

Life Course Theory and Disability in West African Societies

hybrid conference | 05 July 2022 | Siegen, Germany

Conference Report

CONTENT

I. About.....	3
II. Conference Programme.....	4
III. Introduction.....	6
The LICOT-WASO Programme – A brief overview.....	6
IV. Keynotes.....	9
KEYNOTE 1 African Philosophy of Difference and Disability.....	9
KEYNOTE 2 Disability and the Life Course.....	15
KEYNOTE 3 Gender aspects in personal development of people with disabilities.....	20
KEYNOTE 4 Disability and social welfare across the life course in Ghana.....	23
V. Panel Sessions.....	27
PANEL A Intersectionality and social roles.....	27
INPUT A1 Gender and Sexuality over the life course of persons with disabilities.....	27
INPUT A2 Mobility and Disability: A Comparative Study of Migrants with Disabilities in Accra and Freetown.	29
INPUT A3 Persons with Disabilities and Leadership: Exploring Notions, Norms, Customs and Practices of Selected Cases in Ghana.....	32
Panel B: Culture & Representation.....	34
INPUT 1: Care For Children With Disabilities In The Advent Of The COVID-19 Pandemic: A Study In The Greater Accra Region of Ghana.....	34
INPUT B2 Representations of Persons with Disabilities in the Visual Arts over the Life Course: A Study of Selected Artists and Artworks in Ghana and Nigeria.....	37
INPUT B3 Speaking the Unspoken: Changing the Socio-Cultural Perspectives on Disability in Ghana through the Creative Arts.....	41
Panel C: Infrastructure & Accessibility.....	44
INPUT C1 Barriers to learning and coping strategies for students with visual and hearing impairments at the University of Ghana.....	44
INPUT C2 Accessibility and Use of Public Transport Services by Persons with Disabilities in Ghana.....	47
VI. Gallery.....	50
IMPRESSUM.....	54



I. About

The German-Ghanaian cooperation project 'Life Course Transitions and Trajectories of Persons with Disabilities in West African Societies' (LICOT-WASO) aims at gaining scientific knowledge about personal development tasks and transitions of people with disabilities between the life phases of childhood, adolescence, young adulthood, adulthood and old age. Since 2020, the LICOT WASO project has established a research group at the University of Ghana / Legon, which closely cooperates with the Centre for Planning and Evaluation of Social Services (ZPE) at University of Siegen / Germany. The Ghanaian research group includes eight PhD researchers from different scientific disciplines (Migration Studies, African Studies, Geography and Resource Development, Adult Education and Human Resource Studies, Population Studies, Development Studies) who study various aspects of life course transitions and trajectories of people with disabilities in different sectors and life domains of West African societies. In order to contribute to the scientific discourse on life course and disability in West Africa, mutual exchange between international researchers builds a key component of the LICOT-WASO programme. This is realized in a series of workshops and conferences taking place at the cooperating universities in Accra, Ghana and Siegen, Germany.

In this context, an international conference was held at the University of Siegen on 5th July, 2022. Relevant issues of life course theory and disability were discussed with international experts from various scientific perspectives. The conference was embedded in a series of joint internal activities of the German-Ghanaian research group which took place at University of Siegen during the research stay of the Ghanaian partners from 4th - 11th, July 2022. The conference turned out to be a most inspiring highlight for a productive week of mutual exchange of interim results for the project partners. Furthermore, the conference attracted high attention from members of both universities and also from interested researchers from Europe, Africa and the United States. This was due to the fact that well known speakers contributed to the discourse and the hybrid format of the conference allowed participation of interested persons across the globe.

As a result, the conference contributed to make the conference topic and the LICOT-WASO project known to respective research fields and supported the recognition of the research units within the academic environment. The organizers wish to thank all contributing actors.

In the following, the objectives and results of the conference will be documented.

II. Conference Programme

10:00	<p>Welcome Address</p> <p><i>Prof. Dr Volker Wulf, Rectorate, University of Siegen</i></p> <p><i>Prof. Dr George Owusu, Dean of the School of Social Sciences, University of Ghana</i></p> <p><i>Heike Dongowski, State Chancellery of North Rhine-Westphalia</i></p>
10:15	<p>The LICOT-WASO Programme – A brief overview</p> <p><i>Lars Wissenbach, LICOT-WASO Coordinator, University of Siegen</i></p>
10:30	<p>Keynote 1</p> <p>African Philosophy of Difference and Disability</p> <p><i>Dr Elvis Imafidon, School of Oriental and African Studies (SOAS), University of London, UK</i></p> <p>Discussant:</p> <p><i>Prof. Dr Charlotte Wrigley-Asante, University of Ghana</i></p>
11:30	COFFEE
11:45	<p>Keynote 2</p> <p>Disability and the Life Course</p> <p><i>Prof. Dr Yirgashewa Bekele Abdi, Addis Ababa University, Ethiopia</i></p> <p>Discussants:</p> <p><i>Prof. Dr Ana Serano, University of Minho, Portugal</i></p> <p><i>Dr Fabrizio Fea, Associazione Scuola Viva Onlus, Italy</i></p>
12:45	LUNCH
13:30	<p>Panels</p> <p>Life Course Perspectives on Disability in West-African Societies</p> <p>Presentations of LICOT-WASO researchers and discussion in parallel panels.</p> <p>Panel A: Intersectionality and social roles</p> <p><i>Facilitation: Carola Ossenköpp-Wetzig, University of Siegen</i></p> <ul style="list-style-type: none"> ○ INPUT 1: Gender and Sexuality over the life course of persons with disabilities – a study of women with physical disabilities in Ghana <i>Esther Kalua Atujona, Regional Institute for Population Studies, University of Ghana</i> ○ INPUT 2: Migrants with Disability in Ghana and Sierra Leone <i>Anna Boakyewah Bentil, Centre for Migration Studies, University of Ghana</i> ○ INPUT 3: Persons with Disabilities and Leadership: Exploring Notions, Norms, Customs and Practices of Selected Cases in Ghana <i>James Kwabena Bomfeh, Department of Integrated Development Studies, University of Cape Coast</i> <p>Panel B: Culture & Representation</p> <p><i>Facilitation: Dr Anne Röhl, University of Siegen</i></p> <ul style="list-style-type: none"> ● INPUT 1: Care For Children With Disabilities In The Advent Of The COVID-19 Pandemic: A Study In The Greater Accra Region of Ghana.

Nora Mintah Darko, Institute of African Studies, University of Ghana

- INPUT 2: Representations of Persons with Disabilities in the Visual Arts over the Life Course: A Study of Selected Artists and Artworks in Ghana and Nigeria

Ayine Akolgo, Institute of African Studies, University of Ghana

- INPUT 3: Speaking the Unspoken: Changing the Socio-Cultural Perspectives on Disability in Ghana through the Creative Arts

Kofi Amankwah Asihene, Institute of African Studies, University of Ghana

Panel C: Infrastructure & Accessibility

Facilitation: Dr Paul Kwaku Anderson, University of Siegen

- INPUT 1: Barriers to learning and coping strategies for students with visual and hearing impairments at the University of Ghana

Esmerlinda Korkor Ofoe, Department of Adult Education and Human Resource Studies, University of Ghana

- INPUT 2: Accessibility and use of Public Transport Services by Persons with Disabilities

Dominic Edem Hotor, Department of Geography and Resource Development, University of Ghana

15:15	COFFEE
15:30	Keynote 3 Disability and social welfare across the life course in Ghana – Current debates <i>Dr Saka Ebenezer Manful, University of Ghana</i>
16:00	Keynote 4 Gender aspects in personal development of people with disabilities in West Africa <i>Dr Efua Esaaba Mantey Agyire-Tettey University of Ghana</i>
16:30	Short Break
16:40	Fishbowl Discussion Life Course Theory – A framework for studying disability in West African Societies? Opening statements by: <ul style="list-style-type: none"> • <i>Dr Elvis Imafidon, SOAS University of London</i> • <i>Dr Deborah Atobrah, CEGENSA, University of Ghana</i> • <i>Dr Fabrizio Fea, Associazione Scuola Viva Onlus, Italy</i>
17:20	Closing remarks <i>Prof. Dr Johannes Schädler, University of Siegen</i>

III. Introduction

The LICOT-WASO Programme – A brief overview

Lars Wissenbach, LICOT-WASO Coordinator, University of Siegen

Good morning and a warm welcome to our conference. I would like to start by giving a brief overview of the LICOT-WASO project, in the framework of which this conference is taking place. I will do this along three questions: What is LICOT-WASO about? Why a life course perspective? And what relevance might this have for West-African context?

What is LICOT-WASO about?

‘Life Course Transitions and Trajectories of Persons with Disabilities in West African Societies’ – LICOT-WASO – is a joint PhD programme of the University of Siegen and the University of Ghana, funded by the German Federal Ministry for Education and Research. The programme is coordinated by the Siegen Centre for Planning and Development of Social Services (ZPE) together with the Department of Social Work, the Centre for Gender Studies and Advocacy (CEGENSA), and the Institute of Statistical, Social and Economic Research (ISSER) at the University of Ghana.

LICOT-WASO currently engages eight PhD researchers based at the University of Ghana, which come from different disciplines, including African Studies, Migration Studies, Geography, Adult Education and Human Resource Studies, Population Studies, Development Studies. We are more than happy to have you with us here in Siegen today, together with the coordinating team from Legon, Prof. Charles Owusu, Prof. Charlotte Wrigley-Asante, Dr Efua Mantey, Dr Saka Manful, and Dr Deborah Atobrah.

Life course theory is building the umbrella framework for the PhD projects that are currently implemented in Ghana and other West-African countries. These projects look at disability from the perspectives of different phases of life, areas of life or social functional systems. We are very much looking forward to more detailed insights into these individual research projects under LICOT-WASO in the panel sessions this afternoon.

Why a life course perspective?

Across the globe, societies are structured around life course patterns that confront its members with societal expectations, like what a person should or should not do or achieve at a certain life stage. Theoretical assumptions on the meaning of life courses have been emerging across different disciplines over the past 100 years. From ethnology, sociology and developmental psychology, and others life course theory has also found its way to the disability studies. In the early 20th century, ethnologist Arnold van Gennep examined the 'rites des passages' in various cultures and found that human biographies are structured by transitions. Some decades later, in the tradition of the 'Chicago School', it was the American Psychologist Glen Elder who studied biographies of people that were born in the United States in the period of the Great Depression. With key concepts like "trajectory", "transition", and "turning points" Elder brought forward an ecological perspective to explain personal development in the context of time and social change. In the early 2000s, the British researcher Mark Priestley applied the life course approach to the disability studies in order to understand discrimination against people with disabilities. He identified risks of exclusion from the institutions of "normal life course" for people with severe impairments. As a result, people with disabilities find themselves forced into discriminating and pathogenic roles like the "eternal child" or "the early retired", with severe negative effects on personal development.

So, life course theory became an interdisciplinary approach that seeks to understand the multiple factors that shape people's lives from birth to death, placing individual and family development in cultural and historical contexts. Without doubt, this research tradition has produced concepts and methods to understand people in their contexts. It directs attention to the powerful connection between individual lives and the historical, socio-ecological and socioeconomic context in which these lives unfold. In the disability studies, this is particularly important with regard to the exclusivity and inclusivity of life course institutions.

What relevance for the West-African context?

With such theoretical framework, just as with international classifications like the 'International Classification of Functioning, Disability and Health' and Human Rights Conventions such as the UN Convention on the Rights of Persons with Disabilities, the international community made big steps towards a common language and understanding of disability, the processes of inclusion and exclusion. But to what extent is this ambition realized? Do we mean the same when using the same terminology in discussions on disability across countries and continents? So, the question is whether we are actually talking about the same stuff when we refer to disability and the life course, in Ghana, in Sierra Leone, in Nigeria, in Germany in the US or in China. To what extent long traditions of industrialisation in capitalist societies shape the institution of life course around the globe? And, what are the institutions of life course in countries with different social and economic development paths? Does life course theory really offer a common language and way of looking at inclusion and exclusion dynamics in societies around the globe, and across sectors? Or is it more a Western concept that remains blind to the ontologies of other societies? It is these questions that are driving the LICOT-WASO programme.

So, we are not interested in an unreflective application of Western theoretical approaches to West African realities. Rather, the programme looks for a critical engagement with life course theory from a West African perspective. Meaning, a critical unpacking of to what extent life course theory holds up to non-western thinking and doing. It is against this background, that the following guiding questions are of importance to us:

- What life course patterns exist in West African Societies and how are they experienced by people with disabilities?
- How do 'transition processes' affect the life courses of people with disabilities in West African societies with regard to e.g. transition structures, subjective experiences and agency?

And most central:

- What is the potential of life course theory to understand these patterns and transition processes in West African contexts? And, where are the limits?
- How can alternative theoretical frameworks, especially from African research traditions, challenge or rethink current life course approaches?

It is a great pleasure to engage with you on these challenging questions today. And we are even more pleased that Dr Elvis Imafidon and Professor Dr Yirgashewa Bekele accepted our invitation to set the framework for this with a keynote address. Dr Imafidon is a lecturer at the Department of Religions and Philosophies at the School of Oriental and African Studies, University of London and Fellow of the Johannesburg Institute of Advanced Study (JIAS). He is the editor of the Handbook of African Philosophy of Difference and author of numerous publications on African Ethics, Traditional Thought and Disability. Dr Imafidon will introduce us to the African philosophy of difference and its relevance across the life span when it comes to disability.

As a second keynote speaker, Professor Yirgashewa Bekele will introduce us to the nexus of disability and life course theory for researching disability in African contexts. She is Professor of Special Needs Education and Director of the Special Needs Support Center at Addis Ababa University in Ethiopia.

Professor Bekele is a renowned international expert in the field of education of students with learning difficulties and intellectual challenges. A warm welcome to both of you – we are more than happy to have you with us today. And a warm welcome to everyone else here and online. We are very much looking forward to your important contributions during this event and beyond. We hope you enjoy an exciting conference.

IV. Keynotes

KEYNOTE 1 | African Philosophy of Difference and Disability

Dr Elvis Imafidon, School of Oriental and African Studies (SOAS), University of London, UK

Disability is an excellent example of the normativity and politics of difference, where difference is a social construct rather than an ontic reality, that could negatively impact persons with disability. All human traditions philosophise, reflect and construct theories about disability. African philosophy of disability consists of attempts to explore and critically examine ontological, epistemological and moral/axiological theories of disability embedded in African cultures. In this lecture, I aim to explore aspects of African philosophy of difference and disability in relation to the Life Course Theory (LCT), considering that the interdisciplinarity of the LCT is often not extended to Philosophy. I show that the LCT as a hermeneutics of disability in sub Saharan Africa benefits greatly from, and is enriched by, the rich theoretical perspectives in African philosophy of disability and difference such as the ontological and axiological perspectives. I instantiate this by focussing on taken for granted assumptions in the LCT about the normativity of the life course, the human, difference and agency that are closely examined in the philosophical perspectives. The analysis would show the flexibility and fluidity of the LCT and its ability to grow through more interdisciplinarity.

Key questions to be discussed in this keynote include What is meant by “politics of difference and disability”? What is African philosophy? How does the African community differ from say, a Western community? What is the African philosophy of disability and? What are some taken for granted assumptions in life course theory?

