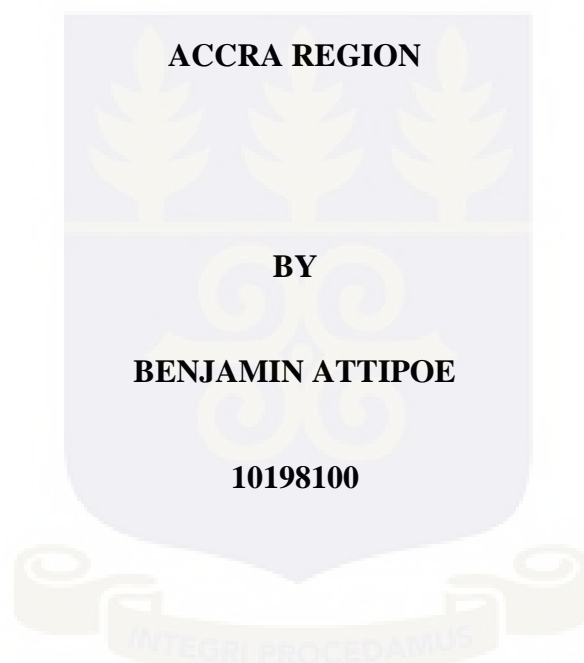


UNIVERSITY OF GHANA, LEGON

COLLEGE OF HUMANITIES

CENTRE FOR SOCIAL POLICY STUDIES

EMPLOYMENT STATUS OF PERSONS WITH DISABILITIES IN THE GREATER



**A DISSERTATION SUBMITTED TO THE UNIVERSITY OF GHANA, LEGON IN
PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE AWARD OF A
MASTER OF ARTS DEGREE IN SOCIAL POLICY STUDIES.**

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DECLARATION

I solemnly declare that, except for references I made to other peoples' work, which I have duly acknowledged, this dissertation is the result of my research work carried that I out in the Centre for Social Policy Studies (CSPS), University of Ghana, under the supervision of Dr George Domfe.

Sign

Date

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Date

Dr George Domfe

(Supervisor)

DEDICATION

This work is dedicated to the memories of my late parents. Mr Francis Kwame Butah Attipoe and Mrs Benedicta Ametepe-Attipoe for their care and attention whiles alive.

ACKNOWLEDGEMENT

I am very grateful to Dr George Domfe of the Centre for Social Policy Studies (CSPS), University of Ghana for having dedicated his time and energy to supervise this work. I also want to acknowledge the insight gained from all faculty members of CSPS during seminar sessions and lectures. I am also grateful to staff of institutions that granted me audience during my data collection sessions. Of particular mention are staff of the Ghana Federation of Disability Organizations and the Centre for Employment of Persons with Disabilities. Colleague students of CSPS also deserve mentioning. Your encouragement is well appreciated. To all my siblings, I say thank you for your support in diverse ways. God bless you all.

ABSTRACT

Disability is everyone's portion and therefore can befall anyone. Whiles some are born with it, others acquire it through ailment, accident or medications used in treating some sicknesses. All though most jobs can be done by people who have disabilities, their participation and integration in the labour market, particularly the formal market has not been very encouraging. Though the passage of the Disability Act by Government in 2006 was meant to comprehensively deal with disabled people's participation in socioeconomic activities, significant changes are yet to be realized. This study aimed to comprehensively examine the employment status of persons with disabilities in the Greater Accra Region. It sought to ascertain their level of employment across the various sectors of employment and to also find out some of the factors limiting their participation in the labour market. The study employed a mixed approach by analysing quantitative data from the Ghana Living Standards Survey 6, and field interviews conducted by the researcher. It was found that persons with disabilities have low levels of employment compared to non-persons with disabilities. Their level of participation is equally low in the formal sector. Factors such as low level of education, discrimination, inaccessibility to public places and the absence of a legislative instrument to operationalize some of the provisions in the Disability Act was also identified as limiting persons with disabilities' participation in the labour market.

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ABBREVIATIONS

CEP	Centre for Employment of Persons with Disabilities
CHRI	Commonwealth Human Rights Initiative
COTVET	Council for Technical and Vocational Education and Training
CRPD	Convention on the Rights of Persons with Disabilities
GDP	Gross Domestic Product
GFD	Ghana Federation of Disability Organizations
GLSS	Ghana Living Standard Survey
GSS	Ghana Statistical Service
ICF	International Classification of Functioning, Disability and Health
ICT	Information and Communication Technology
ILO	International Labour Organization
LEAP	Livelihood Empowerment Against Poverty
LI	Legislative Instrument
PHC	Population and Housing Census
PWDs	Persons with Disabilities
SDGs	Sustainable Development Goals
UDHR	Universal Declaration of Human Rights
UN	United Nations
WHO	World Health Organization

CHAPTER ONE

INTRODUCTION

1.1 Background of the Study

The right to work/employment is essential for one to become a full and equal member of Society. It applies to everyone, regardless of his or her disability status. The right to work is guaranteed under Article 23 of the Universal Declaration of Human Rights (UDHR). Employment is one of the keys to reducing poverty and enabling social inclusion. Employment also enables people to gain skills and knowledge, and build their self-esteem. It is however not all kinds of employment that is desirable. A decent employment is what is essential. Hence, the Sustainable Developmental Goals under Goal 8 makes decent employment a key target for achievement. Decent work entails the promotion of fundamental rights and principles at work place, creation of employment, social protection and social dialogue for all; men, women, youth, adults, disabled and non-disabled (UN, 2016). Thus, People with Disabilities have the right to work and equally contribute to development. Disability therefore can be seen both as a human rights and a development issue. A duality which has been acknowledged earlier in the UN Convention on the Rights of Persons with Disabilities (CRPD) under section M of its preamble.

Having a productive labour force is indispensable to the overall economic development of every country. Hence, obstacles to employment does not affect only individuals but their family and the entire economy. It is therefore essential that effort is made to involve all capable persons in productive activities. Mitra *et al.* (2011) noted that, even though most jobs can be done by Persons with Disabilities (PWDs), their access to employment is often obstructed by barriers, as explained by the environmental/social model of disability.

Despite the fact that disability issues have become part of the main discourse in relation to development, human rights and poverty alleviation globally, the MDGs, which were to set parameters to assess a country's development, did not address the issues of disability within its targeting framework (Groce, 2011). It is on these accounts (developmental, human rights and poverty alleviation) that the UN's development agenda (Agenda 2030) for Sustainable Development has developmental targets for persons with disabilities. It includes targets for making the environment accessible for persons with disabilities (PWDs) to address the relevance of disability and its inclusion in development efforts. These targets are embedded in Goals 1, 4, 10 and 17 of the SDGs (UN, 2015).

What is meant by "disability" and who can be considered a "disabled" person has been debated over the years. Because disability is contextual, its experience differs between individuals. How it is experienced depends on the nature of one's impairment and how contextual factors impact it. In usage, the term persons with disabilities (PWDs) is an umbrella one that represents people that have some form of functional limitations and therefore may need or use assistive devices in performing their daily activities as compared with persons without disabilities.

According to the United Nations Convention on the Rights of Persons with Disabilities (CRPD), Persons with disabilities "include those who have long-term physical, mental, intellectual or sensory impairments, which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others" (p.4). Ghana's Persons with Disability Act, 2006 (Act 715) considers a person with disability to mean an "individual with a physical, mental or sensory impairment including a visual, hearing or speech functional disability which gives rise to physical, cultural or social barriers that substantially limits one or more of the major life activities of that individual" (p.17).

From the above, PWDs can therefore be distinguished by the fact that they may be unable to do certain things in the same way most people in the mainstream society do without some form of adaptation or alternative assistance (Abena Bemah, 2012). It can also be noted that disability results from the interaction between one's bodily impairment, and the unsuitable and unfriendly structures in society. The World Health Organization (WHO) has identified seven different types of disabilities. These include:

- People who are partially sighted or blind,
- People with intellectual or learning disabilities,
- People with physical disability,
- People with an acquired brain injury,
- People who are hearing impaired or deaf,
- People with chronic illnesses,
- People with psychological difficulties or mental-health problems.

Aside these types, it is essential to also note that one can have more than one form of disability. Thus, a person could have physical disability and be visually impaired as well. One can be partially sighted and be deaf or hearing impaired, making one a person with multiple disabilities.

A person with physical disability that relies on a wheelchair for mobility would have different experience and limitations on his movement compared to someone who is having similar disability and does not have access to a wheelchair. Likewise, physically disabled persons with access to a wheelchair who are in a well built and physically accessible environment with disability rumps have different experience from those in an inaccessible environment. A person who becomes visually impaired as a result of injury or illness also adjust over time to

being able to cope with his/her disability. This makes his/her experience of the disability vary across time.

Disabled people can be found all over the world. They constitute the biggest minority group in the world. It is globally estimated that about 16 percent of the world's adult population have some form of disability (about 650 million out of the estimated 4.2 billion adults). The prevalence in developed countries (12%) is lower than developing countries (18%). When disaggregated on gender basis, 14 per cent are males while 11 per cent are females (WHO, 2011). The same report shows that when the figure is extrapolated for persons 15 years and older, about 750 million PWDs are estimated. The WHO data also shows that disability is associated with ageing, making it more prevalent among the aged compared to younger people. Thus, people who are young are less likely than the old people to be disabled.

Research has established that PWDs are more likely on the average to experience worse socioeconomic conditions. PWDs have lower levels of education, worse health conditions, low employment levels, and higher poverty rates. This may be due to myriad of reasons. Legislative, economic, physical, and social environments may create or perpetuate barriers to the participation of PWDs in economic and social life. The barriers may include buildings and transport that are not accessible, poor access to information and communication technology (ICT), lower level of services and poor funding for those services, and poor data and its analysis for effective and efficient policies.

1.2 Problem Statement

To uphold, protect and guarantee the rights of PWDs, Ghana passed its Persons with Disability Act in 2006 (Act 715) in fulfilment of Article 29 of the 1992 Constitution and later adopted and ratified the UN Convention on the Rights of Persons with Disabilities (CRPD).

Other important Acts and policies that have been passed in relation to disability and employment are the Labour Act of 2003 (Act 651), the National Employment Policy (NEP) 2015, and the Council for Technical and Vocational Education and Training Act (COTVET Act) among others. Despite these raft of legislations, the situation of PWDs remains worse off.

A comprehensive assessment of the condition of PWDs in Ghana is difficult due to limited data on disability in general and even more so when it comes to employment and disability. This difficulty is reiterated in the Nation Employment Policy (NEP), and identified for remedy.

The National Census for 2010 showed that there are 737,743 persons with disabilities in Ghana, with represents 3% of the country's population. The data also shows that there are more females (52.5%) than males (47.5%) with some form of disability (GSS, 2013a). Maintaining the PWDs proportion of the total population, and a projected national population of 28,308,301 for 2016, there would be about 849,249 PWDs in 2016.

For persons that are 15 years and older, the 2010 PHC indicates that there were 604,862 PWDs. This means that more than half a million of the country's population that has attained the legal aged of employment have some form of disability that limits their functionality in society. In the Greater Accra region, there were 103,939 PWDs, constituting approximately 2.6 percent of the region's 4,010,054 total population (GSS, 2013b). Eighty-seven thousand nine hundred and ninety-seven (87,997) of the PWDs in the region are 15 years and older.

Employment level is generally lower for PWDs all over the world. It is even lower for developing countries like Ghana. The majority of the PWDs that are employed are engaged in the informal sector, with a chunk of them being self-employed and largely engaged in sectors

with low-income levels and job insecurity. As opposed to the informal sector, formal sector employment comes with more income, job and income security and better social protection measures.

Finding and keeping employment is very difficult for PWDs. Several factors combine to reduce their chances at finding employment. They include; 1) Perceptions about PWDs, 2) Attitudes towards PWDs, 3) Skills and level of Educational of PWDs, 4) Self-Esteem and Self-Confidence amongst PWDs and 5) Accessibility of public places and work environment. Generally, levels of employment are lower among PWDs compared to non-PWDs. It is more so in the formal sectors of the economy. Figures available from the 2010 PHC, shows that access to formal employment among PWDs is significantly lower compare to non-PWDs (10.5 % and 14.9 % respectively), with nearly nine out of ten employed PWDs engaged in the informal sector.

Given that formal employments guarantees access to regular income, regular retirement income and other social protections (paid maternity leave, paid sick leave, paid annual leave, and mandatory contribution to social security pension among others), PWDs' participation in formal employment must be significantly increased to improve their socioeconomic wellbeing. Again, because of the low level of female employment in the formal sector (8.6%) as compared to that of males (17.8%) within the general population (GSS, 2013a), the situation of a female living with disability is worse. The situation of the female PWDs as presented is a situation of being double disadvantaged. This is so, because females are already disadvantaged in their access to formal employment be virtue of their sex.

In light of the above, this study seeks to examine the participation of persons living with disabilities in the labour market in the Greater Accra Region.

1.3 Objective of Study of the Study

The general objective of the study is to examine the extent to which persons with disabilities are able to participate in economic activities within the labour market. Specifically, the study seeks to:

- Investigate the employment status of persons with disabilities in Greater Accra Region.
- Identify barriers to effective participation of PWDs in in the labour market
- To assess perception of participation of the PWDs in the labour market.

1.4 Significance of the Study

With the ILO estimating that between 1 and 7 % of GDP is lost out in developing economies because of exclusion of PWDs in employment and economic activities (ILO, 2011), a developing country like Ghana will have to make efforts to include PWDs in its development agenda. Ghana's Disability Act (Act 715) passed over a decade ago was also to ensure PWDs participated well in economic activities. One of the intents of the Act is to streamline disability issues into the country's development. It is essential that an assessment is done to see how Ghana has fared in this effort, particularly in improving their access to formal employment.

From earlier indications, reliable data on PWDs is very scanty in Ghana. It is even worse when the discussion moves to economic activities. It is difficult to know how government is faring in its efforts to get PWDs involved in the economic activities. It is not clear whether the situation of PWDs have improved over the few years after the 2010 PHC. It is also not clear if the various factors that limit their participation in employment has improved or worsened over the years.

Since PWDs form a significant part of the country's population, any attempt to ignore them the development agenda will have negative consequences for the nation's fortune. The study therefore aims to fill the information gap on PWDs' participation in employment. This will help policy makers and implementers know the outcome of their efforts as well as shape their future interventions on PWDs. It will also help to better understand the dynamics of the barriers that limit PWDs participation in formal employment.

1.5 Conclusion

This chapter discussed the background of the study and defined the problem statement that it aimed at studying. It also gave the objectives of the study and explained its significance to academia and policy practice.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

In this chapter, the definitions of disability, its causes and the perceptions of People with Disabilities are explored. Models that explain how people perceive and relate to PWDs are also reviewed. Some statistics of PWDs are also presented and discussed. Again, literature on PWDs and their employment is reviewed.

2.2 The Concept of Disability

Following the approach of the International Classification of Functioning, Disability and Health (ICF), disability can be defined as a limitation in a person's functional domain, which is the result of interaction between his/her internal capacity, and environmental factors (WHO, 2011). According to Bostan *et al* (2015), this is the level of a person's performance in a functional domain, which takes into account the impact of the environment on his/her personal factors. Thus, disability results from attributes that are within a person, how his/her environment is built/structured, and how the two interact to affect the persons functioning within a specific domain of activity. This makes disability a fluid concept, as a person who may have severe disability in one location, but have less in another location. United Nations' Convention on the Rights of Persons with Disabilities along similar line recognizes "that disability is an evolving concept and that disability results from the interaction between a person's impairments, and attitudinal and environmental barriers that hinders their full and effective participation in society on an equal basis with others". Michailakis (2003), on the other hand saw it as the lack of ability to undertake physical or mental activity that one can normally do. Ghana's Disability Act (Act 715) of 2006, in Section 59 defines a person with

disability to be “an individual with a physical, mental or sensory impairment including a visual, hearing or speech functional disability which gives rise to physical, cultural or social barriers that substantially limits one more of the major life activities of that individual” (Act 715, p. 17)

Disability is an evolving concept. Research and advance in knowledge is leading to recognition of newer forms of disabilities. This is recognized by the WHO definition and the UN Convention on Rights of Persons with Disabilities. The Disability Act, 2006 (Act 715) however has a closed definition that does not permit the inclusion of emerging categories of disability. All definitions however, bring out issues of impairments and societal barriers that hinder the full participation of PWDs on equal basis with others in society.

