PRESBYTERIAN UNIVERSITY COLLEGE, GHANA

FACULTY OF DEVELOPMENT STUDIES

DEPARTMENT OF RURAL AND COMMUNITY DEVELOPMNET

PERSONS WITH DISABILITIES (PWD) AND EMPLOYMENT OPPORTUNITIES IN THE ACCRA BUSINESS DISTRICT

BY

ELORM GIMMEL BLEBU

SEPTEMBER 2019

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Dissertation submitted to the Department of Rural and Community Development of the Faculty of Development Studies, Presbyterian University College, Ghana in partial fulfilment of the requirements for the award of Master's degree in International Development Studies

BY

ELORM GIMMEL BLEBU

SEPTEMBER 2019

DECLARATION

Candidate's Declaration

I hereby declare that this dissertation 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.

Name: Elorm Gimmel Blebu

Candidate's Signature: …………………………… Date: …………………...

Supervisor's Declaration

I hereby declare that the preparation and presentation of the dissertation were supervised in accordance with the guidelines on supervision of project work laid down by the Presbyterian University College, Ghana.

Name: Ms. Doris Fiasorgbor

Supervisor's Signature: …………………………… Date: …………………..

ABSTRACT

The study was conducted in Accra central and it used descriptive study which adopted qualitative data collection methods. A sample size of twenty (20) respondents was used under this study and a questionnaire. The questionnaire was coded into relationships and analysed using the Statistical Package for Social Sciences (SPSS), Version 16. The results of the study revealed that most of the respondents' area of disability was lower limb of 80% and others of upper limb of 20%. The type of disability was mostly deformity of 60% with few being amputation of 40%. Concerning the period of disability, it was generally below 10 years. The results revealed that majority of the respondents wanted to work purposely to be financially active and independent, Results from the study further indicated that majority of the respondents indicated that family members and friends were worried about them since they do not have job. whilst others indicated that family members and friends do not care whether they do have job or not. Of those who were not employed, most of the respondents indicated that they are not satisfied with their present state of unemployment. Majority of the respondents indicated that, the purpose of getting jobs to them was for economic empowerment, self-esteem, to avoid dependency on other, and taking care of the family. Challenges faced by PWDs were stigmatisation and illiteracy and resource constraints. The study recommends that there should be a follow up of government incentives to encourage employers to employ people with disabilities, public awareness creation to sensitise the general public on the need to accept and involve PWDs. Also, it is it is imperative for the government and all stakeholders to address attitudinal, informational, physical and institutional barriers that may challenge PWDs in getting employment

ACKNOWLEDGEMENT

I wish to express my profound gratitude to the Almighty God for his gracious love, care, protection and direction throughout my entire education

An appreciation goes to my supervisor, for her excellent direction, guidance and critical corrections that enabled me to produce this project.

Finally, I wish to express my profound gratitude to all my friends and many other persons who in one way or the other contributed to the success of my study. God richly bless you all.

DEDICATION

This research work is dedicated to Almighty God and my parents for all their wonderful support, sacrifices and contributions towards my education.

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CHAPTER ONE

1.0 INTRODUCTION

I.1 Background of the Study

Employment is a central aspect of adult human life (Opoku-Boadu, 2015), whether temporary able or living with disability. In Ghana, though the constitution of Ghana provides for free employment for all irrespective of their physical abilities and or disabilities; persons with disability are mostly faced with difficulty in getting employment. According to the WHO (2011) almost all jobs can be performed by persons with disabilities, given the right environment; most of them can be very productive. Persons with disabilities can engage in many economic activities such as being entrepreneurs, factory workers, doctors, teachers, shop assistants, bus drivers, artists, and computer technicians.

In both developed and developing countries, working age persons with disabilities experience significantly lower employment rates than persons without dis-abilities (WHO, 2011). Lower rates of labour market participation are therefore one of the important pathways through which disability may lead to poverty (WHO, 2011). Persons with disability (PWDs) have been perceived as objects of pity who need help through charity rather than as persons with inherent rights and dignity (Schulze, 2009). Though the United Nations has increasingly placed disability as a human rights issue, persons with disability continue to suffer discrimination and marginalization in society. They are confronted with challenges in accessing social services like health, employment, education, transport systems, and encounter barriers to active participation in society (WHO, 2011). Studies have shown that the stigmatizations they face are as a result of having one form of disability or another affecting their full integration into mainstream society (Sonpal & Kumar, 2012 and Ofuani, 2011). In Ghana, persons with disability equally experience marginalization, deprivation and exclusion from engaging in social and political activities and are classified among the poorest in society. In the political process, Sackey (2014) indicates that participation of persons with disability (PWDs) is low.

PWDs rarely contest as candidates for political positions in Ghana's political governance. Even in district level political administration where there exists a decentralization program to include PWDs, participation is limited (Mensah, Williams, Atta-Ankomah, & Mjomba, 2008). Those who have tried to contest in local elections have had to deal with issues of stigmatization and resource constraints, thus, less could be said concerning their active participation in national political governance. Low participation of PWDs in Ghanaian politics has been attributed to the negative cultural perceptions, social criticisms and environmental barriers they encounter in society (Slikker, 2009). This was manifest in 2013 when a section of Ghanaian chiefs strongly opposed the appointment of a visually impaired to head a Ministry. The President's appointment of Dr Henry Seidu Daanaa, as Minister for Chieftaincy and Traditional Affairs was described as an abomination because it is a taboo for a person with disability to interact directly with chiefs even though his appointment was based on competence. Schur & Adya (2013) assert that negative cultural attitudes and stigmatization could reduce interest in the political process and the general employment opportunities of persons living with disabilities.

1.2 Problem Statements

Analysis of the World Health Survey results for 51 countries gives employment rates of 52.8% for men with disabilities and 19.6% for women with disabilities, compared with 64.9% for men without disabilities and 29.9% for women without disabilities. Also, a recent study by the Organization for Economic Co-operation and Development (OECD) showed that in 27 countries, working-age persons with disabilities experienced significant labour market disadvantage and worse labour market outcomes than working-age persons without disabilities (OECD, 2010). Persons with disabilities thus experience significantly high rates of unemployment compared with the general population. The unemployment situation in Ghana is generally bad but may be worse for persons with disabilities. According to the 2007 Ghana Human Development report, the employment rate of persons with disabilities was 69 percent while that for the general population was 80.2 percent. The report further noted that in situations where persons with disabilities are employed, questions arise as to the quality of employment as most employers are not certain about their capabilities hence their impact on productivity. This has affected the ability of persons living with disability to access decent jobs in the country, affecting their purchasing power and ability to make decent living. This study is therefore committed to assessing the challenges that affect the employment opportunities of persons living with disabilities.

1.3 Objectives

The main objective of the study is to assess PWDs and employment opportunities in the Accra business district.

Specific objectives of the study are:

1. To examine the underlying reasons PWDs want to work in Accra Business District.
2. To assess the causes of employment of PWDs in Accra Business District.
3. To examine public perception and feelings of PWDs without work in Accra Business District.
4. To find out the importance of work to PWDs in Accra Business District

1.4 Research Questions

Questions this study will give answers to are as follows:

1. What types of job opportunities are available to PWDs in Accra Business District?
2. What are the educational capacities of persons living with disabilities?
3. What challenges affect PWDs in accessing jobs in Ghana?
4. What support do PWDs need in gaining employment?

1.5 Significance of the Study

This study is therefore being conducted to ascertain employers' perceptions about capabilities of persons with disabilities in the workforce within the Mampong municipality so that the findings can be used as the basis for advocacy on the capabilities of persons with disabilities. Again, an attempt to find studies conducted on employers’ perception of persons with disabilities in Ghana becomes difficult due to lack of past research on the topic and in the study area. Therefore, conducting this study is considered appropriate as it will raise the needed awareness on the capabilities of persons with disabilities, and also, fill the gap that exists as far as accessing data on ‘disability and employment’ in Ghana is concerned. In academics, this study will add to the existing literature on disability and employment. The findings will serve as a source of reference for future researchers who would like to research into perceptions about disability and its related issues.

1.6 Delimitations

The main objective of the study was to assess the challenges faced by PWDs in employment opportunities within the Accra business district. The study was delimited to those with upper or lower limbs amputation and paralysis due to accidents or diseases were included in this study. For this study, people with hearing impairment, visual impairment and traumatic brain injury are not included since interviewing people with hearing impairment need skills in sign language. Again traumatic brain injury victims also require close acquaintance with the medical diagnosis process and different research strategy, because, people with brain injury might face with difficulties to memorize or communicate. Again, the study is delimited to livelihoods such as job opportunities and security and income generation of physically disabled persons.

1.7 Limitations

The scope of the study could have covered a larger area and give a more holistic picture of the issue under investigation, however the time frame for the final presentation of the work, as well as financial constraints did not allow for a wider coverage of the study. The study was therefore limited to PWDs in Accra Business District.

1.8 Organisation of the study

The work was structured into five chapters. Chapter one deals with the general introduction, background, problem statement, objectives, significance of the study, limitations, delimitations and organization of the study. Literature was reviewed in chapter two, while chapter three covered methodological issues. Data presentation, findings and discussions were presented in chapter four with chapter five been summary, conclusions and recommendations of study.

CHAPTER TWO

2.0 REVIEW OF RELATED LITERATURE

2.1 Introduction

This chapter gives detail of which Persons with Disabilities (PWDs) are, the models that classify individuals to be disabled and international legislation, policies and laws governing disabled people in the world in general and in Ghana as a nation. It also gives a review about Persons with Disabilities in relation to employment, both globally and in Ghana.

2.2 PWDs

According to the ICF (International Classification of Functioning), ―disability is an umbrella term for impairments, activity limitations and participation restrictions. It denotes the negative aspects of the interaction between an individual (with a health condition) and that individual‘s contextual factors (environmental and personal factors). Thus, this model starts with a health condition (for example, diseases, health disorders, injuries, and other health related conditions) which in interaction with contextual factors may result in impairments, activity limitations, and participation restrictions. The ICF defines that impairments are problems in body function or structure such as a significant deviation or loss; activity is the execution of a task or action by an individual; activity limitations are difficulties an individual may have in executing activities; participation is involvement in a life situation; participation restrictions are problems an individual may experience in involvement in life situations; environmental factors make up the physical, social and attitudinal environment in which people live and conduct their lives; and personal factors are the particular background of an individual‘s life and living, including gender, race, and age (Mitra, *et al.*, 2011). Myers (2005) mentioned two interpretations of disability; one medical and the other social. According to him, the medical explanation of disability is that: Impairment (loss of limb, organ, function or sense) has traumatic physical and psychological effects on people that they cannot ensure a reasonable quality of life for themselves by their own efforts. This perception of disability is solely in terms of physical, intellectual or sensory limitations, which makes a person handicapped or disabled. The author criticizes the medical approach for ignoring society‘s handicapping effects on PWDs for instance, the effects of inaccessible physical environment on a wheel chair user, society‘s negative attitude towards PWDs, the impact of a society that is insensitive and hostile to minority rights for example, in acceptance of sign language for the deaf, and of the significance of white cane for visually impaired persons. For that matter, the above author ascribes to the social model. The social model, which has been developed by PWDs themselves, considers the medical approach as a shallow and inadequate conceptualization of disability. To its credit, the author has the following arguments in support of the social model on disability: The social model argues that it is economic, cultural, attitudinal, physical and social barriers, which stop persons with disabilities or impairments participating fully in society. It, therefore, advocates the removal of barriers and conception of disability as a human rights issue. Ndeezi (2004) surmised that the social model is liberating; it gives PWD groups identity, pride and a common cause to rid society of discriminatory barriers while taking into account the uniqueness of individual members of society. It accords PWDs their uniqueness, as with everybody else, without stigmatizing them, it recognizes their human rights and dignity as useful members of the human race and sets an agenda for actions to rid the world of all forms of discrimination not only for PWDs but all humanity as a whole.

