In this chapter, the study's findings are presented and comprehensively discussed. The primary objective of the research, as established in earlier chapters, is to delve into the coping strategies employed by students with disabilities at the University of Cape Coast. The presentation and discussion of the findings are structured around the research questions that guided the study and the underlying theoretical framework.

Research Question 1: Which physical facilities on UCC campus are regarded as disability unfriendly by students with disabilities?

Under this research question, the researcher sought to find out whether there are physical structures on UCC campus that are considered as unfriendly by students with disabilities since the University prides itself as an equal opportunity institution and engaged in the practice of inclusive education. The researcher interviewed twelve students with disabilities from the various resident halls of the University. The themes that surfaced from this inquiry were teaching and learning physical facilities; residential physical facilities on UCC campus; and reasons for the facilities being unfriendly.

Teaching and Learning, Residential Physical facilities

Under this theme students were asked to mention some of the physical facilities on UCC campus that they think are unfriendly to them. I gathered consistent response regarding the facilities that were unfriendly on UCC campus. It was realised that the students were consistent in mentioning some of the facilities that were unfriendly on UCC campus which include: the

assemble hall, the old administration building, Emmanuel Adow Obeng building (Central administration), Sam Jonah library, C. A. Ackah lecture theatre complex (CAALTC) popularly known as “Calc”, Albert Koomson building complex (CoDE), G block, all the traditional halls of residence, and College of Agriculture and Natural Sciences building (CANS) Popularly known as “LT”. A student with disability made the following statement:

“..... Calc, LT, Assembly Hall, the main library, Oguaa hall.... The staircase in these buildings is not of the same level and there are no ramps too.” (V9)

Another student said:

“.... Our resource center (Library) is and most at times the entrance to the resource centre, people must be there to guide us because of the nature of it. Most at times there are either tables or other structures there and people must be there guiding you which to me is not the best. The new administration block is also not as friendly as one will think. (V1).

Another student on the other hand stated:

“.... I think the lecture theatres example is Calc. even with the help of a friend who can see, it is always difficult to locate class and all that. With the library, it is not as difficult as the lecture halls.” (V2)

To affirm what the students have said so far, a student made the following statement:

“.... I will say that Oguaa hall is one of the unfriendly physical facilities on campus. If you enter oguaa hall they have not made provisions for ramps, no metal guide at the sides to guid your movement. Generally, the old buildings are not disability friendly especially if you enter the old administration block

and if there is no one to guide you, you will find it very difficult to find your way through. The new buildings are a bit ok for me.” (V6).

It is evident from the statements of students with disabilities that certain physical facilities on the UCC campus are not disability friendly. This is particularly noticeable in the older buildings, but even some of the newer structures do not fully meet the inclusivity and accessibility goals outlined in SDG Goal 4, which seeks to ensure inclusive and equitable quality education and promote lifelong learning opportunities for all.

Reasons for the Facilities being Unfriendly.

This was the second theme that surfaced under the research question one. Students were asked to provide justification to their claim why the facilities were considered unfriendly. Per their responses, they indicated that they struggle to climb the staircase to access the facilities. To justify their claim, students highlighted the challenge of climbing the staircase to access these facilities. Their responses indicated that the staircase posed difficulties and hindered their ease of use. Specifically, they mentioned difficulties in climbing the staircase as a significant hindrance. Some of the responses gathered from the interviews include students expressing that the staircase posed a barrier and made it challenging for them to use the facilities effectively. Some responses from the interview are as follow.

“.... they are unfriendly because there are no lift and easy access walkway in these buildings.” (V10)

Another student said:

“..... the facilities are disability unfriendly because they are not up to the level that is accessibly by me. There are no lift and easy access walkway in some of the physical facilities.” (V11)

Another student indicated:

“.... For me the absence of lift and easy access walkway to aid mobility makes it unfriendly.” (V12)

To attest to the above sayings, a student with disability stated:

“.... For me, they are unfriendly because of the nature of the staircase and the washroom. Sometimes when you step into the washroom and you do not take care, you can easily slip and fall down, and they are not spacious enough.” (V7)

The transcription from a student's interview on disability unfriendly physical facilities revealed that students with disabilities considers most of the physical structures as unfriendly because of the absence of lift, easy access walkway, handrails, having to climb a staircase into a building and there not being enough space. The opinions of the participants align with that of (Comănescu, Ungureanu, & Gowran, 2017) who stated that many universities in Ghana are much interested in building larger infrastructure while access to this infrastructure are inadequate and is always a challenge to students with disabilities who are supposed to use the infrastructure. In accordance with the social model of disability, the absence of facilities to help with the physical access of such buildings is the cause of their disabilities.

The statements from the students indicate that the only means to access the physical facilities on UCC campus is using staircases which are not also of

the same height, making access to these physical facilities a burden to students with disabilities. In essence, the students find it difficult to access the physical facilities and move freely using the staircase. From the interview, a student with physical disabilities with reference to some of the disability unfriendly physical facilities on UCC campus revealed that the environment posed a barrier to them. Due to the unfriendly physical facilities on UCC campus, the students with disabilities face difficulties accessing certain facilities due to the multiple staircases as the only means of entry. These challenges were consistently expressed by all the students with disabilities.

Research Question 2: How do disability students describe their experiences in using the unfriendly physical facilities?

This research question aimed to investigate the students' experiences in using the unfriendly physical facilities. The researcher wanted to know some of the unpleasant experiences and challenges that the students with disabilities go through when they are using facilities that are unfriendly. This helps stakeholders to know and obtain an insight of how it feels like to have a disability and to understand the world as others experience it. It was noted that students have similar narratives and have consistently mentioned some specific ordeals that they have been through in the interview which include occasional falls, hitting of legs against staircases, bumping into staircases, crashing into pillars, and veering off the staircase.

From the interview with students with disabilities, the theme that emerged was their experiences in accessing the unfriendly physical facilities on UCC campus. It was evident that the student with physical disability

encountered challenges climbing the staircase due to its unfriendly nature. For instance, a student stated that:

“.... I easily veered off the staircase because there is no guide at the side of the staircase. And sometimes too because the staircase is very irregular that is the spaces in between them are not the same and you have to be very careful, and I do not move with ease unlike regular staircase that you can get used to and move with ease.” (V6)

Another student narrates her experience as:

“..... Any time I am using any of the buildings, I keep hitting my legs on the steps because they are not of the same height and it is difficult to imagine the height of each step.” (V9)

A student made a statement that:

“.... It is difficult for me when I wash and want to go up and dry them since there are no lifts in the halls and you will have to use the staircase.” (V5)

To confirm what the students with disabilities are saying, a student stated:

“.... There was a day I closed from lectures and when I came out of the lecture room, I realised that people were rushing to get down. It was more like a stampede, and I did not know where to pass and I have to also use the staircase where people were rushing to get down. I nearly fell from the staircase.” (P1)

Evidence from the interviews indicates that students with disabilities primarily utilize staircases to access the physical facilities on UCC campus. However, they lack other essential features such as ramps, lifts, metallic guides, easy access walkways, and other facilities that would enhance accessibility for students with disabilities. Based on the accounts provided by

students with disabilities, it gives a clear indication that the students find it difficult in accessing most of the buildings since there are no such facilities that would aid their access to these physical facilities which is in line with the findings of (Lehtomäki et al., 2014). It became evident during the interviews that nearly all the interviewees strongly emphasized that most of the physical structures were not accommodating to them. The Person with Disability Act, 2006 (ACT 715), stipulated a grace period of ten (10) years for ensuring that all public buildings become accessible and inclusive for individuals with disabilities. The findings suggest a lack of enforcement of the law. Moreover, viewed through the lens of the social model of disability, it can be contended that these inaccessible buildings act as barriers for students with disabilities. Among the limited structures that received partial approval from students were the new lecture theatre and the sandwich lecture theatre.

Research Question 3: What coping strategies do the students with disabilities adopt in the use of the unfriendly physical facilities on UCC campus?

The reason for this question was to find out from students the beliefs about oneself and the coping strategies in students with disabilities as they find themselves in an environment with disability unfriendly physical facilities. Under this question three, the themes that came up were: coping strategies adopted in their daily activities, challenges encountered in adopting these coping strategies and the motivation to persevere.

Coping strategies adopted in their daily activities.

The views of participants reveal that most of them rely on physically abled students to go about with their daily activities on campus. From the

interview it can be observe that students with disabilities mostly depend on their colleagues who are not disabled for direction to lectures and other places of equal importance, the use of the white cane and their imaginations. A student stated:

“..... mostly I relay on my friends and some other people at areas where my disability has limited me.” (V4)

Another student said:

“.... I try to create a mental picture of the environment to help me navigate through. I am found wanted when they place an obstacle on the way without my knowledge where I can easily be hurt.” (V5)

One of the students with disability said:

“..... I seek assistance from friends or anyone I meet when I am stranded to help me find my way out.” (V3)

Another student added:

“.... I ask for help from my colleagues and other people and sometimes too with the help of the white cane.” (V11)

The responses show that most of them rely on people mostly to go through the day. With even those who have adopted other coping strategies such as using the white cane and their imaginations ends up by seeking for help from other people. A student stated that:

“..... Most at times, I access the lecture theatres with the help of seeing colleagues which sometimes is difficult to get someone to assist you. Sometime too I try to draw the map of the building and the various landmark such as pillars and staircase. I try to locate where a particular staircase is located and when you climb that staircase where it will lead you to, things like that.” (V1)

The insights gathered from interviews with students underscore that students with disabilities rely on the support of friends and utilize white canes as essential coping strategies to address the challenges posed by the unfriendly facilities at the University of Cape Coast. This demonstrates that these students actively seek and employ strategies to confront the obstacles they face.