The ICF explains functioning as happening at three different levels: bodily function and its structures, activities, and participation. For example, if someone cannot move the legs, he or she is experiencing a limitation in functioning at bodily function level. If the person has challenges walking, he or she is experiencing a limitation at the activity level. That is difficulty combining bodily functions to perform a specific task. If the person is unable to work, that is, a combination of a group of activities in order to accomplish a social function or role due to barriers in the environment (example, inaccessible public place), then the person is restricted at participation level.

How people experience disability is varied as it is the combination of limitations in functioning across several domains (example talking, seeing and hearing), each on a continuum, ranging from little disability to severe disability, either within a specific domain or multiple domains. For every domain, the level of functioning that someone experiences is dependent on the inherent capacity of the person’s body and the features of the environment that can either reduce or raise the person’s participation in society. For instance, someone

who uses a wheelchair and lives in at a place where buildings and transport services are accessible by wheelchair will have less experience of disability compared to wheelchair user who lives in an environment that is not accessible. Because functional domains are on a continuum, some threshold level of functioning has to be established to differentiate between “persons with disabilities” and “persons without disabilities”. Although no universally accepted standard for this threshold has not been established, countries and organizations have adapted thresholds for their data collections and policy needs.

2.2.1 Causes of disabilities

In the Ghanaian context, disability has traditionally been viewed to be the result of sorcery, curse, punishment for sins against the gods or ancestors, witchcraft, magic or “juju”. Due to these beliefs, people with disabilities in traditional communities are viewed with mixed feelings. It is believed by some that people who give birth to a child with disability may have exchanged part of the child’s body for money spiritually, such that the exchanged part of the child’s body become defective. As such, it is assumed that if a rich person gives birth to a disabled child, then their wealth is due to “juju money”. In other instances, parents who give birth to a disabled child are viewed as receiving punishment from the gods or ancestors for sins they have committed. The belief in reincarnation also further fuels the belief in the perceptions that some persons with disabilities are receiving punishment for wrongs committed in their previous lives (Slikker, 2009).

Similar observations were made by Agbenyega (2003) when he noted that disability and ill health are believed to be caused by witchcraft, evil spirits, or by not adhering to some taboos in most Ghanaian societies. He noted that certain disabilities are considered as curses from the gods. For instance, among the Akans, a person with a mental health problem or insanity, is said to have been afflicted by the god. Due to these beliefs, PWDs are often seen as sinful

and outcasts in most Ghanaian societies hence, they and their families are not to be associated with.

These superstitious beliefs have resulted in families hiding their PWD members in rooms and thus, denying them access to social facilities like health, education and recreational activities (Avoke, 2001; Slikker, 2009; Agbenyega, 2003). They are also victims of negative labels. For instance, people with intellectual disabilities are referred to as “Asotowo” (Idiots or fools, among the Ewes), “Buluus” (reduced mental ability, among Gas) and “Nsuoba” (water child, among Akans). In addition, People with epilepsy are referred to as “Dzeanyikplatowo” (falling sickness, among Ewes), Agbenyega (2003).

Scientific research in modern times has however dispelled these traditional causes of disabilities. According to science, causes of disabilities can be classified into three main categories, namely congenital causes, biological causes (disease or ageing) and accident.

2.2.2 Types of Disabilities

As indicated earlier, because the measurement of disability as discussed from the IFC’s perspective is on a continuum, every country decides their level of what constitutes disability based on their own policy needs. The Ghana statistical services in introducing disability into the country’s population census data collection for the 2010 PHC identified and measured the following disabilities:

1. Physical impairment
2. Sight/Visual impairment
3. Hearing impairment
4. Speech impairment
5. Intellectual disability

6. Emotional disability
7. Other disabilities

It is significant to note that one can be affected by one or more of these disability forms, making such an individual a person with multiple disabilities.

2.3 Theoretical Perspectives – Models of Disability

Attitudes exhibited towards persons with disabilities affects how people think and conduct themselves towards PWDs. Attitudes also affect how disabled people are treated, and how they participate in society. The attitudes disabled people experience ultimately affect the way they relate to others in society. To explain how attitudes shape and influences PWDs' experiences, and how society relates to them, the medical model, social model, charity model, expert/professional model, religious model, economic model, and bio-psychosocial models of disability have been developed and used by policy makers over the years. These models serve as theoretical perspectives and provide us with understanding of the attitudes and prejudices of society towards PWDs in society and how these have affected the PWDs. The Models of disability reveal how society provides or limits access to goods and services, employment, economic influence, and political power for PWDs. Understanding the different models of disability is crucial to building society's positive attitudes, and to better appreciate persons with disabilities.

Though the models of disability have been treated with skepticism because they have been considered not to reflect the real world of disabilities, they are however relevant because they give a sense of understanding issues in disability. It is a tool used to define disability which gives the society and government an approach/a way to dealing with issues of disabilities. It should be noted that the models are not to be seen as exclusive, with one being superior to the

other. Rather, they should be seen as an evolution of thinking and conception about disability, since society is also evolving. Disability can be looked at primarily through two dominant models (Medical and Social), although there are others, as mentioned earlier.

Dominant Models of Disability

2.3.1 Medical Model of Disability

The medical model of disability is sometimes referred to as the individual model of disability. The medical model focuses on the individual's medical condition and locates disability with the person. According to the WHO classification of disability in 1980, an impairment is a situation where there is the loss or an abnormality of anatomical structure. Disability is the restriction to the performance of an act in a manner for a normal human being while handicap is any disadvantage for a given person as a result of an impairment or disability. It is assumed that with medical treatment or intervention, individuals with disabilities can be assisted to overcome their limitations. As Edmonds (2005) noted, significant progress and advancement in the health sciences, technology, and pharmaceutical industry led to the development of the medical model of disability. This led to enhancements in the capacity of society to prevent the causes of disability and improve the functional independence of people with disabilities.

The effect however was the medicalization of disability. The services were provided within a paradigm that perceived people with disabilities as "sick" and needing treatment. While these people had the right to receive medical services and rehabilitation, the professionals decided what was best for the sick. Empowering persons with disabilities was limited to achieving functional independence through rehabilitation. This allowed the professionals to control the lives of people with disabilities and create a passive relationship between the "patient" and

the “professional” within a “helping” system. It highlights the “sick” role and medicalization of disability, and perpetuates the dependency of PWDs on the medical system and society. Empowerment is seen only to the extent to which persons with disabilities can perform activities of daily activities and become functionally independent. Little responsibility is placed on the role of the environment, including the attitudes of society toward disability (Edmonds, 2005). According to McColl & Bickenbach (1998), because this model views disability as an impairment, disability then is seen as a sickness that can be prevented or treated. Accordingly, persons with disabilities were institutionalized or secluded from the community. Their input or that of family members were not normally viewed as a necessary step in the planning and decision-making process. The expectation to support persons with disabilities beyond the medical and rehabilitation system, and integrate them into society was also not a priority of policy makers (McColl & Bickenbach, 1998).

The medical model has been criticized for being inherently narrow in focus, and its concept of the individual “experience” of impairment as being too simplistic. Medical model programs that are institutionally based are also expensive. This is particularly relevant when, in many instances, the vast majority of the needs of persons with disabilities that are living in institutions could be effectively provided through alternative community-based programs at a cost effective rate (Edmonds, 2005). Crabtree (2013), also notes that the medical model generally leads to rejection of persons with disabilities, which leads to low self-esteem, undeveloped life skills, poor education and resulting in high unemployment levels. This also leads to breaking up of natural relationship like families, society and communities as a whole since the persons with disabilities are taken into special institutions

Though criticized for its narrowness, strength of the Medical Model has informed aspects of legislations and policies e.g. Constitution of Ghana 1992, Disability Act 2006, Children's Act

1998, Social Assistance (LEAP), Special Schools etc. With respect to employment, this model leads to the creation of segregated work environment for PWDs, which in turn isolate them from mainstream society.

2.3.2 Social Model of Disability

The Social Model emphasizes on physical and societal (legal, cultural and attitudinal) barriers other than the personal inadequacy or abnormality that a person with impairment experiences. According to Hans and Patri (2003), the model emerged as a result of a political movement led by PWDs to deconstruct the medical model of disability. It was a response to the “medicalization of disability” and its adverse effects on the self-identity of many PWDs, and the negative attitudes created by the charity and medical models. The social model places disability outside the individual and places it in an oppressive and disabling environment. It focuses on the community, society, and the role of government in discriminating against and excluding people with impairments, rather than on the individual and his or her “own” impairment, thereby make the reconstruction of the environment and attitudes the solution to challenges faced by PWDs (Oliver and Barns, 1998).

It also argues that these barriers are external to the individual, disabling them from participating and restricting their opportunities. It establishes that everyone is equal until society puts barriers to limit them. This model focuses on barriers erected by society that hinder the ability of PWDs to partake fully in day-to-day life. The model seeks to remove the unnecessary barriers, which prevent people with disabilities from participating in society, accessing work and living independently. Proponents of this model, noted that the main aim of the social model is to create positive attitudes about PWDs and their families, and society as a whole. To be able to achieve this, a better understanding of the rights of persons with disabilities and the importance of overcoming economic, social, and environmental barriers

that affect their ability to participate and engage in communal activities like any other citizen is necessary (Hans & Patri, 2003).

The social model asks what can be done to remove barriers to inclusion. It also recognises that behaviours towards people with disabilities create unnecessary barriers to inclusion and requires people to take proactive action to remove these barriers. It identifies the problems faced by PWDs as a consequence of external factors. For instance, the way an institution produces information which may not favour the visually impaired, and inaccessible avenues (stair cases) which will make it difficult for those with difficulty in moving to move about freely. The strength of the social model is that it tries to explain their personal experiences and help them to develop a more inclusive way of living.

The social model also made room for considering issues of abuse, neglect, marginalization and isolation in the lives of women and children, and men with disabilities, by shifting the focus from the disabling condition as offered by the medical and charity models to the environment as a disabling element. This is very relevant for women with disabilities, many of whom live in societies that promote dependence on men and family at the expense of basic human rights for women (Hans & Patri 2003).

Again, it is argued that the problem to be addressed is neither biological nor medical since it is not the individual but the social context that is disabling. The prevailing social norms, environmental barriers, and attitudes and held by the nondisabled members of society are the problem. These restricts the ability of people with impairments to become integral members of society and equal citizens of their communities. Participation in decision-making and human rights are central to the empowerment of persons with disabilities (Oliver & Barns 1998).

Other Models of Disability

2.3.3 Bio psychosocial/WHO Model

The bio psychosocial model of disability which is also known as WHO model of disability views disability as a result of a blend of factors at the physical, emotional and environmental levels. This model takes the emphasis beyond the individual and addresses issues that interact to affect the individual's ability to maintain as high a level of health and wellbeing as possible and to function within society (Smeltzer, 2007). It recognizes that disabilities are most often due to injury or illness, and does not rule out the importance of the effect of biological, emotional and environmental issues on health, well-being, and functioning in society. It combines the Medical and Social model of disability. Critiques of this model suggest that the disabling condition, rather than the person and the experiences of the person with a disability, is the defining construct of the bio-psychosocial model.

2.3.4 Professional/Expert Model

According to Amponsah-Bediako (2013), the expert model identifies the disability within the individual with the help of the medical model. Professionals then put in place measures to improve upon the life of the person with disability. This is done by the professionals, advocating for policies to be formulated to mainstream disability in the social structure. He further stated that with this model, the PWD is seen as a problem that the professional fixes with his/her expertise. It has been criticized based on the fact that, usually these experts or professionals may not be persons with disability themselves hence their integrity in making decisions on issues affecting their lives are at stake.

2.3.5 Tragedy/Charity

This type of model sees disability as a tragedy and persons with disabilities as victims of such tragic events who deserve pity and charity from people who are without disabilities. Those who believe in this model also believe that PWDs have to be helped by people without disabilities. It is seen a philanthropic and a charitable approach to disability, where medical care, community aid, and safe-keeping are provided for PWDs as they are seen as being “less fortunate” and “defective.” The underlining objective of this approach to disability is portrayal of PWDs as those who need “help,” “care,” and “protection” from non-PWDs. It is partly blamed for entrenched society’s view of PWDs as dependent and needing help (Edmonds, 2005). In addition, the charity model sometimes portrays PWDs as weird, dangerous and scary, and should to be hidden from society or be institutionalized. According to Barnes & Mercer (2003), the charity model of disability also promotes the view that persons with disabilities do not have the capacity to contribute economically and socially to their communities. Thus, PWDs are better institutionalized “for their own good”. Application of the charity model is seen mostly in charitable organizations like religious ones and NGOs that provides services at a time when no one else seems to care. As Edmonds (2005) noted, religious organizations primarily supported the needy and destitute because there were no social protection systems to provide support for vulnerable people in most countries. The charity model of disability is criticized for its creation of some form of discrimination as far as PWDs are concerned. It lowers the ego and self-worth of persons with disability since they are often seen as objects of pity. Again, it has been blamed for concentrating on survival rather than empowerment as its priority (Edmonds, 2005)

2.3.6 Religious Model

The religious model of disability holds the assertion that having a disability is as a result of wrong actions done by the person with disability (PWD), a family member or even the community against their deity. It is seen as a punishment. In some instances, disability from birth could be linked to atrocities committed during a past reincarnation (Henderson and Bryan, 2004). Usually, the group of people who hold this believe resort to sacrifices, expulsion or even killing the PWD in order to expel such evil spirits. Families who have PWDs in such environment are stigmatised and face exclusion. However, disability under this model can also be seen as a period of trial which will lead to future rewards.

2.3.7 Economic model

The economic model of disability classifies disability as the inability to participate in work. It considers the extent to which such impairment affects the productivity of the individual and a nation as a whole. This model helps policy makers to propose and assess how benefits are distributed to those who are not able to work effectively due to their disability (Jordan, 2008). The problem with this model is how to formulate policies to include PWDs in the working environment. This is because employers will face decrease in productivity due to the PWDs' inability to work effectively as compared to their colleagues without disability. This will result in underpaying the PWD. The two options, which are either to subsidise the employer or pay the person with disability for loss of earnings, have their own problems. The former's is difficulty in correctly assessing the level of subsidy while the latter bring about stigmatisation because it will create the impression that the contribution of the disabled employee is insignificant as compared to their colleagues.

2.4 Some Statistics on Persons with Disabilities

The challenge of data on disability is not limited only to the global scale. It is more so in most developing countries and for that matter Ghana. This is partly because there has not been comprehensive research in this area. Even though the Commonwealth Human Rights Initiative (CHRI) estimates that there are about 2.5 million persons with one form of disability or the other, representing about 10.0 percent of the Ghana's population (CHRI, 2011), the Ghana Statistical Service estimated 3 percent as having disability, with females to made disaggregation of 52.5 and 47.5 percent respectively GSS (2013).

In the Greater Accra Region, there were 103,939 PWDs reported during the 2010 PHC, of which sight disability was the commonest type (42.2%). The other types of disability include emotional physical (23.3%), (21.3%), intellectual (16.8%), speech (13.2%) and (10.3%) for the hearing impaired (GSS, 2013b).