2.3 Models of Disabilities

Much of the explanations on disability have revolved around the social and medical models. Generally, the medical model perceives disability as a deficiency innate to the individual which requires medical intervention. The social model views disability as a result of the physical and environmental barriers in society that confronts a person with a disability. The bio-psychosocial model, on the other hand, is a newly introduced model that acknowledges the need to address both the social and medical models because both present partial explanations on disability. In the modern society, the concept disability has been seen as two contrasting model that is the medical or the individual model of disability and the social model of disability. There is a need to come out with the various definitions. Defining a subject is the most common approach in academic tradition. It helps in understanding a particular concept. Disability has been divided into models. A model is a framework for understanding information. Model is what the social scientists call a heuristic device or an aid to understanding. A good model can enable us to see something which we do not understand because in the model it can be seen from different viewpoint. It is this multi-dimensioned replicate of reality that can trigger insights that we might not otherwise develop (Barton, 2006). Therefore, model of disability provides a framework for understanding the way in which people with impairments experience disability. They also provide a reference for society as laws, regulations and structures that impact on the lives of disabled people (Arthur, 2017).

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Therefore, model of disability provides a framework for understanding the way in which people with impairments experience disability. They also provide a reference for society as laws, regulations and structure that impact on the lives of disabled people. In the modern society, the concept disability has been seen as two contrasting models that is the medical or the individual model of disability and the social model of disability (Arthur, 2017). Another definition of disability by WHO (World Health Organization) (2011) is the International Classification of Impairment, Disability and Handicap (ICIDH), which according to Turmusani (2003) was developed by the WHO and sees the problem of disability with the individual. The WHO (2011) sees impairment as abnormality in function and defines it in the context of health experience as: *any loss or abnormality of psychological or anatomical structure or function.*

Disability in the context of health experience means: *“not being able to perform an activity considered normal for human beings: any restriction or lack (resulting from impairment) of ability to perform an activity in the manner or with the range considered normal for a human being” (source).* Handicap is defined as the inability to perform a normal social rule and is defined as*:* "a disadvantage for a given individual resulting from an impairment or disability that limits or prevents fulfillment of a role that is normal and this depends on age, sex, social or cultural factors" (Turmusani, 2003). The disabled activists and other organization in Europe and North America during the 1970s and 1980s, debated strongly against the individual, mudicalised model of disability and its psychological ideas (Barnes & Mercer, 2010).

The critique of this model of disability was later transformed into the social model of disability within the disability movement in UK. The social model was an alternative to the individual or the medical model of disability. Disabled activists argued that disabled people were disadvantage not because of their impairments, but barriers and limitations imposed on them by their societies, cultures, economy, and environment. From this explanation, disability is not about health or pathology but about discrimination and social exclusion. The social model of disability is a socio- political issue and focus should be on the removal of disabling barriers and strong focus on human and civil rights issues. The most influential organization in the history of social model thinking is the Union of the Physically Impaired Against Segregation (UPIAS). Disabled activists and their organizations in Europe and North America became very active and spoke against the individual, medicalised model of disability and its psychological and social welfare. Disabled persons’ experience of discrimination made them focus their attention on the organization of the society rather than individual differences or limitation (Colin & Mercer, 2010). The UPIAS was established in 1974 and the views expressed in UPIAS documents resulted in the UPIAS policy statement and constitutions. It was first adopted in 1974 and later on, amended in 1976. The document contains a socio-political re-interpretation of disability that distinguishes between the medical model and the social model (Colin & Mercer, 2010).

UPIAS accepts the medical definition of impairment as an individual attribute but reinterpret the meaning of disability as impairment is the lacking part or all of a limb, or having a defective limb, organ or mechanism of the body. Disability is the disadvantage or restriction of activity caused by a contemporary social organisation which takes no or little account of people who have physical impairments and thus excludes them from participation in the mainstream of social activities (Colin & Mercer, 2010).

From this point of view, the restriction to physical impairments was dropped to include all impairment. In the actual sense, the social model of disability is about nothing more than a focus on the economic, environmental and cultural barriers encountered by people who are seen by others as having some form of impairment, being it physical, mental or intellectual. This social model approach breaks the traditional causal link between impairment and disability. Impairment as reality is not rejected, but not enough condition to describe disability. But rather understanding how far, and in what ways, the society restricts opportunities in the economic and social activities and give disabled people more or less dependence (Colin & Mercer, 2010). Social model perspective does not deny the importance of the individual based interventions in the lives of the disabled people, whether they are medical, rehabilitation, educational or employment, but draws attention to their limitations in terms of furthering their empowerment and inclusion in a society constructed by the society (Colin & Mercer, 2010).

Albert (2004), Trani *et al.*, (2011) and Lang (2001), explained that a rejection of the medical model enforced the emergence of the social model. Albert points out that discrimination and social exclusion of PWDs from society is not because of the inherent medical condition, but rather the existence of social, environmental, institutional and attitudinal barriers in society which hinders PWDs participation in society. In this regard, Albert argues that disability according to this model is a "socio-political issue" which must be addressed from both social and political perspectives through policy implementation. This "socio-political" understanding of disability is significant because, in the discourse of addressing social barriers for human development, a greater responsibility lies with political authorities, also called, duty-bearers, to ensure implementation of various policies and measures which would address social barriers. The strength of Albert's work that contributes to this study is his equation of the social model to the human rights and environmental approaches to development. He explains that removal of the physical environmental barriers in society (as emphasised by the social model) is a means to promote and protect the rights of persons with disability. Trani *et al.*, (2011) similarly submit that the social model is linked to the capability approach model (CA), a human development approach which mainly focuses on developing an individual's potentials and abilities in order to participate in social, economic and political activities. The CA situates explanations to understanding disability within the context of human development, thus, focuses on implementing policies that aim to enhance capabilities and enhance social inclusion for

PWDs. These understanding of the social model reflect the core human rights principles that form the theoretical basis of this study, the human rights-based approach to development. However, in Albert, a neglect of a person's medical condition is a weakness of the social model in that, an interaction between the physical being and the social environment will determine the quality of the social participation of persons with disabilities. It is thus imperative to reconcile the medical needs of PWDs with addressing the barriers in the wider social environment as posited in Lang (2001) and Trani *et al.*, (2011). Disability as a defect within an individual can only be addressed through medical intervention and not based on a socio-political analysis.

They, therefore, emphasise a consideration of the medical model to understanding disability. Beyond addressing all environmental and social barriers to aid social inclusion of PWDs, is the existence of the ill-health that may hinder the enjoyment of provisions in the social environment. It is, therefore, necessary that the ill-health or defect be addressed at par with the social or environmental issues for PWDs to be actively involved in all social and political activities without limitations. Now the idea of reconciling the medical model with the social model (Trani *et al.*, 2011; Lang, 2001) gives rise to the bio-psychosocial model for understanding disability. Generally, this model is significant to this study as it perceives disability entirely in the context of human rights. It forms the basis for the definition of disability in the United Nations CRPD which is the universal legal instrument for this study. The UN's definition of disability outlines the three domains of disability highlighted in the bio-psychosocial model; the impairment, the person with the impairment and the society within which the individual finds himself. The Ethiopian National Disability Action Network (ENDAN, 2010) in addressing this model explains explicitly that since disability is a product of interaction between an individual's certain conditions or functional limitations and his or her physical, social, and attitudinal barriers, medical interventions to address the defects that limit the individual's potentials and capabilities is as equally relevant as removal of all forms of social and environmental barriers that restrict the person's participation in society. In effect a merger of the two models for addressing issues of disability informs inclusiveness.

According to the World Health Organization (2011), more than one billion people live with some form of disability in the world. These persons are plagued with a number of challenges which informs social exclusion and marginalization. Across the world, PWDs encounter difficulties in accessing social services like health care and education Disability by its nature is complex, dynamic and multidimensional and consists of a range of contested conditions which create challenges for its definition and measurement (WHO, 2011; Albert, 2004; Koppelman, 2002).

Nonetheless, the World Health Organisation (WHO) in their disability report, classifies these range of diverse conditions under two broad categories; visible and invisible impairments. Visible impairments are those obvious conditions, for instance, the wheelchair or crutch user etc. Invisible impairments may include congenital health conditions suffered by children like the cerebral palsy and arthritis or long-term health conditions as dementia suffered by older people (WHO, 2011). Other infectious diseases including tuberculosis, HIV/AIDS, sexually transmitted diseases, and a cluster of childhood diseases including "measles, mumps, and poliomyelitis" may be classified as impairments or said to create impairments (WHO, 2011).

2.4 Types of disability

The United Nations defines disability as “an evolving concept and that disability results from the interaction between persons with impairments and attitudinal and environmental barriers that hinder their full and effective participation in society on an equal basis with others” (UN General Assembly, 2006). This definition by the UN fits disability into the bio-psychosocial context of understanding disability, thus, perceiving disability not only as a medical condition but putting into perspective the human rights issue that arises as a result of the social and environmental barriers. According to the World Health Organisation (2011), more than one billion people live with some form of disability in the world. Disability is complex, dynamic and multidimensional. It consists of a range of contested conditions which create challenges for definition and measurement of the concept (WHO, 2011; Albert, 2004; Koppelman, 2002). Nonetheless, the World Health Organisation (WHO) in their disability report, classifies these range of diverse conditions under two broad categories; visible and invisible impairments. Visible impairments are those obvious conditions, for instance, the wheelchair or crutch user etc. Invisible impairments may include congenital health conditions suffered by children like the cerebral palsy and arthritis or long-term health conditions as dementia suffered by older people (WHO, 2011). Other infectious diseases including tuberculosis, HIV/AIDS, sexually transmitted diseases, and a cluster of childhood diseases including “measles, mumps, and poliomyelitis” may be classified as impairments or said to create impairments (WHO, 2011). In Ghana, the 2012 Population and Housing Census (PHC) report defines persons with disability as “those who were unable to or were restricted in the performance of specific tasks due to loss of function of some part of the body as a result of impairment or malformation" (Ghana Statistical Service (GSS), 2012).

