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Expanding Spaces for Adolescent Girls with Disabilities in Senior High Schools in Ghana

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Abstract:

This study examined the inclusion of girls with disabilities in Senior High Schools (SHSs) in Ghana. The sample size comprised of 300 girls from five SHSs in Ghana, five female teachers, three headmasters and two staff from the social welfare department in Ghana. The instruments used for data collection included questionnaires and interviews. The categories of data obtained were analysed using frequency counts, simple percentages and presented in bar charts and tables. The results showed that girls with disabilities were stigmatized as 50% of their peers indicated that they should be educated in special schools and not in the regular schools. The study also showed that existing government policies such as the Free Senior High School Policy, Inclusive Education Policy, Persons with Disability Act 2006, Act 715, the Persons with Disability share of the District Assembly Common Fund and Livelihood Empowerment Against Poverty did not provide dedicated funding for girls with disabilities in SHSs in Ghana. This made it difficult for them to procure assertive devices such as braille machines, screen readers, tricycles, wheel chair, hearing and speech aids and other relevant learning materials for their studies. The study recommended school based and community disability awareness campaigns and the establishment of a dedicated funding windows for girls with disabilities in SHSs in Ghana as ways of including them in SHSs in Ghana.

Keywords: Disability, safeguarding, adolescent girls, inclusion, senior high schools

1. Introduction

Globally the World Health Organisation (2011) estimates that 15.6% (650 million) of the world population experience some form of disability. The 2010 population and housing census results of Ghana showed that nationally, visual impairment is the most common type of disability (40.1%), followed by physical disability, 25.4%. This clearly shows that disability is a major concern worth tackling in Ghana. Disability is an evolving concept that results from the interaction between persons with impairments, attitudinal and environmental barriers that hinder their full and effective participation in society on an equal basis with others. Loeb and Eide (2004) noted that there has been a transition from what could be described as a 'medical model of disability' to a 'social model of disability' with the understanding that people are viewed as being disabled by society rather than by their bodies. But these models are not mutually exclusive creating room for a 'bio-psycho-social model of disability' which represents a workable compromise between medical and social models. This understanding is important because disability has become part and parcel of every society and therefore needs to be addressed from a multidimensional lens. Across the world, people with disabilities have poorer health outcomes, lower education achievements, less economic participation and higher rates of poverty than people without disabilities (World Health Organisation, 2011). Increasingly the negative imagery and language, stereotypes, and stigma persist for people with disabilities with the erroneous equation of disability to incapacity.

Addressing the barriers to disability social inclusion also requires examining the gender dimension of disability. This is because while disability correlates with disadvantage, not all people with disabilities are equally disadvantaged. Women and girls with disabilities experience the combined disadvantages associated with gender as well as disability. Women with disabilities may be less likely to marry than non-disabled women and adolescent girls with disabilities in schools may be more prone to sexual abuse and disrespect than their counterparts who are boys. This makes a compelling case for this particular research, which examines the constraints and pathways for ensuring inclusive education for adolescent girls with disabilities in Senior High Schools (SHSs) in Ghana.

The justifications for the advocacy for inclusive education for girls with disability in SHSs in Ghana are not farfetched. Disability and gender equality have become human rights themes and development priorities supported by many international and national conventions and policies. The United Nations Convention on the Rights of Persons with Disabilities (CRPD) which came into force in May 2008, the Convention on the Rights of the Child (1989), the publication of the first World report on disability in 2011 and the adoption of the Sustainable Development Goals (SDGs) in 2015, the Standard Rules on the Equalization of Opportunities of Persons with Disabilities (UN,1993); the Salamanca Statement and Framework for Action (UNESCO, 1994) and the Dakar Framework for Action(2000) all of which Ghana has signed up to all seek to promote the rights of persons with disability to education, health and labour markets. These laws and policies have elicited some positive responses from local, national and international bodies which have improved the understanding of

disability and its impact on individuals and society. The SDG four specifically seeks to 'ensure inclusive and equitable quality education and promote lifelong learning opportunities for all'.

