

OSLOMET

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**PERSPECTIVES AND
EXPERIENCES ON INCLUSION
AND WELFARE OF CHILDREN
WITH PHYSICAL DISABILITIES IN
EDUCATION**

**THE CASE OF AMANSIE WEST DISTRICT,
ASHANTI REGION, GHANA**



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Abstract

This study explores perspectives and experiences on inclusion and welfare of children with physical disabilities in Ghana's education system, specifically in the Amansie West District in the Ashanti Region of Ghana. Four concepts facilitate understanding of the phenomena being studied: the social, medical, and human rights models of disability and the theory of human capital. The literature under two thematic areas in line with the objectives of the study was reviewed: (1) parents' involvement in the education of Children with Disabilities (CWD) and (2) teachers' qualifications and attitudes towards children with impairments in school settings. The qualitative methods study collected data via interviews and observations. Purposive and snowball sampling were used to attain a sample of 35 participants representing a range of actors, among whom children with physical disabilities were the primary respondents along with other key stakeholders in inclusive education, namely parents, social welfare officers, teachers, education officers, staff of disability-focused NGOs, community leaders, and leaders of the Organisation of Persons with Disability. The study sample does not represent the whole of Ghana; it is a study of one selected district (Amansie West). The study relied on the transcribed participant narrations to analyze selected themes relevant to the study's objectives. Research questions addressed children with disabilities' concerns in the school setting, their parents' involvement in their education, their teachers attitudes and qualifications, and expectations of the schools and government. The study's findings show that, even though children with physical disabilities are included in mainstream schools in their communities, they face numerous physical, social, and economic barriers that impede their access to, and undermine the quality and the benefits they derive from, education. The study recommends more efforts be put into public education and implementing inclusive practices to ensure that children with disabilities benefit optimally from inclusive education.

Declaration

I do hereby declare that, except for references to other sources which have been duly acknowledged, this thesis is the product of my own research.

Dedication

I dedicate this thesis to GOD ALMIGHTY, my father Mr. Moses Adamu, my mother Mrs. Grace Fosuaa, and my husband Mr. Jonah Osei-Tutu.

Acknowledgements

I humbly express my heartfelt gratitude and appreciation to the Most High God for His protection and guidance. God Almighty has been faithful to me in everything I have achieved in life, including the successful completion of this thesis and my studies in this noble institution and country. God has used so many people to offer me physical, spiritual, and psychosocial support to make this progression possible. I am forever grateful for the mercies He has shown to me. I also acknowledge my family, especially my parents Mr. Moses Adamu and Mrs. Grace Fosuaa and all my siblings, for their continuous support and prayers throughout my stay and study here. My deepest gratitude also goes to my lovely husband Mr. Jonah Osei-Tutu and my daughter Godslove Nhyira Osei-Tutu for their maximum support and prayers. I am grateful to you, “dear.” I also sincerely acknowledge my hardworking and committed supervisor, Prof. Anne Kielland, whose expertise and thoughtful insights guided me to write my thesis. I am most grateful to you, Anne, and your colleagues Donna and Arne. I also extend my appreciation and acknowledgement to all the teachers in the Department of International Social Welfare and Health Policy program. Your experiences and in-depth knowledge in the field of social welfare and health policies manifested in the knowledge you imparted to us, which made it possible for me to write this thesis. Lastly, I would like to thank all my friends and mates who assisted me in one way or the other to make this thesis a success.

List of Abbreviations

CWD	children with disabilities
FCUBE	free compulsory universal basic education
MOE	Republic of Ghana Ministry of Education
MOF	Republic of Ghana Ministry of Finance
NGO	nongovernmental organization
PTA	parent–teacher association
PWD	persons with disabilities
RQ	research question
SDG	sustainable development goal
U.N.	United Nations
UNCRC	United Nations Convention on the Rights of the Child
UNCRPD	United Nations Convention of the Rights of Persons with Disabilities
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific and Cultural Organisation
UPIAS	Union of the Physically Impaired Against Segregation
WHO	World Health Organization

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Chapter 1: Introduction

This chapter presents an overview of disability and inclusive education in Ghana with a brief discussion on the topic of the inclusion and welfare of children with physical disabilities in education. It addresses the statement of the problem, research questions (RQs) and objectives, and significance and organization of the study. The final section presents background information about the research context and sites, that is, the nation of Ghana and its Amansie West District. For the purposes of this study, *disability* is operationalized to children with physical disabilities.

Background of the Study

Inclusive education for children with disabilities (CWD) has received increasing attention from leading United Nations (U.N.) agencies and major stakeholders in recent years. Importantly, the U.N.'s sustainable development goals (SDGs) commit state parties to ensure educational facilities are in all respects sensitive to the needs of CWD and provide them an effective learning environment. Quality education has the potential to help individuals develop skills, escape poverty, improve social status, and achieve access to networks that may lead to enhanced social outcomes and ultimately make the world a better and safer place to live (UNESCO, 2012). However, the experiences of many children with physical disabilities within educational systems and mainstream society detract from their ability to benefit from education fully. Internationally, growing attention has been directed towards *inclusion* as a strategy to promote the right to education, particularly for children with disabilities. Thus, modern trends in special education have been shifting from institutionalizing children with impairments into designated special schools towards inclusive approaches that allow them access to mainstream educational structures and programs in their communities (Hutchinson & Martin, 2012).

The Government of Ghana assumed the responsibility to provide for the educational needs of all children, including CWD, when the country gained independence in 1957, passing the Educational Act in 1961. In 1970, the Special Education Division (previously, the Special Education Unit) assumed responsibility for special schools (Anson-Yevu, 1988). By the 1980s, the national government introduced the integrated system now known as *inclusive*

education to supplement the existing traditional special education schools. This inclusion meant integrating and educating together students with and students without disabilities (Vislie, 2003).

This policy resulted from a series of discussions among numerous stakeholders in the education sector, including state parties such as the Republic of Ghana's Ministry of Education (MOE), Education Service, Ministry of Health, Ministry of Gender, Children and Social Protection, and National Council for Persons with Disability. Nonstate actors, such as UNICEF, STAR-Ghana, Inclusion Ghana, Ghana Blind Union, Ghana Federation of Disability Organisations, Ghana National Education Campaign Coalition, and World Education contributed to the policy development.

Ghana became the first country to ratify the U.N. Convention on the Rights of the Child ([UNCRC] 1989) in 1990. More recently, on 31 July 2012, it ratified the U.N. Convention on the Rights of Persons with Disabilities ([UNCRPD] 2006). Article 24 of the UNCRPD focuses on education and enjoins state parties to

ensure an inclusive education system at all levels and lifelong learning directed to: The full development of human potential and sense of dignity and self-worth, . . . the development by persons with impairments of their personality, talents and creativity, as well as their mental and physical abilities, to their fullest potential; enabling persons with impairments to participate effectively in a free society. [This is to be achieved by, among other things, ensuring] effective individualized support measures are provided in environments that maximize academic and social development, consistent with the goal of full inclusion. (pp. 16–17)

This provision was absorbed and translated and now coincides with provisions in national and local legislation directed towards achieving similar objectives.

The guiding principles underlying Ghana's inclusive education state, "Every child has the right to quality education; thus, all children should have equal opportunity to access education." Every child can learn and benefit from education; none should be excluded from or discriminated against within education on the grounds of race, color, sex, language, age,

class or social group, religion, political or other opinion, national or ethnic origin, poverty, disability, birth, or any other status.

National Measures Towards Inclusive Education in Ghana

As a democratic state, Ghana continues to pursue efforts to provide all inhabitants with a fair, non-discriminatory, and inclusive society. These national measures, coupled with Ghana's signatory to international conventions and treaties, signify Ghana's commitment to upholding international standards in democracy and respect for human rights. Since assuming responsibility for the care of its citizens in 1957, Ghana has not reneged on the responsibilities towards persons with disabilities. This assertion reflects in its local policies, legislation, and measures undertaken to safeguard the rights and welfare of persons with disabilities, particularly towards creating an enabling environment for inclusive education. This section highlights notable national laws and legislative instruments to promote and ensure the adoption and practice of inclusive education policies in Ghana.

The supreme law, Ghana's 1992 constitution, established the foundation for the recognition of educational rights and inclusive education. For instance, Chapter Five deals with fundamental human rights, and Article 25(a) states, "All persons shall have the right to equal educational opportunities and facilities, and with the view to achieving the full realization of this right, basic education shall be free, compulsory and available to all." Article 29 protects persons with disabilities (PWD) against discrimination and abusive treatment. Similarly, the Children's Act (1998) requires the government to promote the physical, mental, and social well-being of every child.

The Persons with Disability Act ([Disability Act], 2006) presents a legislative framework to serve the interest of persons with disabilities in Ghana. It provides for the establishment of special education schools for children with severe special needs. Parents and guardians/caregivers are required to enroll CWD in schools according to their level of disability; there should be no barrier to their admission. The Education Act (2008) equally provides for inclusive education at all levels and in all districts.

Other key policy interventions directed towards inclusive education include the National Disability Policy of June 2000 (Universal Periodic Review, n.d.), the Government of Ghana's Education Strategic Plan 2003–2015, and the Special Educational Needs Policy Framework

in 2005. These documents testify to the commitment and successive efforts to realize unimpeded access to inclusive education at all levels of education in Ghana. These international conventions and local legal frameworks and initiatives serve as major policy drivers to ensure universal access to quality education and opportunities. Their goal is to facilitate meaningful participation in socio-economic development by all children to fully benefit from the rights accorded to them.

Statement of the Problem

Despite the initiatives and legislation, issues of discrimination and inequality in education are substantive concerns across many developing countries and need to be adequately addressed. According to Ocloo (2011), education is a right and not a privilege; therefore, no child should be denied access to education because of his or her condition. Disability is not, and should not be, a hindrance to children's right to education because education seeks to improve overall opportunities for all children.

Educating CWD goes beyond moving them into mainstream schools. They also need to be provided with the necessary support to enhance their functioning in the classroom (Avoke&Avoke, 2004). Children with disabilities have unique potentials and thus require more individual support and care than might take a child without a disability.

Historically, CWD have been treated differently than children without disabilities, whom society considered to be "normal" and who supposedly conformed to societal norms. The CWD suffered violation; were denied educational rights; and experienced exclusion, discrimination, and segregation from mainstream society.

Odonkor (2007) argued that within Ghanaian social practices, negative perceptions at the local units culminate in perpetually preventing some CWD from attending school, and thus from benefiting by education. Ineffective, negative attitudinal patterns demonstrated towards their education and lack of appreciation of the value for their education have affected inclusive education in Ghanaian communities.

The U.N.SDG 4 stresses setting wider and more desirous targets that commit states to ensure inclusive, equitable, quality education and to promote lifelong learning opportunities for all. The SDG target 4.5 commits adopting states to ensure equal access to all levels of education

and vocational training for PWD. Implementing states also should build and upgrade educational facilities that are child, disability, and gender-sensitive and provide safe, nonviolent, inclusive, and effective learning environments for all.

However, although Ghana's inclusive education policy draws on several national and international commitments to ensure the provision of education for all and despite efforts in advocacy, public education, and sensitization, negative perceptions and labelling of CWD in Ghana appear to persist. The children suffer some levels of discrimination and stigmatization associated with their disabilities. More than a decade after the passage of the Disability Act (2006), general conditions in public education structures are far from compliant with acceptable standards. These conditions suggest that socio-cultural, political, and economic barriers still hinder access to education for CWD, limiting their capacity and potential. This, therefore, demands an examination of perspectives and experiences of key stakeholders to unearth challenges in pursuing effective practices within Ghana's inclusive education context.

Study Purpose and Significance

This study resulted from a recognition of the problems that CWD face in developing their potential within education systems across the world, particularly those in Ghana and other developing countries. The study presents the situation of children with physical disabilities and their families regarding the provision of inclusive education and welfare services in Ghana. It also addresses the views of major stakeholders, such as social welfare officers, special education coordinators, teachers, leaders of the Organisation of Persons with Disabilities, and community leaders, about inclusive education and welfare. This study intends to fill some gaps in the literature, contribute to knowledge about inclusive education for children with special needs, and serve as a reference point for further studies on inclusion.

Because the study provides comprehensive deliberation in understanding the practice of inclusive education in Ghana, it can inform policymakers, concerned organizations, and stakeholders to tackle issues of welfare and barriers to inclusion in education to ultimately enhance human capital formation and development of CWD.

Research Objectives/Questions

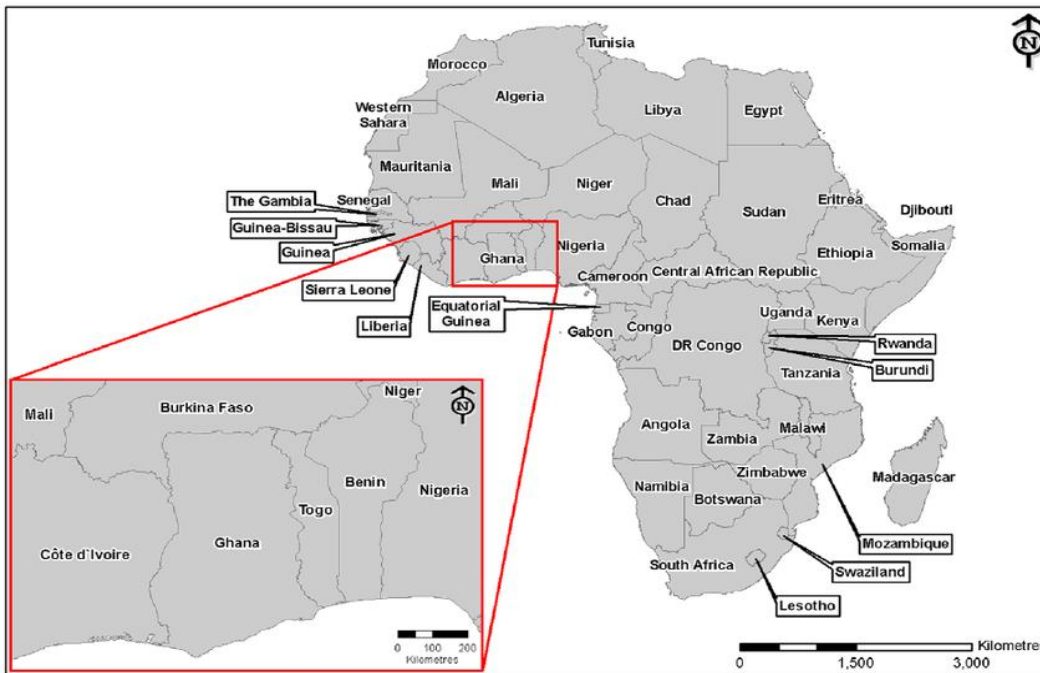
This study aims to explore perspectives and experiences regarding inclusive education and welfare for CWD in the Amansie West District of Ghana. To achieve that main objective, it focuses on examining the following research questions:

1. What are the concerns of children with physical disabilities and their families regarding inclusion in education and welfare?
2. How are parents involved in the education of their children with physical disabilities?
3. What are the attitudes and qualifications of teachers who teach children with physical disabilities?
4. What can be done to make education more inclusive and accessible for children with physical disabilities?

Research Context***Brief Description of Ghana***

Ghana is located on the western coast of Africa. Bordered to the south by the Gulf of Guinea, it shares boundaries with the Ivory Coast to the west, Togo to the east, and Burkina Faso to the north (Figure 1).

Figure 1. *Map of Africa Showing Location of Ghana*



Source: Hayman et al. (2011).

Ghana covers 238.5square kilometers (World Bank, 2019). Christianity, introduced through colonization, is the largest and dominant religion (70% of the population). Other major religions are Islam (20%) and traditional religions (10%). With an annual growth of 2.2%, Ghana’s total population is estimated at 30,955,202, of whom 49.2% are men and 50.8% are women. The country’s population is young, with 38.3% below 15 years of age and another 20% between 15 and 24 years (Ghana Statistical Service, 2019).

Ghana is endowed with several natural resources, including gold, bauxite, diamonds, and manganese, and has been an oil-producing country since 2010. Ghana’s gross domestic product was US\$65.56 billion, with an annual growth of 7.1% in 2019 (Republic of Ghana Ministry of Finance [MOF], 2020; World Bank, 2019). The major economic sectors are services, industry, and agriculture, contributing 46.3%, 34.0%, and 19.7%, respectively (MOF, 2020).

According to the U.N. Development Programme ([UNDP], 2020), Ghana’s human development index ranking is 142 out of 189 countries. Life expectancy in Ghana stands at 63.8 years. The percentage of the population below the national poverty line of US\$1.90 a

day is 23.4%. The gross enrollment ratio (percentage of the relevant age group) for primary and secondary schools is 102% and 72%, respectively. That the primary-school ratio is greater than 100% indicates enrollment of students who are older than the ages designated for that level—thus, more pupils are enrolled in primary school than the primary-school-age population.

Education System in Ghana

Ghana has a fairly good education system with an oversight responsibility by the Republic of Ghana Ministry of Education ([MOE] 2015) for planning, policy, and monitoring functions. With a mission of providing relevant education to all Ghanaians at all levels, the MOE focuses on expanding access to and quality education. Ghana's formal educational system comprises 6 years of primary education; 3 years of junior high school; 3 years of senior high, technical, or vocational school; and tertiary education, which, depending on the type of qualification awarded, ranges from 2 to 4 years.

The Ghana Education Service is the institution mandated with the responsibility to implement national programs and policies at the pre-tertiary level (basic and senior-high schools). The management of non-formal and tertiary education are the responsibilities of the Non-Formal Education Division and National Council for Tertiary Education, respectively (MOE, 2015).

Ghana's legislative provisions on education acknowledge education as a fundamental human right because the 1992 Constitution and the Children's Act (1998) grant every Ghanaian child the right to education. In line with the constitutional requirement to make education progressively free and available to all, free compulsory universal basic education (FCUBE) was launched in September 1995. This was followed with the Capitation Grant in 2006 to abolish the payment of school fees for pupils in public basic schools, all in the quest to improve access and quality of education (Tonah, 2009). The government continues to invest in education by using an estimated 8.2% of GDP to improve educational infrastructure and development (UNDP, 2020).

The landmark development towards the protection and development of children and youth in Ghana was the passage of the Children's Act (1998), which draws on the UNCRC. The activities of the Department of Social Welfare, the Commission on Human Rights and

Administrative Justice, and the Disability Act (2006), as well as the passage of the Domestic Violence Act (2007) and the Human Trafficking Act (2005), also demonstrate Ghana's commitment to its obligations towards children.

The introduction of FCUBE, the Capitation Grant in 2006 (to abolish fees in public schools), and the School Feeding Program in 2004 (to reduce hunger and improve the nutrition of school children) sought to improve school enrollment and retention. The Livelihood Empowerment Against Poverty program also is meant to provide cash transfers for impoverished households, including orphans and vulnerable children (Transfer Project, 2008). Moreover, the government continues to partner with nongovernmental organizations (NGOs) across Ghana to carry out projects and programs to improve the welfare of children and young people.

These legislations and initiatives demonstrate Ghana's partial conformity to international standards on children and the youth. As such, the government and international organizations seeking their welfare expect children below 18 years to be in school, especially those yet to complete basic education. However, although local governmental efforts in children's interests align with global standards, the actual situation of children and youth in Ghana is far from the global ideal. More is required in this direction.

The Children's Act (1998) guarantees the right to education and made education compulsory from the ages of 4 to 15 years; that is, the end of basic education (junior high school). With this legislative background, the stage was set to protect children and young people as international standards espoused and pursued. In its desire to present a good image in the international arena, the Government of Ghana takes a tough stance on applying this legislation, particularly for the benefit of children.