This definition of disability premised on impairments as a cause of the individuals non-performance either than environmental barriers goes to emphasise that disability is not yet perceived in the social model context in the Ghanaian society. Visual impairment, hearing impairment, Intellectual disability, physical disability, speech and communication disorders, emotional or behaviour disorder are identified as some forms of disability prevalent in Ghana. For the purpose of clarity, the usage of the term "a person with disability" in this study relates to visible impairments, limited to visual impairment and physical disability (wheelchair, crutch and calliper users). These two forms of disability are selected based on the report from the 2010 Population and Housing Census as recording the highest prevalence in Ghana. Visual impairment records the highest percentage of 40.1% followed by physical disability being 25.4%. According to the World Report on Disability (2011), the concept of disability has been a contested one; as authors have viewed it from either medical or social perspectives. However, disability should not be viewed as purely medical or purely social: persons with disabilities can often experience problems arising from their health condition. Three disability measures have been commonly used in applied disability research: measures of impairment, functional limitation measures and activity limitation measures (WHO, 2011). Hence, disability comes in various forms which have been elaborated below.

2.4.1 Physical disability

Physical disability is any impairment which limits the physical function of limbs or gross motor ability. Other physical disabilities include impairments that limit other facets of daily living, such as severe sleep apnea. Physical disabilities include conditions such as cerebral palsy, muscular dystrophy, spina bifida, rheumatoid arthritis, skeletal deformities, and amputations. Chronic health conditions that tend to restrict physical activity, such as heart disease, leukemia, and cystic fibrosis, can also be considered physically disabling. This is by no means an all-inclusive list. The majority of people with physical disabilities have problems that are exclusively medical and do not interfere with their intellectual abilities. For some, academic progress may be retarded because of excessive absences from school. In the past, architectural barriers prevented many individuals with physical disabilities from attending public schools. They either attended special schools or were taught through homebound programs. Modern architectural and vehicular design, together with new legislation addressing the problems of accessibility to public buildings and the education of handicapped children in isolated environments, has triggered a growing enrolment in public schools of children with physical disabilities (Agyemang, 2015).

2.4.2 Sensory disability

Sensory disability is impairment of one of the senses. The term is used primarily to refer to vision and hearing impairment, but other senses like taste and smell can be impaired as well (Agyemang, 2015).

2.4.3 Visual impairment

Visual impairment (or vision impairment) is vision loss (of a person) to such a degree as to qualify as an additional support need through a significant limitation of visual capability resulting from either disease, trauma, or congenital or degenerative conditions that cannot be corrected by conventional means, such as refractive correction, medication, or surgery (Agyemang, 2015). . This functional loss of vision is typically defined to manifest with:

1. Best corrected visual acuity of less than 20/60, or significant central field defect;
2. Significant peripheral field defect including homonymous or heteronymous bilateral visual, field defect or generalized contraction or constriction of field;
3. Reduced peak contrast sensitivity with either of the above conditions.

2.4.4 Hearing impairment

Hearing impairment or hard of hearing or deafness refers to conditions in which individuals are fully or partially unable to detect or perceive at least some frequencies of sound which can typically be heard by most people. Mild hearing loss may sometimes not be considered a disability. A hearing impairment can also mean a person has no hearing at all, or has hearing loss at a particular range of frequencies, or may have tinnitus (noise in the ears). It may be congenital or acquired and may have an effect on speech and language development if it occurred early (Agyemang, 2015).

2.4.5 Olfactory and gustatory impairment

Impairment of the sense of smell and taste are commonly associated with aging but can also occur in younger people due to a wide variety of causes.

2.4.6 Balance disorder

A balance disorder is a disturbance that causes an individual to feel unsteady, for example when standing or walking. It may be accompanied by symptoms of being giddy, woozy, or have a sensation of movement, spinning, or floating. Balance is the result of several body systems working together. The eyes (visual system), ears (vestibular system) and the body's sense of where it is in space (proprioception) need to be intact. The brain, which compiles this information, needs to be functioning effectively (Agyemang, 2015).

2.4.7 Intellectual disability

Intellectual disability is a broad concept that ranges from mental retardation to cognitive deficits too mild or too specific (as in specific learning disability), to qualify as mental retardation. Intellectual disabilities may appear at any age. Mental retardation is a subtype of intellectual disability, and the term intellectual disability is now preferred by many advocates in most English-speaking countries as a euphemism for mental retardation (Agyemang, 2015).

2.4.8 Mental health and emotional disabilities

A mental disorder or mental illness is a psychological or behavioural pattern generally associated with subjective distress or disability that occurs in an individual, and perceived by the majority of society as being outside of normal development or cultural expectations.

2.5 The situation of People with Disabilities (PWDs)

Globally, systematic evidence on socio-economic status of persons with disabilities and the relationship between disability and poverty in its various dimensions (income/expenditure and non-income) is limited, albeit the situation greatly differs between developed and developing countries (Mitra, 2011).Typically, the empirical evidence on persons with disabilities is derived from population censuses, and population and household surveys. Administrative statistics is much less commonly available even in developed countries. The majority of surveys are cross-sectional. In developing countries, surveys are often conducted as stand-alone researches (Mitra, 2011). Longitudinal surveys which are required in order to observe changes in socio-economic status prior to, immediately after, and for a longer time following the onset of disability are only available in a handful of developed countries. However, even in those countries, the data sources are argued to be in need of improvement (Houtenville, Stapleton, Weathers, Burkhauser, 2009).

It should be emphasized that available data has many limitations. Following Houtenville *et al.*,(2009) those include: (i) operational definition of disability which may exclude some parts of the population with disabilities; (ii) changes in the definition of disability within the same survey which may hamper comparability over time; (iii) data collection methods may exclude persons with disabilities (for instance, by definition, household surveys exclude institutionalized disabled persons); (iv) sample sizes are often too small to capture persons with disabilities even at the national level, or allow data to be disaggregated geographically, by administrative levels, or by types of disability; and (v) data on social, physical and information barriers are rarely collected. Another issue is the quality of the field work, because interviewers may not be adequately trained to survey persons with disabilities. As a result, it is often not possible to neither estimate disability prevalence nor get a robust description of social and economic status of persons with disabilities, which is essential for design of the evidence-based disability policies and monitoring of their implementation.

In developing countries, the quantitative literature, while still small, has recently grown. Similar to the findings for developed countries, this literature, as presented below, suggests lower social and economic status of persons with disabilities, but inconclusively. Regarding employment, a large majority of studies show that persons with disabilities are less likely to be employed as studied in Chile and Uruguay, Namibia, Zambia and Mozambique (Eide and Kamaleri, 2009) have shown. With regard to education, most of the evidence suggests that children with disabilities tend to have lower school attendance rates. An analysis of 14 household surveyed in 13 developing countries in Africa, Latin America, and South East Asia found that in all countries studied, children with disabilities between 6-17 years of age were less likely to start school or to be enrolled at the time of the survey (Filmer, 2008). Similar results were found in Malawi, South Africa, Eastern Europe (Mete, 2008), Rwanda, Afghanistan and Cambodia (Trani and VanLeit, 2010), Zimbabwe, Namibia, Zambia (Eide and Leob, 2006), Mozambique (Eide and Kamaleri, 2009) and India (World

Bank, 2009) as cited in Mitra, 2011. Regarding access to health care, the literature on disparities across disability status in developing countries is very limited. The World Bank (2009) showed that individuals with disabilities have a reduced access to health care in India and urban Sierra Leone, respectively. Mitra (2011) also shows that on average, persons with severe or very severe disabilities spent more on health care than non-disabled respondents.

Although there is a close linkage between poverty and disability, little research has been carried out into analysing the mechanisms behind this relationship. An abundance of literature has shown living conditions among individuals with disabilities in high-income countries to be low compared with non-disabled persons. A number of studies conducted in the Asian region shows that people experience wide discrimination because of their disabilities. Literature in this area provides substantial evidence that the physically challenged do feel discriminated in all societies (Miles, 2000). Similar findings were also obtained in India. In two studies conducted in the rural areas in Northern India, Dalal, Pande, Dhawan, Dwijendra, and Berry, (2000) found that the prevailing disability attitudes of local communities and families of persons with disabilities were negative and patronizing. It was found in this comprehensive survey that 50% of the families in the rural sector felt that their members having disabilities could do nothing in terms of contributing to family income. These negative attitudes are considered major sources of social discrimination in terms of delayed treatment and rehabilitation, school drop-out and giving low priorities to disability services. Conducting a survey using the same measures in south India, Paterson (2000) found that the attitudes of Community Based Rehabilitation (CBR) workers towards persons with disabilities were not affected by age, gender, marital status, CBR work experience and contact with a person with disability. Their attitudes were slightly more positive towards those with orthopaedic disabilities and more negative towards persons with a visual impairment. The only significant influence on attitudes was the overall years of school attended.

2.6 Employment Opportunities of Persons with Disabilities

A number of studies conducted in the Asian region shows that people experience wide discrimination because of their disabilities. Literature in this area provides substantial evidence that the physically challenged do feel discriminated in all societies (Miles, 2000). In a National Survey conducted in Korea in 2002, about 85% of the population with disabilities felt that they were discriminated against because of their physical condition (Kim, 2004).Similar findings were also obtained in India. In two studies conducted in the rural areas in Northern India, Dalal *et al.*, (2000) found that the prevailing disability attitudes of local communities and families of persons with disabilities were negative and patronizing. It was found in this comprehensive survey that 50% of the families in the rural sector felt that their members having disabilities could do nothing in terms of contributing to family income. These negative attitudes are considered major sources of social discrimination in terms of delayed treatment and rehabilitation, school drop-out and giving low priorities to disability services. Conducting a survey using the same measures in south India, Paterson (2000) found that the attitudes of Community Based Rehabilitation (CBR) workers towards persons with disabilities were not affected by age, gender, marital status, CBR work experience and contact with a person with disability. Their attitudes were slightly more positive towards those with orthopaedic disabilities and more negative towards persons with a visual impairment. The only significant influence on attitudes was the overall years of school attended.

2.7 Livelihood of Persons with Disabilities

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1. The three most prevalent types of disability are those related to visual impairment, hearing impairment and physical disabilities;
2. The disability rate is the same for males and females;
3. The rate is higher in rural areas than in urban areas; and
4. The rate is lowest in the 0 to 5 years age group and highest for persons who are 50 years of age or older.