In the case of Ghana some modest and concrete actions have been taken to improve the well-being and productivity of persons with disabilities. The 1992 Republican Constitution of Ghana outlaw's discrimination against persons with disability. The Constitution is specific in Article 25(1) that 'all persons shall have the right to equal educational opportunities and facilities, with a view of achieving the full realization of that right'. Article 27(3) states that 'women shall be guaranteed equal rights to training without any impediments from any person'. Ghana also has an elaborate disability law, the Persons with Disability Act, 2006, Act 715 and an Inclusive *Education Policy*. In spite of these legislations and policies, evidence on the ground show that adolescent girls with disability continue to face physical and attitudinal barriers which limit their access to quality SHS education in Ghana.

1.1. Statement of the Problem

The Ghana Inclusive Education Policy (GIEP) was launched by the Ministry of Education in 2015. The policy outlined a number of strategies to ensure the inclusions of learners with diverse needs at all the levels of education in Ghana. These include: 1) Ensuring that physical infrastructure designs of existing schools are modified to enhance opportunities for learners with special education needs; 2) Ensuring that all new school infrastructure designs and constructions are accessible to learners with special education needs and are built based on the principles of universal design; 3) Promoting the deployment of special educational needs coordinators to all schools to coordinate special educational needs activities; 4) Ensuring that all teachers are adequately equipped to deal with diverse learners in their classrooms; 5) Ensuring relevant equipment and assistive devices are made available to school children where needed to enable them access quality education; 6) Ensuring that the learning environment is free from discrimination, safe and friendly for all children within the school and that sanctions are in place for those who transgress this requirement; 7) Designing and delivering relevant and effective in-service training modules on inclusion to existing teachers (Ministry of Education, Ghana, 2015).

It has been five years now since the GIEP was launched, but there are no demonstrable and concrete commitments for achieving the objectives of this policy. Specific implementation plans, dedicated funding and functioning institutional frameworks that ensure the coordination and collaboration between the Ministry of Education and other Ministries, Departments and Agencies are hardly noticeable on the ground. The absence of these concrete initiatives continues to impinge on access to quality secondary education for children with disabilities especially adolescent girls with disabilities in Ghana. The focus on girls with disabilities is based on the survey of WHO (2002) which showed a primary school completion rate of 41.7% for females with disability compared with 52.9% of females without disability.

In Ghana girls with disabilities continue to experience some forms of overt and covert forms of stigmatization and discrimination on two counts, gender and disability. The attitudes of some teachers, school administrators, other children, and even family members affect the inclusion of children with disabilities in regular schools. Some school teachers, including head teachers/masters believe children with disabilities should be taught in special schools and not in regular schools. These attitudinal biases affect the self-esteem and achievement of girls with disabilities in SHSs in Ghana. This research therefore seeks to establish the reasons for the continuous stigmatization of adolescent girls with disabilities in the SHSs in Ghana and how to remedy this situation.

1.2. Research Questions

The research was informed by the following research questions:

- What proportion of adolescent girls has disabilities in the Senior High Schools in Ghana?
- Do adolescent girls with disabilities feel accepted and appreciated by their peers in Senior High Schools in Ghana?
- What are the effects of stigma on girls with disability in Senior High Schools in Ghana?

2. Review of Inclusive Education Legal and Policy Frameworks

2.1. Ghana Inclusive Education Policy (GIEP)

Inclusive Education means that schools should accommodate all children regardless of their physical, intellectual, social, emotional, linguistic or other conditions. This should include disabled and gifted children, street and working children, children from remote or nomadic populations, children from linguistic, ethnic, gender or cultural minorities and children from other disadvantaged or marginalized areas or groups. (The Salamanca Statement and Framework for Action on Special Needs Education, paragraph 3). The import of the above assertion is that all children with disabilities should be educated in regular classrooms with those without disabilities. This requires that the whole school system has to change by identifying and removing barriers and providing reasonable accommodation, enabling every learner to participate and achieve within mainstream settings. Stakeholders of education in Ghana support this approach to education as a means of addressing existing inequality in Ghana due to gender and disability. This commitment resulted in the development of the GIEP which was launched in 2015 under the auspices of the Ministry of Education. The policy development process was supported by UNICEF, STAR Ghana and the Ghana Blind Union. The overarching goal of the GIEP is to redefine and recast the delivery and management of educational services to respond to the diverse needs of all learners within the framework of Universal Design for Learning (UDL). The policy also has a more focused objective which is to 'improve and adapt

education and related systems and structures to ensure the inclusion of all learners particularly learners with special educational needs (Ministry of Education, 2015).