Table 2.1: Distribution of types of Disability across various regions

Region	Population with disability Number	Disability type							More than one form of disability
		Sight	Hearing	Speech	Physical	Intellectual	Emotional	Other	
Western	66,016	41.6	13.2	13.7	25.2	14.8	16.3	9.3	34.1
Central	75,939	42.9	14.1	12.9	28.6	13	15.3	8.2	35.1
Greater Accra	103,939	42.2	10.3	13.2	23.3	16.8	21.3	11.2	38.4
Volta	91,767	44.3	15.6	13.5	26.6	16.8	21.1	7.6	45.5
Eastern	94,579	42.3	15.9	15.2	29.4	15.6	18.1	7.9	44.5
Ashanti	124,501	40.2	14.5	14.1	25.9	14.4	16.1	10	35.3
Brong Ahafo	54,038	33.0	16.9	16.6	27.7	16	21.3	9.2	40.7
Northern	61,294	28.7	17.7	12.3	18.4	15.9	23.6	21.9	38.5
Upper East	39,924	40.0	21.3	12.4	21.9	12.9	13.2	8.1	29.7
Upper West	25,746	37.5	17.7	10.6	21	12.8	18.2	15.8	33.6
All Regions	737,743	40.1	15.0	13.7	25.4	15.2	18.6	10.4	38.3

Source: Ghana Statistical Service (2013a)

2.5 Legal Context of Disability in Ghana

Ghana's 1992 Constitution in Article 29, the Labour Act 2003 (Act 651) in Part IV and Persons with Disability Act 2006 (Act 715) makes noteworthy provisions for PWDs to access education, employment, healthcare, and decent social life. The disability Act in particular gives a great deal of power to PWDs, CSOs and Ghanaians in general, to engage the government and other duty-bearers in the law to act accordingly. The Act provides for the establishment of a National Council on Disability with the mandate to propose and evolve policies and strategies to ensure equal and full participation of PWDs in national development. PWDs will benefit greatly if the council undertakes its role efficiently. The UN Convention on the right of Persons with disabilities (CRPD) has been adopted and ratified by Ghana's Parliament. Over a decade after the passage of the Disability Act, the legislative instrument needed to operationalise certain provisions in the disability Act is yet to be passed. The non-implementation of the provisions in the policies and legislations has contributed greatly to the current pattern of exclusion, poverty and vulnerability among PWDs.

2.6 Disability and Employment

Paid employment is a crucial aspect of every culture, with the identity and lives of individuals being organized around finding and maintaining jobs. Gottlieb (2010), in citing Obermann (1980) posited that employment helps define an individual's identity and place in the community. In most societies, the unemployed are often excluded from significant activities and roles within their social group.

Until recently, people with disabilities were hardly expected to work as most employment policies rarely aimed to place them in competitive employment positions (Blanck 2001). Since the adoption by the United Nations (UN) General Assembly, of the Convention on the

Rights of Persons with Disabilities there has been a shift in policy focus globally. The aim has been to create more employment avenues for all persons with disabilities. This according to Blanck (2008), has resulted in a reduction in employment discrimination not only in the United States but elsewhere.

Despite the reduction in discrimination, employment outcomes for PWDs continues to lag substantially behind that of those of without disabilities worldwide. According to the UN (2015), only 40% of the population aged 18 to 49 with disabilities are employed, as compared to 58% for persons without disabilities within the same age group. For those between 50 to 59 years, the disparity is slightly bigger, with 40% of those with disabilities employed while 61% of those without disabilities are employed. For those 60 years and older, the proportion of persons without disabilities that are employed (27%) is almost three folds that for persons with disabilities (10%). The UN indicates that the situation could even be worse in developing countries as persons with disabilities are most often discriminated against. Because PWDs are discriminated against, they are often discouraged from looking for job, their participation in the job market tends to be much lower, and for those who look for work, employment avenues are scarce due to inaccessible work environment and information, discrimination, negative attitudes and misconceptions about the capacity to work.

In Ghana, employment for persons with disabilities has not been so different from the global situation. The GSS estimates that for persons 15 years and older, about 54.1% of PWDs are employed compared to 65.2% for their non-PWD counterparts (GSS, 2013). Table 2.2 presents the distribution of employed and across the various sectors of employment.

Table 2.2: Distribution of Employed PWDs and Non-PWDs by Sector of Employment

Employment sector	Total		PWDs		Non-PWDs	
	N	%	N	%	N	%
Government -public	638,862	6.2	17,731	5.4	621,131	6.3
Private formal	699,746	6.8	16,769	5.1	682,977	6.9
Private informal	8,834,639	86.2	290,684	88.8	8,543,955	86.2
Semi-formal/parastatal	13,581	0.1	335	0.1	13,246	0.1
NGOs (Local and International)	52,022	0.5	1,584	0.5	50,438	0.5
Other international Organisations	4,626	0.0	97	0.0	4,529	0.0
Total	10,243,476	100.0	327,200	100.0	9,916,276	100.0

Source: Ghana Statistical Service (2013a)

2.6.1 Quotas and Incentives

Incentives and quotas have been identified as something that strongly influence the employment of PWDs in the formal sector. Under quota systems, organizations of a certain size and entities in the public sector are legally obliged to employ a determined proportion of persons with disabilities in their as part of their workforce. Usually, under the quota system, organizations that fail to meet their quota are made to pay fines into an earmarked fund for promoting employment of PWDs (Lo, 2012). Lo asserted that the quota system to a large extent derives from the medical model of disability as it is based on the notion that PWDs have a lower productive capacities compared to the non-PWDs. Lo further averred that enforcement mechanisms under the quota system have also perpetuated the impression that PWDs cannot be employed on their own merit. As a guide, the ILO has some recommendations, which it thinks will make quota systems more effective. It states that quotas should:

1. “Be framed as affirmative action that is linked to non-discrimination;
2. Be aimed at assisting disabled job-seekers find employment;
3. Be supported with a payment, such as a compensatory levy and an effective implementation mechanism;
4. Offer employers with optional ways to meet the quota requirement;
5. Be based on clearly specified policy goals and should be targeted at a clearly identified group of PWDs;
6. Be based on an identification and registration system that assurance real benefits to identified PWDs;
7. Be designed to suite the socioeconomic conditions and employment pattern in the country.”

Though with varying conditionality, the following countries use quota system to encourage the employment of PWDs; Germany 5%, Austria 4%, France 6%, Italy 7%, and Spain 2%. Other countries include Japan 1.8%, India 3%, and China 1.5%. Countries in Africa with a quota system includes Tanzania 3%, South Africa 2%, and Kenya 5%.

Incentive system on the other hand grants tax exemptions and/or rebates to organizations that employ PWDs. Though most employers see this to be a more positive approach, it is argued that the incentive provided in most cases are not attractive enough to influence recruitment decision. In cases where they are attractive, employers tend to abuse it. For instance, in a survey carried out by the Disabled People’s Organisations of Denmark and National Union of Disabled Persons of Uganda, it was found that when the tax incentive was high and attractive (15%), organizations recruited PWDs for menial jobs, just to make incentive claims. When it was reduced to 2% however, they expressed concern about its unattractiveness. In the case of Ghana, the Persons with Disabilities Act at Section 10 (1) that “The Government shall grant a

person who employs a person with disability an annual tax rebate of the taxable income in respect of each person with disability employed as shall be prescribed in Regulations made under this Act” (Act 715, p. 5). The regulations required to operationalize this provision is however yet to be made.

2.6.2 Gender and the employment of PWDs

In citing Brooks (2005), Crawford (2002), explains that in general, women are less likely to be employed than men due to various socio-demographic factors. According to Jonson & Sasso (2006), this can be explained by the disproportionate nature in which childbearing and elderly care responsibilities are born by women. Gender again plays a role educational attainment and its subsequent effect on occupation outcomes. Women in general are less likely to have higher levels of education compared to men. Fawcett (2000), cited in Crawford (2002), also explains that women with disability also face peculiar challenges. Fawcett explains that women with disabilities are have higher tendencies of being single parents, have limited opportunities to be employed in stable and high paying jobs, as well as have limited opportunities to have assistance with domestic tasks. Hence, disabled women’s chances of securing and maintaining jobs in the labour market is slimmer as opposed to their male counterpart (ILO, 2004). It is more so in the formal labour market due to their lower levels of education. Disabled women therefore are faced with complex intersecting oppressors that affect their chances of gaining employment.

2.7 Factors Affecting Employment of PWDs

Various factors have been identified by literature to affect or serve as barriers to PWDs effective participation in the labour market. These include, among others, a lack of knowledge and awareness of disabilities, attitudes of employer and colleague employees,

discrimination, physical infrastructure/accessibility, accommodation cost, productivity of PWDs, and legislations guiding PWDs employment (Kaye *et al*, 2011; Banks & Polack, 2013; Maja *et al*, 2011).

2.7.1 Discrimination

Discriminatory attitudes against PWDs are a result of negative behaviours and lack of knowledge and awareness is frequently described in the literature. When one has a prejudicial attitude, discrimination is most likely to occur. Discrimination against PWDs within the labour market is at two levels. On one part, it is with employers and on the part, colleague employees. According to Gida & Ortlepp (2007), insufficient information, has been found to be a significant hindrance in eliminating discrimination in the employment of PWDs. Usually, people without disabilities have negative impressions about people with disabilities, viewing them as inferior (Morgan & Alexander, 2005). Most often, these impressions lead to discrimination within the workplace and contribute to unemployment and poor working conditions for PWDs.

2.7.2 Physical environment

The physical environment like infrastructure, machinery and equipment have been found to constitute significant barriers that prevent employment of PWDs. Issues like inadequate parking facilities, inaccessible public transport and buildings hinder PWDs participation in the formal labour market (La Grow *et al*, 2005; Gida & Ortlepp, 2007). The case of physical environment being a barrier to employment of PWDs is no different in Ghana. Though the Disability Act provides that all public places and services should be made accessible to PWDs, standards on accessibility are yet to be promulgated over a decade after the passage of the Act (Danso *et al*, 2011).

2.7.3 Non-disclosure of disabilities by PWDs

Gida and Ortlepp (2007) posit that non-disclosure of disability status by PWDs affects their chances of gaining employment. According to the study, non-disclosure leads to companies not identifying precise needs of the employee, which may then influence motivation and work performance as well as preventing the company from gaining the benefits that come with employing PWDs. This is the case because, in many jurisdictions, legislations and policies on employment of PWDs provide incentives for organizations that employ PWDs.

2.7.4 Experience and skill

The WHO estimates that for PWDs 18-49 years, 50-59 years, and 60 years and over, only 53, 38 and 32 percent respectively has completed primary education while that for non-PWDs stand at 67, 53 and 41 percent respectively for the same age groups (WHO, 2011). Given the strong relationship between education and skills acquisition, this predictably results in increasing levels of limited skills and illiteracy amongst persons with disabilities. A lack of qualifications and skills amongst PWD were identified frequently in the research. Maja *et al* (2011) citing Wordsworth (2003) and Braddock & Bachelder (1994) explains that though employers are willing to engage PWDs, they are unable to do so because PWDs most often did not possess the requisite skills and experience.

2.7.5 Legislations and disability policies

According to Maja *et al* (2011), the ILO emphasis that many employers think that though PWDs have limited working capacity, it is extremely difficulty to terminate their appointment once engaged due to their legal rights. Their review of other studies however suggests the contrary. For instance, the law allows the termination of employment for PWDs if they are unable to fulfil requirements of their job, or reasonable accommodation cannot be made. In

the US also, employers are able to terminate employment of PWDs so long as it is not due to the disability. In Ghana, the Labour Act in section 50 provides grounds for termination of PWDs' employment. It states that "the employment of a person who suffers disability after the employment, shall not cease if his or her residual capacity for work is such that he or she can be found employment in the same or some other corresponding job in the same undertaking, but if no such corresponding job can be found, the employment may be terminated by notice" (Act 651, p. 17). It further states that the notice shall not be less than a month. Elsewhere, Roberts *et al* (2004) explains in his studies that employers have limited knowledge about disability legislations, and where they do, they are unaware of its implications for their organizations. For instance, they did not understand what "reasonable accommodation" meant. Employers' lack of knowledge of these legislations means that they do not put in the necessary adjustments to accommodate PWDs as employees.

2.8 Conclusion

In this Chapter, relevant scholarly works and legal instruments both international and local, relating to disability was reviewed. The concept and definition of disability and who a person with disability is, and the models of disability, which constitute the theoretical concepts for analysing disability issues was also discussed.

CHAPTER THREE

METHODOLOGY

3.1 Introduction

This chapter discusses the various methods that was used in the study to address the three specific objectives. It discusses the research design, the study area, population, sampling technique(s) and the sample, the instruments, procedures used to collect data, reliability and validity of the instruments, and the procedures used for data analysis.

3.2 The Research Design

According to Bhattacharjee (2012), a research design can be seen as a comprehensive plan for the collection of data in an empirical research project. He describes it as the “blueprint” for empirical research that is aimed at testing specific hypotheses and or answering specific research questions. Bhattacharjee (2012) indicated that a research design must specify at least three processes: (1) the process for data collection, (2) the process of developing the instrument, and (3) the sampling process. Creswell (2014) on the other hand described research design as type of inquiry within quantitative, qualitative, and mixed methods approaches that give specific direction for procedures in a research project. In discussing research design, Creswell (2014) indicated that it shows the nature of hypothesis that the researcher(s) is/are interested in testing, and the variables involved.

The design of a research also indicates whether, there is a treatment/intervention, what that treatment/intervention is, and the nature of comparison to be made between various treatment groups. Research design again shows the method to be used to control extraneous variables

and how to enhance the study's interpretability, the timing and frequency of data collection, the environment within which data is collected, and how the data is to be interpreted.

As noted by Creswell (2014), research designs fall into three main categories: Quantitative Research, Qualitative Research and Mixed Method Research. While quantitative research methods involve the use of experiments and surveys to collect statistical data and the testing of hypothesis, qualitative methods involves the use of interviews/in-depth interviews and observations to be able to get detailed understanding and description of phenomena.

According to Cameron (1963), "not everything that can be counted that counts, and not everything that counts can be counted". While some phenomena are best studied using quantitative methods, others are best studied using qualitative methods. Both methods also have their merits and demerits. The advantage of mixed approach lies in the fact that it provides an opportunity to capture both countable and uncountable things that counts in a research.

Over the past few decades, the recognition that focusing on either quantitative or qualitative research techniques alone leads researchers to miss important aspects of a story has been increasing. Researchers have found that better results are often achieved through combined approaches (Mixed methods). In line with this, an increase in the adoption of the mixed method has been witnessed in various disciplines and fields of study since the 1990s (Morse 1993; Creswell 2014).

According to Johnson *et al* (2007), "Mixed methods research is the type of research in which a researcher or team of researchers combines elements of qualitative and quantitative approaches...for the purpose of breadth and depth of understanding and corroboration" (p. 123). Creswell (2014) saw it as a pragmatic approach for the collection of both quantitative

and qualitative data sequentially in the design. He posits that in this method, the researcher bases the study on the assumption that collecting varied types of data best provides a more complete comprehension of a research problem than only quantitative or qualitative data. Mixed method studies usually begins with a broad survey in order to generalize results to a population and then, focuses on qualitative, open-ended interviews to collect detailed views from participants to help explain findings from the initial quantitative survey. Thus, mixed methods provides insight into different levels of analysis, thereby allowing a holistic understanding of the problem of study (Creswell, 2014).

Most of the existing data on the employment of PWDs are quantitative data collected from the 2010 PHC and the Ghana Living Standard Survey round 6. A mixed method will therefore enable the collection of qualitative data to supplement the already existing quantitative one and make more meaning of it. Additionally, the experience of disability is not a homogeneous one. It varies across different types of disabilities. These variations of experience may be hidden by a purely quantitative study as it uses predefined response sets. Adding a qualitative data will therefore help to bring unearh the variations of experience that the various categories of PWDs have when it comes to employment.

This study therefore employed the mixed method to draw on the synergy of both methods. It is a descriptive survey through which views and opinions were sampled from PWDs that are employed in the formal sector in the Greater Accra Region. Bhattacharjee (2012) defined a survey as a research method that involves the use of questionnaires that are standardized or interviews for data collection about people and their preferences, thoughts, and behaviours in a scientific manner. A survey is a design that provides a quantitative or numeric descriptions and trends, attitudes or opinions of a population by studying a section (sample) of that population at a given time. From sample results, a researcher can generalize or make

inferences to the population. This is achieved by ensuring that the sample is representative of the population. According to Ary *et al* (2002), survey allows the researcher collect data from a large sample relatively cheaper and quickly.