Politically, Ghana gained independence from Britain on March 6, 1957. The government is a constitutional democracy headed by a President. The parliament has 275 seats, all elected on 4 year terms. The country is divided into 10 administrative regions and 216 Metropolitan, Municipal and District Assemblies (MMDAs). No special recognition has of yet been given to the representation of persons with disabilities to any of these assemblies. Only in a few districts have persons with disabilities (PWD‘s) managed to be elected or appointed to the assemblies. As published in the Medium-Term National Development Policy Framework (2010-2013), the prevention of disability and the care of PWDs as productive citizens is an important aspect of the development of the nation‘s human resources. It argues that, disability has achieved a significant milestone with the enactment of the Disability Act (2006) and the establishment of the Disability Council. Among the issues for urgent attention are the lack of a legislative instrument and time table to drive the implementation of the Disability Act; high incidence of poverty among PWDs due to very low levels/lack of formal education; inaccessible public transport for PWDs; inadequate and unfriendly walk-ways for PWDs as pedestrians; inaccessible and unfriendly environmental, water and sanitation facilities such as uncovered drains/gutters; inadequate appropriate software for PWDs; lack of research on disability issues; and inappropriate agricultural extension services for PWDs. More so, as stated in the policy document of the National Council on Persons with Disabilities, persons with disabilities are allocated a percentage of the District Assembly Common Fund (DACF), currently 2%. The aims of the DACF for PWDs are the following:

1. Minimization of poverty among all PWDs particularly those outside the formal sector of employment, and
2. The enhancement of their social image through dignified labour.

2.8 Management of PWDs

Disability management refers to a set of practices designed to minimize the disabling impact of injuries and health conditions that arise during the course of employment. Because of the multitude of such practices, it is actually a very difficult term to define precisely. Disability management should be differentiated from traditional safety and prevention activities, which aim at preventing an accident or disease from occurring, although there is a preventive aspect to disability management. It should also be differentiated from medical and vocational rehabilitation efforts, which take the injury or disease as given and attempt to overcome or mitigate the long-term disabling effects; although disability management arose in a rehabilitation context and is frequently carried out by rehabilitation professionals. Last, disability management is not synonymous with ―return-to-work.While this is one of the main indicators of success for disability management programs, it is not the only payoff. This chapter examines the historical development of disability management within the government-mandated workers‘ compensation insurance environment. We choose to locate the nexus of disability management practice between the occurrence of an injury or health condition and the potential disability which may result. However, that usage is far from universal. In some applications, the focus has shifted —upstream‖ to prevention and in others the focus has broadened to —absence management‖ and —presenteeism.‖ Disability management techniques are also applied by employers or insurers between the occurrence of an accident or occupational disease and the full realization of the long-term effects of any resulting impairment. Its purpose is to interrupt the negative progression of an injury or disease. It seeks to maintain the workplace attachment for workers who acquire a disability condition and are at risk of losing their employment. Thus, disability management is both time- specific and employer-focused (Akabas *et al.*, 1992). According to the classic work by Akabas *et al.*, (1992),‖ disability management is a workplace prevention and remediation strategy that seeks to prevent disability from occurring or, lacking that, to intervene early following the onset of disability, using coordinated, cost conscious, quality rehabilitation service that reflects an organizational commitment to continued employment of those experiencing functional work limitations‖ . They stated that the major goals of disability management are to:

1. Improve the competitive condition of the company in a global economy;
2. Achieve a healthier, more productive work force by reducing the occurrence and impact of disability among the labour force;
3. Reduce the cost of medical care and disability benefits;
4. shorten the time of absence and workplace disruption caused by the onset of disability among employees;
5. Reduce the personal cost of disability to employees;

6. Enhance morale by valuing diversity; and
7. Achieve compliance with the Americans with Disabilities Act (ADA) or other legislation.

On their part, Habeck *et al,* (1991) provide a more direct interpretation: —Disability management can be described in general terms as a proactive, employer-based approach developed to (a) prevent the occurrence of accidents and disability, (b) provide early intervention services for health and disability risk factors, and (c) foster coordinated administrative and rehabilitative strategies to promote cost effective restoration and return to work. Disability management promotes a —win-win‖ philosophy of gains for both the employer and the employee. The employee gets back to work sooner with less wage loss and a reduced expectation of permanent impairment. The employer gets the employee back at work to minimize interference with production and with reduced costs for workers‘ compensation and other benefit programs. Successful resolution relies primarily on the flexibility and willingness of the workplace to make accommodations and modifications, either temporary or permanent, to enable the worker to perform productive work successfully and safely.

2.9 PWDs in Ghana

The 2010 Population and Housing Census defines persons with disability in Ghana as “those who were unable to or were restricted in the performance of specific tasks or activities due to loss of function of some part of the body as a result of impairment or malformation” (Ghana Statistical Service, 2012). According to the Ghana Statistical

Service (2012), 737,743 representing 3.0% of the country's population live with either one or more of the various forms of disability. Out of this population, 350,096 are males with 387,647 being females with disabilities. There are more females (52.5%) than males (47.5%) with some form of disability in Ghana.

With the regional distribution, the Volta Region records the highest population with disability (4.3%), followed by the Upper East (3.8%). The Eastern and Central Regions follow with 3.6% and 3.4% respectively. Brong Ahafo Region records the least population of persons with disability of 2.3%. The most common forms of disability in Ghana are Visual impairment (40.1%), physical disability (25.4%), emotional behavioural problems (18.6%) and intellectual malfunctioning (15.2%). Visual or sight impairment records the highest prevalence. There are 38.0% males and 42.0% females with visual impairment. Though this statistic serves as useful data for research on disability, it is not comprehensive on the actual population of PWDs in Ghana. It only focuses on the population of only persons with severe disability. Importantly, this may pose challenges to policy implementation due to the possible allocation of insufficient budget for PWDs. A presentation of no data on children with disability in Ghana could equally result in challenges to policy implementations in the instance of addressing specific needs of children with disability. Again, data on more women than men with disability in Ghana as indicated in the PHC report could be detrimental to the national development process since women in general play effective roles towards socio-economic development. In society, women are classified as the minority and vulnerable.

A woman with a disability is classified as more vulnerable and is likely to experience higher discrimination in employment, education and may fall within the poorest of persons with disability in society. With this knowledge, it can be concluded that more women with disabilities affect human capital needed to drive the nation’s development process. It becomes imperative for the government to make provisions that would make women with disabilities productive either than idle in any means possible. Most studies on disability and inclusion in Ghana have identified socio-cultural beliefs and perceptions as the major causes of PWDs exclusion from mainstream society (Opoku-Boadi, 2015; Sackey, 2014; Golding, 2010; Slikker, 2009; Mensah *et al.*, 2008). In Ghanaian societies, disability is perceived as resulting from witchcraft, a curse or punishment for sins committed by the individual or the family. These Socio-cultural beliefs and attitudes have led to PWDs being tagged with degrading names and several descriptions. The perceptions create barriers which consequently lead to marginalization of PWDs in the political process (Sackey, 2014; Mensah *et al.*, 2008), unemployment which leads to poverty (Opoku-Boadi, 2015) and challenges in social life (Mensah *et al.*, 2008; Slikker, 2009). Treatment of PWDs in Ghana has not yet seen a shift from the charity and medical model which informs marginalization to the human rights approach model where non-discrimination and equal treatment are key to addressing issues of disability. PWDs are still perceived in terms of pity rather than as bearers of rights.

2.10 UN Convention on the Rights of Persons with Disabilities (2006)

For a long time, persons with disabilities were perceived as objects of pity who need help through charity rather than as persons with inherent rights and dignity. Based on the notion that human rights are inherent in humans by virtue of their humanity, the

United Nations have thus made efforts to protect rights of PWDs in several of its human rights documents (Schulze, 2009). Prior to the adoption of the Convention on the Rights of Persons with Disabilities (CRPD) in 2006, the UN in 1971 adopted the Declaration on the Rights of Mentally Retarded Persons to protect the rights and welfare of the mentally disadvantaged in society. Though not the first, this document was among the earliest UN efforts to protect persons with mental disabilities. The 1975 Declaration on the Rights of Disable Persons followed to further the rights of PWDs.

The 1989 Convention on the Rights of the Child (CRC) also made special provisions to protect the rights of children with disability. Disability was recognized as part of the potential grounds for discrimination in Article 2 of this Convention. The World Program of Action concerning Disabled Persons (WPA) was also adopted by the UN General Assembly to rehabilitate and promote equal opportunities for Persons with Disability. According to Schulze, a decade on Persons with Disability followed the adoption of the WPA and spanned from 1983 to 1992. In 1993, the UN Standard Rules on the Equalization of Opportunities for Persons with Disabilities were adopted. These rules on equalization spelt out “a strong moral and political commitment on behalf of States to take action for the equalization of opportunities for persons with disabilities” (Schulze, 2009).

Schulze (2009) asserted that though these treatises were adopted to protect and promote human rights, they had no legal implications to promote the enjoyment of rights of PWDs. This meant that PWDs were continually sidelined in society and faced barriers to enjoying their rights. The preamble to the CRPD confirms this. It states; concerned that, despite these various instruments and undertakings, persons with disabilities continue to face barriers in their participation as equal members of society and violations of their human rights in all parts of the world. She also emphasised that before the CRPD, none of these existed documents provided rights of all PWDs to live as equal citizens in society. There was the need therefore to adopt a more comprehensive and integral international document which would protect the rights and dignity of PWDs and ensure the full and effective enjoyment of all existing human rights (Schulze, 2009) as well as their inclusion into mainstream society. The United Nations thus adopted the Convention on the Rights of Persons with Disabilities (CRPD) in 2006 to promote the rights of PWDs and to ensure their full inclusion in society. The adoption of CRPD was a response to the absence of an international treaty that specifically protects people with disabilities. The CRPD provides for a number of rights including the right to equality and non-discrimination, rights for women who have disabilities, PWDs right to education, access to health and right to work and employment. The rights of persons with disability to participate in political and public life are also stipulated in Article 29 and guidelines for participation, clearly outlined under this Article. In Article 29 on “Participation in political and public life”, state parties are responsible for guaranteeing political rights for PWDs and create equal opportunities for them to participate in elections as voters, ensure accessibility and easy understanding of the voting procedure as well as protect PWDs to vote by secret ballot. Article 29 also emphasizes opportunities for PWDs to contest elections, hold political offices and participate in all forms of public functions. State parties are tasked with promoting conducive environment devoid of discrimination to assist PWDs to participate fully and effectively in all public affairs. States must as well encourage PWDs to participate in activities of organizations which relates to the public and political life and in activities of political parties. The range of human rights provisions in the CRPD are grouped under 50 key Articles. The provisions in the Optional Protocol to the Convention are also grouped under 18 Articles.

