



Social inclusion of children with intellectual disabilities in Accra, Ghana: Views of parents/guardians and teachers

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ABSTRACT

Guided by Bronfenbrenner (1979) ecological systems theory, this study examined social inclusion for children with intellectual disabilities from the perspectives of parents, guardians and teachers in Accra, Ghana. The goal of the study was to explore perspectives of parents, guardians, and teachers regarding social inclusion for children with intellectual disabilities in Ghanaian society. The objectives were to explore (a) beliefs about intellectual disabilities among parents/guardians and teachers in selected schools in the Greater Accra region of Ghana (b) challenges encountered by parents/guardians of children with intellectual disabilities in Accra, Ghana and (c) benefits of special education for children with intellectual disabilities in Accra, Ghana.

A descriptive study design with qualitative data collection and purposive sampling methods were utilised to recruit 17 participants for the study. This consisted of eight parents and guardians who have children with intellectual disabilities and nine teachers who teach these children. Data were collected using individual in-depth interviews and observation of participants and analyzed thematically. The findings indicated that children with intellectual disabilities encountered challenges related to beliefs about intellectual disabilities, parental neglect, financial difficulties and labelling and stigma. Furthermore, evidence showed that children with intellectual disabilities benefited from special education in terms of improved communication, bonding with teachers and peers and skill acquisition to deal with challenges they face. Based on the findings of the study, conclusions and implications are discussed for social work practice and policy.

1. Introduction

Social inclusion for children with intellectual disabilities is an issue of public concern. Globally, there is extensive evidence that people with intellectual disabilities encounter various challenges such as social exclusion and active participation in schools and the community (Merrells, Buchanan, & Waters, 2018; Siperstein, McDowell, Jacobs, Stokes, & Cahn, 2019; U. N., 2012). A study in Kenya, Uganda, Nigeria, and Bangladesh by Bialik and Mhiri (2022) revealed that, for children with intellectual disabilities, negative attitudes towards their disabilities could continue into their adult life and create barriers to employment. Similarly, in a study on national policies and legislation on social inclusion for people with intellectual disabilities in seven European countries, Grung et al. (2022) noted that lack of opportunities for shared knowledge about intellectual disabilities results in social isolation and minimal educational access. Further, a web survey of 667 experts and organizations in the field of intellectual disability pertaining to 88 countries covering all world regions by Scior et al. (2020) found that, high levels of stigma towards people with intellectual disabilities

deprives them of the ability to fully develop their skills and contribute within global economy and society. It is therefore crucial to challenge attitudinal barriers towards children with intellectual disabilities to support their healthy development (Ahmad, 2012).

Studies have noted that, in general, when persons with intellectual disabilities are socially included in society, their well-being and development are enhanced and they feel valued as members of a community (Amado, Stancliffe, McCarron, & McCallion, 2013; Koller & Stoddart, 2021). In addition, by including children with intellectual disabilities in society, they could take part in activities and be educated in the same way as other children which is an important element of the United Nations (UN) Convention on the Rights of Persons with Disabilities (Grung et al., 2022). Importantly, research focused on community participation for children with intellectual disabilities found that, relationship with non-disabled persons had positive outcomes for children with intellectual disabilities as it offered a sense of friendship, belonging and safety (Simplican, Leader, Kosciulek, & Leahy, 2015), improved social and emotional skills (Jacob, Edozie, & Pillay, 2022; Yin & Jodl, 2021) and reinscribed cultural and social understanding of people with

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intellectual disabilities (Hall, 2009).

In many societies including Ghana, children with intellectual disabilities are denied full access to activities, social roles, and relationships, and participation in society (Browne & Millar, 2016; McKenzie, McConkey, & Adnams, 2013). Most often, the presence of individuals with intellectual disabilities, in a community does not necessarily mean they are actively involved in community activities. Thus, for persons with intellectual disabilities, living in a community includes an expectation for involvement in community activities and not just being community tourists.

In Ghana, existing research on intellectual disabilities have identified some factors that may lead to exclusion such as low integration of the children into mainstream education (Agbenyega, 2011; Anthony, 2011; Avoke, 2002; Mills, 2019); challenges of single mothers (Mbamba & Ndemole, 2021) and cultural beliefs and attitudes towards children with intellectual disabilities (Abdullah et al., 2022; Lamptey & Lamptey, 2019). However, findings from these studies may differ from the present study as the focus was not on social inclusion from the perspective of parents/guardians and teachers. This study aims to contribute to filling this gap on existing literature on intellectual and developmental disability in Ghana.

One of the difficulties in discussing issues of intellectual disability in Ghana relates to an understanding of how the country's history on intellectual disabilities such as Down's syndrome and autism continues to shape present consciousness. As noted by Marini (2011), historically, people with disabilities are treated with intolerance, ambivalence, and prejudice. Over the years, people with disabilities have been treated inhumanely such as being confined, tormented, assaulted, sterilized, and burned (Gallagher, 1997; Marini, 2011; Vandergriff & Chubon, 1994). In other instances, the birth of a child with disability could lead to divorce and/or parental neglect (McCoyd, Akincigil, & Paek, 2014).