Historically, many children and adults with disabilities have been excluded from mainstream education opportunities. In most countries early efforts at providing education or training were generally through separate special schools, usually targeting specific impairments, such as schools for the blind, deaf and deafblind. These institutions according to UNESCO (1988) served only a small proportion of those in need and were not cost-effective and tended to isolate individuals from their families and communities.

The above deficiencies related to special education for children with disabilities led to the adoption of an inclusive education approach to education. The arguments for inclusive education are grounded on economic, social and human rights reasons. The Organisation for Economic Co-operation and Development (1999) observed that while the costs of special schools and inclusive schools are difficult to determine it is generally agreed that inclusive settings are more cost-effective. The average cost of the programme for a student with disabilities in the inclusive setting was US\$ 58 per year, compared with US\$ 20 for a student without disabilities and US\$ 400 for education in segregated settings. UNESCO (2001) argued for inclusive education from equity and economic perspectives. First, inclusive schools can change attitudes towards those who are in some way 'different' by educating all children together. This will help in creating a just society without discrimination. Second, establishing and maintaining schools that educate all children together is likely to be less costly than setting up a complex system of different types of schools specializing in different groups of children. Third, inclusive education helps countries to meet their commitments under Article 24 of the Convention on the Rights of Persons with Disabilities (CRPD) which requires governments to ensure equal access to an 'inclusive education system at all levels' and provide reasonable accommodation and individual support services to persons with disabilities to facilitate their education.

The GIEP recognizes that there are a plethora of constraints militating against the implementation of the inclusion education policy. These include inaccessibility to existing classrooms and other facilities in schools, limited capacity of teachers in inclusive education pedagogy, inadequate funds to procure assistive devices for children with disabilities, negative attitudes of students, teachers and parents towards children with disability, inaccessible transport systems and inadequate curricula. These systemic and school-based bottlenecks still persist in Ghana.

2.2. Persons with Disability Act 2006, Act 715

Following many years of advocacy by disability movements in Ghana, the country passed the Persons with Disability, Act 2006, Act 715. The disability law of Ghana as contained in 4. (1) indicates that 'a person shall not discriminate against, exploit or subject a person with disability to abusive or degrading treatment'. This provision notwithstanding children with disability continues to be stigmatized in educational institutions in Ghana. The Act also has clear provisions that seek to support the education of persons with disabilities in Ghana. Article 18 (1) indicates that the 'Government shall provide free education for a person with disability'. However, this provision is hardly adhered to by the educational authorities. Government funding for disability education is woefully inadequate. Parents of children with disabilities many of whom are already poor struggle to provide assistive devices like braille machines, white canes, wheel chairs, screen readers, hearing aids, magnifiers and disability friendly software for their wards. In situations where parents are not able to afford these essential learning materials, their children with disabilities are compelled to drop out of school. Many public services and places including transportation, classrooms and toilet facilities, hospitals, libraries, and recreational centres remain inaccessible to many children with disabilities in Ghana. This is in violation of the Disability law which enjoins all public services and places to be accessible to persons with disabilities. It is therefore obvious that the disability movements need to continue their advocacy to ensure the existing provisions in the Disability Act are adhered to and enforced by the relevant duty bearers.

2.3. Disability Inclusive Initiatives in Ghana

Ghana has initiated a number of social protection programmes aimed at ensuring the participation of individuals with disabilities in the economic, social and political activities in the country. Some of these initiatives include the persons with disability share of the District Assembly Common Fund, the Free Senior High School Policy and the Livelihood Empowerment against Poverty (LEAP).