The descriptive survey was chosen because it will enable the researcher gather large data within the limited time for the study. It was considered most appropriate design for conducting this study since according to Creswell (2014) it deals with current things. Again, information gathered from the descriptive research could be useful in analysing a situation as it involves observing, recording, describing, analysing and interpreting aspects of a situation, as they naturally exist. It is designed to give a ‘snapshot of how things are at a given time’.

The advantages of survey notwithstanding, it is not without shortcomings. Neuman (2014), citing Warwick and Lininger (1975) points out that every method of data collection, including the survey, is only an approximation to knowledge. Each provides a different glimpse of reality, and all have shortcomings when used alone. Bhattacharjee (2012:) highlighted some of the demerits associated with the use of surveys as follow: “...at the same time, survey research also has some unique disadvantages. It is subject to a large number of biases such as non-response bias, sampling bias, social desirability bias, and recall bias” (p. 73).

In spite of these demerits, the descriptive survey was appropriate for the study. This was because it enables quantitative means of collecting data, which allows for meaningful generalization with respect to the numerical relationships that existed in the data, and reflects the characteristics of the population. As one of the most significant attributes of a survey is that, the sample reflects the larger population, and hence conclusions drawn reflect the general characteristics of the entire population. Creswell (2014) citing Fowler (2008)

indicated that, in fact, most researchers use surveys because of the desire to generalize from the sample to the population.

3.3 Study Area

The Greater Accra Region, which is the capital of Ghana, was chosen as the study area. This area was chosen because of its suitability for the study. Notable among the reasons is the fact that the Greater Accra Region has one of the highest proportion of PWDs in Ghana. It has as a total of 103,939 PWDs, which represents 14.1 percent of all PWDs in the country - the second highest after Ashanti Region which has 16.9 percent. Again, the researcher had limited time within which to conduct the research and hence a location within the proximity of the Institution of study was very necessary. Since the Centre for Social Policy Studies of the University of Ghana, which was the institution of study, is located in Accra, the region prevailed as the most suitable for the studied.

Available data also shows that formal employment is more common in urban areas in Ghana than rural areas. Since the Greater Accra Region is the most urbanized region (90.5%) in the country according to the 2010 PHC (GSS, 2013a) and given that, the researcher was interested in employment of PWDs in the formal sector as it offers many social protection benefits to workers, it was appropriate to choose this region as it represents the area in which the subject of interest is most prevailing. In fact, data shows that formal employment is more common in the Greater Accra Region than any other, in the country. The region accounts for nearly six out of every ten persons (59.3%) engaged in the formal sector (GSS, 2015). And the secondary data that was to be used for the study was also readily available for the region. Another reason for the choice of the study area is that the key informants to be interviewed for the study were also located in the region.

3.3.1 The Greater Accra Region

Greater Accra, hitherto referred to as the Accra Capital District, was geographically part of the Eastern Region. It was separately administered by the minister responsible for local government in the 1960s. On 23 July 1982 however, the region was carved out by the Greater Accra Region Law (PNDCL 26) as a legally separate region to include the Ada local council area. Today, it is one of the 10 administrative regions in Ghana with Accra as its capital. The region is located in the south-central part of the country. It shares borders with the Volta Region to the east, Central Region to the west, Eastern Region to the north, and the Gulf of Guinea to the south. Greater Accra Region is the smallest of the 10 regions, occupying an area of 3,245 square kilometres, approximating to 1.4 percent of the total land area of Ghana (GSS, 2013*b*).

3.3.2 Political and administrative structure

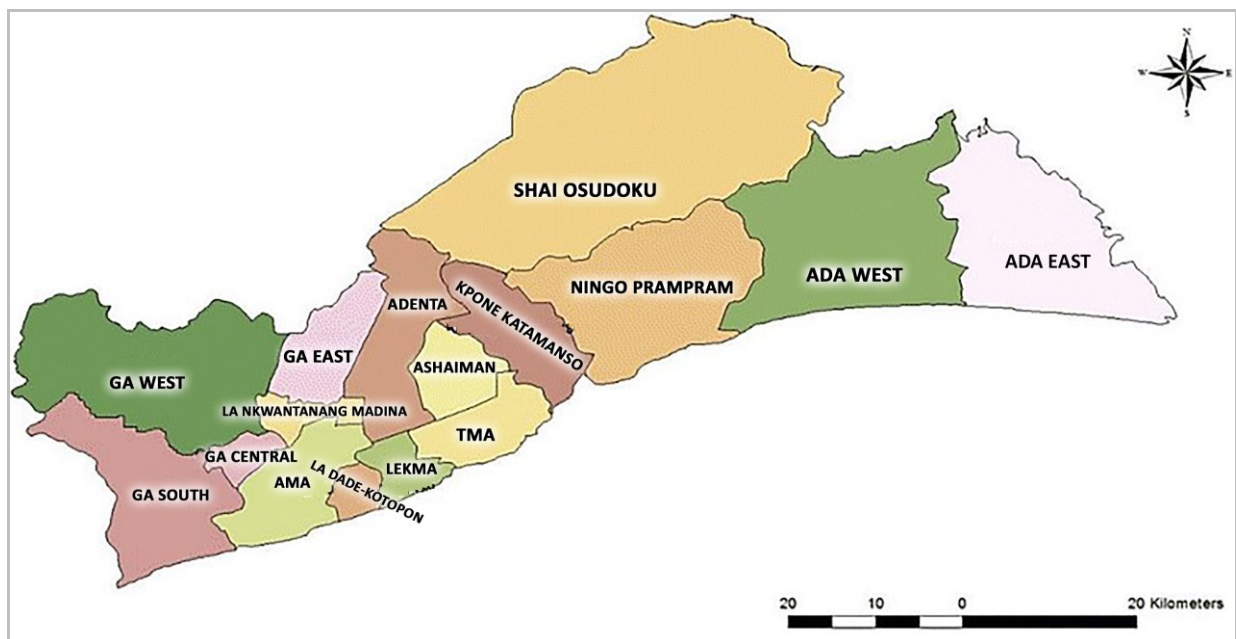
Administration of the region is at two different but complementary levels, the traditional and political levels. Traditionally, the region is administered through a complex network of local governance that deals purely with traditional affairs relating to customs and stool lands. The political administration is done through a local governance system which derives its authority from the 1992 Constitution of Ghana and the Local Governance Act of 2016 (Act 936) and its Amendment Act of 2017 (Act 940). In this system, the region is divided into 16 administrative districts, of which two are Metropolitan, seven Municipal and seven ordinary districts, with their capitals. Each district, municipal or metropolitan area is administered by a Chief Executive who deriving his/her authority from an Assembly headed by a presiding member, elected from amongst the assembly members of the respective district.

The Assemblies have wide-ranging socioeconomic and legislative functions over their respective jurisdictions. However, there is a Regional Coordinating Council (RCC) headed by the Regional Minister, which coordinate and monitor the activities of the Assemblies.

3.3.3 Demographic characteristics

From the 2010 Population and Housing Census (PHC), the Greater Accra Region has a population of 4,010,054 (with a sex ratio of 93.6). this makes it the second most populous region after the Ashanti Region. Due to a high population growth rate, in-migration and its land size, the region has the highest population density (1,235.8 persons per square kilometre) in the country (GSS, 2013*b*). The age structure of the region’s population is a youthful one, characterized by a high fertility rate. With a population growth rate of 3.1 percent, the region’s population is projected to stand at 4,965,475 in 2017.

Figure 3.1: Greater Accra Regional Map showing Administrative Districts



Source: Ghana Statistical Service (2014)

3.4 Study Population

Population is the abstract idea of a large group of several cases from which a researcher draws a sample and to which results from the sample are generalized (Neuman, 2014). It refers to the entire group of individuals to whom the study's findings apply. Thus, it is whatever group the researcher wants to make inferences about. The population of the study was PWDs that were working in the public and private formal sectors in the Greater Accra Region. According to the 2010 PHC, there are 103,939 PWDs in the region, of which 87,997 are 15 years or older and hence qualify as part of workforce.

3.4.1 Sample and sampling technique

The best way to gather accurate data on a population is to carry out a census. Due to scarcity of resource and time constraint reasons however, it becomes necessary sometimes to select a portion of the population and conduct the study on. This portion, referred to as the sample, when selected carefully can enable to researcher to make inference about the entire population. Sampling technique refers to the procedure for selecting a sample. Notable among such procedures are purposive sampling and simple random sampling techniques, which were employed in this study.

As Creswell (2014) noted, in purposive sampling, researchers deliberately select respondents and locations to learn or comprehend a phenomenon. Cohen *et al* (2003) also pointed out that purposive sampling enables researchers to handpick the participants to be included in the sample based on their judgement and typicality of the respondents to the study. This enables the researcher to build up a sample that is adequate for specific needs.

To achieve the research objectives, purposive sampling techniques was used to select the respondents for the study. Key participants like the PWDs Desk Officer at the Ministry of

Gender, Children and Social Protection, Respondents from the Ghana Employers' Association, Ghana Federation of Disability Organizations and Centre for the Employment of PWDs were purposively selected because they are in positions to offer relevant information that will help address the research interest.

Convenient sampling technique was also used to select twelve PWDs that are working in the informal sector. This technique was used because the respondents were readily available and ready to participate in the study. According to Dornyei (2007), convenient sampling is “where members of the target population that meet certain practical criteria, such as easy accessibility, geographical proximity, availability at a given time, or the willingness to participate are included for the purpose of the study” (p. 98-99).

In addition, simple random sampling technique was also used to select twelve PWDs who work in the public and private sectors and their employers/supervisors as respondents to the interview. In the words Bordens and Abbott (2002), in a simple random sampling, every member of the population has the same likelihood of appearing in your sample. Whether or not a participant is included in your sample is based strictly on chance. They further state that, random sampling eliminates the likelihood that the sample is biased by the preferences of the person selecting the sample.

To do this, the researcher obtained data on employed PWDs from the Ghana Federation of Disability Organizations (GFD), which was in an Excel sheet. This constituted the sampling from which the sample was selected. Random numbers were generated and assigned to the PWDs using Excel. They were then sorted in descending order and contacted via phone serially, for possible participation in the interview. This was done until respondents were gotten for both public and private formal sectors, whose employers/supervisor were willing and ready to participate. Because the data did not specify which geographic region PWDs

were in, they were first asked if they were in the Greater Accra Region, before those that responded positive were asked if they were willing to be interviewed for the study. With this, all PWDs that appeared on the data obtained from GFD had an equal opportunity to participate in the interview. The above procedures were used for the collection of the qualitative data which was the primary data for the study. Twelve employees and their employers/supervisors were interviewed. The interviews were conducted face to face.

3.5 Research Instruments

Research instruments are variety of tools that are employed in collecting data in a research. They include questionnaires, interview guides and observations. In fact, according to Ary *et al* (2002), questionnaire and interview are the two basic ways in which data are collected in survey research. The primary instrument used in the research was interview guide. The researcher however made field notes on any observation that was made during the interview. This was to supplement information obtained from interview respondents.

3.5.1 Questionnaire

According to Creswell (2014), a questionnaire is a form used in a survey design that respondents in a study complete and return back to the researcher. He further stated that, respondents mark choices to questions and supply basic personal or demographic information. It relates to the aims of a study, the hypotheses and research questions to be verified and answered. Given that the quantitative data used in the research was an existing secondary data from the GLSS6, a questionnaire was not used for the data collection.

3.5.2 Interview Guide

Noting the fact that questionnaires do not provide a total in-depth investigation of specific phenomenon, the researcher had to supplement the data acquired with interviews. Creswell (2014) defined an interview survey as a form of data collection in which the researcher records answers supplied by the participants in the study. Again, Ary *et al* (2002) posited that an interview is used to gather data on subjects' opinions, beliefs, and feelings about the situation in their own words. Semi-structured interview was conducted for the respondents. The interview guide had both open-ended and close-ended questions for respondents to respond to. It was structured in such a way that allowed to researcher to ask for follow-up questions to clarify issues that needed clarification.

3.6 Validity of Instrument

Validity is very important in the development and evaluation of research instruments (Ary *et al*, 2002). An instrument's validity determines if it measures what it is intended to measure. To guarantee the validity of the interview guides, literature on disability and employment was reviewed and instruments used in such studies were adopted and modified to suit the current studies. The interview guide was pretested on two people to ensure that the wordings of the questions elicited the desired responses. From there, it was clear that respondents understood the questions well as they were able to elicit desired responses.

3.7 Procedure for Data Collection

As Creswell (2014) noted, respecting the location where the research takes place, and gaining approval before entering the place is very important and ethical in research. An introductory letter was therefore sent to the organizations from which respondents were interviewed. The respondents were assured of the confidentiality of their responses. Again, they were assured

that all information obtained would be used strictly and solely for the study. These Creswell (2014) posits are some of the most important ethical issues to adhere to when conducting an interview.

In all, the researcher interviewed forty respondents. Four were key informants, twelve were PWDs working in the informal sector while twelve were PWDs working in the formal sector. Twelve employers/supervisors of the PWDs were also interviewed. All respondents were interviewed at their own convenience and place of choice. Seventeen of the respondents were interviewed at their place of work, in their offices while rest were interviewed in their houses. Before each interview session, the researcher introduced himself, the study topic and thanked the respondent for agreeing to participate in the study. Permission was then sorted to record the interview to enable to researcher transcribe it later for analysis. With permission granted, the researcher then proceeded to interview the respondents, probing for clarifications where necessary.

3.8 Observation

According to Creswell (2014), observation is a method of data collection that involves the researcher making field notes on the behaviours and activities of individuals at a research site. During the interview, the researcher made observations of the build environment of the respondents, to confirm their responses on the disability friendliness of the workplace. Observations were made on whether or not the place was accessible to PWDs. The researcher was interested in basic this like the place having disability ramps for wheelchair users to be able to gain access to the place, and whether the office arrangement was spacious and well laid out for PWDs to be able to manoeuvre freely in the office. These observations were made to help place data gathered within appropriate context.

3.9 Data Analysis

Data analysis is the process of applying statistical and/or logical techniques systematically to illustrate, describe and evaluate data. Marshall and Rossman (1999), described data analysis as the process by which order, structure and meaning is brought to the mass of collected data. Thus, it is a way of making sense of the data.

The quantitative data for this descriptive survey was a secondary data that was readily available from the Ghana Statistical Service's Ghana Living Standards Survey Round 6 (GLSS 6) which was conducted in 2013/2014 and a qualitative data that were collected primarily from the field through the use of Interview Guide.

3.9.1 Quantitative data

The quantitative data as indicated earlier was sourced from the GLSS6 of the Ghana Statistical Service and analysed using applicable descriptive statistics, that allowed for the use of numerical values to represent employment status, sector and incident, among PWDs. Data analysis provided the researcher with facts and figures that enabled him to make statements about the findings of the study. The data were fed into the computer using the Stata software programme. Relevant tables were extracted based on the research question and objectives. Data were analysed using percentages, frequencies and graphs. For all categories of PWDs, data was analysed to generate those in employment: formal and informal, private formal and public formal, and their status in the employment. This allowed for the making of generalizations about the findings.

3.9.2 Qualitative data

The field notes were initially studied by the researcher, and all interviews transcribed and carefully read through. This was done to look for similar ideas and themes from responses that were given by respondents to the questions posed. The Analysis was done alongside the interview process. This was necessary because, responses from some of the participants were essential in guiding what probing was needed. The verbatim expressions of the respondents were used in the thematic context of the discussion where necessary.