In terms of exclusion, Avoke (2001) and Agbenyega (2003) explained that the mere birth of a child with disability calls into question an offence between the living and the dead and many people try to distance themselves from the offenders. Like perceptions of ancestral punishment, notions of productivity places emphasis on values such as the ability and skills of an individual to physically contribute to the family and community. Children with intellectual disabilities are seen as unproductive people who would hinder social and economic progress and as result, they experience unequal opportunities for participation (Bettenay, Ridley, Henry, & Crane, 2014; Jaeger & Bowman, 2005; Lemay, 2009).

Research suggests that families with children with disabilities face increased economic hardships (Algood, Harris, & Hong, 2013; Taderera & Hall, 2017). Support from immediate families and friends are essential to assist parents who have children with disabilities (Davis & Gavidia-Payne, 2009; Muir & Strnadová, 2014). Family support for children with disabilities becomes crucial in societies where disability is highly stigmatized (Scior & Werner, 2016; Scior et al., 2020; Trani, Moodley, Anand, Graham, & Maw, 2020). Generally, in Ghana, children with intellectual disabilities are usually stigmatized through dehumanizing labels which make them victims of mockery. For instance, in Ghana, people with intellectual disabilities are usually considered as feeble minded, stupid and/or water children (Agbenyega, 2003). These are very offensive and dehumanizing labels which worsen the plight of people with intellectual disabilities.

In addition to derogatory labels, people with intellectual disabilities are not treated with respect. From his studies on stigma, discrimination and marginalization, Baffoe (2013) argued that persons with intellectual disabilities in Ghana experience disrespect, societal exclusion, and a devalued self-worth. Stigma attached to persons with intellectual disabilities in Ghanaian societies has created barriers for their inclusion in community life (Baffoe, 2013). Another study by Agbenyega (2003) and Kassah (1998) drew attention to how children with disabilities in Ghana experience various forms of abuse through labelling. The authors reported that because children with disabilities are tagged as non-humans,

they experienced various forms of emotional, physical, social, and capital abuses which has implications for caregiving and/or support for these children.

Caregivers of children with intellectual disabilities tend to bear a huge burden of physical work during the process of caregiving. This includes moving the child, cleaning the child, feeding him/her, providing physical therapy, and playing with the child (Vadivelan, Sekar, Sruthi, & Gopichandran, 2020). The primary caregiver of a child with intellectual disability is usually the mother and the major burden of household work is also usually shoved on her (Chou, Fu, Lin, & Lee, 2011; Roach, Orsmond, & Barratt, 1999). In addition, mothers of children with intellectual disabilities experience greater stress due to belief systems in society which stigmatizes them.

Since the exclusion children with intellectual disabilities is rooted in broader social environment, it is critical to explore and understand factors that reinforce social exclusion of children with intellectual disabilities. This study therefore aimed at exploring beliefs about intellectual disabilities, challenges encountered and benefits of special education for children with intellectual disabilities from the perspectives of parents, guardians and teachers in Accra, Ghana. It is hoped that the study would reflect what social inclusion means for children with intellectual disabilities in the environment in which they develop and interact with different systems at various levels.

1.1. Theoretical perspective

This study was guided by Bronfenbrenner (1979) ecological systems theory given the multi-faceted nature of issues pertaining to social inclusion for children with intellectual disabilities. Other researchers, (Simplican et al., 2015; Small, Raghavan, & Pawson, 2013) utilized it in their studies on people with intellectual disabilities. Bronfenbrenner (1979) explained that relationships within the child's environment are a web of complex layers, and each affects the child's development. In effect, any attempt to study how a child develops must not only look at the child and their immediate environment. Rather, it must also consider interactions within the larger environment. Bronfenbrenner perceived human beings as active as he emphasized the importance of interaction between the human beings within distant and close contexts. The ecological systems have been categorised into sub-systems namely micro, meso, exo, macro and chrono systems. The interactions within these systems could impact on the lives of children with intellectual and developmental disabilities.

Bronfenbrenner's ecological systems theory applies to this study as there are interrelated factors which contribute to social exclusion of children with intellectual disabilities in Ghanaian society. In the Greater Accra Metropolitan Area where this study took place, several of the communities are deprived socially with regards to the availability of social services and recreational facilities (Owusu & Afutu-Kotey, 2010; Songsore, 2008). Although an urban community, the Ghana Statistical Service. (2015) (2015) reported that many people in Accra live in poverty due to high cost of living. Due to poverty, many children with developmental disabilities have limited access to quality healthcare and education for acquisition of special skills and knowledge (Mitchell & Shillington, 2002; Wazakili, Chataika, Mji, Dube, & MacLachlan, 2011). The Greater Accra Region has also been found to have the highest (27.5 %) number of persons with disabilities in terms of urban and rural distribution (Ghana Statistical Service, 2010). Furthermore, many people in this community relate disability to the non-physical. As a result, many children in the community with disorders such as Down's syndrome could face stigmatization and socially isolated.

According to Bronfenbrenner, microsystem is the child's immediate environment, and it examines the context in which the immediate environment directly influences a child's development. However, within the microsystem, there are indirect factors such as culture which also influences a child's development. The interaction between these environmental factors could influence how a child develops. Relating this to

the study, it could be explained that arrangements within the micro-system such as include family, neighbours and school could support the development of children with intellectual disabilities. The meso-system is the interrelations between two or more settings in which a developing child is involved. This refers to a range of settings within which the family actively participates, and it includes the extended family, neighbours, church, and the local community.