Difference is for me the very essence of reality. It is what is real. To be is to be different. There aren't two things that are exactly the same, such as human being's fingerprints or facial recognition. We know that all bodies and minds look a bit different. Imagine if all apples were red or all and everything we see had one and the same colour and shape – the world would be very boring, right? And that is why we often say variety is the spice of life. So, difference permeates reality, permeates our lives or universe. Different bodies and minds are manifestations of these differences.

Disability often emerges as the lack of socially constructed normativities of bodies and minds, not necessarily from actual ontic differences, but the construction or the social construction of difference. In every human society, there are norms of the body, norms of the states that one ought to be in. So, we have this idea of the ideal body, the ideal shape or form, the ideal mind. And these in some way determine what we call disabled. So, there is a politics of difference going on, because these constructions of the norms of the body or of the mind are constructed by those who have the power to construct them, those who have the power to determine and decide what these ideals should be, those who control the institutions that present these ideal norms to society and sustain them in society. So, we have the ideal of what we look like, what a real human would look like, with some legs and eyes and things like that. And when someone doesn't fit within that ideal norm of the body, of the mind, then we talk about that person as disabled.

This is what we usually refer to as the medico-scientific understanding of disability as impairment. In our time, not having the normatively expected existential participatory quality or having restrictions in our mental states, will lead to disability. For example, when a person could not pass a driving test because he or she has low vision, or when a student has difficulty while studying for the exam because he or she is not able to memorize information very fast. These persons would be described to me as having a particular form of disability, or ADHD, or something else. But, driving and our knowledge institutions, how we set or prepare exams, are not ontic reality, they are constructions. They are

institutions that have developed in human society. So, these institutions are not ontic reality in terms of being part of our universe. They are constructed, or created realities, and although they are constructed and created realities, a lot of people will fail to fit into them. Thus, although there are factual or ontic types of disability, there are also socially constructed types of disability, which is why disability keeps evolving and has been evolving over decades.

So, there are politics of difference. In disability institutions, they will determine what sort of existential participation we need to have. Those determining those who have restrictions in participating in that existence, are also determining that such who lack the ability to participate have some sort of disability. A more holistic perception of disability as the lack of self-sufficiency and not being able to individually carry out activities needed for survival would qualify everyone to have disability for me, because no one is self-sufficient, we depend on others for existence. No one does everything on his or her own, we always are in relationship with others, which is a very key part of African philosophy. That alone calls into question the very idea of disability.

What is African philosophy? Philosophy, we know, is the search for and formulation of general principles, such as those of reality, knowledge, ethics or beauty, etc. Just to give an example, we deal with specific forms of knowledge. Economics for example will deal with how to make use of our scarce resources. We deal with specific knowledge in our specific fields, but the question about what exactly is knowledge, or what conditions must be fulfilled for me to be able to claim to know anything at all is a much more general question about knowledge, not about a specific type of knowledge, and this question is referred to as philosophical, particularly epistemological, because it is about the very essence of knowledge than specific forms of knowledge. Same is true about what is real and what is good as philosophical questions. Philosophy is the search for, or the formulation of these sort of questions, the formulation of theories that answer such questions. And it is a human activity because these questions have been found in all human societies, China, in the East, in Egypt, and in Africa in general and so forth. Philosophising happens and philosophical interest and theories are found in all human societies. This was acknowledged until the Enlightenment. Before the Enlightenment, there was a lot of collaboration in terms of philosophical knowledge between the Tibetans, the Arabs, the Greeks, the Egyptians. We know that many of the Greek philosophers studied in Egypt. We know that the philosophical texts from ancient Greece such as from Aristotle and Plato were made possible because Islamic philosophers in the golden age of Islamic philosophy translated these texts from Greek to Arabic. So there was a lot of collaboration globally in terms of philosophical knowledge. From the Enlightenment on, there was this shift from that collaboration among different continents to the idea of philosophy as a purely Western mode of inquiry. This narrow, parochial understanding of philosophy has been challenged since the mid-twentieth century and African philosophy has contributed to the disrupting or equalization of the of the understanding of philosophy as a purely Western enterprise. And so, there's this sort of revival in the understanding of philosophy as a human form of inquiry, and not a Western form of inquiry.

African philosophy explores and critiques theories or general principles of reality, of knowledge, of morality that emerges from the African place. So, African philosophy searches for general principles of knowledge that have been embedded deeply into African cultures, and that's part of what we're talking about. What are those general principles about disability, about how disability comes into knowledge in African cultures. One of the fundamental philosophical theory that emerges from Sub-Saharan Africa is a fundamental communitarian and moral philosophy. African communitarian philosophy, is often expressed using the Zulu one "Ubuntu". It is just a word, which represents a longer phrase to talk about, which means "a person is a person through other persons". I'm sure there are similar words or phrases in Ghana, as they're also similar words or phrases in Nigeria. But the Zulu word "ubuntu" has become a popular word for expressing that philosophy that is very fundamental to Africans, which is

that African communitarian philosophy is ontological, epistemological, moral, ethical, social and a political philosophy that emphasizes the co-dependency ethos and morality regarding duties, solidarity, and harmony as fundamental in the building of an interwoven, and interconnected community of beings. There's a strong emphasis in African societies on communal living, on dwelling together and this is a very important principle that guides existence or everyday living in African societies, and we'll see that this also defines the indigenous life course perspective. There are two logical levels of this theory or the idea that all beings are connected. So, all beings, human and non-human beings, including our world, our environment, are interconnected. Also, human beings are interconnected with their ancestors or the past generation, and they are also interconnected with future generations. Human beings are interconnected with other humans and the environment, with the supreme being and so on to form webs of relationships where they depend on one another. We are not solitary individuals or self-sufficient; we find meaning in relationships with others. Just as an example, even the idea of an ancestor in traditional African societies would not be meaningful outside this context as ancestors will not find any meaning without relationship with the living. So, the meaningfulness or the life of an ancestor is determined in his relationship with the community at that level.

So how is difference as an ontological quality presented in Ubuntu philosophy or communitarian philosophy at the theoretical level. A person is a person through other persons is the recognition of difference, and they need to bring together these manifolds of differences to enrich our common humanity. So, when you say it, you are immediately acknowledging that you, you need others, or you need the value they have or you need their skills to survive. So, you are also acknowledging that you are limited in your skills, you're limited in who you are and you need others to survive. So, it is instantly as it were, a recognition of difference, thinking about it for the theoretical level.

11

However, on a more practical existential level. due to a narrow perception of community, and the theory of the nature of human beings, experiences in African places show the exclusion, and marginalisation of difference, because the community of beings is often narrowed down to one that is often biologically tied, one that is ethnically tied, having a common language. So, community members feel obliged to build their closed community only. And this leads to some levels of exclusion and marginalisation. I think the goal of contemporary African philosophical discourse is to bridge that gap between that beautiful theoretical level of Ubuntu and the existential level in which exclusion and marginalisation of difference takes place, and this remains a task for African philosophy.

So, within this communitarian thought, what is the African philosophy of disability? How does disability come into being? This is an ontological question. What is the reality of this or that form of disability? And, as well as epistemological questions such as, how are knowledge claims about disability produced within the African indigenous framework? And ethical questions such as what are the ethical implications of the African understanding of disability. To answer these questions in African philosophy of disability, one needs to understand, first of all, what within African philosophy. qualifies someone to be human?

The African perspective of the human has two dimensions, the ontological or descriptive, and the social or normative. The ontological or physiological, biological, and metaphysical features that showcases one's connection with other beings in the community, such as the ancestors. and the supreme being. In the ontological perspective, you have the usual biological features: the hands, the eyes, the head, the heart and soul. Human beings then have some metaphysical features, such as destiny. Destiny is believed in many African cultures to be the inner head, not the physical head but the metaphysical head. Strength is often described as being in someone's liver. So, you see that you have physiological parts of the human being, or biological parts but then you have metaphysical features, and these metaphysical features, for example, destiny, will be seen as something that defines someone's life

course. And these physiological features or metaphysical features tie the human being to other beings. That is the first dimension of what constitutes a person.

But the second interrelated dimension, which is normative, is one caused by individual agency: the ability to show sustained efforts to act in community-accepted ways. So, in an African society or African community, someone who does not leave a community-accepted life, which basically would mean someone who fails to build community, and maintain relationships will not be seen as a complete person. For example, if that person should die, he may not receive the proper burial rites that would have made it possible for them to join the ancestral world. These two features are what defines a person as a person, having both the ontological, and the normative features. So, we can see that a life course perspective is already embedded within the African culture, while the ontological dimensions would lay the foundation for a life course, the normative dimension will prescribe what the life course should be, which is basically sustaining a community, and leaving a community-accepted lifestyle. It will include questions about temporality, it will have a bibliography template, as it were, what should be your aim in life, what should you be working towards and what will make your life meaningful. This is what brings us to the idea of disability, because in West Africa or Sub Saharan African cultures, persons with disability do not often fit well into these dimensions of personhood, especially the ontological because of the idea of lacking certain, biological, and metaphysical features that a person should have. This is why they too are marginalized from the ontological structure, depicted as sub-humans, and this is clearly seen in the language used in many African cultures to describe disabled people and I would love to hear the words used in Ghana and other languages as well.

You'll find out that when you speak about a person, you usually use gender pronouns like he or she. So, if you were seeing a person just passing by, you would say he or she just passed by, you would use the local word for a person to refer to that person. However, when speaking about a person with disability. Africans do not refer to the person using that local phrase for persons rather they refer to the disability that the person has. So, it's like, rather than saying a person passed by, you say a cripple just passed by. So, you refer to the disability because you do not see the person within the ontological framework; you do not consider that person to be a person.

So, since the normative dimension is intrinsically interwoven with the ontological dimension and since persons with disability are theorized as sub-humans due to lack of certain ontological features, the normative dimension with the embedded life course theory is thus disrupted. So, there's already a friction in the ontology of a person with disability. This then results in social exclusion, disrupting the life course. For example, persons with disability will not easily fit within the indigenous society; they will not, for example, be members of the council of elders, they will not take on the usual duties that would make life worth living. And we see this a lot, for example, in albinism, which has been an area where I've done quite a number of researches in Ghana, Nigeria, Tanzania, Malawi and South Africa. The sub humanness of persons with albinism is captured in such words as 'zuru-zuru' in Tanzania, which means ghosts or 'afin' in Yoruba, which means horrible, and so on.

So, these disabilities are explained within the philosophy of disability of these African cultures, as lack thereof, of certain ontological features that they would have gotten from their ancestors. So, the explanation would be that, well, they were caused by the ancestors or they have done something wrong for which they are punished for. So, there's a lack of the ontological features needed to survive. It disrupts all aspects of the normatively prescribed life course. So, in Tanzania, for example, you will hear that persons with albinism simply disappear. And the idea is that they would not live long and expectedly in traditional societies where they were supposed to have very harsh sunny weather and have their skin burnt by the sun over a period of time, In the late 20s late 30s, they would really end up dying because of skin cancer that would not have been known say 200 years back.

So, what is the life course? How is it related to disability in Africa? And what are some taken for granted assumptions within the life course theory that the understanding of African ontology or disability can correct. Well I feel that the beauty of the life course theory is in its interdisciplinary and transdisciplinary nature is able to bring on board different perspectives from sociology, history, cultural studies, economics politics and so on, and this provides a rich and robust contextualization of individual development the life on that particular course. And it seems that we all understand what we mean when we talk about the human or talk about life in the life course theory. It is important to think about how exactly we use the #human# in life course theory because within specific context, particularly in this case of persons with disabilities within the philosophical context in Africa societies and in other societies are not seen as fully human. Then, there's already a disruption to the life course, and that needs to be figured into the understanding of the life course.

So, as we see with disability in Africa more primordial questions, therefore, to ask would include questions about who are human enough to be in a life course, and what could be done to rethink, reframe, and centralize the idea of the human within the life course. And these are some of the things that African ontology, particularly African philosophy in general, could contribute to the life course theory. This is quite similar to when we're talking about the philosophy of human rights or philosophy of healthcare. So recently, I think, earlier this year, I've been examining the human in human rights or in this case particularly persons with disability not enjoying human rights. We often do not look inward enough to see why they don't enjoy human rights – if they are not seen as human, because the question of rights is intrinsically tied to the human just as a question of life course is intrinsically tied to the human life as well. So, if they are seen as non-human or sub-human in some sense, then it will be difficult to implement the enjoyment of those rights for such a person. Thus, there is the need to first of all interrogate the question of the human, making it more broad, making it more inclusive. And the same thing with healthcare as well. Who is the human in the healthcare and healthcare situations? If someone is seen as sub-human, does the person receives the same sort of treatment or the same rights to treatment that those seen as humans will receive? So, it's a very crucial question to think about.

How do we disrupt or transcend and create a life course beyond the norm of the human, and the prospect and challenges that are infused into that process? So, we find persons with disabilities within these African contexts, dealing with everything everyday with the idea that they are not human enough or they are subhuman. And African philosophy also provides this wellspring of ideas and important theories about difference that can be helpful. My research has been inspired by both personal and professional factors, which obviously led to a disruption of the life course theory and life expectancy.

I happen to be born in Nigeria and lived there most of my life. And I think there are several things that went into disrupting that life course, and being who I am today. And within this research I found, focusing on African ontology or African ways of understanding reality as very essential in understanding disability in Sub Saharan Africa, beyond West Africa, South Africa and stuff. And I've seen that many persons with disability have been able to transcend or create or disrupt the life expectancy and create their own life course by not focusing on the intrinsic normative value or on what African ontology assigned to them, but the earned value which emerges from self-will and self-creation to come into the idea of the life course. It's a very, very difficult process but many have done so and I think it's important that the idea about life course theory, as being used to study disability in African cultures need to look into this, how persons with disability overcome cultural expectancy and self-creates. It needs to be inclusive and work with a lot of persons with disability, to see how they are able to transcend the sub-human life expectancy in African ontology and are able to create a worthwhile life course, which will be so nice in relation to disability studies that you're doing. It needs to involve more persons with disabilities.

So, let me conclude by saying, life course theory has much to benefit from paying attention to indigenous philosophy. Ontology is about personhood, the self, the human in different contexts and traditions. The focus on historical, economic, sociological, geographical, biological, psychological perspectives in the life course does not only need to be done in ways that ignore equal focus on the ontological, epistemological and ethical perspective, within African philosophy. The focus of life course theory is fruitful in understanding life experiences if it focusses on the philosophical underpinnings of the life course in specific context? This would surely enrich the research.

Thank you for your attention.

KEYNOTE 2 | Disability and the Life Course

Prof. Dr Yirgashewa Bekele Abdi, Addis Ababa University, Ethiopia

Life course, what it means and its emergence from the context of disability. Many of my presentations are related to disability issues and particularly in the African context where we have limited resources and a higher number of populations. So, to what extent these kinds of issues are fitting to the African population. I'm going to talk about two major topics. The general overview of life course in the context of disability, and how it was defined.

The life course has been perceived as an event, and the role of the individual is inactive. This socially defined event was a very important term that I wanted to talk about. The definition from Glen Elder is about 30 years ago or more, but many of the recent events that are talking about life course are taking in one way or another, the same perception. That's why I wanted to take this definition as it is, but I want to say, socially defined, is there any framework for social things that a person is expected to act on? I mean the population is expected to feed on the design and the frame to the social environment. That was a question I want to raise about persons with disabilities. The social environment already neglected them and at the same time we are expecting them to fit, or penetrate to the rigid social environment and expect them to act accordingly. So, this socially defined term is really not very representative and transparent in terms of accommodating a diverse society in that order.