The results align with the findings of (Vaccaro et al., 2019) who assessed the coping and resilience of students with disabilities. Largely, 59 students were interviewed based on a constructivist grounded theory with questions about their disability. It was found that the disabled students relied on themselves using physical facilities. They intentionally and unitedly formed a reinforcement system on campus. They make sure they shared common hostel accommodation and use the available resources together. Similarly, Milinga (2016) examined the obstacles faced by students with disabilities and the coping techniques utilized by these students at two Tanzanian inclusive secondary schools, 59 students with disability were interviewed. According to the findings, students with disability experience obstacles relating to teachers and the surroundings. Hence, students with disabilities employ various coping strategies such as lodging complaints, seeking assistance, taking self-initiatives, experiencing isolation and despair, and demonstrating assertiveness to address these challenges.

Challenges amid the Coping Strategies Adopted.

Despite the coping strategies, the respondents encountered some hindrance in their quest to access the physical facilities. These challenges affect their daily activities negatively. For instance, it became evident from the

data gathered that some of the abled people hesitate to help the students with disability as they see them as burdens, and the environment poses a challenge when there is reconstruction of the facilities as compared to what is being known by the students. This is what one of them narrated:

“..... sometimes I will call for help and I will not get. The people I ask to help me sometimes refuse to help me especially the males.” (V11)

Another student too recounted his ordeal:

“..... sometimes some of the people I seek help from are in a hurry to send me to where I am going and because of that they walk very fast without considering my situation which makes me very uncomfortable because I must follow the person with speed. And some of the people too I seek help from refuse to help me.” (V12)

A student stated:

“.... Some of the challenges are that when you call for help from friends and other people sometimes you do not get a positive response.” (V3)

A student said:

“.... I can have a mental picture of the environment alright but if they put something or try to reconstruct the structure rather than what I am used to, I can be taken unaware.” (V5)

From the above statements, it can be said that students with disabilities go through some challenges whether they rely on other students or depend on themselves to navigate through campus. It implies that despite the coping strategies, sometimes the student with disability face challenges that are beyond their control. In line with the principles of the social model of disability, it is crucial for other students to acknowledge that students with

disabilities are integral to the social system and may require their assistance to accomplish their daily tasks.

The finding is in line with the (Comănescu, Ungureanu, & Gowran, 2017) who looked at the primary barriers to and facilitators of access and involvement for people with impairments. They noted that the survey found the absence of physical access, such as ramps, adapted bathrooms, and the difficulty of travelling between buildings, especially for practical work, to be substantial hurdles at both campuses. From the social model perspective, it can be observed that these challenges create social impediment for the students to carry out their daily activities freely.

The motivation to Persevere

The next theme derived from the coping strategies data was the motivation of students with disabilities to persevere with their pursuit of higher education amidst the challenges they encounter in accessing physical facilities on campus. The study aimed to investigate the factors motivating students with disabilities to pursue higher education rather than doing something different and meaningful for themselves other than pursuing higher education. It became evident that most of the respondents have intrinsic motivation to pursue higher education irrespective of their disability conditions. Some of the driving forces that motivated them to pursue higher education was being useful to themselves and society, to be independent and not to be dependent on others and the aim of achieving one's dreams.

These were some of the responses that came out of the interview. A student for instance indicated that:

“.... A lot of things, one of them is my colleagues. Seeing them despite their disabilities, not willing to stay at home to be taking care of them while they do their biddings, they decided to come to school and if they can do it, I think I can also do it. They are the source of motivation and inspiration for me.” (V1)

Another student stated:

“..... I had my motivation from one of my uncles who is having problems with hearing. He cannot hear but he has been able to do it and is now in the United States pursuing his master's and why can I also make it. He cannot hear and talk but he was able to do it. For me it is only my eyes I cannot see with, but I can talk and hear. He has been of great motivation to me.” (V3)

A student made the following statement:

“..... I am motivated to pursue higher education because I want to be independent and not to depend on people. I also want to serve as a motivation to persons with disabilities.” (V6)

Another student further stated:

“.... I want to be independent. And the fact that I am disabled does not mean I cannot do anything.” (P1)

The perspectives shared by students with disabilities indicate that these students can relate to their limitations and view higher education as the optimal route to empower themselves and lead more fulfilling lives. They have shown that their disabilities are not a limitation if they successfully graduate from the University. It became evident from the experiences of students with disabilities that many of them employed similar strategies to navigate the challenges they faced on campus. They relied on peers, roommates,

classmates, utilized white canes, and mentally visualized the campus environment as part of their coping strategies.

The findings align with the perspectives of (Boakye-Yiadom & Mensah, 2019) who emphasized that coping strategies for attending lectures, water fetching, laundry, and grocery shopping described by the participants in this study are strategies individuals often adopt to manage life's challenges and daily activities of living. Likewise, these findings align with those of (Okoye, 2010) who affirmed that the participants highlighted the significance of the support they received from friends and close individuals. This support was instrumental in assisting individuals in addressing various issues, including personal and educational matters.

Furthermore, these findings align with the research conducted by Boakye-Yiadom and Mensah (2019) which suggests that reducing social barriers through experiential learning can assist non-disabled individuals in adapting to their environment. In this approach, physically abled learners have the chance to simulate a specific physical disability, not in a derogatory manner. This simulation allows able-bodied peers to directly encounter the challenges and emotions associated with disabilities, fostering a deeper understanding of the conditions and feelings individuals with disabilities face. These findings resonate with the social model theory, which asserts that society plays a crucial role in the lives of individuals with disabilities. The University of Cape Coast, as a microcosm of society, has implemented support systems to help students with disabilities, as discussed in the following section.

Research Question 4: What institutional support systems are available to students with Disabilities in University of Cape Coast

Under this question, the researcher wanted to find out the support systems available at the University for students with disabilities since most of the physical facilities are not disability friendly. To this end, the interview sought to find out whether the students know of any support systems in the University for students with disabilities and as to whether they make good use of the available support systems for successful completion of their various programmes without any hindrances. For this question, four themes emerged. These are: Available institutional support systems at the University; the benefits of the institutional support systems, the challenges of accessing the institutional support systems, and measures that need to be put in place by the University's management to make the physical facilities friendly to students with disabilities.

Available Institutional support systems

These are measures put in place by the University to help student with disabilities achieve academic excellence. This is to help reduce the burdens of students with disabilities as they move about with their daily activities on campus and to facilitate their learning to achieve academic excellence. In view of this, the students were asked whether they know of any of such support systems in the university. It turned out that some students did agree on the fact that there are some support systems in place, but they are not adequate while others said they were not aware of any support systems.

Among the support systems is the shuttle service stationed in the halls of residence and a disability resource centre throughout their stay on campus.

Most of the study participants indicated that they access the shuttle service for free while others too indicated that they do not have access to the shuttle. These ensuing statements were made by the students concerning their access to the shuttle:

“.....Regarding our mobility from the halls of residence to the lecture halls, the shuttle is free for persons with disabilities and even now they are trying to give us a bus for only students with disabilities” (V2)

Another student said:

“..... I think when I came, I witness the support from the shuttle so far, that is what I know” (V3)

A student said:

“..... What I know is the shuttle that we board freely, the opportunity to stay in the halls of residence till you finish your programme and the scholarship that UCC gives. Though everyone is entitled to the scholarship but if you have some form of disabilities and you apply mostly you are granted” (V4)

A student made the statement:

“.....the support systems we have is the resource centre for alternative media and assistive technology and this is a section of the library that has been designated to provide library services and to some extend also provide some assistive and technological help to persons with disabilities taking into consideration the kind of condition you find yourself. I think that is the main support system that has been put in place by the university. The other systems are general, we have the UCC disability policy that has been documented which has stated so many things to be put in place but as to whether when we do not know. They are still not in existence; I do not know how far the

university has gone with it. We have the shuttle services that the university provide. There is also the opportunity for persons with disabilities to stay in the halls of residence throughout their stay on campus” (V5)

However, some of the students posits that they are not aware of any institutional support system in the University, not even the shuttle service for their transportation on campus. The following are statements from students regarding their unawareness of institutional support systems in the University.