3.10 Limitations of the study

Some of the limitations of the study include the exclusion of PWDs with hearing and speech impairment from the sample for the qualitative data because the researcher did not have the technical competence to communicate with them in sign language. Again, PWDs with mental and intellectual disability were not included for same communication challenge. To this extent, findings from the studies are limited to the category of PWDs included in the study. It is recommended that future studies make effort to include all forms of disabilities to enrich the findings. The chapter that follows represents the results from the data analysis.

3.11 Conclusion

The methodology of the study discussed relevant issues relating to how the study was conducted. It explained nature of the study, its target population and how sample for the study was obtained. Again, the methods employed in collecting, the nature of the instruments used and how the data collected was analysed.

CHAPTER FOUR

DATA ANALYSIS AND RESULTS

4.1 Introduction

This study examined the employment for PWDs in the labour market of the Greater Accra Region. Among other things, the study identified barriers to effective participation of PWDs in the labour market and also assessed perception on the participation of PWDs in the labour market.

4.2 Demographic Characteristics

The main characteristics of the sample of PWDs included their gender (male and female) and the various types of disabilities. The disability types captured in the GLSS6 were visual, hearing, and speech impairment, physical disability, intellectual disability, emotional disability and other disabilities. The data were analysed for only PWDs who are 15 years and older as this constitute the minimum working age in Ghana. Table 4.1 presents a summary of PWDs that were sampled for the GLSS6.

Persons with physical disability constitute the most prevalent form of disability amongst the sample with a proportion of 51.1 percent, followed by hearing (14.9%) and visual impairment (10.6%). None of the respondents has other forms of disability. Across gender, physical impairment remains the most common one with a prevalence of 44.0 percent and 59.1 percent for male and females respectively, followed by hearing impairment for females (22.7%) and visual impairment for males (20.0%). Visual impairment was also not present amongst the female. In general, males were more represented in the sample, with a frequency on 25 (53.7%) whiles the females were 22 (43.8%).

Table 4.1: Disability type and Sex for PWDs 15 years and older

Type of disability	Male		Female		All	
	N	%	N	%	N	%
Sight	5	20.0	0	0.0	5	10.6
Hearing	2	8.0	5	22.7	7	14.9
Speech	3	12.0	1	4.5	4	8.5
Physical	11	44.0	13	59.1	24	51.1
Intellect	3	12.0	1	4.5	4	8.5
Emotional	1	4.0	2	9.1	3	6.4
Other	0	0.0	0	0.0	0	0.0
Total	25	100.0	22	100.0	47	100.0

Source: Ghana Living Standard Survey round 6 (2012/2013)

4.2.1 Educational attainment of PWDs

Seen as a continuous process of gaining knowledge and improving one's self, education has profound impact on almost all aspects of human life. It affects one's social life, health and most significantly, employment outcomes. Braathen and Loeb (2011) indicated that it seen as an essential prerequisite for people to make a smooth transition. They also see it as a key ingredient for escaping poverty as it is a necessity for employment in modern times. In most developing countries, persons with disabilities frequently encounter wide range of difficulties and barriers that limit their participation in and completion of formal education. These barriers include bad attitudes/discrimination from either society or parents of PWDs, inaccessible educational infrastructure, poverty and lack of trained teachers to handle students with disabilities (Filmer, 2008). The result of these is poor educational outcome for PWDs.

Available evidence from most studies show that PWDs are worse off in educational attainment than their non-PWDs counterparts (Mitra *et al*, 2011). Data analysis from the GLSS6 reveals similar findings. Table 4.2 presents a summary of educational attainment of PWDs and non-PWDs in the Greater Accra Region.

The Table shows that a higher proportion of PWDs (more than 17% higher than then non-PWDs) have never been to school or did not complete Basic Education. Whiles the proportion for PWDs was 37.5 percent and 20.3 percent for non-PWDs. Thus, approximately four out of every 10 PWDs has never been to school before or did not complete Basic Education whiles it is two out of every 10 for non-PWDs. This implies that fewer PWDs than non-PWDs have completed Basic Education or higher (62.5% and 79.7% respectively). These findings are consistent with Filmer (2008) and Eide *et al* (2011).

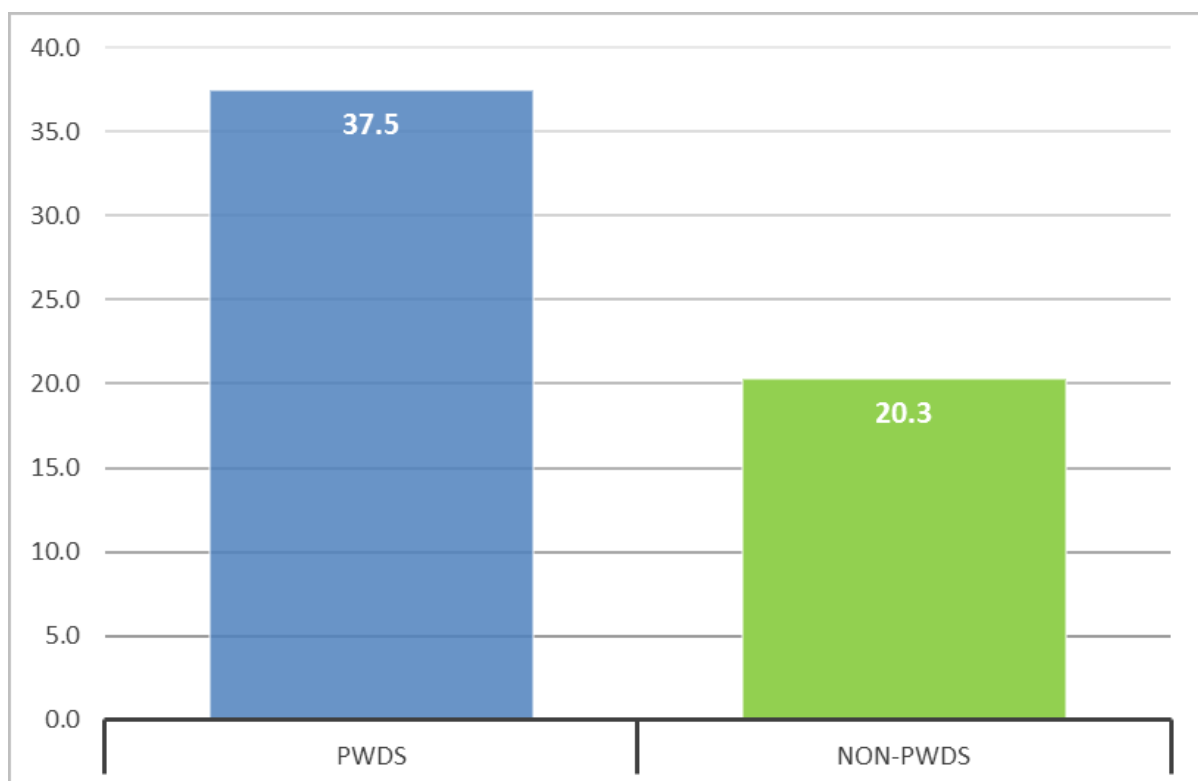
Table 4.2: Educational Attainment of PWDs and non-PWDs 15 years and older

Level of Education Completed	PWDs			Non-PWDs		
	Total %	Male %	Female %	Total %	Male %	Female %
Never attended/ did not Complete Basic Education	37.5	20.0	66.7	20.3	15.4	25.1
Completed Basic Education	40.6	55.0	16.7	39.2	38.9	39.5
Completed Secondary Education	9.4	10.0	8.3	21.4	24	18.9
Completed Technical/ Vocational Education	0.0	0.0	0.0	5.8	5.7	5.8
Completed Post-Secondary Education	9.4	10.0	8.3	6.3	6.5	6
Completed Tertiary Education	3.1	5.0	0.0	7.0	9.5	4.6
Total	100.0	100.0	100.0	100.0	100.0	100.0

Source: Ghana Living Standard Survey round 6 (2012/2013)

For instance, Eide *et al* (2011), in a study on “living conditions among people with disabilities in developing countries” found that individuals with disabilities are to a much larger extent (mostly between two and three times) denied access (for a variety of reasons) to education than individuals without disabilities. They found that access to education is significantly lower in rural areas. Between 25% and 40% of persons with disabilities living in rural areas in the countries they studied (Namibia, Zimbabwe, Malawi and Zambia) have never attended school, while the corresponding figure for urban areas is between 15% and 30%. The same pattern of differences between disabled/non-disabled and urban/rural was also found with regards to literacy. Figure 4.1 presents a graphical comparison of PWDs and non-PWDs that have never been to school or completed basic education

Figure 4.1: PWDs and non-PWDs 15 years and older who have never attended or did not complete Basic Education

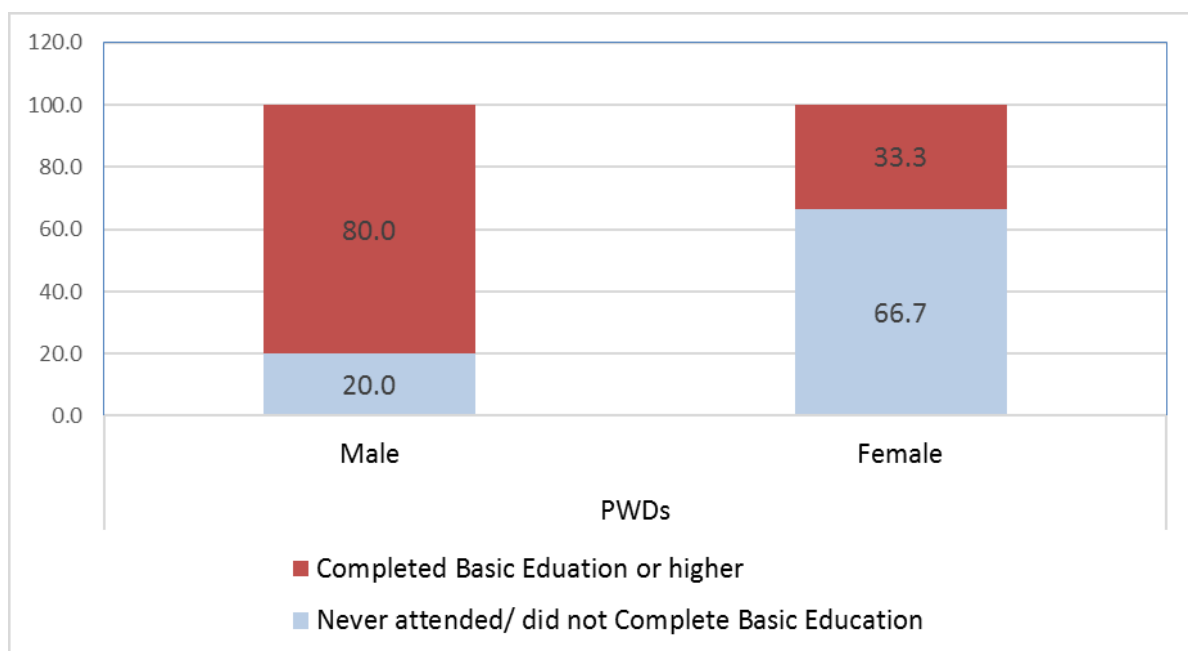


Source: Ghana Living Standard Survey round 6 (2012/2013)

4.2.2 Sex disaggregation of educational attainment of PWDs

Treating PWDs as homogeneous group creates the impression that all PWDs have the same level of experience across various socio-economic indicators. The reality however is that, various sub-groupings among PWDs have differential access to and use of resources. Gender is one of the critical variables that affects PWDs access to resources. Historically, women have had less access to education compared to men. Disaggregating PWDs access to education by gender reveals that female PWDs have far lesser access to education compared to their male counterpart. Thus making female PWDs worse off than male PWDs in terms of educational access and its consequential benefits. Figure 4.2 shows that while eight out of every 10 male PWDs have completed Basic Education or higher, only a little above three out of every 10 female PWDs have. The reverse is also true. A higher proportion of female PWDs (66.7%) compared to males PWDs (20%) have never attended school or completed Basic Education.

Figure 4.2: Education attainment of PWDs 15 years and older by Sex



Source: Ghana Living Standard Survey round 6 (2012/2013)

Table 4.3: Educational attainment of PWDs 15 years and older and Disability Type

Level of Education Completed	Visual %	Hearing %	Speech %	Physical %	Intellectual %	Emotional %	All %
Never attended/ did not Complete Basic Education	33.3	20.0	33.3	40.0	25.0	100.0	37.5
Completed Basic Education	66.7	20.0	66.7	46.7	25.0	0.0	40.6
Completed Secondary Education	0.0	20.0	0.0	0.0	50.0	0.0	9.4
Completed Technical/Vocational Education	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Completed Post-Secondary Education	0.0	40.0	0.0	6.7	0.0	0.0	9.4
Completed Tertiary Education	0.0	0.0	0.0	6.7	0.0	0.0	3.1
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0

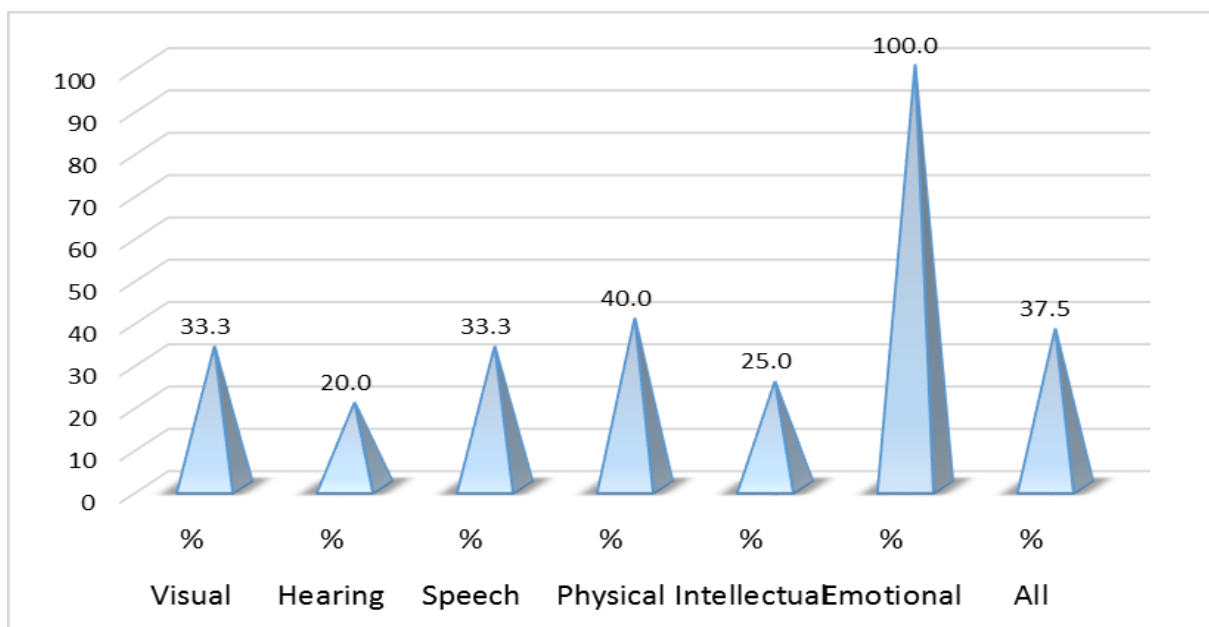
Source: Ghana Living Standard Survey round 6 (2012/2013)

4.2.3 Disability specific disaggregation of educational attainment

Just as access to education amongst PWDs vary across gender, disability type also seems to impact access to education. As can be seen in Table 4.3 and Figure 4.3, access to and completion of education varies across disability type. Whiles on the average, 37.5 percent of PWDs have never been to school or completed Basic Education; the disaggregation of the data reveals that access to education and completion of Basic Education is least amongst PWDs with hearing impairment (20%) and highest amongst those with Emotional disability

(100%). This varying level of access to education may be attributable to a phenomenon known as hierarchy of disability. Barnes (2004) citing Shakespeare *et al.* (1996) explains that in most societies, there is the belief that some forms of disability are more tolerable than other. This tolerance could either be based on the type of disability or its severity. Society’s preference and tolerance for some categories of disability creates differential access to resources among PWDs. Thus, a person with visual impairment (blind) may be less tolerated as compared to a person with hearing impairment (deaf). In the same vein, a person with low vision (visual impairment) may be tolerated more than a blind (visual impairment) person. It is further explained by Barnes (2004) that this hierarchy of disabilities is not only manifested by others against the disabled but also among PWDs themselves. The implication of this is that some disabled people are “more disabled than others are”. Hence, the differential access to education and other resources across the various types of disabilities.

