PERCEPTIONS ABOUT MARRIAGE OF PEOPLE LIVING WITH PHYSICAL DISABILITY IN THE LOWER MANYA KROBO MUNICIPALITY

PRESENTED BY
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A DISSERTATION SUBMITTED TO THE UNIVERSITY OF GHANA IN PARTIAL FULFILLMENT FOR THE AWARD OF MASTER OF PUBLIC HEALTH (MPH) DEGREE

OCTOBER, 2019
DECLARATION

I, Rachel Lawerh hereby declare that except for other people’s works which I duly acknowledged, this dissertation is the result of my own work, done under supervision and has not being presented in part or whole elsewhere for another degree.

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DEDICATION

This work is dedicated to my family, especially my father who has been so supportive and gave me a life I can only dream of.
ACKNOWLEDGMENTS

I thank God for giving me the strength and wisdom to undertake this assignment.

I thank my supervisor, Dr. Juliana Yartey Enos for her immeasurable patience, support, guidance and encouragement through this process. I am truly grateful for her immense support and teaching throughout this process.

Many thanks to my father, who has been a pillar of support with reminders and guidelines.

I will also like to thank the people of Lower Manya Krobo Municipality for their support and permission to carry out this study.
ABSTRACT

Background

There is little interest in the sexual lives of PLWPD. It is usually assumed that PLWPD have little or no desire to engage in sexual intimacy, marriage or procreation. Little attention is paid to these aspects of the lives of PLWPD. PLWPD are often thought of as incapable of enjoying the same rights as people without physical disability and thus discouraged from pursuing marriage, sexual intimacy and childbearing. This study explored perceptions about marriage of people living with physical disability.

Methods

The study was a cross-sectional survey that employed both quantitative and qualitative data collection techniques to answer research questions. The data was collected from households in ten selected communities in Manya Krobo Municipality using structured questionnaires and interview guides. The study participants were both PLWPD and abled bodied members of the community within the ages of 18-65 years old. Qualitative data were analyzed using manual thematic analysis. Quantitative data were analyzed using Stata version 15 statistical software. The sample size for this study was 429 for quantitative and 20 for qualitative.

Findings

The findings of this study reveal that there is unfavourable perception (55.3%) about the marriage of people living with physical disability. It was shown that younger respondents, low level of education, and belief that cause of disability is spiritual were factors that were associated with unfavourable perceptions about marriage of PLWPD.
Conclusion

The findings of this study reveal that there is unfavourable perception about the marriage of people living with physical disability. Factors influencing these beliefs in the study community were age, educational status and cause of disability. PLWPD in the study expressed positive views about marriage.
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LIST OF ABBREVIATIONS

PWD   Persons with disability

PLWD  Persons living with disability

PLWPD Persons living with physical disability

WHO   World Health Organization

ICF   International Classification of Functioning, Disability and Health

CRPD  Convention on the Rights of Persons with Disability
CHAPTER ONE

1.1 Background of the study

About 650 million people in the world have some form of disability (Bickenbach, 2011). WHO’s 2011 report on disability estimates that about 15% of the global population has some form of disability. Disability prevalence is reportedly higher in developing countries (Nyangweso, 2018). It is reported that people with disability (PWD) are more likely to be poor, with lower education, lower chances of employment compared to people without disability (Bickenbach, 2011). It is also reported that in developing countries households spend a lot more on healthcare when they have a member with disability compared to households without a member with a disability (Bickenbach, 2011).

The International Classification of Functioning, Disability and Health (ICF) has been used to describe all impairments that limit an individual’s body function, activities and participation within their environmental (Bickenbach, 2011). In the Convention on the Rights of Persons with Disability (CRPD), emphasis was placed on the importance of physical and social barriers in the definition of disability; stating that disability arises due to the “interaction between persons with impairments and attitudinal and environmental barriers that hinders their full and effective participation in society on an equal basis with others” (United Nations, 2006). This definition by the CRPD ensures that disability is not only looked at from the individual and medical perspective but also from the society and systems.

PWDs are at a disadvantage in accessing basic human rights including rights to intimacy, marriage, family, and procreation (Braathen, Rohleder, & Azalde, 2017). It is for this reason that several attempts have been made to ensure they are able to access the same rights as people without disability including the right to sexual intimacy, marriage, family and also maintain
their fertility (United Nations, 2006). In some communities in Africa, people without disability have demonstrated minimal interest in the sexual rights of PWD and believe there is little need for PWDs to have any sort of sexual rights as PWDs are unlikely to get any sort of benefit from such right (Addlakha, Price, & Heidari, 2017). This goes to confirm observations from other studies and reported misconceptions of PWD having no desire for intimacy and procreation (Acheampong & Kwaku, 2018; Peta & Ned, 2019).

In most cultures there is very little chance of PWDs marrying, having children or enjoying sexual and reproductive rights as any human being (Rohwerder, 2018). There is the general misconception that PWDs are asexual, as being sexual is reserved for only people without disability (Ganle et al., 2016a). In some settings, PWDs are advised against having children due to the belief that their children may inherit their condition or, their condition makes them incapable of nurturing and taking care of children (Gibson & Mykitiuk, 2011). This is however different for women without disability (Gibson & Mykitiuk, 2011). In these cultures, PWDs are often treated like children; thus, seeing them as unfit to have any feelings for sexual partners, marriage or have children. They are constantly discriminated against, they are impoverished and any form of expression of desire for or satisfaction from sexual intimacy is highly condemned (Ahumuza, Matovu, Ddamulira, & Muhanguzi, 2014). Thus, PWDs in these communities tend to lack the confidence needed to express their sexual desires (Addlakha et al., 2017).

The Ghana Statistical Service details that three percent of Ghanaians have disabilities, with more PWDs in rural areas than in urban areas (Ghana Statistical Service, 2014b). PWDs suffer poverty, lack of access to healthcare, and lack of employment. It is believed that disability in itself limits the capabilities of PWD and thus makes them unattractive candidates for employment (Ghana Statistical Service, 2014). PWDs themselves may have little or no education or skills due to lack of investment in their lives by their parents or due to
stigmatization from school which could make them dropout and thus put them at a disadvantage when it comes to seeking employment (Ghana Statistical Service, 2014). The WHO 2011 reports that the magnitude of an individual’s disability is dependent on the environment in which they find themselves. Environments that are not disability friendly could be an impediment to the participation and involvement of people with disability; inaccessible walkways, and unfavourable working conditions, are all underlying factors that prevent people with disability from fully functioning in their society (Bickenbach, 2011).

For PWDs in Ghana, Ganle et al. (2016) reported that marriage, family, and childbirth was a way of debunking society’s misconceptions about their inability to have a family, get married or have a child due to their condition. It gives them fulfillment and serves as a source of security for themselves in the future. The report explained that some PWDs believed that, their children will continue their lineage and take care of them in their old age. Ganle et al. (2016) further reported that the desire to marry and have children also stems from cultural norms that expect women to be married and have children to meet society’s expectations.

Studies have reported that PWDs expressed their desire to marry and procreate just like they are those without disability yet, society continues to downplay these desires by showing no attention or desire to better understand and offer holistic inclusion for PWD (Addlakha et al., 2017). Consequently, PWDs are continually left out when it comes to issues concerning marriage and procreation.

In the Eastern Region of Ghana, the Lower Manya Krobo Municipality has 2.7% of its population with disability, with the majority of them being females (Ghana Statistical Service, 2014b). A greater proportion of the PWD community reside in urban areas than in the rural areas (Ghana statistical service, 2014). Sixty percent of people with disability in Lower Manya Municipality are not economically active, 41.5% of people with disability had never been to
school, with the majority of them being women (Ghana Statistical Service, 2014). The CRPD clearly stipulates member states, of which Ghana is a part of, to ensure people with disability enjoy all rights including education, marriage and avoid any discriminatory practices against people with disability (United Nations, 2006). Persons with disability in Ghana are still less likely to have good education, less likely to find good jobs and will, therefore, live in poverty and are not considered as sexual beings deserving of marriage (Ganle et al., 2016a).

Common beliefs that disability could be caused by spiritual forces create a situation where parents and guardians invest in finding a cure from traditional and spiritual healers. Due to beliefs like these, most parents try to seclude their children from the community and schools who also share similar beliefs all in a bid to avoid abusive language used in describing them. (Aldersey, Aldersey, & Commons, 2012).

Some parents of children with disability hope that their children will be able to find spouses who will support and care for them whiles also ensuring that they procreate and have children who will care for them in their old age. These parents also had fears of their PWD children marrying the wrong spouse who could take advantage of their disability to abuse and subject them to suffering (Aldersey et al., 2012).

This study seeks to explore perceptions about marriage of people living with physical disability (PLWPD) in the Lower Manya Krobo Municipality. To ensure PLWPD are able to live their lives without discrimination, stigmatization, prejudice and curtailing of their rights to marriage and family, it is important to understand society’s perception about the marriage of PLWPD and what PLWPD themselves think of marriage and the factors that influence both society and PLWPD’s perceptions and attitudes about the marriage of PLWPD. This will shape educational interventions and implementations of policies to protect the rights of PLWPD.
1.2 Problem statement

PLWPD are one of the most vulnerable groups in the world with lower chances of access to fundamental human rights compared to those without disability. PLWPD are more likely to be impoverished, with lower chances of education and employment compared to people without disability (Bickenbach, 2011). PLWPD also face discrimination and are sometimes advised against having children since they are considered physically and financially incapable of providing for any offspring they may bring forth (Gibson & Myktiuk, 2012).

Aside the belief that physical disability is transferrable and can be transferred from a parent to an unborn child, there are also deep superstitious beliefs that PLWPD are cursed from certain disobedient lifestyles they may have lived for which their current physical condition is a punishment from a god or ancestor and could be passed on to children (Bunning, Gona, Newton, & Hartley, 2017).

Above all, PLWPD are restricted to homes without being given the needed training to acquire a skill in order to make themselves self-sufficient. Disability of any kind reflects badly on the rest of the family and thus, PLWPD are considered a liability; they will never be employed neither will they be married thus it is needless to invest in their lives (Janardhana, Muralidhar, Naidu, & Raghevendra, 2015). PWDs in some societies may be prevented by their own family from finding or even accepting a spouse as their own families believe that, they are incapable of taking care of themselves and thus cannot take up duties required of them should they get married (Janardhana et al., 2015).

In some communities in Ghana, PLWPD are considered asexual. The common belief is that sexual and reproductive rights are for people without physical disability and thus, PLWPD are
not qualified to enjoy such rights (Ganle et al., 2016). PWD have also been perceived as incapable of bearing children which makes them qualified to be spouses (Acheampong & Kwaku, 2018).

Researchers in Ghana have explored the challenges faced by PWD in general; community attitudes towards persons with disability, challenges faced accessing maternal health care services at hospitals (Ganle et al., 2016; Slikker, 2009). However, perceptions and attitudes of communities on marriage of PLWPD have received little attention.

This study seeks to explore perceptions about marriage of PLWPD from the perspectives of both PLWPD and members of the community who have no disability in the Lower Manya Krobo Municipality. The outcome of this study will inform educational and other intervention programs about PLWPD.

1.3 Study objectives.

The general objective of this study is to explore perceptions about marriage of people with disability (PLWPD) in the Lower Manya Krobo municipality.

Specific Objectives

1. To assess the community perceptions about marriage of PLWPD in Lower Manya Krobo Municipality
2. To identify the factors that explain community’s perception about marriage of PLWPD in Lower Manya Krobo Municipality
3. To explore the views of PLWPD themselves on marriage

1.4 Research question

1. What are the community perceptions about marriage of PLWPD in Lower Manya Krobo Municipality?
2. What are the factors that explain community’s perception about marriage of PLWPD in Lower Manya Krobo Municipality?

3. What are the views of PLWPD themselves on marriage?

1.5 Conceptual framework

Figure 1: Conceptual framework showing factors influencing marriage of PLWPD and perceptions about marriage

- **Demographic factors**
  - Age
  - Sex
  - Education
  - Marital status
  - Residence (rural or urban)
  - Occupation

- **Cultural beliefs surrounding disability and marriage**
- **Beliefs regarding causes of disability**

- **Enabling environment**
  - Employment
  - Societal factors (discrimination)

- **Perception on Marriage of PLWPD**

- **Social interaction with PLWPD**
  - Friendship with PLWPD
  - PLWPD Family member
  - Works with PLWPD
  - Cares for PLWPD

Source: Candidate’s own work
1.6 Conceptual framework narration

There are relationships between demographic and background characteristics of individuals and communities and the enabling/underlying factors, cultural beliefs surrounding disability and marriage, experience interacting or socializing with PLWPD and marriage of PLWPD as shown in the conceptual framework, figure 1.

Studies have shown that, age has an influence on a person’s perception and behaviour towards PLWPD (Staniland, 2009). Younger and older people aged 18-24 and 65 and over respectively were not very open to the idea of socializing with people with PLWPD, 25-34 year old, however, were very open to the idea of socializing with PLWPD (Staniland, 2009).

A social attitude survey conducted in Britain which showed that women were more accepting of disability compared to men (Staniland, 2009). This is in agreement with a study in South Africa that asserts that males living with physical disability were more likely to have wives without physical disability compared to women with physical disability finding husbands without physical disability (Rintala, 1997).

Level of education has been found to positively influence people’s perception of PLWPD. In Opoku, Badu, & Moitui’s (2015) study, participants with higher education had a more positive perception of disability. Staniland (2015) also confirmed this in their findings; respondents with higher level of education and income were more accepting of people with disability compared to people with lower levels of education and income (Staniland, 2009).

A survey on public attitudes to disability conducted in Irish communities showed that urban residents who have little interaction with PLWPD believed that PLWPD are treated positively in the community (National Disability Authority, 2018). However, residents who have experience with PLWPD disagreed with this view (National Disability Authority, 2018).
PLWPD with higher education have been found to be able to accept their disability, take charge of their life and adapt to society compared to their counterparts with lower education (Kaur, Peck, Yusof, & Singh, 2015). The study further expressed that for PLWPD to be self-sustaining, breakout from the liability stereotype that is always perceived of them, PLWPD will need to personally accept themselves; this will boost their self-worth and direct their energies into integrating into society.

Society’s behaviour towards PLWPD also influences perception of PLWPD. In most societies, PLWPD are largely discriminated against; they are often isolated and treated as not on the same social level as people without physical disability (Kaur et al., 2015). In this study, it was found that most participants objected to living close to people with intellectual disability. In another study however, it was found that majority of younger participants reported they will be comfortable if a relative of theirs marries a person with a physical disability (Staniland, 2009).

Staniland (2009) believes that people who work in the public sector are more likely to have positive attitudes towards PLWPD compared to people who work in the private sector.

On interactions with PLWPD and its effect on marriage of PLWPD, there is a variance in the findings across cultures. In a study in Cameroon, some participants for the fear of being stigmatized or discriminated against refused to respond to whether or not they had a PLWPD relative (Opoku et al., 2015). This is not different from India, where disability of a family member reflects badly on the entire family and ruins the prospects of other family members finding a suitable partner (Janardhana et al., 2015). These findings, however, differ from findings in a survey on public attitudes towards disability in Ireland; where more than half (73%) of the respondents reported knowing someone with disability with most of the respondents disclosing that the person is a relative to which 68% reported having daily or weekly contact with the relative PLWPD (National Disability Authority, 2018).
Disability in most African communities is believed to have been caused by witchcraft, juju, curses and disobedience and this affects how PLWPDs are treated in such community (Opoku et al., 2015). Most PLWPDs are ostracized by their families or will be accepted but treated unfairly (Opoku et al., 2015).

1.7 Justification of the study

Ghana is signatory to the Convention on the Rights of Persons with Disability which states that, all parties of the convention PWDs do not face discrimination in their choice of relationship, marriage, family, and parenthood. The convention further requests that PWDs who are at the appropriate age of marriage and are willing to get married with the consent of their spouse, have the right to do so (United Nations, 2006).

For PLWPD to fully integrate and participate in society without discrimination, prejudice, stereotypes and barriers to their rights, there is the need for society to be accepting of disability (Kaur et al., 2015). Public attitudes towards PLWPD greatly influence the lives of PLWPD. In societies where PLWPD are discriminated against and stereotyped, PLWPD find themselves living in isolation without access to their basic rights which includes marriage (Opoku et al., 2015).

This study seeks to contribute to the knowledge about perceptions of marriage of PLWPD in the Lower Manya Krobo Municipality. The findings of this study will be disseminated to the community, including the District Assembly and NGOs to ensure it contributes to informing policy and shaping interventions to ensure that PLWPDs are able to participate in social engagements such as marriage and exercise their sexual and reproductive rights.
CHAPTER TWO

Literature review

2.1 Introduction

This chapter discusses works that have been done on PWD to identify the existing gaps.