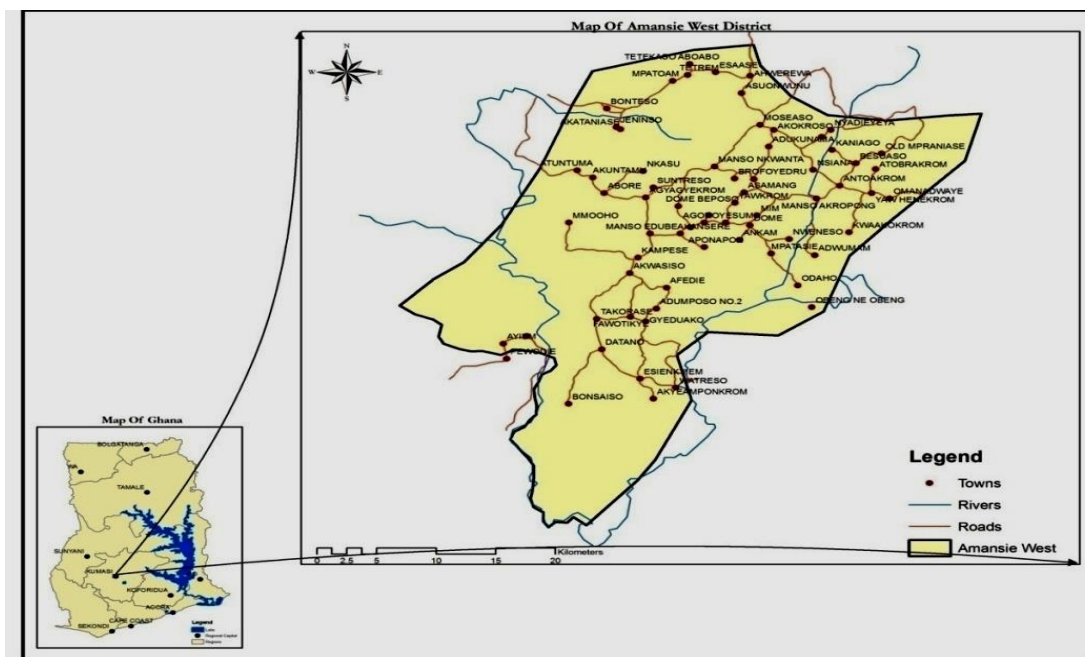
Despite these policies and legislative background, however, conditions in Ghana and many countries in the global north are dissimilar. Although Article 19:2 of the UNCRC (1989) enjoins all state parties to ensure "the establishment of social programmes to provide the necessary support for the child and for those who have the care of the child" (p. 6), parents still pay some form of fees. For example, they pay for extra tuition organized for students, buy books, and other educational materials for their children, and they ensure their children are fed at school. Structures to provide these materials and services fee-free are non-existent

or at least not effective in Ghana. Children and youth in Ghana are therefore at the mercy of their parents/caregivers’ income or other individuals’ sheer benevolence. This is probably why it is difficult, if not impossible, to attempt the importation and effective implementation of international standards in the local context.

Profile of Amansie West District

The Amansie West District (2019) is one of 40 districts in the Ashanti Region of Ghana. The district capital, Manso Nkwanta, is about 65 kilometers from the regional capital, Kumasi (Figure 2).

Figure 2. District Map of Amansie West



Source: Owusu-Sekyere and Bagah (2014).

With an annual growth rate of 2.4%, the district’s population is estimated at 166,641, split between 82,069 (49.2%) men and 84,572 (50.8%) women. The percentage of the population aged 0 to 14 years is 41.3%, with 54.1% aged 15 to 60 years, and those above 60 years at 4.6% (Ghana Statistical Service, 2019).

Nine main ethnic groups comprise the district population, with Akan, the dominant group, accounting for about 87.3%. The structure of the population shows a high dependency ratio, with only a small proportion of elderly persons and the bulk of the people younger than 15 years (Amansie West District, 2019).

The district is predominantly rural; the economy is mainly agrarian. Agriculture employs about 59.2% of the workforce, the mining sector (mostly small-scale gold mining) employs about 16.5%, and the remaining population engages in services and petty trading (retail), among other occupations. The district's major cash crops are cocoa, orange, and oil palm, alongside staple crops such as plantain, maize, cassava, yam, and cocoyam. Some farmers also grow vegetables such as tomatoes, garden eggs (a type of eggplant), and peppers. Most farmers are peasants, and most food crops and vegetables are for household subsistence. Only a small fraction of the population engages in livestock production. In addition, significant resources found in the district are precious mineral (especially gold) deposits and timber forests (Amansie West District, 2019).

Reportedly, 76.5% of the population aged 5 years or more is economically active (Ghana Statistical Service, 2014). The district's average annual income is estimated at Ghana Cedi (GH¢)126.52, about US\$22.00. The poverty level is about 20%, with an estimated 8.5% below the hardcore poverty line (Amansie West District, 2019).

Amansie West District Health and Education

The Amansie West District (2019) has one hospital at Agroyesum, six clinics, four health centers, and five maternity homes fairly distributed across the district. The primary health problem is malaria, mainly due to uncovered small-scale mining pits that have become breeding grounds for mosquitoes.

The district is divided into eight circuits for educational supervision and monitoring of its 125 kindergartens and 123 primary schools, 96 junior high, and three senior high schools (District Education Data, 2019). About 25.0% of the population in the district has no formal education, whereas 63.4% has basic education, and only 0.3% has tertiary education (Ghana Statistical Service, 2019). Table 1 shows the district's kindergarten, primary-, and junior-high-school enrollment figures for the 2018/2019 school year.

Table 1. *Enrollment Figures for the 2018/2019 Academic Year*

Gender	Enrollment by school level		
	Kindergarten	Primary	Junior high
Boys	7,154	15,499	5,758
Girls	7,094	14,964	5,130
Total	14,248	30,463	10,888

Source: Amansie West District (2019).

The figures in Table 1 show that enrollment at the primary level is higher than in pre-primary (kindergarten). However, there is a decline in enrollment from primary to junior high school. In addition, the enrollment figures for boys are higher than for girls at all levels.

The District Education Data (2019) show that the number of pupils enrolled in kindergarten is fewer than expected relevant to the population at that age level, indicating that not all eligible children are being enrolled. However, the actual enrollment for primary-school pupils is higher than expected for the population at that age level, indicating that there are children in primary schools who are older than the standard age for that level. This implies that some children do not enter the pre-primary and primary-school levels at the appropriate age but instead delay enrollment if they enter at all. The figures show that as the children progress to junior high school, actual enrollment again decreases below expected enrollment. This indicates that some children dropout when transitioning from primary to junior high school. In effect, they start school late and leave early. This explains the decreasing literacy percentage with increasing age. There was no data specifically for CWD because data from the district education profile were generalized for all school children and thus included CWD.

Organization of the Theses

This thesis is structured into five chapters. Chapter 1, Introduction, provides the study background, problem statement, purpose and significance, research objectives and questions, and relevant contextual information.

In Chapter 2, the literature relevant to the study is reviewed and theoretical perspectives and concepts relevant to understanding the analysis, discussion, and the empirical data collected from the field are presented.

Chapter 3 discusses the methods used to collect and analyze the study data. It includes a presentation of ethical issues, challenges encountered during fieldwork, and the study's validity and reliability.

Chapter 4 provides an analysis and discussion of the findings and how they answer each research question.

The final section, Chapter 5, summarizes the findings and conclusions, linking the main findings to the theories and concepts used in the study. It offers ideas for future research and recommends actions for policy makers.

Chapter 2: Theoretical Perspectives, Conceptual Framework, and Literature Review

This chapter discusses some theories and concepts presented in the literature on disability, from which I develop empirically-based working hypotheses. Debates include the social versus medical models of disability and the human rights model, supplemented by human capital theory. The chapter further reviews the literature on parents' involvement in the education of their children with physical disabilities and teachers' attitudes and qualifications for teaching CWD. Finally, the chapter defines key terms used in the study.

Medical Versus Social Models of Disability

In the past, the idea of disability often was equated to the existence of a medically identified physical or cognitive impairment. The medical model of disability views disability as a problem with a person. That is, the individual has the problem, not society, and through interventions such as cures or medical treatments that aim to provide the person with appropriate skills to rehabilitate or deal with it, the problem will be corrected or diminished (Clapton & Fitzgerald, 1997).

Challenging the medical approach, activists in the Union of the Physically Impaired Against Segregation ([UPIAS], 1976) developed the social model of disability in the 1970s. The works of Vic Finkelstein in 1980 and 1981, Colin Barnes in 1991, and particularly Mike Oliver in 1990 and 1996 (as cited in Shakespeare & Watson, 1997) extended academic credibility to the model. The social model emphasizes the need to refocus the disability debate on how physical and social environments place limitations on specific categories of people (Oliver, 2013). According to the social model, "disability is a socially constructed disadvantage which is imposed on PWD, constituting a particular form of social oppression" (UPIAS, 1976, p. 14). The social model views disability as the outcome of interactions between people living with impairments and an environment full of social and physical barriers. Examples of these barriers include lack of assistive devices such as wheelchairs, walking sticks, crutches, hearing aids, and eyeglasses; lack of access to buildings, such as narrow doors, tall buildings without elevators, and an absence of ramps; and a range of negative attitudes towards these accommodations.

The social model is particularly concerned with addressing the barriers to participation that PWD experience through these various social and environmental factors (Retief & Letšosa, 2018). It construes the problems facing PWD as the product of barriers within the society rather than the product of the person's medical condition. In this way, the explanation for lack of inclusion is redirected away from the PWD's body and places on society more broadly the responsibility to secure inclusion.

As applied to this study, CWD cannot work and earn money like others to become what they want to be in the future. Many will always be dependent on their families and sometimes abused with insults and discrimination from community members. Within the social model, this situation implies that the social and physical environment must be changed to enable people living with impairments to participate in society freely, actively, and equally with others (Berghs et al., 2016; UPIAS, 1976).

The social model highlights the cycle of impairment and poverty. That is, once people acquire an impairment, they become socially excluded from society. The cycle begins with the education system, excluding CWD because of the system's deficiencies in accommodating them or discriminating against them based on the stigma attached to their impairment.

The social model is relevant to this study because it helps me as the researcher to examine the social and economic aspects that work to marginalize and oppress children with impairments. Thus, it carries the potential to articulate and understand the concerns and challenges that CWD and their families face in their communities. Moreover, the model is socially and politically located in disabled people's movements and activism for social change and recognizes PWD's control of their own lives. It is regarded as accessible because it is based on the simple premise of using people's experiences of exclusion or disablement to enable them to connect the removal of barriers with the fight for equality and greater justice in society as a whole (Retief & Letšosa, 2018).

Hypothesis: Based on the idea of disability as impairment, respondents will define the CWD and not the environment as the problem. Therefore, they will place the responsibility for fixing the problem on the child (e.g., through medical treatment) rather than on the school or general community.

Human Rights and Human Capital Perspectives

The human rights model grants fundamental human rights to all persons, including those with disabilities. Initially, the human rights model was linked to the 1948 universal declaration of human rights and was later associated with political movements such as civil rights, feminism, and children's right. The rights-based approach of viewing PWD also aligns with the UNCRPD (2006). For instance, the UNCRPD marks a shift from viewing persons with disabilities primarily as recipients of charity, medical treatment, special services, and social protection towards recognizing them as "right holders" and active members of society.

The UNCRPD (2006) defined persons with disabilities "as 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 the society on an equal basis with others" (p. 4). In addition, UNESCO's Salamanca Statement and Framework for Action on Special Needs Education (Spain Ministerio de Educació y Ciencia, 1994) supported the rights discourse with a focus on establishing inclusive schools, stating, "Schools should accept and include all children, regardless of their intellectual, physical, social, linguistic, or other conditions" (p. 6). In this regard, the rights-based approach prohibits any act of discrimination and promotes equal treatment for every person.

The human rights model is made relevant to this study by viewing the UNCRPD (2006) as an outcome of the rights approach, which argues for the removal of barriers to allow nondiscrimination and participation in social life. It views disability as a developing idea and as the result of the interaction between persons suffering impairments and attitudinal and environmental barriers that prevent their effective, active, and equal participation in the community. Inclusiveness is the topmost priority of the rights-based approach to disability and therefore central to this study.

Economists at the University of Chicago, prominently Theodore Schultz (1961) and later Gary Becker (1993), pioneered the theory of human capital. The theory postulates that people who obtain considerable skills and experience through education and training will be valued higher in the labor market than those who did not make such an investment. Significantly, the theory stresses education and training as key to participation in the global economy. For instance, it contends that educating CWD would enhance their human capital formation, lead

to better employment opportunities, and alleviate (and perhaps eliminate) poverty. It assumes that most good jobs require high education levels, preferably a college degree. Therefore, because the poor cannot afford to send their children to school, scholarships should be granted to the best performing needy students.

Children of the poor suffer the burden of disease, malnutrition, and lack of parental support. Most do not perform well in school, primarily because of their teachers' and administrators' low expectations of them. Teachers may not spend enough time to teach CWD or may not challenge them to achieve higher academic standards. That is, poverty may impede access to education for some poor CWD or, based on negative perceptions, teachers may not identify them as brilliant but needy in order to allow them access to scholarships.

Human capital stands on the assumption that formal education is instrumental and even necessary to improve the production capacity of the population (Psachoropoulos & Woodhull, 1997; Sakamoto & Powers, 1995; Schultz, 1971). It assumes that an educated population is a productive population. The poor as well as society view education as the best means to escape poverty; therefore, it is crucial to provide more education to society's low-income groups to reduce poverty.

The human capital position recognizes education as a means to develop human capital formation, improve economic performance, and enhance people's capabilities and choices. Education offers opportunities for upward progression, especially among the poor, and exclusion from education can result in lost freedom and productivity in the labor market.

Lack of quality education remains the major risk factor that leads to poverty and exclusion for most children. For CWD, however, the risk of poverty due to lack of education may be higher compared to children without disabilities; CWD who are excluded from education are likely to be poor throughout their lives. These children almost inevitably become an economic burden for society and their families. Such poverty results in living in unhealthy and crowded conditions that aggravate the active impairment or increase the chances of disability among the impaired persons, constituting a vicious cycle that confronts generations (Schultz, 1971). These children are most likely to continue living in poverty and to transmit poverty and disability to their children. Therefore, the human capital theory emphasizes the need for policymakers to allocate significant resources to expanding the educational system.

This study relies on the human capital theory to elucidate the relevance of education in enhancing the human capital formation of persons with disabilities by reducing or ending poverty.

Hypothesis: Respondents in local institutions will be primarily concerned with the issue of rights to education and the scarcity of available related resources. When confronted with resource-demanding children in the education sector, they will focus on the resource scarcity.

Parental Involvement Versus Teachers' Attitudes and Qualifications in Inclusive Education

Parents have long been considered key stakeholders of the school community and tremendous contributors to their children's education. Miksic (2015) broadly defined *parental involvement* as the various ways in which a parent supports the child's education in both words and deeds in home and school settings. Noticeable aspects of parental involvement at home include parental aspirations and expectations, home roles and supervision, and parenting style, as well as actions such as checking homework and discussing school activities. Prominent aspects of parental involvement at school include attending parent-teacher association (PTA) meetings, contacting school personnel, and volunteering at the school (Magwa&Mugari, 2017).

Previous research found a correlation between parents' involvement and their children's academic achievement. For example, Sheldon and Epstein (2005) conducted a study to determine if a correlation existed between parental involvement and children's performance on mathematics achievement tests in 18 schools. They found that children who worked with their parents on homework achieved better grades in mathematics (cited in Magwa&Mugari, 2017). Other studies noted that parent-related factors such as socioeconomic status, including education, income levels, and occupation status, were significant in parental involvement. For instance, parents with low education levels usually lacked knowledge and skills to help their children with schoolwork. Conversely, parents with advanced education were more likely to be interested and involved in their children's work (Berck, 2010, and Donoghue, 2014, as cited in Magwa & Mugari, 2017). Along those lines, parents with low self-efficacy were less likely to contact and or be involved with schools because they lacked the self-confidence to contact school staff (Magwa & Mugari, 2017).

Lee and Bowen's (2006) study noted that parents with advanced college degrees attended more meetings organized by the schools and talked more about educational issues (Jafarov, 2015; Magwa&Mugari, 2017). In that study, some parent responses hinted that occupational status and income influence parental involvement in children's schoolwork. That is, parents who enjoy high socioeconomic status were more involved in their children's schoolwork compared to parents with lower socioeconomic status. It has been noted that parents from disadvantaged socioeconomic backgrounds were less informed, less involved, and more likely to have difficulties associated with transport, language, communication, and childcare(Hornby, 2011; Magwa&Mugari, 2017).

Findings from other studies suggested that schools partly influence parents' decisions to become involved in their children's education. The literature maintained that parents become involved when they understand that teachers expect them to be involved. Thus, it emphasized the need for teachers to consider how they relate to their students' parents and to address attitudes that deter effective parental involvement in schools (Deal & Peterson, 2009 and Hornby & Lafaele, 2011, as cited in Magwa & Mugari, 2017). In essence, parents are likely to feel more comfortable and be more willing to share vital information with teachers when they believe they have the needed support and an inviting environment.

The literature also presented a view that students affect their parents' effective involvement and that some students, especially those in high school, resist parental involvement. Hornby and Lafaele (2011) asserted that the children's age influences the ways and depth at which the parents are involved in the education process. To illustrate, children in junior and high schools may discourage their parents from responsibilities such as helping with homework either because they doubt their parents' abilities or because they feel they themselves should handle the responsibility (Magwa&Mugari, 2017).

Although communication among parents and the school affects parental involvement, telephone communication between parents and teachers may have different qualities than when parents are physically present at the school. In addition, overlapping relationships with other parents were found to influence parental involvement. Increased involvement was seen when parents had outside relationships with other parents, and decreased involvement when parents were isolated from parental networks. For example, parents who belonged to

organizations with other parents outside of the school, such as church or neighborhood associations, tended to be more involved. These interconnections increased parents' comfort level in communicating with and being physically present at the school (Jafarov, 2015; Magwa & Mugari, 2017).

Nyarko (2011) noted that most Ghanaian parents frequently engaged in their children's education in some way. Historically, their involvement was limited to school-related activities at home, such as ensuring completion of homework and personal studies. Parents in Chowa et al.'s (2012) study considered most parents in Ghana to be "somewhat involved" rather than "absolutely detached" from their children's education; overall, however, the extent of their involvement was low. A related study on Ghanaian community participation in school activities reported that some parents practically lacked interest in education and, as a result, did not engage in their children's learning activities (Pryor & Ampiah, 2003).

Teachers' Attitudes and Qualifications

Teachers' attitudes play a vital role when it comes to the education of children with impairments. Their perceptions and attitudes towards disability can influence the practice of inclusive education and the quality of educational materials and instruction the students receive (Sharma & Desai, 2002).

Using semi-structured interviews, Asamoah et al. (2018) investigated the perceptions on inclusive education of visually impaired students, of their peers without disabilities, and of teachers in second-cycle schools that had implemented inclusive education for the visually impaired in the Eastern Region of Ghana. Their findings showed that some visually impaired students and teachers supported inclusion. Indeed, some teachers noted that the concept of inclusive education was a better way to ensure equal educational opportunities. However, some peers without disabilities disliked the practice.

In a study that sampled 120 teachers from inclusive schools, Deku and Vanderpuye (2017) explored teachers' perspectives on curricula, physical environment, and preparedness for the inclusive education programs. The results showed no significant gender differences in the type of curriculum, physical environment, or teacher preparation for inclusive education. However, teachers' experience, age, and professional qualifications were found to influence

the perceptions of teachers in inclusive schools. The researchers, therefore, recommended more emphasis on inclusive education courses in teachers' preparation programs, which would enable prospective teachers to acquire the necessary skills to teach children with special needs.

Studying attitudes on inclusive education of 280 Ghanaian teachers, Butakor et al. (2018) identified four factors affect, behavior, positive beliefs, and negative beliefs as the core determinants of teachers' attitudes. They further reported that male teachers exhibited more negative beliefs towards inclusive education than did female teachers, and teachers with more experience showed less support for inclusive education than did their colleagues with less teaching experience.