Figure 4.3: PWDs who never attended or did not complete Basic Education



Source: Ghana Living Standard Survey round 6 (2012/2013)

Consistent with evidence from literature, interviewed respondents identified poverty, inaccessible educational infrastructure and disabling attitudes as some of the main factors affecting PWDs participation in education. The quotation below, from one of the interview respondents sums up challenges faced by PWDs in their quest to access education.

“...when I was growing up in my community, some people, when I was going to school, were advising my mother, you are disturbing this boy. Let him go and learn how to make shoe, he should learn how to be a shoemaker. A disabled boy, look at how he is struggling. ... By then I wasn't walking, I was crawling on the floor with my bear hands and bear legs all and before I get to the class room, I will be so sweaty and dirty, but I will go and sit down there. Then people told my mother that ... why are you worrying this your son?” (Key Informant Interview, Accra, September 2017).

The consequence of the above findings is the inevitable – poor socio-economic conditions of PWDs as opposed to non-PWDs. Poor educational outcomes result in poor social life, poor health and poor employment outcomes. Thus, PWDs are less likely to experience good social life, health and employment outcome. The next section discusses the employment outcome of PWDs as identified from the data.

4.3 Employment Status

Economic independence and productivity, the ability to maintain oneself and others are often seen as some of the most important characteristics of adulthood. Those who are able to achieve them are accorded the necessary respect in society. Key to achieving these characteristics of adulthood is employment. Currently however, major challenges of the developing world revolve around issues of underemployment and unemployment. Finding and maintaining employment for most people in developing countries is not easy. Most often,

people engage in different types of work, for example assisting in family business either within the formal or informal sector, domestic work with or without pay among others (World Bank, 2006). The situation is even more complex for persons with disabilities. This is because they face more challenges in accessing education, which is a prerequisite for successful competition and participation in the labour market, as compared to non-persons with disabilities (Kett, 2012).

There is a general agreement therefore that disabled people are more disadvantaged in the labour market, even when they have attained some level of education and training (Ingstad and Eide, 2011). Consequently, the contribution PWDs can make to the economy and society is not being realised. According to Ingstad and Eide (2011), negative attitudes of prospective employers and a disabling work environment are often the main factors that contribute to persons with disabilities being excluded from economic activities. Elsewhere, Naami *et al.* (2012) noted that low social expectations, disabling physical and social environments are the main contributors to the exclusion of disabled people from the labour market in Ghana. Hence, disabled people are often compelled to engage in petty trading and begging (Naami *et al.*, 2012). If they happen to be employed at all, disabled people most often find themselves in low-paying and insecure jobs/positions and earn lesser income compared to what the non-disabled earn.

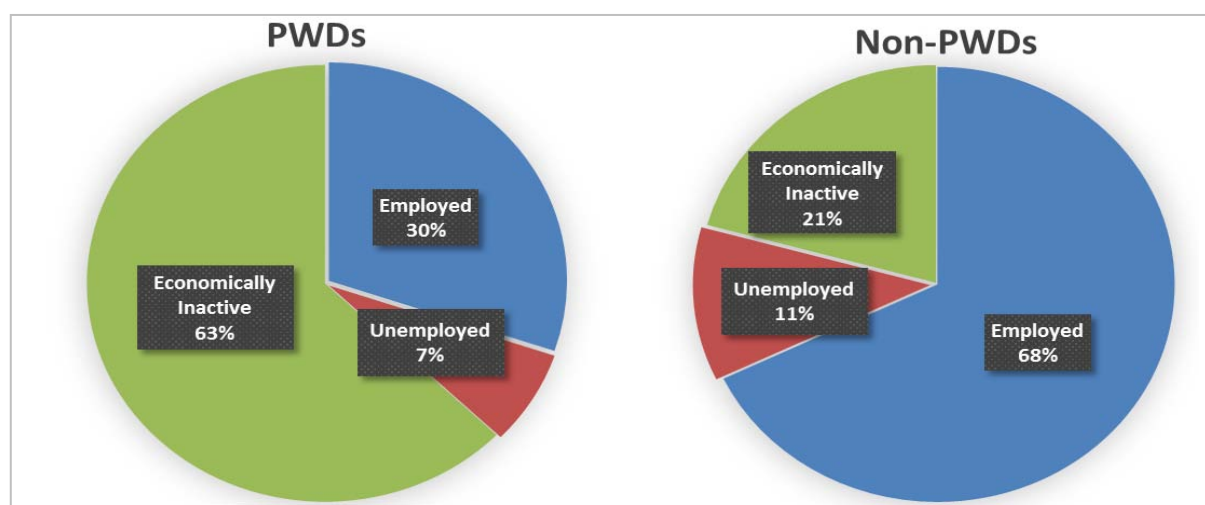
Table 4.4: Employment status of PWDs and non-PWDs 15 years and older

Employment Status	PWDs			Non-PWDs		
	Total	Male	Female	Total	Male	Female
Employed	30.2	18.2	42.9	67.8	73.5	62.8
Unemployed	7.0	0.0	14.3	11.4	7.1	15.3
Economically Inactive	62.8	81.8	42.9	20.7	19.4	21.9
Total	100.0	100.0	100.0	100.0	100.0	100.0

Source: Ghana Living Standard Survey round 6 (2012/2013)

Table 4.4 presents a summary on the employment status of PWDs and non-PWDs that were surveyed during the GLSS6. From the table, it can be seen that a very high proportion of PWDs (62.8%) are economically inactive while it is just a little above 20 percent for the non-PWDs. For those employed, the proportion PWDs (30.2%) is less than half that of non-PWDs (67.8%). Figure 4.4 present a graphical view of the employment status of PWDs and non-PWDs.

Figure 4.4: PWDs and non-PWDs 15 years and older by Employment status



Source: Ghana Living Standard Survey round 6 (2012/2013)

Though measuring the level of employment/ unemployment among specific groups are very import for making policy decisions, it is essential to take cognisance of the general employment situation within the labour market. To do that, the level of labour market integration is measured to see how the specific group is fairing compared to the general population. The closer the labour market integration ratio is to one, the better the group being assessed is doing in the labour market (Mitra *et al.*, 2011). With employment level of 30.2 percent and 67.8 percent for PWDs and non-PWDs respectively, the labour market integration ratio is about 0.45, which is very low. It signifies that PWDs have limited access to and participate less in the labour market compared to non-PWDs.

The implication of the low labour market integration is that few PWDs are economically independent, and are not able to support themselves. The upkeep and sustenance of most PWDs is therefore a burden on the household they belong to. It is therefore timely that government is implementing the Livelihood Empowerment Against Poverty (LEAP) – a conditional/unconditional cash grant programme – meant to supplement the consumption expenditure of poor households. This is particularly so because among the qualification criteria for households to benefit from the LEAP is households that have one or more of its members being a PWD.

Figure 4.5: Employment status of PWDs 15 years by older by sex

Source: Ghana Living Standard Survey round 6 (2012/2013)

A further analysis of the employment status of PWDs show that males with disabilities and females with disabilities have differential access to labour market. As show in Figure 4.5, Economic inactivity among males with disabilities (81.8%) is higher than that of females with disabilities (42.9%). Whiles employment rate for male PWDs and female PWDs are 18.2 percent and 42.9 percent respectively, the unemployment rates are 0.0 percent (male PWDs) and 14.3 percent (female PWDs). Thus, a higher proportion of female PWDs are employed compared to male PWDs.

Though according to the data, a higher proportion of male PWDs have access to education than female PWDs, it is interesting to observe that a higher proportion of female PWDs are employed compared to their male counterpart. One may therefore argue that most of the female PWDs are economically active in those sectors or the economy that require little or no education. Sectors like the private informal sector (dominated by petty trading), agriculture (farming and fishing) among others have been traditionally being the main employment

sector for persons with little or no education (GSS, 2013a). Hence female PWDs are more likely to be employed in such sectors.

Table 4.5: Employment Status of PWDs 15 years and older by Disability type

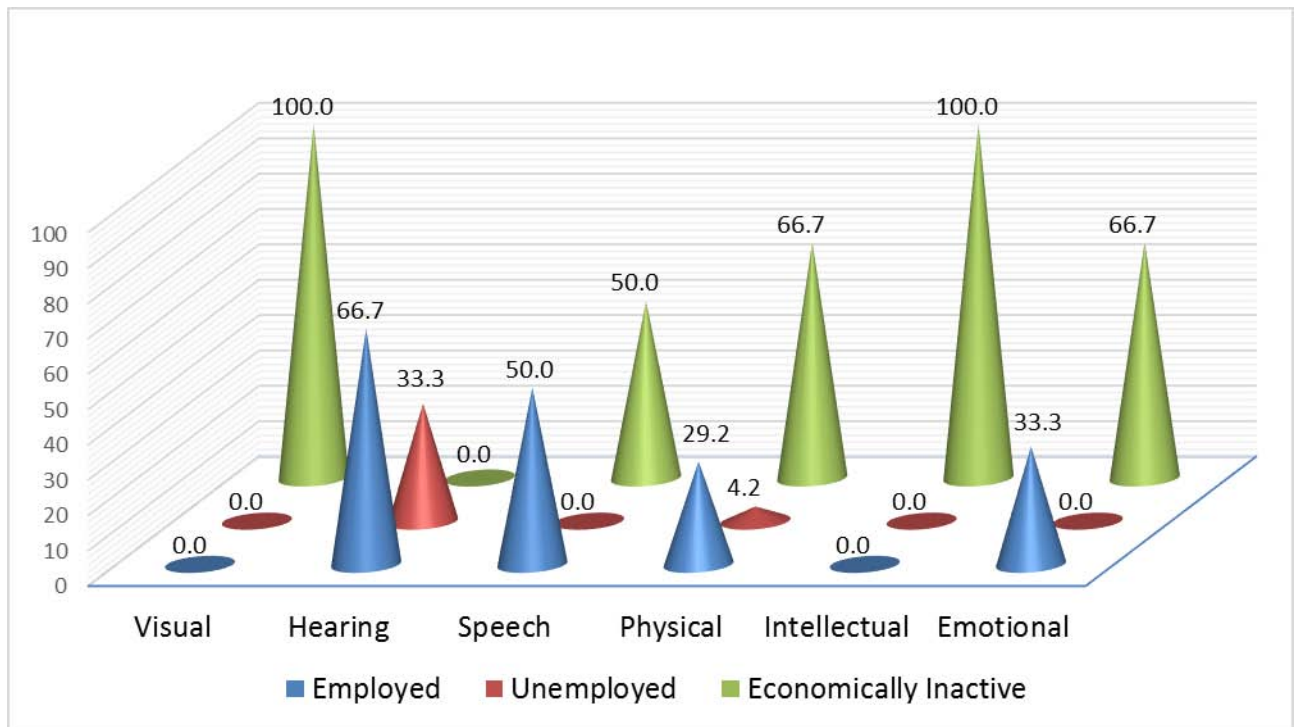
Employment Status	Visual	Hearing	Speech	Physical	Intellectual	Emotional	All
Employed	0.0	66.7	50.0	29.2	0.0	33.3	30.2
Unemployed	0.0	33.3	0.0	4.2	0.0	0.0	7.0
Economically Inactive	100.0	0.0	50.0	66.7	100.0	66.7	62.8
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Source: Ghana Living Standard Survey round 6 (2012/2013)

It is good to know the employment status of PWDs. Suffice it to say it is equally important to know which specific types of PWDs are employed or not. This is essential for proper targeting of government intervention programmes, as a universally targeted intervention may not be suitable for different categories of PWDs. For instance, while a labour market intervention may be suitable to help hearing and speech impaired PWDs, a cash grant may be more appropriate for visually impaired or intellectually disabled PWDs. From Table 4.4, employment is highest amongst PWDs with hearing impairment (66.7%) followed by the speech impaired (50%) and emotionally disabled (33.3%). The proportion is lowest amongst the visually impaired (0.0%) and the intellectually disabled (0.0%). Unemployment also varies across the various types of disability. It is highest amongst PWDs with hearing impairment (33.3%), meaning that a lot more of the hearing impaired are looking for employment but are unable to find work. Hence, a labour market intervention policy that will

help the find employment will be more suited. The employment status of the various categories of PWDs is presented in Figure 4.6 below.

Figure 4.6: Employment Status of PWDs and Disability type



Source: Ghana Living Standard Survey round 6 (2012/2013)

4.4 Employment Sector of PWDs

Discussing the employment status of PWDs is not sufficient to understanding their socioeconomic conditions. It is also important to find out which sectors they are employed in. This is because one's sector of employment to a large extent determines most of the social protection benefits one can access as an employee. Critical among such social protections are job security, social security contribution (pension), guaranteed minimum wage, severance pay, paid sick leave, paid maternity leave, paid public holidays and paid annual leave. Others include regulated work hours and work environment, and the right to join trade unions for the protection of economic and social interest.

Table 4.6: Employment sector of PWDs and non-PWDs 15 years and older

Employment Sector	PWDs			Non-PWDs		
	Total	Male	Female	Total	Male	Female
Government	0.0	0.0	0.0	17.8	16.5	20.7
Private Formal	22.2	33.3	0.0	28.0	28.7	26.4
Private Informal	66.7	66.7	66.7	50.3	50.0	51.0
Parastatal	0.0	0.0	0.0	0.3	0.3	0.2
NGOs (Local and International)	0.0	0.0	0.0	0.9	1.2	0.2
Other International Organisations	0.0	0.0	0.0	0.7	0.9	0.4
Agric_Others (Cooperative, Agri-business, others)	11.1	0.0	33.3	2.1	2.5	1.1
Total	100.0	100.0	100.0	100.0	100.0	100.0

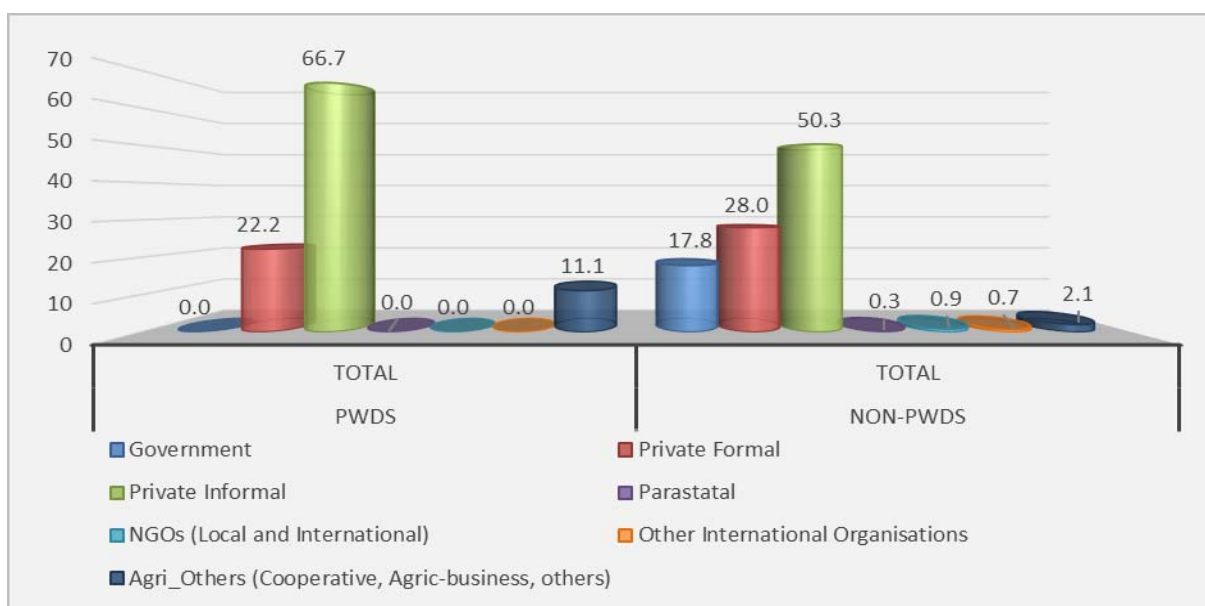
Source: Ghana Living Standard Survey round 6 (2012/2013)

Increasingly, free accommodation, meal and medical care/insurance are being provided for some workers (Osei-Boateng & Ampratwum, 2011). These social protection packages have been historically linked to the formal sectors of employment to the disadvantage of other sectors.

