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"COPING WITH HUMAN RIGHTS ABUSES AMONG PERSONS WITH DISABILITIES IN WA WEST DISTRICT"

SIDIK ABDUL-KADIR

MASTER OF ARTS

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"COPING WITH HUMAN RIGHTS ABUSES AMONG PERSONS WITH DISABILITIES IN WA WEST DISTRICT"

SIDIK ABDUL-KADIR

(220035341)

**A thesis in the Faculty of Social Sciences, Center for Human Rights,
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DECLARATION

Students' Declaration

I Sidik Abdul-Kadir**,** hereby declare that this project work is the results of my own original research and no part of this work has been presented for another degree in this University or elsewhere.

NAME: SIDIK ABDUL-KADIR

SIGNATURE…………………..……

DATE……………………..…………….

Supervisor's Declaration

I hereby declare that the preparation and presentation of the project work were supervised in accordance with the guidelines on the supervision of project work laid down by the University of Education, Winneba

REV. FR. LINUS NANGWELE, PhD (Supervisor)

Signature………………………….

Date……………………………….

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DEDICATION

To my parents Mr. and Mrs Sidik of Tanina-naa Gala II family. I will always be grateful for your love.

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LIST OF ABBREVIATIONS

CG	Care Givers
DOVVSU	Domestic Violence and Victims Support Unit
GO	Government Official
HI	Hearing Impaired
IDD	Intellectual Development Disability
NGO	Non-Governmental Organization
P C	Physical Challenge
PWD's	Person with Disabilities
UN	United Nation
UNCRPD	United Nation Convention on the Rights of Persons with Disability
VI	Visual Impaired
WHO	World Heal Organization

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ABSTRACT

The purpose of this study was to explore how individuals with disabilities within the context of the Wa West District in the Upper West Region cope with human rights abuses. A case study design was used for the study. The sample size was 22. These comprised 12 people with disabilities and 10 non-disabled persons, which include caregivers of PWDs, government officials who work with PWDs and NGOs who work with PWDs in the Wa West District. The method for data collection was semi-structured interviews. Purposive sampling technique was used to select the sample size. Data was analyzed thematically. Results from the study showed that most people with disabilities use several coping mechanisms, which include seeking counselling, encouragement from family members and through prayers. The study concluded that coping with human rights abuses among people with disabilities was partial due to some governmental policies and self-perceptions of people with disabilities and the non-disabled in the community. Challenges faced by PWDs were stigmatization and illiteracy and resource constraints. The study recommends that there should be a follow up of government incentives to encourage employers to employ people with disabilities, public awareness creation to sensitize the general public on the need to accept and involve PWDs. Also, it is it is imperative for the government and all stakeholders to address attitudinal, informational, physical and institutional barriers that may challenge PWDs in getting employment.

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CHAPTER ONE

INTRODUCTION

1.1 Background to the Study

Human rights abuses remain a pressing concern worldwide, affecting the most vulnerable and marginalized populations, including individuals with disabilities (World Bank, 2011). Disability is part of the human condition (WHO, 2015). Almost everyone will temporarily or permanently be impaired at some point in life, and those who survive to old age will experience increasing difficulties in functioning (WHO, 2015). Persons with disabilities constitute a significant portion of global populations, facing unique challenges that are often worsened by societal attitudes, human rights abuses, inadequate policies, and discriminatory practices. The violation of their human rights poses not only immediate personal hardships but also far-reaching socio-economic implications. This study seeks to comprehensively explore the coping mechanisms adopted by persons with disabilities (PWDs) in response to human rights abuses within the specific context of the Wa West District in the Upper West Region of Ghana.

Though the United Nations has increasingly placed disability as a concern under human rights, PWDs continue to suffer discrimination as well as marginalization in society. Persons with disabilities are confronted with challenges in accessing social services like health, employment, education, transport systems, and encounter barriers to active participation in society (WHO, 2011).

"*They experience high rates of poverty and poor health, low educational achievements and few employment opportunities. They are often subject to violence and abuse and have little knowledge of their rights or how to access services to assist them (World Bank, 2011). While disability movements and protective legislation have seen the position of disabled people improve towards the end of the 20th century, their socioeconomic and political status remains tenuous, if not critical, especially in parts of the global South*" (Meekosha & Soldatic, 2011, p. 1383-1397). Disability is not only an issue relating to health, but also a complicated phenomenon that reflects the interplay

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of a person's characteristics and the society in which he or she is domiciliated (WHO, 2011).