Persons with disabilities have equal rights to work and gain a living. Countries are to prohibit discrimination in job matters, promote self-employment, entrepreneurship and starting one's own business, and employment. People with disabilities should be employed in both the private and public sector and ensure that they are provided with reasonable accommodation at work" (Article 27 under UN convention Act). State parties should recognize the right of persons with disabilities to work on equal bases with others. This includes the right to the opportunity to gain a living by work, freely chosen and accepted in the labour market and a working environment that is open, inclusive and accessible to persons with disabilities. State parties shall safeguard and promote the realization of the right to work, including for those who acquire a disability during the course of employment, by taking appropriate steps, through legislation. State parties shall ensure that persons with disabilities are not held in slavery or in servitude, and are protected on an equal basis with others from forced or compulsory labour.

2.11 Millennium Development Goals (MDGs) and Sustainable Development Goals (SDGs)

The Millennium Development Goals was launched by the United Nation in 2000 and according to the World Health Organization (WHO) (2011), the United Nations Millennium Development Goals were eight goals that all 191 UN member states agreed to try to achieve its goals by the year 2015. The United Nations Millennium Declaration was signed in September 2000 and ended in September 2015. A new set of goals

(Agenda 2030) was adopted as the Sustainable Development Goals and took off in the year 2016 with 70 countries included. The SDGs consists of 17 goals which includes the PWDs 11 times, especially in the part of education, growth, employment and inequality.

People with disabilities are highly over- represented among the poor. According to the UN, about 82 percent of them live below the poverty line. Poverty is considered both a cause and a consequence of disability. Poverty is a cause of disability since the poor often lack resources to prevent some disabilities. Poverty is a consequence of disability since people with disabilities often lack access to education, health services and income-generating activities; they are often denied their human right, social and economic rights. These factors contribute to high levels of vulnerability and exclusion, therefore it is the aim of the SDGs to include everyone in its transformation processes and not leaving anyone behind.

2.12 National Disability Policy and Employment of the Disable

The purpose of the World Program of Action concerning disabled persons is to promote effective measures for prevention of disability, rehabilitation and the realisation of the goals of full participation of disabled persons in social life and development, and of equality. This means equal opportunities to those of the whole population and an equal share in the improvement in living conditions, resulting from social and economic development. As explained above, there have been numerous international conventions and declarations promoting and protecting the rights of the disable; an example is the United Nation. The international laws realise that it is the responsibility of the state to take appropriate actions to remove obstacle to the full participation of persons with disabilities. In Ghana, these rights are enshrined in the national Constitution and other Laws of the land to promote and protect the right of all citizens.

According to the National Disability policy (2000), the Ghana Constitution form part of the main elements of the United Nations Standard Rule on Equalisation of opportunities for persons with disabilities. The Rule provides an important framework for the Ghanaian Policy to achieve equalissation of opportunities for persons with disabilities. Measures taken require expressions, thoughts and feelings through programs and interventions. This policy identifies and explains key areas for policy intervention in Ghana for persons with disabilities. During the 1960's, awareness grew among persons with disabilities. Their needs and desires were not sufficiently part of the programs and policies. The policy further introduced adaptations and changes in the legislation in favour of persons with disabilities in the environment, structures and activities in the society in general. Despite the training and services provided for persons with disabilities in Ghana, they still meet many obstacles preventing them from participating in everyday life activities (National Disability Policy Document, 2000).

According to the Ministry of Employment and Social Welfare (2002), the main aim and strategies were clearly mentioned in this document through discussions and debates with a wide spectrum of institutions, individuals and people with disabilities themselves. The Minister again stated that, stakeholders should ensure that the objectives of the policy are achieved to their benefit and to the benefit of society at large. One of the goals concerning the policy that shall be adopted is to facilitate the employment of persons with disabilities in all sectors of the economy (National Disability policy Document, 2000).

Article 29 of the 1992 Constitution of Ghana guarantees the rights of the disabled and explicitly authories parliament to enact legislations to protect these rights. It first protects persons with disabilities against regulations and the treatment of a discriminatory or abusive nature. Another provision made was that special incentives be given to disabled persons engaged in business and also to business organisations that employ disabled person in significant numbers. The provisions of the right of persons with disabilities in Ghana are not sufficiently proactive and forward-looking. Example is the employment opportunities for disabled people who are dealt with essentially by providing incentives to businesses that employ people with disabilities, rather than through proactive and direct public investment in developing the creative potentials of people with disabilities.

2.13 Persons with Disability (PWD) Act 2006 (Act 715)

Disability Act 2006 (Act 715) and the national disability policy emphasise the need of disabled people having access to the physical, social, economic and cultural environment, to health, education, employment, transportation, and to information and communication. In order for persons with disability to enjoy this right, the government emphasises the need to promote the objective of the above constitution, laws and policy. Parliament adopted the Persons with Disability Act in 2006 to promote and protect the rights of persons with disabilities in Ghana. The Act guarantees a number of human rights grouped under 8 key sections. These are Rights of persons with disability

(PWDs), Employment, Education, Transportation, Health-care facilities, miscellaneous provisions, Establishment and functions of National Council on Persons with Disability (NCPD), Administrative and Financial provisions.

Section one of the Disability Act on “Rights of persons with disability” provides for a range of rights which includes the right to live with family and participate in all social, political, economic, creative and recreational activities. Most importantly, PWDs engagement in political activities is provided for in this section. Section 1 also ensures the rights to equality in respect of residence and requires that in the instance where there is a need for a specialised establishment for a person with disability, it should be close to a non-disabled peer. This section also provides for equality of PWDs. Accordingly, a person with disability shall not be subject to discrimination in society or discriminated against in the quest for employment on basis of disability. The right to equal treatment and non-discrimination is internationally recognized and established in Articles 3 and 5 of the UN Convention on the Rights of Persons with Disabilities and its Optional Protocol. Section two of the Disability Act tasks the Ministry in charge of social protection with the responsibility of assisting PWDs in securing jobs through the public employment centres. In order to ensure that more qualified PWDs are not denied employment, the Act guarantees some incentives for employers who employ a significant number of PWDs. It states, “The Government shall grant a person who employs a person with disability an annual tax rebate of the taxable income in respect of each the number of persons with disability employee” (Persons with Disability Act, 2006). Employers are responsible for the provision of requisite working tools, appropriate training and a conducive working environment for efficiency in the workplace. PWDs are equally responsible for work materials handed to them and would be legally accountable for the sale of any of the provided work materials.

The Ministry would as well establish regional and district rehabilitation centres to cater for needs of PWDs who are unable to participate in mainstream society. Rehabilitation centres shall be within th communities to enhance social integration. There are a number of rehabilitation centres for PWDs in Ghana. It includes Edwinase Rehabilitation Centre and Accra Rehabilitation Centre. The relevance of education to national development cannot be downplayed. The right to education is provided in Article 26 (1) of the 1948 Universal Declaration of Human Rights (UDHR) and is applicable to every individual including person with disability. The Universal Declaration of Human Rights states; everyone has the right to education. Education shall be free, at least in the elementary and fundamental stages. Elementary education shall be compulsory. Technical and professional education shall be made generally available and higher education shall be equally accessible to all on the basis of merit (UN General Assembly, 1948) The CRPD specifically provides for the right to education in Article 24 where stat parties are responsible for ensuring an all level inclusive education for persons with disability. Article 25 of the 1992 constitution also guarantees equal educational opportunities for all persons. Thus it states that “basic education would be free, compulsory and available to all;” (Article 25 (1) (a)) and does not exclude persons with disability. Due to their vulnerability, however, special provisions are made in section three of the Disability Act to promote the educational rights of PWDs.

The section guarantees the establishment of Special schools for PWDs who due to special disability conditions, cannot enrol in formal schools. Special schools for PWDs in Ghana include Cape Coast School for the Blind and Deaf, Akropong School for the Blind, Ashanti School for the Deaf, and the New Horizon Special School among others. The Act also outlines that the Minister of Education shall provide facilities in a selected institution in each region to reasonably accommodate persons with disability. Special education in sign language and braille writing or reading would be undertaken in public vocational, technical and teacher training institutions in each region and established by Legislative Instrument. The Ministry shall also provide appropriate training for basic school leavers who cannot pursue further formal education. Finally, parents or guardians are lawfully required to enrol their children with disability in these schools. The Ministry in charge of transportation is required to take into account the transport needs of PWDs. Section four of the Disability Act stipulates this. Owing to addressing transport needs of PWDs in Ghana, there would be no tax or import duties on vehicles imported for use by persons with disability. Motorists are also lawfully required to aid PWDs in the use of the road as pedestrians. Section four of the Act also requires tha special parking spaces be reserved exclusively for use of PWDs in all parking lots. The Civil Aviation Authority as well has a duty to provide facilities that would enhance movement of PWDs in the port. The health needs of persons with disability are addressed under section five of the Disability Act. Persons with a severe disability shall benefit from the free medical treatment policy by the Health Ministry.

Health professionals would be educated on disability health issues as part of training in health institutions. Not only this, but the Act also provides for periodic health screening of children for the purposes of detecting, preventing or managing disability during infancy. The Health Ministry would work with District Assemblies and Social Welfare Departments to operate health centres for assessment and diagnosis of mothers and children There are other rights of PWDs in sports, culture and national activities provided for in section six. Thus facilities should be made available for PWDs to actively involved in these activities. Section six as well guarantees tax exemption for persons involved in the manufacturing of appliances needed for use by PWDs. This section as well makes legal provision to protect persons with disability. Thus in the instance of a PWDs arrest, detention or trial, the person's disability shall be taken into account. Act 715 establishes the National Council for Persons with Disability (NCPD) in section seven. The NCPD is responsible for proposing policies and strategies to enhance effective participation of PWDs in mainstream society. It is as well responsible for coordinating and monitoring all disability-related programmes. The Council is composed of "high-ranking representatives from a number of key ministries as well as from OPWDs and organizations or institutions working for PWDs" (Slikker, 2009). Finally, the Administrative and financial provisions in the last section of the Persons with Disability Act provides for the appointment of an Executive Secretary who would handle the administrative activities of the Council. The Council would be financed partly by Parliament, through donations and gifts, and with money approved by parliament from the Ministry of Finance. Though the Disability Act outlines the above human rights, it has however seen some criticisms. The Disability Act is inconsistent with the United Nations Convention on the Rights of Persons with Disabilities (CRPD).