Various aspects of the meso-system could impact upon the family in various ways. For instance, in Ghana, extended family members or neighbours may accept or reject a child because the child has Fragile-X syndrome. The *exo*-system comprises settings in which the child or family is not directly involved. However, events that occur within these settings affect the child or the family. These include the mass media, neighborhood, parent's workplaces, and parent's friends. For example, by portraying persons with disability as helpless, incapable, or innocent, the media could influence societal attitudes towards them.

Thus, while children with intellectual disabilities may not be directly involved at this level, they could feel the positive or negative effects of such interactions. Bronfenbrenner (1979) described the macro system as values inherent in social institutions which are already established in society and cultures in which a child develops. These include how cultural ideologies, ethnicity, religious and socio-economic status such as poverty and wealth affect a child's development. The belief system of a society regarding disability could determine if persons with disability could be included or excluded from societal activities. Given the cultural beliefs of Ghanaian society, the consequences of such belief systems could adversely affect the support children with intellectual disabilities receive.

The chronosystem of Bronfenbrenner's ecological systems theory encompasses changes in the environment that occur during life transitions, which affects a child's development (Bronfenbrenner, 1995). These include major life transitions and/or events such as giving birth to a child with disability, moving into a new home or divorce. In this study, the chronosystem could involve experiences such as parental divorce because of having a child with Asperger's Syndrome. The ecological systems theory was suitable for this study as it enabled the researcher to understand how children with intellectual disabilities are included in societal activities and the various systems that support them in society. The next sections will focus on the study methodology, findings, discussions, and implications.

2. Data and methods

2.1. Research design

The study is qualitative in nature as it explored parents/guardians and teachers' understanding of social inclusion for children with intellectual disabilities. The approach allowed the researcher to obtain in-depth knowledge of participants' experiences as reality is perceived as a product of human experience, which is generally explained within a social context (Crotty, 1998; Hennink, Hutter, & Bailey, 2020; Silverman, 2020).

2.2. Study site and recruitment of participants

The study was conducted in two schools for children with special needs in Accra, Ghana. One school is public, and the other is private. These were quite distinct in that, the cost of attending a private school is high whilst the public schools are less expensive because they receive some support from the government. Compared to public schools, many private schools in Ghana are known for having better learning outcomes because of good management policies, availability of certified teachers and the provision of well-resourced classrooms with fewer pupils in a class (Azigwe, Kyriakides, Panayiotou, & Creemers, 2016).

Seventeen participants were purposively recruited for this study, and this comprised of eight parents and guardians of children with

intellectual disabilities and nine teachers who teach these children. Purposive sampling was used to recruit participants in order to have people who possessed the requisite knowledge and experience pertaining to the study (Silverman, 2015). Parents and guardians were included in the study due to their daily interactions with the children with intellectual disabilities. To participate in the study, one must be a parent or guardian with a child or children with intellectual disabilities who were below 18 years, the child/children should reside with them, and they need to provide care for the child/children. Not included were parents/guardians who were care givers for persons with intellectual disabilities above 18 years residing with them as these were considered as adults.

For the teachers, the inclusion criteria were for individuals who had directly taught children with special needs for at least two years in an approved school. This was to ensure that participants had interacted with the children for a prolonged period and were knowledgeable on the research topic. The study sample included parents/guardians in Accra, Ghana who had children with intellectual disabilities below 18 years as well as teachers who teach these children. In effect, participants fitted into the sample criteria.

2.3. Data collection and analysis procedure

The study was approved by the ethics committee of the faculty of social sciences at the researcher's institution (University of Nordland) – which follows the ethical guidelines of the Norwegian Social Research (NSD). Prior to data collection, permission was sought from the heads of two schools that provide services for children with intellectual and developmental disabilities in Accra, Ghana. Initial contacts were made with the heads of the schools who then introduced the researcher to key contact persons within the schools to help recruit participants. Details of the studies were explained to the contact persons and issues of confidentiality, ethics, and expectations from participants were discussed. The contact persons in turn explained the study to some parents and teachers and came up with a list of those who expressed interest to participate. The researcher was then introduced to the interested participants established contacts with them for interviews.

To ensure informed consent, information about the purpose of the research, voluntary nature of participation, role of the researcher, rights of participants and issues of confidentiality were emphasized. Individual in-depth interviews were utilized to collect data from participants. This was useful because participants' knowledge was valued, as their stories were deemed to be anchored in real meaning and experience (Lune & Berg, 2017; Silverman, 2020). The interviews were conducted face-to-face in English, and two Ghanaian languages (Ga and Twi) as the researcher is fluent in these languages. The choice of a particular language for interview was based on participants preference. The flexibility with language allowed for rich data and participants were able to use local idioms and proverbs to capture their experience for a better understanding of their views. The length of each interview session was flexible to accommodate the needs of the participants, and this ranged from 1 to 3 h. The interviews were augmented with observation of participants to capture non-verbal cues such as emotional reactions and other unconscious behaviours of participants during interviews (Tedlock, 1991; Silverman, 2001).

Data analysis followed the approach of content and thematic analysis (Creswell & Creswell, 2017; Flick, 2018). This consisted of organising data, reducing the data into themes through a process of coding and representing the data in figures, tables, or a discussion (Flick, 2018). First, the researcher transcribed audio recordings and re-read the transcriptions to ensure accuracy and consistency by taking note of similarities, differences and contradictions and new insights emerging. At this stage, the researcher became familiar with the data and participants' ideas were described in the form of notes and frequently occurring ideas were compared to see if there were any patterns in participants narrative on social inclusion for children with intellectual

disabilities.