The second is the individual, the role of the individual, who that individual is, how that individual interprets it, and what that individual's role is in establishing those rules. Given that many persons with disabilities are denied active participation in social, economic, and other national-related activities in their own country, the question is whether this is something that comes naturally or whether the person has to battle for it. We therefore wish to consider how definitions of this kind can be accommodating enough to consider various members of the community right from the beginning of the definition.

In addition, it is also emphasized in life courses as an age graded integrated pattern, which age are we talking about, our mental age or biological age? Or which one of these are represented in this definition because some of the society's members have higher mental age than their biological age. Are we talking about the most IQ test that we are not sure about whether it is representative of a person with disability or not? These are many of the questions, I was looking into when I'm reading the life course interpretation and the definition, which is a written theory. I couldn't see some of the relevant things in life course theories. The life course theory is also considered as multidisciplinary, of course, which is very advantageous to have a multidisciplinary approach because things can be seen from different disciplines and perspectives.

This beginning is positive since the life course theory is originated from a multidisciplinary basis by involving different disciplines. However, it is not sufficient because diverse culture, different context, and different socioeconomic status have to be taken into account as well. The life course theory is a relatively new phenomenon as compared to the history of human creation and did not fully progress as a "new" paradigm in the behavioural sciences. So, in the 1960s, the first life course theory merged with state until 1990 the behavioural science was not accommodating. In one of the studies it says, until the past four to five years, life courses couldn't be included in the field of anthropology, demography, psychology, sociology, history and many other disciplines so this indicates that it is a recent phenomenon.

The life course theory examines how human agency, relationships, common life transitions, life experiences, and chronological age affect people's lives from conception to death. It places the development of the person and the family in historical and cultural circumstances. Again, in terms of

life course, we can talk about how it was interpreted. Some say the life course paradigm or life course perspective while the other say life course. It's okay, the term doesn't matter or doesn't bother but what is within it, how it is advantageous to accommodate people, including people with disabilities. It says utilization to investigate the connection between practice in social and behavioural science, especially in the study of population health, and an age is required. Does that mean persons who have some health issues are not considered for the life course, or does that affect a person who genetically has a problem, or who maybe environmentally introduces a problem? Why this has an aging effect? What are we going to do with individuals who don't match this definition? Is there another query? Still we are using that definitions recently, and we have not been able to accelerate more studies further to advance in well interpreted studies which includes those communities, such as low socioeconomic class communities in Africa and some of Asian countries. Because of this, social science has limited knowledge of how people lived their life from childhood to old age, how their life has affected, how they have developed. Human health and aging have to be reviewed again from a different perspective in terms of including much other diversity in the world. Life course explains the importance of time, context, process and the meaning of human development in family life, as compared to the previous definition which has coming towards macro level. But still, it requires more elaboration.

The process, particularly what are those processes, education, economy, employment, training. Look into the intersection of social and historical factors with personal biography and development, who is writing biographies. So, that is a script that someone is writing and others are expected to fit, the environment. These also again need consideration and revisit things in life story. Hence, in life course theory it has been used to understand the transition at issues, particularly adolescence, connected to early development. Understand life events as well as understanding how circumstances in adolescence are connected to later independence in their life, wellbeing and economical independence in their future situation. What are those transitional issues, what are the circumstances, are there favourable conditions for this transition? It says, health and wellbeing, again. What is wellbeing? Must it include all people with disabilities and differences, and even diversities due to different reasons as a minority class? Culturally deprived or marginalized groups so the transition of persons with disabilities also has to consider this wellbeing.

Life experience and chronological age affects people's lives. Yes, it's true, and more seriously for people with disabilities. The studies in recent life course theory encourage those studying this past to tap for macro level that is where the personal experience started to emerge. That is where the trajectory of an individual is going to lift itself to somewhere. Micro level represents the person's personal experience at family level, how the family considers that individual in the family, how the society accepts, all this has to be considered in the life course theory which is not really well defined. But at the end of the day, it is expected to have a uniform life cycle stage for all. In reality, and the practice, there is no uniform life cycle, globally. It seems difficult even within the European context or within the African context to find uniform life stages that we are going to frame as a history of socio-political practice. This has to be revisited critically. When we are talking about persons with disabilities in various life stories and disability studies, less consideration is given to risk factors, personal experience, and how it affected the life of the individuals.

All people are born in purpose and the purpose is to contribute something to the world but in that case, if we are inhibiting those opportunities from practice we are the ones who are playing the role to our globe on inhibiting advancing. Not only the person with disability is affected but the globe itself is affected by our own decision. So nowadays, why are economic recessions, social and cultural ideologies and gender empowerment, many others affecting people with disabilities. Despite substantial development, few studies have looked at the social experiences of people with disabilities from a life-course perspective. Such practice has to be seen whether it is going to be considered as

part of life course or how we are entertaining such life challenges that mostly persons with disabilities are facing, because the person is who he is, or she and is not coming from anywhere they are the result of the society. It is the result of an interaction and the response from the environment that persons with disabilities are practicing, particularly in Africa they are exposed to environmental pollution, everyday life challenge, politics and carrier.

This has to be considered when we're framing about life courses, to the extent. The relationship between agent and functions is not defined very well. As a rate of decline. When do we decline? A person Mr. X is declining in some contexts in the same environment and, maybe, due to inability to access opportunities and support in similar cases in different environments, the rate of decline may differ from one another and rather, and still persons with disabilities are expected to fit to such environment. It's not fitting to the environment that is given to them rather expectation to decline. Even the age is not yet the pitch there. The moment in life, which disability threshold is reached, is not also considered. Early Childhood, sometimes it's a very difficult thing to happen to children or young communities. Are we interpreting it's really the only way to oversee related factors, or how disability is seen in early age, has to be seen again in disability life pursuing. Issues limited to demography are not any more comprehensive. Researchers required including some life processes like birth, disability, marriage, and day-to-day experiences etc. including these and analyse the process of family formation, functioning and how it follows family and generational issues is very important for people with disabilities as well. We have to consider how they continue their value in the world and follow across the generations. That is why the demography alone has getting less attention in the context of adversity. An additional point was to improve life course research in terms of data collection and also new strategies and methodology. There is hope that in the future, this kind of improvement in life course theory may help us advance or to reach people with disabilities, particularly in low income countries.

17

In demographic study, the landscape process to analyse micro data in the form of life courses, started to be implemented in the recent arena. In this case, the life course paradigm seems to revitalize the study of population. And there are proponents of that are emerging with a different perspective which has advantages. Four percent of disability and micro level study is considered as the most suited to analyse causal experience and the change in life of human beings, which is a very important focus on disability as well. The aggregate statistics or a macro level is no longer demographic only viable alternatives. These are already mentioned earlier. People with disabilities are rarely studied in life course issues, or theories. These are one of the concerns that we are having with people with disabilities, requiring some beginning in the research and have to be visible, how they are living, how they have to benefit and how they have to contribute to the world and even to the highest extent. Some researchers are only highlighting daily experience of persons with disabilities as part of their life course.

In disability and life course aspects, investigating how disability affected this phase of transition from social and economic relations to independence and acquisition of the social role that are expected to contribute is studied in many of the researches nowadays, which is very important, and it has to be encouraged. Otherwise, we can run alone but we don't necessarily win what we are supposed to be in this global need where society is looking for many things at the time. In additional children and adults are affected differently by impairment and disability in various countries in Africa. The reason is that with unfair distribution resources, social and political issues are not fairly distributed.

Persons with disabilities in general are affected due to an uneven distribution of economy, social or educational factors. One of the issues that is raised by many studies, as models of disability, even are framed with a high social economy class communities and development which doesn't consider persons with disabilities and even to the extent necessary because people in low social economy class

may not be considered where disability model may need to be looked into. Now, as my brother said in this conference, from Africa, they started a good initiative to look into life courses from an African perspective. As a result, the underrepresented model mentioned above can be revisited again, based on the context of Africa. More importantly, one of the participants has first joined the resident about the issue of women with disabilities, not only men with disabilities and different ages, suffering again; there is different suffering for women with disabilities. Are we talking about the life course equivalent to this kind of population in our society? When it comes to belief, culture, women with disabilities, they are more marginalized even as compared to men with disabilities in Africa.

In this case, life course theory may not necessarily be designed for such kinds of marginalized groups. That's why we need to look into it again. Some academic literature on disability studies, highlighting the social and the medical models of disabilities from a minority point of view. Such a disparity in theory, economy and political emphasis may also impact persons with disabilities, living in different regions where social mood and medical model has to revisit that again. I think it seems like we have a lot of things to do.

To the extent I was thinking, the African society has a different way of practicing disability. Of course, it's not general, but it differs from country to country. But are we really against disability or frustrating because of the lifestyle we are having, a low socio-economy class family has to run for daily bread, even, if they have one child with disability in the family, that's where bread winning may be affected. Are we against the disability as African, or it is due to frustration that we live with, is it against winning our daily bread. This is also one of the issues that we need to discuss and look into because social interaction is very strong in many African societies. I guess, the status of low socioeconomic class in ability to get a resource at hand to run our family may cause frustration to react negatively against persons with disabilities or family. This would be one of the theories that we have to discuss in the future. The global policy framework also contributes to these disparities in regional development, uneven distribution of resources and policy framework, implementation of theories can contribute on life course of persons with disabilities in Africa. Therefore, African people may not benefit much from a life course theory and political philosophy which doesn't fit very well to the nature of our society.

Yes, as I mentioned earlier, there are many millions of people with disabilities in Africa. Political security including my country, what kind of life courses defines this kind of daily experience of African people with disabilities. Some are running away from the war zone. Some may give up the possibility to survive and live in this world, the ecosystem, the violence, in the life course that we are not allow them to live. So, our life course really needs to visit the situation. Persons with disabilities in many cases are underemployed or underpaid. As a result, they may not be able to run their family properly. They may not even get the necessary basic needs for their own personal needs so these are, how we have to look into the life course of a person with disability. In addition, the study also highlighted that not only war and absence of peace, poverty, malnutrition, infectious diseases, injuries violence, and natural disasters are all primarily affecting persons with disability in Africa, particularly during early development age. What is expected from this kind of generation, how we are interpreting those kinds of things when the world is not welcoming kids, even to get the necessary income for food. These are some of the studies that are raised in the African context, related to person with disability; the peak of development also was highlighted in many studies. Some are more quickly, picking the functional capacities or others. For some this may not be the case. But in this case, what are the necessity syndicates and support that persons with disabilities deserve in their everyday life?

So, even to the extent the development transition and picks from lower to higher has to look into how it accommodates persons with disabilities. Generally, disability studies, mostly concentrated on the crucial role of social injustice, not environmental barriers in creating disability, not only creating disability, to what extent it is affecting? What are those potentials inhibited from the side of a person

with a disability? The society simply developing negative perception against persons with disabilities as incompetent, which is wrong. It has to be well defined, to what extent will the social environment be innovating the contribution of persons with disabilities.

The environmental barriers are creating disability and inhibiting contribution of persons with disabilities in advancing the world to a better era of trajectories. Of course, as I mentioned earlier, trajectories of persons whose disability has to be looked at again. There is a structural design that a person with disability is expected to fit and if they're not fitting that is the definition of the recent trend. For example, we can see the provision of special education in separate schools. Under educational construct, which is not favouring persons with disabilities, why are we separating them rather than giving them all opportunities to exercise their potential and ability. We are limiting them, that they will have to deserve to belong and they have to be there. This is a rigid initiation and the structure that influences the life of persons with disability. In terms of trajectory in adults, it's also one of the additions, when transiting from one life stage to the other. There must be some important transition to make them successful.

If a person is supposed to cross the bridge and if I'm breaking the bridge, it's not the fault of the person with disabilities, it's my fault because I don't want the person to pass on those challenges. When it is still constructed socially, economically, educationally, culturally and religiously, the perception and the belief about disability that they are not able to contribute their multi-level, this all are the inhibiting factors of persons with disability. One study said social science has not yet properly recognized the profound effect that disabilities have on life chance. Even in social science we are expecting much from the social science field to accommodate the life course of disability from a certain social environment. We are not always expecting from others, we have to expect ourselves to deliver a competitive environment, persons with disability so that's why biography is not a single phenomenon that has to be looked at, because it is automatically impacted by impairment. To improve the biography of someone, we first have to facilitate the social and economic environment. Persons with disabilities can play their own role in a culture that shifts and culturally mandates the pattern of existence versus impediments that consider he's a person with disability. The person is considered as incompetent, which is wrong and it has to be looked at because we are the ones who created the disabling environmental factor. As I mentioned, stability is about an equal access to economic, social and cultural capital. And as a result, it is also about how possibilities of life are distributed. So, in this case, we have to promote people with disabilities to benefit from all these important structures.

Generally, the impact of gender, class, ethnicity, disability, cultural background on the life course and the prospect of an individual is now well accepted which is a good thing, which is a recent phenomenon. So, we have to promote this kind of definition of diversity, impairment, how we accommodate persons with disabilities. There are very promising things that are emerging nowadays. We can utilize those things in the African context, targeted at what policies, theories, to work on poverty and create accessible environment, change attitudes and beliefs, reduce lack of employment, lack of education and training. In this perspective, life courses fitting African countries and context has to be discussed.

Thank you very much.

KEYNOTE 3 | Gender aspects in personal development of people with disabilities

Dr Efua Mantey Agyire-Tettey, University of Ghana / Legon

In Africa, about 80 million people live with some kind of disability. According to the United Nations, research, culture and religious values offer a lot of perception when it comes to issues of disability in West Africa. For instance, negative perceptions of children with disabilities are rooted in traditional beliefs and disability in these countries is perceived as a curse from God, while others believe persons with disabilities are possessed by evil spirits. These beliefs in Africa create an environment for people with disabilities to be stigmatized and discriminated. They are seen as a disgrace because of their condition and given names such as 'gyimigymimi', which signifies insult, as fools, double mindedness. Also, children with disabilities, with very severe forms of disabilities are sometimes described as animals.

A child born with a disability, mostly their focus is not on their emotional needs and social needs but on their physical needs. Normally, society ignores them. And their focus is not on all the dimensions, because those children are seen as not being part of the society. So many of the transition challenges faced by people with disability as they develop is rooted in early childhood, as they grow up. For instance, choosing a kindergarten, for a child with a disability, shouldn't be an issue but this is challenging in Sub Saharan Africa. They face a lot of challenges, right from birth with the society in which they develop. Their challenges range from education, health, discrimination, stigma, just to mention a few.

Generally, most persons with disability are not educated to acquire knowledge and skills to be valued on the labour market. They are denied education because there are no facilities to accommodate those with severe forms of disabilities. In terms of gender, boys and men with disabilities are more likely to achieve higher levels of education, and to assess headway than women and girls with disabilities. More boys with disabilities complete the secondary level of higher education as compared to their female counterparts. Girls and women with disability stop attending school early. Sometimes, the circumstances get them not to be educated their entire life because their parents do not want them to go through any form of stigmatization or the thought of the children not understanding what would be taught in school. Very few of them are able to reach higher education. However, most of persons with disability do not easily find jobs unless they engage in menial jobs such as errand persons, manual laborers, delivery attendants. These tasks are impossible to complete especially for persons with walking disabilities and vision impairment. Women with moderate difficulties showed a faster transition to work, mostly in the informal sector, without a significant delay in the initiation of their own family compared to their non-disabled counterparts.