According to Table 4.6, less than a quarter of the PWDs are engaged in formal employment (22.2% in private formal and insignificant proportions in Government, International and Local NGOs, Parastatals and other International organizations) while the vast majority of them are in the informal sector (private informal 66.7% and agri-business and others 11.1%).

Though majority of non-PWDs are also employed in the informal sector, the proportions (private informal 50.3% and agri-business 2.1%) are lower than that of the PWDs. Thus, a far greater proportion of non-PWDs are employed in the formal sector as compared to PWDs. Among PWDs, the gender disaggregation of their employment reveals that males (33.3%) have a higher representation in the formal sector than females (0.0%). The employment sector of PWDs and non-PWDs is graphically presented in Figure 4.7.

Figure 4.7: Employment Sector of PWDs and Non-PWDs



Source: Ghana Living Standard Survey round 6 (2012/2013)

Findings by du Plessis, (2017) confirms the disproportionately low level of employment among PWDs in the formal sector, which is in consonance with the findings from the data. Thus, PWDs miss out on most of the social protection packages that formal sector employment provides. Though Agyeman and Delle (2013) established that sector of employment (public or private) did not have significant impact on workers’ attitude towards PWDs, they did establish that peoples level of education significantly affected their attitude towards PWDs employees. The more educated a person was, the more positive his/ her attitude is towards PWD employees. Thus, PWDs are likely to experience better working

relations with colleagues in work environments that employs people that are more educated and vice versa. Given that the formal sectors of employment attracts people who are more educated than the informal sector, it was expected that the sector would have been more favourable to PWDs. With the data showing however that a lesser proportion of them are engaged in the formal sector, reasons other than attitude of colleague employees might account for PWDs low employment in the formal sector.

A very plausible reason could be the very low level of education amongst PWDs and the inaccessibility of public places. Higher education is known to have high correlation with employment in the formal sector while little or no education have a high correlation with informal sector employment. Since a high proportion of PWDs have never being to school nor completed Basic Education (37.5%), their chances of finding formal sector employment would be very limited and may account for their low employment in the sector. Maja *et al* (2011), makes similar findings. Most employers complained that PWDs lack the needed qualification to gain employment. This is also corroborated by one of the interview respondents who attributes the high level of unemployment amongst PWDs to low level of education. The respondent puts it succinctly in the following way:

“...the illiteracy level of disabled people is so high. ... You take the population of disabled people, very small percentage have the kind of education that will earn them a formal job” (Key Informant Interview, Accra, September 2017).

Regarding inaccessible public places, Danso *et al*, (2011) found that most public buildings in the region are inaccessible to PWDs over a decade after the passage of the Disability Act. Field observation made by the researcher during data collection also confirms the fact that most of public places are not accessible. The few offices that were accessible were located within the premises of the Accra Rehabilitation Centre, which could probably be the reason

for their accessibility. The inaccessibility of public places is reiterated by a respondent in the following way:

“...when you go to ... our sector ministry as a person with disability, or in a wheelchair [and] ... you want to see the minister, it will be difficult for you to see her. ... The minister will come down to meet you because you are not able to meet her at [her office]. Most of the institutions have still not provided that accessible environment for persons with disabilities. ... Some of the places, when you go there, the rump that they say they have done is just a “killer rump”, because they are so steep that even a person with disabilities cannot use it” (Key Informant Interview, Accra, September 2017).

Though the Disability Act in Section 8 makes the inaccessibility of public places a criminal offence by owners of such places, most places are still not accessible. This challenge of accessibility has been blamed on the absence of a L. I. that is needed to operationalize most of the provisions in the Disability Act.

“...when it comes to accessibility ... we were given a 10-year moratorium where all public structures were supposed to be accessible to all persons with disabilities. Unfortunately, because of the absence of the ... L.I., this has not been done” (Key Informant Interview, Accra, September 2017).

The above quote is how an interviewee captured the relevance of the L.I. for making public places accessible to PWDs.

Table 4.7: Employment Sector of PWDs by Disability type

Employment Sector	Visual	Hearing	Speech	Physical	Intellectual	Emotional	All
Government	0	0.0	0.0	0.0	0	*	0.0
Private (Formal)	0	33.3	0.0	33.3	0	*	22.2
Private (Informal)	0	66.7	66.7	66.7	0	*	66.7
Parastatals	0	0.0	0.0	0.0	0	*	0.0
NGOs - Local and International	0	0.0	0.0	0.0	0	*	0.0
Other International Organisations	0	0.0	0.0	0.0	0	*	0.0
Agric_Others (Cooperative, Agric-business, others)	0	0.0	33.3	0.0	0	*	11.1
Total	0	100.0	100.0	100.0	0	*	100.0

* No response in the data set

Source: Ghana Living Standard Survey round 6 (2012/2013)

As shown in Table 4.7, the PWDs with visual impairment or intellectual disability did not report employment across the various sector of employment. Three forms of disabilities (hearing, speech and physical disability) reported 66.7 percent employment on the private informal sector. The private formal sector engaged 33.3 percent of those with hearing and physical disabilities, while agri-business engaged 33.3 percent of the speech impaired.

4.5 Barriers to PWDs Participation in Labour Market

Interview conducted with key informants revealed some issues that they see to be very important for the prospect of PWDs in the labour market and effective participation in socioeconomic activities. Key amongst them are legal and policy issues, political will, social and attitudinal behaviour towards PWDs, and education and skills training for PWDs.

4.5.1 Legal and policy issues

It recognised that the regulatory framework that governments put in place to guide how specific programmes or projects are to be implemented is very important for their success or otherwise. All key informants were of the consensus that the passage of the Legal Instrument (L.I.) needed to operationalize most provision in the Disability Act 2006, (Act 715) is long overdue. They blame the challenges at enforcing provisions in the Act on the absence of the L.I. The relevance of the L.I. successful achievement of the aspirations of the Disability Act is captured in the quotation below from one key informant.

“...government should try to put in place the L.I. to make implementation of the Disability Act effective. When the L.I. is there and then implementation starts, it means that all ... barriers will be identified and worked on” (Key Informant Interview, Accra, September 2017)

Revealed is the fact that the L.I. is needed to standardize accessibility of public places for PWDs. This they argue will open up all aspects of society (education, health, employment etc.) for PWDs participation. It is also needed to make good the provision on tax incentives for organizations that employ PWDs and PWDs that are into productive ventures themselves.

Another important issue raised was the need to development a disability specific employment policy that spells out how PWDs are to be fully integrated into the labour market. Of particular interest was respondents' request for the institution of a quota system on employment for PWDs. This they argue will serve as an affirmative action to correct the years of marginalization against PWDs.

4.5.2 Political will to implement disability friendly policies

Passing laws and making policies to express the intent and desires of what a nation desires is very important. It is particularly so because it becomes the reference point for assessing how well we are doing in achieving our intent. However, implementing the policies and laws is what makes the real change in peoples' lives. Emerging from the interview is the fact that a strong political will is needed to implement laws and policies. If disability policies are to be implemented, then political will is needed concluded key informants.

“... [Promoting] employment for disabled people has to be a conscious effort. You need a president to say that, this is the way I am going” (PWDs Employee Interview, Accra, September 2017).

The above is how an informant presented his view of the needed political will for implementation of PWD policies.

4.5.3 Attitudes and behaviours towards PWDs

Peoples' attitudes and behaviours towards PWDs to a large extend determine how well they participate in society. Though they agree that attitudes towards PWDs have improved over the past few years, informants were of the opinion that more public sensitisation is required to achieve desired effect. They called for a sustained attitudinal change campaign to make

PWDs gain recognition as equal members of society. Collaboration between Civil Society Organisations (CSOs) and the Ghana Federation of Disability Organisations (GFD) is seen as one of the ways to sustain attitudinal change campaigns.

4.5.4 Education and skills training for PWDs

Education and skill training are very crucial for successful integration of PWDs into mainstream society and more so the formal labour market. Though government's mainstreaming education policy is very good for increasing the educational opportunities available for PWDs in their various communities, there is the need to ensure that all public schools are accessible to PWDs. Skills training, particularly Information Communication Technology (ICT) has become an essential tool for preparing people for the job market. It is essential therefore to ensure that PWDs acquire necessary ICT skills needed for employment. For PWDs interested in technical or vocational training, avenues should be created for them to explore.

4.6 Conclusion

This chapter described the data collected and finding made from it. It also discussed the data and findings made from it in relation to other studies. Key among the finds were the low level of education and employment among PWDs and the built environment and inadequate legal provisions are serving as barriers to PWDs active participation in the labour market.

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

In this chapter, the summary of all findings, conclusions drawn and recommendations are presented. The findings serve as additional information on the Employment of PWDs in the Greater Accra Region for the actors in the disability sector.

5.2 Summary of Key Findings

Economic independence is a very important characteristic that marks the transition from childhood to adulthood that is gained through work. For most PWDs however, gaining this independence is elusive due to the difficulty in finding and maintaining work, due to a myriad of reasons. To address the challenges of PWDs, Government passed the Persons with Disability Act, 2006 (Act 715) to among other things deal with the employment challenges faced by PWDs.

This study was an academic enquiry that was conducted in the Greater Accra Region to investigate the employment status of PWDs, their sector of employment and their educational status. Views were also sought to determine factors hindering the effective participation of PWDs in the formal labour market. The study was conducted using a mixed method approach, which involved analysing field data collected by the Ghana Statistical Service during its Ghana Living Standard Survey 6, interviews conducted by the researcher during the study. Purposive sampling was used to select key informants. Simple random used to select employed PWDs and their employers/supervisors each from the private formal and

public sectors, and convenient sampling used to select two respondents from the informal sector. From the analysis, the following findings were made:

Level of education is disproportionately low amongst PWDs as compared to non-PWDs. While nearly four out of every 10 PWDs have never been to school or completed basic education, it was two out of every 10 for non-PWDs. When disaggregated on gender basis, it revealed that female PWDs have lower educational opportunities as opposed to male. The data showed that fewer of female PWDs have completed basic education or higher as compared to male PWDs.

Again, between the different disability types, educational attainment is lowest among those with emotional disability, with none of them completing basic education or higher. Though at varying proportions, the other types had basic education or higher completion rates of 60 percent or above.

Regarding the economic activity status of PWDs, it was observed that a very high proportion of them are economically inactive. The level of economic inactivity is three times more than the proportion for non-PWDs. This means that most of them are unable to work because they are too incapacitated to work. Employment level amongst PWDs is also very low. It is less than half the proportion for non-PWDs.

On sex basis, employment and unemployment levels amongst female PWDs are significantly higher than that of male PWDs. The economic inactivity level was the reverse, being higher amongst male PWDs. Thus, majority of males with disabilities are not working, neither are they looking for employment.

Another observation was the persons with visual and intellectual disability are the most economically inactive amongst the various disability types, with the hearing and speech impaired having the highest employment rates.

Though majority of employed persons (both PWDs and non-PWDs) are engaged in the informal sector, fewer PWDs than non-PWDs are engaged in the formal sectors of the economy.

It was also observed that the passage of the Disability Act, 2006 (Act 715) was a positive move towards a full integration of PWDs in to all aspect of our society. Its implementation has how ever been sluggish over the past decade because of the absence of a backing L.I. for the provisions made in the Act.

Accessibility of public places and services are legal right of PWDs guaranteed by the Disability Act. Access to enhances participation in society by PWDs. It was however observed that most public places (ministries, departments and agencies, schools etc.) are not accessible to PWDs.

5.3 Conclusion

This study made effort at studying the employment of persons with disabilities in the Greater Accra Region and the factors that affect their participation in the labour market. It examined the employment status of persons with disabilities in the region and found that significant proportion of the PWDs is not employed. This might be because they also tend to have low levels of education. Therefore, the study concludes that the lower level of formal educational acquisition and the lack of skills among PWDs is a major reason why they are mostly unemployed.

The study also sought to identify barriers to effective participation of PWDs in the labour market, and found that inaccessible public places and transport are major barriers PWDs face. This may be because of the non-passage of the Legislative Instrument (L.I.) required for effective implementation of the Disability Act. The study therefore concludes that the absence of the L.I. perpetuating barriers to PWDs participation in the labour market.

Again, the study sought to assess perception of PWDs on their participation in the labour market. It was found that, though waning, discrimination against PWDs are common and negatively affected their participation in the labour market. It is therefore concluded that the negative attitudes and perceptions about PWDs contributes to their low level of employment.

Again, the study sought to assess perception of PWDs on their participation in the labour market. It was found that, though waning, discrimination against PWDs are common and negatively affected their participation in the labour market. It is therefore concluded that the negative attitudes and perceptions about PWDs contributes to their low level of employment, and the few employed ones are engaged in the informal sector.

5.4 Recommendations

To address the barriers faced by PWDs, it is recommended that government passage of the L.I. to make the Disability Act effective should be hastened as its absence has affected the implementation of provisions in the Act. This will ensure the creation of accessibility standards for public places. It will also operationalize provisions like tax incentives for employers engaging PWDs and PWD entrepreneurs that are in the Disability Act.

An affirmative action policy on the employment of PWDs in the formal sector is require. A quota system in addition to the incentives provided in the Disability Act will help correct the years of marginalization PWDs have faced in the labour market.

Given the low level of education and employment amongst PWDs, government should restructure the District Assemblies' Common Fund for Persons with Disabilities to focus it more on productive venture investment for PWDs. The amount allocation to PWDs should also be substantial enough for investment. In the short to medium term, this has the capacity to address the unemployment situation among PWDs.

To address the unemployment challenge in the long term however, there is the need to increase education and skills training for PWDs by providing them with free education, transportation and feeding to encourage them to attend school. Of relevance also is ICT skills, which has become essential for labour market success. Government through the local governance system should enrol interested PWDs in ICT training, which can be organised in the community ICT centres, which are in most districts.

Government should initial steps to help formalize the huge informal sector of the economy. Business registration procedures should be streamlined and decentralized to the district level to enable private business register. This will enhance government's effort at enforcing and monitoring compliance with employment laws.

CSOs and NGOs working in the disability sector needs to device a way of creating a common plat form for collaboration. Through this plat form, they can share ideas on good practices as well as avoid duplication of efforts. Their collaboration will be very beneficial for sustaining attitudinal change campaigns against discrimination.

REFERENCES

- Agyemang, C. B., & Delle, E. (2013). Demographic Factors and Attitude toward Disable Employees: Empirical Evidence from Ghana. *Research on Humanities and Social Sciences*, 3(19), 53-59.
- Amponsah-Bediako, K. (2013). Relevance of disability models from the perspective of a developing country: An analysis. *Dev Country Stud*, 3, 121-132.
- Ary, D., Jacobs, L. C., & Ravazieh, A. (2002). Introduction to research in education, Belmont, CA: Wadsworth Thomson Learning.
- Banks, L. M., & Polack, S. (2013). The economic costs of exclusion and gains of inclusion of people with disabilities. *London: London School of Hygiene and Tropical Medicine*.
- Barnes, C., & Mercer, G. (2003). *Disability*. Polity.
- Barnes, C., & Mercer, G. (Eds.). (2004). *Implementing the social model of disability: Theory and research*. Leeds: Disability Press.
- Bhattacharjee, A. (2012). Social science research: Principles, methods, and practices.
- Blanck, P. (2001). Civil war pensions and disability. *Ohio St. LJ*, 62, 109.
- Blanck, P. (2007). The right to live in the world: Disability yesterday, today, and tomorrow. *Tex. J. on CL & CR*, 13, 367.
- Bordens, K. S., & Abbott, B. B. (2002). Research design and methods: A process approach. McGraw-Hill.