Once a pattern was established, the researcher selected key statements that related to the objectives of the study. These included beliefs and cultural conceptions about intellectual disabilities, challenges encountered by parents and guardians of children with intellectual disabilities and benefits of special education for children with intellectual disabilities. Following this, sub-themes were identified from the broad objectives, and they were categorized to answer the research questions. Some of the sub-themes included non-physical issues, financial challenges, and the need for skill development for children with intellectual disabilities and developmental needs. The data was further analyzed under the various themes and compared with the literature for familiar and contradictory responses.

Emerging themes were further discussed with academic colleagues who had both practice, professional and academic knowledge in the field as a form of triangulation to address issues related to researcher bias and to elicit pertinent information on the appropriateness of the themes used to address the research objectives (Denzin, 1970; Lincoln & Guba, 1985; Thurmond, 2001). Finally, conclusions were deduced from the analysis and recommendations were made.

3. Results

3.1. Socio-demographic characteristics of participants

The sample consisted of eight parents and guardians and nine teachers aged between 30 and 50 years. With regards to marital status, five were single/divorced, two were married and one was widowed. The parents and guardians were engaged in different employment: Traders (5), Teachers (2), and Research manager (1). Regarding the teachers, five were employed in public schools and three worked with private schools. The teachers had diverse years of work experience: 10 years+ (2), 6–10 years (4), 1–5 years (3). In terms of class size, five teachers had classes with 30–40 pupils whilst three teachers had a class size with 6–12 pupils. Table 1 describes the socio-demographic characteristics of participants.

The findings are presented at the next section and organized under themes: (a) Beliefs about intellectual disabilities (b) Challenges encountered by parents and guardians and children with intellectual disabilities (c) Benefits of special education for children with intellectual disabilities (Table 2).

3.2. Beliefs about intellectual disabilities

Participants in this study shared beliefs about intellectual disability. Causes identified were (a) spiritual issues and (b) medical condition.

3.2.1. Spiritual issues

Many of the participants indicated that having a child with intellectual disabilities is beyond medicine and/or the physical. This adversely affects the relationship between the children and community members. A parent noted:

My child's condition is not normal. This is a spiritual battle. People say terrible things about me for having a child with disability. It makes me very worried, and I have decided to move heaven and earth to find the root cause of my child's predicament. (Mother, 48 years).

In addition, a guardian narrated how she travelled all over Ghana to see spiritualists about her child's disability:

I was extremely shocked and very sad and heartbroken when the doctor explained his condition to me. We have taken him to the North and Volta regions to see all the powerful spiritualists and just to change his fate. (Guardian, 41 years).

A parent who believed that her child's condition was a result of

Table 1
Demographic characteristics of participants.

Characteristic	Population		
	Total (N = 17)	Parents /Guardians (n = 8)	Teachers (n = 9)
Age			
35–39	4	2	2
40–44	1	1	0
45–49	6	3	3
50–54	4	2	2
55–59	2	0	2
Gender			
Male	4	0	4
Female	13	8	5
Religion			
Christian	16	7	9
Muslim	1	1	0
Civil Status (of Parents/Guardians)			
Single/Divorced	5	5	–
Married	2	2	–
Widowed	1	1	–
Employment Status (of Parents/Guardians)			
Trader	5	5	–
Research manager	1	1	–
Teacher	2	2	–
Parents/Guardians' Relation to Child			
Mother	5	5	–
Guardian	3	3	–
Child Gender			
Male	5	5	–
Female	3	3	–
Child Disability			
Asperger's Syndrome	1	1	–
Autism	3	3	–
Moderate to severe intellectual disability	3	3	–
Down's syndrome	1	1	–
Working Experience (of teachers)			
1–5 years	3	–	3
6–10 years	4	–	4
10 years+	2	–	2
Type of School			
Public	5	–	5
Private	3	–	3
Class Size			
6–12	3	–	3
30–40	5	–	5

Table 2
Themes and sub-themes that emerged.

Themes	Areas of Focus
Beliefs about intellectual disabilities	Spiritual issues Medical condition
Challenges encountered by parents and guardians and children with intellectual disabilities	Parental neglect Financial difficulties Labelling and stigma
Benefits of special education for children with intellectual disabilities	Improved communication and behaviour Bonding with teachers and peers Skill acquisition

family curse had this to say:

There is no miracle working man of God who doesn't know me in Ghana. And I do not mean these small, small ones. I mean the big ones. It is a family curse. The pastor told me, and I believe. (Mother, 48 years).

This guardian emphasized her belief about autism:

I am aware that disability is a sign of the anger of the gods. This family has indeed been cursed because this is not the first time someone has given birth to a child with disability. It is an issue and until the gods have been appeased, the condition will continue. I help him a lot, but I make sure I offer annual sacrifices to the gods during festivals to seek their help (Guardian, 52 years).

3.2.2. Medical condition

This teacher opined that Fragile-X syndrome is a medical condition.

I have worked with these children for over ten years, and I am convinced that intellectual disability is a medical condition. The children with fragile X syndrome have a genetic disorder which affects their communication, behaviour and physical appearance. It is not the fault of the children to be like this and I think society needs to understand this, provide the needed medical support, and accept them in the community to improve their development. (Female teacher).