Sarfo (2011) examined the attitudes of teachers in mainstream classrooms towards inclusive education and the learning environment for children with varying levels of disability in selected basic schools in Ghana. The study showed that teachers generally had little knowledge or experience in handling children with special needs. It also found that some teachers did not support inclusive education, and the teachers' background, such as gender, age, level and location of school, teaching experience, and teacher qualifications, influenced their attitudes towards inclusion. In addition, the nature and severity of the child's disability influenced the preferred educational environment. That is, teachers recommended that children with severe disabilities be educated in segregated special schools, but those with moderate disabilities be accepted in mainstream classrooms.

In a mixed-method study, Kuyini and Desai (2007) sampled 128 basic schools in Ghana to examine principals' and teachers' knowledge of inclusion and the principals' expectations of teachers implementing inclusion education. The researchers reported that although knowledge of and attitude towards inclusion were indicators of effective teaching practices in inclusive schools, principals' expectations were not. Teachers showed positive attitudes toward integrating CWD into regular classrooms but had limited knowledge about how to do so. Among the variables found to predict knowledge and attitudes, training in special education, and the presence of students with special educational needs in the classroom dominated over class size (Kuyini & Desai, 2006, 2007).

Other researchers reported student needs, behavioral issues, resource availability, and professional competencies as the teachers' main concerns regarding inclusion (Agbenyega, 2007; Kuyini & Mangope, 2011).

The results of Nketsia and Saloviita's (2013) study of 200 final-year pre-service teachers in education colleges in Ghana showed that nearly all participants had received introductory training on the concept of inclusion during their 3-year period of study. However, merely one-third indicated their preparedness to teach children with special educational needs. Respondents who had some personal experiences of supporting children with special needs during their practicum reported having high knowledge and feelings of readiness and self-efficacy. These respondents showed a preference for inclusive instructional approaches that were simplest to apply in general education classrooms.

Elhoweis and Alsheik (2006) reported that teachers had positive attitudes towards CWD. However, significant differences were found between the attitudes of general education and special education teachers. Overall, the results of their study were consistent with the findings of previous studies that suggested teachers' attitudes toward inclusion were related to the amount of training and experience they had in teaching students with disabilities.

Obeng (2007) explored the views of teachers on educating CWD and reported that teachers had negative attitudes about including them. Even though the teachers exhibited some love and affection towards these children, they were unwilling to include them in their mainstream classrooms. Ackah (2010) similarly examined teachers' background characteristics and attitudes towards inclusive education. His findings revealed that mainstream classroom teachers did not support an inclusive education system because they lacked the necessary equipment or training to handle the disability issues they faced in their schools. Agbenyega (2007) researched teachers' perceptions towards inclusive education. The responses indicated that teachers prefer children with sensory impairments to be educated in special schools because putting them in the mainstream classrooms increased the teachers' workload, which could result in their inability to complete the syllabus during the term. Most importantly, it might affect their classes' academic performance overall.

Although the findings of these studies varied relative to the CWD's impairment severity and the teachers' training, most noted that teachers are the main stakeholders in implementing the

inclusive education policy. However, they noted, teachers often are unprepared and more reluctant than policymakers and administrators to meet the needs of students with significant disabilities. Teachers who feel unprepared, lack confidence, or had inadequate training on disability display frustration, anger, and negative perceptions and attitudes towards inclusive education. However, studies by researchers such as Avramidis et al.(2000) indicated that teachers gain extensive professional knowledge by working and interacting with children with impairments in the classroom.

Without a doubt, improvements in some areas are needed to achieve the desired results of inclusive education policies. For instance, Ali et al. (2006) recommended teamwork between teachers in the mainstream and teachers in the special education field, as well as ample preparation to train teachers to teach and handle CWD in the regular schools.

Definition of Key Terms

The terms used throughout the study are here defined to reflect their study-specific meanings.

Activity. An activity is a task or action an individual performs. It represents the individual's perspective of functioning according to the World Health Organization's ([WHO], 2012) international classification of functioning, disability, and health.

Disability. The Washington Group defined disability "as the outcome of the interaction of a person and his/her environment (physical, social, cultural or legislative) and represents a measure of the negative impact of environmental factors on one's ability to participate" (cited in Madans et al., 2011). Ghana's Persons with Disability Act (2006), Article 56 further defined someone with a *disability* as "an individual with physical, mental or sensory impairments including a visual, hearing, or speech functional disabilities which leads to physical, cultural or social barriers that substantially limits one or more of the major life activities of that individual." The UNCRPD (2006, Article 1) described people with disabilities as "persons with long-term physical, intellectual, mental, or sensory impairments that interact with various barriers to hinder their full and effective participation in society on an equal basis with others."

Environment. The environment is the external world that forms the context of a person's life. Environmental factors make up the physical, social, and attitudinal environments in

which people live and conduct their lives. These factors are external to the individual person and can have a positive or negative influence on the individual's performance as a member of society, on the individual's capacity to perform an activity, and on the individual's body function and structure (WHO, 2012).

Impairment. An impairment is an injury, illness, or congenital condition that causes or is likely to cause a loss or difference in physiological or psychological function.

Inclusive education. The term inclusive education describes the

process of addressing and responding to the diversity of needs of all learners through inclusive practices in learning, cultures, and communities, and reducing exclusion within and from education. It involves changes and modifications in content, approaches, structures, and strategies, with a common vision that covers all children of the appropriate age range and a conviction that it is the responsibility of the regular system to educate all children. (UNESCO, 2012, p. 13)

In simple terms, inclusive education describes the act of bringing together children with impairments and children without impairments to study under the same roof with particular attention to each student's individual needs.

Parent. For this study, the term parent describes a person who takes care of a child or youth (i.e., inclusive of caretakers and guardians).

Participation. Participation represents the societal perspective of functioning, the "person's involvement in a life situation"(WHO, 2012, p .14).

Special education teacher. Special education teachers have specialized knowledge and training in teaching pupils or students with special needs.

These terms relate to each other in that together they can ensure a better inclusive environment. As previously noted, in the past, *disability* had been explained according to the medical model. The term was associated with diverse medical conditions and seen as a problem residing solely in the affected person; that is, the result of an individual's inability to function. Interventions included mainly medical rehabilitation and social assistance. In recent years, the medical model was replaced with the social model of disability, which views the

disability as arising from the interaction of a person's functional status with the physical, cultural, and policy environments. When the environment is designed for the full collection of human functioning and ensures appropriate participation in activities, accommodations, and supports, then there would be no disability in the sense that the affected person would be able to fully participate in the society in which they live. Thus, interventions must be not only at the individual level, as in medical rehabilitation, but also at the societal level, as in universal designs to make infrastructure more accessible, effective inclusive education systems, and community awareness programs to combat stigma(Mont, 2007).

Chapter 3: Method

This chapter presents the specific methods used to conduct this research. It describes the research design and then the research population, sample, sampling procedures, participants, participant characteristics, and data collection methods. In addition, the chapter addresses the study's limitations, ethical considerations, and validity and reliability.

Research Design: Qualitative Research

This study used qualitative research to facilitate more in-depth insight into issues of inclusion within the research context. Qualitative research embodies the view that social reality is a continually shifting and emerging product of human creation. Qualitative research approaches aim to understand and report the actions and experiences of people as they encounter, engage, and live through their situations (Elliott et al., 1999). They involve the systematic collection, organization, and interpretation of text or documentary materials obtained from observing or conversing, with the aim to explore meanings of social phenomena or events experienced within the natural environment (Bryman, 2012). A qualitative study helps provide “insight into how social concepts are understood and interpreted within certain cultural contexts” (Tewksbury, 2011, p. 39). The qualitative method develops in-depth information about the problem under study as the researcher endeavors to uncover the reasoning inherent in human actions, attitudes, and behaviors.

This study focused on exploring the lived experiences of people from a phenomenological position; that is, how people understand the meaning of their daily lives and how they conceptualize and construct their social reality. Therefore, qualitative research was chosen to inform the specific research methods used for data collection. With this approach, I developed methods to facilitate a better understanding of the topic of interest from the viewpoint of the interest group and used various qualitative methods to gather the study data. This multiplicity offered the advantage of helping to neutralize and alleviate biases and limitations inherent in each method.

Population and Sample

The target population for the study was children and youth with physical impairments between the ages of 12 and 24 years (including those who attended school, dropped out, or

had never been to school) in the Amansie West District of Ghana. However, the purposive and snowball sampling did not achieve any CWD participants who had never been to school.

Significant adults in the lives of the CWD, such as parents, teachers, education officers, social welfare officers, community leaders, and members of the Organisation of Persons with Disabilities in the Amansie West District, also formed part of the study population. A sample of 35 participants was recruited to form the research sample (Table 2).

Table 2. *Participant Characteristics*

Category	Number in sample	Sex	Age range (years)
CWD in school	8	6 male, 2 female	12–18
CWD dropped out of school	3	2 male, 1 female	18–24
Parent	7	2 male, 5 female	35–50
Teacher	9	7 male, 2 female	30–45
Stakeholder:		8 male	38–50
Special education coordinator	1		
Leader of the Organisation of Persons with Disabilities	3		
District social welfare officer	1		
Community leaders	3		

Note. $N = 35$. CWD = children with disabilities.

I selected the participants from three communities within the district, namely Manso-Nkwanta, Manso-Atwere, and Akropong. They varied in social and economic characteristics such as age, gender, school exposure, income level, and positions in society. The choice of this sample size and characteristics offered variations in views and lived experiences about the phenomenon. It also allowed a more thorough and in-depth exploration of the cases to obtain extensive insight into the topic of interest.

Accessing Informants

Access to research participants, such as youth and CWD, can be challenging (van Blerk, 2006). The nature of young people's lives within the family, school, and institutional contexts in Ghanaian society is such that child and adolescent autonomy is restricted. Their environments are surrounded and controlled by adults who act as "gatekeepers," exercising control over and dictating researchers' access to them and their involvement in the research process (Masson, 2004). To access young participants in schools and homes, it was necessary to obtain permission from the adults who control these places and who have the responsibility to protect and care for the youth. As such, I had to negotiate with adult gatekeepers, such as district education authorities, school principals/teachers, and parents. However, once informed, these gatekeepers helped me obtain the necessary permissions and identify potential participants.

I wrote formal letters to educational authorities and district social welfare officers, explaining the study's objectives and seeking permission to undertake the study in schools and to contact potential participants under their authority (example in Appendix A). The district education directorate noted their consent in an introductory letter (Appendix B), permitting access to the schools and asking the principals to cooperate and support the research as much as possible. The special education officer helped identify schools with CWD enrolled. I also used the Washington Group's (2001) short set of screening questions to identify some CWD within the district.

Sampling and Recruitment Procedures

I used purposive and snowball sampling to sample the research population. In purposive sampling, researchers base their choice of participants on their knowledge of the population. This means researchers use their judgment of the most appropriate people to answer the research questions and provide the necessary information. Therefore, purposive sampling is also referred to as judgmental sampling (Marshall, 1996; Patton, 2002). In this study, I used purposive sampling first to select the communities and then the first member of each group of CWD participants (in school and dropped out), as well as the special education officer, social welfare officers, and teachers.

After that, I used snowballing to recruit other participants, including parents, community leaders, and Organisation of Persons with Disabilities leaders. Snowball sampling can limit the researchers' and gatekeepers' control and biases in the selection of participants because it helps identify and recruit "hidden" informants based entirely on participant-initiated referrals (Babbie, 2005). To reduce biases in this study, I made known only the inclusion criterion (i.e., having physical impairment) and requested the social welfare and special education officers refer three persons known to them as meeting the criterion. Similarly, the selection of participants from different schools and communities made it more likely to include diversified participants with characteristics representative of the population. Through this approach, participating CWD referred their peers, parents, and the Organisation of Persons with Disabilities leaders within the research area.

Data Collection

Data for this study were generated from two types of sources (primary and secondary). The data on the perceptions and experiences of the recruited participants obtained through the fieldwork constituted the primary data sources. In addition, various legislations, reports, school records, journal and newspaper articles, books, and relevant prior research were consulted to facilitate broader and deeper insight into the issues of concern. The data collection took place between 15 March and 20 April 2019 in the selected communities of Amansie West District of Ghana. The qualitative instruments used to collect the study data were semi-structured interviews and observations. The data from these methods complemented each other to provide adequate data for the study.

Semi-Structured Interviews

Semi-structured interviews were used to explore the participants' lives and perspectives in a careful questioning and listening process. The rationale for using a semi-structured interview was to enhance the understanding of knowledge relevant to the participants through their own accounts. The interviews helped to obtain a range of information that allowed insights into research participants' lives.

The use of semi-structured interviews meant that, although I had developed an interview guide with a set of mostly open-ended questions on topics of interest, I could add follow-up

questions to shed more light on the issues being explored. The context became a conversation wherein participants were given attention and space to express themselves. This ensured that relevant areas I may not have recognized while preparing the interview guide (Appendix C) could be amply addressed during the interviews. In essence, the semi-structured interviews sought to ensure that critical areas were covered while providing interviewees the opportunity to share and voice their thoughts and ideas (Brinkmann & Kvale, 2014). The semi-structured interviews with the CWD and their parents, teachers, and other local stakeholders provided the necessary information to enrich the research data.

I prepared separate interview guides for each category of interviewees (Appendix C). English language was used during the interviews for some teachers and principals, the social welfare officer, and the district special education coordinator who are educated and fluent with the English language. The local language (Asante Twi) was used to conduct interviews with other participants such as parents, children with disabilities and some stakeholders, according to their preference since they are illiterate and cannot read or write. It was important to allow interviewees to use any language with which they are comfortable, giving them maximum command of the language and the ability to express themselves in the best possible way. Similarly, being mindful of the cultural context, I was careful that my choice of words and lines of questioning did not sound derogatory or disrespectful.

Some interviews with children enrolled in school and with teachers were conducted at their schools (during free periods and away from classroom distractions, or even under a tree to protect privacy). Other interviews took place at the children's homes, according to the participants' availability, convenience, and preference. Interviews with other stakeholders (special education coordinator, social welfare officers, organization leaders) and parents also took place in their offices or homes at their request and convenience.

I audio recorded the full interviews and, along with my notes on some key points, later transcribed them. Each interview session lasted between 20 and 30 minutes and was preceded by informed consent seeking, which involved providing the participant all the necessary information about the study (see the Ethical Considerations section). Similarly, bearing in mind that interviews conducted with young people in the school setting may be mistaken for a "test" and hence influence their responses, I avoided linking teachers into the process. I

explained to the young participants from the outset that it was not a test and there were no right or wrong answers.

The interviews were useful to obtain information on participants' knowledge ranging from legislation and legal rights to welfare services. Other explored areas included causes of disability, decision-making on children's education, parental involvement, the CWD's concerns, teachers' qualifications and attitudes, views on inclusive education, and suggestions for improvements.

Observations

According to Silverman (2005, as cited in Savio, 2010, p. 7), researchers who do not use their eyes and ears effectively risk glossing over helpful information. Conversely, researchers who observe have the advantage of examining experiences and events (social phenomena) as they unfold. Directly observing behavior and events *as they occur* enhances the quality and reliability of the information gathered. Actions, roles, and behaviors could fade or be altered in response to situations and over time in other qualitative data-collection methods that use back-looking accounts of what *had happened* (Lange & Mierendorff, 2009).

I partnered observations with semi-structured interviews to complement the data. I used my senses to examine the research participants as they engaged in their natural settings. This helped me understand their interactions with people around them and with occurrences in the setting. The observations in this study took the form of semi-participant observation, in which I engaged in limited interaction with the people being observed. Observations helped me witness the CWD interact with others (adults and peers) in their unobtrusive environments where attitudes, behaviors, and actions were not deliberately altered. By closely watching the participants and the nature of their interactions within the context, I gained first-hand knowledge about their situations.

Data Handling and Analysis

The qualitative data were transcribed, sorted, coded, and thematically analyzed based on the study objectives. I played the audio recordings several times before transcribing them. I used thematic analysis to interpret and develop themes from the data and group the data by those themes for easy assessment.

Limitations of the Study

The approach followed in the study helped me explore the perspectives and experiences of stakeholders. Nonetheless, the data-collection procedures had some limitations. To achieve a sample that was highly representative of the population, a relatively large number of participants should have been recruited and studied over a more extended period. However, the limited time and resources available for the study constricted the scope of coverage. Thus, the study's findings cannot be generalized to the population. In addition, the study would have benefited from more extended contacts with participants. Finally, finding a suitable place and time to collect data while maintaining participants' privacy and confidentiality was a challenge. Preventing intrusion and avoiding interference with participants' daily routines necessitated more contact with participants during fieldwork than anticipated during research design. Nevertheless, this study is the first research effort to investigate the perspectives and experiences of key stakeholders in the critical areas of inclusive education and welfare of children with physical impairments. Thus, despite these limitations, this study could serve as a reference to help inform future research in the area.

Ethical Considerations

In this study, to access children and youth participants in schools and homes, it was necessary to obtain permission from the adults who control these places and who have the responsibility to protect and care for them. As such, I sought permission from adult gatekeepers, such as district education authorities, school principals/teachers, and parents.

I wrote formal letters to educational authorities and district social welfare officers, explaining the study's objectives and seeking permission to undertake the study in schools and to contact potential participants under their authority (example in Appendix A). The district education directorate noted their consent in an introductory letter (Appendix B), permitting access to the schools and asking the principals to cooperate and support the research as much as possible.

I also obtained both verbal and written consent of the respondents when necessary and possible. Teachers, the special education coordinator, and social welfare officers who are educated and can read and write signed written informed consent letters (Appendix D). Parents, children, and other participants who cannot read or write gave a verbal consent.

This was because most of them were illiterate or semi-literate and could hardly sign or thumbprint a document they could not personally read and understand. I then explained to participants the study's overall purpose, objectives, and intentions; how they would be involved; matters relating to the audio recordings; and the risks and benefits of participation. Therefore they were okay with verbal consent confirming their consent based on what I verbally explained to them and I recorded their verbal consent. All participants were assured that their participation was purely voluntary and that they could withdraw their consent and leave the study at any time. Informed consent was again sought before every interview.

I also ensured the protection of the participants' privacy, confidentiality, and anonymity. I assured participants that their names would not be mentioned in any part of the report and any information that could be traced to them would be removed. The identities of persons and events, as well as their actions and comments, were obliterated to maintain their anonymity and confidentiality. To this end, no sensitive information was collected or reported. The time and place of contact with participants, as well as the questions, were planned to ensure that participants were protected from physical and emotional harm and not exposed to risks. Arrangements were made to refer any participant who might encounter a health issue during the interview to the nearest medical and counselling services for immediate attention if needed.

To not interfere with participants' daily activities, sessions were conducted at participants' available, convenient, and preferred times as agreed upon by parents/gatekeepers. As much as possible, I showed respect for the local culture and customs of the people and adhered to the local norms in dress and behavior. In dealing with the participants' expectations, I was open and honest with the participants from the outset about no direct rewards for them.

I also applied for ethical clearance from the Norwegian Social Science Data services (NSD) with reference: 512103.

Validity and Reliability

Validity "concerns the soundness, legitimacy and relevance of a research theory and its investigation or practice" (Kitchin& Tate, 2000, p. 34). That is, validity regards the truthfulness of the collected data (participants' honesty and accuracy) and how appropriately the data respond to the research questions. *Reliability* concerns the regularity or consistency

of research findings and the extent to which those findings can be trusted (Tingstad, 2007). In testing the validity and reliability of this study, I used multiple methods of data collection and compared the data from the different sources to counteract the validity threat resulting from dependence on one method. This increased the data's validity and credibility.

The reliability of the study is seen both in the primary and the secondary data sources, which enriched the data, and in the data-collection processes. The primary data, thus the semi-structured interviews and observations provided originality to the study. This enabled collecting from the major stakeholders in the study area first-hand information about the phenomenon. The secondary data from published academic works, books, journals, and articles supplied a firm theoretical and conceptual foundation for the study.