A student indicated:

“..... I do not know of any, but the resource centre serves as a support system to me when I’m facing any challenge technically” (V10)

Another student indicated:

“... I do not know of any support system available to students with disabilities on campus.” (V6)

Others too said they are aware of available support systems but are not able to make good use of them because of where they are located on campus and their conditions of disabilities do not permit them. Statements from the students are as follows:

“Unfortunately, I was not at the orientation session, so I do not know much about that. But I believe they may be some available just that I am not aware of them” (V1)

Another student said:

“..... the support system I know is the R-CAMAT but me I have not been going there.” (P1)

This implies that the university has implemented measures to facilitate the free movement of students with disabilities from their halls of residence to the

lecture theatres, but these measures do not adequately accommodate students with disabilities placed in halls not serviced by the shuttle. Additionally, the information about these measures is not widely communicated to all students with disabilities, reaffirming the notion posited by the social model of disability that it is society that renders a person disabled. If publicity of information concerning support systems for students with disabilities is widely communicated among all students with disabilities on campus, life would have been much better for them than it is now.

Benefit of available support system to the students

The study sought to know the benefit of the support system to the respondents. To this end, the respondents were requested to elaborate on how they have benefitted from the support system available. After the interview, it was clear that the support system provided financial benefit to the respondents as they do not have to pay for the shuttle services. One of the students narrated that:

“.....One of the benefits is saving money that is the money that I would have been using to board the shuttle on daily basis are saved to be used for other things.” (V2)

Another student attested that she had benefitted from the resource centre. The respondent indicated that the centre has aided his academic work.

“..... I have benefitted a lot from the resource centre since that is where I go to learn and write exams, and anything related to my academic is being done there.” (V10)

Similarly, another respondent affirmed that the disability resource centre helps with the transcription of examination and quizzes.

“..... My exams and quizzes are being transcribed at the R-CAMAT and my assignments too printed there.” (V9)

Regarding the responds on the benefits of the support system, it implies that the students with disability benefit largely from the shuttle service and the disability resource centre. In essence, these support systems are relevant to the well-being of the students with disability on University of Cape Coast campus. The findings also confirm that of Boakye-Yiadom and Mensah (2019) who in their work found out that there was not much institutional attention at the Halls of Residence for students with disabilities and most of them depended on their roommates, friends, and family members to cope with their day-to-day activities.

To assess the level of satisfaction with the support system among the students with disabilities. The research probed them to explain their level of satisfaction with the support system if any. Per the analysis, it become evident that most of the respondents were satisfied with the free shuttle service, but they agreed that more can be done to improve upon the support systems. A student made the statement:

“..... I am satisfied but I strongly believe that they can do more or better.” (V4)

Another student said:

“..... As for satisfaction, I will say more need to be done because when you compare the services that our friends with the same conditions are enjoying in other schools you cannot compare with ours and I think I will be deceiving myself if I say I am satisfied.” (V5)

A student said:

“..... I do not know of any support system available for students with disabilities so I cannot tell whether I am satisfied or not.” (V6)

Another student too said:

“..... I am not fully satisfied with the services that are being provided.” (V7)

From the analysis, the students have shown that they are not fully satisfied with the support systems, and they believe that more can be done to make life better for them on campus.

Also, the study aimed to determine whether the measures put in place are really helping students to move about with their daily activities. This was to find out from the student the support systems that they think are helpful to them and should be maintained or to improve upon to make their lives better on campus. From the data, the responses students gave shows that the support systems are very helpful due to the economic hardship they sometimes find themselves in. Some students stated:

“.....I found the shuttle services helpful. I attend lecture without having to pay for the shuttle fee.” (V8)

Another student concurred with the views of student V8 that the shuttle service is helpful considering the economic challenges in the country currently.

“.....I think is with the shuttle looking at the economic situation.” (V2)

Broadly, the data analysis indicates that students with disabilities are content with the shuttle services implemented by the University administration to facilitate their transportation from their halls of residence to the lecture halls. This implies that the shuttle service is critical to the wellbeing of the students.

From the standpoint of social model, the University has provided the students with disability some coping strategies in order not to feel disabled.

Hindrances to Accessing the Support System

The support system plays a crucial role in ensuring the academic success of students with disabilities. As a result, the researcher craved to unravel the challenges encountered in accessing the support systems. Thus, the respondents were interviewed on the challenges they do encounter in accessing the support systems. Largely, most of the respondents indicated that they have encountered challenges with both the shuttle service and resource centre. The challenges are that the shuttle at times get full and when they board the shuttle, they do not get a seat to sit on; they also do not get assistance at certain times when they visit the resource centre; and additionally, they experience low internet connectivity and power outage at the resource centre. The participants had the following to say:

“..... The only challenge is sometimes you enter the shuttle and is full and you must stand since the seat allotted to us are always occupied by other seeing colleagues” (V4)

Another respondent affirmed that,

“..... Yes, there was a time I remember using the computer and the light went off leaving me there with nothing to do” (V11)

In the same vein, another respondent mentioned that,

“..... Yes, Sometimes I will get to the resource centre with the aim to learn and the person to help me is not willing or is busy with something else. For me that is not helping because that was the time, I was free and wanted to learn” (V7)

The evidence from the quotes, implies that despite the benefits accrued to the various support systems initiated by the university authority, the student with disability encountered some hindrance that denied them of the full benefits of the support systems. Many students with disabilities reported that while the University assured them of support systems, their practical experiences differed. Few of them indicated that they are not aware of any support systems in the University for them. There is likelihood that the hindrances would reflect in their academic performance.

Largely, it was revealed that some students were aware of the support systems available to students with disabilities, while others had no knowledge of them. Also, some students are enjoying the shuttle system while others do not get the opportunity to enjoy them. From the interview, it can be deduced that the students enjoy institutional support system such as the shuttle systems, access to hall of residence and teaching and learning resource centre. The finding aligns with the tenet of social model of disability. The Social model was formed with the idea of individuals not being hindered by their disabilities but by the damaging constraints they experienced in society (Oliver, 2013). In essence the absence of the proper institutional support system would create an impediment to the student with disability to function well as students. As demonstrated by the social model, the coping strategy has aided the students with disability to engage in their daily activities.

Measures to be put in place to make the physical facilities disability friendly.

The fourth theme under research question four concerns measures that need to be put in place by the University Management to make the physical facilities friendly to students with disabilities. Students were asked to suggest

some measures that they think should be put in place by the Management of the University to make these physical facilities friendly. The respondents suggested that there should be construction of staircase, installation of lifts and easy access walkway in the facilities. These were some of the suggesting's that the students came up with:

".... For me I think the staircase at college of distance education (CoDE) if they can be reconstructed to have the same height and not that one is higher than the other. If there could also be easy access walkway in the building to aid movement." (V12)

Another also said:

".... School management should think of putting in place lifts and easy access walkway in these buildings to make them friendly." (V11)

Another student with disabilities said:

".... The washrooms should be made spacious enough for us. The rooms too should be made spacious for students with disabilities. Instead of four in a room, the number should be reduced for students with disabilities in a room." (V7)

To add to the above, another student made this statement:

".... I think for the halls, there should be some of the dry lines at the ground floor, so we do not have to climb up to dry our clothes. There should also be lifts to assist student with disabilities claim to the top." (V8)

A student suggested:

".... I think all the potholes should be filled and there should be a guid wheel on the pavements. There should also be lifts in the buildings." (V9)

The findings from the interview indicated that some of the building on University of Cape Coast campus are not disability friendly. It became evident that students with disabilities find it difficult to access physical facilities due to their lack of accessibility. This issue of inaccessibility aligns with the findings of a study conducted by (Lawal-Solarin, 2012) which revealed that building infrastructure often presents barriers to individuals with disabilities or mobility restrictions. Lawal-Solarin further argues that building characteristics such as size, approachability, oversight, equitable use, and adaptability are significantly linked to the accessibility or inaccessibility of buildings and infrastructure for people with disabilities. Furthermore, the analysis uncovered that some students with physical disabilities were uncomfortable using the lecture halls. It was evident from the interviews that these students faced considerable challenges in utilizing the physical facilities. This situation reflects the principles of the social model of disability, where unfriendly facilities act as barriers to the social well-being of students with disabilities (Oliver, 2013).

Chapter Summary

In this chapter, the results and findings of the study have been presented and discussed. The chapter commenced with an introduction, outlining the approach taken in analysing the data and providing details about the sample data. Subsequently, each research question was addressed, with the corresponding themes and the subsequent presentation of findings and their respective analysis and discussions.

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATIONS

Introduction

In summary, this section provides a succinct overview of the key research outcomes, draws conclusions based on the findings, offers recommendations derived from the emerging issues, and underscores the study's contributions to expanding knowledge in the field. It also suggests potential areas for future research. The primary objective of this research was to delve into the coping strategies employed by students with disabilities when using the physical facilities at the University of Cape Coast. Specifically, the study sought to identify physical facilities on the UCC campus perceived as unfriendly by students with disabilities, investigate the experiences of students when using these unfriendly physical facilities, investigate institutional support systems available to students with disabilities at the University of Cape Coast, and explore the coping strategies employed by students when dealing with the challenges posed by the unfriendly physical facilities on the UCC campus.

The research selected a sample of twelve (12) students with disabilities at the University of Cape Coast, utilizing purposive and convenient sampling techniques, respectively. Employing a qualitative approach, the study employed both interview and observational guides as research tools. The data collected centred on topics related to unfriendly physical facilities, student experiences with such facilities, coping strategies, and the presence of institutional support systems. Findings were analysed and presented using direct quotations from the study's participants in line with the study objectives.