Similarly, a mother asserted her belief that her child's disorder is a medical condition:

At first, he could babble a few words but suddenly, it stopped. Unlike his siblings, he doesn't smile when smiled at, doesn't wave bye-bye and has poor eye contact. Later the doctor told me that he has autistic disorder and explained that children with this condition have restricted communication and experience problems interacting with other people...The scientific explanation makes more sense to me, and I believe it. I feared losing my son and wanted to know how he could be cured by the doctor. (Mother, 47 years).

3.3. Challenges encountered by parents and guardians and children with intellectual disabilities

Participants in this study experienced different challenges and these were parental neglect, financial difficulties, and stigma and discrimination. These challenges could have adverse effects on the lives of the children.

3.3.1. Parental neglect

Since childhood is a critical development period, the role of parents and guardians in socialization cannot be over emphasized. However, while some parents were divorced for having a child with disability, the guardians and teachers indicated that the children were abandoned mostly by their fathers. This parent narrated how she was divorced by her husband after their child was diagnosed with autism:

After we were divorced, his father has abandoned us. When I see small boys playing football in the neighborhood, I wish his father was around to take him out to witness it and share in the fun. My mother-in-law says my child's disability is a sign of a curse from my family, so my husband has left us. (Mother, 48 years).

A guardian narrated her challenges in helping her child with developmental skills:

Caring for a child with disability is a full-time job. I am mostly stressed but I force myself to be strong. Both parents abandoned her because of her condition. She easily gets upset, enjoys playing with saliva and sometimes spits on people. I try to help her, but I have

somehow given up. I don't think the other children can make meaningful connection with her so it's better we stay home (Guardian, 52 years).

According to one of the teachers, single parenthood has contributed to the neglect of children with disabilities:

Children with intellectual disabilities have been excluded from society because most of the men have shirked their responsibilities. Many of the mothers are single because the men are not there to support. Due to the demanding nature of taking care of children with special needs, most of the mothers have deserted the children in the school to focus on their work and their children without disabilities (Female teacher).

Adding his voice, this teacher reiterated that, single parenting due to divorce compelled parents to neglect children with intellectual disabilities:

Many of the children in this school are taken care of by a single parent and for most of the parents, the divorce was because of having a child with disability. It is more challenging for single parents to take care of children with disabilities, leading to poor care, lack of socialization and in some instances, total neglect. In the end, the children are mostly affected because their needs are unmet. (Male teacher).

In addition, a teacher who linked social inclusion with neglect and communication skills commented as follows:

I have an 11-year-old girl in my class who still defecates on herself. It is because the parents have neglected her and do not give her the needed training and attention. The father said to me that he cannot waste money on a child who might not survive or grow up to be a responsible adult to take care of him in his old age (Female teacher).

3.3.2. Financial difficulties

In this study, most of the parents reported that they were stressed by the financial demands of caring for their children. This mother shared her experience of financial burden with healthcare.

The doctor said my boy needs regular speech and physiotherapy. This is about 60 Ghana cedis per session for both. But where is the money? I have 2 other children to feed. The last time I took him to the speech therapist was about 8 months ago. Because of this, his condition does not improve. We make one progress and go 10 steps backwards (Mother, 41 years)

According to this parent, she does extra work to enable her to cater for child yet, life is tough:

I sell porridge in the morning, fruits in the afternoon and tea in the evening just to get something small to support my child. I also go to people's home to wash and clean for them. My child needs new spectacles and a wheelchair, but I am not able to afford. The nurse has warned me that if things get worse, my child will need surgery on the right eye. I am stressed most of the time and I have developed migraine (Mother, 39 years).

Another parent reported that:

The health care facilities are far from where we live. The taxis charge a fortune, and I am not able to pay. I tried public transport, but the drivers refused to pick my child as they do not have space for the wheelchair. I used to carry him on my back for health appointments but now, my back hurts badly. Financially, it has never been easy (Mother, 35 years).

This teacher described how financial constraints impact on the care for children with intellectual disabilities:

I have a pupil with severe encopresis. On the average, she needs six to eight diapers. The mother provides only two diapers for the whole day because she cannot afford. I mostly use my own money to buy extra diapers for this child. Taking care of a child with special needs

becomes more difficult when the parents are poor because it leads to lack of provision of basic needs for the children (Female teacher).

In addition, a teacher who linked financial challenges with social inclusion had this to say:

The parents have difficulties in providing for the educational needs of these children because it is very expensive. These children need special learning aids and materials for practice but where are they? Whenever we talk about such things at Parent Teacher Meetings, the message is always clear – the money is not there – not even for medical check-ups. (Male teacher).

3.3.3. Labelling and stigma

Research findings has shown that a positive socially interactive environment helps children to develop cognitive and emotional benefits such as language skills, social intelligence, and confidence. In this study, it was found that children with intellectual disabilities were pushed into isolation due to societal stigma.

Placing emphasis on social interaction, a teacher noted:

The curriculum on early childhood development makes it clear that children learn social skills and norms such as cooperating, respect for others, and sharing when they interact. For children with special needs, the opportunity for such social interactions is not there. The children are forced into isolation due to societal perceptions that disability is a spiritually transmittable disease. Such perceptions affect developmental process of children with special needs as most people do not want to interact with them (Female teacher).

Describing an experience, one of the teachers had this to say:

Traditionally, these children are seen as a bad omen or bad luck and kept away from public view. Despite public education, the traditional beliefs and perceptions seems to be stronger and as a result, children with disabilities are not actively involved in society. It's a shame because these children are full of untapped potentials (Male teacher).