There are some glaring omissions in Act 715 which makes it deficient in promoting the rights of PWDs. Mensah *et al.*, (2008) for instance, submit that the Disability Act grants no legal definition of disability unlike seen in the CRPD. Ghana's Disability Act also omits provisions for women and children with disability. Women with disability suffer multiple discriminations resulting from their sex and the inherent disability and are the most vulnerable group of all persons with disability. Article 6 of the CRPD specifically addresses the needs of women with disability. The Convention outlines that state parties must ensure the development and empowerment of women and girls, as well as provide measures for the enjoyments of fundamental rights. Ghana's Disability Act, however, makes no such provisions for women and girls with disability. In addition to these, the Act makes no provision on equality and non-discrimination against PWDs, a clause which would be necessary to eliminate all forms of discriminatory practices against PWDs in Ghana. Measures for equality and non-discrimination of PWDs are outlined in Article 5 of the CRPD. State parties are responsible for providing appropriate measures to eliminate discriminatory practices against PWDs in society. Act 715 lacks a legislative instrument to aid effective implementation of the Disability Act. Importantly, though Section 1 ("Right to family life and social activities") of the Disability Act makes provision for participation in political activities, this provision is vague and has no guidelines on PWDs engagement in the political process. It states, "A person with disability shall not be deprived of the right to live with that person's family or the right to participate in social, political, economic, creative or recreational activities". It is realize that this provision is not elaborate on political participation and has no guidelines on specific measures to include PWDs in the political process as outlined in Article 29 of the CRPD.

The gap between policy and practice could be attributed to these omissions found in the Disability Act. Ghana has however signed and ratified the CRPD and its Optional Protocol in 2007 and 2012 respectively. This affirms her commitment to respect the rights of PWDs. Following the ratification in 2012, there have been various calls on the government to amend the Disability Act to conform to the United Nations Convention on the Rights of Persons with Disabilities (CRPD). It is necessary that the Persons with Disability Act, (Act 715), be reviewed and amended to meet international standards, specifically, the human rights provisions in the CRPD. It would then be effective in promoting the enjoyment of rights for persons with disability in Ghana.

2.14 Livelihood challenges experienced by PWDs and families

There are different factors and conditions that impact the livelihoods of disabled people. The National Centre for Promotion of Employment for Disabled People (NCPEDP) (2009) report reveals that difficulty in identification of suitable jobs or work, accessibility, discrimination, and inadequate comprehensive education and skills are the major challenges for disabled people to secure employment. A survey in Odisha reveals that stakeholders' views of disability as a charity, accessibility and welfare issues and their inadequate awareness on disabled persons' rights are major factors that adversely impact the livelihoods of disabled people (Mohapatra, 2012). Seeley (2001) argues that physical incapacity can prevent the disabled from selecting for labour-intensive agriculture occupations. Thomas (2005) further reveals that lack of adequate education, quality vocational training, lack of funds, costs of treatment and transport are major challenges for disabled persons to become self-employed. Due to lack of understanding on the capabilities of disabled persons, family members and community treat disabled persons as objects of pity and charity (Lang, 2001). Hence, family members invest in non-disabled relatives anticipating that they will care for them in their old age. These suggest how disabled persons are considered poor in a community because of lack of suitable employments and comprehensive skill developments to improve their living conditions. Also, negative attitudes of the society adversely affect disabled person’s livelihoods. This is due to poor education on capability of disabled persons in the community. Generally, families experience financial distress when there is or are physically disabled persons in the family. The situations are worse when the disabled person's disability was sudden. This creates interruption in the economic status of the family. Most of the time financial gap is created by the disabled person as a result of inability to work to generate income to support household. The family cannot plan because they do not know what to expect and may have difficult time planning the roles of other family members to accommodate uncertainty. Variability in the severity of impairment also has effects on family’s livelihoods. The way to which a disabled person is limited in doing activities or functions of daily living (e.g., walking, toileting and feeding oneself,) is called functional status. This means that when a physically disabled person has lower functional status, family members need to reduce working hours to attend to the disabled person needs. This adversely affects income generation of the families. This is because time spent during work hours to generate income may be reduced. Providing this assistance by family members can create emotional discomfort and depression in the family settings. The age of the person when the disability occurs is associated with different effects on the family members’ livelihoods. When disability emerges in late adulthood, the impacts on family’s livelihoods are usually less disruptive to the family. This is because in late adulthood disability becomes normative and more anticipated. When disability occurs earlier and in the middle stage an individual’s life, the impact on the family’s livelihood is greater. In this situations more livelihoods adjustments need to be made and for longer periods of time to sustain the living conditions of the households. The situation becomes more challenging when one parent is physically disabled. In this case the other parent needs to work extra hard to generate income to fill the financial gap created by the disabled person. In conclusion, family members experience livelihoods challenges due to disability in the family due to extra care responsibilities.

2.15 PWDs Management approaches

Elsewhere, researchers (Otmani *et al.*, 2009; Imrie and Kumar, 1998) have discovered that the built environment, which is generally not disabled- friendly, discriminates against PWDs, by excluding them from social life. As Baris *et al.*, (2009) describe it, today, the disabled persons face many kinds of discriminations, posing difficulties and disadvantages of different sizes as it was also the case in the past, and barriers, such as access to buildings, toilets, insufficient knowledge or discriminatory behaviours, caused disabled persons' exclusion from social life. When the problems of the disabled are considered, the built environment can be shown as the most outstanding symbol of disabled persons' exclusion from social life. Wellington (1992) reports that it is not a common practice for disabled person to be active users of public buildings and spaces owing to the traditional conception of the disabled as a person who has to be dependent. He maintains that, traditionally in Ghana, similar to many other African countries, the disabled person has been regarded as one who should be dependent on the extended family within the confines of the domestic space and within the immediate limits of the community where there are willing neighbours to assist him or her traverse the physical barriers in the way of movement to, and utilisation of social and communal facilities. This form of social exclusion and discrimination has, over the years, led to agitation for legislation and programmes in many countries of the world to protect the rights of the disabled. The introduction of the *United Nations Convention on the Rights of Persons* *with Disabilities and Optional Protocol* (UN, 2006) marks a shift in thinking about disability from a social welfare concern, to a human rights issue. It recognised that disability results from the interaction between persons with impairments and attitudinal and environmental barriers that hinders their full and effective participation in society on an equal basis with others. During the latter part of the 20th century, the concept of disability moved toward a strong emphasis on personal rights and desired personal outcomes, and an awareness of the effects of discrimination and marginalisation on persons with disabilities (Schalock *et al.*, 2002). In policy systems internationally, there have been moves to a citizenship/inclusion approach particularly in Canada, Scandinavia, the United States and the United Kingdom: Included in this shift, in the 1980s and 1990s, was an active campaign by the disability movement for the right for disabled person to be given the cash to purchase their own support (Thomason *et al.*, 2001). International Funding (IF) of disability supports is viewed by many in the field as a mechanism for ensuring that the paradigm shift is grounded in genuine options and increased control for individuals and families. Internationally, there is a shift from the traditional model used to fund disability support services to an individualised approach with an increasing trend to direct-funding. The former relies more on the type of service and less on individual need; the latter identifies individual support needs, which in turn guide the allocation of funding resources (Australian Institute of Health and Welfare. The alternative to traditional modes of funding and service provision for persons with disabilities to support them to make choices and to be included goes under many different names, including person-centred services; self-directed support; person-directed service; independent living; consumer control; self-determination; self- directed services; consumer-directed services; IF. All alternative models are based on the same principle: if disabled persons are to participate and contribute as equal citizens they must have choice and control over the funding and support they need to go about their daily lives. The key concepts to this new approach are defined for this study as:

1. ***Self-determination/consumer-direction/self-direction***: beliefs based on the understanding that people have both the right and responsibility to exercise controls over the services they receive (Moseley & Goode, 2005).

2. ***Individualized Funding***: is a style of funding community services where funds needed to purchase required community services and support go directly to the individual, based on a plan that is negotiated with government. Financial resources and a greater degree of decision-making power will thus be placed in the hands of persons with disabilities and their personal networks.

3. ***Independent living in the community:*** definitions vary; however, common themes relating to this value include consumer sovereignty, self-reliance, inclusiveness, and integration.

Allocating funding at the person level enhances the capability to develop individualized support strategies, contributes to portability, and promotes individual choice. Managing funding at the person level hinges on developing funding methods that are service-independent. The goal is to determine an amount of funding that attaches to the person and thereby is not contingent on the person‘s being slotted into a particular type of service. In Scandinavia, the shift between the institutional and the community tradition of support has resulted in a citizen perspective towards persons with disabilities. In this perspective, the aim is to make services offered to the general public available for persons with disabilities. In Europe, place-related funded systems of specialised assistance services are still in existence. In the United Kingdom, IF arrangements such as direct payments have been implemented, underpinned by legislation, since 1996. Persons with disabilities can use the cash to purchase services directly including employing personnel to provide direct care. A number of recent reforms in the UK are aimed at increasing the use of IF, particularly direct payments, by implementing a new funding structure, whereby several funding streams will be brought together in the form of individualised budgets'. Individuals will be able to choose whether to take these budgets as cash (direct payments) or as services. There are also proposals for new forms of support to help people currently excluded from direct payments, such as the use of agents' to assist persons with severe cognitive impairments who are deemed unable to consent; and support to control their budget without the responsibilities of becoming an employer. Research involving 38 individuals' experiences of direct payments revealed that most of the respondents appeared to be able to secure greater continuity of care with direct payments than they might have experienced previously through local authority-arranged provision. It was evident that direct payments have introduced a level of flexibility for many respondents that had not been enjoyed previously (Mosely & Goode, 2005). The first evaluation of the implementation of personalised approached to social care in the UK and the impact on users, support processes, workforce, commissioning and providers was recently published. The evaluation included a randomised controlled trial of almost 1000 service users across 13 sites where pilots of individual budgets were being trialled. The evaluation found that Individual budgets were used to purchase personal care, assistance with domestic chores, and social, leisure and educational activities. People receiving an Individual budget were more likely to feel in control of their daily lives, compared with those receiving conventional social care supports. Little difference was found between the average cost of an individual budget and the costs of conventional social care support. The average weekly cost of an individual budget was £280, compared to £300 for people receiving conventional social care. In North America, particularly in Canada, there is a much longer history of IF than in the UK. In the United States, Mosely & Goode, (2005) reported that in 2002 some form of individual funding was in place in nearly three quarters of the 43 states they surveyed. Although there is great variation in its applications, IF is rapidly becoming a mainstream funding mechanism in the US. A recent study by the Research and Training Centre on Community Living examined the extent to which states have implemented both individual budgets and consumer control over services for Home and Community based services. At the time of the interviews, 13 states had state wide availability of individual budgets and consumer control for at least some Home and Community based. The sustainable rural livelihoods approach based on Sen's (1999) capability approach can be defined as an approach, which can cope with stress and shocks, enhance capability and assets, and provide sustainable livelihood opportunities (Krantz, 2001). The approach is based upon the five capital assets on which individuals can strengthen their livelihoods (Carney, 1998), these being: social capital (networks, group, faith and trust, community membership); natural capital (land, water, wildlife, biodiversity and the environment); physical capital (shelter, energy, communication and production equipment); human capital (skill, knowledge, good health, ability to work); and financial capital (savings, credit, remittances or pensions) which provide different livelihood options for people. The sustainable rural livelihoods are based on the principles of individuals’ capability and equitable distribution of resources (Chambers & Conway, 1991). Ellis, (1998) mentioned that the approach promotes and enhances diversified livelihood options, including, keeping livestock, farming, herding, trading, waged labour, salaried employment, remittance from migration, pensions, rental and self-employment like trading, artisan work, and vehicle repair and thatching. Furthermore, various disability-specific frameworks and approaches have been created to address disabled person’s livelihoods. The World Health Organisation (WHO, 2010) reveals that secured access to livelihoods can lower poverty among disabled persons. However, employments and livelihoods challenges experienced by physically disabled persons depict a poor picture. The statistics reveal that unemployment for working age disabled people in developing and industrialized countries is between 80-90% and 50-70% respectively (Naami *et al.* 2012). However, when physically disabled persons have equitable distribution of resources, their capability in terms of being productive in the community will be manifested. This will help reduce financial burden they impose on their family members.