Summary of Findings

Regarding the issue of student-unfriendly physical facilities for individuals with disabilities, the study uncovered that majority of the physical structures on UCC campus were indeed unsuitable for students with physical disabilities. For example, participants strongly emphasized that these facilities lacked essential features such as lifts, easily accessible walkways, handrails, and adequate space. Consequently, the students faced challenges in accessing certain physical facilities due to the predominant use of staircases as the sole means of entry.

The findings underscored the challenges encountered by students with disabilities when attempting to access these facilities as they were not designed with their needs in mind. The interviews clearly revealed that some students with disabilities encountered significant difficulties in utilizing the physical facilities. As a result of inadequate provision or outright neglect of these necessary amenities, their mobility, competence, and talents are severely constrained.

The study offers compelling insights into the experiences of students with disabilities while utilizing physical facilities. It sheds light on the obstacles encountered by these students when trying to access such facilities. It is evident that these students encounter difficulties in accessing most buildings on the UCC campus due to the absence of facilities that would facilitate their access. The interviews conducted revealed that students with disabilities primarily rely on staircases to access the physical facilities, as there is a lack of ramps, lifts, metallic guides, and easy access walkways that would greatly improve accessibility for them. The availability of these infrastructure

is insufficient, posing ongoing challenges for students with disabilities who depend on them.

Concerning the coping strategies utilized by students with disabilities to navigate inaccessible physical facilities, the study uncovers that these students devised their own individual approaches to manage the difficulties. The absence of established coping strategies specifically tailored for accessing physical facilities was observed. Students with physical disabilities relied on their own resourcefulness as well as support from peers, roommates, colleagues, and friends to navigate the challenges associated with accessing these unfriendly physical facilities.

With respect to the availability of institutional support systems for students with disabilities at the University of Cape Coast, the study findings indicate a disparity between the institutional support systems given by the University and the actual experiences of the students. The investigation revealed that although the University purported to offer support systems for students with disabilities, the actual implementation exhibited inconsistencies. Some students were aware of the available support systems, while others had no knowledge of them. Additionally, there were discrepancies in the provision of the shuttle system, as some students had the opportunity to benefit from it while others did not.

Conclusions

The study findings highlight the predominant unfriendliness of the physical facilities on the UCC campus towards students with disabilities. Accessing the various university facilities proves to be a challenging task for these students, as easy accessibility is lacking. It was established that students

with disability considered facilities like lecture theatres, library, halls of residence as disability unfriendly. As a result, it was found out that the students with disability find it difficult to access the buildings. This has adverse effect on their academic performance. The student indicated that they rely on their friend and sometimes uses the white canes as coping strategies to navigate their ways through on campus.

Evidence available indicated that the University of Cape Coast has instituted measures such as free shuttle, access to accommodation at the halls of residence as institutional strategies to make the lives of the students with disability bearable on the University campus. Nonetheless, it was clear that some of the students do not have the advantage of the free shuttle system, as these shuttles do not extend their routes to the halls located at the new site, where some students with disabilities resided. The study, therefore, concluded that there are some facilities on University of Cape Coast campus that are disability unfriendly. These unfriendly facilities post severe impediments to the welfare of the students with disability of campus.

Recommendations

Considering the key findings and conclusions, the following recommendations are proposed to address the challenges faced by students with disabilities at the University of Cape Coast:

1. **Retrofitting:** The estate management department is recommended to retrofit the existing physical facilities at the University of Cape Coast (UCC) with disability-friendly features. This includes installing lifts, metallic guides, easy access walkways, and ramps. These modifications

will greatly enhance the accessibility of the facilities for students with disabilities.

2. Awareness and Education: The students support unit of the university should prioritize raising awareness among students, particularly those with disabilities, about the available support systems and resources. This can be achieved through informative campaigns, orientations, and regular communication to ensure all students are well-informed about the support available to them.
3. Inclusive Design: In future construction or renovation projects, it is essential for the contractor to incorporate principles of universal design and accessibility from the initial stages. This means considering the diverse needs of individuals with disabilities and ensuring that the physical infrastructure is inclusive and accommodating for all students.
4. Collaboration and Support: The students support unit of the university should foster collaboration with the department of special education and provide adequate support systems for students with disabilities. This includes establishing student support networks, facilitating peer mentoring programs, and creating conducive environment where students can assist and encourage each other.
5. The university administration should take proactive measures to extend the accessibility of shuttle services to students with disabilities who are currently not served by this transportation option. This extension will contribute to seamless mobility and navigation across campus, benefiting all students, regardless of their physical abilities. Implementing these recommendations will empower the University of Cape Coast to

substantially improve the inclusivity and usability of its physical infrastructure, fostering a more equitable and accommodating educational atmosphere for students with disabilities.

Suggestions for Further Research

The study suggests that future research endeavours should consider a comparative study to compare the accessibility and inclusivity of physical facilities in universities across different regions or countries. This study can help identify best practices and potential areas for improvement.

Again, there should be a longitudinal study to examine the long-term impact of improved accessibility and support systems on the academic performance, well-being, and overall experiences of students with disabilities. This study has the potential to offer valuable insights into the long-term effectiveness of interventions.

Additional research endeavours could investigate and draw comparisons between the experiences of students with disabilities who actively participate in social activities in higher education and those who do not engage in such activities. This comparative analysis will provide insights into the potential benefits, challenges, and impact of social involvement on the overall well-being, social integration, and academic success of students with disabilities. By conducting further studies in these areas, researchers can contribute to the existing knowledge base, inform policy development, and propose effective strategies to enhance accessibility and inclusivity for students with disabilities in higher education settings.

REFERENCES

- Ackah-Jnr, F. R., & Danso, J. B. (2019). Examining the physical environment of Ghanaian inclusive schools: How accessible, suitable, and appropriate is such environment for inclusive education? *International Journal of Inclusive Education*, 23(2), 188-208.
- Adams, P. F., & Barnes, P. M. (2006). Summary health statistics for the US population; National Health Interview Survey, 2004.
- Addo, G. (2015). Analysis of barriers to children with mobility impairment in basic education in Accra metropolis (Doctoral dissertation).
- Aftab, M. J., Ashfaq, M., Bashir, R., Qamar, A. M., & Nadeem, H. A. (2022). Prevalence of students with specific learning disabilities at primary level: A Case of Province of Punjab. *Multicultural Education*, 8(2), 286-295.
- Ambati, N. (2015). Coping strategies used by students with disabilities in managing social and higher educational experiences. *The International Journal of Indian Psychology*, 2(3), 58-74.
- Amilon, A., Hansen, K. M., Kjær, A. A., & Steffensen, T. (2021). Estimating disability prevalence and disability-related inequalities: Does the choice of measure matter? *Social science & Medicine*, 272, 113740.
- Anastasiou, D., & Kauffman, J. M. (2013). The social model of disability: Dichotomy between impairment and disability. *Journal of medicine and philosophy*, 38(4), 441-459.
- Andrews, E. E. (2019). *Disability as diversity: Developing cultural competence*. Oxford University Press, USA.
- Ansah, S. K., & Owusu, K. (2012). State of public buildings in Ghana after the passage of the persons with disability Act (Act 715): The case of tertiary

- institutions. *Journal of Construction Project Management and Innovation*, 2(2), 448-463.
- Aquino, K. C., Alhaddab, T. A., & Kim, E. (2017). "Does disability matter?": Students' Satisfaction with College Experiences. In *Disability as diversity in higher education* (pp. 47-60). Routledge.
- Asante, L. A., & Sasu, A. (2015). The persons with disability act, 2006 (act 715) of the republic of Ghana: The law, omissions and recommendations. *JL Pol'y & Globalization*, 36, 62.
- Asuman, D., Ackah, C. G., & Agyire-Tettey, F. (2021). Disability and household welfare in Ghana: Costs and correlates. *Journal of Family and Economic Issues*, 42(4), 633-649.
- Autism and Developmental Disabilities Monitoring Network Surveillance Year 2008 Principal Investigators. (2012). Prevalence of autism spectrum disorders—autism and developmental disabilities monitoring network, 14 sites, United States, 2008. *Morbidity and Mortality Weekly Report: Surveillance Summaries*, 61(3), 1-19.
- Awini, A. (2010). Social inclusion of students with blindness at Ghana National Basic School at Cape Coast. *Unpublished thesis*). Department of Special Education, University of Education Winneba.
- Awuviry-Newton, K., Ofori-Dua, K., & Newton, A. (2022). Understanding transportation difficulty among older adults in Ghana from the perspective of World Health Organisation's Healthy Ageing framework: lessons for improving social work practice with older adults. *The British Journal of Social Work*, 52(1), 416-436.