Another teacher explained how dehumanizing names ascribed to children with intellectual disabilities makes them stigmatized:

The isolation also comes from the names or if I should say, the nicknames given to these children. I remember an incident when we took the kids to the children's park for a function. Just as we arrived, a non-disabled child shouted, the stupid kids have arrived. Such name callings are dehumanizing and excludes children without disabilities from interacting with children with disabilities (Male teacher).

Adding his voice, this teacher reiterated that derogatory names given to children with intellectual disabilities contributes to social exclusion:

The exclusion also comes from how society refers to these children. In our cultural setting, children with disabilities are referred to as half-human and forbidden child. These are very derogatory names and leads to stereotypes and discrimination which creates barriers between the children with intellectual disabilities and other members of society (Female teacher).

3.4. Benefits of special education for children with intellectual disabilities

The benefits gained by children with intellectual disabilities from special education were explored. It was found that the children experienced improved communication and behaviour, established stronger bonds with teachers and their peers, and some acquired vocational skills.

3.4.1. Improved communication and behaviour

Most of the parents reported improved communication and behaviour due to services offered at the special schools. This is vital because children with intellectual disabilities use different forms of behaviour to communicate and it is important to understand their different ways of communicating to manage their behavior. Describing her experience, a parent narrated:

My child communicates through tantrums, high aggression, and sometimes self-injury. This was very problematic for me, and I could not take him to any social gathering. But through the special education, he has learned new ways to communicate his needs and I have seen a lot of change and improvement (Mother, 50 years).

This parent explained how special school helped to improve her parental skills:

The special school has helped my child and myself a lot. Personally, it has changed how I perceived my child. I have learned to accept her and not feel embarrassed for having a child with special needs. At home, I encourage her siblings to interact with her more. Her speech is improving, and I am working hard to ensure that she grows to be beneficial to the family and society (mother, 41 years).

Highlighting the need for improved behaviour, one of the teachers noted:

Many of the children who enroll in our school have problematic behaviour like biting, aggression, and lack of interest. Through our interaction with them, we are very considerate and show them empathy and motivate them a lot. With time, we have seen improved behaviour and positive attitudes towards their friends, teachers, and family members (Female teacher).

Another benefit that the children derived from special school was the bonding they have with teachers and peers. Since children with intellectual disabilities experienced stigmatization and exclusion, the type of connection they have with people in their immediate environment was very important as narrated by this parent:

I have noticed that the school supports my child a lot and they live together as a family. The teachers look out for the best out of the children, and I can tell that my child feels loved and comfortable to be here. In general, the teachers are very supportive, caring and patient. It always makes me think of all those years when I failed to be patient and understanding of my child because of her condition (Mother, 35 years).

A parent who described the special school as a saviour noted:

Before I brought my child here, I had given up. The family had also neglected us and even his own father had ignored him. But the school is like a family and my child relates to the teachers as uncles and aunts and to the other kids as siblings. This has saved me a lot. The teachers advise us to never give up on our children but rather, to engage with them and pray for them. My child is very happy, and I plan to let him remain here because he is not stigmatized (Mother, 39 years).

According to one of the teachers, they are in touch with some of the students even after they graduate from the school:

We have a follow up plan and maintain contact with the children after they leave our facility at least for the first year. This is because we know that the Ghanaian community is a very tough and rough place for people with disabilities. Some of the children come back to assist us. Two of our kitchen assistants, the boy at the laundry, the gardener and painter were our former students (Male teacher).

3.4.2. Skill acquisition

Both the parents and the teachers spoke about the value of training

programs offered at the special school for the children. In addition to cognitive training, the children obtained skill development in vocational training. A parent who has enrolled her child in beadmaking noted:

At a tender age, I noticed that my child was mostly curious in items made of beads. I was not surprised when the teacher recommended the beadmaking program for her. I am hopeful that she will earn a living from this in future. I know she will do well I will do my best to support in selling her products (Mother, 39 years).

Describing the benefits of the skill training program, one of the parents noted:

My dream was for my child to be an engineer, but I know this is not possible because of his condition. But I believe the training program can help him to learn a trade. For instance, if he continues with the painting, I hope he can make a living out of it and become independent (Mother, 47 years).

In addition, a teacher had this to say:

Our major focus is to ensure that the children do not end up on the streets as beggars because of their disability. We try to achieve this by providing them with a variety of skill development opportunities such as beadmaking, pottery, book binding, painting, and wood carving. We usually observe the children and place them in programs based on their interest (Female teacher).

Adding his voice, this teacher noted that:

We have had instances where the parents do not believe that the children are capable. But with time, they see the unwritten talents of these children. As you can see, the products for sale in our exhibition center were produced by children from this school. Our problem is with marketing. Because society sees these children as cursed, some are of the mindset that the items they produce will give them bad luck (Male teacher).

4. Discussion

The study explored beliefs about intellectual disabilities, challenges encountered by parents/guardians and children with intellectual disabilities and benefits of special education for children with intellectual disabilities. This study focused on the challenges within the Ghanaian context and how numerous interrelated systems around children with intellectual disabilities can contribute to social exclusion. The findings indicated that many of the participants in the study were female. For the teachers, those in public schools had larger class sizes with many years of teaching experiences as compared to those in private schools. The expectation is that the children in public schools would have made more progress in terms of their developmental milestones as their teachers had more years of teaching experience. However, this was not the case due to their large class sizes.