Moreover, the supervisor provided advanced guidance and served as a judge for rating the statements in my interview guide. She validated the interview guide content before it was applied in the field. During the data-collection process, I personally conducted the interviews so that the approach would be consistent and, thus, reduce the interviewer effect. Study participants were recruited from diverse socioeconomic backgrounds and provided diversified data. I formulated and posed my questions to participants in a way to suit them and to enhance the research's validity. I ensured their comfort and ease during the interview by establishing good rapport, a good social relationship with them to overcome any power-differential effect in the research context. Also, data collection took place at times and in settings such as schools, homes, and offices, that were favorable to the participants.

Chapter 4: Analysis and Discussion of Findings

This chapter presents and discusses the study's empirical findings on the educational inclusion and welfare of CWD in the Amansie West District. It details key themes that emerged from the data using verbatim excerpts of participants' accounts. The themes are structured according to the research questions (RQ) and objectives and in view of important central positions and conceptual perspectives. The chapter begins with a description of participants' perspectives on physical disabilities and their causes.

Perspectives on Physical Disabilities and Their Causes

This study identified variations in participants' descriptions of physical disability and the causes they ascribed to it. Their perspectives and rationalizations of impairments were assessed from the perspective of the social (e.g., Retief & Letšosa, 2018) and the medical (e.g., Chapman & Fitzgerald, 1997) models of disability, exclusion, discrimination, and marginalization of CWD. This understanding can inform strategies and policies necessary to address the issues of accessibility, labeling, exclusion, and marginalization of children with impairments who are determined to achieve their educational goals in mainstream schools.

Because the study's focus was limited to physical disability, most participants defined disability by explicitly referencing observable physical impairments and their implications for the affected persons' functioning. Participants appeared more familiar with visible forms than with other forms of disability. For example:

Physical disability may be the failure of any parts of the body, be it the legs, arms, etcetera, to function properly as was created by God. The person not being able to use the hand or leg as is expected . . . that is how I can explain physical disability.(Teacher)

I understand physical disability to be persons with impairment in any visible part of the body, like someone using crutches, crawling, or in a wheelchair, . . . any deformity to any body part that does not make the person complete. (Stakeholder: District education director)

Physical disability is someone with deformity in any part of the body and couldn't recover after several efforts by the parents. It could be that the hand didn't develop well or flattened. (Parent)

We expect that the normal child or the average child should be able to perform certain things or have certain body parts functioning. So, if we have a situation where the child is challenged in any way, as in let's say amputee, crippled, visually impaired, or has a speech problem, then we believe that he or she is disabled in that area.(Teacher)

These definitions and descriptions of physical disabilities were person focused and thus were close to the medical definition of disability (e.g., Chapman & Fitzgerald, 1997). Respondents did not appear to be aware of or consider a social approach (e.g., (Retief & Letšosa, 2018; UPIAS, 1976) to understanding disability. For instance, no participant mentioned social barriers to peoples' functioning (Berghs et al., 2016).

Negative perceptions about the origin of a person's impairment result in and perpetuate the PWD's marginalization, stigmatization, and other inhumane treatments. Lack of proper understanding of their condition makes people discount disabled people's value and contributions in the society. Negative perceptions make society view impairment as a mere source of inability, unworthiness, and incapability to making any significant efforts and contributions towards their own well-being and for society at large. Participants in this study further provided their thoughts on what caused disabilities and how they felt society views PWD:

Some [physical disabilities] are caused by sicknesses such as polio, measles. Also, if a pregnant mother doesn't take good care of herself, it could have effects on the child, for example, if she does not go for antenatal and always takes unprescribed medicines. People are not born with it, but accidents like car, falling tree, or war in the country can lead people into such conditions. (Teacher)

Mostly accidents, polio, cerebral palsy, injuries, and other biological factors like Buruli ulcer, which affect the body to become impaired. . . . They are also human beings with God-given talents, just that physically they have difficulty in moving or performing certain functions. (Stakeholder: Community leader)

When the mother is pregnant and takes some medication, it can affect the baby in the womb. When the mother gets injured during pregnancy, it can also affect the baby. An accident after birth is also a cause. For instance, one of my uncle's sons, when he was about 4 months, the mother gave the boy to the house help. The small boy was at the back of the house, and she [the helper] went to play Ampe[a girl's outdoor game], and unfortunately the boy fell down and it affected the leg. (Teacher)

Some of the causes are the normal accidents; others are also congenital. Mostly infections are from the mother being transferred to the babies. But from the look of things, most of them are congenital from birth. (PWD)

The participants emphasized the medical and environmental causes of physical disability in the interviews. Interestingly, they focused considerably on the role of the mother as causing the disability, implying her responsibility as someone who could have prevented it.

None of the participants' responses on causes referred to cultural beliefs or related to superstition. However, most participants alluded to previously held cultural and religious meanings ascribed to disabilities. They stated that they believed such explanations had shaped general attitudes and perceptions and continued to be a bane on the well-being of PWD. Most participants acknowledged that the society was generally superstitious and that superstitions were rooted in religion and culture. Superstitious beliefs involved blaming the disability on witches or seeing it as punishment for crimes and sins or as a curse or deity in human form. In some cases, the children were described as water gods and taken to shrines and churches to be exorcised and healed spiritually.

Such cultural and religious beliefs strengthen attitudes that discriminate, marginalize, and prevent people from becoming socially involved with PWD. However, the participants' responses may indicate that these previously held beliefs and perceptions were waning as more information about disability was disseminated. This enlightenment and subsequent better appreciation of disability issues were possible thanks to formal education, and advocacy backed by disability legislation, public education, sensitization, and awareness created particularly through traditional media.

RQ1: Concerns of Children with Physical Disabilities and Their Families in the School Setting

Children with physical impairments are confronted with multiple challenges as they seek to navigate the educational ladder. Their education situation is moreover contextualized by other societal barriers they must overcome. Some CWD in school expressed their concerns as:

When I am walking, I suffer a lot. When we are going to learn, dining, or class, someone has to take my books and come back to hold my hands and help me climb up the stairs.

I have difficulty walking and moving around. When all of them [other students] are going out, I will be left alone unless they come and push me [in the wheelchair]. If they don't push me, I have to push myself and follow them. I have to raise the front wheel of my broken wheelchair before I can climb into the classroom and I cannot raise it myself. So, they have to come and help me raise it.

Some CWD who had dropped out of school also recounted their concerns:

It was not because of the teachers' attitude that I couldn't go back to school. I had problems walking to school every day. My house to school is far, the road is not good, and I do not have any assistive device.

When I want to go to the toilet or urinate, I can't sit on the toilet or pot; I have to do it on myself. If no one is in the house and I want to drink water, I can't fetch it. My mother goes to work, and my siblings go to school. I will be left alone. If I want something, I can't get it because there is no one around. When I eat in the morning, that is all when I am hungry unless my siblings return from school before they feed me and give me water to drink. If I want to sleep, I can't go myself; my grandparents take me to bed.

From the CWD's accounts, their major concerns can be grouped as physical environment, poverty, and social environment issues.

Physical Environment (Infrastructure)

The *physical environment* represents accessibility to the built environment and the general condition of the local environment. The social definition of disability that is, disabling environments also could relate here. Generally, buildings and structures that form the core of education infrastructure, including classroom blocks, toilets, and urinals, are not suitable to accommodate CWD. Structures are without ramps or easily accessible routes, so CWD who use wheelchairs, crutches, or have difficulty walking face Herculean tasks daily in accessing these facilities. It is therefore not surprising that some CWD are at the mercy of their peers even to enter or exit the classrooms and other public places of convenience, such as restrooms. In addition to the built structures, the nature of furniture available in the schools added to the accessibility concerns. From my observations of the nature of the furniture, it was obvious that they were made without CWD in mind.

The Disability Act (2006) requires that structures existing prior to the passage of the act be modified with ramps and other routes to make them easily accessible to PWD. The act further demands that new construction provides disability-friendly access routes such as ramps and elevators. However, during my fieldwork, I heard of little, if any, commitment to translate this vision into physical realities.

Instead, the reality the study participants described is contrary and far less than the desired, even more than a decade after the passage of the Disability Act (2006). When questioned on the issue, the special education coordinator lamented that his office, the Education Directorate, is rarely consulted during the design and construction of educational facilities and therefore has no input. The District Assembly (local government) awards contracts for such projects and informs the education directorates only after completion. The Social Welfare Department, which is directly under the District Assembly, also is rarely consulted.

Another area of concern to CWD is the condition of roads and the natural environment in the communities. As shown by the preceding quotes, some participants noted with concern the environmental erosion access routes to many homes in the communities are unpaved mud roads. They are at the mercy of the weather conditions, heavily eroded during the rainy season, and poorly maintained. In the few cases where these access routes are paved, they

often have open gutters that create dangers for CWD, making them impassable in most cases and increasing the distance to access a convenient route.

Similarly, most CWD live at places that are far from their schools. Moreover, most of the drivers in the communities have no regard for pedestrians even where pedestrian crossings are clearly marked. This makes crossing the major roads dangerous even for persons without impairments. Despite these concerns, some children interviewed noted they do not face any problems in the school setting resulting from their impairment.

I don't face any particular problem because of my condition. I am able to access the buildings and move about freely. (CWD in school)

I have not encountered any difficulties so far; we all sit equally. (CWD in school)

Some CWD had mild conditions that are barely visible if not critically observed; some had leprosy; others used walking sticks to aid their movement. They showed no concern in accessing the structures. For example, they could use the toilet and the urinal and enter the classrooms without support from their peers.

Poverty

The household poverty level of children with physical difficulties is far more worrying even than infrastructure issues. Financial difficulties or poverty is a major challenge compounding the concerns inherent in the physical and social environments as CWD determine to succeed in inclusive schools. From birth, their conditions sometimes present an additional financial burden to the household for their proper care and maintenance. This extra financial strain often increases as the CWD advance in age because they require supportive materials and devices. Some children who had dropped out of school expressed their views:

I did not drop out of school because of any teacher's attitude, but when I completed Mansoman [senior high school], the headmaster held my results because I owed the school and couldn't pay my debt.

My father takes care of me but he doesn't help me in school. My mother buys provisions and gives me money to support me in school. Sometimes, too, I don't get anything and may have to stay home for a long time. Sometimes, I go to school

without provisions and money. I want to go to the special school because I don't get any happiness in the inclusive school.

It wasn't because of the teachers that I am not in school. I have completed junior high school, but my mother says she doesn't have money to further my education.

The household's ability to properly cater to CWD largely depends on the financial resources available to the family; as expected, CWD of wealthy families face fewer challenges than their counterparts born to poor families. Interview and observation data from this study show both materially and intellectually uninspiring family circumstances for most CWD in the area. Most households and primary caregivers are peasant farmers, petty traders, or artisanal miners already struggling to provide the household with basic needs. Many are overwhelmed by the extra financial burdens incurred by having a disabled child. Therefore, most CWD in the area lacked assistive devices to aid their movement and learning.

Structurally imposed challenges and constraints confront CWD and their families as they attempt to fully benefit from available education opportunities. Some challenges seem insurmountable in the short term because they are deeply embedded in the beliefs and culture of the people around them. Other challenges could be overcome with improvement in the family's and the country's economic situation.

Social Environment (Attitudes and Support from Friends, Family, and Communities)

The CWD's friends, family, and communities represent their "significant others" both in school and in the household. Their support and attitudes have important implications for CWD's educational decisions. An area of major concern to CWD is the unfavorable social environment. The social environment reflects emotional attachment, attention, attitudes, and perceptions inherent in the CWD's school settings, homes, and communities and could either facilitate or impede the CWD's trajectories. An unfavorable social environment negatively affects the CWD's self-esteem, confidence, and morale in their struggle to achieve education along with other children (Cho et al., 2000).

This study therefore sought the CWD's perspectives on maintaining friendships, attitudes their peers demonstrate towards them, and how peers support them in school. The results indicate that their classmates play important roles in their lives but not without concerns.

According to the CWD, their classmates acknowledge the CWD's educational needs and most offer support to make the school environment conducive and manageable. Generally, children with assistance needs receive support from their classmates, sometimes more than from their teachers, to understand and catch up on the lessons taught in class. Besides entertaining play, the peers also help them understand topics they have difficulty comprehending, spell words, and take notes. Some CWD acknowledged this helping hand their colleagues offer:

I have friends. We play and talk. They sometimes help me understand what I don't understand in class.

We play and chat and do everything. They [friends] help me to understand when I don't understand something in class.

When we are learning, and I don't understand something, they [friends] help me. Sometimes I ask any girl who is passing by to help me.

I have friends. We chat and play, we talk about movies we watch at home, we sometimes learn together. When we are learning, and I don't understand something, they help me.

These quotations show that the CWD's classmates constitute a significant support group. The roles they play by entertaining them and the mutual support they offer are key to the CWD's success in inclusive schools. Almost all CWD interviewed acknowledge these contributions by their peers towards their education.

These fellow students make another critical contribution by aiding the movement of the CWD who have walking difficulties or are in wheelchairs. In some cases, the classmates help CWD move around more easily; many CWD feel it would be impossible to attend and move around in school without their help. One CWD in junior high school who uses a wheelchair recounted this support, stating, "My friends help me to push my wheelchair to wherever I want to go."

In facing the challenges of the unfavorable built environment, this support from classmates offers CWD some relief. A child with a severe physical impairment, virtually immobile on

her own, relies heavily on her peers' benevolence to access education in the school setting. They push her wheelchair from her house to the school. All her movements at the school, including climbing stairs to the classroom, using the toilet, and going out during break time to buy food largely depend on her classmates' support.

However, this support comes at a cost. Most of the children interviewed recounted enduring mockery from their peers. Some classmates use derogatory and demeaning words and tease them about their impairments; some try to prevent the CWD from associating with or joining them to play. Most interviewed CWD reported similar situations. For example, one related:

They [peers] sometimes make me cry. They laugh at me that I have defecated on myself, and I will be crying. It is only one girl [her friend] who insults them to stop the teasing or else she will report them to sir [teacher]. When they see the teacher coming, they will stop teasing me, but they will continue when he leaves. They will be saying . . . [name omitted] she likes that . . . she has defecated or urinated on herself again, even though it is not true.

This quotation is from the wheelchair user who earlier recounted the support she received from her classmates. Even though her access to the school largely depends on help from her peers, she narrated their negative attitude in the form of mocking her. Her classmates' attitudes sometimes make her cry. Other CWD in school shared similar ordeals at the hands of their peers:

Sometimes when there is a misunderstanding between us, they use my disability to say things that pain me, and I fight with them. For example, if someone takes something that belongs to me, and I confront the person, then they start to insult me with my condition. I have not reported it to anyone.

When we are playing, and someone hits my hand, it pains me. They laugh at me, they call me "kwata"[leper]. Even when I complain and my mother goes there to warn them, they still do it. Sometimes, when they are playing and I want to join them, they will say they don't want a leper. I have reported it to my teacher, and the teacher punishes those who do that.

One CWD who had dropped out of school recounted:

I had friends in the school. We used to play and walk together. My friends were always teasing and laughing at me. They always did what I dislike and they were always insulting me. For example, when I am playing, they will come and mess it up and break the items that I am using to play, when I complain they beat me. I reported it to my teacher, and he warned them to stop, but they did not.

Peers whom CWD term “friends” subject them to insults, ridicule, and mockery for their impairment in both unprovoked and conflict situations. In some cases, the classmates tend to deny them association because of their physical impairment. This social exclusion describes structural obstacles that align with the social definition of disability. The classmates’ attitudes may have linkages with the misconceptions and attitudes carried from homes and communities, as noted by a leader of the association of the disabled in the district (i.e., the Amansie West Association of the Disabled):

When the child with disability joins to play with them, they can just stop playing completely because of him or her. Some parents tell their children that if they play with a child with disability, [then] his or her disability will be transferred to [them], too, so they should not play with them. They don’t feel comfortable and have some fear playing with children with disability.

This stakeholder’s quotation illustrates mechanisms such as bullying as social exclusion. Such behavior makes CWD feel odd and isolated. According to the stakeholder informant, some parents teach their children that the impairments are transferrable. These children therefore carry this in the back of their minds and act in ways that supposedly would not make them attract “unwanted” conditions. Most of the CWD seem to accept the mockery of their classmates. In most cases, they do not report such behavior to adult caregivers or teachers. The few reported cases that attracted the teachers’ attention lead to reactions intended to curb the bullying by punishing offenders and warning others.

The dependency on peers, combined with bullying from those same peers, sometimes compelled CWD to withdraw from the presence of others, including dropping out of school. The schools’ limited formal accommodations and lack of strong emphasis on social inclusion led many CWD into loneliness and isolation.

The family constitutes an important and indispensable unit in the lives of people in Ghana. In a communal society, parents, family members, and caregivers are sources of comfort and support for CWD. In a country with a still-underdeveloped child protection sector, the support of families and caregivers provides CWD with companionship and psychosocial support and hence eases the situation of general distress. The reverse overwhelmed parents perpetuates problems of isolation and dejection and thereby compounds the CWD's situations and worsens their plight.

This study's findings stress the importance of families as the main supporting unit for CWD in the research area. Some interviewed children indicate their immediate families are instrumental in their personal upkeep. Family members also strive to provide the CWD with the support they need to be happy and remain in school. Some CWD noted:

They [family members] make me happy in the house; my siblings make me laugh a lot, and we play and laugh together. When I want water to drink, they will give me some. My uncles and others give me what I want; they give me money; my uncle allows me to watch TV in his room. My mother also provides what I want, like food and biscuits; she gives money to my siblings to buy what I need for me.

They [family members] help me to bath and carry me to school. When I want to urinate or go to the toilet, they help me.

My mother supports me with everything in school. She has promised to take me to a good school if I pass my final exams. I want to go to school in town. She [mother] pays for classes, printing, and all the fees, my school uniform, and sandals. She also comes to PTA meetings.

She [mother] pays my school fees and all that I need in school, like class fees, money to buy books, and other things needed. She also attends meetings in the school.

Some CWD participants had severe paralysis and could hardly move around or perform tasks that required mobility. In daily life, they depend on their family. Some families support them to undergo surgery to help improve their situation. Family members also help by providing for their basic needs and interacting with them. That many remain in school indicates their

families' nontrivial commitment and contribution to improve the CWD's prospects for less dependency in the future.

Regardless of their conditions, the CWD try to reciprocate the support received from the family in their own ways. Almost all the CWD interviewed perform some basic tasks to support the family, depending on the nature of their impairment and the demands involved in the tasks. For instance, they might perform household chores and activities that benefit the family's general well-being:

In the house, I wash dishes, fetch water, and run errands and sometimes I support my mother in what she does.

I am unable to do anything very special in the house; I only wash dishes and cook food. I wash clothes, also. When I was in primary school, I was selling toffees during break time and sometimes during class sections. It was helping me because I used it to buy my needs but, in the evening, when I was supposed to study, I was selling, so it affected my studies.

I help my mother. For example, she sometimes leaves my younger sibling in my care while she travels to Kumasi to buy things.

I help in the house. For example, sometimes I sweep and fetch water. My mother sells food so when she needs my help, I do. When it's getting to 5:00 p.m., and she is not at home, I go there to help her bring the things home. Sometimes I cook food and run errands.

These responses show some of the CWD's family contributions within the household. Other CWD also support their parents, especially their mothers, in income-generating activities. These activities would not equate to what other children contribute nor compensate for the support they receive. However, when properly valued and appreciated, they point to the CWD's efforts towards the household economy and towards reciprocating the family's love, care, and support.

The families' attitudes towards CWD are not significantly distant from those of the communities. One section of the community might view CWD as vulnerable, pitiable, and

sympathetic. Others, with attitudes rooted in misconceptions, might view them as unwholesome and for that reason want nothing to do with them. Community members who are sympathetic towards CWD have come to understand that their conditions are not their fault, that these children are equally capable of doing whatever a nondisabled child could do, and that the causes of their impairments are medical and not spiritual. This understanding is possible through education, leading to a proper appreciation of the CWD's value, potential, and abilities.