2.1.1 Disability

The International Classification of Disability and Handicaps framework looks at three dimensions; impairments where the body structure changes and there are now problems in the way the body operates as in situations like paralysis (Bickenbach, 2011).

Disability is also looked at in terms of activity limitation. One finds it hard to undertake activities such as walking or running. When an individual is having trouble engaging in some aspects of life, it is seen as participation restriction. Thus, a person who is facing discrimination in education or employment will be said to be facing participation restrictions which is part of the three dimensions within which disability is defined. Experiencing difficulties in any or all of these three denotes disability (Bickenbach, 2011).

The Ghana 2010 population census report looks at disability in terms of impairment of body function which is as a result of abnormality in physiological structure, the inability to perform a range of tasks considered normal for a human being and also, being handicapped which affects an individual’s ability to take part in normal activities as a result of the individual’s relationship between his/her impairment and their surrounding (Ghana Statistical Service, 2014). According to the 2010 population and housing census report, 3% of the Ghanaian population are living with disability (Ghana statistical service, 2014). Others however believe there are about 7-12% of people with disability in Ghana (Ganle et al., 2016a)
2.2 Models of disability

The models of disability define what disability is taking into consideration the causal and responsibility attributions, and perceived needs of people with disability.

2.2.1 Medical model of disability.

This model believes disability is a medical condition which is situated with the person. Disability is seen as a medical problem that requires a cure. It is said that parents of children with disabilities identify first with this model. In this model, a person with a disability is likely to be referred by the disability and will be grouped and thought to have the same kind of experience as someone who has their kind of disability. Someone who is deaf will most likely believe in the medical model and will like to seek a cure for the condition (Shanimon & Rateesh, 2014). The medical model is much criticized because it sees disability as a shift from the normal, it is believed to be the source of derogatory terms such as ‘crippled’, ‘handicapped’ which asserts that people with disability are substandard compared to able-bodied people (Retief & Letsosa, 2018). The medical model is accused of paying no regard to the environmental factors that may worsen the conditions of someone with a disability, it sees people with disability as a problem that has to be cured (Retief & Letsosa, 2018).

2.2.2 Social model of disability

The social model of disability believes that society cripples people with disabilities and that any intervention should be channeled into changing society (Retief & Letsosa, 2018). It is believed that a person with a disability’s physical and social environment can put hindrances in their path. It goes on to say that impairment is having a malfunctioning body organ, limb or mechanism of body whiles disability is being limited in activity as a result of society being structured in a way that has no consideration for people with impairments which excludes them from fully functioning in the society (Retief & Letsosa, 2018). The social model seeks to correct the social situations where people with disability are excluded from participating
due to discriminatory situations in society; it seeks to show that, being impaired is not a form of exclusion, rather the societies practices which “devalues’ such people (Scullion, 2010)

2.2.3 Cultural model of disability

The cultural model of disability looks at the person with disability and their family from the perspective of how they are perceived in their society (Shanimon & Rateesh, 2014). It looks at how disability is seen in diverse cultures. It seeks to find out how people respond to disability, how people with disability protected within cultures, family unity and liberty (Shanimon & Rateesh, 2014). It also seeks to see how the different disability and non-disability function within the same cultural space. The cultural model of disability reveals the cultural locations which have been set aside for people with disability dating back to many centuries. People with disability in those times were kept in special institutions which people believe is to group them and then preside over them (Retief & Letsosa, 2018).

2.3 Disability in Ghana

According to the Ghana Statistical Statistical Service, 3.1% of Ghanaians do have some form of disability (Ghana Statistical Service, 2014). Ghana recognizes that PWD face discrimination, lack of access to social amenities, including basic public services. Systems are designed without the consideration of how people with disability can equally access benefit from these systems (Ghana Statistical Service, 2014a). Several institutions and Nongovernmental organizations have set up programs to push for the rights of PWDs in Ghana. Some of these programs include the Livelihood Empowerment against Poverty, Local Enterprises and Skill Development Programme, District Assembly Common Fund and National Community Based Rehabilitation programme (Ghana Statistical Service, 2014a). Despite having many laws stating the rights of PWDs, and many programs set out to ensure the wellness of PWDs, there is a lack of public sensitization of the general public on these
laws to ensure PWDs are not being discriminated against on their rights to reproduction, marriage and family without discrimination (Slikker, 2009). There is also a clear lack of interventions targeting reproductive health for PWDs (Morrison et al., 2014).

Persons with Disability Act, 2006 Act 715

The Persons with Disability Act defines a person with disability as “a person with physical, mental or sensory impairment including a visual, hearing or speech functionality disability, which gives rise to physical, cultural and social barriers that substantially limits one or more of the major life activities of that individual” (Persons With Disability Act, 2006)

This act mandates that, rights of a person with disability includes the right to family life and social activities. The Act further mandates that persons with disability should not be deprived of their right to live with family or participate in social, political, economic or creative activities. A person with disability is protected according to the Act from discrimination, exploitation and being subject to any form of degrading treatment (Persons With Disability Act, 2006).

The Persons With Disability Act of Ghana, 2006 Act 715 recognizes the right of PWD to social life detailing that PWDs have the right to family life and partake in social-political, economic and recreational activities if they so wish (Persons With Disability Act, 2006).

Ghana has ratified the Convention on the Rights of Persons with Disability of which Article 23 expresses need for state parties of the convention to ensure that, PWDs do not face discrimination in their choice of relationship, marriage, family, and parenthood (Ghana Statistical Service, 2014a). The convention further requests that PWDs who are at the appropriate age of marriage and are willing to get married with the consent of their spouse, have the right to do so. They also have the right to decide freely the number and spacing of
children that they want, without any impediments or discriminations against their decisions. (United Nations, 2006).

2.4 Community and cultural perception about disability and marriage

Women with disability are a more marginalized group. They are deemed as unfit for marriage (Plessis, 2007). Even though these women may find themselves in relationships with men, these relationships are usually hidden, away from the public eye and do not result in marriage (Mckenzie, 2014).

In certain communities, women with disability were likely to find themselves sexually abused. Given their limited knowledge on sexual and reproductive health, they turn to interpret the abuse as a favor which could lead to marriage, they only become aware it has been abuse when the marriage part is not forthcoming (Peta & Ned, 2019).

Families of PLWPD themselves may not be willing to protect or particularly fight for the rights of their PLWPD (Plessis, 2007). In some Ghanaian culture, disability is attributed to being a burden, being unfit and being cursed. It is therefore worth investing in the life of the person. Marriage is usually perceived as the merging of two families thus there is unwillingness for families to merge with someone who has a disability (Plessis, 2007).

In Zimbabwe, studies found that households that have a member with disability spend 1.3 times more on healthcare compared to households that do not have a member with disability (Bickenbach, 2011).

In Ghana, the 2010 population and housing census reports detail that children with disability tend to suffer neglect and lack of attention from parents (Ghana Statistical Service, 2014). The report also stated that some parents in their quest to prioritize the investment of their limited resources will prefer to enroll their children without disability at the expense of children with disability. This leads to a situation where PWD will have no or little education and skills needed
to secure a job. Coupled with social stigma, lack of PWD friendly work building and environment, PWDs are at a disadvantage when it comes to employment and education (Ghana statistical service, 2014).

Families of PWDs are subjected to stigmatization and discrimination. In certain societies in India, families of PWDs may be forced to conceal a PWD member of the household because he/she may ruin the chances of other members of the household getting married (Janardhana et al., 2015). Having a PWD family member reduces one’s chances of getting a suitor for any person in the family as they believe that anyone from that family is very likely to reproduce offspring with the condition. Due to this, some families even deny the PWD’s condition and sometimes will refuse to seek healthcare for the condition all in an attempt to deny the existence of the condition (Janardhana et al., 2015). PWDs and their families avoid social gatherings due to the stigma and shame attached to having a disability avoid social gatherings. PWDs in these societies may be prevented by their own family from finding or even accepting a spouse as their own families believe that, they are incapable of taking care of themselves and thus cannot take up duties required of them should they get married. This may, however, be different for PWD males as in the typical patriarchy cultures, they are not required to perform household duties. Females with disability are even more restricted because they may be sexually violated by predators thus their chances of education are very low, this coupled with the fact that their families do not see the need to make any sort of investment in their lives; they will never be employed and they will never be married (Janardhana et al., 2015).

In South Africa however, Rintala (1997) reported that some PWDs themselves do have some bias when it comes to dating other PWDs as they may prefer partners without disability over partners with disability. The study further reported that dating is heavily dependent on physical attractiveness thus women with physical disability may have a hard time finding a partner as
their disability is perceived as a factor that reduces the physical attractiveness of a person. Also reported in Rintala’s (1997) study is the fact that male PWDs were more likely to be married than women PWDs, this is so because women were more likely to accept a partner with physical disability than males. Another observation made in this study was that living in seclusion will not help PWD gain knowledge on sexual intimacy, social skills and will even deny PWD the chances of meeting anyone (Rintala, 1997).

There is the general misconception that PWDs are asexual and being sexual is equivalent to being without disability (Ganle et al., 2016a). Findings from this study showed that, women with disability faced discrimination, negative attitude from healthcare providers and lack of attention when they visited hospitals for maternal healthcare during pregnancy. The common perception that PWD should not engage in sexual intimacy, are less likely to marry or have children is evident in the way they are treated by the healthcare personnel when they visit facilities for care. Despite the availability of laws concerning reproductive health rights of PWD, it has been observed in studies that little intervention or consideration is given to PWDs in terms of healthcare, sexual and reproductive health (Ganle et al., 2016).

Ganle et al (2016) expressed that, for the women with physical disability, marrying and having children was not only to fulfill reproductive needs but to also satisfy social needs. Some of the women explained that having a child was a way of disapproving society’s prejudice against them. Having a child for others was an investment in their future security as they believe the child will grow up to take care of them when they are old. Some wanted to grow their lineage through their children. For others, there was respect and social prestige that comes with the ability to marry and bear a child (Ganle et al., 2016a).

PWDs in some cultures have not only been perceived as incapable of bearing children but also not qualified to be spouses (Acheampong & Kwaku, 2018). These beliefs, poverty, stigma,
discrimination and shame associated with sexual intimacy have prevented PWD from expressing their desire for sexual intimacy and marriage (Addlakha et al., 2017).

A study in South Africa noted that people with intellectual disability were at risk of sexual abuse as they believed to possess spiritual powers that could make any individual prosperous and wealthy (Braathen et al., 2017). One could harness this prosperity and wealth by having sexual intercourse with a person with intellectual disability (Braathen et al., 2017).

Disability is greatly associated with superstition. In some places, it is believed that being wicked to animals such as crocodiles amongst others is a cause of disability (Opoku et al., 2015). Disobedience to gods, adulterous woman, curses and punishment from gods are some of the most mentioned causes of disability. It is also believed that mothers can transfer their disability unto an unborn child (Bunning et al., 2017)

Stigmatization occurs differently among social spheres in certain cultures. Wealthier families whose children have disability are usually accused of having used their child for ritual sacrifices that will give the family wealth. In the eyes of the community, the child with disability has become the source of wealth for their parents (Aldersey et al., 2012). Some of these beliefs were so negative parents had to restrict their children with disability because they were at risk of being killed and used for ritual purposes (Aldersey et al., 2012).

The review has so far shown that much of the work done has been on reproductive health rights, pregnancy and disability however, close to no work has not been done on the perception of marriage about PLWPD in Ghana, especially in the Lower Manya Krobo Municipality.
CHAPTER THREE

METHODS

3.0 Introduction

This chapter discusses the methods that were used for the study. It discusses the study design, the study area, geographical location, demographic characteristics of the area of study, the population of study, the variables of study, operational definition of the variables, sample size determination and calculation, sampling method, data collection methods, tools and techniques, the data processing and analysis, ethical considerations and quality control.

3.1 Study design

The study was a descriptive cross-sectional study using both quantitative and qualitative methods of data collection. Cross-sectional study design used to show a snapshot of the current situation pertaining to perception about PLWPD in the study location. It would not require so much time and it was relatively less expensive than other studies. Mixed methods was chosen to ensure there is improvement in the quality of findings made certain by triangulation of the results. The quantitative data was collected using a structured Likert scale questionnaire.

The qualitative data was collected through face-to-face in-depth interviews with PLWPD using an interview guide. The qualitative component of the study explored the general perception of community members (with no physical disability) on marriage of PLWPD and also explored the perceptions of PLWPD themselves about their marriage. In-depth interviews of community members, including family members, was conducted to provide deeper insight into their perceptions about marriage of PLWPD.
3.2 Study location

This study was conducted in the Lower Manya Krobo Municipality in the Eastern region of Ghana.

3.3 Geographical location

The Manya Krobo Municipality to the north, shares boundaries with Upper Manya Krobo, to the south with Dangme West and Yilo Krobo, to the East, Asuogyaman and to the west, Yilo Krobo Municipality. The municipality covers an area of 304.4 square kilometers, with a population density of 293.2 persons per square kilometer (Ghana Statistical Service, 2014b). The district capital of the municipality is Odumase-Krobo.
Figure 2: Map of Lower Manya Krobo Municipality
3.4 Demographic characteristics

The 2010 population census estimates the population of Lower Manya Krobo Municipality to be 89,246 which is 3.4% of the total population of the Eastern Region (Ghana Statistical Service, 2014b). Females and males constitute 53.5% and 46.5% respectively (Ghana Statistical Service, 2014b). The municipality is made up of rural and urban settlements with urban areas being the most populated at 83.7% and rural areas, 16.3%. About 31% of the people aged 12 and above are married with 11.8% living in informal unions. About 80% of the population 11 years and older are literate while 18.3 percent are not literate in any language. About 70% of the population who are 15 years and older are economically active. Out of this, 91.5% are employed and 8.5% are unemployed. About 30% the employed are service and sales workers while 25% are craft and trades workers. About 19% of the employed are into the agricultural, forestry and fishery sectors (Ghana Statistical Service, 2014b).

3.5 Disability in the Lower Manya Krobo Municipality

The disability prevalence in Lower Manya Krobo Municipality is 2.7%. Out of the 2,422 of PLWD, 82.9% live in urban areas and 17.1% live in rural areas. There are more female PLWD (56.7%) than there are male PLWD (45.3%). There are different disability types in the Lower Manya Krobo Municipality (Ghana statistical service, 2014).
### Table 1: Types of disability among PLWD in Lower Manya Krobo, aggregated by sex

<table>
<thead>
<tr>
<th>Disability Type</th>
<th>Both sexes</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Number</td>
<td>Number</td>
</tr>
<tr>
<td>All localities</td>
<td>89,246</td>
<td>41,470</td>
<td>47,776</td>
</tr>
<tr>
<td>Total</td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
</tr>
<tr>
<td>Without disability</td>
<td>86,793</td>
<td>40,410</td>
<td>46,383</td>
</tr>
<tr>
<td>With a disability</td>
<td>2,453</td>
<td>1,060</td>
<td>1,393</td>
</tr>
<tr>
<td>Sight</td>
<td>1,007</td>
<td>415</td>
<td>592</td>
</tr>
<tr>
<td>Hearing</td>
<td>363</td>
<td>136</td>
<td>227</td>
</tr>
<tr>
<td>Speech</td>
<td>304</td>
<td>149</td>
<td>155</td>
</tr>
<tr>
<td>Physical</td>
<td>809</td>
<td>330</td>
<td>479</td>
</tr>
<tr>
<td>Intellect</td>
<td>275</td>
<td>135</td>
<td>140</td>
</tr>
<tr>
<td>Emotion</td>
<td>232</td>
<td>111</td>
<td>121</td>
</tr>
<tr>
<td>Other</td>
<td>220</td>
<td>104</td>
<td>116</td>
</tr>
</tbody>
</table>

Source: Ghana Statistical Service, 2010 Population and Housing Census

*Some participants had multiple disabilities, so the total will be far more than the number of persons with disability.

### 3.6 Study population

Four hundred and twenty-four members of the community; males and female members of the community of the ages of 18 to 65 years were deemed eligible and participated in the quantitative cross-sectional study using a Likert scale questionnaire.

Five males and five females were selected between the ages of 18 to 65 years, based on the criteria that they had or had no relatives with physical disability were selected for an in-depth interview to understand their perception of marriage of PLWPD.

Ten PLWPD; five males and five females who were 18 to 65 years were interviewed concerning their perceptions and experiences about marriage of PLWPD. The exclusion criteria
for the interviews were people with mental disability, speech disability, intellectual disability, and emotional disability were not interviewed for this study. Inclusion criteria for interviewed participants was, having a physical disability.