Regarding religion, except for one who was Muslim, the rest were Christians. Although there were more Christians compared to Muslims, in many African countries including Ghana, beliefs regarding supernatural causes of intellectual disabilities are common thus, affecting how communities interact with the children (Mckenzie et al., 2013). For the parents/guardians, many were either single or divorced and engaged in petty trading. This suggests that they had little income hence their difficulties in providing for the needs of their children as single parents as many of the children were abandoned by their fathers. These issues are interconnected and could impact on social inclusion of children with disabilities at various levels within the environment as suggested by the ecological systems theory.

Parental neglect, especially among fathers of children with intellectual disabilities due to false cultural beliefs could lead to the children being socially excluded and economically deprived (Azar, Robinson, & Proctor, 2012; McCoyd et al., 2014). In many instances, fathers become

emotionally shocked, fearful, and stressed when their children are diagnosed with conditions such as autism and Down's syndrome and as a result abandon the children (Purba & Simanjuntak, 2021). In such situations, care of the children becomes the responsibility of mothers (Giallo et al., 2015) which could add to their psychological and financial burdens.

Children with intellectual disabilities who come from low income or poor family backgrounds have a higher risk of being socially excluded due to financial constraints (Boat & Wu, 2015; Taderera & Hall, 2017). Relating this to the exo-system, there is indication that socioeconomic status of families is associated with social inclusion as children with intellectual disabilities who experience economic difficulties are more likely to lack family support that could increase their involvement in society (Bronfenbrenner, 1979). As opined by some studies (e.g., Crane, Chester, Goddard, Henry, & Hill, 2016; Mbamba & Ndemole, 2021), the financial burden experienced by single mothers of children with disabilities are severe because the fathers abandoned the children and their mothers because of the child's condition. It is therefore not surprising that many of the mothers included in the study were unable to provide for their children financially in addition to issues of labelling and stigma.

Labelling and stigma were shown to create isolation from children with intellectual disabilities. Despite the significant role of kinship ties and extended family support in Ghana, this study expounded that many children with intellectual disabilities are unable to participate in public activities as their condition is seen as undesirable hence stigmatized. The macro system includes cultural and religious values and norms in society which could determine attitudes towards children with intellectual disabilities (Bronfenbrenner, 1979). The stigmatization experienced by children with intellectual disabilities also appears to be worsened by negative labels. In some cases, the negative labels are shaped by cultural norms that ascribe impairment to inability and society may exclude children with intellectual disabilities or restrict their participation in public activities as the labels categorize them as useless, unproductive, and abnormal (Baffoe, 2013; Kassah, Kassah, & Phillips, 2018; Koszela, 2013; Salifu & Mate-Kole, 2014).

The current study showed that special education was beneficial to children with intellectual disabilities. Children with intellectual disabilities risk being socially excluded due to factors such as their inability to maintain interaction (Abbott & McConkey, 2006; Bigby, 2012). Despite the positive impact of enrolling children with disabilities in mainstream schools, in many instances, educators find it beneficial to enroll children with intellectual disabilities in special schools to enable the children benefit from especially appropriate curriculum (McConkey, Kelly, Craig, & Shevlin, 2016; Wang, 2009).

Regarding learning outcomes, it was found that effective teacher guidance received at the private special schools promoted learning outcomes and improved development. The availability of resources, fewer student to teacher ratio and cognitive-behavioural play therapy could result in positive behavioral change for children with intellectual disabilities (Bana, Sajedi, Mirzaie, & Rezasoltani, 2017; Blacher, Howell, Lauderdale-Littin, Reed, & Laugeson, 2014; Gilmour, 2018). This notwithstanding, the concern is how resources and services provided in private schools could be extended to public schools to promote well-being of children with intellectual disabilities in public schools. This is crucial because a study on classroom-based interventions for children with intellectual disabilities noted that, children who lacked interventional aid developed poor social skills needed for building positive relationships and for participating in recreational activities in social environments (Adeniyi & Omigbodun, 2016).

Moreover, relationships mainly in the child's meso system was a factor for social inclusion. Meadan, Angell, Stoner, and Daczewitz (2014) noted that, relationship between parents of children with intellectual disabilities and the child's school is a factor influencing social inclusion. Regarding parental involvement in the education of their children, it was found that many of the parents and guardians engaged with the school to enquire about their children's developmental progress

and they were involved in school activities that exposed the children to society. Some of the parents indicated that the school provided the children with vocational skills which has enhanced their learning outcome and behavioural challenges. This is consistent with findings by [Oranga, Obuba, Sore, and Boinett \(2022\)](#) who noted that, parents of children with developmental disorders who establish a good rapport with their children's schools by being actively involved in their children's schooling activities help to stimulate the children's cognitive abilities which is a prerequisite for social inclusion in wider society.

The development of the child at the micro-level affects behaviour of the child especially during interaction processes within the other systems. It is therefore not surprising that the parents, guardians, and teachers in the study observed that the special education provided the children with improved communication skills. In such environments, the children also experienced improved behaviour which increased their opportunities to establish social connections ([Nankervis, Ashman, Weekes, & Carroll, 2020](#)). This could help the children to bond with their teachers and peers. For the children with disabilities, their relationship and bond with their teachers helps to minimize stressful life events to promote normal life adjustments ([Murray & Greenberg, 2001](#)).