Not all families are similarly supportive. Some participants also referred to families who had neglected or treated CWD with disdain. A few accounts about CWD who had died point to the immediate family's lack of proper care and support. Participants who witnessed such incidents recounted:

One boy with disability died out of poor parental care. The parents didn't send him to school, and he was just roaming around and begging. When serving him food, they will put the food in front of the door. Then he will crawl and come for it. He got malaria, but no one attended to him and he died as a result. (Stakeholder: Community leader)

I have personally seen three cases, and we hear about others, too. There is one child who came to make a complaint to us. We decided to talk to the parents at the first point of contact and by the time we realized he [the child] had committed suicide. Some of them are kept indoors with no happiness and they die of depression. (Stakeholder: Social welfare director)

I know one girl who was disabled and was always sleeping at one particular place in their house. She was unable to sit or do anything for herself, so she later died. (Teacher)

I know one child with disability who has died. He was sacked from school to go home and collect his school fees. He was crippled, and a car knocked him down on the way, and he died instantly. (Parent)

Without the immediate family's love, care, and support, CWD are indeed vulnerable. Having a visual deformity that makes them "stick out" from the norm is stressful and frustrating, but

the relief a supportive family environment provides helps ease the challenges confronting the CWD. On the other hand, an unstimulating, unsupportive family environment adds to the physical burden. In some cases, the CWD might commit suicide or die needlessly from preventable or treatable sicknesses. The community's posture and attitude influence the parental decision to educate CWD. Where communities view CWD as useless and incapable of justifying any investment in them, parents and families may not be motivated to commit resources to their education.

Knowledge of Disability Policies and Interventions

Equality in educational accessibility and quality is a matter of policy. The process of developing disability policies in Ghana has been an agenda for intense discussion over a long period. Ghana's parliament passed the National Disability Policy of 2000 (Universal Periodic Review, n.d.) and then the Disability Act (2006) to give the former legal backing. The Disability Act, consistent with the U.N. convention, asserts various rights for PWD. It guarantees access to services, protection, and entitlements available to other citizens by virtue of being humans and citizens.

Although enshrined in policy and legislation, the practice of inclusive education in Ghana suffers several challenges in its implementation and practice. This study therefore sought to evaluate the level of awareness and knowledge of the targeted beneficiaries (PWD and their families) and other stakeholders on relevant policies and laws. The study's findings show that except for the federation of the disabled leaders, participants are oblivious to the existing laws and policies. For example, CWD stated:

I haven't heard anything about the Disability Act and I don't know about the disability fund.

I don't know about my rights and I don't really know anything about the Disability Act.

I don't know about my rights and I don't know about the law. I have not seen some before.

Parents also show little or no knowledge of the existing disability laws and policies. Consequently, most respondents indicate a lack of knowledge about the disability fund, which is a product of those laws and policies. However, a few CWD's comments hint that they had heard some things about the policies, stating "I have heard about the Disability Act but I don't know what is in it" or "I know that no one should trample upon my rights or prevent me from going to school. I have the right to go to school, but I don't know about my other rights." Those few had heard about the Disability Act (2006) through the media or other avenues but did not know its content and the rights it proffers. Not knowing makes them incapacitated and powerless to pursue the realization of their rights.

The local leaders of the federation of the disabled, who themselves were PWD and principal stakeholders, responded to the same questions in the affirmative:

I know the Disability Act. After the law was made, it was published so anyone interested can find it. I got to know about it through the association, Ghana Federation of the Disabled. When I joined the association, then I got a copy of it.

It [the Disability Act] allows you do whatever you can do, . . . to learn, to get an education, so that you don't beg. I got to know about it through our association. . . . We have an association of which I am a member. We got copies from our regional office.

The disabled association leaders indicated that the association made efforts to educate and sensitize leaders on the content of the law. The association also made copies of the Disability Act (2006) available to the leaders and local organizations to create public awareness and sensitize its members, hoping to equip them with the necessary knowledge to empower them as they support members in asserting, advocating, and realizing those rights. This makes sense, given that these leaders often are at the forefront in the pursuit of members' welfare. Although they may not have demonstrated detailed knowledge of the law's content, they were at least aware of basic rights, such as the right to equal education. They therefore can confront individuals and institutions that impede the realization of those rights. Other stakeholders indicated awareness of the act and related national policies and responded:

Yes, there is legal protection. It is enshrined in the Children's Act 560 of 1998. . . .

Yes, I am familiar with the act. It was provided to me by my department, . . . social welfare. It seeks to protect the general welfare of persons with disability.

Yes, there is protection. Child protection is a law in Ghana and, as part of its citizens, they are also under the protection of the Constitution of Ghana. I am aware of the Disability Act. I got it from the net, from conferences, from emails from other organizations. It is more like the U.N. convention. . . . Access is the key factor to services with enabling environment—accessible environment, equal opportunities. The act tries to make sure that every facility has recognition for access . . . within an enabling environment.

Social welfare officers and special education coordinators also demonstrated awareness of disability policies and laws, particularly the Disability Act (2006). These stakeholders are public officers entrusted with the responsibility to ensure the application, implementation, and realization of existing policies, laws, and rights for the benefit of PWD. As part of their training, they are introduced and exposed to the law's content as a principal document with which they work.

However, like most other participants, the teachers had no or limited knowledge of the Disability Act (2006). Even those who responded that they heard if it did not demonstrate knowledge of its content, not even content regarding education. Teachers claimed they did not know the details of the act or other policy documents. For example:

I have heard about the Disability Act, and they [PWD] are protected. They have equal rights. . . . But I don't know much of the content of the act.

The law I know is in terms of discrimination when they are applying for jobs. There is a law governing them that they too can apply for jobs any time they wish to do so. But as in the education sector, I have never seen any support from the government to children with disabilities.

Teachers who are at the core of inclusive education and should have basic knowledge, if not a firm grip, of the policies and laws necessary to help them discharge their duties demonstrate low knowledge of existing policies and laws. This situation might be explained as teachers viewing special educators as responsible for CWD's educational well-being. They therefore do not take a special interest in the disabled pupils' well-being. This situation also could reflect political and national institutions' lack of proper prioritization and willpower to see disability laws and policies effectively implemented.

This lack of or insufficient knowledge and appreciation of the policies and laws reflects how young people with impairments and their parents are usually unaware of their rights and interventions. This situation further complicates their vulnerability to maltreatment, discrimination, and other rights violations.

The Disability Act (2006) provides that PWD be given 3% of the district assembly common fund. The common fund is a statutory allocation to district assemblies as part of the decentralization to support local solutions to problems and development in the various districts. The present administration increased the percentage earmarked for PWD from 2% to 3%. This allocation is expected to support medical procedures to improve or correct some PWD's impairments, to support the education and apprenticeship of children and young people with disability, and to provide some income-generating activities for PWD and their parents and caretakers.

Participating stakeholders' awareness regarding the common fund allocation to PWD varied. Some indicated they are aware of its existence, and federation leaders who participated in the study attested to being part of a committee that oversees the fund's disbursement. However, other participants gave contrary indications, stating they are oblivious of the existence of such an intervention. These views reflect the participants' lack of awareness and knowledge about the Disability Act (2006) itself.

Despite the varied awareness of such provisions, there is evidence that participants received some benefits. Specifically, some CWD, parents, and stakeholders attested to receiving money or items from fund disbursements. There also are accounts that a child participant was supported to undergo surgery to improve her physical condition and enable her to walk. Some children noted:

What I know is that when I started school at Mansoman [senior high school], they paid the admission fee and first-term school fees. (CWD in school)

I have received some help from the government. It was a sewing machine. I used to learn [to be a] seamstress. (CWD dropped out school)

I have received some help from the government before. It was money. They gave it to my mother to support our education. (CWD in school)

Yes, I have heard about the disabled fund. I have not received some before. (CWD dropped out of school)

Interestingly, some children who earlier indicated that they are not aware of the existence of the disability fund later hinted of being beneficiaries or knowing some beneficiaries. This indicates that some CWD do not recognize the name of the common fund but know that some children receive benefits.

The participants' responses confirm the relevance of the human rights model (e.g., UNCRPD, 2006) and human capital formation (Psachoropoulos & Woodhull, 1997; Sakamota & Powers, 1995; Schultz, 1971) to the study. Relative to the human rights model, the participants do not demonstrate adequate knowledge about their fundamental human rights; most are unaware of their basic rights. However, their right to education is observed in that none of the children interviewed mentioned that they had never attended school. Almost all had been to school at some point but had dropped out due to the many related challenges.

These responses also affirm the concept of human capital formation (Psachoropoulos & Woodhull, 1997; Sakamota & Powers, 1995; Schultz, 1971). The results show that disability and poverty were related. If CWD could benefit from quality education, then they could break the cycle of generational poverty. All stakeholders interviewed in the study view education as an enhancement to the human capital formation through the acquisition of knowledge and skills to compete and meet the demands of job opportunities in the labor market.

RQ2: Parental Involvement in the Education of Children with Physical Impairments

Parental involvement could be an instrumental factor to determining success in the education of CWD. Therefore, one objective of this study was to determine how parents are engaged and the function of parental involvement in ensuring access and development of CWD in education. Ideally, the relationship between schools and families of CWD should be constructive. A good relationship could help reduce the stigma of disability, contribute to the recognition of the rights and needs of PWD and their families, and enhance situations that reinforce possibilities (Ebesold, 2003). Some parents recounted their contributions and how they are involved in the education of their CWD:

I bath and dress her for school. I give her money for food. I go to the school to interact with the teachers to see how she is performing. I buy uniforms and other things that will be needed in the school. And I do attend PTA meetings also.

I make sure he baths and dresses for school every morning. I also give him money for food. His school uniform got spoiled, and I asked my friend to help me buy one for him because I was not having money at that time, and my friend bought the uniform for him. I also bought shoes for him. What motivates me to send him to school is that, when he stays home, it will not help his future. He will study so many things in the school so that he will become a doctor or a teacher, which will help his future. I do not attend PTA meetings myself but my mother who is my child's grandmother attends on my behalf.

When she was in school, I was giving her money for feeding; I was buying her books, pencils, uniforms, shoes. When she got paralyzed, I was carrying her on my back to and from school every day and I was attending PTA meetings also. What motivated me to send her to school was that, when she doesn't attend school, she will be left alone in the house but when she attends, she will be able to learn and be happy to play with her peers.

I buy books, uniforms, sandals, and all other things she needs throughout her education. What motivates me to send her to school is that when she attends school, it will help her in future to get a quality job; if she doesn't attend, she will even be a

burden on me. Sometimes I attend the PTA meetings, and other times my mother attends.

The parents' responses enumerate the ways they engaged in their children's education. The functions they perform start from when the child gets out of bed in the morning. For the very young ones and those whose impairments make it impossible to care for their own hygiene, the parents' first task is to bath and prepare the children for school. Some parents convey the children to and from school to ensure their safe passage across the dangerous roads. The parents also give the children money for food and provide them with all the basic needs for school. In addition, the parents attend PTA meetings at the school. Their presence in the school during these meetings serves as a source of motivation for their children. Such engagements also allow them to voice their children's concerns for the teachers and other stakeholders to take appropriate measures to address. This finding differs from the results of Pryor and Ampiah's (2003) study on Ghanaian community participation in school activities, which reported that some parents lacked interest in education and thus did not engage in their children's learning activities.

The school-based involvement on the part of parents in this study could benefit their children's educational progress because it allows parents an active part in decisions regarding the children's education. Some participants recounted cases where parents prioritized the education of their CWD over their nondisabled children:

I asked his senior siblings to stop their education so that I will be able to cater for him well. If not, his condition can affect his future if he is not educated. I do everything to make sure he succeeds in his education, for example, fees, books, uniforms, excursions fees, class fees, and many more. What motivates me to send him to school is that if I don't allow him to go to school, I will destroy his future because he cannot do any other works apart from office work. (Parent)

Some of the parents also pay special attention to the disabled children, for example, the parent can pay the school fees of the disabled child first before the other children. . . . It means they take good care of that child. Sometimes, when the children are attending different schools and PTA meetings are scheduled, sometimes when the

meetings in the school coincide, some of the parents choose to attend the meeting of the disabled child to encourage the child. (Stakeholder: Community leader)

These parents acknowledge the limited work opportunities for CWD and encourage them by prioritizing them over their siblings. Although most parents' financial situations do not allow them to acquire specialized devices to ease the children's education, they provide for the children's basic needs and school materials. With the introduction of FCUBE and, recently, "free senior high school" policies, education is officially free to the high-school level in Ghana. By virtue of these policies, the government absorbs school and related fees to relieve the parents' burden. However, the parents bear other costs required for the children to dress appropriately and be happy in school. That is, despite these policies in practice, the families must purchase the children's school uniforms, sandals, book bags, and learning materials such as textbooks, exercise books, mathematical sets, and pens. These materials contribute to the children's appropriate image, confidence, and happiness in school.

Although most parents interviewed are involved in their children's education, others did not show the same interest or commitment. Some prefer to use their meager income on their nondisabled children and to prioritize other household needs. Societal attitudes and perceptions towards CWD also influence the parents, as reflected in the responses of stakeholders who had witnessed discrimination:

Some of the parents discriminate against their disabled children in the payment of school fees and other support. There is one deaf child: The father has sent all the children to school but was reluctant to send the deaf child to school. The father thinks the child is not worthy to be taking to school.

In Akan tradition, when the parent decides to take the child to school, some neighbors will be discouraging the parents: "What can this disabled child do? . . . He can't help you in anyway." So, the parent gets discouraged.

These statements support Pryor and Ampiah's (2003) finding that some parents lacked interest in education and did not engage in their children's learning activities. If parents feel that CWD are not capable of making significant academic gains, then they also assume that they would not bring home any qualification. This posturing affects the parents' commitment

and interest in investing in their children's education. Further, the stigma in the society and family associated with having a child with a physical impairment dampens some parents' spirit and enthusiasm towards that child.

This practice had been rampant in the past when it was more influenced by superstitious beliefs; it has waned in recent years with increasing public education. However, it could be inferred that poverty further limits the CWD's chances of accessing education. It seems evident that the parents' socioeconomic backgrounds affect their children's access to education and successful progression within the academic environment. The effects of parental poverty are obvious in most respondents' narratives. That is, parents' impoverishment incapacitates them to honor their responsibility to be involved in their CWD's education.

Observation and qualitative inquiry into the parents' demographic backgrounds confirmed that most parents are not economically sound. In most cases, the CWD participant lives in a household of at least four members under the care of a single parent, usually the mother. A stakeholder described, "For the parents, it is mostly the females [mothers] who help their children with physical disabilities." Some parents explained:

I have to always leave her alone in the house to go and search for a day job, which I don't even get sometimes. I am a single mother and I have to struggle everyday to take care of four children. I have no source of income. Their clothes and food is a major problem. I used to go for *galamsey*[illegal mining] before [so] we can eat, but now the government has abolished the small-scale mining activities. I don't get any support or money from anyone to be able to engage in trading to take care of them. I don't get money to send her to hospital for physiotherapy and other medical examinations and or treatments. It worries me that she is just at one place going through all this suffering. We have not gotten any support from any community member.

I do not get any money to support her education and living expenses. No community member has helped me in any way. I am the only person helping my child with disability.

This study's findings indicate that the burden of care for most CWD in the study area falls to the mothers. According to stakeholders, this situation exists largely because, with marital separation or divorce, the children live with the mothers, and the fathers tend to neglect their responsibilities towards the children thereafter. In a few cases, the father neglected or rejected the child at birth, upon realizing that the child had physical deformities.

Most parents (mothers) burdened with the responsibility to care for a CWD worked in the informal sector that is, they are peasant farmers or petty traders with irregular and insufficient earnings. These parents already struggle with caring for other household members. Their occupational status and income influence their involvement in children's schoolwork (Hornby, 2011; Magwa&Mugari, 2017).

This study supports the notion that parents from poor backgrounds are less involved in their children's education and care. Parental inability to bear the resulting costs of their children's schooling affects the children's enrollment and progression in school. This could increase their children's vulnerability to exclusion or drop out, especially at levels where parents must pay direct school fees or pay for exam results to be released (Casely-Hayford et al., 2011). Thus, CWD are likely to exit school earlier with fewer qualifications (O'Keefe,2007). This, in turn, perpetuates the cycle of generational poverty within the family. Parents from underprivileged backgrounds might not have the necessary resources or time to be actively involved in their children's education in ways that schools expect or value(Lee &Bowen,2006). On the other hand, parents with regular, appreciable income are better positioned to care for their CWD and adequately provide for their upkeep.

The interviews in this study show that many parents are aware that educating CWD could free other family members from the burden of their care, increase the family's wealth, and earn them respect. Although participants shared stories of severe neglect of CWD, most recognize parental involvement at home as important to bonding, creating a parent-child relationship and a conducive learning environment, and boosting the children's self-image in society.

RQ3: Attitudes and Qualifications of Teachers who Teach Children with Physical Disabilities

One objective of this study was to examine teachers' attitudes towards CWD within the context of inclusive education. The study also attempted to determine the teachers' qualifications and the effects of those qualifications on CWD in inclusive schools. This is important because teachers represent a key stakeholder in ensuring better implementation of inclusive education. The views of most of the participants on teachers' attitudes towards CWD are moderately positive or favorable and acceptable, although some stakeholders recounted some concerns. Some teachers noted:

I hold a Bachelor of Education Science, and we have students who are visually impaired and we also have some that have their hands or arms amputated, and we also have students who have issues with their legs in our school. We [teachers] intend to have a soft spot for such children because of the training that we had. We want to make them feel that they also belong to a society. We want them to feel that they are welcomed. It is no fault of theirs. They did not create the situation they find themselves in, so we have to accept them and make them feel that they are part of us. So, we always encourage them. You can never drive a child out of school because of his disability. I don't ask them to repeat their class because those we have [with] disability are not academically that weak.

I hold a degree in accounting and I have not gone for any training or seminar about it [disability] but I did educational technology where we had some part talking about disability in class, for example, hearing impaired and all that. It helps you in terms of teaching, how you will go according to the person's problems, especially how you are going to teach a hearing impaired. Someone with hearing impaired should always sit in the front. So, with the one in my class, she has a leg problem and she is seated at the front, so everything is going normal. For my class, there is one girl with disability, but I have not even punished her before. I exclude her when punishing the rest. I have special treatment for her. I have never sacked her. I have never done some before because this is my first time I have met someone like that in my class. Sometimes she performs poorly, but I will advise the whole class to learn harder. I will not point her out that she did not perform because of her challenge.

Interview and observation data from the study show that most of the teachers demonstrated a relatively positive attitude towards CWD in the studied schools. These teachers' responses support Deku and Vanderpuye's (2017) findings that indicated teaching experience and professional qualifications influenced the perceptions of teachers in inclusive schools. During their training, teachers undertake an introductory course in special education, even if they do not specialize in that area. The district special education coordinator explained:

Since they [teachers] also go through special needs training as part of their training, their attitudes towards special needs children are OK, but they lack the ability to teach them well. . . . They understand that they should not underestimate or look down upon them and see them as human beings who through no fault of theirs have become special needs children. . . . I can say teachers' attitudes towards them are fine. We have some teachers who are visually impaired or physically challenged working with us, so the teachers know their ability and the teachers support these colleagues, as well as the children, in similar situation. . . . The reception and attitudes are good. That's why she[a CWD] is able to go to school everyday.

Based on the coordinator's statement, it is presumed that teachers have a basic understanding of the CWD's conditions and are major stakeholders and agents in their education and general well-being. Evidence from the literature agreed with these findings on qualifications. For instance, Sarfo (2011) found that teachers generally had little knowledge or experience in supporting children with assistance needs in mainstream schools.

In this study, the teachers' attitudes are mostly favorable towards the retention and educational progress of CWD. They tend to show sympathy and concern towards the CWD, as the majority of participants expressed:

The teachers play with us and sing for us, so I feel happy in school. Their attitude towards me is good; they talk to me nicely in class. (CWD)

The teachers feel sorry for me when they get to know about it [his impairment]. The teachers are good towards me and all the others; they like us. (CWD)

Adult participants confirmed these indications given by the CWD. Some adult participants are PWD themselves and have gone through the educational system or are part of the system

as teachers. One such teacher also is a leader of the federation of disabled in the district. The abilities and potentials he demonstrates in his duties contribute to shaping the attitudes and perceptions some teachers hold about the CWD. He noted, “Some of the teachers are sympathetic towards children with disabilities and try to give them attention and help them. He will not shout at you, treat you badly, or laugh at you with your condition.”