3.7 Study duration

This study took place over a four months period; commencing in February 2019 and ending on June 2019.

3.8 Study variables

For the study on factors influencing marriage of PLWPD, “perception about marriage of PLWPD” was the outcome variable of the study.

The independent variables of this study were:

- Sociodemographic variables include age, sex, education, marital status, religion, and residence (rural or urban).
- Social interaction with PLWPD
- Cultural beliefs
- Individual factors (assertiveness to engage in dates)
- Community attitudes towards PLWPD
Table 2: Independent variables and their operational definitions

<table>
<thead>
<tr>
<th>Independent variables</th>
<th>Scale of measurement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sociodemographic</td>
<td>Age of participant on last birthday</td>
</tr>
<tr>
<td>Age</td>
<td>Male or Female</td>
</tr>
<tr>
<td>Sex</td>
<td>Below senior high (low), senior high and above (high)</td>
</tr>
<tr>
<td>Education</td>
<td>Occupation of participants</td>
</tr>
<tr>
<td>Occupation</td>
<td>Single, married, divorced, widowed</td>
</tr>
<tr>
<td>Marital status</td>
<td>Rural residence or urban residence</td>
</tr>
<tr>
<td>Religion</td>
<td>Christian, Muslim, Traditionalist,</td>
</tr>
</tbody>
</table>

Measuring the dependent variable- community perception of marriage of PLWPD

The perception of marriage of PLWPD was scored based on each participant’s response to the 21 items in Table 5.4. The items were monotone; that is statements were generally favourable or unfavourable. Given that some people genuinely may be indifferent to some of the items a choice was included for people to report ‘indifferent. To avoid response set, it was important to include items worded in both negative and positive directions. The items covered several aspects of perceptions on marriage. It included issues on sexuality, marriage, pregnancy, working with PLWPD and whether disability is a curse. Each response was scored 0, 1 or 2. The score was zero for a negative perception and 2 for positive based on the direction of the question. ‘Indifferent’ was scored 1. The scores for each respondent were cumulated to obtain a summary score which determined the direction of respondent’s perception to marriage of PLWPD. Theoretical scores ranged from 0 representing enable the performance of basic statistics, considering how the independent variables are measured, the
scores were dichotomized into two categories (unfavourable and favourable perceptions). This categorization was based on the actual scores of respondents and is discussed further in Chapter 4. Categorization of continuous variables is common and is normally done to categorize attributes such as being “hypertensive” or “obese. Dichotomising however can lead to loss of some information and may affect the strength of relationships between variables.

3.9 Sample size calculation

The national survey of public attitudes to disability in Ireland showed that 50% of the participants believed that there is unfair treatment of PLWPD in their society (National Disability Authority, 2018)

The Cochran formula (1965) will be used to compute the minimum sample size needed for this study.

Where

\[ n = \text{sample size} \]
\[ z = \text{confidence interval at 95\% which is 1.96} \]
\[ p = \text{estimated proportion of outcome of interest} \]
\[ d = \text{maximum error allowed} \]

Three assumptions hold for the calculation of the sample size:

1. The proportion of people who believed that PLWPD were are unfairly treated in society according to the national survey of public attitudes to disability in Ireland is 50\% (National Disability Authority, 2018)
2. Confidence level is 95\% which is 1.96
3. The maximum error allowed is 5\%
Sample size was thus calculated as:

\[ n = \frac{z^2pq}{d^2} \]

\[ n = 1.96^2 \times 0.5(1 - 0.5)/0.05^2 \]

\[ n = 385 \]

Non-response rate = 10%

Thus, sample size needed for this study was 424.

3.10 Sampling method

3.10.1 Quantitative

Multistage sampling technique was applied. At the first stage, stratified random sampling with proportionate allocation to rural and urban communities by size was used to select participants aged 18-65 years. Data collection was in the month of June 2019. In the 2010 Population and Housing Census (Ghana Statistical Service, 2014), Lower Manya Krobo Municipality had two main localities; which are rural and urban. These localities were defined by the number of persons living in the locality. A locality with inhabitants of 5000 or more, is considered as urban and a locality with less than 5000, is considered rural. Thus six communities namely; Kpong, Agormany, Odumase, Nuaso, Manya Kпонgunor, and Akuse were selected as urban while 14 namely; Atua, Menekpo, Asitey- Mannwam, Abusa Kope, Agormany, Kodjonya, Amedeka, Sapor Kpeti, Oborpa Blorny, Asitey Yokunor, Dzomoa Ablordem, Ayemasu ako, Akuse junction and Tseldom were considered as rural areas. The population sizes for each of the localities as at 2010 are presented in Table 3.
Table 3: Population by sex, number of households and houses in the 20 communities

<table>
<thead>
<tr>
<th>Serial Number</th>
<th>Community name</th>
<th>Total</th>
<th>Male</th>
<th>Female</th>
<th>Households</th>
<th>Houses</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Kpong</td>
<td>15,944</td>
<td>7,602</td>
<td>8,342</td>
<td>4,016</td>
<td>2,005</td>
</tr>
<tr>
<td>2</td>
<td>Agormanya</td>
<td>15,618</td>
<td>7,075</td>
<td>8,543</td>
<td>4,115</td>
<td>2,064</td>
</tr>
<tr>
<td>3</td>
<td>Odumase</td>
<td>15,245</td>
<td>6,815</td>
<td>8,430</td>
<td>3,801</td>
<td>1,886</td>
</tr>
<tr>
<td>4</td>
<td>Nuaso</td>
<td>7,956</td>
<td>3,630</td>
<td>4,326</td>
<td>1,950</td>
<td>995</td>
</tr>
<tr>
<td>5</td>
<td>Manya kpongunor</td>
<td>7,474</td>
<td>3,323</td>
<td>4,151</td>
<td>1,698</td>
<td>926</td>
</tr>
<tr>
<td>6</td>
<td>Akuse</td>
<td>6,115</td>
<td>2,890</td>
<td>3,225</td>
<td>1,576</td>
<td>876</td>
</tr>
<tr>
<td>7</td>
<td>Atua</td>
<td>4,361</td>
<td>1,974</td>
<td>2,387</td>
<td>1,089</td>
<td>662</td>
</tr>
<tr>
<td>8</td>
<td>Menekpo</td>
<td>1,746</td>
<td>777</td>
<td>969</td>
<td>442</td>
<td>234</td>
</tr>
<tr>
<td>9</td>
<td>Asitey - mannwam</td>
<td>1,449</td>
<td>616</td>
<td>833</td>
<td>347</td>
<td>243</td>
</tr>
<tr>
<td>10</td>
<td>Abusa kope</td>
<td>988</td>
<td>557</td>
<td>431</td>
<td>228</td>
<td>199</td>
</tr>
<tr>
<td>11</td>
<td>Agormany</td>
<td>811</td>
<td>374</td>
<td>437</td>
<td>209</td>
<td>112</td>
</tr>
<tr>
<td>12</td>
<td>Kodjonya</td>
<td>802</td>
<td>376</td>
<td>426</td>
<td>213</td>
<td>114</td>
</tr>
<tr>
<td>13</td>
<td>Amedeka</td>
<td>745</td>
<td>362</td>
<td>383</td>
<td>203</td>
<td>124</td>
</tr>
<tr>
<td>14</td>
<td>Sapor kpeti</td>
<td>727</td>
<td>387</td>
<td>340</td>
<td>137</td>
<td>126</td>
</tr>
<tr>
<td>15</td>
<td>Oborpa blornya</td>
<td>682</td>
<td>359</td>
<td>323</td>
<td>172</td>
<td>161</td>
</tr>
<tr>
<td>16</td>
<td>Asitey yokunor</td>
<td>611</td>
<td>300</td>
<td>311</td>
<td>138</td>
<td>87</td>
</tr>
<tr>
<td>17</td>
<td>Dzoma o ablordem</td>
<td>609</td>
<td>298</td>
<td>311</td>
<td>147</td>
<td>73</td>
</tr>
<tr>
<td>18</td>
<td>Ayemasi ako</td>
<td>599</td>
<td>319</td>
<td>280</td>
<td>122</td>
<td>136</td>
</tr>
<tr>
<td>19</td>
<td>Akuse junction</td>
<td>559</td>
<td>270</td>
<td>289</td>
<td>111</td>
<td>110</td>
</tr>
<tr>
<td>20</td>
<td>Tsledom</td>
<td>511</td>
<td>257</td>
<td>254</td>
<td>102</td>
<td>103</td>
</tr>
</tbody>
</table>

Source: Ghana Statistical Service, 2010 Population and Housing Census

After stratifying the district into rural and urban, respondents were selected from each of the six urban communities. Respondents were selected from four rural communities (Menekpo, Asitey- mannwam, Abusa kope, and Kodjonya) chosen using simple random sampling. The number of respondents selected by proportionate to size of each of the localities is listed in Table 4.
Table 4 List of communities sampled by sex, urban/rural and sample size.

<table>
<thead>
<tr>
<th>Communities</th>
<th>Male</th>
<th>Female</th>
<th>Sample allocation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Urban</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kpong</td>
<td>40</td>
<td>43</td>
<td>83</td>
</tr>
<tr>
<td>Agormanya</td>
<td>37</td>
<td>44</td>
<td>81</td>
</tr>
<tr>
<td>Odumase</td>
<td>35</td>
<td>44</td>
<td>79</td>
</tr>
<tr>
<td>Nuaso</td>
<td>19</td>
<td>22</td>
<td>41</td>
</tr>
<tr>
<td>Manya Kpongunor</td>
<td>17</td>
<td>22</td>
<td>39</td>
</tr>
<tr>
<td>Akuse</td>
<td>15</td>
<td>17</td>
<td>32</td>
</tr>
<tr>
<td>Total urban</td>
<td>163</td>
<td>192</td>
<td>355</td>
</tr>
<tr>
<td><strong>Rural</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Menekpo</td>
<td>11</td>
<td>13</td>
<td>24</td>
</tr>
<tr>
<td>Asitey- mannwam</td>
<td>9</td>
<td>11</td>
<td>20</td>
</tr>
<tr>
<td>Abusa Kope</td>
<td>8</td>
<td>6</td>
<td>14</td>
</tr>
<tr>
<td>Kodjonya</td>
<td>5</td>
<td>6</td>
<td>11</td>
</tr>
<tr>
<td>Total rural</td>
<td>33</td>
<td>36</td>
<td>69</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>196</td>
<td>228</td>
<td>424</td>
</tr>
</tbody>
</table>

Based on the number of houses, systematic random sampling with a random start was used to select study participants from each of the stratum to get the representative number that had been determined from the sample size calculation. Not more than two respondents were selected from the households (one male and one female).

The list of houses and their respective house numbers which served as the sampling frame were obtained from the District Assembly offices. The houses were numbered serially. The total number of houses was divided by the sample size to get the sampling interval (k) between the houses. Using simple random sampling again, the beginning point of the kth house was selected then the kth house was picked in subsequent selections until the whole sample size 424 was
exhausted. Help was sought from a member of the community to assist in mapping out the houses selected, and two eligible members of the households were selected using simple random sampling and interviewed. When we entered a home, starting from the right, the first man and woman who qualified for the study were selected and interviewed. Sampling was done during the evening hours of the day to ensure that households have returned from their engagements of the day.

3.10.2 Qualitative sampling method

Purposive sampling was employed to select 10 PLWPD (5 males and 5 females) from the communities; Agormanya, Odumase and Menekpo by age (18-35, 36-50 and 51-65), by disability (physical and sight) to ensure adequate representation. In-depth interviews were conducted in the language best understood to the participants which was Krobo. The home of the participant and in some cases, the place of work were the location where the interviews were conducted. A community member supported in identifying the homes of PLWPD. The exclusion criteria for the interviews were people with mental disability, speech disability, intellectual disability and emotional disability were not interviewed for this study. Inclusion criteria was parts with physical disability.

Ten participants without disability from the community were purposively sampled for in-depth interviews. The interviews were held at locations convenient for the participants; their homes and their workplaces. The interviews were carried out in languages convenient for each participant’s understanding; Krobo and in one case, English. Participants were selected by sex (five males and five females), by relations with PLWPD (some of whom have close relations with PLWPD and others who do not have close relations with PLWPD), by the age groups (18-35, 36-50 and 51-65). Close relations used in this context means being related by family or through marriage to someone with physical disability.
3.11 Data collection methods

3.11.1 Quantitative

Research assistants explained the purpose of the study and also sought the signed consent of participants before questionnaires are given out. Participants were administered a structured questionnaire that measured socio-demographic characteristics that had an influence on their perception of marriage of PLWPD.

A Likert scale set of questions in the questionnaire (in the appendix iv) measured participants’ perception of marriage of PLWPD. Measuring scales were used to score the responses of the participants. Depending on the number of scores, a perception was described as favorable or unfavourable. Passive statements were made with only a few questions directly relating to participants to reduce social desirability bias.

Participants who could not read or write were assisted by research assistants to answer questionnaires verbally. Participants who could read and write self-administered their questionnaires. Responses were captured and entered into a computer every day after data collection to prevent loss of information and also for safekeeping of participant’s private information.

3.11.2 Qualitative approach

In-depth interviews were conducted with 10 PLWPD. Participants were within the ages of 18-65 years with physical or visual disability or both. Participants were selected by residence (rural and urban) to ensure representation. Interviews explored their experiences on marriage, their perceptions about marriage, and community attitudes towards PLWPD. The average length of each interview was 45 minutes. In-depth interviews were conducted with 10 participants without disability to understand their views and perceptions on the marriage of PLWPD. Participants were selected by sex (five males and five females), by relations with PLWPD
(including those who have close relations with PLWPD and who do not have close relations with PLWPD).

Consent was sort from each person identified and interviews were granted after participants expressed their willingness and consent to participate in the study, backing up with a signed or marked consent form. All interviews were conducted in the local dialect, Krobo. Interviews were recorded after permission was granted by the participant, with tape recorders to ensure adequate capture of information. Daily debriefing was carried out by the researcher and the research assistants to ensure issues that came up during the interviews were discussed and fine-tuned before the next interview.

3.12 Data collection technique and tools

3.12.1 Qualitative approach

Face-to-face in-depth interviews were employed to collect data. The 10 Participants within the ages of 18-65 years with physical or sight disability or both. Participants were selected by residence (rural and urban) to ensure representation. Interviews were conducted in the homes of participants in a language that participants are comfortable with; Krobo and on one occasion, English. Interviews were recorded after permission was granted by the participant, with tape recorders to ensure adequate capture of information. Interviews took about 45 minutes.

Data was collected on socio-demographics and under the following themes:

- Factors influencing marriage of PLWPD
- PLWPD’s perception about marriage of PLWPD
- PWLPD’s perception on relationships and procreation
- Community perception on marriage of PLWPD
- Community attitudes towards PLWPD
In-depth interviews were conducted with 10 participants (18-65 years) without disability to understand their views and perceptions on marriage of PLWPD. The interviews were held at locations convenient for the participants. Participants will be selected by sex (five males and five females), by relations with PLWPD (including those who have close relations with PLWPD and those who do not have close relations with PLWPD).

3.12.2 Quantitative approach

Structured Likert scale questionnaires were self-administered to participants who can read and write. Participants who cannot read and write, however, were interviewed by research assistants. The researcher and research assistants administered the questionnaires and face-to-face interviews where necessary. The study purpose was thoroughly explained, and written consent was sought from participants before engaging participant in the study. Participants who could not read or write made a unique mark to express their agreement to participate voluntarily.

Data were collected in two parts;

- Socio-demographic characteristics (age, sex, education, religion, occupation, residence)
- Likert scale questionnaire to measure participant’s perception on marriage of PLWPD.

3.13 Data processing and analysis

3.13.1 Qualitative approach

All in-depth interviews were captured using a voice recorder after approval has been sought from the participant. Interviews that were not carried out in English were translated and transcribed into English by two translators who compared their translations to ensure consistency and full capture of the information. Transcriptions were typed into a Microsoft
Word document. Participants were assigned codes during their interviews and thus, there were no personal identifiers in the transcript or recordings. Field notes were transformed into data documents after the in-depth interviews. The researcher reviewed all transcriptions whilst listening to the voice recordings to ensure adequate capture and transcription of information. Transcripts were then manually coded under the various themes; Factors influencing marriage of PLWPD, PLWPD’s perception about marriage of PLWPD, PLWPD’s perception on relationships and procreation, community perception on marriage of PLWPD and community attitudes towards PLWPD. The themes were reviewed, and a qualitative write-up was done based on these themes.