Men and women with disabilities experience significant delays in completing the different transitions to adulthood. These delays are consistent with the growing evidence already available from high-resource context showing significant differences in independent living, between youth with and without disabilities. As these delays occur, persons with disability are unable to be independent on time. Men with moderate difficulties start their own families later than men without disabilities as compared to men without disabilities. Persons with mobility difficulties have a strong impact on transitions in the family domain (first marriage, first birth) but a limited effect on those in the professional domain (end of education and first job). The disability process can be conceptualized as series of transitions between different levels of disability and independence in undertaking activities of daily living. However, only few studies have targeted the trajectories of disability or have attempted to understand various types of disability that go further than the two states of having a disability versus not having a disability.

Disability and gender interact to create multiple disadvantages for women with disabilities compared with men with disabilities as a result of sexism and disabilism, discrimination against women and persons with disabilities respectively. There are concerns regarding the gender dimension, which is a key factor in the discrimination directed at, and the marginalisation of, persons with disability. Disability is gendered, affecting men and women differentially. According to the 2011 WHO World Report on Disability, the prevalence of male disability worldwide is 12 percent, whereas the prevalence of female disability is 19.2 percent. These figures attest to the fact that women with disability represent more than half of the global population of disabled people. Women with disabilities have been described as doubly marginalised on account of their disability and their gender. They may be more vulnerable to poverty and social exclusion, and often have limited social, political and economic opportunities and lack of access to basic services.

In terms of employment, several global employment studies (Azmat, Guell & Manning 2006; Hausmann, Tyson & Zahidi 2013; United Nations 2013a, 2013b, 2013c; United Nations Economic Commission for Europe [UNECE] 2008) have converging findings regarding gender employment related disparities. The report emphasises consistency in the global gender employment gap over several years. The average global vulnerable employment gender gap is estimated at 2.3 percent, with a larger share of women in vulnerable employment (50.4 percent) compared to men (48.1 percent). The vulnerable employment gap reported for Sub-Saharan Africa (of which Ghana is a part) was rather high, estimated at 15 percent. In developing countries, the employment situation could be worse for both men and women with disabilities due to lower educational levels, cultural beliefs and practices, negative perceptions about their capabilities, physical barriers and inaccessible transportation. Similar gender employment disparities persist in Ghana. It is believed that employing a person with a disability is a sign of poor leadership. It is a misconception and scepticism regarding persons with disability and as a result usually they tend a blind eye to the achievement of persons with disabilities. They usually assign meagre roles that the bosses think that is all they can handle. This to a large extent leads to low self-esteem and depression. Interestingly, there are persons with disabilities who carry out their tasks easily after they are given the chance and do exploits. Generally, there are many challenges that a person with disability has to go through to secure employment and keep it. Often, it is identified that persons with disabilities are paid less than their non-disabled counterparts.

It is important to make the links between gender and disability, as two aspects of social identity which lead to potential marginalisation from a society which is designed and run by persons without disabilities. Patriarchy draws a traditional distinction between the roles of men and women in the family: whereas the male is 'destined' to be the head of the family, to be independent and to exercise power in the household and in society, the female has a more symbolic function and is often seen as merely an accessory to the male. Females with disabilities are not expected to be independent, given that they are expected to play the roles of daughter, wife and mother in relation to men. It is implicit that women and girls with disabilities are more disadvantaged than males with disabilities. As a result of the disability, men start their own families later than their non-disabled counterparts. Such established cultural traditions are at the opposite end of the spectrum to the provisions in the UN Convention of the Rights of Persons with Disabilities that prohibits discrimination against any person on the basis of disability. While males with disability may still enjoy some forms of relative freedom despite being disabled by society, females with disabilities are treated very differently, which may go even as far as "[...] imprisonment in the home, being locked in a single room, without any visitors beyond the immediate family" (Atshan 1997: 54).

In conclusion, false and harmful beliefs about disability can have implications for all aspects of the lives of persons with disabilities and their families as they transit from one level to the other. Negative attitudes and erroneous beliefs about disability can result in stigma, which may be defined as an

attribute possessed by a person or group that is regarded as undesirable or discrediting. Stigma leads to discrimination against a person with a disability, a family member, or someone associated with a person with a disability. To address these issues, it is necessary to understand the social roles between women and men with or without disabilities. The exclusion and marginalised experienced by women and girls with disabilities are not simply women's issue or women with disabilities issue, but a social issue that requires active participation of women, men, girls and boys. This can be described as an action plan for gender and development. It is good to care for the rights of people with disabilities and show them the best ways to make their work as comfortable as possible. People need to understand persons with disabilities and drive the strategic option as well as boost their morale. Both mainstream policies, programmes and initiatives aimed specifically at people with disabilities should have a cross-cutting gender component to ensure the inclusion and empowerment of women, men, boys and girls with disabilities. It is important to engage in raising awareness and other forms of public education, to engage in further research on disability, and to facilitate persons with disabilities improved access to mainstream services such as health-care, transport, education and housing. It is clearly time to fulfil the human rights of persons with disabilities through empowerment and removal of barriers in the path towards a more inclusive society.

Thank you.

KEYNOTE 4 | Disability and social welfare across the life course in Ghana

Dr Saka Ebenezer Manful, University of Ghana / Legon

The first president of Ghana, Dr Kwame Nkrumah laid a strong foundation for social service delivery for persons with disabilities. In his first speech in Parliament, he said, “the welfare of citizens would be a determination of my government's performance”. And after that, he said, “the vulnerable groups in Ghana would be my attention”. So, from 1962 to the present, a lot of interventions to support persons with disabilities in Ghana started immediately after that statement, including the building of rehabilitation centers for persons with disabilities. There were other specific institutions providing care for children with disabilities. This begins the history of social services for persons with disability in Ghana. The agenda was providing institutional care and vocational development as key social services delivery. This involves, of course, placing the disabled in institutions for the state to provide comprehensive care services for them. But with time, the practice of building institutions to house persons with disabilities and to deliver services was contested and this trend was global. The global phenomena of taking persons with disabilities from institutions affected Ghana, given the fact that our system is a social welfare system that mainly gets huge financial support from donor agencies and international bodies. The issue for Ghana, as a state beginning independence, was that we deliver services from the perspective of charity for persons with disabilities. And that became a problem over time. Charity is good, but relying mainly on it as source of providing social welfare for the poor and vulnerable in society presents huge problem.

After the military overthrew the 1st President of Ghana, Kwame Nkrumah, in February 1966, there were successive military governments in Ghana. Together, the military governments have ruled Ghana more than civilian government, and all these political developments affected social services and social welfare provisions for persons with disabilities. And this is contestable in the sense that all these political change overs between military and civilian governments added to neglecting social services delivery and welfare provisions for people with disabilities. In addition to setting up rehabilitation centers for people with disabilities as the main social services intervention, this also severely affected the Department of Social Development which championed welfare services for people with disabilities. The enactment and passing of the Disability Act though was a good achievement, nonetheless it came with serious problems thereafter as the government through parliament never was able to operationalize the law. What this means is that it was difficult to enforce the Act passed by parliament in 2006. Till date the Disability Act is still sitting idle in the legal books under four (4) different past presidents in Ghana. Given this situation and in order to improve on the welfare of persons with disabilities in Ghana, some non-government organizations (NGOs) working in the area of disability rely on the UN Convention on the Rights of Persons with Disabilities. But we all know of the challenges associated with using global frameworks particularly as global enforcement is very difficult to realize at country level. More so, it is more difficult to achieve improvement in the wellbeing of persons with disabilities at country specific level if we are to use global frameworks especially in a poor debt-ridden developing country like Ghana.

I can say here that in Ghana, we have multiple levels of social service delivery to improve on the well fare of persons with disabilities. First, we have the state as key provider of social welfare services for persons with disabilities. Second, there is a charitable sector dominated by several religious and non-government organizations. Thirdly, there is the private sector dominated by corporate private institutions, associations, and individuals. The reality is that although all of these bodies are genuinely doing good work to improve the life and wellbeing of persons with disabilities in Ghana there is lack of coordination between the systems and complementarity is lacking in the services delivered. But the real problem here is that the State, as the key social welfare services provider is shedding off its responsibilities to persons with disabilities. This is against the State inability to enforce its own law to

promote the welfare rights for persons with disabilities. As a result, the notion and practice of charity is not only domineering in delivering social welfare services for persons with disabilities, charity is the main influencer of social welfare services at all levels in Ghana. This is to the extent that the government of Ghana and organizations representing the State sees its service delivery as doing good and helping persons with disabilities but not as a right and the right to duty for meeting the social welfare needs of persons with disabilities in the country.

Recently, there has been a very good policy initiative in Ghana to try to improve the world and wellbeing of persons with disabilities in the country. That is the introduction of the 'Disability Common Fund'. The 'Fund set aside 3% of the District Assembly Budget from the Local Government Ministry specifically for providing diverse welfare services and goods for persons with disabilities. I deem it very important to commend the government for such a noble service intervention. We need to understand that the growing needs of persons with disabilities do have huge budget implications. However, though this need is up it is against the fact that global finances for helping the poor developing countries including vulnerable population groups is limited. Ghana is not an exception and immune to this financial crisis. As a result, even the few services that are mandated by the 'Disability Common Fund' for persons with disabilities to improve their wellbeing is not forthcoming. And always in arrears of payment for about 1 year.

Again, a specific clause inserted in the Disability Act states, '[...] the government's ability to provide the fund'. And that is a cause that is killing the promotion of the welfare of persons with disabilities. But the current debate in the era of disability discourse in Ghana hinges on that charity mentality that drives welfare services. And, the development of welfare services was tested not looking at disability services as a right and the government ability to provide the funding to procure the services. So, we are in a situation where we rely much on donor support, and do not provide provisions for persons with disabilities on our own. Without international donor financial and technical support and provisions, basic social welfare services for the greater majority of persons with disabilities will highly be problematic in Ghana. If you listen to the stories of most people in Ghana and/or particularly persons with disability who have strived to achieve positions in the general society, mostly they are funded by charity organizations, including religious institutions, non-government organizations, and international donor organization as well as private individuals. When we look at the state as the formal and lead provider of social services, this opens a better space for the discussion of the practice of services welfare services delivery for people with disabilities. At best this practice is secondary one. I think it is. When elections are coming, and the activists push the government hard, the whole government machinery freezes, and rethink as this may cause loses of some benefit for them.

The situation is complicated, because persons with disabilities in Ghana do not constitute a political force, where they can have the government to win elections in the country. If you don't have that force to be able to push and make a demand on the state, you are always a secondary citizen. Over 10 years of passing the Disability Act, there remains a huge barrier to access public institutions for services to meet the basic needs of persons with disabilities. In Ghana, nobody checks anything for persons with disability in the country to see whether it is done. So, we are still constrained to access even public offices. For instance, structurally I can count many government buildings and offices that are not accessible to persons with disability in Ghana. Given that these buildings and their structural environment are not friendly to access for persons with disabilities, the question that emerges here is that 'How can persons with disabilities access these offices to do business and also apply for welfare services?' I think now is the right time. And, the time is now for the fellow PhD research students to push and crystallize a debate in terms of how we can enforce the rights of persons with disability in Ghana, based on rights and not as charity. And it's not easy, but like our leaders in the past, we can also force that service provision to be made a human rights issue.

Ghana is a country where the citizens is said to be living in collective communities and unfortunate population groups are well care for. This is because of the practice of communal system, where the family is strong. We are of each other's keeper, deep rooted in the church values of compassion, love and care. If that's one thing, you cannot take away from Ghanaians is their God. They believe in God. But if we have a strong belief in our God and yet we don't care for the disadvantaged in society, then there is a fundamental problem. What is the meaning of that strong faith in God? Advancing the argument of the Ghanaian strong faith in God and Christian values presupposes that even without a government led social service provision, the welfare of persons with disabilities should improve greatly. This therefore negates the present argument of deinstitutionalization and the best system to protect and provide services for persons with disabilities so as to promote their welfare and realization of rights. But the bottom-line issue is persons with disability need support services, giving the present situation of a weak Ghanaian economy. This makes the family incapable of providing care and protection for persons with disabilities. This is an important information to help us rethink and refocus the issue of social welfare provisions for persons with disabilities. All these discussions are against the fact that the annual budget estimate of the Department of Social Welfare on average is about Twenty Thousand Ghana Cedis (GHS 20,000.00); equivalent to 1,600 Euros. I think this is disheartening outcome. A whole social welfare department that is taking care of the currently population of persons with disabilities in Ghana. There is no official statistics of persons with disabilities in Ghana though persons with disabilities population figures available varies greatly and the estimates ranges from 1.6 million to 2 million.

My understanding is that before persons with disabilities can enjoy the fullness of your services, there needs to be a budget for them, a budget that can take care of their needs. When we look at services through the lens of the life course theory, it becomes a problem where the life course theory looks at service provisioning of the life stages. For example, if I'm two years old, and I become disabled, the government should be able to provide for me. My childhood years. My adolescent years, my working years if I'm lucky. And then my adult years and then if you might die. Within that length of looking at service provision, then it's a problem. The service provision with the team or through the lens of life course a free to be practical policy driven coordinated local action, very critical to feed into policy. To the extent that the issues and the plight of persons with disabilities in our communities is not respected and is not even thought of as a policy, if there's a national policy, it may be a paper policy.

And in summarizing this short presentation and engagement. I think that was the hub of those agencies. The issues, and the plight of disabled persons in Ghana will still, and continues to be deplorable. There are exceptionally few persons with disabilities in Ghana that are privileged to be educated and employed at the highest level of the occupational hierarchy. Their numbers are negligible against the total Ghanaian population over 30 million. Nevertheless, this is significant achievement as their success stories will add to inspire many other young persons with disabilities. However, even that, the reality of many persons with disabilities is that if you don't train yourself with a syllabus, you will not get a well-paid job. More so and many times, it is disgraceful for us in the developing world to always be asking and/or begging for support, support, and support, for persons with disabilities as there seems to be increasing need and because there's a lot of work to be done for persons with disabilities in my country in order to improve their welfare.

There is a lot of resources in my country, Ghana, for persons with disabilities to benefit if the distribution of these resources is done with fairness in mind. Another resource we can look at is the Livelihood Empowerment Against Poverty (LEAP) cash transfer programme; the money to improve on the poverty level and inequality of vulnerable populations in Ghana. Even though persons with disabilities are classified as vulnerable population group in Ghana, however stringent and conditional requirements are to be met to be able to access LEAP cash. The point here is that persons with

disabilities though qualify for LEAP cash on paper, however in reality a far greater numbers of them are unable to access to use the money to meet their needs in terms of procuring services and goods to improve their welfare and well-being. Specifically, it is a fact that a greater significant number of persons with disabilities cannot afford to rent an accommodation in Ghana. As a result of this they do not have an address. This therefore disqualifies a greater majority of persons with disabilities and as such they cannot access LEAP money. The reality of life is that if you don't rent, you do not have an address.

We need to bring fairness and solidarity in service provision to support the diverse population groups of persons with disabilities, at all levels of global systems, including, local, national, and international communities. And we need to step up research interventions and write more research reports as to how the life course approach will be useful to improve the lives and the life stages of persons with disabilities across the stages of human development.