These responses support the findings of Avramidset al.(2000), who indicated that teachers who started with little knowledge on disability or on how to educate CWD gained professional knowledge after they worked and interacted with PWD.

This study also sought to determine whether teachers treated CWD differently from other children. Although study participants did not articulate differential treatment, their responses suggest that teachers sometimes treat the CWD differently but in a positive way to encourage them in school. This is evident particularly in terms of assigning tasks and punishments and exempting CWD for lateness and other offenses in the schools. One CWD in junior high school noted, “The teachers don’t treat me differently. . . . Sometimes, when they are beating us for coming to school late, they don’t beat me.”

Although this child earlier indicated that the teachers treated her and her classmates equally, further probing elicited that her teachers give special treatment in recognition of her condition: The child is paralyzed and relies on her wheelchair and friends to carry her around the school. The teachers and other participants corroborated that they recognize her efforts and the difficulties she endured just to come to school. These teachers may have developed a better understanding of the condition of CWD and shaped their posturing to moderately support their educational needs in schools. These indications contradict Obeng’s (2007) study, which examined teachers’ views on educating CWD in Ghana. He reported that teachers showed completely negative attitudes and unwillingness towards including CWD in mainstream classrooms.

However, even in the current study, a few teachers’ express negative attitudes towards including CWD in the schools. By their actions and sometimes use of offensive or derogatory languages toward CWD, these teachers contribute to making the school environment unfavorable for the children. As some participants observed, these attitudes discourage CWD

and make their school lives uncomfortable in the inclusive setting, thereby perpetuating their isolation, segregation, and stigmatization. Stakeholders recounted:

For the teachers' attitude, they are many; some happened in my presence. A child had an eye problem, and I took the child to school. The headmaster said he won't admit the child because the disability will pass on to other children. I reported to the education director, and he intervened and cautioned the headmaster. Some of the teachers also think the disabled child is not worth their efforts and do not want to mark their work; sometimes they don't want you to participate or contribute to any discussion in class at all. (Leader of PWD organization)

But there are some [teachers] who will insult you, like, "Look at his twisted legs." When the child does something wrong, instead of correcting the child, the teacher will rather insult or tease the child with his or her condition, and the entire class will laugh at the child. . . . Some are like that. . . . Most people don't understand the system [inclusive education], so it is difficult to implement it. Some people think that the disability can be transferred from one person to another, so some schools are reluctant to admit CWD with the fear that other children will stop coming to that school. (Community leader)

These teachers held misconceptions about the causes and origins of disability, and those misconceptions remain even into higher education. These stakeholders' observations partially support Obeng's (2005) findings. However, this study's findings suggest that teachers' general attitudes towards CWD in mainstream schools are moderately accommodating and accepting and not as completely negative as Obeng reported. Instead, participants in this study describe teachers in most cases as "approachable," "nice," "playful," and "patient" with CWD, even when inadequately equipped to handle their special educational needs. This is evident from both the observations and qualitative interviews. None of the CWD interviewed reported a bad experience with any teacher.

This finding shows a positive outlook for inclusive education efforts. Teachers' positive attitudes constitute a principal factor for the successful inclusion of children with special educational needs in regular schools. These positive attitudes ensure the right educational atmosphere for CWD to enter, remain, and progress in school.

Although teachers' educational training includes a component on special education as an introductory course, it may not be detailed enough to adequately equip teachers in mainstream schools to deal with CWD. Teachers' general training pays little attention to the inclusive education aspects needed to guarantee their successful practice of inclusion. Instead, the CWD's educational needs are equated to those of other children; teachers generally teach the same curriculum for CWD as for children without disabilities. One stakeholder (leader of PWD organization) expressed this concern as:

Teachers also don't give attention to CWD. . . . Able persons are naturally faster than the disabled persons. Because of the impairment, the child with the disability may not be at the same pace as those without disability in terms of writing, but the same time is allotted to all during exams, and it makes the disabled children lag behind in exams.

In some cases, particularly the CWD with arm impairments when they were writing are indeed slower than children without disabilities. However, children with such impairments are not given special dispensation during school examinations and are required to finish within the same time as the other children in the class. Possibly, a CWD who has difficulty moving body parts associated with writing would not finish within the given time and thus score lower marks and perform poorer. This may be misinterpreted as that child having lower intelligence than the other children. The teachers' resulting low expectations for CWD then affect how they allocate scarce educational materials in the classrooms.

Clearly, the teachers' limited knowledge lowers their qualifications as special education teachers. It carries implications for teaching children with special education needs and for supporting their inclusion in regular education. Teachers who lack the required skills and training tend to have little appreciation for the CWD's peculiar situations and needs, as well as negative attitudes and possibly low expectations for CWD. Evidence from the literature supported this finding on teachers' limited knowledge of CWD's special education needs. For instance, Ackah (2010) noted that teachers in regular classrooms generally did not support inclusive education because they lacked the necessary equipment and training to effectively handle special issues they encountered in the classroom. Further, after examining teachers' beliefs, perceptions, and attitudes, Agbenyega (2007) concluded that teachers' concerns affected their acceptance and commitment towards practicing inclusive education. Other

researchers reporting on Ghana's inclusive education initiatives raised major concerns, including teachers' limited knowledge and lack of skills needed to provide instructional adaptations and innovations to meet CWD's educational needs (e.g., Kuyini & Dessai, 2007; Wamae & Kang'ethe-Kaman, 2004). In view of this, teachers' professional training is regarded as a primary factor for the successful inclusion of CWD in mainstream schools. The foregoing discussions show that teachers' attitudes are generally positive and acceptable, although there are concerns about some teachers whose attitudes are unfavorable towards children with special assistance needs in inclusive settings.

Relative to parental involvement, most teachers in this study have positive perceptions of implementing inclusive education programs, and parents are supportive in terms of their children's education. Teachers' attitudes were not found to impede to parental involvement in the school settings; instead, it was observed that most teachers and parents collaborated in the children's best interests.

RQ4: What Can Be Done (Expectations from Inclusive Schools and Government)

At the practical level, this study sought to inform local content solutions to the challenges confronting inclusive education. The participants expressed diverse views on what schools and government should do to make inclusive education better serve its purpose. Most of these views closely associated with the challenges and concerns discussed earlier. Some participants first acknowledged the government's efforts and support they received to improve their well-being:

The government is helping in the payment of school fees for children with disabilities. . . . Through the common fund, there is an education aspect. At the basic level, it is free, but when you are going to tertiary level where it's expensive, they [government] support you. Also, some modern structures are fixed with ramps and lift [elevator] to help people with disabilities. The government does organize educational programs like open forum where there are talks about disability and their education. (Stakeholder: Leader of PWD organization)

I have received money and a fridge from the government to start a business. (PWD)

I have received some help from the government; for example, we don't pay school fees and canteen. (CWD)

I have received some help from the government before. It was money; they gave it to my mother to support our education. (CWD)

These participants' accounts acknowledge the government and other concerned stakeholders in the quest to make things better. Participants appreciate that the government absorbs expenses at the basic and secondary education levels, from which CWD benefit. This initiative relieves households with disabilities, most of which are already impoverished, of at least some extra expenditures they would have borne in the absence of such an initiative. Participants also acknowledge the stipend or financial support some PWD receive, mostly through the disability fund, as they progress into the tertiary education level which often overwhelms their families with an additional financial burden.

Similarly, participants recounted some financial support for surgeries conducted when necessary to help some CWD, as well as the provision of materials and tools such as sewing machines to support PWD, who chose to go into an apprenticeship. Some participants attest to interventions to provide some PWD or their parents with income-generating activities. In some cases, disbursements from the fund are used to support those who already are in viable businesses or to provide materials such as deep freezers or initial capital to start a petty trade or business.

Despite these attestations of the government's efforts, interventions, and initiatives to improve PWD's lives, participants desire much more from the government and its agencies. Other stakeholders expect the government, its inclusive schools, and other state institutions as the major stakeholders of inclusive education to significantly increase their efforts for the education and well-being of PWD:

The government should do workshops to support the implementation, to educate the people to change their attitudes towards persons with disability. The government should increase the proportion of employment allocated to disabled persons so that they will be encouraged by the availability of jobs after completion. [It] should also ensure that all allocations made for persons with disability, for example, the common

fund, really get to the children in school, those who need surgery and other supports.
(Stakeholder: Leader of PWD organization)

Government is the major stakeholder in education and should make it a point to implement measures towards inclusive education by asking every district assembly to make provision for ramps and the necessary materials when awarding contracts.
(Stakeholder: District education director)

Government should provide teachers for the purposes of inclusive education and assistive devices and materials like crutches and wheelchairs. And also there should be more public education on the policy so that all stakeholders will do what is expected of them. (Teacher)

Government should also increase the percentage of the common fund for persons with disability so that they will be able to cater for the education of the young ones in school. Government should also make it compulsory for the committee managing the special fund to capture the educational needs of children in school. (PWD)

The government should pay attention to health and education. Those who can't go to school can be provided with tools and put in specific trade according to their abilities. Those who advance to higher education should be supported. The government should also get the proper records on persons with disability in every district. (Stakeholder: Community leader)

Government should provide parents of children with disabilities with some income or money to be able to engage in trading so that we can be able to take care of our children. (Parent)

Government must adopt the community-based inclusive development where the community champions rehabilitation as a national program . . . so that the community can support the child. NGOs that are disability focused should also be community based. The assembly should take responsibility so that the NGOs can partner with them to deliver required services. (Stakeholder: Community leader)

In response to inconveniences in the infrastructural and physical environment, the participants recommended development and adjustments to suit the circumstances of PWD and to be more disability friendly. They emphasized providing ramps, wheelchairs, accessible routes, and elevators to provide easy access for CWD and adult PWD. According to stakeholders, this could be achieved when the district assembly and other institutions awarding contracts for the construction of school buildings, roads, and related facilities involve other stakeholders (e.g., special education coordinators and social welfare officers). These stakeholders are better positioned to scrutinize and vet the designs and ensure disability-related equipment and provisions were adequately considered.

The stakeholders proposed extensive public education as an antidote to social-environment concerns such as attitudes and misconceptions. The proposed public education should take the form of creating awareness and sensitivity to the causes of disability, the Disability Act of 2006, and other legislation through radio and television programs, public forums, town hall meetings, cultural events, and formal education. Although it is acknowledged that some efforts are being made in this direction, the stakeholders who participated in the study are of the view that it should be prioritized and intensified to achieve the intended purpose.

Chapter5: Summary, Conclusion, and Recommendations

This chapter presents the overall summary and conclusions drawn from the study. It first summarizes the study's main empirical findings from the analysis of the participant data. The findings are presented relative to how they address the research objectives set out to achieve. The next section offers concluding remarks and provides a linkage to how the theories and concepts used relate to the findings. The final section of the chapter presents recommendations to address the concerns surrounding the phenomenon and directions for future research.

Summary and Conclusion

The inclusion and welfare of CWD in mainstream schools has legal foundation in national legislation and international conventions and protocols. The free-education policy in Ghana offers all children access to equal educational opportunities. In practice, however, the laws and policies on inclusive education fail to create equitable opportunities for many underprivileged children with impairments. Although there have been attempts to implement policies informed by best practices around the globe in the last few years, the implementation is fraught with challenges. In this study, CWD and their immediate families express significant concerns regarding their welfare and inclusive education efforts. Financial difficulties underline the bane of most CWD and their households. These difficulties undermine efforts to seek medical services to correct the impairments where possible or to provide assistive devices and educational materials needed for CWD to enjoy and benefit fully from schooling. Physical structures in the communities, such as school buildings, lavatories, and roads, generally are not disability friendly and thus are less accessible for CWD. Another major finding is that people still explain disability as a personal issue. There is little focus on environmental barriers as the problem; instead, research participants still emphasize the child as the "problem" to be fixed. In addition, the study finds that CWD depend on their peers, who are helpers and, at the same time, bullies.

The findings show that parents of CWD are actively involved in their children's education as they strive to ensure they rise in their educational pursuits. Most parent participants see education as the surest way to better their children's future livelihoods because the CWD

generally do not have the physical strength for strenuous jobs. However, the study results show that parental involvement is mostly one-sided, usually involving only mothers (although some fathers were found to be supportive). Parental poverty is obvious in the narratives of most respondents. Observation and qualitative inquiry into the demographic background of parents reveal that a majority of the parents are not economically sound, and that impoverishment incapacitates them from honoring their responsibility to be deeply involved in the CWD's education.

Another interesting finding is that teachers are well-meaning and care for CWD but lack the tools to educate them or cater to their assistance needs. Despite their good intentions, teachers and school administrators, as class and school leaders, are responsible for managing classrooms in a way that prevents bullying. The results also show that most of the teachers handling CWD had at least basic training as professional teachers, during which they were introduced to inclusive education; thus, they have basic knowledge about the inclusive education policy in Ghana. However, teachers rarely undergo regular in-service training in special education. The schools in this study employed no special education teachers. There are only two special education teachers in the entire district, and they are stationed in the district education office as coordinators. Attitudes of teachers in this study are generally positive towards CWD. That is, participants report no negative personal attitudes of teachers but instead describe them as usually encouraging, supportive, and protective of CWD in their classrooms.

In Ghana, understanding of the concept of inclusive education is limited and, thus, to some extent, does not lead to the appropriate education outcome for CWD. This lack of understanding is reflected in the limited policies and the lack of resources and of human resource development, which limits teachers' competencies, and in sociological factors such as stigma, discrimination, and poverty. The U.N. SDGs commits state parties to ensure educational facilities are in all respects sensitive to the needs of, and ensure an effective learning environment for children living with impairments. However, this study's findings suggest that some CWD in Ghana often are not given opportunities to enjoy meaningful education in the inclusive school system equal to their non-disabled counterparts.

These results indicate that the society needs to change its attitudes towards successful implementation of inclusive education. That is, the study's discussions and findings clearly show that inclusive education has been embraced in Ghana but with many limitations in its practice.

In conclusion, this study highlights issues about the welfare of CWD and inclusive education currently being practiced in the study area. There is a mismatch between Ghana's documented legislation and policies and their implementation and practice in the study area relative to international best practices. Local actors have general concerns about the government's level of commitment to implementing inclusive education policies. Similarly, stigmatizations and misconceptions about disability and CWD's capabilities still prevail in the study area even in the face of improving public education and enlightenment regarding disability issues in the Ghanaian society. These issues aggregate into structural and attitudinal impediments for CWD who are struggling to access inclusive education and achieve meaningful lives through educational outcomes.

The findings draw attention to the need to adopt and develop comprehensive strategies and approaches towards inclusive education. The research shows that teachers' attitudes and qualifications, parents' involvement, and community members' general attitudes are crucial to the success of inclusive education. Therefore, all these groups have a role to play in promoting the inclusion of CWD. Moreover, all stakeholders both governmental and nongovernmental officials must help ensure the provision of quality and equal access to inclusive education. As the country of Ghana continues to discover oil in commercial quantities and makes other economic gains, hope is attached to the prospect that proceeds will serve the interest of vulnerable CWD.

Linkage to Theories, Central Positions, and Concepts

The results align with the various theories and concepts adopted as the study's theoretical foundation, which helps to better understand the phenomenon studied. First, the social model of disability facilitates a better grasp of the findings with regards to the experiences of CWD concerning inclusive education and welfare and how negative societal perceptions shape those experiences. The findings indicate that there is very little understanding of the social model, which perceives society as the main contributory factor to the exclusion of CWD in

societal life because people generally perceive disability as an issue related to the individual's body. The findings underscore the need to sensitize society about the social model of disability, to remove both the focus and the strategic from the individual and towards the lack of facilitation. Children in this study face both love and neglect in society. Children whose parents show them care, love, and affection in school and at home are still in school and doing well; however, those who are neglected drop out of school; some later died. The environmental barriers prevent some children from fully participating in the activities in society and thus have negative impacts on their development and well-being. For example, the inaccessible structures, bad roads, and shortage of assistive devices limit their participation and inclusion in society, the very place where values, norms, and other resources are provided for its members to function effectively. Therefore, negative societal attitudes, perceptions, and barriers create an unfriendly environment and hinder access to and participation in both society and school.

Similarly, some participants' accounts underscore the position of the medical model of disability. Most participants recount that some CWD underwent surgeries in attempts to correct their impairment. However, some procedures were not successful, and other CWD could not access such medical services due to poverty.

Second, the results affirm the relevance of the human rights model to the study and highlight the breaches of the fundamental human right to education for all CWD. None of the children interviewed mention that they had never attended school. However, some are now out of school for one reason or another. The implementation of the right to education and FCUBE is partially observed. That is, inclusive education is rooted in the rights-based approach. However, at odds in the context of the study is evidence of inadequate implementation of rights-based inclusive education. It is also noted that most respondents have little or no knowledge about the Disability Act (2006) and other human rights instruments meant to serve their interests. This low awareness points to the stakeholders' failure to sensitize people on disability issues.

Finally, the findings support the concept of human capital formation as theoretical support for the study. The results show that disability is a function of poverty and that CWD could break the cycle of generational poverty if they could benefit from quality education. All interviewed

stakeholders see education as an enhancement to the human capital formation through the acquisition of knowledge and skills to compete and meet the demands of job opportunities in the labor market.

The theoretical concepts adopted are useful to explain the study and its findings by providing a holistic picture of the situation of CWD and their families.

Recommendations

Similar to many development actors, the focus of this thesis is children living with physical disabilities. In recommending policy directions, it inarguably must be underscored that this selective focus on some CWD easily can be claimed to be to “picking the lowest hanging fruit” among CWD. When development projects in West Africa currently check the box for “disability inclusive” in their performance sheets simply because they constructed a ramp, it must be recognized as an unsustainable shortcut. Initiatives for a more inclusive education strategy for children with physical impairment must happen as part of an integrated approach that also considers the needs of children with other types of disabilities including children with intellectual disabilities or neurodevelopmental diagnoses.

With reference to the findings, the following recommendations are suggested to address the concerns of CWD and their families for successful and full implementation of inclusive education and welfare.

First, awareness creation or sensitization on disability issues is a key way to change people’s attitudes towards PWD in the community. This can be done through the media and other sources of information and can help reduce discrimination and exclusion. Changing attitudes in the society is important because the teachers’, peers’, and community members’ attitudes define the meaning and understanding of the CWD’s situation in school and society. Teachers, children without impairments, and school authorities should be encouraged to institute and provide positive attitudes towards the education of CWD. Locally adequate, practical, and low-cost solutions must be formed to protect the dignity of CWD in school with regards to learning, play, and especially the toilet situation. The government must make such solutions possible and prioritize them. Government authorities must consistently

challenge harmful attitudes and practices towards PWD. All people including PWD deserve dignity and respect.

The government should prioritize and commit adequate resources to ensure effective implementation and enforcement of disability policies and legislation. Teachers, who are one of the main facilitators and practical implementers, need to change their beliefs, values, and attitudes to promote effective inclusive education. Further, the current programs must be restructured to effectively meet the needs of all the diverse groups of pupils in mainstream schools.

Changes must be made throughout the education system and within communities to ensure the education system adapts to the learner, rather than expecting the learner to adapt to the system. For example, all aspects of education, including curricula, teaching methods, assessments, school culture, and environments must present opportunities to promote inclusion because the school activities reflect the society in which the children live. Also, resources should be allocated for regular in-service training for all teachers on emerging trends and concerns. More importantly, the teacher training schools' introductory course on disability should be broadened in scope and depth to prepare teachers to properly handle the disability-related issues they may confront in their classrooms. This will go a long way towards changing the attitudes and misconceptions some of the teachers have and enable them to educate the communities within which they teach. In addition to efforts to make schools more inclusive and accommodating to CWD, emphasis should be placed on providing teaching and learning materials for such purpose.