CHAPTER THREE

3.0 METHODOLOGY

3.1 Introduction

This chapter looks at how data was gathered for the research, the research method employed in the study, the target population, the sampling techniques and the sample size, the data collection techniques used as well as the data analysis method used. It finally looks at the procedures and the limitations faced in gathering these evidences.

3.2 The Study Area

Accra as shown in Figure 1 below is the capital and most populous city of Ghana, with an estimated urban population of 2.27 million as of 2012. It is also the capital of the Greater Accra Region and of the Accra Metropolis Assembly (AMA), with which it is conterminous. Accra is furthermore the anchor of a larger metropolitan area, the Greater Accra Metropolitan Area (GAMA), which is inhabited by about 4 million people and the thirteenth largest metropolitan area in Africa (Ghana Statistical Service (GSS), 2014).

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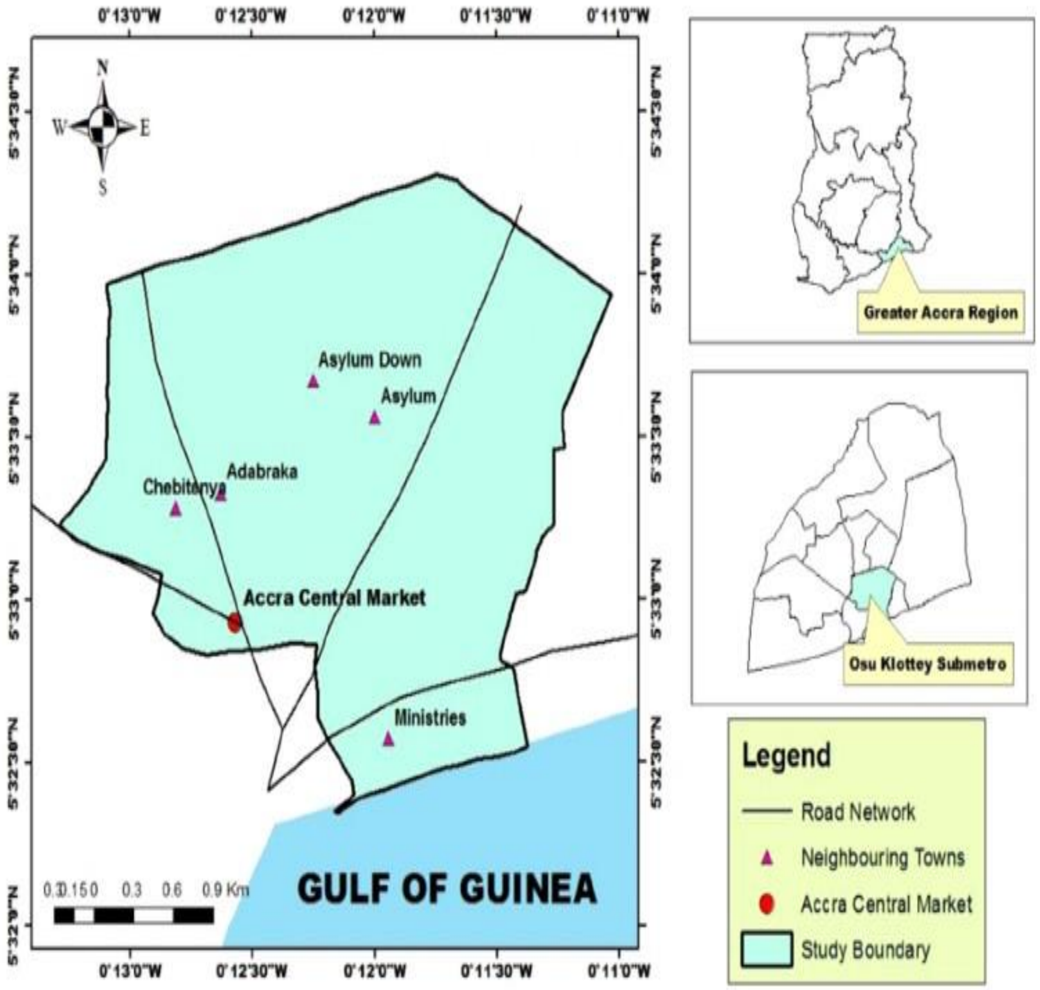

Fig. 2. Map showing the location of Accra Central Market.
Source: GIS Unit, Department of Geography and Regional Planning, UCC, 2017.

Figure 1: Makola Market

Accra Central Market (Makola Market) as shown in the Figure 1 above is a renowned market place and shopping district in the center of the city of Accra, the capital of Ghana. Makola Market is located next to the Kwame Nkrumah memorial park over the High Street and bounded by Kinbu, Thorpe Road which becomes Kojo Thompson Avenue to the North, and Pagan Road. Makola Market is located in Accra Metropolitan Assembly (source). The business district was chosen for this study because physically disabled persons are likely to face challenges due to nature of work available. The most available job is selling on the street and the people depend on their physical strength for production, others are traders and very few are sedentary workers.

3.3 Research Design

This is descriptive study which adopted qualitative data collection methods. According to Creswell (2008), qualitative approaches emphasize the importance of the participant’s views and highlight the meaning people personally hold about issues. McMillan and Schumacher (2001) noted that qualitative research investigates in-depth small distinct groups as the purpose is to understand the social phenomenon from participant’s perspective. Patton (2002) also argued that qualitative methodological approaches tend to be based on recognizing the subjective, experiential ‘lifeworld’ of human beings and describing their experiences in-depth. Therefore, qualitative approach is ideal for this descriptive study since it describes the characteristics of the population or phenomenon being studied. Descriptive design was used to provide insights and understanding on the challenges of physical disability on the livelihoods of disabled persons..

3.4 Target Population

The population for the research was all disable persons in the business district. This target population includes males and females living with disabilities within the acceptable working age (18) in Ghana.

3.5 Sampling Technique and Sample Size

A sample size of twenty (20) respondents was used under this study, which the researcher believes will help achieve the objectives of this study. The technique used under this study will was snowballing method. With one PWD identified, that person helped the researcher to identify other PWDs in the community. This method helped the researcher identify the target respondents with ease. The quota technique was also employed to ensure full participation of both sexes.

3.6 Data Collection Instrument

Both primary and secondary sources of data were employed. Secondary data was collected from journals, books and published articles. Primary data was collected from the Persons with Disabilities using questionnaire. Questionnaires were administered to respondents. The questionnaire contained both close-ended and open-ended questions. The first section of the questionnaire focused on the personal information of the respondent such as gender of respondent, age of the respondent; level of education; job title, rank, years of working experience. The other sections of the questionnaire looked at each of the objectives of the study. Statements made by individuals found to be relevant to the presentation were recorded and used in analyzing the work.

3.7 Data Analysis

Descriptive, narrative and textual analysis such as interpretive and content analysis was used in analyzing the data obtained through the questionnaire. The data collected from the questionnaire administration was coded and edited to make sure all the data on the questionnaire was ready for analysis. Data gathered was analyzed using SPSS vs 16 and results were presented in diagrammatic presentations by means of tables and analysed by means of percentages.

CHAPTER FOUR

4.0 RESULTS AND DISCUSSIONS

4.1 Demographic characteristics of respondents

The focus of this chapter is to present the data obtained and provide discussion on the key findings. The chapter is divided into a number of sections, including the demographic characteristics of the respondents, and the discussion of the results. The main focus of this research is to assess PWDs and employment opportunities in the Accra business district.

4.1 Demographic characteristics of respondents

This section presents findings on the demographic background of the respondents considered for the study. Key demographic information considered includes educational, sex, age, marital and employment status, type of disability, area of disability and period of disability. Table 4.1 above shows the demographic information of the physically disabled persons. The main demographic features of participants analysed in this study included the educational, sex, age, marital and employment status, type of disability, area of disability and period of disability. Majority of the respondents were males of 60% with few females of 40%. According to age, majority of the participants of the study were above twenty-four years. Most (50%) of the respondents were mainly 21-59. Educational level of the respondents was very high as most (80)% of them were highly educated compared to 20% uneducated people. Most (80%) of the respondents' area of disability was lower limb and the others (20%) of the upper limb . Concerning the period of disability, 60% generally had it for below 10 years. Much research has not been done concerning the age, marital status, employment and others about people with disabilities in Ghana but in a research done by Lee and Park

(2008) about employment status among people with visual impairments in South Korea, the result shows that age, education and other factors do affect people with disabilities in employment.

Table 4.1: Demographic characteristics of respondents

Parameter		N (%)
Sex	Female	8(40%)
	Male	12(60%)
Age	0-20	6 (30%)
	21-59	10(50%)
	60+	4(20%)
Educational	Educated	16(80%)
	Uneducated	4(20%)
Marital status	Divorced	12(60%)
	Married	4(20%)
	Single	4(20%)
Employment status	Employed	11(55%)
	Unemployed	9 (45%)
Area of disability	Upper limb	4(20%)
	Lower limb	16(80%)
Type of disability	Amputation	8(40%)
	Deformity	12(60%)
Period of disability	Below 10 years	12(60%)
	11-20 years	6(30%)
	21 years +	2(10%)

Field Work, (2019)

4.2 Motive to work

According to Sasja Ras (2006), the idea that people with disability are unwilling to work is not true. They want to work in order to earn a living, enjoy social contact and gain self- esteem. The results revealed that majority (40%) of the respondents wanted to work purposely to be financially independent, this was followed by 25% PWDs participants indicating that they work so they would not be begging in the streets, 20% said they work to get money and 15% indicated they work enable them further their education . One of the uneducated PWDs stated that she has no qualification, and physically not strong enough too. Unfortunately, this person begs for alms on the street. One of the respondents said having a job prevents begging and this build self-esteem, respect, empowers and makes one independent. Meggert (2004) defines self-esteem as subjective evaluations of worth. These value judgments develop through personal success or failure experiences, interactions with others, maturation, heredity and social learning and are formulated from an individual's perspective. All these concepts interact with each other. Having respect, being empowered and independent builds a positive self-esteem. Therefore, these four concepts will be discussed together. Reasons why PWDs want to work is presented in the figure 4.1 below.