3.13.2 Quantitative approach

Data were coded and entered in Excel and checked for any mistakes. The coded data was now imported into Stata 15 for analysis where both descriptive and inferential statistics were used in analysis. Frequencies, tables, means, percentages, charts, and cross-tabulations were used in describing the characteristics of the study population and other variables and binary logistic regression analysis was employed to identify predictors of an outcome while controlling for other variables.

Information dissemination

Findings from this study will be communicated to the community through the leaders of the community, the District Assembly, NGOs and other relevant institutions at an arranged date of convenience.
3.14 Ethical consideration

Ethical approval was obtained from the Ghana Health Service Ethical Review Committee. Approval was also obtained from the community leaders of the Lower Manya Krobo Municipality. Individual consent was also sought from participants with a full explanation of the details and purpose of the study. Consent forms were made available for signing and marking in the case of participants who could not write. Participants were assigned codes to prevent a situation where they could easily be identified. Data collected from participants was kept under lock and key and available on laptops with a secure password.

Data collected from participants will be kept for a two-year period after which it will be safely discarded. Privacy of information and confidentiality was maintained during the study and participants were made aware of their rights to exit from the interview and also refuse to answer any questions that made them uncomfortable.

3.15 Quality control

3.15.1 Qualitative approach

Research assistants included two teachers and two secondary school leavers who had done similar data collection exercise. They underwent a one-day intensive training where the purpose of the study, the nature of the study, the tools and instruments of research were adequately explained and rehearsed. Pretesting was also done in one community to ensure that all errors and challenges with tools and with research assistants were resolved and changed.

The researcher conducted and observed interviews and the research assistants supported and served as note-takers documenting all necessary information. All the recordings from interviews were kept under lock and key and were in the possession of the researcher. After the first round of the interview, the interview guide was discussed, and necessary modifications were made in terms of common definitions and flow of questions.
3.15.2 Quantitative approach

To ensure the collection of quality data, there was a one-day training of Research assistants on the data collection tools, confidentiality and ethical consideration. Research assistants included two teachers and two secondary school leavers who had done similar data collection exercise. There was pretesting of the questionnaire in communities closer to Lower Manya Krobo Municipality with the same demographics which ensured mistakes in the questionnaire were picked out and corrected before wide use.

The researcher closely monitored research assistants and ensure procedures and best practices were followed. There was a review of data collected in the field and the research assistants signed each completed questionnaire before submitting to the researcher who validated each before entering the data. Each questionnaire had a unique id which made identification and the interviewer readily known for any follow-up issues that had to be addressed. Data entered in the computer was passworded and kept by the researcher. There were daily debriefs and field reports which documented happenings on the field with the necessary actions taken to counter them.
CHAPTER FOUR

RESULTS

4.0 Introduction

In this chapter, the results of both the quantitative and qualitative studies are presented. The socio-demographic characteristics and the community perceptions about marriage of people living with disability in the Lower Manya Krobo Municipality are presented.

4.1 Socio-demographic characteristics of respondents

Table 5 shows the socio-demographic characteristics of the 429 participants who participated in the survey. The sample size had been estimated with a nonresponse rate of 10% to be 424 but had exceeded by 5 participants during field data collection. Half (52.3%) of the participants of the survey were males while females were 47.7%. The mean age of respondents was 35.7 (SD 13.6) years. Forty-nine percent of participants were within the ages 25-40 years, 26.2% and were aged 41-65 years. About one-quarter (25.2%) were 18-24 years old. Over half (61.8%) of the participants had ever been married (currently marries, divorced, widowed or separated) while over one-third (38.2%) of them had never been married. Less than half of participants had had secondary education (41.1%) while 12.1% had had no education. Thirty-six percent of participants were traders whiles 12% had white-collar jobs. Students formed 16.5% of the sample, 12.6% were farmers/fishermen and 21.7% were self-employed. Majority (79.9%) of the participants were Christians, 13% were Muslims and Traditionalists made up 7.1% of the study sample.
Table 5.0 Socio-demographic characteristics of participants

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Frequency</th>
<th>Percent (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Sex of participants</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>204</td>
<td>47.7</td>
</tr>
<tr>
<td>Male</td>
<td>224</td>
<td>52.3</td>
</tr>
<tr>
<td><strong>Age of participants</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mean age 35.7 years (SD 13.6)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18-24</td>
<td>107</td>
<td>25.2</td>
</tr>
<tr>
<td>25-40</td>
<td>206</td>
<td>48.6</td>
</tr>
<tr>
<td>41-65</td>
<td>111</td>
<td>26.2</td>
</tr>
<tr>
<td><strong>Marital status</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Never married</td>
<td>164</td>
<td>38.2</td>
</tr>
<tr>
<td>Ever married</td>
<td>265</td>
<td>61.8</td>
</tr>
<tr>
<td><strong>Educational status</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No education</td>
<td>47</td>
<td>12.1</td>
</tr>
<tr>
<td>Primary education</td>
<td>59</td>
<td>15.2</td>
</tr>
<tr>
<td>Secondary education</td>
<td>159</td>
<td>41.1</td>
</tr>
<tr>
<td>Tertiary education</td>
<td>122</td>
<td>31.5</td>
</tr>
<tr>
<td><strong>Employment status</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Self-employed</td>
<td>67</td>
<td>21.7</td>
</tr>
<tr>
<td>Trading</td>
<td>110</td>
<td>35.6</td>
</tr>
<tr>
<td>Student</td>
<td>51</td>
<td>16.5</td>
</tr>
<tr>
<td>White-collar job</td>
<td>36</td>
<td>11.7</td>
</tr>
<tr>
<td>Farming/fishing</td>
<td>39</td>
<td>12.6</td>
</tr>
<tr>
<td>Unemployed</td>
<td>6</td>
<td>1.9</td>
</tr>
<tr>
<td><strong>Religion</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Christian</td>
<td>338</td>
<td>79.9</td>
</tr>
<tr>
<td>Islam</td>
<td>55</td>
<td>13.0</td>
</tr>
<tr>
<td>Traditional</td>
<td>30</td>
<td>7.1</td>
</tr>
</tbody>
</table>

Source: Field Data, 2019
4.2 Qualitative Analysis

4.2.1 Characteristics of participants living with disability

The study included in-depth interviews with persons living with disability. There was an even split of five male participants and five females. Male participants were in the age range of 40 to 48 years. All participants were physically challenged. On marital status for male participants; three were married at the time of the interview, one was single, and the other was divorced. The highest level of education for the males was junior high school, two had no formal education. They were self-employed as traders, shoemakers, breadmakers and tailors.

The five female participants were relatively younger with ages ranging from 25 to 44 years. One was married but four had never been married. The highest level of education was junior high school with one participant having received no formal education. Four females were unemployed while one engaged in petty trading.

4.2.2 Characteristics of participants living without disability

Ten persons without disability were also interviewed for their perceptions. Five participants were males whiles five were females. Five of them were relatives of people living with physical disability whiles five of them were not related to anyone with physical disability.

4.3 Social interaction with persons with disability

This section looks at the community members' social interaction with people with disability. Participants who responded knowing someone with disability were also asked questions on if they live with the person in the same house or neighborhood, the relation with the person, the type of disability the person has and how many times they engage in one-on-one contact with the person. The results are presented in Table 5.1
More than half (61.4%) of participants knew someone with disability (Table 5.1). Two-thirds (66.3%) of participants reported engaging with the people with disability a daily basis, 21.8% of them, however, engage with them on weekly basis whiles 4.2% of them do so every three months. Over half of the participants (60.1%) reported not living in the same household with people with disability. One-third (33.9) of the participants reported being related by family ties to people with disability whiles 39.3% reported having them as neighbors, 20.2% reported them as their friends, 3.9% as work colleagues.

On the type of disability, they had, 14.5% had hearing impairment/deaf, 16.8% were visually impaired, 12.6% had speech defects, 19.1% had physical disability and 11.1% had multiple disabilities.
Table 5.1 Study participants’ interactions with persons with disability.

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Frequency</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Know anyone with disability</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>262</td>
<td>61.4</td>
</tr>
<tr>
<td>No</td>
<td>165</td>
<td>38.6</td>
</tr>
<tr>
<td>Live in the same household as the person</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>105</td>
<td>39.9</td>
</tr>
<tr>
<td>No</td>
<td>158</td>
<td>60.1</td>
</tr>
<tr>
<td>Live in the same neighborhood as the person</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>201</td>
<td>77.0</td>
</tr>
<tr>
<td>No</td>
<td>60</td>
<td>23.0</td>
</tr>
<tr>
<td>Relationship with the person</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Friend</td>
<td>52</td>
<td>20.2</td>
</tr>
<tr>
<td>Family</td>
<td>87</td>
<td>33.9</td>
</tr>
<tr>
<td>Work colleague</td>
<td>10</td>
<td>3.9</td>
</tr>
<tr>
<td>Caretaker</td>
<td>7</td>
<td>2.7</td>
</tr>
<tr>
<td>Neighbor</td>
<td>101</td>
<td>39.3</td>
</tr>
<tr>
<td>Type of disability does the person have</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hearing impairment/deaf</td>
<td>38</td>
<td>14.5</td>
</tr>
<tr>
<td>Visual impairment/blind</td>
<td>44</td>
<td>16.8</td>
</tr>
<tr>
<td>Intellectual impairment (down syndrome, autism)</td>
<td>28</td>
<td>10.7</td>
</tr>
<tr>
<td>Emotional disability</td>
<td>7</td>
<td>2.7</td>
</tr>
<tr>
<td>Learning disability (slow in learning)</td>
<td>9</td>
<td>3.4</td>
</tr>
<tr>
<td>Speech defects</td>
<td>33</td>
<td>12.6</td>
</tr>
<tr>
<td>Mental health (schizophrenia/bipolar disorders)</td>
<td>13</td>
<td>5.0</td>
</tr>
<tr>
<td>Long-term illness (diabetes)</td>
<td>11</td>
<td>4.2</td>
</tr>
<tr>
<td>Multiple disability</td>
<td>29</td>
<td>11.1</td>
</tr>
<tr>
<td>Physical disability</td>
<td>50</td>
<td>19.1</td>
</tr>
<tr>
<td>Times you engage in one-on-one contact with the person</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Each day</td>
<td>173</td>
<td>66.3</td>
</tr>
<tr>
<td>Weekly</td>
<td>57</td>
<td>21.8</td>
</tr>
<tr>
<td>Every three months</td>
<td>11</td>
<td>4.2</td>
</tr>
<tr>
<td>Other</td>
<td>20</td>
<td>7.7</td>
</tr>
</tbody>
</table>

Source: Field Data, 2019

4.4 Participants’ perceived cause of disability

On what causes disability, participants were asked to select one answer out of several answers on what they believe is the main cause of disability. As shown in Table 5.2, more than one-third (39.4%) of participants indicated that disability was caused by accidents. About 24% of
participants cited diseases as the main cause of disability, while 23.1% believed spiritual causes were primarily responsible for disability. About 13.2% of respondents cited medical negligence as the main cause of disability.

Table 5.2 Participant’s perceived causes of disability

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Frequency</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Main cause of disability</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accident</td>
<td>164</td>
<td>39.4</td>
</tr>
<tr>
<td>Spiritual causes</td>
<td>96</td>
<td>23.1</td>
</tr>
<tr>
<td>Medical negligence</td>
<td>55</td>
<td>13.2</td>
</tr>
<tr>
<td>Disease</td>
<td>101</td>
<td>24.3</td>
</tr>
</tbody>
</table>

Source: Field Data, 2019

From the perspective of one participant without disability who participated in the in-depth interviews, disability is caused by accidents.

“She was knocked down by a car and the doctors said they would have to amputate her. So, the accident is a cause.” (Male NONPWD 8)

For people living with disability, five participants indicated that the cause of their disability was an injection at the hospital.

“I was sick and was taken to the hospital where I was injected, after which I became this way. My father tried his best to cure this, but I remained like that. First, I use to crawl on the floor, but it got better, now I limp; putting my hands on my knees {shows her knees and thighs which had become very dark and hardened from constantly placing hands on to move}. ” (Female PLWPD 5)
A male **participant** confirmed the medical cause:

*I was unwell, and my father took me to the hospital for treatment. The hospital gave me injections after which I could not walk anymore. I was 4 years old. I had not gone to school before that and I was never able to go to school after that.*” (Male, PLWPD 9)

One participant believed her disability had spiritual involvement.

“I dreamt one night that someone had hit me with a stone when I woke up, I found it very difficult to move. I told my father about my dream, but he felt it was a lie because I did not want to go to school that day. Four days after that, they realized it was serious and they took me to the hospital and the doctor told them it was not a sickness for the hospital. So, my parents decided to take me to the prayer camp. It became worst at the prayer camp. I could not walk; I had to rely heavily on sticks or sometimes, someone will have to carry me on their back. I was at the prayer camp for 11 months; where I made little progress.” (Female, PLWPD 3)

### 4.5 Participants’ views about how PLWD are perceived in the community

Majority (68.5%) of participants believe that people with disability are perceived by the community as people who are incapable of fending for themselves and need help all the time (Table 5.3). This was indeed confirmed in interviews with people with disability who expressed the same perceptions they believe the community has about them.

“Our [PLWD] are seen as people who are incapable of taking care of ourselves and need continuous support and care from their families and the community.” (Male, PLWPD 10)
Participants without disability when asked how they believe the community sees people with disability, a participant without disability whose relative had disability believed that PLWPD have little to offer in the community.

“Men with physical disability won’t be able to go for communal labor. It will be like every time there is something happening in the community that requires the presence of men, he cannot go and be a part of it because of his condition. This is different for someone without physical disability.” (Female Non PWLDP 6)

“…If there are community programs and you are strong enough to join, why not. But when it comes to eating, they will serve you differently because people might not want to eat with you; they may feel you are unclean.” (Female, Non PLWPD 6)

Table 5.3 Participants’ views about how PLWD are perceived and treated in the community

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Frequency</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>How persons with disability are perceived in your community</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Normal people capable of fending for themselves</td>
<td>81</td>
<td>18.9</td>
</tr>
<tr>
<td>Incapable, need help all the time</td>
<td>294</td>
<td>68.5</td>
</tr>
<tr>
<td>Must be pitied</td>
<td>54</td>
<td>12.6</td>
</tr>
<tr>
<td>How persons with disability are treated in your community</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Well treated and catered for</td>
<td>167</td>
<td>38.9</td>
</tr>
<tr>
<td>Somehow catered for</td>
<td>193</td>
<td>45.0</td>
</tr>
<tr>
<td>Abomination and should be banned</td>
<td>69</td>
<td>16.1</td>
</tr>
</tbody>
</table>

Source: Field Data, 2019

4.5 Participants perception about how people with disability are treated in the community

Less than half (45.0%) of participants believe PLWD are somehow catered for in the community (Table 5.3). In-depth interviews with some of the persons without disability confirms this view. Among some participants, there was a general belief that community and family treat people with disability well.
“I think they are not treated badly. Even when we were young, we were told not to laugh at anyone with disability. so, I can say in my community here, we even sympathize with them. Sometimes, when they even board a vehicle, the driver and the mate do not take money from them” (Male NonPLWPD P4)

“Theyir families treat them well and the community also treats them well. They always want them around like family because nobody knows what can happen to you tomorrow” (Female Non PLWPD 1)

Others, however, had a different opinion. They believe people with disability are mistreated by the community.

“The community thinks people with physical disability cannot be smart. I pity them a lot; I feel they should have more sympathy for them. They do not like them; they don’t want them to be moving all around the community and be crossing them with their wheelchair.” (Female Non PLWPD 2)

On how PLWPD themselves perceive society treats them, the common theme was that people in the community do not treat them well, that only a few are nice to them.

They mock us a lot. Even in this my small shop that I am doing this trading, I must put on a show like I don’t care, else I cannot continue to sell here. As they are even about to buy, they will look at you with disgust and without respect. Some people have insulted me with my disability. They have insulted me with my disability to such an extent that one man who was interested in me even left me because of that. They will laugh and mock me by saying; “Why is he with someone whose upper body is human but the lower body is an animal? Why would you come and be sitting with such a woman when daybreaks? Only a few people in the community talks to me well. They do not treat you well if you are disabled. They will mock you”. (Female, PLWPD 5)
4.6 Perceptions about sexual relations of people with physical disability

A key focus of the study is to gauge community perceptions about marriage of PLWPD. Questions were therefore asked about community perceptions on issues surrounding sex and sexuality of persons living with disability. Majority (85.1%) of participants believed that people with physical disability can engage in sexual relations (Table 5.4).

“Yes, once there is sweetness in the world and the person also wants to enjoy, why not? (laughs). If the person has physical disability; leg deformity and etc, yes, they should be allowed to engage in sexual relations. However, if the disability is mental, then they should not be allowed to engage in anything.” (Female, Non PLWPD 6)

Persons living with disability, however, did not seem to accept that was generally so in the community. A participant with physical disability had this to say about her family’s stance on any sexual relationship.