- Ayoung, D. A., Baada, F. N. A., & Baayel, P. (2021). Access to library services and facilities by persons with disability: Insights from academic libraries in Ghana. *Journal of Librarianship and Information Science*, 53(1), 167-180.
- Baio, J. (2014). Prevalence of autism spectrum disorder among children aged 8 years- autism and developmental disabilities monitoring network, 11 sites, United States, 2010.
- Barnes, E. (2016). *The minority body: A theory of disability*. Oxford University Press.
- Bartsch, A., Oliver, M. B., Nitsch, C., & Scherr, S. (2018). Inspired by the Paralympics: Effects of empathy on audience interest in para-sports and on the destigmatization of persons with disabilities. *Communication Research*, 45(4), 525-553.
- Bigdeli, Z. (2009, October). Services offered to handicapped students in the Iranian academic libraries. In *Proceedings of International Conference on Academic Libraries. Delhi University Library Systems, October*, 615 (2), 613-618.
- Blake, J. J., Lund, E. M., Zhou, Q., Kwok, O. M., & Benz, M. R. (2012). National prevalence rates of bully victimization among students with disabilities in the United States. *School Psychology Quarterly*, 27(4), 210.
- Bloemen, M. A., Backx, F. J., Takken, T., Wittink, H., Benner, J., Mollema, J., & De Groot, J. F. (2015). Factors associated with physical activity in children and adolescents with a physical disability: A systematic review. *Developmental Medicine & Child Neurology*, 57(2), 137-148.
- Boakye-Yiadom, M., & Mensah, K. (2019). Coping strategies of differently-abled students at halls of residence in the University of Cape Coast. *International Journal of Recent Academic Research*, 1(6), 244-249.

- Bogdan, R., & Biklen, S. K. (1997). *Qualitative research for education*. Allyn & Bacon Boston, MA.
- Brown, H. K., Ouellette-Kuntz, H., Lysaght, R., & Burge, P. (2011). Students' behavioural intentions towards peers with disability. *Journal of Applied Research in Intellectual Disabilities*, 24(4), 322-332.
- Bryman, A. (2016). *Social research methods*. Oxford university press.
- Bundon, A., & Hurd Clarke, L. (2015). Honey or vinegar? Athletes with disabilities discuss strategies for advocacy within the Paralympic movement. *Journal of Sport and Social Issues*, 39(5), 351-370.
- Chan, K. K., & Mak, W. W. (2014). The mediating role of self-stigma and unmet needs on the recovery of people with schizophrenia living in the community. *Quality of Life Research*, 23(9), 2559-2568.
- Chaputula, A. H., & Mapulanga, P. M. (2016). Provision of library services to people with disabilities in Malawi. *South African Journal of Libraries and Information Science*, 82(2), 1-10.
- Charmaz, K., & Rosenfeld, D. (2016). Reflections of the Body, Images of Self: Visibility and Invisibility in Chronic Illness and Disability. In *Body/embodiment* (pp. 49-64). Routledge.
- Christie, C. A., Nelson, C. M., & Jolivet, K. (2004). School characteristics related to the use of suspension. *Education and treatment of Children*, 509-526.
- Chukwu, N. E., Okoye, U. O., Onyeneho, N. G., & Okeibunor, J. C. (2019). Coping strategies of families of persons with learning disability in Imo state of Nigeria. *Journal of Health, Population and Nutrition*, 38(1), 1-9.
- Ciccone, E., Colonna, M., Viale, O., Pende, D., Di Donato, C., Reinharz, D., Amoroso, A., Jeannet, M., Guardiola, J., & Moretta, A. (1990). Susceptibility

- or resistance to lysis by alloreactive natural killer cells is governed by a gene in the human major histocompatibility complex between BF and HLA-B. *Proceedings of the National Academy of Sciences*, 87(24), 9794-9797.
- Cieza, A., Causey, K., Kamenov, K., Hanson, S. W., Chatterji, S., & Vos, T. (2020). Global estimates of the need for rehabilitation based on the Global Burden of Disease study 2019: a systematic analysis for the Global Burden of Disease Study 2019. *The Lancet*, 396(10267), 2006-2017.
- Clare, E. (2001). Stolen bodies, reclaimed bodies: Disability and queerness. *Public Culture*, 13(3), 359-365.
- Clifton, S. (2021, August). Disability and the Complexity of Choice in the Ethics of Abortion and Voluntary Euthanasia. In *The Journal of Medicine and Philosophy: A Forum for Bioethics and Philosophy of Medicine* (Vol. 46, No. 4, pp. 431-450). US: Oxford University Press.
- Cobb, B., Sample, P., Alwell, M., & Johns, N. (2005). Effective interventions in dropout prevention: A research synthesis. The effects of cognitive-behavioral interventions on dropout for youth with disabilities. *Retrieved June, 4, 2006*.
- Comănescu, G. M., Ungureanu, C., & Gowran, R. J. (2017). The Romanian wheelchair sector needs assessment. *Bucharest: Motivation Romania Foundation*.
- Cortis, N., & Lee, I. (2019). Assessing the financial reserves of social service charities involved in public service delivery. *Nonprofit and Voluntary Sector Quarterly*, 48(4), 738-758.
- Cowden, P. A. (2010). Social Anxiety in Children with Disabilities. *Journal of Instructional Psychology*, 37(4), 301-305

- Creswell, J. W. (2012). Educational research: Planning. *Conducting, and Evaluating*, 260, 375-382
- Creswell, J. W., & Creswell, J. D. (2017). *Research design: Qualitative, quantitative, and mixed methods approach*. Sage publications.
- Darcy, S., & Buhalis, D. (2011). Conceptualising disability. *Accessible tourism: Concepts and issues*, 45.
- Darcy, S., Taylor, T., & Green, J. (2016). 'But I can do the job': examining disability employment practice through human rights complaint cases. *Disability & Society*, 31(9), 1242-1274.
- Davis, K. L., & Davis, D. D. (2020). Disability Determination And Impairment Rating.
- De Souza, B. (2021). Back and Forth: The Journey of inclusive education in Africa. *Academia Letters*, 2.
- Degener, T. (2014). A human rights model of disability. *Disability Social Rights*, 1-30.
- Degener, T. (2017). A new human rights model of disability. In *The United Nations convention on the rights of persons with disabilities* (pp. 41-59). Springer, Cham.
- Dewsbury*, G., Clarke, K., Randall, D., Rouncefield, M., & Sommerville, I. (2004). The anti-social model of disability. *Disability & Society*, 19(2), 145-158.
- Dhakal, K. N. (2019). *Problems of Physically Disabled People in Nepal* (Master's thesis, Nord university).
- Dickson, T. J., Misener, L., & Darcy, S. (2017). Enhancing destination competitiveness through disability sport event legacies: Developing an

- interdisciplinary typology. *International Journal of Contemporary Hospitality Management*, 29(3), 924-946.
- Dix, A. (2017). Human-computer interaction, foundations and new paradigms. *Journal of Visual Languages & Computing*, 42, 122-134.
- Dreyfus, H. L., & Rabinow, P. (2014). *Michel Foucault: Beyond structuralism and hermeneutics*. Routledge.
- Dudgeon, W. D., Phillips, K. D., Carson, J. A., Brewer, R. B., Durstine, J. L., & Hand, G. A. (2006). Counteracting muscle wasting in HIV-infected individuals. *HIV medicine*, 7(5), 299-310.
- Dupoux, E., Hammond, H., Ingalls, L., & Wolman, C. (2006). Teachers' Attitudes toward Students with Disabilities in Haiti. *International Journal of Special Education*, 21(3), 1-14.
- Elimu, H., & Mkumbo, K. (2008). Do children with Disabilities have equal access to Education. *Dar Es Salaam: Hakielimu*.
- Equestri, A. (2021). *Literature and Intellectual Disability in Early Modern England: Folly, Law and Medicine, 1500–1640*. Routledge.
- Firth, N., Greaves, D., & Frydenberg, E. (2010). Coping styles and strategies: A comparison of adolescent students with and without learning disabilities. *Journal of Learning Disabilities*, 43(1), 77-85.
- Fraenkel, J. R., Wallen, N. E., & Hyun, H. H. (2012). *How to design and evaluate research in education* (Vol. 7). McGraw-hill New York.
- Fragala, M. S., Cadore, E. L., Dorgo, S., Izquierdo, M., Kraemer, W. J., Peterson, M. D., & Ryan, E. D. (2019). Resistance training for older adults: position statement from the national strength and conditioning association. *The Journal of Strength & Conditioning Research*, 33(8).

- Ghosh, N. (2012). *Disabled definitions, impaired policies: Reflections on limits of dominant concepts of disability*. Kolkata: Institute of Development Studies.
- Gilbride, D., Stensrud, R., Vandergoot, D., & Golden, K. (2003). Identification of the characteristics of work environments and employers open to hiring and accommodating people with disabilities. *Rehabilitation Counselling Bulletin*, 46(3), 130-137.
- Givon, S., & Court, D. (2010). Coping strategies of high school students with learning disabilities: A longitudinal qualitative study and grounded theory. *International Journal of Qualitative Studies in Education*, 23(3), 283-303.
- Gooding, P. (2015). Navigating the 'flashing amber lights' of the right to legal capacity in the United Nations Convention on the Rights of Persons with Disabilities: Responding to major concerns. *Human Rights Law Review*, 15(1), 45-71.
- Grech, S. (2012). Disability and the majority world: A neocolonial approach. In *Disability and social theory* (pp. 52-69). Palgrave Macmillan, London.
- Grue, J. (2019). Inclusive marginalisation? A critical analysis of the concept of disability, its framings, and their implications in the United Nations convention on the rights of persons with disabilities. *Nordic Journal of Human Rights*, 37(1), 3-17.
- Hartley, S. L., & MacLean Jr, W. E. (2008). Coping strategies of adults with mild intellectual disability for stressful social interactions. *Journal of Mental Health Research in Intellectual Disabilities*, 1(2), 109-127.