Furthermore, the government should adopt community-based rehabilitation approaches in which local governments take responsibility for disability issues and work with relevant NGOs to address the concerns.

The policy environment needs policy makers who positively changed their attitudes towards inclusion because they also come from the society with the same cultural values and beliefs towards CWD and their educational experiences. The successful practice of inclusive education will need a fundamental change in cultural values and beliefs, leading to an attitudinal change in the society, and these policy makers can serve as role models. In all, the social acceptance of CWD will reduce negative perceptions and give way to better interaction

in the society in order to find solutions to their current concerns. Moreover, the government should promote the leadership and diverse representation of all PWD to be front and center of change. For example, PWD should be allowed to be leaders, partners, and advocates in all issues concerning them, including the active involvement and close consultation of PWD of all ages.

The Section 46 of the Labour Act (2003 states, “Special incentives shall be provided to the employer who engages a disabled person and the disabled employee” (p. 16). However, the act is silent on the exact incentives to be enjoyed, and little of that sort takes place in reality.

The government should ensure economic empowerment and financial inclusion for PWD so they can enjoy decent work and achieve financial independence in their lives. This means creating more and better jobs and hiring practices, providing social protection, ensuring necessary skills training, and making workplaces accessible for PWD. There should be a clear employment quota for PWD in public and private establishments to counter the discrimination they suffer in their pursuit of employment opportunities after school.

The government must ensure the availability and affordability of appropriate assistive technology devices, including digital devices that enable PWD to fully participate and contribute to society.

Second, most teachers have positive perceptions towards the implementation of inclusive education programs. However, some areas need to be improved. For instance, in-service training programs for teachers and other stakeholders must be developed in line with the current situation on inclusion. Teachers need to stay abreast with at least some basic background knowledge of the existing policies and laws relating to disability. This will help guide them as they discharge their professional duties and to shape their conduct with regards to their relations, contacts, and interactions with children and young people with disabilities in the context of mainstream schools.

Training of teachers and other stakeholders will help them understand the behavioral impacts on the different categories of impairments and to provide explicit and definite educational needs and behavioral intervention strategies. The training should be intensive, appropriate, and focused on helping the children in the school environment. The special education

components of the teacher training program must be intensified to enhance the practice of inclusive education. Further, there should be a collaboration between teachers in the mainstream and teachers in the special education field.

Third, a specific fund should be developed to support inclusive education. For instance, the Government of Ghana should attach a special budget, separate from the main education budget, to meet the demands of inclusive education. Special education coordinators and teachers should be consulted on decisions concerning inclusive education with regards to infrastructure and formulation of inclusive education policies to meet the educational challenges and to promote opportunities for CWD in school.

Fourth, parents' involvement should be prioritized when making decisions concerning their CWD's education. Parents should honor invitations from schools and interact with school staff and teachers. Becoming involved provides them opportunities to identify their children's social and academic needs and to work with teachers to address outstanding concerns. Parental involvement plays a serious part in their CWD's access to education, advancement, and attainment of higher academic achievements. Moreover, school-based parental involvement has psychosocial importance. It makes children feel important and ensures an environment of cordiality and working relationships between parents and their children's schools. Significantly, this involvement will enable parents to take advantage of advisory services available in the school and help parents to shape their mentality, develop positive attitudes, and view their children more positively.

Direct parental involvement also can affect teachers' attitudes towards CWD's education. Parents should not be discouraged by societal perceptions that taking their CWD to school may not benefit them and will waste resources. Parents must be educated about their children's potential and given more autonomy in making decisions concerning their children. Moreover, teachers and community volunteers could conduct follow-ups with parents at home to determine reasons for their involvement (or lack of involvement) in their children's school activities. This study's results call for the Ghanaian government to support parents and families with CWD to meet the cost of educating their children. For example, the government should support them to start income-generating activities, such as trade. This could provide a backbone source of income for the household, which has the burden of care for the CWD.

The CWD also should be given the opportunity for their voices to be heard. They should be allowed to be involved in all cases concerning them, for example, in developing new approaches and strategies. Nobody knows better than they do where the main problems lie. In addition, it is part of the UNCRC (1998) that children have the right to be consulted on matters that affect them.

Fifth, inclusive education should be readily available and accessible without discrimination. This means that all schools need to include children with impairments. All children, no matter their status, have the right to quality education that WILL serve as their basis for lifelong learning and contribution to society; CWD are no exception. The practice of inclusive education should observe Ghanaian values and beliefs, thus helping to overcome negative attitudes towards CWD. In addition, all stakeholders should understand the concept of inclusion and better take up their responsibilities to help achieve successful inclusion in the school and society at large.

Able children in the classroom should be encouraged to take responsibility for their classmates with impairments by pairing them with a CWD to ensure friendship, disabuse, and acceptance of diversity.

Last, based on the research findings, there is a need for further study to improve Ghana's education system. It is highly recommended that future studies delve into proper and quality training of teachers, planning, and, above all, the evaluation of inclusive education practices in the Ghanaian school systems. This will lead to a radical change in the practices and accessibility to inclusive education for CWD in Ghana.

References

- Ackah, F. R. (2010). Teacher characteristics as predictor of attitude towards inclusive education in the Cape Coast Metropolis of Ghana. *IFE Psychologia*, 18, 35–47.
- Agbenyega, J. S. (2007). Examining teachers' concerns and attitudes to inclusive education in Ghana. *International Journal of Whole Schooling*, 3, 41–56.
- Ali, M. M., Mustapha, R., & Jelas, Z. M. (2006). An empirical study on teachers' perceptions towards inclusive education in Malaysia. *International Journal of Special Education*, 21(3), 6–44.
- Amansie West District. (2019). *Amansie West District Profile*.
<http://www.ghanadistricts.com/Home/District/7>
- Anson-Yevu, V. C. (1988). *A case study on special education in Ghana*. UNESCO.
<http://unesdoc.unesco.org/images/0009/000944/0944448eb.pdf>
- Asamoah, E., Ofori-Dua, K., Cudjoe, E., Abdullah, A., & Nyarko, J. A. (2018). Inclusive education: Perception of visually impaired students, students without disability, and teachers in Ghana. *SAGE Open*, 8(4), 2158244018807791. <https://doi.org/10.1177%2F2158244018807791>
- Avoke, M. K., & Avoke, S. K. (2004). *Inclusion, rehabilitation and transition services in special education*. University of Education, Winneba, Department of Special Education.
- Avramidis, E., Bayliss, P., & Burden, R. (2000). A survey into mainstream teachers' attitudes toward the inclusion of children with special education needs in the ordinary school in one local education authority. *Educational Psychology*, 20, 191–195.
<https://doi.org/10.1080/713663717>
- Babbie, E. R. (2005). *The basics of social research*. Thomson Wadsworth.
- Becker, G. S. (1993). *Human capital: A theoretical and empirical analysis, with special reference to education*. University of Chicago Press.

- Berghs, M., Atkin, K., Graham, H., Hutton, C., & Thomas, C. (2016). *Implications for public health research on models and theories of disability: a scoping study and evidence synthesis* (Public Health Research, No. 4.8). National Institute for Health Research. <https://www.ncbi.nlm.nih.gov/books/NBK378951/>
- Brinkmann, S., & Kvale, S. (2014). *Interviews: Learning the crafts of qualitative research interviewing*. Sage.
- Bryman, A. (2012). *Social research methods*. Oxford University Press.
- Butakor, P. K., Ampadu, E., & Suleiman, S. J. (2018). Analysis of Ghanaian teachers' attitudes toward inclusive education. *International Journal of Inclusive Education*. Advance online publication. <https://doi.org/10.1080/13603116.2018.1512661>
- Casely-Hayford, L., Quansah, T., Tetteh, P., Adams, R., & Adams, I. (2011). *Inclusive education in Ghana: A look at policy and practice in northern Ghana* (Voluntary Service Organisation Ghana report). <http://www.associatesforchange.org/download3/Education%20Research/VSO-TENI%20Inclusive%20Education/Final%20Report%20on%20Inclusive%20Education,%20January%2031,%202011.pdf>
- The Children's Act of 1998 (Act 560), Ghana. <https://www.ilo.org/dyn/natlex/docs/ELECTRONIC/56216/101251/F514833765/GHA56216.pdf>
- Cho, S. J., Singer, G. H., & Brenner, M. (2000). Adaptation and accommodation to young children with disabilities: A comparison of Korean and Korean American parents. *Topics in Early Childhood Special Education*, 20, 236–249. <https://doi.org/10.1177%2F027112140002000404>
- Chowa, G. A., Masa, R. D., & Tucker, J. (2013). The effects of parental involvement on academic performance of Ghanaian youth: Testing measurement and relationships using structural equation modeling. *Children and Youth Services Review*, 35(12), 2020–2030. <https://doi.org/10.1016/j.childyouth.2013.09.009>
- Clapton, J., & Fitzgerald, J. (1997). The history of disability: A history of “otherness.” *New Renaissance Magazine*, 7, 1–3.

- Deku, P., & Vanderpuye, I. (2017). Perspectives of teachers regarding inclusive education in Ghana. *International Journal of Whole Schooling*, 13(3), 39–54.
- District Education Data. (2019). *Annual District Education Profile of Amansie West*.
- The Domestic Violence Act of 2007 (Act 732), Ghana. <https://evaw-global-database.unwomen.org/en/countries/africa/ghana/2007/domestic-violence-act-2007-act-732>
- Ebersold, S. (2003). Inclusion and mainstream education: An equal cooperation system. *European Journal of Special Needs Education*, 18, 89–107. <https://doi.org/10.1080/0885625032000042339>
- The Education Act of 2008 (Act 778), Ghana. https://www.ilo.org/dyn/natlex/natlex4.detail?p_lang=en&p_isn=83622
- Elhoweris, H., & Alsheikh, N. (2006). Teachers attitudes toward inclusion. *International Journal of Special Education*, 2(1), 115–118.
- Elliott, R., Fischer, C. T., & Rennie, D. L. (1999). Evolving guideline for publication of qualitative research studies in psychology and related fields. *British Journal of Clinical Psychology*, 38, 215–229. <https://doi.org/10.1348/014466599162782>
- Ghana Statistical Service. (2014). *Ghana living standard survey (GLSS) round 6*. <https://washdata.org/sites/default/files/documents/reports/2020-02/Ghana%202013%20GLSS%20Report.pdf>
- Ghana Statistical Service. (2019). *District analytical report*. https://statsghana.gov.gh/gssmain/storage/img/marqueeupdater/Census2010_Summary_report_of_final_results.pdf
- Hayman, D. T., Johnson, N., Horton, D. L., Hedge, J., Wakeley, P. R., Banyard, A. C., Zhang, S., Alhassan, A., & Fooks, A. R. (2011). Evolutionary history of rabies in Ghana. *PLoS Neglected Tropical Diseases*, 5(4), e1001. <https://doi.org/10.1371/journal.pntd.0001001>

- Hornby, G. (2011). *Parental involvement in childhood education: Building effective school-family partnerships*. Springer Science & Business Media.
- Hornby, G., & Lafaele, R. (2011). Barriers to parental involvement in education: An explanatory model. *Educational Review*, 63, 37–52. <https://doi.org/10.1080/00131911.2010.488049>
- The Human Trafficking Act of 2005 (Act 696), Ghana. https://sherloc.unodc.org/cld/legislation/gha/human_trafficking_act_2005/prohibition_and_offences_relating_to_trafficking/section_1-8/human_trafficking_act_2005.html?lng=en
- Hutchinson, N. L., & Martin, A. K. (2012). *Inclusive classrooms in Ontario schools*. Pearson Canada.
- Jafarov, J. (2015). Factors affecting parental involvement in education: The analysis of literature. *Khazar Journal of Humanities and Social Science*, 18, 4, 35–44.
- Kitchin, R., & Tate, N. (2000). *Conducting research into human geography: Theory, methodology and practice*. Prentice Hall.
- Kuyini, A. B., & Desai, I. (2006). Principals' and teachers' attitudes toward and knowledge of inclusive education in Ghana. *IFE Psychologia*, 14, 225–244.
- Kuyini, A. B., & Desai, I. (2007). Principals' and teachers' attitudes and knowledge of inclusive education as predictors of effective teaching practices in Ghana. *Journal of Research in Special Educational Needs*, 7, 104–113. <https://doi.org/10.1111/j.1471-3802.2007.00086.x>
- Kuyini, A. B., & Mangope, B. (2011). Student teachers' attitudes and concerns about inclusive education in Ghana and Botswana. *International Journal of Whole Schooling*, 7, 20–37.
- The Labour Act of 2003 (Act 651), Ghana. <https://www.ilo.org/dyn/natlex/docs/ELECTRONIC/66955/76672/F573204595/GHA66955%202.pdf>

- Lange, A., & Mierendorff, J. (2009). Method and methodology in childhood research. In J. Qvortrup, W. A. Corsare, & M.-S. Honig (Eds.), *The Palgrave handbook of childhood studies* (pp. 78–95). Springer.
- Lee, J.S., & Bowen, N.K. (2006). Parent involvement, cultural capital, and the achievement gap among elementary school children. *American Educational Research Journal*, 43, 193–218. <https://doi.org/10.3102%2F00028312043002193>
- Madans, J. H., Loeb, M. E., & Altman, B. M. (2011). Measuring disability and monitoring the UN Convention on the Rights of Persons with Disabilities: The work of the Washington Group on Disability Statistics. *BMC Public Health*, 11(S4), S4. <https://doi.org/10.1186/1471-2458-11-S4-S4>
- Magwa, S., & Mugari, S. (2017). Factors affecting parental involvement in the schooling of children. *International Journal of Academic Research and Reflection*, 5, 74–81.
- Marshall, M. N. (1996). Sampling for qualitative research. *Family Practice*, 13, 522–526. <https://doi.org/10.1093/fampra/13.6.522>
- Masson, J. (2004). The legal context. In S. Fraser, V. Lewis, S. Ding, M. Kellett, & C. Robinson (Eds.), *Doing research with children and young people* (pp. 43–58). Sage.
- Miksic, M. Y. (2015). Parent involvement: Theory, practice, and head start. *CUNY Institute for Education Policy*, 22(4), 1–11.
- Mont, D. (2007). *Measuring disability prevalence* (Special Protection Discussion Paper No. 0706). World Bank. <http://documents1.worldbank.org/curated/en/578731468323969519/pdf/395080DisabilityOSP070601PUBLIC1.pdf>
- Nketsia, W., & Saloviita, T. (2013). Pre-service teachers' views on inclusive education in Ghana. *Journal of Education for Teaching*, 39, 429–441. <https://doi.org/10.1080/02607476.2013.797291>

- Nyarko, K. (2011). Parental school involvement: The case of Ghana. *Journal of Emerging Trends in Educational Research and Policy Studies*, 2, 378–381.
- Obeng, C. (2007). Teacher's views on the teaching of children with disabilities in Ghanaian classrooms. *International Journal of Special Education*, 22(1), 96–102.
- Ocloo, M. A. (2011). *Effective education for persons with visual impairments in Ghana*. University of Education, Winneba.
- Odonkor, M. (2007). Addressing child labour through education: A study of alternative/complementary initiatives in quality education delivery and their suitability for cocoa-farming communities. *Geneva: International Cocoa Initiative (ICI)*. <http://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.732.5631&rep=rep1&type=pdf>
- O’Keefe, P. B. (2007). *People with disabilities in India: From commitments to outcomes*. [World Bank Group report]. <https://documents.worldbank.org/en/publication/documents-ereports/documentdetail/358151468268839622/people-with-disabilities-in-india-from-commitments-to-outcomes>
- Oliver, M. (2013). The social model of disability: Thirty years on. *Disability & Society*, 28, 1024–1026. <https://doi.org/10.1080/09687599.2013.818773>
- Owusu-Sekyere, E., & Bagah, D. A. (2014). Where are the Mycobacterium Ulcerans? Mapping the risk and vulnerable areas of mycobacterium infection in the Amansie West District of Ghana. *Journal of Applied & Environmental Microbiology*, 2, 273–280. <https://doi.org/10.12691/JAEM-2-6-2>
- Patton, M. Q. (2002). *Qualitative research and evaluation methods* (3rd ed.). Sage.
- The Persons with Disability Act of 2006 (Act 715), Ghana. https://www.un.org/development/desa/disabilities/wp-content/uploads/sites/15/2019/11/Ghana_Persons-with-Disability-Act-2006.pdf

- Pryor, J., & Ampiah, J. (2003). *Understandings of education in an African village: The impact of ICTs* (Research Project Report 2000-88). U.K. Department for International Development. <https://assets.publishing.service.gov.uk/media/57a08d1fe5274a31e000166c/paper52.pdf>
- Psacharopoulos, G., & Woodhall, M. (1997). *Education for development: An analysis of investment choice*. Oxford University Press.
- Republic of Ghana Ministry of Education. (2015). *About us*. <http://www.moe.gov.gh/site/about>
- Republic of Ghana Ministry of Finance. (2020). *2020 budget statement and economic policy*. <https://www.mofep.gov.gh/news-and-events/2020-budget-statement-and-economic-Policy>
- Retief, M., & Letšosa, R. (2018). Models of disability: A brief overview. *HTS Teologiese Studies/Theological Studies* 74, a4738. <https://doi.org/10.4102/hts.v74i1.4738>
- Sakamoto, A., & Powers, P.A. (1995). Education and the dual labor market for Japanese men. *American Sociological Review*, 60, 222–246. <https://doi.org/10.2307/2096385>
- Sarfo, C. (2011). *Basic school teachers' attitudes towards inclusive education in Ghana* [Unpublished doctoral dissertation]. University of Jyväskylä.
- Savio, M. (2010). *Dynamics of oppression and state failure: Cases of child labour in artisanal and small-scale mines, Democratic Republic of Congo* [Unpublished master's thesis]. University of Tromsø.
- Schultz, T. (1961). Investment in human capital. *American Economic Review*, 51, 1–17.
- Schultz, T. (1971). *Investment in human capital: The role of education and of research*. Free Press.
- Shakespeare, T., & Watson, N. (1997). Defending the social model. *Disability & Society*, 12, 293–300. <https://doi.org/10.1080/09687599727380>

- Sharma, U., & Desai, I. (2002). Measuring concerns about integrated education in India. *Asia and Pacific Journal on Disability*, 5, 2–14.
- Sheldon, S. B., & Epstein, J. L. (2005). Involvement counts: Family and community partnerships and mathematics achievement. *Journal of Educational Research*, 98, 196–207. <https://doi.org/10.3200/JOER.98.4.196-207>
- Spain Ministerio de Educación y Ciencia. The Salamanca Statement and Framework for Action on Special Needs Education, June 10, 1994, <https://unesdoc.unesco.org/ark:/48223/pf0000098427>
- Tewksbury, R. (2011). Qualitative methodology. In C. D. Bryant (Ed.), *The Routledge handbook of deviant behavior* (pp. 75–81). Routledge.
- Tingstad, V. (2007). New technologies, new methods? Representing children in online and SMS ethnography. In K. M. Ekström & B. Tufte (Eds.), *Nordicum yearbook: Children, media and consumption; on the front edge* (pp. 127–143). Göteborg University.
- Tonah, S. (2009). The unending cycle of education reforms in Ghana. *Journal of Education Research in Africa*, 1, 45–52.
- The Transfer Project. (2008). *Livelihood Empowerment Against Poverty (LEAP) programme*. <https://transfer.cpc.unc.edu/countries-2/ghana-2/#:~:text=The%20Livelihood%20Empowerment%20against%20Poverty,gradually%20in%202009%20and%202010>
- UNESCO. (2012). *Education for all goals*. http://www.unesco.org/education/edurights/media/resources/file/Ghana_s_report_on_application_of_the_Recommendation_Against_Discrimination_in_Education.pdf

- Union of the Physically Impaired Against Segregation. (1976). *The Union of the Physically Impaired Against Segregation and the Disability Alliance discuss fundamental principles of disability: Being a summary of the discussion held on 22nd November, 1975 and Containing Commentaries from Each Organisation*. <https://disability-studies.leeds.ac.uk/wp-content/uploads/sites/40/library/UPIAS-fundamental-principles.pdf>
- United Nations Convention on the Rights of the Child, November 20, 1989. <https://www.ohchr.org/en/professionalinterest/pages/crc.aspx>
- United Nations Convention on the Rights of Persons with Disabilities, December 2006, <http://www.un.org/disabilities/documents/convention/convoptprot-e.pdf>
- United Nations Development Programme. (2020). *Human development indicators*. <http://hdr.undp.org/en/countries/profiles/GHA>
- Universal Periodic Review. (n.d.). *Fact sheet: UPR 2017, Ghana*. https://www.upr-info.org/sites/default/files/general-document/pdf/disability_factsheet.pdf
- van Blerk, L. (2006). Working with children in development. In V. Desai & R. Potter (Eds.), *Doing development research* (pp. 52–61). Sage.
- Vislie, L. (2003). From integration to inclusion: Focusing global trends and changes in the western European societies. *European Journal of Special Needs Education*, 8, 17–35. <https://doi.org/10.1080/0885625082000042294>
- Wamae, G. M. I., & Kang'ethe-Kamau, R. W. (2002). The concept of inclusive education: Teacher training and acquisition of English language in the hearing impaired. *British Journal of Special Education*, 31, 33–40. <https://doi.org/10.1111/j.0952-3383.2004.00324.x>
- Washington Group. (2001). *Short set of questions on disability*. <http://www.washingtongroup-disability.com/wp-content/uploads/2016/01/The-Washington-Group-Short-Set-of-Questions-on-Disability.pdf>

- WorldBank.(2019). *World development indicators* [Database].https://databank.worldbank.org/views/reports/reportwidget.aspx?Report_Name=CountryProfile&Id=b450fd57&tbar=y&dd=y&inf=n&zm=n&country=GHA
- World Health Organization.(2012).*International classification of functioning, disability and health*. <https://www.who.int/classifications/icf/en/>

Appendix A: Letter Requesting Permission to Research in Amansie West District

Oslo Metropolitan University,
Section for Internationalisation,
P.O. Box 4, St. Olav Plass,
Oslo – Norway.