2.3.1. District Assembly Common Fund for Persons with Disability

The 1992 Constitution makes provision for the establishment of *District Assembly Common Fund (DACF)*. The DACF is funded annually through the allocation of not less than five per cent of the total revenues of Ghana for local area development. Currently three per cent of DACF is allocated to persons with disabilities. Each District Assembly has a Disability Fund Management Committee (DFMC) which see to the disbursement of the fund based on agreed guidelines. One of the objectives of the Disability Fund is to provide educational support for children, students and trainees with disabilities (National Council on Persons with Disability, 2010). This initiative has certainly brought some relief to students with disabilities. However, there are complaints of undue delays in the disbursement of the fund and reservations about the size of the grant which many beneficiaries feel is inadequate. Also, students have to compete with other persons with disabilities for this grant since there is no dedicated window for them.

2.3.2. Free Senior High School Programme

Ghana in its effort to ensure inclusive education introduced the Free Senior High School Policy (FSHSP) in September, 2017. Under this policy, the fees of every child who qualifies for, and is placed in a public SHS is absorbed by the government. The policy covers the feeding cost of students and the utility and running costs of the schools. Important materials for students such as exercise books, note books, school uniforms, mathematical sets and PE kits are also covered under this policy (Abdul-Rahaman, Rahaman, Ming & Salma, 2018). This relatively new policy has already impacted positively on girls with disability in SHSs by reducing the financial burden on their parents. However, the FSHSP does not cater for essential specific assertive devices like braille, hearing aids, wheel chairs, screen readers and other critical learning materials of adolescent girls with disabilities in the SHSs. The absence of special sponsorship packages for girls with disabilities in SHSs affect their educational performance negatively especially those from poor households. This component of the FSHSP therefore needs to be addressed to ensure inclusive education in Ghana.

2.3.3. Livelihood Empowerment against Poverty

The Livelihood Empowerment against Poverty (LEAP) is a cash transfer programme introduced by the Government of Ghana in 2008. It targets the extreme poor and vulnerable households with the following three categories of eligible members: Orphaned and vulnerable children (OVC) or, Persons with severe disability without any productive capacity and Elderly persons who are 65 years and above. Every two months' government through the LEAP programme provides grant support between 13 and 21 USD to beneficiaries for their upkeep. One of the objectives of LEAP is to increase basic school enrollment, attendance and retention of beneficiary children between 5 and 15 years of age. The LEAP as a social protection intervention has supported children in poor households to access education and health care. An impact assessment of the programme undertaken by the University of North Carolina (2017) showed positive impact on the extreme poor in Ghana. The report showed that the percentage of children 0-17 years old in LEAP households with a valid NHIS card more than doubled, from 23 per cent in 2010 to 57 per cent in 2016. The increase among girls was slightly higher than among boys. However, there are concerns about the sustainability of the programme since part of the funding is from development partners. The programmes is also criticized for not specifically targeting girls with disabilities in SHSs who require support to procure learning materials to enable them achieve their future ambitions.

3. Methodology

The research was conducted in five SHSs in Ghana using both probability (simple random) and non-probability (purposive) sampling techniques to select the sample for the various categories of respondents. The population of the adolescent girls provided by the educational authorities in the sampled schools was 1,200 girls. The Krejcie and Morgan (1970) sample size determination technique was then used to determine the sample size. With a total population of 1,200 girls, the sample size was calculated with the assumption that 50% of the adolescent girls in the schools would be accepted and appreciated. With 95% level of confidence, an accuracy rate of plus or minus 5%, the minimum required sample size was calculated to be 291. To cater for refusal or non-response, a rate of 3% was included which resulted in sample size of 300 adolescent girls representing 25% of the population as indicated below.