- Herrington, V. (2009). Assessing the prevalence of intellectual disability among young male prisoners. *Journal of Intellectual Disability Research*, 53(5), 397-410.
- Hervie, D. M., & Winful, E. C. (2018). Enhancing teachers' performance through training and development in Ghana education service (a case study of ebenezer senior high school). *Journal of Human Resource Management*, 6(1), 1-8.
- Houston, S. (2016). Empowering the 'shamed'self: Recognition and critical social work. *Journal of Social Work*, 16(1), 3-21.
- Idler, E. L., & Kasl, S. V. (1992). Religion, disability, depression, and the timing of death. *American Journal of Sociology*, 97(4), 1052-1079.
- Jackson, M. A. (2018). Models of disability and human rights: Informing the improvement of built environment accessibility for people with disability at neighbourhood scale? *Laws*, 7(1), 10.
- Jaeger, P. T., & Bowman, C. A. (2005). *Understanding disability: Inclusion, access, diversity, and civil rights*. Greenwood Publishing Group.
- Jha, R. P., Bhattacharyya, K., Shukla, D., Tiwari, N., & Dubey, P. K. (2019). Prevalence of Disability in Uttar Pradesh: A District-wise Study. *Indian Journal of Public Health Research & Development*, 10(11).
- Joel, O., Kochung, E., Kabuka, E. K., Charles, W. M., & Oracha, A. P. (2013). Support services and resources in regular primary schools with hearing impaired learners in Kenya: A case study of Kakamega County.
- Kalyani, R. R., Corriere, M., & Ferrucci, L. (2014). Age-related and disease-related muscle loss: The effect of diabetes, obesity, and other diseases. *The lancet Diabetes & Endocrinology*, 2(10), 819-829.

- Kanter, A. S. (2014). *The development of disability rights under international law: From charity to human rights*. Routledge.
- Kanter, A. S. (2015). The Americans with Disabilities Act at 25 years: Lessons to learn from the Convention on the Rights of People with Disabilities. *Drake L. Rev.*, 63, 819.
- Karangwa, E. (2006). Grassroots community-based inclusive education. Exploring educational prospects for young people with disabilities in the post-conflict Rwandan communities.
- Kazou, K. (2017). Analysing the Definition of Disability in the UN Convention on the Rights of Persons with Disabilities: is it really based on a 'Social Model' approach? *International Journal of Mental Health and Capacity Law*, (23), 25-48.
- Kent, M., Ellis, K., & Giles, M. (2018). Students with disabilities and eLearning in Australia: Experiences of accessibility and disclosure at Curtin university. *TechTre*
- Knuckey, S., Hoffman, B., Perelman, J., Reddy, G., Ancheita, A., & Jain, M. (2020). Power in human rights advocate and rightsholder relationships: critiques, reforms, and challenges. *Harv. Hum. Rts. J.*, 33, 1.
- Kogei, J. K. (2013). *Factors influencing enrolment of learners with disabilities in an inclusive education in primary schools in Nandi South District Kenya* (Doctoral dissertation, University of Nairobi).
- Köseoglu, M. A., Hon, A., Kalargyrou, V., & Okumus, F. (2021). Hiring People with Disabilities as a CSR strategy in the Tourism Industry. *Tourism Analysis*, 26(1), 41-55.
- Kusi, H. (2012). *Doing qualitative research: A guide for researchers*.

- Lancet, T. (2009). Disability: Beyond the medical model. *The Lancet*, 374(9704), 1793.
- Land, M. K., & Aronson, J. D. (2020). Human rights and technology: New challenges for justice and accountability. *Annual Review of Law and Social Science*, 16, 223-240.
- Latonero, M. (2018). Governing artificial intelligence: Upholding human rights & dignity. *Data & Society*, 38.
- Lawal-Solarin, E. (2012). A survey of library and information services to physically challenged students in academic libraries in Ogun state, Nigeria. *Library Philosophy and Practice*, 1-7.
- Lawson, A., & Beckett, A. E. (2021). The social and human rights models of disability: towards a complementarity thesis. *The International Journal of Human Rights*, 25(2), 348-379.
- Lean, R. E., Paul, R. A., Smyser, C. D., & Rogers, C. E. (2018). Maternal intelligence quotient (IQ) predicts IQ and language in very preterm children at age 5 years. *Journal of Child Psychology and Psychiatry*, 59(2), 150-159.
- Lee, K., Cascella, M., & Marwaha, R. (2019). Intellectual disability.
- Lehtomäki, E., Tuomi, M. T., & Matonya, M. (2014). Educational research from Tanzania 1998–2008 concerning persons with disabilities: What can we learn? *International Journal of Educational Research*, 64, 32-39.
- Lengnick-Hall, M. L., Gaunt, P. M., & Brooks, A. A. (2001). Why employers don't hire people with disabilities: A survey of the literature. *College of Business, University of Texas at San Antonio*.

- Leonardi, M., Bickenbach, J., Ustun, T. B., Kostanjsek, N., & Chatterji, S. (2006). The definition of disability: what is in a name? *The Lancet*, 368(9543), 1219-1221.
- Levitt, J. M. (2017). Exploring how the social model of disability can be re-invigorated: In response to Mike Oliver. *Disability & Society*, 32(4), 589-594.
- Lisy, K., Campbell, J. M., Tufanaru, C., Moola, S., & Lockwood, C. (2018). The prevalence of disability among people with cancer, cardiovascular disease, chronic respiratory disease and/or diabetes: a systematic review. *JBIC Evidence Implementation*, 16(3), 154-166.
- Llewellyn, A., & Hogan, K. (2000). The use and abuse of models of disability. *Disability & Society*, 15(1), 157-165.
- Lynn, J., & Adamson, D. M. (2003). *Living well at the end of life. Adapting health care to serious chronic illness in old age*. Rand Corp Santa Monica CA.
- Magasi, S., Wong, A., Gray, D. B., Hammel, J., Baum, C., Wang, C.-C., & Heinemann, A. W. (2015). Theoretical foundations for the measurement of environmental factors and their impact on participation among people with disabilities. *Archives of Physical Medicine and Rehabilitation*, 96(4), 569-577.
- Malhotra, N., Birks, D., & Wills, P. (2010). Marketing research: An applied orientation (6th European ed.). *England: Pearson Education Limited*.
- Manini, T. (2011). Development of physical disability in older adults. *Current Aging Science*, 4(3), 184-191.
- Masala, C., & Petretto, D. R. (2008). From disablement to enablement: Conceptual models of disability in the 20th century. *Disability and Rehabilitation*, 30(17), 1233-1244.

- McNair, J. (2015). Disability and human supports. *Christian Journal for Global Health*, 2(2), 10-15.
- Mengue-Topio, H., Courbois, Y., Farran, E. K., & Sockeel, P. (2011). Route learning and shortcut performance in adults with intellectual disability: A study with virtual environments. *Research in Developmental Disabilities*, 32(1), 345-352.
- Mhaka-Mutepfa, M., Mpofu, E., Moore, A., & Ingman, S. (2017). Carer grandparents of Sub-Saharan Africa: "Foster to be fostered". *Grandparents in Cultural context* (pp. 245-268). Routledge.
- Milic, Babic, M., & Dowling, M. (2015). Social support, the presence of barriers and ideas for the future from students with disabilities in the higher education system in Croatia. *Disability & Society*, 30(4), 614-629.
- Milinga, J. R. (2016). Educating Students with Disabilities in Inclusive Schools: Results from Two Schools in Tanzania. *Journal of Advocacy, Research and Education*, (3), 134-147.
- Miller, S. A. (2012). *Theory of mind: Beyond the preschool years*. Psychology Press.
- Mohammed, W. O. (2020). *Strategies used by learners with physical disabilities to cope with environment in regular primary schools in Mumias sub-county, Kenya* (Doctoral dissertation, Maseno University).
- Momodu, O. M. (2013). The physically challenged and the dearth of relevant facilities in Nigerian libraries. *International Journal of Basic, Applied and Innovative Research*, 2(2), 15-19.
- Mukhopadhyay, S., Nenty, H. J., & Abosi, O. (2012). Inclusive education for learners with disabilities in Botswana primary schools. *Sage Open*, 2(2), 2158244012451584.