Thank you.

V. Panel Sessions

In the panel presentations, eight academic researchers from the University of Ghana, who are pursuing their doctoral studies within the LICOT-WASO programme, presented their current research work and discussed it with the conference participants. The following section contains brief summaries of the research work presented.

PANEL A | Intersectionality and social roles

INPUT A1 | Gender and Sexuality over the life course of persons with disabilities

Esther Kalua Atujona, Regional Institute for Population Studies, University of Ghana

A person with a disability, like everyone else, is a sexual being, however, due to certain cultural beliefs and attitudes toward disability, the sexual lives of Persons with disabilities have often been disregarded (Addlakha et al., 2017; Campbell, 2019; Esmail et al., 2010; Peta, 20,17). Persons with disabilities are sometimes infantilised, seen as asexual, or sexually inept, and are thus unable to explore their sexuality, especially for persons with disabilities who do not fall into the heteronormative category. These cultural views and beliefs about persons with disabilities are sometimes internalized by persons with disabilities, leading to the assumption of asexuality by certain persons with disabilities.

The term "sexuality" can refer to sex, pleasure, or intimacy. However, sexuality is a broad concept that can refer to a variety of other meanings and actions depending on the context. Others see it as a means of sustaining humanity, and it may even be viewed as a source of violence and oppression by others (Tamale, 2011a). Whatever meaning or emotions it connotes, the fact remains that it is a part of us as humans. The World Health Organisation (WHO) considers sexuality as central to being human and encompasses sex, gender identities, and roles, sexual orientations, eroticism, pleasure, intimacy, and reproduction. It is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviour, practice, roles, and relationships (WHO, 2011).

Sexuality especially in Africa is generally regarded as a sensitive topic, if not a taboo. This is because research on sexuality generally poses difficult, sensitive, and private questions. Researching sexuality, especially in the context of disability, therefore, requires cautious threading and tact, because of the position that persons with disabilities find themselves, and that is a position of stigma, prejudice and discrimination and a sexual history marked by violence, suppression, and oppression (Finger, 1992; Liddiard, 2011). Although such is the case with the sexual history of persons with disabilities, this sexual history received little attention from both activists and academia in the past. In the past much of the focus was primarily on persons with disabilities' social and political histories, campaigning for anti-discrimination legislation, their civil rights, equal access to education, community integration, and environmental accessibility (Liddiard, 2017). In these past few years, however, persons with disabilities' sexuality has begun to receive greater attention globally, especially in academia. The reasons considered to have boosted interest in disability-related sexuality research despite the previous neglect are because of an increasing interest in disability rights worldwide and the United Nations (UN) and World Health Organization's (WHO) acknowledgement of sexuality as central to being human (Chappell, 2019).

In Ghana and much of West Africa, disability research has frequently focused on discrimination and marginalization of persons with disabilities in the areas of education, health, employment, and barriers to Sexual and Reproductive Health (SRH) services. Persons with disabilities holistic sexual experiences and gender differences have received little attention. There has not been much research into the

sociocultural meanings of disability, the influence of the disability itself, and social institutions such as the family that may limit persons with disabilities' sexual expression.

Through a qualitative narrative approach grounded in a feminist disability theoretical framework, this study explored the sexual life experiences and behaviour of persons with disabilities in Ghana's Greater Accra Metropolitan Area (GAMA). Twelve persons with disabilities both males and females eighteen years and above in the categories of sight, hearing/speech, and physical disabilities were selected through convenience and snowballing techniques for the reconnaissance survey.

The preliminary findings suggest that the family as an institution to a larger extent shaped the sexuality of respondents and most respondents revealed they have been stigmatised all their lives and were often viewed as asexual. Women particularly reported they often felt their femininity questioned and felt they were under constant scrutiny by family members of their partners. Fewer males compared to females indicated their disability was a barrier to the expression of their sexuality and sexual relations.

In conclusion, the preliminary findings suggest discrimination faced by persons with disabilities is largely a result of myths about disability and society's narrow understanding of the capabilities of the disabled body.

References

- Addlakha, R., Price, J., & Heidari, S. (2017). Disability and sexuality: Claiming sexual and reproductive rights. In *Reproductive Health Matters* (Vol. 25, Issue 50, pp. 4–9). Taylor and Francis Ltd.
<https://doi.org/10.1080/09688080.2017.1336375>
- Campbell, M. (2019). 'Nobody Is Asking What I Can Do!': An Exploration of Disability and Sexuality.
- Chappell, P. (2019). Situating Disabled Sexual Voices in the Global South. In *Diverse Voices of Disabled Sexualities in the Global South* (pp. 1–25).
- Esmail, S., Darry, K., Walter, A., & Knupp, H. (2010). Attitudes and perceptions towards disability and sexuality. *Disability and Rehabilitation*, 32(14), 1148–1155.
<https://doi.org/10.3109/09638280903419277>
- Finger, A. (1992). Forbidden Fruit | *New Internationalist*. Forbidden Fruit. *New Internationalist*, 233(9), 8–10.
- Liddiard, K. (2011). (S) exploring Disability.
- Liddiard, K. (2017). The intimate lives of disabled people. In *The Intimate Lives of Disabled People*.
<https://doi.org/10.1080/09687599.2019.1636562>
- Peta, C. (2017). Disability is not asexuality : the childbearing experiences and aspirations of women with disability in Zimbabwe. *Reproductive Health Matters*, 0(0), 1–18.
<https://doi.org/10.1080/09688080.2017.1331684>
- Tamale, S. (2011a). African Sexualities, Introduction. In *African Sexualities, a reader* (pp. 1–8).
- Tamale, S. (2011b). Researching and theorising sexualities in Africa. In *African Sexualities, a reader* (pp. 11–36).
- WHO. (2011). World Report on Disability 2011. In World Health Organization, World Bank, American Association for Disabilities, and United State of America.
<https://www.who.int/teams/noncommunicable-diseases/sensory-functions-disability-and-rehabilitation/world-report-on-disability>

INPUT A2 | Mobility and Disability: A Comparative Study of Migrants with Disabilities in Accra and Freetown.

Anna Boakyewah Bentil, Centre for Migration Studies, University of Ghana

Migration being part of mobility is not a new occurrence and it is embedded in human history. Mobility of humans between and across continents and regions had been in existence before the development of nation-states (Food and Agriculture Organisation (FAO, 2018). Movement of people have always been a part of the permanent process of social change and structural transformation of society (ibid.). According to the United Nations (UN) the number of international migrants continue to grow, and it is estimated that by the year 2050 there will be more than 400 million migrants in the world (UN-DESA, 2017). Based on the methodologies used by World Health Organisation (WHO) and the World Bank (WB), (2011), it has been estimated that 15 percent of the world's population have one form of disability. However, according to the United Nation High Commission for Refugees (UNHCR, 2021), there are no official global statistics in existence that indicates how many migrants are persons with disabilities. In this light, World Health Organisation and World Bank's global 15 percent disability prevalence has been used to estimate that 12.4 million out of 82.4 million forced migrants by the end of the year 2020 are persons with disabilities.

Historically, it has been noted that disability has been excluded from migration studies as well as other disciplines such as international development, anthropology, global health and humanitarian discussions (Pisani & Grech, 2015). Migrants with disabilities have always been part of the migratory flow since it also serves as a source of livelihood strategy. However, in all this mobility across the globe the most invisible and undocumented migrants are those with disabilities (ibid.). This study seeks to find the migratory experiences, challenges of persons with disabilities and how they manage their lives at the destination.

The general objective of this research is to examine the migration of persons with disabilities in Ghana and Sierra Leone and their well-being. The specific objectives are:

- Explore the factors that motivated persons with disabilities to move from their origin to their current destination;
- Examine the effect of barriers to societal participation of persons with disabilities and the gender dynamics before and after migration to the study areas;
- Explore the migratory livelihood strategies of the persons with disabilities at the destination;
- Explore the coping mechanisms of migrants with disabilities at the study areas;
- Examine policies of disabilities, legal and migratory framework.

The philosophical underpinning of the study is Edmund Husserl (1859-1938) Phenomenology Theory. This philosophy highlights how social actors construct knowledge through their personal or lived experiences (senses). The philosophy will aid in the explanation of the lived experiences of persons with disabilities and the interplay between disability and migration aspirations.

The theoretical framework of this study will be provided by Life Course Theory in the tradition of Glen Elder Jr. The theory or perspective gives us the understanding of the lives of people and several issues that affects them such as social, psychological as well as physical conditions. It looks at the chronological age, relationships, common life transitions and how social change shape people's lives from birth to death. This theoretical framework helps to understand the normative and non-normative experiences of persons with disabilities in their migratory process. The Life Course Theory will aid in selecting research variables since disability affect people differently. Therefore, the theory will be used to access how the interplay of various life stages and disability of persons with disabilities inform their migration aspirations (Avieli, 2019; Elder, 1998). Further, the livelihood concept (Chambers & Conway)

will be employed to facilitate the understanding of sustainable livelihood that will give an individual the ability to support oneself now and in the future. The concept aids in the understanding of how persons with disabilities migrate and look for alternative livelihood strategies in order to reduce risks and vulnerabilities. Therefore, the theory will be used to identify the connection between social structures and how persons with disabilities are able to construct and deconstruct their capabilities in the migratory process.

The study area of the research is Greater Accra in Ghana and Freetown in Sierra Leone. The study adapted Max Van Manen's hermeneutic phenomenology which is grounded in both Husserl's and Heidegger's views of a descriptive and interpretive approach (Heotis, 2020). A qualitative research approach was used to collect data and analysis was done in order to gain an insight into how social concepts of disability and migration are understood and interpreted within cultural context (Tewksbury, 2011). The primary data was collected through In-depth interview and Focus Group Discussions. Secondary data are gathered from published materials such as journal articles, thesis, books, Institutional reports and policies among others. Purposive sampling was used to select the cities and Snowball technique with the aid of an In-depth interview guide was utilised to collect the data from relevant stakeholders and migrants with disabilities. The sample size was twenty for each country understudy. It included first generation male and female migrants, 18 years and above who have lived at the destination for a minimum of six months.

Preliminary findings revealed that in Ghana, the Department of Social Welfare is responsible and has the mandate to register all persons with disabilities for the disbursement of the District Assembly Common Fund (DAF) of three percent (3%) to registered persons with disabilities. The persons with disabilities are given tools, equipment which included ovens, chest freezers among others for sustainable livelihood support. Motivation for persons with disability to migrate revealed that most of the persons with disabilities moved in search of alternative livelihood for their wellbeing as well as those of their families. Better education, good health care delivery and employment opportunities. However, one to the major push factors from their origin to their present destination for most of the persons with disabilities was attitudinal barriers to societal participation which lead to low-self-esteem and anger. The most visible gender dynamics that was visible in the data analysis was the differences in the migratory experiences between males and females with disabilities. It was identified that the males are able to get lot of support from their families especially wife and children. However, females experience rejection even where they have husbands or partners, they suffer abuse from them due to their disabilities.

In conclusion, the preliminary study shows that persons with disabilities who are migrants need to have the knowledge to go and register with the Department of Social Welfare before they can receive any form of help which most of these migrants with disabilities are ignorant about. It was also observed that though one of their migratory aspirations was to get better education, migration rather disrupts their education. Therefore, there is the need for stakeholders to pay special attentions to these migrants with disabilities because most of them live in deplorable conditions.

References

- Avieli, H., Band-Winterstein, T., & Araten Bergman, T. (2019). Sibling relationships over the life course: Growing up with a disability. *Qualitative health research*, 29(12), 1739-1750.
- Elder Jr, G. H. (1998). The life course as developmental theory. *Child development*, 69(1), 1-12.
- Food and Agriculture Organization, 2018. The State of Food and Agriculture 2018. Migration, agriculture and rural development. Rome. Licence: CC BY-NC-SA 3.0 IGO.

- Grech, S., & Pisani, M. (2015). Editorial: towards a critical understanding of the disability/forced migration nexus. *Disability and the Global South*, 2(1), 416-420.
- Heotis E (2020) Phenomenological Research Methods: Extensions of Husserl and Heidegger. *Int J Sch Cogn Psychol*. 7:221. doi: 10.35248/2469-9837.19.6.221
- Pisani, M., & Grech, S. (2017). Disability and forced migration: Critical intersectionalities.
- Tewksbury, R. (2012). Stigmatization of sex offenders. *Deviant Behaviour*, 33(8), 606-623.
- United Nations, Department of Economic and Social Affairs, Population Division (UN DESA) (2015b). *World Population Prospects: The 2015 Revision*.
<http://esa.un.org/unpd/wpp/Download/Standard/Population/>
- United Nations, Department of Economic and Social Affairs Disability
(https://www.un.org/development/desa/disabilities/refugees_migrants_with_disabilities.html)
- United Nations High Commissioner for Refugees (UNHCR) (2017b). UNHCR Population Statistics. June 2017 from <http://popstats.unhcr.org/en/overview>
- van Manen M. (1990). *Researching Lived Experience*. State University of New York Press, New York, NY, USA
- World Bank (2018b). 'Reviving urban development: the importance of Freetown for the national economy'. Washington DC: Sierra Leone Economic Update
(<https://openknowledge.worldbank.org/bitstream/handle/10986/30032/127049-WP-PUBLIC-SierraLeoneEconomicUpdatev.pdf?sequence=1&isAllowed=y>)
- World Bank (2019). World development indicators.
[Database].<https://databank.worldbank.org/views/reports/reportwidget.aspx?ReportName=CountryProfile&Id=b450fd57&tbar=y&dd=y&inf=n&zm=n&country=GHA>

INPUT A3 | Persons with Disabilities and Leadership: Exploring Notions, Norms, Customs and Practices of Selected Cases in Ghana

James Kwabena Bomfeh, Department of Integrated Development Studies, University of Cape Coast

At the turn of the century in 2000, the Rise of the 4th World argued differences among people within the same location. Among them are; the rich and poor; employed and unemployed; homed and homeless; abled and disabled. This study was on persons with disabilities. The history of disability studies dates back to the 15th century rooted in Philosophy as the Molyneux Question. Most disability spirited battles are waged on personal interest. There are ingrained cultural imperatives serving as a glass ceiling for persons with disabilities. Yet, some persons with disabilities have defied both the disability and its social construction into leadership. Population and diversity arguments make disability a development issue because of the bidirectional link to poverty. Even so, as a human condition, it is a human right concern in development culture. Culture manifests the ideas, ideals and beliefs of a people shaping their legal, social, spiritual and economic lives. Hence, the differences in the Western and African worldviews on disability and leadership. There are empirical studies showing disability exclusion from leadership with a cultural claim. As such, efforts including international and national laws have been made to integrate persons with disabilities with relative success. Yet, exclusionary tendencies persist. In the absence of any established study grounding the cultural claim, this study sought to explore the cultural notions, norms, customs and practices of Asante and Gonja in Ghana.

The study adopted a qualitative approach using critical ethnography and narrative designs with interpretivism as the philosophy. Purposive sampling was used to select 11 participants. In-depth-interview, document review and key informant interview guides were method and instruments respectively for data collection. Data analysis was done with document review analysis, critical discourse (content) analysis utilising the qualitative data analysis software Atlas.ti.

In the following, I will present and discuss key findings of the study.