Furthermore, the close social bonds established between children with intellectual disabilities and their teachers serve as a protective function by supporting the children to be resilient ([Miller, Brehm, & Whitehouse, 1998; Murray & Greenberg, 2001](#)). Skill acquisition was shown to be beneficial for children with intellectual disabilities. In Ghana, the ability of children with intellectual disabilities to earn a living or obtain employment may be attainable if they have vocational skills. The special school therefore provided various vocational skills to the children with intellectual disabilities to prepare them for employment in integrated settings ([Human Services Research Institute. \(2012\), 2012; Wehmeyer, 2014](#)). Vocational skills could expedite access to job opportunities and facilitate the social inclusion of children with intellectual disabilities ([West & Patton, 2010](#)). This is important since people with intellectual disabilities experience higher rates of unemployment which have negative effects on their quality of life and social inclusion ([Butterworth, Migliore, Nord, & Gelb, 2012](#)).

Relating these to the chrono level, socio-political conditions such as implementation of legal frameworks and government commitment towards allocation and delivery of services to support persons with disabilities could result in positive outcomes and social inclusion for children with intellectual disabilities ([Kenny & Power, 2018; Quinn & Doyle, 2012](#)). Political level conditions such as budget cuts and/or little support for persons with disabilities could constrain their social inclusion as parents could face increasing financial burden and are likely to discontinue the child's enrollment in special schools. This can impact on skill development and lead to disenabling conditions such as negative societal attitudes towards children with intellectual disabilities. The study has contributed to existing literature on disability in Ghana by highlighting how beliefs related to the non-physical, parental neglect, financial difficulties and labelling and stigma played crucial roles in excluding children with intellectual disabilities from society. However, benefits derived from special schools enabled the children to acquire skills and improved communication needed for participation in society. To enhance this, special schools could be considered in national interventions for children with intellectual disabilities in Ghana.

5. Limitation of the study

A limitation related to the challenge of translating data from two Ghanaian local languages (Twi and Ga) to English language. This presented the study with the potential of data loss due to alterations in actual meanings and emphases. As observed by the researcher, the weight and consequences of labelling and stigma associated with the unacceptability of having a child with intellectual disability as expressed by participants in Ghanaian proverbs and jargons were difficult to convey in direct translation. For example, a particular way of using the

Ga-proverb, ¹'tu tsofa k3 la yee' (gunpowder and fire don't agree) may imply the parent/guardian perceives people as avoiding children with disability like a plague. However, when used by non-Ga speakers, it may indicate that people recognize children with disability as vulnerable and would be cautious of harming them. In similar ways, in-depth knowledge of cultural differences behind participants' language of expression has been applauded as one of the solutions to the methodological pitfalls of reporting cross-language qualitative study to ensure rigour of findings ([McKenna, 2022; Squires, 2009](#)). In this study, because the researcher understands the cultural connotations associated with the two local languages and English, during transcription and analysis, the researcher emphasized language differences and tried to preserve participants' meaning of words spoken in local dialect by describing the cultural context and providing sufficient information to make the meaning accessible to English readers.

Furthermore, the findings of this study do not represent views of all parents of children with intellectual disabilities, teachers who teach children with special needs in Ghana. However, the findings could possibly relate to similar situations ([Glaser, 2007; Silverman, 2015](#)).

6. Conclusions and implications

In conclusion, the findings of the study indicated that a myriad of ecological factors contributed to social exclusion for children with intellectual disabilities in Ghana. While parental neglect was a contributory factor, it underpinned the other factors. Given that childhood is a critical period of development as it is associated with vulnerabilities, the importance of parental presence cannot be over-emphasized. Clearly, the type of role parents play in the lives of children with intellectual disabilities, helps or hinders their development. Thus, to improve social inclusion, there is the need to encourage parents to be more involved in the lives of their children to help them navigate the developmental challenges and difficult moments. This is crucial because as parents shirk their responsibilities, children get isolated, and this could negatively affect their development and inclusion in society.

Since children with intellectual disabilities from poor families could be more at risk of social inclusion, government or public support services are warranted to ensure that the needs of these children are met and they are protected, as well. This implies that at the macro level, it would be useful for policymakers to work at improving the welfare of low-income families, with the aim of ensuring the well-being of children with intellectual disabilities so that they are socially included and better protected from the negative impacts of cultural norms ([Hayes & Bulat, 2017; Issahaku, 2019](#)). This is essential because the lack of participation of children with intellectual disabilities in society in an issue that seems to be neglected.

The role of child welfare professionals become critical to help disadvantaged families by linking them up with available government programs, such as LEAP which among others provides health insurance and human capital development for poor households ([Dako-Gyeke & Oduro, 2013; Paul, Boakye, & Muliro, 2020](#)). The role of child welfare professionals become critical to help disadvantaged families by linking them up with available government social protection interventions, such as the Livelihood Empowerment Against Poverty (LEAP) program which among others provides health insurance and human capital development for poor households ([Dako-Gyeke & Oduro, 2013; Paul et al., 2020](#)). Since many children with intellectual disabilities are from poor families, programs such as LEAP could be valuable as parental neglect could be linked to situations of poverty.

¹ Statement is written in Ga local language. Ga is a local dialect spoken in South-Eastern Ghana.

Declaration of Competing Interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

Data availability

The authors do not have permission to share data.

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