“My family was not aware of my relationship with the men I had in the past, they would have been against it. They said with my condition (physical disability) and my kind of sickness, I shouldn’t be with a man. They believe my disability and my epileptic condition is not good for me to have a man; I could go and fall when I am with him or something terrible can happen. So, they told me not to be with a man. The man I was with, his family did not know he was with me; we were hiding to date” (Female, PLWPD 2)

On whether they were assertive enough to approach a man whom they would like to have a relationship with to let them know of their intentions, a participant had this to say.

“I have not expressed sexual desire to anyone because a woman does not tell a man that she is interested in him (shakes head vigorously), it is simply not done. Even now, I do not want to be with any man, I just want to be alone.” (Female, PLWPD 2)
A male participant with physical disability however had a different opinion, an opinion which goes with the societal norms which assigns the initial proposal to come from a man

*If I see a woman I like, of course I will be able to approach her and tell her that I like her. I can do that very well.* (smirks) *(Male, PLWD 9)*

A female participant revealed she had been mistreated by men and thus she fears another man coming to into her life for any sexual relationship.

“I am afraid when I allow another man to come into my life, they will stand on my physical circumstances and after a while tell me, they no longer want me. Men do this a lot.” *(Female, PLWD 5)*

### 4.7 Perceptions about marriage of PLWD

All 429 participants were asked to agree, disagree or be indifferent to certain statements concerning the marriage of people living with physical disability as tabulated in Table 5.4. A little over half (54.3%) of participants believed that, people with disability are concerned with marriage.

Majority (81.4%) of participants agreed that a person with physical disability can marry a person without physical disability. This response is shown in a quote made during the in-depth interviews with people without disability.

“Oh, course, we shouldn’t prevent them from getting married; if they have a partner that is willing to marry them, why not?” *(Male, NonPLWD 4)*

However, when participants without physical disability were asked if they will want to date and marry someone with physical disability, a participant who had a relative living with physical disability said no had this to say.
“(laughs) I do not want someone with disability! truly, I fear them; I pity them. If I see someone with no legs or hands and they have money and they want to marry; I worry about how they want to. Then I begin to worry and fear them. So, no, I won’t accept.” (female, NonPLWPD 6)

Participants who said they could marry someone with physical disability did so on the condition that they had the ability to undertake house chores and also be humble. This is a quote from a man whose wife was physically disabled, but she is able to undertake these chores.

“When I met my wife, it was not my intention to marry her. But, I noticed that once she came into my life, my whole life changed. She is hard-working; she cooks and cleans for me, washes and all. She is very hardworking, and she is humble. (Male, NonPLWPD 8)

On the need for the woman to be humble, a participant who had a relative with physical disability had this to say:

“I think the one without disability, she will talk back at you, she can go wherever she wants by herself and she knows she is beautiful but the one with disability, she will understand that once you get angry and leave her, she may not find anyone else who will be willing to stay with her. This will influence her to be humble all the time.” (Male, PLWPD 5)

Some men with physical disability explained that it was difficult to find a partner. Aside the community’s mockery and stereotyping, PLWPD must also be financially capable before one could find a partner.

I am married. I even did a white wedding. It is difficult for a person with disability to find a wife in this our land. The woman may love you, but her friends, family, and others will tell
her to look at her beauty and look at the man. Her family will tell her: “As the jewel in their family, is this the man she wants”? Those things just take the woman’s mind off you! My wife has no disability. If you do not find a woman that has the word of the Lord in her, she will spend your money for a while and then leave you. I had this challenge with five women. The 6th one became my wedded wife; the Lord himself gave her to me.’ (Male PLWPD 10)

“I have not expressed any desire towards any woman because I do not have a good job. Even though I have seen some women I like, I have not been able to go and express how I feel; I do not have a good job. If I try and she comes, and we have a child, we will now go and be begging for food; which will mean that I have not gotten the qualification to marry but I have gone to rush to do it. People will even start insulting you. If you have a good job, the woman will even be so happy in the marriage.” (Male PLWPD 1)
<table>
<thead>
<tr>
<th>Statements</th>
<th>Agree %</th>
<th>Indifferent %</th>
<th>Disagree %</th>
</tr>
</thead>
<tbody>
<tr>
<td>A person with physical disability can marry a person without physical disability</td>
<td>81.4</td>
<td>7.5</td>
<td>11.2</td>
</tr>
<tr>
<td>A person with physical disability can have a normal social life</td>
<td>56.4</td>
<td>19.1</td>
<td>24.5</td>
</tr>
<tr>
<td>Most people with physical disability are ashamed of their disability</td>
<td>54.8</td>
<td>22.4</td>
<td>22.8</td>
</tr>
<tr>
<td>It is uncomfortable for me to associate with people with physical disability</td>
<td>21.2</td>
<td>9.6</td>
<td>69.2</td>
</tr>
<tr>
<td>Most people with physical disability can marry and have children.</td>
<td>86.2</td>
<td>6.3</td>
<td>7.5</td>
</tr>
<tr>
<td>The worst thing that can happen to a person in life is to have a disability.</td>
<td>65.5</td>
<td>8.9</td>
<td>25.6</td>
</tr>
<tr>
<td>I would be comfortable to have my son or daughter marry a person with physical disability</td>
<td>31.0</td>
<td>43.8</td>
<td>25.2</td>
</tr>
<tr>
<td>People with physical disability can engage in sexual relationships</td>
<td>85.1</td>
<td>7.7</td>
<td>7.2</td>
</tr>
<tr>
<td>Most people with physical disability are not concerned with marriage</td>
<td>25.9</td>
<td>19.8</td>
<td>54.3</td>
</tr>
<tr>
<td>Most women with physical disability desire to have children</td>
<td>87.6</td>
<td>5.8</td>
<td>6.5</td>
</tr>
<tr>
<td>It is not safe for a woman with physical disability to carry pregnancy</td>
<td>19.6</td>
<td>27.7</td>
<td>52.7</td>
</tr>
<tr>
<td>People with physical disability should focus on their disability instead of wanting to have sexual intimacy</td>
<td>26.8</td>
<td>18.6</td>
<td>54.5</td>
</tr>
<tr>
<td>Pregnant women should avoid people with disability because they transfer their disability to the unborn child.</td>
<td>15.9</td>
<td>9.8</td>
<td>74.4</td>
</tr>
<tr>
<td>A man with physical disability can marry a woman without physical disability.</td>
<td>85.1</td>
<td>6.3</td>
<td>8.6</td>
</tr>
<tr>
<td>A woman with disability cannot marry a man without disability</td>
<td>24.5</td>
<td>10.3</td>
<td>65.0</td>
</tr>
<tr>
<td>People with disability are not financially capable of providing for themselves</td>
<td>36.6</td>
<td>37.3</td>
<td>25.9</td>
</tr>
<tr>
<td>I will be unhappy if someone with disability becomes my boss</td>
<td>22.4</td>
<td>18.4</td>
<td>58.7</td>
</tr>
<tr>
<td>I will not employ a person with disability to work for me because they are incapable of doing hard work</td>
<td>32.2</td>
<td>36.1</td>
<td>31.7</td>
</tr>
<tr>
<td>People with disability are unhappy with their lives</td>
<td>61.5</td>
<td>17.9</td>
<td>20.5</td>
</tr>
<tr>
<td>Some people are born with disability because their parents offended the gods and they were cursed</td>
<td>26.8</td>
<td>41.3</td>
<td>31.9</td>
</tr>
<tr>
<td>Children born with disability are a curse</td>
<td>14.9</td>
<td>31.9</td>
<td>53.1</td>
</tr>
</tbody>
</table>

Source: Field Data, 2019
4.8 Gender and marriage among PLWPD

While 85.1% agreed that a man with physical disability can marry a woman without physical disability, only 65.0% disagreed that a woman with physical disability cannot marry a man with physical disability (Table 5.4). A male participant states:

“I know that they want to marry (laughs) you can tell that people with physical disability also do want to marry; the games they play with the opposite sex, all this should tell you they have desires to marry.” (Male, NonPLWPD 5)

This was reflected in the in-depth interviews as well. The belief is that the PLWPD men have a better chance of getting married because they could make money and women are more likely to favor them for varying reasons.

“The men with disability, they have chances of marriage than the women with disability. The men with disability, they can work and make money; they can make shoes and through that find a wife. But the woman, she cannot carry anything to sell. So, that is it.” Female, (NonPLWPD 2)

“It is the women with physical disability who struggle to find a partner for marriage. You see, it is we the men who will approach them and we (referring to men) won’t pick them. (laughs) once you are a woman with that kind of disability, then you won’t find anyone; it will be hard. But for a man with disability, once you have money, you will find a woman; women even like wonderful things! So, they will have no problem with a man like that.” Male, (NonPLWPD 9)

Some even considered marrying a male PLWPD an advantage since he is unlikely to cheat on his wife because of his disability:

“The men with physical disability are able to marry compared to the women. The abled-bodied women prefer men with disability because they are just for only them! No other
woman will be chasing their husband. If you marry a man without physical disability, he is not just yours, he is for every woman, it is only when they grow old that they are faithful to you.” (Female, NonPLWPD 6)

PLWPD themselves believe that women with physical disability stand a lesser chance of being married compared to the men.

In truth, we the men with physical disability, God is able to bless us with life partners, but it is the women with physical disability that are not lucky. For them, it is really difficult for them. Even if a man wants to marry them, they will say; “so, he has not seen any of these normal women to marry but, it is this sickly person he wants”? After that, the men just abandon them. You see, even though it is difficult for us the men too, but it is worse for the women. As for us the men, some of the women consider that we are working, and we make money, so they come because of the money. (Male, PLWPD 8)

As shown in Table 5.4, while an overwhelming majority (86.2%) of participants believe people with disability can marry and have children. This perception was reflected in in-depth interviews with people without disability.

“If the disability is physical and it does not affect the reproductive system, I don’t think it will affect childbearing.” (Male, NonPLWPD 4)

4.9 Perceptions about financial capabilities of people with physical disability

More than one-third (36.6%) of participants agreed that people with physical disability were not financially capable of providing for themselves, while 37.3% chose to be indifferent, (Table 5.4).

“They do not have enough money to take care of themselves and their families. They cannot really raise their children well because they do not have the financial support to do so. A person without disability is more likely to be able to find jobs and be able to provide
compared to someone with disability. A person without disability can be sent on errands and earn something but a person without disability cannot.” (Female, NonPLWPD 2)

This was attested to by the PLWPD themselves.

“In this my life, I have financial issues, it is my main problem. Some relatives of mine used to support me but now they are unable to. If I have some amount money, my depression goes down but once the money is beginning to finish, my depression goes up and I begin to lose hope. I get support from my younger siblings, but it is not constant. When I had some issues some time ago, one of them gave me GHS 100 to use to support myself for a while. First, I used to mend shoes, but it was fetching steady money. It is not every day that people will split their shoes and require mending” (Male, PLWPD 1)

In-depth interviews confirmed that job opportunities are harder for people with physical disability to get than it is with people without disability.

“It is always hard for people with physical disability to find a job, people always think they cannot do the work because of their disability. It is hard for people with disability to get a job; they cannot run errands due to their limbs so that makes it hard for them to be employed” (Male, NonPLWPD 5)

4.10 Overall perception about marriage of PLWPD

This section measures participants’ perceptions about marriage of PLWPD. As discussed in Chapter 3, the perception is scored based on each participant’s response to the 21 items in Table 5.4. Theoretical scores ranged from 0 representing extreme unfavourable perception to 42 representing the most favourable perception. The actual scores ranged from 2 to 42 signifying a wide range of personal perceptions. Using the median split of scores which was 28, perception was categorized into unfavourable (2-28) and favourable (29-42). Participants who scored ≤ 28 were deemed to have unfavourable perception while participants who scored
>28 were deemed to have a favorable perception about marriage of PLWPD. Based on the above criteria, majority (55.3%) of participants had an unfavourable perception about marriage of PLWPD compared to 44.7% who had a favorable perception towards marriage of PLWPD.

4.11 Socio-demographic factors associated with perception about marriage of PLWPD.

A bivariate analysis was done to explore the socio-demographic characteristics of participants and their perceptions about marriage of PLWPD. The results are presented in Table 5.5. There is no statistically significant difference in the perceptions of males compared with females on perceptions about marriage of PLWPD. About half of both males (54.5%) and females (56.4%) had unfavourable perception about marriage of PLWPD (p=0.689).

In terms of age, data appears to show that younger persons compared with older respondents had unfavourable perception of marriage of PLWPD. Although not statistically significant a higher proportion of young persons (60.3%) had unfavourable perception compared with older respondents (51.3%) [p=0.064). Treating both variables (age and perception index) as interval measure, a Pearson’s correlation, however, showed a weak but statistically significant relationship (r=.28; p=0.05) between age and perception. In other words, the older you are the more favourable your perception about marriage of PLWPD.

Residence, whether urban or rural had no statistically significant relationship with a person’s perception about marriage of PLWPD, although, at face value, a higher proportion of rural participants (60.6%) compared with 55.2% of urban participants had unfavourable perception about marriage of PLWPD.

The study also found, at the bivariate level, that education is statistically significantly associated with perception (p=0.002). The higher the education, the more favourable is the perception about marriage of PLWPD. For example, 47.5% of respondents with tertiary
education had unfavourable perception compared with the 66.7% of those with primary education or no formal education who also had unfavourable perception.

Occupation status and religion were also found not to have any significant association with a person’s perception about the marriage of PLWPD. In addition, as shown in Table 5.5, no significant relationship was found between marital status and perception about marriage for PLWPD.
### Table 5.5 Perceptions about marriage of PLWPD by socio-demographic characteristics

<table>
<thead>
<tr>
<th>Variable Characteristics</th>
<th>Unfavourable</th>
<th>Favourable</th>
<th>Chi Square</th>
<th>P value</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Sex of Respondent</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>121 (54.5)</td>
<td>101 (45.5)</td>
<td>1.60</td>
<td>0.689</td>
</tr>
<tr>
<td>Female</td>
<td>114 (56.4)</td>
<td>88 (43.6)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Age of</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18-30</td>
<td>114 (60.3)</td>
<td>75 (39.7)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>25-40</td>
<td>119 (51.3)</td>
<td>113 (48.7)</td>
<td>3.423</td>
<td>0.064</td>
</tr>
<tr>
<td><strong>Residence</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rural</td>
<td>51 (60.6)</td>
<td>34 (40.0)</td>
<td>0.952</td>
<td>0.329</td>
</tr>
<tr>
<td>Urban</td>
<td>184 (55.2)</td>
<td>156 (45.9)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Education</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No Edu/Primary</td>
<td>70 (66.7)</td>
<td>35 (33.3)</td>
<td>12.824</td>
<td>0.002**</td>
</tr>
<tr>
<td>Secondary</td>
<td>93 (59.2)</td>
<td>64 (40.8)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tertiary</td>
<td>53 (43.8)</td>
<td>68 (56.2)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Occupational Status</strong></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Self Employed</td>
<td>41 (61)</td>
<td>26 (38.8)</td>
<td>2.749</td>
<td>0.739</td>
</tr>
<tr>
<td>Trading</td>
<td>61 (57.0)</td>
<td>46 (43.0)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Student</td>
<td>29 (56.9)</td>
<td>22 (43.1)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>White-collar</td>
<td>15 (41.7)</td>
<td>21 (58.3)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Farming/fishing</td>
<td>22 (56.4)</td>
<td>17 (43.6)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Business</td>
<td>61 (52.1)</td>
<td>56 (47.9)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Religion Category</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Christian</td>
<td>192 (57.1)</td>
<td>144 (42.9)</td>
<td>4.287</td>
<td>0.509</td>
</tr>
<tr>
<td>Islam</td>
<td>27 (50.0)</td>
<td>27 (50.0)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Traditional</td>
<td>13 (44.8)</td>
<td>15 (55.2)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Marital Status</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Never married</td>
<td>95 (58.6)</td>
<td>67 (41.4)</td>
<td>1.187</td>
<td>0.276</td>
</tr>
<tr>
<td>Ever married</td>
<td>140 (53.2)</td>
<td>123 (46.8)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 4.12 Perceptions about marriage of PLWPD by respondent’s views and experiences with PLWPD

In an attempt to find out what explains people’s perceptions about marriage of PLWPD, the study sought to find out whether people’s interactions with PLWPD will be associated with
their perception about PLWPD. Table 5.6 shows the relationships between aspects of interactions and respondents’ perception. For example, do people who know someone living with disability have different perception from those who do not? The study showed that knowing a PLWPD had no significant relationship with perceptions about marriage of PLWPD. Although the respondents who knew PLWPD were more likely to exhibit favourable perceptions, the relationship was not statistically significant (49.4% and 37.2% respectively, p=0.14).