Objective one: Cultural constructions of disability and leadership among the Asante and Gonja were conclusive that:

- There are divine, mystic and mythical origins
- Disability is also seen as a defect, imperfect and camouflage to leadership
- Disability is not a taboo, but competitive disadvantage to leadership

Objective two: Drivers for persons with disabilities in pursuit of leadership for the persons with disabilities and persons without disabilities were the same, namely:

- Bloodline or family heritage
- Character, integrity and moral approval
- Bodily and physical appearance

Objective three: Life narratives of 8 persons with disabilities in 5 sectors Politics, Education, Technocracy, Sports, and Chieftaincy revealed, among others that:

- Family backgrounds matter in the life of persons with disabilities leadership pursuit
- Determination, motivation and perseverance drive success (disability advantage)
- Higher education is a key difference-maker in the life a person with disability

Objective four: Assessment of the Persons with Disabilities Act, 2006 (Act 715) revealed that:

- There are strengths; and weaknesses are largely on grounds of enforcement deficits.
- Activism on the part of persons with disabilities particularly in litigations can cure enforcement deficits.

- Considered an afterthought, policies and legislation are sparsely spread over periods.

Finally, the following lessons could be learned from the study:

- Disability and leadership are constructed independently with the former deriving from the construction of the latter.
- Asante and Gonja Kingdoms were both federations with constitutions which made disability not a taboo but a competitive disadvantage to leadership.
- Drivers for the persons with disabilities are the same as the drivers for persons without disabilities. Hence record of persons with disabilities in leadership as chiefs including the 3rd Asantehene for which heralding was instituted.
- In Ghana today, there are persons with disabilities in leadership positions including one with two attempts at the Office of the President of the Republic.
- Some Governments or regimes from colonial times have made efforts at removing disability exclusion by rehabilitating, integrating and mainstreaming.
- Disability is not to be feared or avoided. It is a human condition. Civilised populations demonstrate civility by how well to care for the vulnerable.

Panel B: Culture & Representation

INPUT 1: Care For Children With Disabilities In The Advent Of The COVID-19 Pandemic: A Study In The Greater Accra Region of Ghana.

Nora Mintah Darko, Institute of African Studies, University of Ghana

According to the Ghana Statistical Service (2021), over eight percent (2,098,138) of children have some form of disabilities. The UN Convention on the Rights of Persons with Disabilities (article 7) states that “States Parties shall take all necessary measures to ensure the full enjoyment by children with disabilities of all human rights and fundamental freedoms on an equal basis with other children” (UN, 2006). Goal 3 of the Sustainable Development Goals (SDGs) seeks to ensure that the health and well-being of persons at all ages including children with disabilities are met by 2030 (UN, 2015). In order to achieve the above goals, the role of the caregivers of children with disabilities is crucial. Also, there is limited literature on how the experiences of caregivers of children with disabilities informing the caring for children with disabilities in the advent of the Covid-19 pandemic. Current work on this is by Naami & Mfoafo-M'Carthy (2020).

While the coronavirus pandemic affects countries worldwide, the interruptions of social and economic life vary considerably. A number of countries have been particularly successful in managing the pandemic without major interruptions, others have required severe efforts to stop the virus from spreading and many are still struggling. In Ghana currently, adherence to all COVID-19 restrictions is not highly enforced. Nonetheless it cannot be ignored that the COVID-19 influenced the perceptions around caregiving for children with disabilities. This study aims to look the dynamics and continuities that have occurred with caregiving practices offered to children with disabilities based on experiences of different categories of caregivers: formal and informal. How have caregivers orient and reorient themselves in the process of offering care for children with disabilities pre and post the pandemic? Key factors aimed to explore is stigmatization and othering. The specific objectives of the study are:

- To highlight factors that influence childcare arrangements for children with disabilities in different households in Accra;
- To identify existing support systems available to caregivers and children with disabilities in Ghana;
- To assess the forms and nature of caregiving practices during COVID-19 by different caregivers for children with disabilities;
- To assess the experiences of caregivers of children with disabilities in relation to how these caregivers have constructed the disability which informs how they orient and reorient themselves in the process of offering care for children with disabilities pre and post the pandemics.

Finding will be looked at from the perspectives of Afrocentric and life course theory. Afrocentricity as a theory intends to re-locate the African as the author of his/her experiences, devoid of the Western projection of Africans. The Afrocentric theory denotes the idea of Ubuntu. Ubuntu promotes togetherness and belonging and encourages communities to care for and include children with disabilities. Ubuntu echoes the African thought of acceptable ideas and deeds. By analysing how caregivers of children with disabilities are conceptualizing care and care practices using the Ubuntu or Afrocentric lens, this study adds to the development of a sociological framework on how African-Ghanaian caregivers maneuver, adapt, act and react to their role as caregivers subjectively as individuals and collectively as members of the society. Life course theory used because it allows for the integration of a variety of explanations for differences in caregiver experiences: positive and

negative aspects of the caregiving roles. Through examination of transitions (changes in responsibilities) in the trajectory (pattern of behaviour across time) of the caregiving experience, turning points (major transitions where life takes a different direction) to which caregivers must respond, in light of cognitive or functional decline or progress of their care recipients.

The study is conducted in Accra. The Greater Accra Region is the region with the second highest population of children with disabilities (2,079) in Ghana. During the peak of the COVID-19 pandemic, this region was the hardest hit. Selection of participants will focus on children with disabilities between the age of 5- 17 years. Both the caregivers and their care recipients must be resident of the Greater Accra Region and the care recipient must have difficulty with the performance of basic activities of daily living, such as feeding, bathing, dressing, and toileting, interacting. The caregiver must have at least 2-4 years' experience in caregiving. Data will be collected through qualitative in-depth interviews, direct observations and focus discussion. Data is analysed with thematic content analysis.

Based on preliminary findings, factors that influence care arrangements for children with disabilities include:

- Income levels of parents/guardian of child with disabilities.
- The characteristics of the mother: Her personal financial status; her literacy level on the disability; how informed her social networks are about the disability and perception of her 'social worth'; The severity of the disability of the child.
- Existing support for children with disabilities: Ministry of Gender and social protection; NGO; social network of the parent or guardian of the child.
- Pre-covid care practice: consist of a fusion of belief set of parents/Guardian; indigenous knowledge of traditional medicines; allopathic medicine. Post-covid practice consist of reliance on belief set and allopathic medicines.
- Young caregivers of marriageable age do not intend to perform a caregiving job for more than 5 years.

Most siblings and grandfathers who perform caregiving do so because they feel trapped about the predicaments of their relatives. Caregivers of children with disabilities in Accra got varied levels of information on COVID-19 and its preventive measures due to unequal access to broadcast media, and this affected caring for children with disabilities. Most parents and kins who were the primary caregivers of children with disabilities had difficulties meeting their daily basic needs as they had not been able to recover from the economic strains posed by the COVID-19 pandemic. The characteristics of the child(ren) with disability (ies), caregiver(s) and household(s) played a role in the social inclusion of children with disabilities in the advent of the COVID-19 pandemic.

In conclusion, Afrocentric theory and life course theory offers a means of understanding caregiving among Ghanaian families of children with disabilities. The Afrocentric theory especially provides a framework where one could explain the essence of certain practices and beliefs that inform caregiving for children with disabilities. In addition, the data produced from this study ascertains that caregiving for children with disabilities not only varies based on types of disability but also varies based on pandemics. Caregivers of children with disabilities experiences exacerbation of their feelings (positive and negative) which accompanies the services they offer to children with disabilities. Although, there is still the need for further studies on the changing tides of caregiving during the COVID-19 pandemic, this study provides an understanding of caregiving for children with disabilities within the Ghanaian context. It throws more light on the role the extended family, community, religious belief and agency plays in the life course of caregivers.

References

- Akofio-Sowah, L., Norman, Q. A., Kumaste, D., Seke, S., Owusu, P., & Sakyi, K. S. (2020). How Ghanaian caregivers are helping their children cope with coronavirus? Accra: Centre for Learning and Childhood Development Ghana.
- Ghana Statistical Service . (2021). Ghana 2021 Population and Housing Census General Report Volume 3F: Difficulty in Performing Activities. Accra: Ghana Statistical Service .
- Giele, J. Z., & Elder, G. H. (1998). *Methods of Life Course Research: Qualitative and Quantitative Approaches*. Thousand Oaks, CA: Sage.
- Hitlin, S., & Elder, G. H. (2007). Time, self, and the curiously abstract concept of agency. *Sociological Theory*, 25, 170-191.
- Hutchison, E. D. (2007). *A Life Course Perspective*. Canberra: Sage Publications.
- Mprah, W. K., Anafi, P., & Sekyere, F. O. (2014). Does disability matter? Disability in sexual and reproductive health policies and research in Ghana. *International Quarterly of Community Health Education*, 35(1), 21-35.
- Naami, A., & Mfoafo-M'Carthy, M. (2020). COVID-19: Vulnerabilities of persons with disabilities in Ghana. *African Journal of Social Work*, 10(3), 9-17.
- NAC. (2020). The National Alliance for Caregiving. Retrieved from Caregiving: <https://www.caregiving.org/research/caregiving-in-the-us/>

INPUT B2 | Representations of Persons with Disabilities in the Visual Arts over the Life Course: A Study of Selected Artists and Artworks in Ghana and Nigeria

Ayine Akolgo, Institute of African Studies, University of Ghana

The politics of visibility, visibility, and representation is a very important one, especially for minority groups. This is because persons with disabilities constitute about 15% of the world's population, 80% of which are in developing countries (Chan & Zoellick, n.d.). Disability is a complex and nebulous concept, but with a relatively defined trajectory in the Global North (Albrecht, 1992; Siebers, 2008b). Approaches to disability since the 1920s and post-World War II era evolved through the charity model, the medical model, the social model, and the recently emphasized human rights model, exemplified by the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) (United Nations, 2014). Its evolution in the Global North is well-documented through photographic and other visual records and research (Garland-Thomson, 2005, 2017; Sandell et al., 2010; Siebers, 2008b, 2008a). In the Global South, however, African art, sculptural forms, and masks of deformities provide the weakest visual links.

Art is an access route that substantiates society's cultural, philosophical, ideological, or normative foundations and the African concept of art is a medium through which the artist expresses a sense of self, identity, pride, fear, and accomplishments (Essel & Acquah, 2016; Vansina, 1984). Disability art is informed by the disability experience (Solvang, 2012), created by persons with disabilities or/on disabilities to express ideologies or knowledge on disability. It is the development of shared cultural meanings and collective expression of the experience of disability and struggles and the main forum for the representation of the challenges, rights, and lived experiences of persons with disabilities (Turner, David, M. & Stagg, n.d.). It is capable of transforming persons with disabilities from perceived passive and dependent beings into creative social agents of change (Barnes, 2003).

Representations of persons with disabilities in African art history and by contemporary visual artists diverge from portrayals by development practitioners, and many authors on disability in Africa (Blier, 1995, 2015; Keller, 2011). In designing, reporting, and justifying donor-funded programs, African governments, and development agencies have become guilty of 'poverty porn' (presenting images, photographs, and descriptions of persons with disabilities and the poor to the funders that are inaccurate) (Bezzina, 2020). The supposed 'blight' of persons with disabilities is generally misconstrued as their bane, weakness, wretchedness, visionlessness, voicelessness, lack of creativity, and agency or contribution. The important function of art for therapy, activism, advocacy, economics, rallying, and challenging stereotypical representations (Ampofo & Asiedu, 2012) of persons with disabilities is grossly ignored.

This research explores how disability art is used to address concerns of the disability experience. The specific objectives are:

- to examine how the lived experiences of targeted artists affect, reflect, and refine their practice as visual artists;
- to construct cultural biographies of three to four cases of artists with disabilities, focusing on the 'valuability,' visibility, viability, and vulnerabilities of these artists with disabilities;
- to interrogate representations of the disabled body/identity as an object of value and/or vice by these visual artists with disabilities;
- to assess the perception, reception, and reflection of disability in African visual arts in selected art spaces.

The 1970s saw large donations of African art collections by individuals and private collectors to art institutions and museums, African art exhibitions across the world have shown particular sculptures

and masks with obvious deformities that deviate from the standard human form. Keller (2011), on the Lobi of northwest Ghana and Burkina Faso, identified deformed figures known as ‘ti bala,’ meaning ‘extraordinary persons,’ with either more than two arms, one arm, and one leg, or conjoined figures. Similarly, the Fon of Benin has figures with one arm or leg representing varying visual and emotional power (Blier, 1995). Among the Pende of the Democratic Republic of Congo, such figures with one limb represent loneliness, usually associated with a person who has no close relatives or friends (Albecte, 1983; Nortey et al., 2019; Shakarov & Shakarov-Senatorova, 2015). Willet (2002) and Visonà et al. (2008) have presented sculptures and bronze castings of dwarfish figures and others with deformities. Blier observed that Ife Yoruba art presented not only works of sublime beauty or bodily perfection but also grotesque sculptures and images of disease, deformity, monstrosity, violence, and death. Individuals such as people with albinism (afin), hunchbacks (abuke), cripples (aro), dwarfs (arara), and dumb mutes (odi) are deemed sacred to Orishala, so designed to set them apart for his worship. According to Blier, there are four primary functions of representations of deformity in Ife art: (1) deformity as a mark of divine consecration for shrine worship; (2) deformity as retribution from the Orishala for wrongdoing or evil; (3) deformity inflicted on enslaved people or people serving the king either as punishments for wrongs or as dedicated servants; and (4) deformity as representations of the actual prevalence of debilitating sicknesses like yaws/syphilis or polio that contoured or disfigured people (Blier, 1995, 2015).

Two related theories, that is the ecological systems theory and the life course theory underpin this study. The ecological systems theory concerns itself with the inextricable connection between people and the physical, social and cultural environment or ecosystem in a mutually reciprocal and complementary relationship, where resources are shared with the intention of enabling the effective functioning of the system, its dynamic equilibrium, exchange balance, and dialectical change (Bronfenbrenner, 1979). Bronfenbrenner juxtaposes the individual’s agency in contributing to the development of the system vis-à-vis the system’s impact on the individual’s experience of development. The life course theory relates individuals’ life experiences/trajectories as they are uniquely affected by the physical environment, social circumstances, historical time, gender, race/ethnicity, disability, age, and social class. Individual unique experiences are situated in cohorts, marked by various transitions, impacted by our trajectories, life events, and mediated by turning points (Hutchison, 2005; Priestley, 2001).

The study is grounded in social constructivism, which upholds the agency of individuals in the construction of knowledge and their social realities in cultural contexts. It is purely qualitative and employs case studies, in-depth interviews, direct observations, document reviews and collections of artworks to construct cultural biographies of three to four visual artists with disabilities in Ghana and Nigeria. The research design is comparative, deploying iconography, iconology, and thematic content analysis to deconstruct the lived experiences of specific cases.

Preliminary Findings of this study include:

Objective 1: The stories of persons with disabilities’ lives, transitions, trajectories, and turning points are largely embedded in their art. Disability is both an inspiration and inhibition to their practice as artists. Persons with disabilities most often use art to express deep emotional issues that are difficult to express by words. Art is a language through which persons with disabilities connect with the ecology, economics and emotions. Through art, they express their daily challenges, gains, hopes, and expectations from society. Art is also a means to economic independence for artists with disabilities.