20th March, 2019.

The District Education Director
Ghana Education Service
Amansie West district

Dear Sir,

**REQUEST FOR PERMISSION TO CONDUCT RESEARCH IN SCHOOLS IN THE
AMANSIE WEST DISTRICT**

I am a graduate student in the Master Program in International Social Welfare and Health Policy at the Oslo Metropolitan University, Norway. I am conducting a research on the topic: ‘Perspectives and Experiences on Welfare and Inclusion of Children and Young People with Physical Disabilities in Education’, under the supervision of Professor Anne Kielland (anne.kielland@fafo.no).

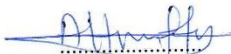
I have chosen Amansie West District as the study area. As part of the data collection for the study, I will be interviewing participants under your jurisdiction, who will include the special education coordinator, teachers and students.

The guidelines for the study meet the ethical standards of the Norwegian Social Sciences Data Services (NSD). No sensitive data will be collected and any identifiable information will be obliterated. Participation is entirely voluntary and interviews will be conducted at the convenience of participants without interrupting their schedules.

I am by this letter seeking your permission to access the schools and conduct the research between March and April 2019. Your permission is necessary for the success of the study as we seek to develop a more inclusive approaches and special care for children with physical disabilities.

I am counting on your cooperation and positive response in this endeavour. Thank you

Yours Faithfully,



Animah Hannah
Phone: +233 541523002
E-mail:animahhannah2@gmail.com

Appendix B: Introduction Letter from District Education Directorate

GHANA EDUCATION SERVICE

AMANSIE WEST

In case of reply the number and the date of this letter should be quoted
Email: amansiewestdeo@gmail.com



District Office,
P.O. BOX 14,
Manso Nkwanta, (Ashanti),

Our Ref: GES/ASH/AWD/1/32/VI/30
Your Ref:.....

26th FEBRUARY, 2019.

OSLO METROPOLITAN UNIVERSITY
SECTION FOR INTERNATIONALISATION
P. O. BOX 4, ST. OLAV PLASS
OSLO – NORWAY.

REQUEST FOR PERMISSION TO CONDUCT RESEARCH IN SOME SELECTED SCHOOLS IN THE AMANSIE WEST DISTRICT.

RE: ANIMAH HANNAH.

The Management of Ghana Education Service, Amansie West District acknowledges the receipt of your letter dated 18th March, 2019 seeking for permission to conduct research on the topic 'Perspectives and Experiences on Welfare and Inclusion of Children and Young People with Special Disabilities in Education' in some selected schools in the Amansie West District Education Directorate.

We hereby grant you the permission to go ahead with your research work as you have planned in the selected schools in the District. Management believes that your research findings, when completed, will be of immense benefit in solving specific problems with teaching and learning especially where there are Children and Young People with Special Disabilities.

The office should be furnished with the copy of the full report of the research when completed.

The Headteachers of all the Schools are hereby requested to give her (the researcher) their maximum support to achieve her object.

Management wishes you a successful interactions.

KWABENA OWUSU (MR)
(DISTRICT DIRECTOR)

Appendix C: Qualitative Interview Guides (Semi-Structured)

Children with Physical Disabilities Who Are in School

1. What motivates you to attend school?
2. What are the challenges you face in the school? And what do you find helpful? Share an episode.
3. Do your teachers treat you differently from your non-disabled mates? If yes, how? And why do you think they do so? If child does not give a specific episode, could you tell me about one concrete episode where you felt you were treated differently?
4. How do you see the attitude of teachers towards you?
5. Do you have friends? If yes, do they play or interact with you?
6. Do your friends help you to understand a topic you find it difficult to understand?
7. Do your friends bully you? If yes, can you explain how they bully you?
8. Have you reported to anyone? Have there been attempts to address your concerns?
9. How do you help your family out in and around your household (household chores)?
10. Do you do any work that gives you an income that could be cash or kind?
11. Do you support your parents in any way? If yes, how? Do you think this affects your education or living conditions in any way? If yes, please tell me how.
12. Do you know anything about your rights? Have you heard about the Disability Act? If yes, what do you know about it?
13. Do you know anything about the disability fund? Have you ever benefited from it? If yes, what was it used for?
14. Do you know any child with disability who is dead? If yes, do you have any idea about the cause of his/her death?
15. What challenges do you face in your home and community (use of community facilities such as toilet, water, buses, and cars or picking of objects with which you needed help)?
16. Have you reported to anyone? If yes, who and has there been any attempt to address the problem? If yes, how?
17. Do your parent and the general community treat you differently from your non-disabled siblings and peers? If yes, how?
18. How do your parents explain your disability?

19. Do you think your parents make contributions towards your education? Can you mention some of the contributions they make or how are they involved in your education?
20. Have you ever received any support from the government? If yes, what and how?
21. What do you think the schools should do to ensure that children with disabilities get their rights to equal learning as others fulfilled?
22. What do you think the government should do to support you and make education more inclusive?

Children with Physical Disabilities Who Have Dropped Out of School

1. What did you experience on your first day at school?
2. Did your teachers treat you differently from your non-disabled mates? If yes, how? And why do you think they did so? If child does not give a specific episode, could you tell me about one concrete episode where you felt you were treated differently?
3. Did the attitude of any teacher contribute to the decision to drop out of school?
4. Did you have friends? If yes, did they play or interact with you?
5. Did your friends bully you? If yes, can you explain how they bully you?
6. Did you report to anyone? If yes, was there any attempt to address your concerns?
7. Did the bullying contribute to your school drop-out?
8. What were some of the positive experiences or things that went on well in the school?
9. What are the positive experiences or things that have been helpful to you in your home and community?
10. How do you help your family out in and around your household (household chores)?
11. Do you do any work that gives you an income that could be cash or kind?
12. Do you support your parents in any way? If yes, how? Do you think this affects your living conditions in any way? If yes, please tell me how.
13. Do you know anything about your rights? Have you heard about the Disability Act? If yes, what do you know about it?
14. Do you know anything about the disability fund? Have you ever benefited from it? If yes, what was it used for?
15. Do you know any child with disability who is dead? If yes, do you have any idea about the cause of his/her death?
16. What challenges do you face in your home and community?

17. Have you reported to anyone? If yes, who and has there been any attempt to address the problem? If yes, how?
18. Do your parent and the general community treat you differently from your non-disabled siblings and peers? If yes, how?
19. How do your parents explain your disability?
20. Have you ever received any support from the government? If yes, what and how?
21. What do you think the schools should do to ensure that children with disabilities get their rights to equal learning as others fulfilled?
22. What do you think the government should do to support you and make education more inclusive?

Children with Physical Disabilities Who Have Never Been to School¹

1. Can you tell me the reasons why you are not attending school?
2. Do you have friends? If yes, do they play or interact with you?
3. Do your friends bully you? If yes, can you explain how they bully you?
4. Have you reported to anyone? Has there been an attempt to address your concerns?
5. How do you help your family out in and around your household (household chores)?
6. Do you do any work that gives you an income that could be cash or kind?
7. Do you support your parents in any way? If yes, how? Do you think this affects your living conditions in any way? If yes, please tell me how.
8. Do you know anything about your rights? Have you heard about the Disability Act? If yes, what do you know about it?
9. Do you know anything about the disability fund? Have you ever benefited from it? If yes, what was it used for?
10. Do you know any child with disability who is dead? If yes, do you have any idea about the cause of his/her death?
11. What are the positive experiences or things that have been helpful to you as a child with physical disability in your home and community?
12. What challenges do you face in your home and community?

¹This interview guide was prepared during research design but not used during fieldwork because the sampling procedures did not achieve any CWD participants who had never been to school.

13. Have you reported to anyone? If yes, who and has there been any attempt to address the problem? If yes, How?
14. Do your parent and the general community treat you differently from your non-disabled siblings and peers? If yes, how?
15. How do your parents explain your disability?
16. Have you ever received any support from the government? If yes, what and how?
17. What do you think the government should do to support you and make education more inclusive?

Parents of Children with Physical Disabilities

1. How do you explain your child's condition and what perception do you have about him/her?
2. What challenges do you face in your community and what attitude and actions have you found helpful? Has there been any means to address the challenges?
3. How do cultural beliefs influence the decision to educate children with disabilities?
4. How are you involved in your child's education or what contributions do you make towards your child's education? What motivates you to send him/her to school and what demotivates you?
5. Do you attend PTA meetings of your child?
6. How do you see the attitude of teachers towards you?
7. Has your child ever complained about the attitude of teachers?
8. What are some of the major barriers your child encounters in the school and what have you found to be helpful?
9. If your child is in school, can you please explain how you are involved in your child's education?
10. Do you think the nature of your child's disability will influence his or her educational progress in school, if so why?
11. Are you aware of or familiar with the Disability Act? If yes, could you please say what you know about it?
12. Are you aware of any disability policy that has helped your child to access inclusive education easily?
13. Do you think there is legal protection for persons with disabilities in Ghana?
14. Do you know any child with disability who is dead? If yes, do you have any idea about the cause of his/her death?

15. Do you know anything about the disability fund? Have you ever benefited from it to support your child? If yes, what was it used for?
16. How supportive do you think the government is in meeting the needs of children with disabilities in terms of policies and programs available?
17. Suggest ways to help reduce barriers to make inclusive education more accessible for children with disabilities in Ghana

Teachers of Children with Physical Disabilities

1. What is your highest qualification?
2. Have you had experience with physically disabled students in your classroom? If so, please tell me a little about the different children you have been responsible for.
3. Have you had any training or seminar on including children with physical disabilities? If yes, how has that training been helpful in including children with physical disabilities? And if no, how has the lack of that training made it difficult to include children with physical disabilities?
4. How do you explain physical disability and what are the causes?
5. How do you understand inclusive education and what do you think are the main challenges of disability-inclusive education?
6. Have you had students with physical disability who have dropped out from school? If yes, do you have any idea about the cause of the drop-out?
7. Did you ever dismiss children with physical disabilities, or encourage them to quit your class for misbehaving or performing poorly or did you ask them to repeat their class in case they are not performing well?
8. Do you sometime get impatient when dealing with children with physical disabilities?
9. How do you try to make lesson easier and simpler for children with physical disabilities?
10. Do you allow children with physical disabilities to talk in class during question and answer time, the same way you allow other children to do so?
11. Have you ever done anything concrete to make the school environment friendly for children with physical disabilities? If yes, how?
12. Does your school have ramp and accessible toilet facilities for children with physical disabilities?
13. Do you encourage children with physical disabilities to play and interact with those without disabilities? And do you encourage the other children to include children with physical disabilities when they play and study?

14. Do other students without disabilities tease and bully those with physical disabilities? If yes, how?
15. Do you see children with physical disabilities as children who do not do well in school?
16. Do you think children with physical disabilities should study in regular or special schools? Why?
17. Does your school have guidance and counseling unit and are there special teaching and learning materials?
18. How do cultural beliefs influence the decision to educate children with physical disabilities?
19. Do you think the educational structures are made accessible and disability friendly? How?
20. How are parents involved in the education of their children with physical disabilities? And what contributions do they make?
21. What are some of the major barriers that children with physical disabilities encounter in the school?
22. How supportive do you think the government is in meeting the needs of children with physical disabilities in terms of policies and programs available?
23. Suggest ways to help reduce barriers to make inclusive education more accessible for children with disabilities in Ghana.

Special Education Coordinator

1. How do you explain physical disability?
2. What is your view on causes of physical disability?
3. How do you understand inclusive education?
4. Are you aware / familiar with the Disability Act? How did you come to know? Could you please say what you know about it?
5. To what extent has the disability policy helped children with disabilities to access inclusive education easily? Do you have an experience on how the policy has helped or why it has not helped in concrete cases?
6. Tell me about some experiences with parental involvement in their child's education. What has been helpful and what is lacking?
7. What do you think parents should do to make their involvement in their child's education more effective?

8. What kind of support services and resources are available to schools in this area to ensure inclusive education?
9. Please tell me about your experiences with good and bad teachers attitude. What was it that the teachers did that was good or bad?
10. What do you think teachers should do that would be helpful in educating children with physical disabilities?
11. Do teachers in the district have the requisite training in handling children with physical disabilities?
12. Do you know any child with disability who is dead? If yes, do you have any idea about the cause of his/her death?
13. How do cultural beliefs influence the decision to educate children with physical disabilities?
14. What are some of the major barriers that children with physical disabilities encounter in the school?
15. What have you done to help children with physical disability to make the school more inclusive?
16. Do you think the educational structures are made accessible and disability friendly? How?
17. Do you provide special teachers to help children with disabilities who find it difficult to understand lessons?
18. How supportive do you think the government is in meeting the needs of children with physical disabilities in terms of policies and programs available?
19. Suggest ways to help reduce barriers to make inclusive education more accessible for children with disabilities in Ghana.

Other Major Stakeholders (Social Welfare Officers, Leaders of Organisation of Persons with Disability, Community Leaders)

1. How do you understand the word physical disability?
2. What is your perception about physical disability and its causes?
3. What is inclusive education and what are your concerns regarding the practice of Inclusive education in schools in this area?
4. Please tell me about your experiences with good and bad teachers attitude in the inclusive schools. What was it that the teachers did that was good or bad?

5. Tell me about some experiences with parental involvement in their child's education. What has been helpful and what is lacking?
6. What do you think parents should do to make their involvement in their child's education more effective?
7. How does cultural belief influence the education of children with physical disabilities?
8. Can culture be used in a positive way when dealing with children with physical disabilities?
9. In your perspective what are the main barriers to access inclusive education?
10. Do you know any child with disability who is dead? If yes, do you have any idea about the cause of his/her death?
11. Do you think there is legal protection for persons with physical disabilities in Ghana?
12. Are you aware / familiar with the Disability Act 715? How did you come to know? Could you please say what you know about it?
13. What kind of support services and resources are available to schools in this area who are practicing inclusive education?
14. How do you think educational structures are made accessible and disability friendly?
15. What are some of the challenges in implementing these policies?
16. To what extent has the disability policy helped children with physical disabilities to access inclusive education easily?
17. How effective is the national legislation in making education accessible to children with physical disabilities? Which aspects should be developed further with priority?
18. How supportive do you think the government is in meeting the needs of persons with disabilities in terms of policies and programs available?
19. Suggest ways to help reduce barriers to make inclusive education more accessible for children with disabilities in Ghana.

Appendix D: Informed Consent Form

LETTER OF CONSENT

Request for Participation in Research Project

Dear Participant,

My name is Animah Hannah, a Ghanaian studying in Oslo, Norway. I am a graduate student in the International Social Welfare and Health Policy at the Faculty of Social Sciences, Oslo Metropolitan University (www.oslomet.no).

As part of the requirements of my Master's Degree program, I am conducting a research on the topic "Perspectives and Experiences on Inclusion and Inclusion of Children and youth with Physical Disabilities in Education." The main objective of this study is to explore perspectives and experiences regarding inclusive education for children with disabilities. This research project is under the supervision of Anne Kjelland.

Specifically, the study focuses on the following to achieve the main objective: to examine the concerns of children with physical disabilities and their families regarding welfare and inclusion in education. It is also to examine how parents are involved or the contributions parents make in the education of their children with disabilities. Another important area of this research is to find out the qualification and attitude of teachers in the inclusive schools. And finally to find out what can be done to make education more inclusive and accessible for children with physical disabilities.

This study is intended to fill some of the gaps in the literature and thus contribute to knowledge about inclusive education for children with special needs and thus, serves as a reference point for further studies on inclusion. We hope to use what we learn from the study to inform policy direction and responses to inclusive education concerns in this area.

As part of this research, individual interviews will be conducted after you voluntarily agree to participate and provide information during the interview process. The interview would last for about thirty minutes at a place which is suitable and convenient for you. Your participation is voluntary and you may decide to withdraw from the study at any time. Your refusal to participate carries no penalty and there is no direct reward for participation and may also refuse to answer any questions you do not want to answer.

During the interview, the researcher will record the conversation using a recorder and also make some notes. The recorded voice will be transcribed and later be deleted completely. A report will then be written after the interview for the purpose of the study. Any information that is obtained in connection with this study and that can be identified with you will remain confidential and will be disclosed only with your permission or as required by law. Confidentiality will be maintained through anonymity by means of pseudo names to help the researcher in analysis. I will not use your name in any of the information we get from this study or in any of the research reports. All data relating to the study will be stored in locations that are secure and only accessible to the researcher and the supervisor. The audio and transcribed data of the study will be stored on a computer protected with a password, protected from unauthorized access and they will be destroyed after the entire project has been finalized. The

project is estimated to end by 16.11.2020, and all collected data will be made anonymous by this date.

We expect that any risks, discomforts or inconveniences will be minor and we believe that they are not likely to happen. If discomforts become a problem, you may discontinue your participation. You will not receive any payment or other compensation for participation in this study and there is also no cost to you for participation. Conscious efforts will be made to protect you from physical and emotional harm.

The final report might be published on the World Wide Web (Internet) and results might also be used for future studies. You have the right to request access, correction, and deletion of any information you provide. You may also protest and file a complaint with the right to complain to the Norwegian Data Protection Authority should you have any concerns.

If you have any questions or concerns about the research, please feel free to contact me on (animahannah2@gmail.com) or (mobile contact +47 97354875, Norway or +233 541523002, Ghana). You can also reach my thesis supervisor Anne Kielland at (anne.kielland@fafo.no) for further explanation on this study.

You can also contact the representative of Oslo Metropolitan University with the following details: Francis Ronnestad, phone: +47 67237619, Email: franro@oslomet.no

Researchers Name, residential address, and signature:

Animah Hannah: Olav M. Troviks Vei 26, H0212, 0864, Oslo-Norway

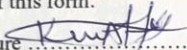


Thank you

If you have read the information provided above and satisfied with the content, voluntarily sign this form as evidence for your consent.

I have read the information provided above. I have been given a chance to ask questions. My questions have been answered to my satisfaction, and I agree to participate in this study. I have been given a copy of this form.

Participant's Signature



Date

20/03/2019