It was also found, as shown in Table 5.6 that among respondents who knew someone living with disability, living in the same neighbourhood or even in same house per se has no statistically significant relationship with perception about marriage. Still on interactions with PLWPD, it was observed that the perceptions on marriage among respondents who had daily interactions with PLWPD were statistically no different from those who had weekly or very infrequent interactions with PLWPD. Similarly, respondent who felt respondents were well treated or not well treated in the community did not hold significantly different perceptions when it comes to marriage of PLWPD.

Cause of disability was shown to have a significant (p=0.001) relationship with unfavourable perception about marriage of PLWPD. Respondents who believed that disability was caused by spiritual forces were more likely to have unfavourable perception about marriage of PLWPD compared with those who believed otherwise (71.6% versus 50.6%).
### Table 5.6 Respondents’ experiences with PLWD and Perceptions about their marriage

<table>
<thead>
<tr>
<th>VARIABLE CHARACTERISTICS</th>
<th>Unfavourable</th>
<th>Favourable</th>
<th>Chi Square</th>
<th>P value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knowing a PLWD</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>131 (50.6%)</td>
<td>125 (49.4%)</td>
<td>6.072</td>
<td>0.14</td>
</tr>
<tr>
<td>No</td>
<td>103 (62.8%)</td>
<td>61 (37.2%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Living in same household with PLWD</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>58 (55.2%)</td>
<td>47 (44.8%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>79 (50.0%)</td>
<td>50 (50.0%)</td>
<td>0.694</td>
<td>0.405</td>
</tr>
<tr>
<td>Living in same neighbourhood with PLWD</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>107 (53.2%)</td>
<td>94 (46.8%)</td>
<td>0.445</td>
<td>0.505</td>
</tr>
<tr>
<td>No</td>
<td>29 (48.3%)</td>
<td>31 (51.7%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Views of how PLWD are treated</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Well treated</td>
<td>97 (58.8%)</td>
<td>69 (41.32%)</td>
<td>5.449</td>
<td>0.066</td>
</tr>
<tr>
<td>Somehow catered for</td>
<td>98 (51.3%)</td>
<td>93 (48.7%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unwelcome</td>
<td>40 (58.0%)</td>
<td>29 (42.0%)</td>
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<td></td>
</tr>
<tr>
<td>Views on capability of PLWD</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Normal People</td>
<td>27 (44.3%)</td>
<td>34 (55.7%)</td>
<td>3.566</td>
<td>0.468</td>
</tr>
<tr>
<td>Need help all the time</td>
<td>127 (55.7%)</td>
<td>101 (44.3%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Incapable</td>
<td>38 (57.6%)</td>
<td>28 (42.4%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Can fend for selves</td>
<td>12 (60.0%)</td>
<td>8 (40.0%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Must be pitied</td>
<td>27 (50.0%)</td>
<td>27 (50.0%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Encounter with PLWD</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Everyday</td>
<td>90 (52.3%)</td>
<td>82 (47.7%)</td>
<td>5.692</td>
<td>0.58</td>
</tr>
<tr>
<td>Weekly or less frequent</td>
<td>41 (47.7%)</td>
<td>45 (52.3%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No encounters at all</td>
<td>103 (62.0%)</td>
<td>63 (38.0%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cause of Disability</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spiritual cause</td>
<td>68 (71.6%)</td>
<td>27 (28.4%)</td>
<td>13.126</td>
<td>0.00**</td>
</tr>
<tr>
<td>Non-spiritual cause</td>
<td>167 (50.6%)</td>
<td>163 (49.4%)</td>
<td></td>
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</tr>
</tbody>
</table>
Table 5.7 Logistic Regression Analysis of Factors affecting perception about marriage of PLWPD

<table>
<thead>
<tr>
<th>Variable</th>
<th>Unadjusted</th>
<th>Adjusted</th>
<th>95% CI</th>
<th>P Value</th>
<th>Odds Ratio</th>
<th>95% CI</th>
<th>P value</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Characteristics</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td><strong>Age of Respondent</strong></td>
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</tr>
<tr>
<td>18-30</td>
<td>Reference</td>
<td>1.443</td>
<td>0.978 – 2.129</td>
<td>0.064</td>
<td>1.888</td>
<td>1.070 – 3.3331</td>
<td>0.028</td>
</tr>
<tr>
<td>31-65</td>
<td>Reference</td>
<td>0.390</td>
<td>0.227 – 0.670</td>
<td>0.01</td>
<td>1.663</td>
<td>0.951 – 2.908</td>
<td>0.074</td>
</tr>
<tr>
<td></td>
<td>Reference</td>
<td>0.536</td>
<td>0.332 – 0.867</td>
<td>0.011</td>
<td>3.586</td>
<td>1.903 – 6.758</td>
<td>0.000</td>
</tr>
<tr>
<td><strong>Educational Status</strong></td>
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<td></td>
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</tr>
<tr>
<td>No Education/Primary</td>
<td>Reference</td>
<td>0.390</td>
<td>0.227 – 0.670</td>
<td>0.01</td>
<td>1.663</td>
<td>0.951 – 2.908</td>
<td>0.074</td>
</tr>
<tr>
<td>Secondary</td>
<td>Reference</td>
<td>0.536</td>
<td>0.332 – 0.867</td>
<td>0.011</td>
<td>3.586</td>
<td>1.903 – 6.758</td>
<td>0.000</td>
</tr>
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<td><strong>Marital Status</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Never married</td>
<td>Reference</td>
<td>0.803</td>
<td>0.541 – 1.192</td>
<td>0.276</td>
<td>1.181</td>
<td>0.671 – 2.080</td>
<td>0.564</td>
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<tr>
<td>Ever married</td>
<td>Reference</td>
<td>0.606</td>
<td>0.406 – 0.904</td>
<td>0.014</td>
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<td><strong>Knowing a PLWD</strong></td>
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<td>Yes</td>
<td>Reference</td>
<td>0.606</td>
<td>0.406 – 0.904</td>
<td>0.014</td>
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<td>No</td>
<td>Reference</td>
<td></td>
<td></td>
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<tr>
<td><strong>Perceptions of how PLWD are treated</strong></td>
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<td></td>
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<td></td>
<td></td>
<td></td>
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<tr>
<td>Well treated</td>
<td>0.967</td>
<td>0.547 – 1.709</td>
<td>0.908</td>
<td>0.797</td>
<td>0.409</td>
<td>1.551</td>
<td>0.503</td>
</tr>
<tr>
<td>Somehow catered for</td>
<td>1.309</td>
<td>0.751 – 2.282</td>
<td>0.343</td>
<td>1.150</td>
<td>0.609</td>
<td>2.172</td>
<td>0.667</td>
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<td>Unwelcomed</td>
<td>Reference</td>
<td></td>
<td></td>
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<td><strong>Encounter with PLWD</strong></td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>Everyday</td>
<td>1.490</td>
<td>0.966 – 2.298</td>
<td>0.071</td>
<td></td>
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<td>Weekly or less frequent</td>
<td>1.794</td>
<td>1.060 – 3.038</td>
<td>0.030</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>No encounters at all</td>
<td>Reference</td>
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<td><strong>Cause of Disability</strong></td>
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<td>Spiritual cause</td>
<td>0.407</td>
<td>0.248 – 0.668</td>
<td>0.000</td>
<td>0.378</td>
<td>0.217</td>
<td>0.659</td>
<td>0.001</td>
</tr>
<tr>
<td>Non-spiritual cause</td>
<td>Reference</td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

The factors found to be significant or near significant from this study (p < 0.10), were also analyzed using logistic regression models in order to find out if those associations observed at the bivariate level will exist after controlling for some of the factors. The odds ratios were found using a simple binary logistic regression model of perception about marriage of PLWPD and some independent variables.

The results from Table 5.7 show three variables associated with perception of marriage by PLWPD. After controlling for other variables, age of respondents, the level of education, and perception about cause of disability were factors that were associated with perception about marriage of PLWPD.
It was found that, the odds of having favourable perception of marriage of PLWPD was nearly two times higher in respondents aged 31-65 years compared with those aged 18-24 years (OR= 1.89, CI 1.070-3.3331, p=0.028). Similarly, the odds of having favourable perception was 3.5 times higher among respondents with tertiary education compared with those with no formal education or with primary education (OR= 3.59; CI 1.903-6.758; p <0.001). The third explanatory variable is cause of disability. Respondents who believed that disability was caused by spiritual forces were about 60% less likely to hold favourable perception ((OR= 0.38; CI 0.217-0.659; p =0.001).
CHAPTER FIVE

DISCUSSION

5.0 Discussion

This chapter compares findings of this study to existing literature. Section one of this chapter focuses on perceptions about sexual relations of PLWPD. Section two focuses on, the marriage of PLWPD. Section three focuses on factors influencing the marriage of PLWPD. Section four looks at marriage of PLWPD and gender. Section five focuses on the perceptions of PLWPD themselves on marriage.

5.1 Perception about sexual relations of PLWPD

Most people believe PLWD do not have any sexual desires (Ganle et al., 2016). In this study, however, 85.1% of participants believed that PLWPD can engage in sexual relations, which was confirmed by our IDIs. Participants believed that disability should not prevent a person from engaging in sexual activity, if they can. PLWPDs in their interviews also confirmed their desires for sexual relations. However, they expressed difficulty in finding sexual partners due to community stigmatization and negative attitudes which makes them undesirable to potential sexual partners. Some studies that have reported on community perceptions on sexual relations of PLWPD found that people assume, PLWPDs are not sexually active as sexual relations were meant for only abled bodied people (Addlakha et al., 2017). Sexually active PLWPD were frowned on and told to have pity for their disabled condition; to some of the communities, the disability condition was one that merits pity and people with the condition should not be thinking much less engaging in sexual relations (Rugoho & Maphosa, 2014).
5.2 Perceptions about the marriage of people living with physical disability

In this study, 81.4% of people agreed that people with physical disability can marry a person without disability. Another 86.2% of them agreed that people with physical disability can marry and have children. This finding is consistent with other studies that looked at marriage of people with disability (Slikker, 2009). However, when asked if they will be comfortable should their son or daughter decide to marry someone with physical disability, only 31.0% agree that they will be comfortable. This finding was confirmed by the qualitative findings from this study and other studies that found that families usually would not approve of marrying someone with a disability because it is a dent on their image (Slikker, 2009). For those who agreed that they will marry someone with a physical disability, it was subject to the condition that they will be able to perform traditional roles as required of them. It was easier to agree that people with disability can marry a person without disability but once the question was personalized to ask if they will be comfortable with their son or daughter marrying someone with disability, their response became negative. This goes to show that, participants are willing to accommodate disability in other people’s lives but not in their own family. PLWPD are still seen as a burden and having a son or daughter who chooses to marry such into the family coupled with the stigma that the family is likely to face from the community is perhaps one of the reasons why the majority of participants will not be comfortable having their child marry a PLWPD.

Men with physical disability will only be considered if they have a job and are extremely wealthy (Slikker, 2009). Women with physical disability are not considered as the ideal disability partners as they are more likely to be a double burden of stigma and dependence as they do not fit the traditional ‘homemakers’ or nurturers role and cannot add economic value to the family (Plessis, 2007). In our qualitative study, participants who say they could marry a woman with physical disability only do so if they are able to undertake household chores like cleaning, washing, cooking and taking care of the home, in addition, they will have to be
humble, respectful and understand that when the man leaves, they will not find another man without disability who will take them in. Men with disability are able to find wives for marriage because they have been educated or taught a skill that empowers (Plessis, 2007). This was consistent with our findings. The findings do show the double discrimination women face in society. Whilst it is relatively easier for families to consider investing in a male child, it is harder to spend resources investing in female child who has a disability. At the end of the day, a male child with a disability is perhaps seen as having more potential than a female child with disability. Resources will be spent on helping the male child learn a skill that could earn them self-reliance in their future; they are seen as having a future that is worth investing in. For the female child, their future is seen in been able to perform household chores, nurture a home and take care of a family. Once there is a physical disability that sets in to interfere with their physical capabilities, it is assumed that they are no longer worth investing in as they cannot achieve any other feat in their life.

Women with disability however, had problems with finding partners for marriage (Rintala, 1997), they may find men who were willing to have them as sexual partners in hidden affairs but were unwilling to marry them (Mckenzie, 2014). IDI’s with women with physical disability confirms these findings. Some of the women with disability who had their disability in later years of their lives confirmed their partners leaving them after their disability. This is in tune with findings showing women are more likely to have their partners divorce them after disability sets in (Fletcher, 2006). Women are usually considered beautiful or attractive based on their physical features, once these features are deformed in any way, they become less attractive to the men thus losing any sort of interest from spouses or potential spouses. Men, on the other hand, are not judged by such beauty standard, thus a woman could marry a partner with disability without consideration of his physical looks provided he is able to provide as shown by the IDIs.
5.3 Factors influencing the unfavourable perception about marriage of people living with physical disability

Our study found at the bivariate level, no statistically significant relationship between age, sex, residence, religion, occupation, and perception towards the marriage of PLWPD. This is not consistent with studies that found that females were more likely to have favorable perception towards people living with disability (Staniland, 2009).

In this study, there was no statistically significant relationship (p=0.064) between age and perception of marriage at the bivariate level. However, logistic regression model showed that older people (31-65 years) were 2 times more likely to have favorable perception compared to younger people (18-24 years). This is different from Staniland (2009) that found younger persons 18-24 and older persons 65+ more tolerant towards people with disability. Perhaps the reason for this is that this study looked specifically at perception about marriage whiles the other study looked at perception and attitude in general. Likely explanation for this finding could be that younger people have had really little interaction or experiences in the world in general to understand that marriage to a person is more than just marrying a physical body. The younger generation perhaps, is more geared towards beautify in the physical rather than any other. Older people may have had experiences in their own marriages and their lives, in other people’s lives that has taught them to be more accommodating, more open to the chance of having a life partner that was not what they were expecting but happened. I believe older people have had much experiences, much learnings that make them more accommodating and willing to get along with other people who are different either in physical features or any other.

Marital status was found to have no statistically significant (p= 0.276) influence on perception about marriage of PLWPD. This was consistent with studies by Opoku et al., (2015) which found no statistically significant relationship between marital status and perception about disability.
This study found that social interaction with people living with disability; such as knowing someone with physical disability, living in the same household with someone with disability, living in the same neighborhood with someone with physical disability, having daily or weekly encounter with someone with physical disability does not influence one’s perception about the marriage of people with physical disability. This is different from Staniland (2019) where participants expressed that lower levels of prejudice towards people with disability who they had personal contacts with. This could be explained by the trend where people with disabilities are seen as a dent on the family’s image and thus, there is wide stigmatization as they cast this dent over other family members (Plessis, 2007).

Participants who believed disability was caused by spiritual factors had unfavourable perception (71.6%) about marriage of PLWPD compared to those who believed cause of disability was non-spiritual (50.6%). Spiritual cause had statistically significant (p=0.001) relationship with unfavourable perception about PLWPD marriage. This is consistent with findings from Reynolds, (2010) which found people were 5 times more likely to have negative reaction to the sexual lives of people with disability if they believe the cause of their disability is spiritual. Some studies reveal that in Ghanaian and some African contexts, disability is seen as punishment from deities for a wrong doing and as such associating with such a person could invite curses into one’s life (Plessis, 2007). For most people who believe disability is caused by spiritual reasons, such as punishments from deities for disobedience, adultery and being wicked at heart thus a person with disability will be seen with all these attributes which will most likely not make them attractive for anyone to marry. In the Ghanaian culture, marriage is seen as a blessing and a happy occasion, thus someone who is believed to have been cursed by the deities for numerous reasons when married into another family, will come into that family with their curse and will likely transfer such to members of the family or even offsprings of the union. Thus people who believe disability are caused by other factors rather than spiritual are
more likely to be accommodating and understand that, disability will not be transferred from parent to offspring neither will it bring about curses in the union, thus they may have a more positive attitude towards marriage of PLWPD.