Objective 2: Disability art in Ghana and Nigeria is yet to gain visibility and prominence in public galleries and spaces, though it is quite visible in their immediate vicinities and on social media. Though cases of individual artists are unique in many ways, they also present similar challenges and themes. The

specific social ecologies, background training, nature of disabilities, family, religious, financial and ethnic backgrounds have particular influences on the lived realities and life courses of artists with disabilities.

Objective 3: Contrary to the predominantly negative representations of the disabled body in the media and development practitioners as weak, despondent and dependent, artists with disabilities scarcely portray themselves as weak, vulnerable and dependent. Though they acknowledge the body of difference, they represent themselves with strength, courage, and determination that is not readily observable by cursory considerations. The body of difference is not represented solely as a body of weakness in disability art, but as a duality: of strength and weakness, power and poverty, disappointment and hope, beautiful and blighted, just like any other body

Objective 4: Disability art is practically invisible in art galleries across greater Accra. Almost all have not exhibited any works by artists with disabilities. However, a few novel exhibitions took into account the fact that persons with disabilities, especially with visual, physical and hearing impairments may be visiting and so made provision for braille readers, sign language interpreters and LED screens for not sighted persons, hard-of-hearing, and mobility challenged persons respectively.

In conclusion, art means more to persons with disabilities than is currently appreciated. It offers perspectives on the disabled body or body of difference as a body trapped with creativity that contributes to redefining aesthetics, ability, and strength. Disability art challenges negative stereotypes of persons with disabilities. Through art, persons with disabilities are seeking greater visibility in domestic and public spaces, expressing their challenges, asserting their rights, and contributing to art and culture in society.

References

- Albecte, M. J. (1983). *African elegance: The traditional art of Southern Africa*, Exhibition Catalogue: Vol. null (null, Ed.).
- Albrecht, G. L. (1992). *The disability business: Rehabilitation in America*. Sage Publications.
- Barnes, C. (2003). 'Effecting Change; Disability, Culture and Art.' Conference Paper, 1–20.
- Blier, S. P. (1995). *African vodun: Art, psychology, and power*. University of Chicago Press.
- Blier, S. P. (2015). *Art and Risk in Ancient Yoruba: Ife History, Power, and Identity, c. 1300*. Cambridge University Press.
<http://gen.lib.rus.ec/book/index.php?md5=55A930D3FC033A522DF52E83D77CB315>
- Bronfenbrenner, U. (1979). *The ecology of human development: Experiments by nature and design*. Harvard University Press.
- Chan, D. M., & Zoellick, M. R. B. (n.d.). *World Report on Disability*. 24.
- Essel, O. Q., & Acquah, E. K. (2016). Conceptual Art: The Untold Story of African Art. *Journal of Literature and Art Studies*, 6(10). <https://doi.org/10.17265/2159-5836/2016.10.009>
- Garland-Thomson, R. (2005). Disability and Representation. *PMLA*, 120(2), 522–527.
<https://www.jstor.org/stable/25486178>
- Garland-Thomson, R. (2017). *Extraordinary bodies: Figuring physical disability in American culture and literature* (Twentieth anniversary edition). Columbia University Press.
- Hutchison, E. D. (2005). The Life Course Perspective: A Promising Approach for Bridging the Micro and Macro Worlds for Social Workers. *Families in Society*, 86(1), 143–152.
<https://doi.org/10.1606/1044-3894.1886>
- Keller, T. (2011). *Lobi Statuary*.

- Nortey, S., Bodjawah, E. K., & Kissiedu, K. B. (2019). Traditional African Art Technologies and Contemporary Art Practice. 6(2), 10.
- Priestley, M. (Ed.). (2001). Disability and the life course: Global perspectives. Cambridge University Press.
- Sandell, R., Dodd, J., & Garland-Thomson, R. (Eds.). (2010). Re-presenting disability: Activism and agency in the museum. Routledge.
- Shakarov, A., & Shakarov-Senatorova, L. (2015). Traditional African art: An illustrated study. McFarland & Company, Inc., Publishers.
- Siebers, T. (2008a). Disability aesthetics and the body beautiful: Signposts in the history of art
L'esthétique du handicap et la beauté du corps: Des indications dans l'histoire de l'art. 8.
- Siebers, T. (2008b). Disability theory. University of Michigan Press.
- Solvang, P. K. (2012). From identity politics to dismodernism? Changes in the social meaning of disability art. *Alter*, 6(3), 178–187. <https://doi.org/10.1016/j.alter.2012.05.002>
- Turner, David, M., & Stagg, K. (n.d.). Social Histories of Disability and Deformity: Bodies, Images and Experiences. Retrieved February 1, 2022, from <https://libgen.is/search.php?req=David+M.+Turner+Kevin+Stagg+%28&open=0&res=25&view=simple&phrase=1&column=def>
- United Nations (Ed.). (2014). The Convention on the Rights of Persons with Disabilities: Training guide. United Nations.
- Vansina, J. (1984). Art history in Africa: An introduction to method. Longman.
- Visonà, M. B., Poynor, R., & Cole, H. M. (2008). A history of art in Africa (2nd ed). Pearson/Prentice Hall.
- Willett, F. (2002). African art (New ed). Thames & Hudson.

INPUT B3 | Speaking the Unspoken: Changing the Socio-Cultural Perspectives on Disability in Ghana through the Creative Arts

Kofi Amankwah Asihene, Institute of African Studies, University of Ghana

Some scholars have explained Disability Art as art that is created by persons with disability; art that reflects their life experiences of disability; and seeks to change people's attitude towards disability (Sutherland, 2005; Siebers, 2010; Riddell & Watson, 2014). Disability Art is therefore an area of art that focuses on the theme of disability and explores the subject matter of the realities of persons with disability. Many artistic persons with disabilities around the world are using their various art forms, not just to reflect society's perception of disability, but also to refract or change society's perception of disability. Their works include the literary, musical, dance and visual arts. Disability art is rapidly growing in various parts of the world, and Africa is no exception. Many African artists with disability are also using their art as an agency for changing their society's attitude towards persons with disabilities.

Although research has been conducted on arts and disability, there is still, however much research to be done on Disability Art in Africa, particularly West Africa. Much research work has not been done on the role that these contemporary art forms play in reflecting and changing the negative attitudes towards disability in West African societies. Moreover, little is known about Disability Artists in Ghana. The overall objective of this research is to examine the role contemporary creative arts – literary, musical, dance and visual arts – play in changing the existing perspectives on disability in Ghana. Specifically, the research is:

- identifying contemporary creative artists with disability who use their art as an agency for changing socio-cultural perspectives on disability in Ghana;
- examining techniques used by contemporary creative artists to address negative perspectives on disability in Ghana;
- examining the challenges faced by creative artists with disability in Ghana.

41

The study seeks to answer the following questions:

- Which creative artists with disability seek to use their art to change negative perspectives on disability in Ghana?
- How do contemporary creative artists use their art to address negative perspectives on disability in Ghana?
- What are the challenges faced by creative artists with disability in Ghana?

The theoretical foundations of this research work are Life Course Theory, Reflection Theory and Refraction Theory. The key concept of Life Theory that guides this study is Agency. Agency is based on the assumption that humans are not passive recipients of a predetermined life course but they can make decisions that determine the shape of their lives (Black et al., 2009). Hence, the research is examining out how creative artists with disability consciously use their art as agency to change negative socio-cultural perspectives on disability. The theory of Reflection points out that the art of a society serves as a mirror that reflects the attitudes and culture of a society (Anjana & Bhambhra, 2016; Vatsa, 2016). The theory of Refraction also argues that the art of a society can also serve as a hammer to shape the attitude of the society in which it is created (Greinke, 2007). Although these theories can exist on their own, they are not mutually exclusive. In fact, using both theories as a study's theoretical foundation will guarantee a stable foundation for the study; they can help an art researcher to get a holistic understanding of the subject of study. Thus, the study has approached the analysis of the artworks of Disability Artists through the dual lens of reflection and refraction.

The study has adopted a case study design, which helps a researcher to undertake a thorough in-depth analysis of the subject of study (Kothari, 2004). Using this design, this research conducts a thorough analysis of the creative process of twelve creative artists with disability in Ghana. These artists were selected using purposive and snowball sampling techniques. The goal of the case study is to examine how these creative artists consciously use artistic techniques and themes to address the challenges of persons with disability in Ghana. A textual and iconographic analysis are being carried out on their artworks. Moreover, the study will conduct a focus group discussion of selected audiences/viewers of the artworks of these Disability Artists. The goal of these interviews is to observe the impact that the artworks has had on the mindset of these participants. The twelve artists were selected based on these three main criteria:

- Participants must belong to at least one of the nine recognized forms of disability in Ghana¹;
- Participants must be actively practicing at least one of these four art forms: literary, musical, dance and visual arts;
- Participant must be artist who use their artwork for activism in the field of disability.

Through preliminary field work, the researcher has identified and contacted the following participants: one physically challenged visual artist, two literary artists with an autoimmune disorder, one Cerebral Palsy comic creator, one speech impaired literary artist, one hearing impaired dance group, one physically challenged contemporary dance group, one visually challenged singer, one visually challenged rapper, one visually challenged textile artist, one physically challenged literary artist, and one hearing impaired fine artist. From the preliminary fieldwork and analysis of some Disability Artwork, these are the main themes identified:

- Art as a safe haven: Some Disability Artists see art as a coping mechanism, both for the artist and their viewers or audience. They perceive their art as a temporary get away from the realities and challenges of persons with disability. Art is hence, a form of therapy.
- Invisible Disabilities: This common theme runs through the work of artists whose disabilities are not easily seen, for instance, artists with autoimmune disorders. They want their disability to be acknowledged. Hence, they use symbolism in their art to make their disabilities visible.
- Representation matters: Disability Artists believe that the representations of persons with disability influence society's perception of them. It is therefore necessary that negative representations are changed; and positive ones projected. They therefore, seek to use their art to change how persons with disability are portrayed. For instance, they can highlight the abilities of a person in wheel chair instead of focus on his inability to walk.
- Changing the attitudes of the next generation: On the one hand, disability artists use their art as a mirror, reflecting or capturing the current negative attitude towards disability. On the other hand, they use their art as a blacksmith's hammer, to reshape the next generation's perceptions of disability. Many of these artists target the younger generation as the patrons of their art. They believe that changing the attitude of the younger generation will have a ripple effect on the perspectives of generations to come.

References

Anjana, B. K., & Bhambhra, R. L. (2016). Is Literature the mirror of society? *International Journal of English Language, Literature and Humanities*, 4(3), 6-10.

¹ According to the Ghana Federation of Disability Organizations, the recognized forms of disability in Ghana are: visual impairment, hearing impairment, physical disability, albinism, mental disability, intellectual disability, auto-immune and neurological disorders, burns, and speech impairment

- Black, B. P., Holditch-Davis, D., & Miles, M. S. (2009). Life course theory as a framework to examine becoming a mother of a medically fragile preterm infant. *Research in nursing & health*, 32(1), 38-49.
- Greinke, R. (2007). Art is not a mirror to reflect reality, but a hammer to shape it. *The ALAN Review*, 34, 15-20.
- Kothari, C. R. (2004). *Research methodology: Methods and techniques*. New Age International.
- Riddell, S., & Watson, N. (2014). *Disability, culture and identity*. Routledge.
- Siebers, T. (2010). *Disability aesthetics*. Ann Arbor: University of Michigan Press.
- Sutherland, A. (2005). What is disability arts? Hentet fra [http://www. disabilityartsonline. org. uk/what-is-disability-arts](http://www.disabilityartsonline.org.uk/what-is-disability-arts).
- Vatsa, S. (2016). Literature is the mirror of society but must be able to see the mirrored. *International Journal of English Language, Literature and Humanities*, 115-124.

Panel C: Infrastructure & Accessibility

INPUT C1 | Barriers to learning and coping strategies for students with visual and hearing impairments at the University of Ghana

Esmerlinda Korkor Ofoe, Department of Adult Education and Human Resource Studies, University of Ghana

Barriers to learning for persons with disabilities have gained scholarly attention globally (Moola, 2015), although the United Nations (UN) has been committed to removing barriers to education for persons with disability for many years (UNESCO, 1994; UNCRPD, 2006). In Ghana, the 1992 Constitution guaranteed equality and non-discrimination. The Persons with Disability Act (715) became the main point of reference for disability issues in 2006. Section (3) of the Act, makes the education of persons with disability mandatory and thus lay the foundation for inclusive education to thrive in Ghana. Therefore, attention must be given to students with disabilities experiences in other to achieve inclusive education.

Barriers to education for persons with disabilities are deep-rooted in developing countries (Tudzi et al., 2017). Within the space of education, only university education yields significant job opportunities for all, which makes it imperative to constantly collect feedback in order to provide equal opportunities for all students including those with disabilities (Croft, 2020; Ressa, 2022). In this regard, there is a need to emphasise further scholarship on inclusivity in teaching, learning and assessment (Nieminen, 2022). In Ghana, few studies conducted in higher education have focused on identifying physical barriers (Akoto et al., 2022; Odame et al., 2020; Swanky et al., 2020) and socio-cultural barriers (Adom-Opare, 2022; Ocran, 2022) as the major contributors of barriers to education with no specific mention of the barriers to the assessment of teaching and learning. In light of this, there is a need to investigate these barriers to inform policy and practice through the use of multiple methods of data collection. This study, therefore, fills the gap in research by exploring the barriers to teaching and learning, assessment and the use of technology by students with hearing and visual impairment at the University of Ghana.

The study focuses on the following to achieve its goal:

- To describe the experiences of visual and hearing-impaired students in teaching and learning at the university of Ghana
- To identify the challenges students with visual and hearing impairment experience with assessment at the University of Ghana.
- To explain the difficulties in the use of technology for learning that students with visual and hearing impairment experience at the university of Ghana.
- To discuss the coping strategies that students adopt in studying at the university of Ghana.

This study is guided by transformative learning and life course theory. Merriam and Caffarella (1999) define transformative learning as “dramatic fundamental change in the way we see ourselves and the world in which we live”. It describes one’s learning transformation occurring as a result of a 10-stage process that begins with a “disorienting dilemma” which leads to self-examination, planning and some experimentation with new roles and ultimately reintegration. By this, learning is achieved through critical self-reflection on one’s experiences.

As a concept, a life course is defined as “a sequence of socially defined events and roles that the individual enacts over time” (Giele & Elder 1998, p. 22). It explains the events of human life through 5 key principles and concepts including Transition, Trajectory, Life Event, Agency, Timing, etc. The

integration of the two theories is deemed applicable to the context of students with hearing and visual impairment in this study. This is because it is useful in explaining their coping strategies in pursuit of higher education. The study thus draws on the concepts of Transition, Meaning Making and Critical Discourse to explain the changes students face and how they cope.

This study adopts an interpretivist paradigm, which views reality as relative and subjective (Schwant, 1994; Reason, 1996). Using snowball sampling, 30 students with different categories of hearing and visual impairments at the university of Ghana were sampled. Data was collected through in-depth interviews and observation and analysed thematically (Merriam, 1998). The thematic analysis identified four major themes, with subsidiary themes on the barriers to learning:

- Teaching and learning: The study found that accessing learning materials, were often not in a user-friendly format. Another barrier with teaching is that lecturers often fail to describe situations when teaching and keep referring “student to look at this” as though all the students could see.
- Assessment: Though students write the same exams as their able counterparts, they often experience delay to the start of their exams. Managers non-conformity to exams start time create undue delay. In addition, their test scores are not released on time.
- Use of technology: Students admit they appreciate the change that technology brings to their learning but lament they find the school’s learning management system rather difficult to navigate.
- Coping strategies: The coping strategy to learning often used by students is relying on friends also known as “learning partners”.