$$s = X^2NP(1-P) \div (d^2(N-1) + X^2P(1-P))$$

Where

s is the required sample size

N is the population size = 1,200

P is the population proportion = 0.5

X is the 95% level of confidence = 1.96

d is the degree of accuracy expressed as a proportion = 0.05

Calculation:

$$s = [(1.96)^2 \times 1200(0.5)(1-0.5)] \div [((0.05)^2 \times (1200-1)) + ((1.96)^2 \times 0.5(1-0.5))]$$

$$s = [3.8416 \times 1200(0.25)] \div [(0.0025 \times 1199) + (3.8416 \times 0.25)]$$

$$s = [3.8416 \times 300] \div [2.9975 + 0.9604]$$

$$s = 1152.48 \div 3.9579$$

$$s = 291.18$$

Minimum sample size required = 291

$$\text{Adding a refusal or non-response rate of 3\%} = \{3/100\} \times 291 = 9$$

Therefore, the estimated sample size required = 291+9 = 300

The other categories made up of school five female teachers, three head masters and two staff from the social welfare department were purposively sampled. A combination of qualitative and quantitative data collection methods and tools were used in collecting the required data. Questionnaires made up of both closed and opened ended questions were administered to each of the 300 sampled girls electronically by research assistants using Survey 123 ArcGIS software installed on handheld mobile phones. The use of the software reduced the time required to complete the questionnaires. Given the varied approaches available for measuring disability, the researcher adopted for the internationally accepted Washington Group Short set of questions on disability to assess the disability status of the adolescent girls in SHSs in Ghana. The domains included difficulties in *seeing, hearing, walking or climbing, remembering, washing or dressing, and communicating*. A total of five focus group discussions were held involving 50 adolescent girls, that is one in each school involving 10 adolescent girls. The respondents for the key informant interviews included one female teacher in each selected school, three headmasters and two directors of the social welfare department. A summary of the sampled schools

and respondents is presented in Table 1. The methodology employed also included the review of relevant policies, programmes and laws related to inclusive education. These included the GIEP, LEAP, FSHSP, CRCD, the 1992 Constitution of the Republic of Ghana and the Persons with Disability Act, 2006, Act 715. The categories of data collected were analysed and presented quantitatively and qualitatively using frequency counts, simple percentages, bar graphs and descriptions under specific themes.

Region	District	School	No. of adolescent girls		No. of female teachers	No. of key informants	
			Questionnaire	Focus Group Discussion		Social Welfare	Head masters
1. Volta	Adaklu	Adaklu SHS	60	10	1	-	1
2. Bono	Tain	Nsawkaw State SHS	60	10	1	1	-
3. Upper West	Lambussie	Piina SHS	60	10	1	-	1
4. Upper East	Bawku	Bawku Technical	60	10	1	1	-
5. Northern	Tamale	Dabokpa Tech	60	10	1	1	-
Total			300	50	5	3	2

Table 1: Sampled Regions, Districts, Schools and Categories of Respondents

Source: Field Data, 2019

4. Results and Discussion

The results and discussion of the study are present under the appropriate headings below.

4.1. What is the Magnitude of Disability among Adolescent Girls in SHSs in Ghana?

Establishing the magnitude of the disability situation among girls in SHSs is a first step to ensuring their social inclusion in the educational system. In this regard the study established that the three most prominent types of disabilities among adolescent girls in SHSs in Ghana are: visual impairment 25% (75), mobility impairment 11% (33) and cognitive impairments 10% (30) as shown in Figure 1. This finding agrees with the projections of the Ghana Statistical Service in the 2010 Population and Housing Census which identified visual impairment as the major form of disability in Ghana. These categories of students require assertive devices such as white canes, magnifiers, screen reader software, tricycles, crutches, braille materials and day calendars with symbol pictures to be able to function optimally in school. The study noted that some of these girls with disabilities were from poor households and needed financial and material support to enable them procure these assertive devices. The implication is that those who are not able to afford these learning materials will have to contend with poor grades or drop out of school. In Ghana, the Ghana Education Service and the Ghana Health Service are required to screen school students annually but the study showed that this is hardly done. The opportunity presented for early identification and treatment of health conditions that could result in severe forms of disabilities is therefore not available to many school children in Ghana thereby contributing to the high disability numbers in educational institutions in Ghana.