- Muthomi, R. J., & Muthee, J. (2016). Analysis of Predictors of Behaviour Change among Children at Risk in Juvenile Rehabilitation Centres in Nairobi County, Kenya. *Journal of Education and Practice*, 7(30), 96-103.
- Naami, A. (2019). Access barriers encountered by persons with mobility disabilities in Accra, Ghana. *Journal of Social Inclusion*, 10(2), 70-86.
- Navab, E., Negarandeh, R., Peyrovi, H., & Navab, P. (2013). Stigma among Iranian family caregivers of patients with a Alzheimer's disease: a hermeneutic study. *Nursing & health sciences*, 15(2), 201-206.
- Newman, L. A., & Madaus, J. W. (2015). Reported accommodations and supports provided to secondary and postsecondary students with disabilities: National perspective. *Career Development and Transition for Exceptional Individuals*, 38(3), 173-181.
- Niemann, Y. A. K. (2007). *The effects of transition intervention on students with mild disabilities*. University of Louisville, 1-387.
- Niemeijer, A. R., Depla, M. F., Frederiks, B. J., & Hertogh, C. M. (2015). The experiences of people with dementia and intellectual disabilities with surveillance technologies in residential care. *Nursing ethics*, 22(3), 307-320.
- Nowick, E.A, (2006). Across sectional multivariate analysis of children's attitude towards disabilities, *Journal of Intellectual Disability Research*, 50, 335-348
- Nugent, K., & Smart, W. (2014). Attention-deficit/hyperactivity disorder in postsecondary students. *Neuropsychiatric disease and treatment*, 1781-1791.
- Ocloo, M. A., & Subbey, M. (2008). Perception of basic education schoolteachers towards inclusive education in the Hohoe District of Ghana. *International Journal of Inclusive Education*, 12(5-6), 639-650.

- Odame, L., Opoku, M. P., Nketsia, W., & Nanor, B. (2021). University experiences of graduates with visual impairments in Ghana. *International Journal of Disability, Development and Education*, 68(3), 332-346.
- Odame, P. K. (2017). *Road transport infrastructure and mobility: Views of students with physical disability in the University of Cape Coast* (Doctoral dissertation, University of Cape Coast).
- Odom, S. L., & Brown, W. H. (1993). Social interaction skills interventions for young children with disabilities in integrated settings, 39–64.
- Ogbonnaya, E. K., Anyakoha, E. U., Anowai, C. C., Okechukwu, F. O., & Ezeonyeche, C. L. (2019) Utilization of Socio-Emotional Coping Strategies by Families of Special Needs Children in Enugu State. *Journal of Home Economics Research*, 113.
- Okoye, U. O. (2010). Support systems and coping strategies available to physically challenged students in University of Nigeria, Nsukka. *Educational Research*, 1(11), 666-671.
- Oliver, M. (2013). The social model of disability: Thirty years on. *Disability & Society*, 28(7), 1024-1026
- Olkin, R. (1999). The personal, professional and political when clients have disabilities. *Women & Therapy*, 22(2), 87-103.
- Pardeck, J. A., Murphy, J. W., & Meinert, R. (2012). *Postmodernism, religion, and the future of social work*. Routledge.
- Plotner, A. J., Ezell, J. A., VanHorn-Stinnitt, C., & Rose, C. A. (2020). An investigation of coping strategies used by college students with intellectual disability. *Inclusion*, 8(3), 194-209.

- Pound, C., Parr, S., Lindsay, J., & Woolf, C. (2018). *Beyond aphasia: Therapies for living with communication disability*. Routledge
- Quatman-Yates, C. C., Hunter-Giordano, A., Shimamura, K. K., Landel, R., Alsalaheen, B. A., Hanke, T. A., ... & Silverberg, N. (2020). Physical Therapy Evaluation and Treatment After Concussion/Mild Traumatic Brain Injury: Clinical Practice Guidelines Linked to the International Classification of Functioning, Disability and Health from the Academy of Orthopaedic Physical Therapy, American Academy of Sports Physical Therapy, Academy of Neurologic Physical Therapy, and Academy of Pediatric Physical Therapy of the American Physical Therapy Association. *Journal of Orthopaedic & Sports Physical Therapy*, 50(4), CPG1-CPG73.
- Ramadass, S., Rai, S. K., Gupta, S. K., Kant, S., Wadhwa, S., Sood, M., & Sreenivas, V. (2018). Prevalence of disability and its association with sociodemographic factors and quality of life in India: A systematic review. *Journal of family medicine and primary care*, 7(6), 1177.
- Rayini, J. (2017). Library and information services to the visually impaired persons. *Library Philosophy and Practice (e-journal)*, 1510.
- Reddy, C. R. (2011). From impairment to disability and beyond: Critical explorations in disability studies. *Sociological Bulletin*, 60(2), 287-306.
- Reid, K. F., Naumova, E. N., Carabello, R. J., Phillips, E. M., & Fielding, R. A. (2008). Lower extremity muscle mass predicts functional performance in mobility-limited elders. *The Journal of Nutrition Health and Aging*, 12(7), 493-498.

- Rembis, M. (2019). Challenging the impairment/disability divide: Disability history and the social model of disability. In *Routledge Handbook of Disability Studies* (pp. 377-390). Routledge.
- Retief, M., & Letšosa, R. (2018). Models of disability: A brief overview. *HTS Theologiese Studies/Theological Studies*, 74(1).
- Rohwerder, B. (2016). Disability inclusion. Topic guide. November 2015. UK, Birmingham: UK Government GSDRC, University of Birmingham, DFID Crown.
- Ropers, H. H. (2008). Genetics of intellectual disability. *Current opinion in genetics & development*, 18(3), 241-250.
- Rosenbaum, P. L., Armstrong, R. W., & King, S. M. (1986). Children's attitudes toward disabled peers: A self-report measure. *Journal of Pediatric Psychology*, 11(4), 517-530.
- Sarantakos, S. (1998). Methods of data collection: experiments and focus groups. In *Social Research* (pp. 165-187). Springer.
- Sarea, A., & Bin-Nashwan, S. A. (2020). Guide to giving during the COVID-19 pandemic: The moderating role of religious belief on donor attitude. *International Journal of Ethics and Systems*.
- Schalock, R. L. (2014). Intellectual disability. *The encyclopedia of clinical psychology*, 1-7.
- Schoger, K. D. (2006). Reverse inclusion: providing peer social interaction opportunities to students placed in self-contained special education classrooms. *Teaching Exceptional Children Plus*, 2(6).
- Schuelka, M. J. (2018). Implementing inclusive education.

- Seidu, A.-A., Malau-Aduli, B. S., McBain-Rigg, K., Malau-Aduli, A. E., & Emeto, T. I. (2021). Level of Inclusiveness of People with Disabilities in Ghanaian Health Policies and Reports: A Scoping Review. *Disabilities, 1*(3), 257-277.
- Shirazipour, C. H., Evans, M. B., Caddick, N., Smith, B., Aiken, A. B., Ginis, K. A. M., & Latimer-Cheung, A. E. (2017). Quality participation experiences in the physical activity domain: Perspectives of veterans with a physical disability. *Psychology of Sport and Exercise, 29*, 40-50.
- Shree, A., & Shukla, P. C. (2016). Intellectual Disability: Definition, classification, causes and characteristics. *Learning Community-An International Journal of Educational and Social Development, 7*(1), 9.
- Smith, B., & Bundon, A. (2018). Disability models: Explaining and understanding disability sport in different ways. In *The Palgrave handbook of paralympic studies* (pp. 15-34). Palgrave Macmillan, London.
- Smith, B., & Caddick, N. (2015). The impact of living in a care home on the health and wellbeing of spinal cord injured people. *International Journal of Environmental Research And Public Health, 12*(4), 4185-4202.
- Smith, B., Bundon, A., & Best, M. (2020). Disability sport and activist identities: A qualitative study of narratives of activism among elite athletes with impairment. *Psychology of Sport and Exercise, 26*, 139-148.
- Snyder, T. D. & Dillow, S.A. (2012). Digest of education statistics (NCE 2014-2015) *National Center for –Education*. <https://nces.ed.gov/pub 2>
- Staudinger, U. M., Smith, J., & Baltes, P. B. (1992). Wisdom-related knowledge in a life review task: Age differences and the role of professional specialization. *Psychology and Aging, 7*(2), 271.

- Szumski, G., & Karwowski, M. (2012). School achievement of children with intellectual disability: The role of socioeconomic status, placement, and parents' engagement. *Research in Developmental Disabilities*, 33(5), 1615-1625.
- Terroso, S. (2021). The disabling effects of society: Approaching the education of autistic students through a social model of disability.
- Terzi, L. (2013). The social model of disability: A philosophical critique. *Journal of Applied Philosophy*, 21(2), 141-157.
- Tetteh, J., Asare, I. O., Adomako, I., Udofia, E. A., Seneadza, N. A. H., Adjei-Mensah, E., ... & Yawson, A. (2021). Sex differences and factors associated with disability among Ghana's workforce: A nationally stratified cross-sectional study. *BMJ open*, 11(3), e044246.
- Theis, K. A., Steinweg, A., Helmick, C. G., Courtney-Long, E., Bolen, J. A., & Lee, R. (2019). Which one? What kind? How many? Types, causes, and prevalence of disability among US adults. *Disability and Health Journal*, 12(3), 411-421.
- Tsai, I. L., & Ho, M. S. (2010). An institutionalist explanation of the evolution of Taiwan's disability movement: From the charity model to the social model. *Journal of Current Chinese Affairs*, 39(3), 87-123.
- Turner, R. J., & Noh, S. (1988). Physical disability and depression: A longitudinal analysis. *Journal of Health and Social Behaviour*, 23-37.
- Úbeda-Colomer, J., Devís-Devís, J., & Sit, C. H. (2019). Barriers to physical activity in university students with disabilities: Differences by sociodemographic variables. *Disability and Health Journal*, 12(2), 278-286.