Our study was consistent with other studies which found that educational level had a positive influence on participants perceptions about people living with disability (Opoku et al., 2015). Participants who had no formal education had unfavourable perception (66.7%) compared with participants who had tertiary education (47.5%). Education was found to have a statistically significant relationship ($p=0.002$) with perception about marriage of PLWPD, agreeing with other studies such as Staniland (2019), Opoku et al (2015) which found that the higher the educational level, the less prejudiced the individual will be towards people with disability. People with tertiary education are 3.5 times more likely to have a favorable perception about the marriage of PLWPD compared with those who have no formal education. The most plausible reason for this is, advancing in education comes with new learnings, experience with different people and willingness to accommodate other people. People with higher education are also less likely to believe that disability is a curse that could be transmitted when one associates with someone with a disability. They also understand that disability is not sexually transmitted and thus marrying someone with a physical disability will not lead to offsprings from the union having any form of disability. Opoku et al (2015) found that people who are educated found that disability was in no way contagious and thus could have had an effect on the level of empathy and acceptance for PLWD.

5.4 Marriage of people with physical disability and gender.

In the qualitative study, it was discovered that men with physical disability could find partners for marriage provided they had a job and had some money. For women with physical disability however, finding a partner was very difficult as they are considered not nurturing or not having the ability to undertake house chores. Plessis (2007) found similar trends; women with physical
disability were less likely to be educated or allowed to learn a skill because in certain cultures, men are seen as more valuable than women and resources would rather be spent investing in a male child than in a female child with disability thereby making them financially incapable of providing for themselves or providing economically to the family. Coupled with their disability, they become undesirable as partners (Plessis, 2007).

In our qualitative study, men with physical disability had a sense of pride in their ability to marry women without any disability. It brought respect and prestige to them as individuals in the community (Acheampong & Kwaku, 2018). For women with physical disability however, they are more likely to be preferred as hidden sexual partners and bring no kind prestige to their partners, thereby clouding their opportunity of marriage (Mckenzie, 2014).

Our study also revealed that in the community culture it is unacceptable for a woman to approach man for a relationship thus, women will have to wait until a man approaches them for a relationship, thereby limiting their options of finding a partner for marriage. Thus, the women were not assertive enough to seek relationships due to cultural and social constraints. Studies confirm that, women are approached by men for relationships based on attraction and a woman with physical disability is not seen as attractive enough (Mckenzie, 2014).

For men, the only hindrance to their ability to find a partner as revealed in our qualitative study and in other studies as well is the inability to have a job that provides an income. Men with physical disability stand a chance of getting a partner if they have income (Slikker, 2009).

5.5 Perceptions of PLWPD themselves on marriage.

People with physical disability do want to get married and raise their families. Contrary popular beliefs that they are asexual and do not seek partners, people with disability are actually sexual, seek partners and do want to marry for various reasons (Acheampong & Kwaku, 2018). Men with disability often married partners that are supportive and can support them in day-to-day
chores, such as cooking, cleaning, washing and can also contribute towards economic activity of the house or support in their business (Acheampong & Kwaku, 2018). This was shown in our qualitative study, as most PLWPD men reported depending on their partners for day-to-day support such as cooking amongst others. Other studies also show PLWPD want to marry because it brought prestige to them as individuals (Acheampong & Kwaku, 2018), it also served as an avenue where they could have children who will support them in their present and older age (Ganle et al., 2016). PLWPD made strategic marriage decisions; men with physical disability married women with no disability to ensure they are able to support each other in places where their strengths fall short. Women, however, were willing to marry and have children who they believe will take care of them once they grow old. PLWPD seeks marriage as a form of partnership, investment for their future and also as prestige. Children from the union will support them in the future and carry out their name. meanwhile, they will also have someone in the interim who will support them in their day-to-day activities to ensure they are able to thrive as any other person.

5.6 Strengths and Limitations

This study is the first of its kind to have been carried out in the Lower Manya Krobo Municipality on the perceptions about marriage of people living with physical disability. Qualitative interviews were supposed to have included people with sight disability, however the few people with sight disability refused to participate in the study mentioning that many people always come to interview them but bring no improvement to their lives.

The tool used for measuring perception was designed by the candidate. Thus, perception was measured based on a tool that has not been used in any other research.
The study did not cover the entire Lower Manya Krobo Municipality due to financial and time limitations, only a sample of the population participated and that, an inference cannot be extended to the whole population.
CHAPTER SIX

CONCLUSIONS AND RECOMMENDATIONS

6.0 Introduction

This chapter concludes and makes recommendations based on the findings from the study on perceptions of the Lower Manya Krobo Municipality on the marriage of people living with physical disability.

6.1 Conclusions

There is unfavourable perception of the marriage of people living with physical disability. Factors influencing these beliefs in this community are age, educational status and cause of disability. PLWPD in the study expressed positive views about marriage.

6.2 Recommendations

Sensitization of the general population about causes of disability as well as PLWPD’s ability to marry, as beliefs about spiritual causes of disability are associated with an unfavourable perception of marriage of PLWPD.

Younger people should be taught to be more open, tolerant and accepting of PLWPD to help minimize the unfavorable perception of marriage of PLWPD.

PLWPD must also be educated about their capabilities and empowered to engage in societal activities and functions such as marriage.

There is the need for government to take affirmative action on empowerment programs which will ensure people with disability are educated to the highest levels or learn a skill which could give them the financial freedom to start and provide for their families, especially female PLWPD.
REFERENCES


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APPENDICES

Appendix i: INFORMATION SHEET FOR COMMUNITY MEMBERS

(QUANTITATIVE)

UNIVERSITY OF GHANA

SCHOOL OF PUBLIC HEALTH

MASTER OF PUBLIC HEALTH

DEPARTMENT OF POPULATION, FAMILY AND REPRODUCTIVE HEALTH

INFORMATION SHEET

PURPOSE OF RESEARCH

My name is Rachel Lawerh and I am a student of the School of Public Health, University of Ghana. I am conducting a research on perceptions on marriage of People Living with Physical Disability in Lower Manya Krobo Municipality in the Eastern Region of Ghana.

I would be glad if you can participate in this study to express your views on perceptions on marriage of People Living with Physical Disability (PLWPD).

If you agree to participate in this study, you will be one of 424 participants who are eligible for this study.

STUDY DURATION

The duration for this research will be about three months where responses from participants will be expected to be captured by the first month. After which it will be analyzed according
to the objectives of this study will occupy the second month. Final report on findings will be done by July 2019.

**VOLUNTARY PARTICIPATION**

You have the right to decide whether or not you want to take part in this study. You also have the right to withdraw from this study midway. You may decide to leave out answers that make you feel uncomfortable. Your decisions to not participate in this study has will not interfere with any benefit you are currently enjoying.

**PROCEDURES**

This study will interview members of the community within the ages of 18-65 years on their perceptions on marriage of people living with physical disabilities. The interviewer will ask questions concerning your age, education, marital status and your profession. You will also speak about cultural beliefs concerning disability, factors underlining perceptions of the community on marriage of people with physical disability.

If you decide to participate in this study, you will be taken through detailed explanation concerning the study. You have the right to ask any questions concerning this study.

**Signing or Thumb printing consent form**

Once you agree to participate in this study and the purpose of the study will be explained to you and all questions you have will be clearly answered to your utmost satisfaction, then you will be required to sign a consent form to indicate your agreement to participate. If for any reason you prefer to thumb print your consent, you will be assisted to do so.
Questionnaire administration

A research assistant will ask you some questions which will take no more than forty minutes of your time. You are expected to answer these questions truthfully, you can however refuse to answer questions that you do not wish to answer. You can also ask for explanation of a question in case you do not understand.

WITHDRAWAL FROM STUDY

Should you become uncomfortable at any point of the study and you do not wish to continue with the study, you have the right to discontinue from the study. No harm or loss of benefit will befall you for leaving the study.

LIKELY RISK, DISCOMFORT AND INCONVENIENCES FROM STUDY

We will ask questions on sexual behaviour and marriage of people living with physical disability. This line of questioning may feel sensitive to you and you may alert the interviewer of your desire to not answer or discontinue the interview altogether.

If this happens, we will provide a counselor to assist you with emotional support and due apologies will be rendered.

RESPONSIBILITY OF PARTICIPANT

If you consent to participate in this study, you will be required to:

- Obey the instruction of the interviewer
- As questions to clarify any misunderstandings you may have
- Notify interviewer of your discomfort to answer or your desire to withdraw from the study
- Answer questions completely and truthfully
RIGHTS OF PARTICIPANT

If you consent to participate in this study, you have the right to:

- Decline to answer any question that makes you uncomfortable.
- Ask questions to clarify any misunderstanding you may have.
- Express your desire to withdraw from the study.

CONFIDENTIALITY

Any information collected from you will be held in utmost confidentiality and will not be disclosed to any other person unless you will it or is required by law. All personal identifiers will be de-identified to ensure your identify is protected and nothing can be traced back to you. Results from this study may be published in scientific journals and presented at public health meetings but no information disclosed contain any personal identifying information on you. Questionnaires from this study will be kept under lock and key for two years after which it will be safely discarded.

LIKELY BENEFITS FROM THIS STUDY

Results from this study is expected to inform and shape policies and interventions concerning the perceptions on marriage of people living with physical disability.

Your participation in this study will not yield any financial or any other benefit.

COMPENSATION FOR PARTICIPATION IN STUDY

You will not be compensated for participating in this study.

CONTACT INFORMATION
If you wish to make enquiries concerning your rights as a participant in this study, please contact the Ghana Health Service Ethical Review Committee:

Hannah Frimpong

GHS-Ethical Review Committee
Ghana Health Service
P. O. Box MB 190
Accra

Email: Hannah.frimpong@ghsmail.org
Office: 030 268 1109
Mobile: 050 704 1223

If you unsatisfied with any explanations from the interviewer and you will like to attain a deeper understanding concerning benefits, risks, discomfort or procedures for this research, please contact

Dr. Juliana Yartey Enos (Supervisor)
Noguchi Memorial Institute for Medical Research
University of Ghana, Legon
Mail: jenos@noguchi.ug.edu.gh
Mobile: 055 339 9090

Or

Rachel Lawerh (Investigator)
Consent form

This consent form has been read and explained to me or I have read and understood this consent form and the details of this study has also been clearly understood by me in a language I understand. I have also discussed the study and its details with ……………………………………………………… and her team. I have been informed of possible risk and benefits that will be derived from this study. I am aware of my rights to discontinue from answering any question that makes me uncomfortable and I am also aware of my rights to withdraw from participating in this study if I so wish without any harm befalling me. The decision to participate in this study depends solely on me. I have not been coerced by any statements covert or overt by the investigator and her team. I have been assured of confidentiality and protection of any personal information taken from me or my household.

Signing this form will not waive any legal rights due me as a participant in this study.

Participant’s name……………………………………………………

Participant signature/ Thumb print……………………………………

Date……………………………………………………………………
Appendix ii INFORMATION SHEET FOR QUALITATIVE (PEOPLE LIVING WITH PHYSICAL DISABILITY)

UNIVERSITY OF GHANA

SCHOOL OF PUBLIC HEALTH

MASTER OF PUBLIC HEALTH

DEPARTMENT OF POPULATION, FAMILY AND REPRODUCTIVE HEALTH

INFORMATION SHEET

PURPOSE OF RESEARCH

My name is Rachel Lawerh and I am a student of the School of Public Health, University of Ghana. I am conducting a research on perceptions on marriage of People Living with Physical Disability in Lower Manya Krobo Municipality in the Eastern Region of Ghana.

I would be glad if you can participate in this study to express your views on perceptions on marriage of People Living with Physical Disability (PLWPD).

If you agree to participate in this study, you will be one of 10 participants who have been purposively sampled to express their views through in-depth interviews on challenges facing PLWPD in terms of marriage in their community and community perception on marriage of PLWPD.
STUDY DURATION

The duration for this research will be about three months where responses from participants will be expected to be captured by the first month. After which it will be analyzed according to the objectives of this study will occupy the second month. Final report on findings will be done by July 2019.

VOLUNTARY PARTICIPATION

You have the right to decide whether or not you want to take part in this study. You also have the right to withdraw from this study midway. You may decide to leave out answers that make you feel uncomfortable. Your decisions to not participate in this study has will not interfere with any benefit you are currently enjoying.

PROCedorES

This study will have one hour in-depth interviews with ten PLWPD in the community within the ages of 18-65 years on their perceptions on marriage of people living with physical disabilities. The interviewer will ask questions concerning your age, education, marital status and your profession. You will also speak about cultural beliefs concerning disability, factors underlining perceptions of the community on marriage of people with physical disability and challenges faced by people living with physical disability. With your consent, your responses in this interview will be recorded using a voice recorder to ensure all information is captured adequately. This recording will be kept for two years under lock and key, accessible only to the researcher, after which it will be safely destroyed.

If you decide to participate in this study, you will be taken through detailed explanation concerning the study. You have the right to ask any questions concerning this study.

Signing or Thumb printing consent form
Once you agree to participate in this study and the purpose of the study will be explained to you and all questions you have will be clearly answered to your utmost satisfaction, then you will be required to sign a consent form to indicate your agreement to participate. If for any reason you prefer to thumbprint your consent, you will be assisted to do so.

**Questionnaire administration**

A research assistant will ask you some questions which will take no more than sixty minutes of your time. You are expected to answer these questions truthfully, you can however refuse to answer questions that you do not wish to answer. You can also ask for explanation of a question in case you do not understand.

**WITHDRAWAL FROM STUDY**

Should you become uncomfortable at any point of the study and you do not wish to continue with the study, you have the right to discontinue from the study. No harm or loss of benefit will befall you for leaving the study.

**LIKELY RISK, DISCOMFORT AND INCONVENIENCES FROM STUDY**

We will ask questions on sexual behaviour and marriage of people living with physical disability. This line of questioning may feel sensitive to you and you may alert the interviewer of your desire to not answer or discontinue the interview altogether.

If this happens, we will provide a counselor to assist you with emotional support and due apologies will be rendered.

**RESPONSIBILITY OF PARTICIPANT**

If you consent to participate in this study, you will be required to:

- Obey the instruction of the interviewer
• As questions to clarify any misunderstandings you may have
• Notify interviewer of your discomfort to answer or your desire to withdraw from the study
• Answer questions completely and truthfully

**RIGHTS OF PARTICIPANT**

If you consent to participate in this study, you have the right to:

• Decline to answer any question that makes you uncomfortable.
• Ask questions to clarify any misunderstanding you may have
• Express your desire to withdraw from the study

**CONFIDENTIALITY**

Any information collected from you will be held in utmost confidentiality and will not be disclosed to any other person unless you will it or is required by law. All personal identifiers will be de-identified to ensure your identify is protected and nothing can be traced back to you. Results from this study may be published in scientific journals and presented at public health meetings but no information disclosed contain any personal identifying information on you.

**LIKELY BENEFITS FROM THIS STUDY**

Results from this study is expected to inform and shape policies and interventions concerning the perceptions on marriage of people living with physical disability.

Your participation in this study will not yield any financial or any other benefit.

**COMPENSATION FOR PARTICIPATION IN STUDY**

You will receive GHC 10 worth of credit as compensation for your time spent.
CONTACT INFORMATION

If you wish to make enquiries concerning your rights as a participant in this study, please contact the Ghana Health Service Ethical Review Committee:

Hannah Frimpong

GHS-Ethical Review Committee

Ghana Health Service

P. O. Box MB 190

Accra

Email: Hannah.frimpong@ghsmail.org

Office: 030 268 1109

Mobile: 050 704 1223

If you unsatisfied with any explanations from the interviewer and you will like to attain a deeper understanding concerning benefits, risks, discomfort or procedures for this research, please contact

Dr. Juliana Yartey Enos (Supervisor)

Noguchi Memorial Institute for Medical Research

University of Ghana, Legon

Mail: jenos@noguchi.ug.edu.gh

Mobile: 055 339 9090
Or

Rachel Lawerh (Principal Investigator)

School of Public Health

University of Ghana, Legon

Mail: rblawerh@gmail.com

Mobile: 020 176 9841
Consent form

This consent form has been read and explained to me or I have read and understood this consent form and the details of this study has also been clearly understood by me in a language I understand. I have also discussed the study and its details with ...................................................... and her team. I have been informed of possible risk and benefits that will be derived from this study. I am aware of my rights to discontinue from answering any question that makes me uncomfortable and I am also aware of my rights to withdraw from participating in this study if I so wish without any harm befalling me. The decision to participate in this study depends solely on me. I have not been coerced by any statements covert or overt by the investigator and her team. I have been assured of confidentiality and protection of any personal information taken from me or my household.

Signing this form will not waive any legal rights due me as a participant in this study.

Participant’s name.................................................................

Participant signature/ Thumb print...........................................