It emerged that students with disabilities in Ghana experience barriers that hinder optimal learning outcomes. Thus, insight into this topic is much needed to improve inclusive policies and practices in higher education for students with disabilities.

References

- Adom-Opore, F. (2022). Cultural Etiologies of Disability in Ghana: A Case of Food Taboos in Pregnancy. *Review of Disability Studies: An International Journal*, 18(1 & 2). Retrieved from <https://rdsjournal.org/index.php/journal/article/view/1141>
- Akoto, Y., Nketsia, W., Opoku, M. P., & Opoku, E. K. (2022). Factors motivating students with disabilities to access and participate in university education in Ghana. *Higher Education Research & Development*, 2022, AHEAD-OF-PRINT, 1-14(2022 HERDSA), 1–14. <https://doi.org/10.1080/07294360.2022.2052818>
- Croft, E. (2020). Experiences of Visually Impaired and Blind Students in UK Higher Education: An Exploration of Access and Participation. *Scandinavian Journal of Disability Research*, 22(1), 382–392. <https://doi.org/10.16993/sjdr.721>
- Giele Janet Z. and Glen H. Elder Jr., (eds) *Methods of Life Course Research: Qualitative and Quantitative Approaches*, Sage Publications, 1998 ISBN 0 76191437 4. *Ageing and Society*, 18(5), 631–638. <https://doi.org/10.1017/s0144686x98247088>
- Merriam, S B., Caffarella, R.S., & Baumgartner, L. (1999). *Learning in adulthood*. San Francisco, Jossey-Bass.
- Merriam, S. B. (1998). *Qualitative Research and Case Study Applications in Education. Revised and Expanded from " Case Study Research in Education."*. Jossey-Bass Publishers, 350 Sansome St, San Francisco, CA 94104.

- Mezirow, J. (2000). *Learning as Transformation: Critical Perspectives on a Theory in Progress*. The Jossey-Bass Higher and Adult Education Series. In ERIC. Jossey-Bass Publishers, 350 Sansome Way, San Francisco, CA 94104. Retrieved from <https://eric.ed.gov/?id=ED448301>
- Moola, F. J. (2015). Accessibility on the Move: Investigating how Students with Disabilities at the University of Manitoba Experience the Body, Self, and Physical Activity. *Disability Studies Quarterly*, 35(1). <https://doi.org/10.18061/dsq.v35i1.4410>
- Nieminen, J. H. (2022). Unveiling ableism and disablism in assessment: a critical analysis of disabled students' experiences of assessment and assessment accommodations. *Higher Education*: 35572044(PMCID: PMC9077029). <https://doi.org/10.1007/s10734-022-00857-1>
- Ocran, J. (2022b). "There is something like a barrier": Disability stigma, structural discrimination and middle-class persons with disability in Ghana. *Cogent Social Sciences*, 8(1). <https://doi.org/10.1080/23311886.2022.2084893>
- Reason, P. (1996). Reflections on the Purposes of Human Inquiry. *Qualitative Inquiry*, 2(1), 15–28. <https://doi.org/10.1177/107780049600200103>
- Ressa, T. (2022). Dreaming college: Transition experiences of undergraduate students with disabilities. *Psychology in the Schools*, 59(6). <https://doi.org/10.1002/pits.22675>
- Schwandt, T. A. (1994). Constructivist, interpretivist approaches to human inquiry. *Handbook of qualitative research*, 1(1994), 118-137.
- Tudzi, E. P., Bugri, J. T., & Danso, A. K. (2017). Human Rights of Students with Disabilities in Ghana: Accessibility of the University Built Environment. *Nordic Journal of Human Rights*, 35(3), 275–294. <https://doi.org/10.1080/18918131.2017.1348678>
- United Nations (2006). *Convention on the rights of persons with disabilities*. Retrieved from <http://www.un.org/disabilities/convention/conventionfull.shtml>
- United Nations Educational, Scientific and Cultural Organization (UNESCO) (1994). *World conference on special needs, Salamanca Spain*. Paris: UN. Retrieved from http://www.unesco.org/education/pdf/SALAMA_E.PDF

INPUT C2 | Accessibility and Use of Public Transport Services by Persons with Disabilities in Ghana

Dominic Edem Hotor, Department of Geography and Resource Development, University of Ghana

Physical mobility is inevitable for all persons. Public transport (PT) is essential in providing affordable and basic mobility options for the poor, non-drivers and persons with disabilities (Litman, 2015). UNCRPD was adopted in 2006, where Article 9, 1 (a) concentrates on Accessibility to Transportation. The UN's "New Urban Agenda" ties in SDG 11 to provide universal access to city spaces and travel infrastructure for persons with disabilities in order to "Leave No One Behind" (UN, 2017). Advanced and emerging upper-middle-income countries have strived to provide requisite user-friendly transport infrastructure (Johnson et al., 2017; Shaheen & Cohen, 2018). In Africa, the provision of such infrastructure is non-existent which has widened the exclusion gap of persons with disabilities in terms of transport accessibility (Kett et al., 2020).

Persons with disabilities represent about 8 percent (2,098,138) in Ghana (From 3% in 2010). Greater Accra & Ashanti Region host the most persons with disabilities in urban and rural areas respectively. Persons with disabilities face severe challenges in travelling due to inaccessible transport (Ghana Statistical Service, 2021). The weakness in aspects of the legal and regulatory structures meant to protect persons with disabilities go further to decrease their mobility potential (Antom, 2017; Asante & Sasu, 2015; Ocran, 2019). This study seeks to find out how persons with disabilities access and utilize the various kinds of public transport services in Rural and Urban Ghana to inform stakeholders and transform policy.

The main objective of this research is to explore the accessibility and use of various public transport services by persons with disabilities in Ghana. Specifically, this study will:

- Examine the various public transport mobility options of persons with disabilities;
- Explore the coping strategies adopted by persons with disabilities in their mobility journeys;
- Analyse transport users' and operators' knowledge of transportation mobility options for persons with disabilities;
- Assess the role of institutional stakeholders in the provision of accessible transport for persons with disabilities and inform policy.

Life Course Theory and Critical Disability Theory will build the theoretical framework for this study. Life Course Theory explains how individuals participate in socially defined events over time (Giele & Elder, 1998). Concepts of Life Course Theory include Cohort, Transition, Trajectory, Life Event, etc., and themes such as Interdependency, Human Agency and Timing. The study adopts this theory to explain the various adaptations to accessing and using public transport services over the life course of persons with disability in Ghana. Critical Disability Theory seeks to question the normative, explain what is wrong with social reality and advocates for change and social transformation (Hosking, 2008). The Critical Disability Theory elements adopted for the study include the social model of disability, rights & transformative policies. The study adopts this theory to explain the nature of disability in Ghana and how society and political will can collectively correct the non-exclusion of persons with disabilities regarding transportation.

The study follows the research paradigm of interpretivism to understand the social world and experiences of persons with disabilities through examination and interpretation by themselves (Thanh & Thanh, 2015). The target population for the study was persons living with visual and physical disabilities, key stakeholders at the helm of affairs in transport and persons with disabilities affairs, and public transport operators and users. A mixed method approach was adopted, where both quantitative and qualitative data were obtained through questionnaire surveys, in-depth interviews

and observation. Study participants for the in-depth interviews were sampled purposively and via the snowball method while the questionnaire survey participants were selected via a stratified sampling strategy. The study design was a multi-site case study of the Greater Accra and Ashanti regions of Ghana to provide insights into urban and rural experiences respectively. Specifically, three districts in both regions were selected for the study. In Greater Accra, the Ga South Municipal and the Accra and Tema Metropolis were selected. In the Ashanti region, the Amansie West District, the Ahafo Ano South District and the Ejisu Municipal were selected. Data from in-depth interviews were analysed thematically using the NVivo 12 software. For the survey data, bivariate analysis was used to assess the associations between the socio-demographic characteristics of persons and their knowledge level of transport mobility options for persons with disabilities. Also, logistic regression analysis was performed to understand some socio-economic (age, sex, education level, occupation, income level) predictors of knowledge of transport options for persons with disabilities.

The following preliminary results can be shared with respect to the current state of research

- Objective: Examine the various public transport mobility options of persons with disabilities. The study found that taxis, mini buses (trotro), ride-hailing services, and private cars/family cars are the mobility options available for use, however, hired taxi is the preferred mode of commute due to its availability, and convenience but expensive. It is usually being used twice a week to reach the community centre and health care centre for medical care. Using this mode has led persons with disabilities to face minor injuries due to the unfriendliness of the vehicles.
- Objective: Explore the coping strategies adopted by persons with disabilities in their mobility journey. persons with disabilities rely on the use of guides/aides in their mobility journeys which comes at an extra cost. Persons with disabilities crawl into the car/bus and use clutches instead of a wheelchair to move about. Some persons with disabilities do not travel at all due to the unfriendly transport options and as a result, resort to self-medication or endure health malfunctions instead of using public transport.
- Objective: Assess the role of institutional stakeholders in the provision of accessible transport for persons with disabilities and inform policy
Initial Considerations for persons with disabilities date back to 2006 when the person with disabilities Act 715 was passed. There is no policy on special needs for persons with disabilities on public transport services currently. The few considerations on persons with disabilities integration on public transport are yet to be regularized.
The addition of persons with disabilities needs to Public Transport Operator training and services, making provision for discount cards to persons with disabilities on their service, the addition of special home services where possible for persons with disabilities, and the inclusion of a persons with disabilities clause to public transport insurance packages are key measures to improve accessibility to public transport services for persons with disabilities.

The study's preliminary conclusions indicate that considerations for persons with disabilities in public transport and transportation, in general, are far from reach. Aside from the infrastructural constraints, the attitude of the operators and other users of public transport goes further to exclude persons with disabilities from public transport services. Insights into the coping strategies of persons with disabilities concerning accessibility to public transport services provide a blueprint to stakeholders on the way forward. The commitment from authorities responsible for enforcing laws responsible for the inclusion of persons with disabilities in transportation is key to total inclusion.

References

- Antom, D. Y. (2017). Impact of the Disability Act 2006 (Act 715) On Inclusive Education of Persons with Disabilities in La Nkwantanang-Madina Municipality. University Of Ghana.
- Asante, L. A., & Sasu, A. (2015). The persons with disability act, 2006 (act 715) of the republic of Ghana: the law, omissions and recommendations. *JL Pol'y & Globalization*, 36, 62.
- Ghana Statistical Service. (2021). 2021 PHC General Report Vol 3F Difficulty in Performing Activities.
- Giele, J. Z., & Elder, G. (1998). *Methods of Life Course Research: Qualitative and Quantitative Approaches*. Sage Publications.
- Hosking, D. L. (2008). Critical Disability Theory. 4th Biennial Disability Studies Conference, 1972, 1–17.
- Johnson, R., Shaw, J., Berding, J., Gather, M., & Rebstock, M. (2017). European national government approaches to older people's transport system needs. *Transport Policy*, 59, 17–27.
<https://doi.org/10.1016/j.tranpol.2017.06.005>
- Kett, M., Cole, E., & Turner, J. (2020). Disability, mobility and transport in low- and middle-income countries: A thematic review. *Sustainability (Switzerland)*, 12(2), 1–18.
<https://doi.org/10.3390/su12020589>
- Litman, T. (2015). *Evaluating Public Transit Benefits and Costs - Best Practices Guidebook*. Victotia Transport Policy Institute, 1–138. www.vtpi.org
Info@vtpi.org
- Ocran, J. (2019). Exposing the protected: Ghana's disability laws and the rights of disabled people. *Disability and Society*, 34(4), 663–668. <https://doi.org/10.1080/09687599.2018.1556491>
- Shaheen, S., & Cohen, A. (2018). Shared ride services in North America: definitions, impacts, and the future of pooling. *Transport Reviews*, 39(4), 427–442.
<https://doi.org/10.1080/01441647.2018.1497728>

VI. Gallery



Prof. Dr. Johannes Schädler, then Managing Director of the Centre for Planning and Development of Social Services (ZPE) at the University of Siegen warmly welcomed all guests in Siegen and online and facilitated the event.



Prof. Dr. Volker Wulf, vice rector of the University of Siegen gave a welcome address and pointed to the importance of cooperation between the University of Ghana and University of Siegen to enable innovative research and development both in Ghana and Germany.



Prof. Dr. George Owusu, Dean of the School of Social Sciences at the University of Ghana, welcomed all guest and emphasized the importance and opportunities of coordinated PhD programmes like LICOT-WASO to provide young scientists with access to a scientific career and quality international research.



Heike Dongowski warmly welcomed conference guests on behalf of the State of North Rhine-Westphalia and pointed to the long and successful history of cooperation between the Republic of Ghana and the State of North Rhine-Westphalia



Lars Wissenbach, LICOT-WASO coordinator at the University of Siegen introduced participants to the scientific background and objectives of the LICOT-WASO programme



Dr Elvis Imafidon, Lecturer at the School of Oriental and African Studies (SOAS), University of London introduced participants into ontological features of disabilities in African societies and outlined implications for a life course theory approach on disability



Prof. Dr Yirgashewa Bekele Abdi,
Lecturer at Addis Ababa University,
Ethiopia took a critical look at the
potential of western life course
theories for research perspectives in
African contexts.



Prof. Dr Charlotte Wrigley-Asante,
Head of Department of Geography
and Resource Development,
University of Ghana and co-Director
(Ghana) of the Merian Institute for
Advanced Studies in Africa (MIASA),
discussing socialisation and the social
construction of difference in the
context of disability and inclusion in
Ghana

52



**Dr Fabrizio Fea, Associazione Scuola
Viva Onlus, Italy**, making the case
for the significance science to
practice transfer, which should
always be part of the project design



Dr Efua Esaaba Mantey Agyire-Tettey, LICOT-WASO coordinator at the University of Ghana, outlining the crucial importance of gender aspects in personal development of people with disabilities



Dr Saka Ebenezer Manful, University of Ghana elaborating on the importance of social welfare services for the inclusion of people with disabilities in Ghana



Anna Boakyewah Bentil, LICOT-WASO researcher at the Centre for Migration Studies, University of Ghana introducing her study on migrants with disabilities in Ghana and Sierra Leone



LICOT-WASO researchers Dominic Hotor, James Kwamena Bomfeh and Ayine Akolgo (l.t.r.) discussing the keynote presentation provided by Dr Elvis Imafidon



LICOT-WASO researchers and panellists James Kwamena Bomfeh, Esther Kalua Atujona and Anna Bentil (l.t.r.) discussing intersectionality and social roles in the context of life course and disability

IMPRESSUM

EDITORIAL OFFICE ADDRESS

ZPE | University of Siegen
Hoelderlinstraße 3,
57076 Siegen, Germany
T +49 271 740 2228
F +49 271 740 12228
sekretariat@zpe.uni-siegen.de
<https://zpe.uni-siegen.de/>

EDITING

Lars Wissenbach

COPYRIGHT

With the Authors

TYPESETTING AND GRAPHICS

ZPE | University of Siegen

© 2023 Universität Siegen | Zentrum für Planung und Entwicklung Sozialer Dienste