Braathen, S. H., & Loeb, M. E. (2011). 'No Disabled Can Go Here...': How Education Affects Disability and Poverty in Malawi. *Disability and poverty: A global challenge*, 71-93.

Brooks, B. (2005). *Chronic unemployment: a statistical profile*. Statistics Canada.

Cameron, W. B. (1963). *Informal sociology: A casual introduction to sociological thinking* (Vol. 21). Random house.

Council for Technical and Vocational Education and Training Act (COTVET Act.

Crabtree D. (2013). Models of Disability. <https://englishagenda.britishcouncil.org/sites/ec/files/Models%20of%20disability.pdf> (Accessed 12th November 2016).

Crawford, C. (2012). *Towards an understanding of effective practices in employment programs for people with disabilities in Canada*. Institute for Research on Inclusion and Society.

Creswell, J. W. (2014). *Research design: Qualitative, quantitative, and mixed methods approaches*. Sage publications.

Cuppage, J. (2013) The World and Disability: Quotas or No Quotas? Accessed from <http://www.igloballaw.com> on 12th November, 2016.

Danso, A. K., Ayarkwa, J., & Dansoh, A. (2011). State of accessibility for the disabled in selected monumental public buildings in AccraGhana. *The Ghana Surveyor*, 4(1), 1-19.

Disability Inclusion. <http://www.worldbank.org/en/topic/disability/overview> (Assessed October 26th 2016).

Disabled People's Organisations, Denmark & Ghana Federation of The Disabled. (2015). Employment of Persons with Disabilities in the Formal Labour Market: Ghana – Mapping. Unpublished.

Disabled People's Organisations, Denmark & National Union of Disabled Persons of Uganda (2016). Employment of Persons with Disabilities in the Formal Labour Market Uganda - Mapping. Unpublished

Dornyei, Z. (2007). Research methods in applied linguistics.

du Plessis, M. C. (2017). *Access to work for disabled persons in South Africa: A rights critique*. PULP.

Edmonds, L. J. (2002) *The Critical Dimensions of Disability and Development*. Kingston: Queen's University-ICACBR.

Edmonds, L. J. (2005). Poverty Reduction and Social Development Division Regional and Sustainable Development Department Asian Development Bank June 2005.

Eide, A. H., Loeb, M. E., Nhiwatiwa, S., Munthali, A., Ngulube, T. J., & Van Rooy, G. (2011). Living conditions among people with disabilities in developing countries. *Disability and poverty: A global challenge*, 55-70.

Fawcett, G. (2000). *Bringing down the barriers: The labour market and women with disabilities in Ontario*. Ontario: Canadian Council on Social Development.

- Filmer, D. (2008). Disability, poverty, and schooling in developing countries: results from 14 household surveys. *The World Bank Economic Review*, 22(1), 141-163.
- Fowler Jr, F. J. (2008). *Survey Research Methods*. SAGE Publications.
- Ghana Statistical Service (2013a) 2010 Population and Housing Census: National Analytical Report. Accra: Ghana Statistical Service
- Ghana Statistical Service (2013b). 2010 Population and Housing Census: Greater Accra Regional Analytical Report. Accra: Ghana Statistical Service
- Ghana Statistical Service (2015). Integrated Business Establishment Survey: National Employment Report.
- Gida, P., & Ortlepp, K. (2007). Employment of people with disabilities: Implications for HR management practices. *Acta Commercii*, 7(1), 135-150.
- Gottlieb, A., Myhill, W. N., & Blanck, P. (2010). Employment of people with disabilities. *International Encyclopedia of Rehabilitation*
- Government of Ghana (2015). National Employment Policy. Accra.
- Groce, N. 2011. Disability and the Millennium Development Goals: A Review of the MDG Process and Strategies of Inclusion of Disability Issues in Millennium Development Goal Efforts. New York: UN.
- Hans, A., & Patri, A. (2003). Loud, proud and passionate: including women with disabilities in international development programmes. *Women, Disability and Identity*, 163-176.
- Henderson, G., & Bryan, W. V. (2004). *Psychosocial aspects of disability*. Charles C Thomas Publisher.

ILO (2012), *Disabilities and Decent Work in the Pacific: The case of disability inclusive employment.*

ILO (2014), *Achieving equal employment opportunities for people with disabilities through legislation: guidelines.*

Introduction to medical and social models of disability.

http://www.ombudsman.org.uk/_data/assets/pdf_file/0019/33337/FDN-218144-

[Introduction-to-the-Social-and-Medical-Models-of-Disability.pdf](#)

Johnson, R. B., Onwuegbuzie, A. J., & Turner, L. A. (2007). Toward a definition of mixed methods research. *Journal of mixed methods research*, 1(2), 112-133.

Johnson, R. W., & Lo Sasso, A. T. (2006). The impact of elder care on women's labor supply. *INQUIRY: The Journal of Health Care Organization, Provision, and Financing*, 43(3), 195-210.

Jordan, B. (2008). *Welfare and well-being: Social value in public policy.* Policy Press.

Kaye, H. S., Jans, L. H., & Jones, E. C. (2011). Why don't employers hire and retain workers with disabilities? *Journal of occupational rehabilitation*, 21(4), 526-536.

La Grow, S. J., & Daye, P. (2005). Barriers to employment identified by blind and vision-impaired persons in New Zealand. *Social Policy Journal of New Zealand*, 26, 173.

Lo, V. I. (2012). Promotion of the Employment of Persons with Disabilities in Japan, the United States, and China: Carrot, Stick, or Both. *Ariz. J. Int'l & Comp. L.*, 29, 557.

- Maja, P. A., Mann, W. M., Sing, D., Steyn, A. J., & Naidoo, P. (2011). Employing people with disabilities in South Africa. *South African Journal of Occupational Therapy*, 41(1), 24-32.
- Marshall, C., & Rossman, G. B. (1999). Defending the value and logic of qualitative research. *Designing qualitative research*, 191-203.
- McColl, M., and J. Bickenbach (eds.). 1998. *Introduction to Disability*. London: W.B. Saunders Co.
- Michailakis, D. (2003). The systems theory concept of disability: one is not born a disabled person, one is observed to be one. *Disability & Society*, 18(2), pp. 209-229.
- Mitra, S., Posarac, A., & Vick, B. (2011). Disability and poverty in developing countries: a snapshot from the world. *Washington, DC: World Bank*.
- Morgan, R. L., & Alexander, M. (2005). The employer's perception: Employment of individuals with developmental disabilities. *Journal of Vocational Rehabilitation*, 23(1), 39-49.
- Morse, J. M. (2003). Principles of mixed methods and multimethod research design. *Handbook of mixed methods in social and behavioral research*, 189-208.
- Neuman, L. W. (2014). *Social research methods: Qualitative and quantitative approaches*.
- Oliver, M. and Barnes, C. (1998) '*Disabled people and social policy: from exclusion to inclusion*', London: Longman.
- Osei-Boateng, C., & Ampratwum, E. (2011). The informal sector in Ghana. *Accra: Friedrich Ebert Stiftung*.

Parliament of Ghana, (1998). Children's Act 1998 (Act 560)

Parliament of Ghana, (2003). Labour Act 2003, (Act 615)

Parliament of Ghana, (2006). Persons with Disability Act 2006, (Act 715)

Republic of Ghana, 1992 Constitution

Roberts, S., Heaver, C., Hill, K., Rennison, J., Stafford, B., Howat, N., ... & Thomas, A. (2004). Disability in the workplace: Employers' and service providers' responses to the Disability Discrimination Act in 2003 and preparation for 2004 changes. *RESEARCH REPORT-DEPARTMENT FOR WORK AND PENSIONS.*

Smeltzer, S. C. (2007). Improving the health and wellness of persons with disabilities: A call to action too important for nursing to ignore. *Nursing outlook*, 55(4), 189-195.

Staniland, L. (2009). Public Perceptions of Disabled People. Evidence from the British Social Attitudes Survey.

UN, ESCAP (2016). Disability at a Glance 2015: Strengthening Employment Prospects for Persons with Disabilities in Asia and the Pacific.

UN, G. A. (2006). Convention on the Rights of Persons with Disabilities. *GA Res*, 61, 106.

UN, G. A. (2015). *Transforming our world: The 2030 agenda for sustainable development.* A/RES/70/1, 21 October.

Warwick, D. P., & Lininger, C. A. (1975). *The sample survey: Theory and practice.* McGraw-Hill.

WHO, W. (2011). World report on disability. *Geneva: WHO.*

World Health Organization. (2001). *International Classification of Functioning, Disability and Health: ICF*. World Health Organization.

APPENDICES

A: Interview Guide for Key Informants

Demographic variables

1. Name:
2. Age:
3. Contact:
4. Level of education:
5. Field of education/area of specialization:
6. Any other qualification:
7. Entry position in organization:
8. Current position in Organization

Vision and policy of your organization:

9. What are your organizations vision, mission, and aims and objectives?
10. Tell me about your organization's code of conduct.
11. What laws and policies that bother on disability do your organization see to be most relevant?
12. To what extent do these laws and policies reflect in your organization's policy?
13. What modification would you recommend to these laws and policies if any?

Disability Issues:

14. How does your organization define disability?
15. What legal documents and policies do you consider relevant to the employment of PWDs in Ghana?
16. How do you perceive PWDs as an employee or a colleague?

17. How concerned are you about providing job avenues for PWDs? Why or why not?
18. How does your organization's work affect employment of PWDs?
19. Would you say that there is an up or downward trend in employment for PWDs?
What are the causes of this trend in your opinion?
20. Which sector do you think is more suited for employing PWDs, Public or Private?
21. Do you think working in the formal or informal sector is of any significant to PWDs?
Why?
22. What percentage of the employees in this organization are PWDs?
23. What percentage of these employees are in managerial positions?
24. Has any employee become disabled while working for this organization? If yes, is the person still working for the organization? What training and rehabilitation was provided for the person?

Non-discrimination/equity:

25. What is your perception about discrimination?
26. Have you provided any training to promote non-discrimination in your organization recently?
27. Do you provide training for other organizations in respect of non-discrimination?
How often do you provide such trainings? What kinds of organizations do you provide such trainings for?
28. Has your organization received any complaint of discrimination at the work place from any PWD before? If yes, what was done about it?

Recruitment, Placement and Promotion

29. What has your organization being doing over the years to help PWDs gain employment?

30. Do you lay emphasis on attracting disabled people during recruitment? Why or why not?
31. What methods of advertisement do you use for positions that are available to persons with disabilities?
32. Do you have specific positions/jobs that are reserved for PWDs? If yes, what are they?
33. Do you think some positions should be specifically reserved for PWDs within our employment laws?
34. Will you engage a disabled person qualified for a job or one trainable to do a job in preference to a non-disabled person?
35. Do you have an equal pay for equal work policy?
36. Is there equal pay for equal work policy in your organization?
37. What are your opinions on Quota system of employment for PWDs?

Accommodations

38. How do you understand “reasonable accommodations”, as applied to the employment of PWDs?
39. In respect of providing “reasonable accommodations” for disabled employees, how do you feel about it?
40. Can you tell me about any type of “reasonable accommodations” you have or will be providing in this organization for employees with disabilities?
41. What other adaptations have you made in your work environment for disabled employees
42. When was the last time any adaptation was made here?
43. Would you consider this organization to be disability friendly for its employees and clients?

44. Do you think there are enough provisions for reasonable accommodation of PWDs within Ghana's laws and policies? What changes or additions would you recommend?

Barriers and facilitators

45. Given that unemployment is high in Ghana, what are your thoughts on the on providing job avenues for persons with disabilities?
46. What do you consider as challenges to employment of PWDs in your organization? What recommendations would you make to resolve them? What has your organization being doing in that regard?
47. What do you see as facilitators to employing PWDs in Ghana?
48. Are there other things that you would like me to know about on this subject?

Thank you

B: Interview Guide for PWDs in formal / Informal Employment

Demographic variables

1. Name:
2. Age:
3. Contact:
4. Level of education:
5. Field of education:
6. Any other qualification:
7. Entry position in organization:
8. Current position in Organization

Work related Experience

9. How many years or months have you been working for this organization?
10. How did you hear about this job and got appointed to your position?
11. Can you give me some examples of things that you require to make you perform at your best?
12. Within a week, how many hours do you work?
13. Have you heard of, or experienced any discriminatory behaviour at your work place here? When and how was it?
14. Can you mention some of the difficulties you experience here?
15. In your opinion, how do you think these challenges can be solved?
16. What suggestions can you make for to make it easier for PWDs to gain employment in this organization?
17. How will you describe your relationship with your colleagues/Employers?
18. Do management treat you equally as other colleagues?

19. How regular do you participate in non-discriminatory training programmes in your organization with other colleagues?
20. Have such programmes been beneficial? (Ask how)
21. Can you mention some of the barriers that PWDs face in their work environment?
Which of these do you consider the as the main?
22. Do you think there are any benefits to a company that employ a PWD? What are they?
23. Is there any other you will like me to know about this subject?

Thank you.

Adapted from Smit Shannon (March 2012)

C: Interview Guide for Employer/Supervisor

Demographic variables

1. Name:
2. Age:
3. Contact:
4. Level of education:
5. Field of education:
6. Any other qualification:
7. Entry position in organization:
8. Current position in Organization

Vision and policy of your organization:

9. What are your organizations vision, mission, and aims and objectives?
10. Tell me about your organization's code of conduct.
11. What laws and policies that bother on disability do your organization see to be most relevant?
12. To what extent do these laws and policies reflected in your company's policy?
13. What modification would you recommend to these laws and policies if any?

Disability Issues:

14. How do you define disability in this organization?
15. How do you perceive PWDs as an employee or a colleague?
16. How concerned are you about providing job avenues for PWDs? Why or why not?
17. Would you say that this organization is currently seeing an upward or downward trend in the number of PWD employees?

18. What proportion of your employees are PWDs?
19. What proportion of your managerial staff are PWDs?
20. Has any employee become disabled while working for this organization? If yes, is the person still working for the organization? What training and rehabilitation was provided for the person?

Non-discrimination/equity:

21. What is your perception on discrimination?
22. Have you provided any training to promote non-discrimination in your organization recently?
23. As a manager, do you feel that you do well in making your staff's work environment non-discriminatory? How do you do that?

Recruitment, Placement and Promotion

24. Do you lay emphasis on attracting disabled people during recruitment? Why or why not?
25. What methods of advertisement do you use for positions that are available to persons with disabilities?
26. Do you have specific positions/jobs that are reserved for PWDs? If yes, what are they?
27. Will you engage a disabled person qualified for a job or one trainable to do a job in preference to a non-disabled person?
28. Is there equal pay for equal work policy in your organization?
29. Do PWDs experience equal promotions opportunities as non-PWDs in this organization?

Accommodations

30. How do you understand “reasonable accommodations”, as applied to the employment of PWDs?
31. In respect of providing “reasonable accommodations” for disabled employees, how do you feel about it?
32. Can you tell me about any type of “reasonable accommodations” you have or will be providing in this organization for employees with disabilities?
33. What other adaptations have you made in your work environment for disabled employees
34. When was the last time any adaptation was made here?
35. Would you organization to be disability friendly for its employees and clients?

Barriers to employment

36. Given the unemployment condition in Ghana, what is your opinion on providing opportunities for PWDs to be employed?
37. What barriers to the employment of PWDs do you see in this organization? What recommendations will you make to overcome them?
38. Are there anything that you think are facilitating PWDs employment?
39. Do you have other thoughts or opinions that you will like me to know about the subject?

Thank You

Adapted from Smit Shannon (March 2012)