Date..........................................................................................
Appendix iii: INFORMATION SHEET FOR QUALITATIVE (PEOPLE LIVING WITHOUT DISABILITY)

UNIVERSITY OF GHANA

SCHOOL OF PUBLIC HEALTH

MASTER OF PUBLIC HEALTH

DEPARTMENT OF POPULATION, FAMILY AND REPRODUCTIVE HEALTH

INFORMATION SHEET

PURPOSE OF RESEARCH

My name is Rachel Lawerh and I am a student of the School of Public Health, University of Ghana. I am conducting a research on perceptions on marriage of People Living with Physical Disability in Lower Manya Krobo Municipality in the Eastern Region of Ghana.

I would be glad if you can participate in this study to express your views on perceptions on marriage of People Living with Physical Disability (PLWPD).

If you agree to participate in this study, you will be one of 10 participants who have been purposively sampled to express their views through in-depth interviews on challenges facing PLWPD in terms of marriage in their community and community perception on marriage of PLWPD.

STUDY DURATION

The duration for this research will be about three months where responses from participants will be expected to be captured by the first month. After which it will be analyzed according
to the objectives of this study will occupy the second month. Final report on findings will be
done by July 2019.

VOLUNTARY PARTICIPATION

You have the right to decide whether or not you want to take part in this study. You also have
the right to withdraw from this study midway. You may decide to leave out answers that make
you feel uncomfortable. Your decisions to not participate in this study has will not interfere
with any benefit you are currently enjoying.

PROCEDURES

This study will have one hour in-depth interviews with ten people living without disability in
the community within the ages of 18-65 years on their perceptions on marriage of people living
with physical disabilities. The interviewer will ask questions concerning your age, education,
marital status and your profession. You will also speak about cultural beliefs concerning
disability, factors underlining perceptions of the community on marriage of people with
physical disability and challenges faced by people living with physical disability.

If you decide to participate in this study, you will be taken through detailed explanation
concerning the study. You have the right to ask any questions concerning this study.

With your consent, your responses in this interview will be recorded using a voice recorder to
ensure all information is captured adequately. This recording will be kept for two years under
lock and key, accessible only to the researcher, after which it will be safely destroyed.
Signing or Thumb printing consent form

Once you agree to participate in this study and the purpose of the study will be explained to you and all questions you have will be clearly answered to your utmost satisfaction, then you will be required to sign a consent form to indicate your agreement to participate. If for any reason you prefer to thumb print your consent, you will be assisted to do so.

Questionnaire administration

A research assistant will ask you some questions which will take no more than sixty minutes of your time. You are expected to answer these questions truthfully, you can however refuse to answer questions that you do not wish to answer. You can also ask for explanation of a question in case you do not understand.

WITHDRAWAL FROM STUDY

Should you become uncomfortable at any point of the study and you do not wish to continue with the study, you have the right to discontinue from the study. No harm or loss of benefit will befall you for leaving the study.

LIKELY RISK, DISCOMFORT AND INCONVENIENCES FROM STUDY

We will ask questions on sexual behaviour and marriage of people living with physical disability. This line of questioning may feel sensitive to you and you may alert the interviewer of your desire to not answer or discontinue the interview altogether.

If this happens, we will provide a counselor to assist you with emotional support and due apologies will be rendered.

RESPONSIBILITY OF PARTICIPANT

If you consent to participate in this study, you will be required to:
• Obey the instruction of the interviewer

• As questions to clarify any misunderstandings you may have

• Notify interviewer of your discomfort to answer or your desire to withdraw from the study

• Answer questions completely and truthfully

**RIGHTS OF PARTICIPANT**

If you consent to participate in this study, you have the right to:

• Decline to answer any question that makes you uncomfortable.

• Ask questions to clarify any misunderstanding you may have

• Express your desire to withdraw from the study

**CONFIDENTIALITY**

Any information collected from you will be held in utmost confidentiality and will not be disclosed to any other person unless you will it or is required by law. All personal identifiers will be de-identified to ensure your identify is protected and nothing can be traced back to you. Results from this study may be published in scientific journals and presented at public health meetings but no information disclosed contain any personal identifying information on you.

**LIKELY BENEFITS FROM THIS STUDY**

Results from this study is expected to inform and shape policies and interventions concerning the perceptions on marriage of people living with physical disability.

Your participation in this study will not yield any financial or any other benefit.

**COMPENSATION FOR PARTICIPATION IN STUDY**

You will receive GHC 10 worth of credit as compensation for your time spent.
CONTACT INFORMATION

If you wish to make enquiries concerning your rights as a participant in this study, please contact the Ghana Health Service Ethical Review Committee:

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Signing this form will not waive any legal rights due me as a participant in this study.

Participant’s name.................................................................

Participant signature/ Thumb print.............................................

Date............................................................................................
Appendix iv : Structured questionnaire

Name of Interviewer: 

Date of Interview: 

Name of Community: 

Language of interview: English □ Krobo □ Akan □ Ewe □ Other □

My name is Rachel Lawerh and I am a student of the School of Public Health, University of Ghana. I am conducting a research on perceptions on marriage of People Living with Physical Disability in Lower Manya Krobo Municipality in the Eastern Region of Ghana. Findings from this study is expected to contribute to knowledge on perceptions on marriage of people living with physical disability and inform policy and shape interventions towards people living with physical disability.

Thank you for granting us this opportunity to have you as part of our participants. This interview will last for about forty minutes and you are assured of privacy of any personal information given to us during this interview.

1. Residence: □ Rural □ Urban
2. Sex: □ Male □ Female
3. Religion: 
4. How old are you?
5. What is your marital status?
   □ Single
   □ Married
   □ Separated/Divorced
   □ Cohabiting
   □ Widowed
6. What is your highest level of formal education?
   □ No education
   □ Primary school
   □ Junior secondary school
   □ Senior secondary school
   □ Tertiary education

University of Ghana http://ugspace.ug.edu.gh
Please specify if any other level of education

7. What do you do for a living?

Social interaction with persons with disability

8. Do you know anyone with disability?
   - Yes
   - No (skip to Q14)

9. Do you live in the same household with the person?
   - Yes
   - No

10. Do you live in the same neighborhood as the person?
    - Yes
    - No

11. What is your relation with the person?
    - Friend
    - Family member
    - Work colleague
    - Caretaker
    - Neighbor
    - Please specify any other relation

12. What type of disability does the person have?
    - Hearing impairment/deaf
    - Visual impairment/blind
    - Intellectual disability (Down syndrome, Autism)
    - Emotional disability
    - Learning disability (slow in learning)
    - Speech defects
    - Mental health (Schizophrenia)
    - Long-term illness (diabetes)
    - Multiple disability
    - Please specify any other

13. How many times do you engage in one-on-one contact with the person?
    - Each day
    - Weekly
Perception on disability

14. What do you think is the main cause of disability?
   - Accident
   - Spiritual forces
   - Medical negligence
   - Diseases
   - Please specify other causes

15. How are persons with disability seen in your community?
   - Normal people
   - Need help all the time
   - Incapable of fending for themselves
   - Capable of fending for themselves
   - Must be pitied

16. How are people with disability treated in the society?
   - Well catered for
   - Somehow catered for
   - Not welcome
   - Abomination
   - Banned

Please show if you agree or disagree with the following statements.
1=Agree, 2= indifferent, 3=disagree

<table>
<thead>
<tr>
<th>Statement</th>
<th>Agree</th>
<th>Indifferent</th>
<th>Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>17. A person with physical disability can marry a person without physical</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>disability</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18. A person with physical disability can have a normal social life</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>19. Most people with physical disability are ashamed of their disability</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td><strong>20.</strong></td>
<td>It is uncomfortable for me to associate with people with physical disability</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td><strong>21.</strong></td>
<td>Most people with physical disability can marry and have children.</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td><strong>22.</strong></td>
<td>The worst thing that can happen to a person in life is to end up with disability.</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td><strong>23.</strong></td>
<td>I would be comfortable to have my son or daughter marry a person with physical disability</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td><strong>24.</strong></td>
<td>People with physical disability can engage in sexual relationships</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td><strong>25.</strong></td>
<td>Most people with physical disability are not concerned with marriage</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td><strong>26.</strong></td>
<td>Most women with physical disability desire to have children</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td><strong>27.</strong></td>
<td>It is not safe for a woman with physical disability to carry pregnancy</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td><strong>28.</strong></td>
<td>People with physical disability should focus on their disability instead of wanting to have sexual intimacy</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td><strong>29.</strong></td>
<td>Pregnant women should avoid people with disability because they transfer their disability to the unborn child.</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td><strong>30.</strong></td>
<td>A man with physical disability can marry a woman without physical disability.</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td><strong>31.</strong></td>
<td>A woman with disability cannot marry a man without disability</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td><strong>32.</strong></td>
<td>People with disability are not financially capable of providing for themselves</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td><strong>33.</strong></td>
<td>I will be unhappy if someone with disability becomes my boss</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>
34. I will not employ a person with disability to work for me because they are incapable of doing hard work.

35. People with disability are unhappy with their lives

36. Some people are born with disability because their parents offended the gods and they were cursed

37. Children born with disability are a curse

<table>
<thead>
<tr>
<th>34. I will not employ a person with disability to work for me because they are incapable of doing hard work.</th>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>35. People with disability are unhappy with their lives</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>36. Some people are born with disability because their parents offended the gods and they were cursed</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>37. Children born with disability are a curse</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

Appendix v: Interview guide for people living with physical disability.

Title: Perceptions on marriage of people living with physical disability in the Lower Manya Krobo Municipality.

- Ice breaking: put participant at ease by conversing about neutral topics.

- Explain purpose of study and assure participant of confidentiality again.

  *Because I cannot write as fast as you talk, I am going to record your voice with a voice recorder. We will not use your voice recording for any other purpose aside the purpose for which this study is intended.*

- Self-introduction: Introduce yourself and let participant introduce her/himself.

  *Probe on sex, age, educational level, occupation, place of residence, religion and marital status.*

**Cause of disability**

- Pardon me, but can you please tell me about how you got your disability?

**Perception on marriage**

- Let us discuss your family.

  *Who do you live with?*

  *How many members of your family are here?*
Are they immediate or external family?

Probe for reasons for not having a family if none

- Tell me about your husband or your wife.
- Probe on how they met and if he/she has disability.

How did you meet and how has the experience been?

Pardon me but does he/she have a disability too?

Are both your families aware of your marriage? Probe for reasons for disclosure or non-disclosure of marriage to family.

How did your family and friends take news of your marriage? Probe on attitudes, behaviour and utterances

How did his family and friends take news of your marriage? Probe on attitudes, behaviour and utterances.

How did the society take news of your marriage? Probe on attitudes behaviour and utterances.

- Do you have a boyfriend or girlfriend or intimate partner?
- If in a relationship with boyfriend, girlfriend or intimate partner, probe further.

How did you meet?

Share your experience of the relationship so far?

Have you disclosed your relationship with to any family or friends? What were their utterances, behaviour and attitude?
• If yes to disclosing of relationship, probe on how and why it was done and the
behaviour, attitude and utterances of family and friends of both participant and
boyfriend and their immediate society.

*How has the community reacted towards you since your disclosure?*

*How did it feel to disclose that you are in a relationship?*

*Was your partner willing to disclose the relationship? Probe for reasons for any
answer.*

• If participant does not have a boyfriend, or wife or a husband or an intimate party,
probe to know why. Probe on culture, society financials and other reasons why.

*Probe for reasons for not having husband/wife or girlfriend/boyfriend or intimate sexual
partner.*

*Are you willing to get married or have an intimate partner? Probe for reasons for answers.*

• *Do you know anyone with physical disability who has married and has children of
their own?* If yes, Probe on their opinions of such a union, how it makes them feel to
know someone like that and how the community treats the family.

• *Can you confidently approach any man/woman and express your desires to engage in
a relationship with the person.* Probe for reasons why or why not

**Culture**

*What cultural beliefs exist in your community on disability?*

• Probe for explanation and description of such beliefs.

• Probe for cultural belief on causes of disability

• Probe for cultural beliefs concerning childbirth of people with disability
What cultural beliefs, norms and values existing concerning sexual relations and marriage of people with physical disability?

- Probe for explanation and description of such beliefs.

What do you think about these views and how do they make you feel?

- Probe for details

**Enabling environment**

*Have you ever expressed sexual interest towards someone whether or not they have disability?*

*What was the experience like and how did he/she react to it?*

*Why did you decide to express your desire to the person?*

- If participant has never expressed sexual interest towards someone, probe for reasons why.

*Has any man expressed interest in sexual relations to you and how did respond to that?*

- If no, probe for possible reasons why men have not expressed interest.

*How are people with disability treated in the community? Probe for views, opinions and examples.*

*How will you describe the attitude of the community towards people with physical disability? Probe for detailed view.*

*What are some challenges you face in your general because of your physical disability? Probe for details.*
Has anyone mistreated you because your disability? can you describe what happened?

How are women with disability who desire to marry, have children or have sexual relations treated in the society? Probe for detailed view

Are you able to make friends? Are you able to have friends with whom you can socialize? Probe for reasons

How do these friends treat you?

Are you happy and satisfied with your life?

Are you able to find employment and be sustainable to yourself and your family in this community?

- Probe for ease of work, opportunity for work, employment, financial standing.

Will you say with your current financial standing, you will be able to marry and be able to provide for your family and children?

- Probe for detailed answers with explanation.

Thank you for taking the time to talk to us, we appreciate your time.

Appendix vi: Interview guide for people without physical disability.

Title: Perceptions on marriage of people living with physical disability in the Lower Manya Krobo Municipality.

- Ice breaking: put participant at ease by conversing about neutral topics.

- Explain purpose of study and assure participant of confidentiality again.

Because I cannot write as fast as you talk, I am going to record your voice with a voice recorder. We will not use your voice recording for any other purpose aside the purpose for which this study is intended.
• Self-introduction: Introduce yourself and let participant introduce her/himself.

  Probe on age, sex, educational level, occupation, place of residence, religion and marital status.

Cause of disability

Do you know anyone with physical disability?

• If yes, probe

Do you live in the same house or neighborhood with the person?

What is your relation with the person? Friend? Family? Probe for further answers

How many times in the week do you see the person?

Do you have conversations with the person? Probe to know what kind of conversations they have.

What are some of the causes of disability that you know? Probe for further details. Multiple answers required.

Perception on marriage

Do you think people with physical disability should have sexual relations? Probe for reason for answer.

Do you think people with physical disability should be allowed to marry? Probe for reason for answer

Will you be willing to have sexual relations leading to marriage with someone who has physical disability? Probe for reason for answer.

Do you think people with physical disability will want to marry?
Do you think women with physical disability stand the same chance of marriage as men with physical disability? Probe for reason for answer

If you have a girlfriend/boyfriend with physical disability, will you be willing to disclose your relationship to your family? To the community? Probe for reason for answer

Do you think women with physical disability are capable of bearing and raising children? Probe for reason for answer

What do you feel will be the difference between having a wife/husband with physical disability and having a husband/wife without physical disability? In general life, in marriage, in raising children, in financial support? In societal status?

Do you think your friends and family will approve if you marry someone with physical disability and why?

Culture

What cultural beliefs exist in your community on disability?

- Probe for explanation and description of such beliefs.

What cultural beliefs, norms and values existing concerning sexual relations and marriage of people with physical disability?

- Probe for explanation and description of such beliefs.

What do you think about these views and how do they make you feel towards people with physical disability?

- Probe for details

What do you think people with physical disabilities feel about cultural beliefs?
• Probe for details

**Enabling environment**

*Have you ever expressed sexual interest towards someone with physical disability?*

*If yes, what was the experience like and how did he/she react to it?*

*Why did you decide to express your desire to the person?*

• If participant has never expressed sexual interest towards someone with physical disability, probe for reasons why.

*Has anyone with physical disability expressed interest to have relationship with you? If yes, what was the experience and what was your response?*

• If response is no, ask in a hypothetical scenario

*What will your reaction be when someone with physical disability expresses interest in having relations that can lead to marriage with you? Probe for reason for answer.*

*How people with disability treated in the community? Probe for views, opinions and examples.*

*How will you describe the attitude of the community towards people with physical disability? Probe for detailed view.*

*What are some challenges you think people with physical disability face in your general because of their physical disability? Probe for details.*

*Do you think people with physical disability are mistreated because of their disability? Probe for details on answer.*
How are women with disability who desire to marry or have sexual relations treated in the society? Probe for detailed view

How are men with disability who desire to marry or have sexual relations treated in the society? Probe for detailed view

Do you think there is any difference between the way men who have physical disability and women who have physical disability are treated in society? In terms of general life, desire to marry, desire to have children, employment?

Are people with physical disability able to find employment and be sustainable to themselves in the community?

- Probe for ease of work, opportunity for work, employment, financial standing.

Will you say people with physical disability have financial means to be able to marry and be able to provide for their family and children?

- Probe for detailed answers with explanation.

Thank you for taking the time to talk to us, we appreciate your time.