- Vaccaro, A., Moore, A., Kimball, E., Troiano, P. F., & Newman, B. M. (2019). “Not gonna hold me back”: Coping and resilience in students with disabilities. *Journal of Student Affairs Research and Practice*, 56(2), 181-193.
- Van Leeuwen, C. M., Post, M. W., Westers, P., Van Der Woude, L. H., De Groot, S., Sluis, T., ... & Lindeman, E. (2012). Relationships between activities, participation, personal factors, mental health, and life satisfaction in persons with spinal cord injury. *Archives of Physical Medicine and Rehabilitation*, 93(1), 82-89.
- Van Wyk, B. (2012). Research design and methods Part I. *University of Western Cape*.
- Varadaraj, V., Deal, J. A., Campanile, J., Reed, N. S., & Swenor, B. K. (2021). National prevalence of disability and disability types among adults in the US, 2019. *JAMA network open*, 4(10), e2130358-e2130358.
- Vignes, C., Coley, N., Grandjean, H., Godeau, E., & Arnaud, C. (2008). Measuring children's attitudes towards peers with disabilities: A review of instruments. *Developmental Medicine & Child Neurology*, 50(3), 182-189.
- Vincent, L., & Chiwandire, D. (2019). Funding and inclusion in higher education institutions for students with disabilities. *African Journal of Disability*, 8(1), 1-12.
- Viney, D. (2006). The disability discrimination act and lifelong learning? Students with disabilities and higher education. *Disability and Psychology: Critical Introductions and Reflections*, 42-70.
- Wayland, S., Smith-Merry, J., Rakidzic, S., O'Shea, A., Schweizer, R., Gill, K., ... & Sisko, S. (2021). Ableism. In *Multicultural Responsiveness in Counselling and Psychology* (pp. 217-240). Palgrave Macmillan, Cham.

- White, S., Kuper, H., Itimu-Phiri, A., Holm, R., & Biran, A. (2016). A qualitative study of barriers to accessing water, sanitation and hygiene for disabled people in Malawi. *PloS one*, *11*(5), e0155043.
- World Health Organization. (1980). *International classification of impairments, disabilities, and handicaps: a manual of classification relating to the consequences of disease, published in accordance with resolution WHA29. 35 of the Twenty-ninth World Health Assembly, May 1976*. World Health Organization.
- Wu, S. S., Tsang, P., & Wainapel, S. F. (1996). Physical Disability Among American Medical Students¹. *American Journal of Physical Medicine & Rehabilitation*, *75*(3), 183-187.
- Xu, N., & Liu, Y. (2020). Coping strategy mediates the relationship between body image evaluation and mental health: A study with Chinese college students with disabilities. *Disability and Health Journal*, *13*(1), 100830.
- Yoder, N. (2014). Teaching the whole child: Instructional practices that support social-emotional learning in three teacher evaluation frameworks. Research-to-practice brief. *Center on Great Teachers and Leaders*.
- Yoon, H. Y., & Kim, S. Y. (2011, July). Development strategy of the alternative format materials for disabled people in Korea. In *Aslib Proceedings*. Emerald Group Publishing Limited.

Appendix A

INTERVIEW GUIDE

**UNIVERSITY OF CAPE CAOST
INSTITUTE FOR EDUCATIONAL PLANNING AND
ADMINISTRATION
TOPIC: COPING STRATEGIES ADOPTED BY THE STUDENTS
WITH DISABILITIES IN THE USE OF PHYSICAL FACILITIES IN
THE UNIVERSITY OF CAPE COAST.**

Introduction

I am grateful for your acceptance to be part of this interview on coping strategies adopted by the students with disabilities in the use of physical facilities in the university of cape coast. It is worthy to inform you that the interview will be recorded, and handwritten note will be taken about the general impression of the interview. The recorded audio will be transcribed and coded with unique identifiers to ensure confidentiality. The study is solely for academic purposes which will enable me to acquire a master's degree in administration in Higher Education. I will be good to us to do introduction to ourselves better. I will glad if you can tell me programme of study, level, and hall of residence.

SECTION A

Physical facilities on UCC campus which are regarded as disability unfriendly by students with disabilities.

1. Describe some of the disability unfriendly physical facilities on UCC campus.
Please give specific examples (probe)
2. Why do you consider the facilities as disability unfriendly? Please provide justification to your claim. (probe)

SECTION B

Investigate the experiences of students in using the unfriendly physical facilities.

1. Have you ever encountered any challenge while trying to access these support systems? If yes, provide justification.

SECTION C

Coping strategies students with disabilities adopt in the use of the unfriendly physical facilities on UCC campus.

1. Please can you describe the coping strategies you adopt in your daily activities? Cite examples.
2. Kindly describe the challenges you face in adopting these coping strategies. Provide precise challenges you have encountered.
3. Please, what is your motivation to pursue higher education amidst these challenges? Give reasons to back point.

SECTION D

Institutional support systems available to students with Disabilities in University of Cape Coast

1. Could please tell me about the social support system in the university for students with disabilities.
 - a. How satisfied are you with these support systems? if any.
 - b. Which aspect of the support system have your found helpful to you.
2. How have you benefitted from support systems? If any
3. In your opinion, what measures do you think should be put in place to make this physical facilities disability friendly? Kindly mention some of the measures to be put in place.

Appendix B

Observational Check List

The researcher will observe the following buildings and indicate whether the listed accesible facilities are present in the buildings

Name of Building Types of accesibility facilities in the building	Central Administration building		Main Library		Science Building		Calc		Albert Koomson building (CoDE)		New Lecture Theater		School of graduate studies building		Sandwich Lecture Theater	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Availability																
Curb ramps																
Wide routes and spaces																
Wide door opening																
Low-mounted controls																
Ramps																
Elevators																
Handrails for gripping																
Automatic or easy to open doors																
Bright-coloured marking/signals																
Clearly legible lettering for directions																
Constrasting colour for door handrails, tactile signs																


Alarm signals																
Travelators																
Escalators																
Platform lift																

Appendix C

ETHICAL CLEARANCE

UNIVERSITY OF CAPE COAST
INSTITUTIONAL REVIEW BOARD SECRETARIAT

TEL: 0558093143 / 0508978209
E-MAIL: irb@ucc.edu.gh
OUR REF: IRB/C3/Vol.1/0035
YOUR REF:
OMB NO: 0990-0279
IORG #: IORG0011497



14TH FEBRUARY 2023

Ms Alice Taatiere Dery
Institute of Educational Planning and Administration
University of Cape Coast

Dear Ms Dery,

ETHICAL CLEARANCE – ID (UCCIRB/CES/2022/88)

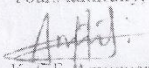
The University of Cape Coast Institutional Review Board (UCCIRB) has granted Provisional Approval for the implementation of your research on *Coping Strategies of Students with Disabilities in the use of Physical Facilities for Quality Education Experience in the University of Cape Coast*. This approval is valid from 14th February 2023 to 13th February 2024. You may apply for a renewal subject to the submission of all the required documents that will be prescribed by the UCCIRB.

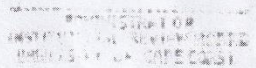
Please note that any modification to the project must be submitted to the UCCIRB for review and approval before its implementation. You are required to submit a periodic review of the protocol to the Board and a final full review to the UCCIRB on completion of the research. The UCCIRB may observe or cause to be observed procedures and records of the research during and after implementation.

You are also required to report all serious adverse events related to this study to the UCCIRB within seven days verbally and fourteen days in writing.

Always quote the protocol identification number in all future correspondence with us in relation to this protocol.

Yours faithfully,


Kofi F. Amuquandoh
Ag. UCCIRB Administrator



Appendix D

INTRODUCTORY LETTER



Telephone +233-31 229 1857
Email: rcamat@ucc.edu.gh

UNIVERSITY OF CAPE COAST
COLLEGE OF EDUCATION STUDIES
FACULTY OF EDUCATIONAL FOUNDATIONS
**RESOURCE CENTRE FOR ALTERNATIVE MEDIA
AND ASSISTIVE TECHNOLOGY (R-CAMAT)**



UNIVERSITY POST OFFICE
CAPE COAST, GHANA

Our Ref: RCAMAT/IE/14/V.1/
Your Ref:

12th April, 2022

Alice Taatiere Dery (EO/AHP/20/006)
Institute of Educational Planning & Administration
UCC

Dear Alice,

RE: LETTER OF INTRODUCTION


With reference to the letter IEPA-UNESCO /I.2/VOL.1/0078 dated 4th April, 2022 on the above subject, we write to officially grant you permission to gather the information you need for the purpose of writing your thesis.

We have informed the students with visual impairments to avail themselves anytime you report at the Centre to carry out the exercise. Our staff will also be available to assist you whenever you need any assistance.

We wish you the very best in your academic endeavours.

Thank you.

Yours sincerely,


Dr. Irene Vanderpuye.
(Coordinator)