Table 4.1: Motive to work

Parameter	**Frequency**	**Percentage**
Financial independent	8	40%
Stop begging	5	25%
Get money	4	20%
Further my education	3	15%
Total	20	100%

Field Work, (2019)

4.3 Causes of unemployment among PWDs

Most (60%) of the participants believe there no job opportunities. Secondly, 25% claim there is this stereotype that suggests that all the disabled can do is to beg for alms; this they indicated really affects their opportunities of getting hired by employers whiles others said lack of capital to start up their own businesses is the cause of unemployment amongst the PWDs. Ghana as a developing country that faces the problem of unemployment. There is a high unemployment among Ghanaian graduates (even the able ones). The rate of unemployment among PWD graduates is therefore higher as compared to unemployment among their counterparts, the able body graduates. According to Slikker (2009) it is stated in the national Policy Document that the employment rate of people with disabilities is estimated to be 69% compared to a rate of 80.2% of the general population. Also, the unemployment rate of persons with disability is much higher than the general population which is 14%. Misconception and ignorance about the ability of the disabled is another factor. the major reason that prevents PWDs from participation in the society, especially in the work place is that PWDs live in a society full of barriers. Concerning what PWDs can do in Ghana, the placement officer plays an important factor in the successful employment of PWDs (National Disability policy, 2000). The causes of unemployment among PWDs are shown graphically in the table 4.2 below.

Table 4.2: Causes of inability to get job

Parameter	**Frequency**	**Percentage**
Lack of job opportunities	12	60%
Employers not willing to employ	5	25%
Lack of capital	3	15%
Total	20	100%

Field Work, (2019)

4.4 Public Perception of unemployed PWDs

Results from the study indicated that majority (55%) of the respondents indicated that family members and friends were worried about them since they do not have jobs, whilst 45% indicated that family members and friends do not care whether they have jobs or not. The worrying situation of I cannot be bothered attitude by family and friends creates a lot of problems for the PWDs and the society. Unemployment reduces encounter with friends; it is often said that friends sometimes withdraw from unemployed individuals. According to Kelvin & Jarrett (1985) the unemployed individuals also often withdraw from social life and this is because they cannot afford it. This can be explained as both ecological and economic factors. Another psychological phenomenon of unemployment is the view of society or the public opinion towards the unemployed. An unemployed individual assumes that others simply do not understand why one is unemployed and that an unemployed person does not want to be unemployed and they wish they had jobs. To say they do not understand is to say they do not see an unemployed individual as he/she really is, which in fact reduces how unemployed people see themselves. Even people see unemployed person as hanger-on, as poor relations, and dependent, this description also applies to

PWDs . The public's perception of unemployed PWDs is presented diagrammatically in the figure 4.3 below.

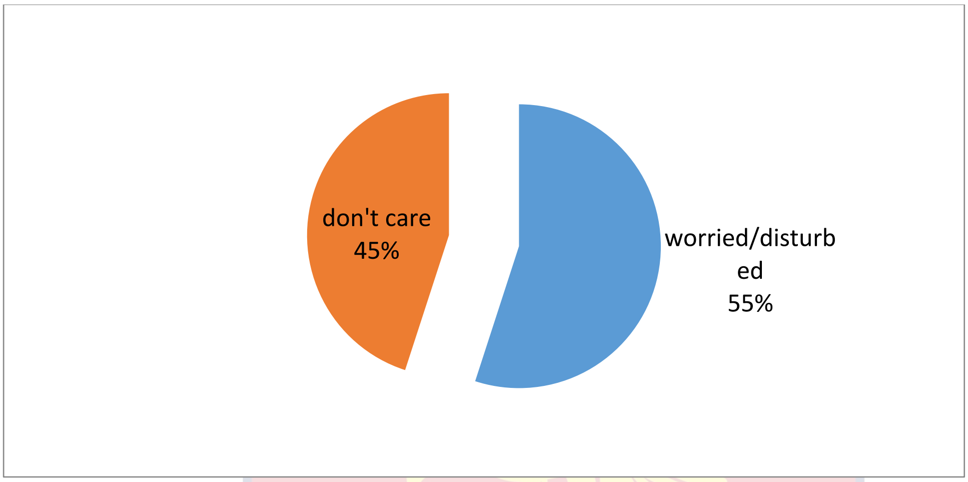

Figure 4.3 Public Perception of unemployed PWDs

Field Work, (2019)

4.5 PWDs' Feelings about Unemployment

Majority (67%) of the respondents indicated that they are not satisfied with their present state of unemployment. Twenty-two percent (22%) was partially satisfied with the current state of unemployment whilst 11% of the respondents who were not employed was satisfied with the condition. The reason for satisfaction of the current state of unemployment was that there was provision of food and other needed materials from families and friends. Respondent further indicated that there was no disturbances and pressure from friends and families in taking up job. The resulting effects of unemployment are seen by emotional disturbances when respondents were asked. The most serious psychological effects of unemployment are when the unemployed individual comes to see himself. Seeing himself is a product of how his family, friends and society thinks of unemployment and the unemployed. Unemployment lowers self-esteem, gradually destroys self-confidence, undermines self-reliance and induces self-disgust. The most psychological effect of unemployment is that it influences self-consciousness which some- times becomes disabling. The feelings about unemployment are presented in the figure 4.4 below.

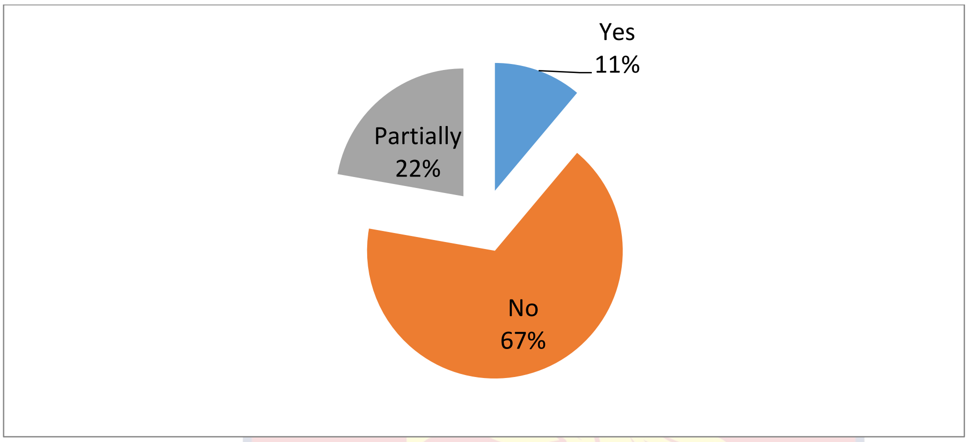

Figure 4.4: PWDs' Feelings about Unemployment

Field Work, (2019)

4.6 Importance of Employment

The importance of having a job according to the respondents is diverse and these includes economic empowerment (40%), financial benefits (15%), self-esteem (20%), being independent (15%) and being able to take care of the family (15%). The PWDs revealed that their jobs play important roles in their social and material well-being. In terms of income, class, status, influence, social relationships and personal identity. Yet so many disabled people are marginalized and powerless concerning job opportunities. Unemployment can affect a person's self-esteem. The self-esteem is challenged by the negative remarks from friends and other relatives. The pity and sympathy received from people sometimes create a sense of mental pain. The pity from people lowers a person's self -esteem. The relevance of employment the PWDs is presented in the table 4.2 below.

Table 4.2 Importance of job

Parameter	**Frequency**	**Percentage**
Self- esteem	4	20%
Economic empowerment	8	40%
Avoid dependency	3	15%
Get money	3	15%
Take care of family	2	10%
Total	20	100%

Field Work, (2019)

CHAPTER FIVE

5.0 SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1 Summary

Persons with disabilities experience significantly high rates of unemployment compared with the general population. The unemployment situation in Ghana is generally bad but may be worse for persons with disabilities. The study was conducted in Accra central and it used descriptive study which adopted qualitative data collection methods. The population for the research was all disable persons in the business district. This target population includes males and females living with disabilities within the acceptable working age (18) in Ghana. The results of revealed that majority of the respondents wanted to work purposely to be financially independent, to stop begging, to use the proceeds to further their education and many more. Results from the study indicated that majority of the respondents revealed that family members and friends were worried about them since they do not have a jobs, whilst others indicated that family members and friends do not care whether they do have job or not. Of those who were not employed, most of them indicated that they are not satisfied with their present state of unemployment.

5.2 Conclusion

Concerning period of disability, it was generally below 10 years. The purpose to work was to be financially active. Most of them said there are no jobs. Family members and friends were worried about them since they do not have a job. Of those who were not employed, most of the respondents indicated that they are not satisfied with the present state of unemployment. Majority of the respondents indicated that, the purpose of job to them was for economic empowerment.

5.3 Recommendations

Based on the research findings, the following recommendations were made;

1. There should be a follow up of government incentives to encourage employers to employ people with disabilities.
2. The government and stakeholders should sensitize the entire population about the plight (difficult and sad situation) of people with disabilities. They should be aware that disability is not the inability to perform.

3. There must be quota system to be given to people with disabilities when institutions are employing people.

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APPENDICES

APPENDIX 1: DATA COLLECTION INSTRUMENTS

A. DEMOGRAPHIC CHARACTERISTIC

1. Sex Male [ ] female [ ]

2. Age 0-20[ ] 21-59[ ] 60+ [ ]

3. Educational level Educated [ ] Uneducated [ ]

4. Marital status Single[ ] Married[ ] Divorce [ ]

5. Employment status Employed [ ] Unemployment[ ]

6. Area of Disability Upper limb[ ] Lower limb [ ]

7. Type of disability Amputation [ ] Deformity/contracture [ ]

8. Period of disability Below 10years[ ] 11-20years [ ] 21years +[ ]

9. Years of working experience………………………………………………….

B. EMPLOYMENT OPPORTUINITIES AND CHALLENGES

10. Why do you want to work? To be financially independent [ ] to further my education [ ] to get money [ ] to stop begging [ ] other(s)…………………………….
11. What is the cause of not getting a work? Lack of job opportunities [ ] lack of capital [ ] ignorance [ ] misconceptions [ ] employers not willing to employ [ ] lack of certificates [ ] because I am disable [ ] other(s)…………………………….
12. How do friends, relatives and the society think about you without a job? Worried/disturbed [ ] don't care [ ] other(s)…………………………….
13. Are you statisfied with your presence condition of unemployed? Yes [ ] no [ ] partially [ ]
14. What is the importance of job to you? build Self- esteem [ ] empower me Economically[ ] not to depend on anybody [ ] get money [ ] to marry [ ] take care of family [ ] other(s)…………………………….
15. What is the feeling of not having a job? No respect [ ] not part of society [ ] worried/disturb [ ] other(s)…………………………….