Figure 1: Percentage of Girls with Disability in Senior High Schools in Ghana

Source: Field Data, 2019

4.2. Are Girls with Disability Accepted and Appreciated in SHSs in Ghana?

A key interest of this study was to assess the extent to which girls with disabilities are mainstreamed into the regular SHSs in Ghana. Data was collected on the level of acceptance and appreciation of girls with disabilities in SHSs

using a 4-point Likert item rating (McLeod, 2019). The findings showed that half of the respondents 50% (150) indicated that girls with disabilities were very accepted and appreciated or quite accepted and appreciated. The other proportion of the respondents also representing 50% (150) felt they were either not very accepted and appreciated or not accepted and unappreciated in their schools as presented in Table 2.

Very accepted and appreciated		Quite accepted and appreciated		Not very accepted and appreciated		Not accepted and unappreciated		Total	
Freq	%	Freq	%	Freq	%	Freq	%	Freq	%
42	14	108	36	127	42.3	23	7.7	300	100

Table 2: Acceptance and Appreciation of Girls with Disability in Senior High Schools in Ghana

Source: Field Data, 2019

The reasons provided by the respondents who indicated that girls with disability were not accepted and appreciated in their schools included the fact that they felt girls with disabilities were not normal and perhaps have some supernatural powers which could harm others; they felt such girls required special help and should be catered for in special schools; there was the feeling that spending time supporting them will affect ones performance and also the general feeling that such categories of students needed social protection and apprenticeship training to live and not border pursuing formal education. This brings to the fore the issue of stigma against girls with disabilities and the need for educational authorities to step-up disability sensitization in schools and communities in Ghana.

4.3. What Are the Effects of Stigma on Girls with Disabilities In SHSs in Ghana?

The focus group discussions and key informant interviews unraveled a number of effects of stigma on girls with disabilities in SHSs in Ghana as summarized in Figure 2.

Figure 2: Effects of Stigma on Girls with Disability in Senior High Schools in Ghana

Source: Field Data, 2019

It is interesting to observe the different types of effects on girls with disabilities in SHSs. Whilst some of the stigmatized girls with disabilities become withdrawn and manage their own affairs, others adopted confrontational approaches to dealing with the issue of stigma which further strains their relations with their peers. This re-affirms the need to roll-out many more disability inclusion campaigns in the regular schools to promote collegiality among children with disabilities and those without disabilities.

5. Conclusion and Recommendations

The conclusions and recommendations of the study are presented below.

5.1. Conclusion

The study established that Ghana has enacted a number of legislations, policies and programmes to promote inclusive education. These include an inclusive education policy, persons with disability law, and a fund for persons with disabilities under the District Assembly Common Fund. The study also established that 25% and 11% of girls in SHSs in Ghana have visual and mobility impairments respectively. These categories of students require assertive devices such as wheel chairs, screen readers, crutches, braille materials and other disability friendly learning materials to enable them benefit from their education. However, whilst government supports inclusive education, there are no dedicated scholarships under the existing government interventions such as the Free Senior High School Policy, Livelihood Empowerment against Poverty and persons with disability share of the District Assembly Common Fund for girls with disabilities in SHSs in Ghana. The absence of financial support for such students has resulted in a number of them having low self-esteem, scoring low grades or dropping out from SHSs. The study concluded that stigmatization of girls with disabilities remains rife in SHSs in Ghana with 50% of their peers not accepting and appreciating them as colleagues in the regular schools.

5.2. Recommendations

Based on the results of the study the following recommendations will help address the challenges facing girls with disabilities in SHSs in Ghana. First, there is the need for government to establish a dedicated fund to support the education of girls with disabilities in SHSs in Ghana. This will enable girls with disabilities from poor households to procure the needed assertive devices for their secondary education. Second, stigmatization against girls with disabilities is still prevalent in the SHSs in Ghana. There is therefore the need for school and community base inclusive education campaigns to increase understanding on disability and to improve the acceptance and appreciation of girls with disabilities. Third, regular screening of students in SHSs in Ghana will help in the early identification and treatment of diseases that could result in disability. Fourth, the provisions in the Persons with Disability Act, 2006 requiring all public places and services to be accessible to persons with disabilities should be enforced by the relevant duty bearers to promote inclusivity in the economic, social and political activities in the country.

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