The World Bank (2019) estimates that a little over a billion of the people in the world encounter disability in one form or the other and that developing countries experience higher rates. In Africa today, for example, it is said that 60-80 million people live with disabilities. Even though PWDs make up 10 per cent of the total population of Africa, in the poorer regions it could be as high as 20 per cent. In most cases, Africans who live with disabilities are unable to attend school or have access to decent employment (Disabled World, 2018). Consequently, it becomes a matter of course that they will live in abject poverty (Disabled World, 2018).

According to the Human Rights Watch (2012), twenty per cent (25%) of Ghanaians are said to live with some form of disability. These people are often not only seen as unproductive but also not capable of making any positive contribution to society because most of them are unemployed and have to rely on their family and benevolent organizations for upkeep. Rather, they are considered to be a burden on the economy, especially on the immediate family. This situation perpetuates their poverty and is likely to continue unless there is outside intervention (Ghana Federation of the Disabled, 2008).

Again, persons living with disability equally experience marginalization, deprivation, and exclusion from engaging in social and political activities (Voice Ghana, 2014). For example, in the work of Avoke and Avoke (2004), they stated that, throughout history, there has existed a belief that individuals with disabilities could "pollute" the society. Stereotyping and prejudice have become the tools utilized to marginalize individuals with disabilities. On the international front, Ghana was the 119th country worldwide to give consent to the United Nation Convention on the Rights of Persons with Disabilities

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(UNCRPD) (Human Rights Watch, 2012). Ghana's ratification of the UNCRPD showed that the country was committed to uphold the human rights of all its citizens without prejudice to PWDs.

According to Rioux and Carbett (2003), human rights have become a worldwide concern although most visible at the local level. Governments, all over the world, are increasingly viewing their citizens' rights in ways that align with legislations on human rights at the global level and, internationally, human rights projects are starting to tackle disability within a framework of human rights.

The concept of human rights embodies the fundamental principles of equality, dignity, and non-discrimination for all individuals. However, individuals with disabilities often confront disparities in accessing these rights due to attitudinal, physical, and institutional barriers. The Wa West District, situated in the Upper West Region of Ghana, serves as a microcosm of the challenges faced by this population. This study is grounded in the belief that understanding the coping strategies employed by persons with disabilities in this region can unveil not only their resilience but also the broader socio-economic consequences of human rights abuses. Hence, this study is undertaken to explore how persons with disabilities in Wa West District cope with human rights abuses against them.

1.2 Statement of the Problem

Human Rights are entitlements held by individuals simply because they are human and these rights are universal in content (Ishay, 2008). According to Weston (2019), the term human rights is relatively new and was used as part of everyday language after the adoption by the United Nations General Assembly of the Universal Declaration of Human Rights in 1948. It replaced the phrase natural rights, which became unpopular

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in the 19th century. Historically, human rights emerged from the growing awareness of wrongdoings in the world (Dershowitz, 2004). Over the years, humans have steadily become aware of the horrors caused by mass killings, slavery, injustice shown to other humans and their suffering as a result. This created the need for human rights to put an end to these offences through universal human rights legal frameworks because the horrors encountered were also universal in nature.

There is evidence that persons with disability are excessively vulnerable to violence and are to be expected to be discriminated against (Jones et al. 2012). However, there are few studies (Anum, 2011; Kassah, Kassah, & Agbota, 2014; Naami, & Hayashi, 2012) that compare the risk of violence among various disability groups. Although there are several reports of a higher rate of violence among persons with disabilities (WHO, 2011), there are no clear findings on the form of violence experienced and role of factors such as the type and severity of the disability. Living a life that is devoid of violence is a basic human right enshrined in the Universal Declaration of Human Rights, and is key to the Sustainable Development Goals (UN, 2015). Studies have provided quantitative evidence of discrimination and human rights abuses, and negative attitudes towards persons with disability in Ghana (Anum, 2011; Kassah, Kassah, & Agbota, 2014; Naami, & Hayashi, 2012), however, there is paucity of literature on coping with human rights abuses among persons living with disability.

Also, although there have been studies on the role of social support among people who are faced with abuses (Afun, 2016; Asante, 2012; Atefoe, 2013), few have looked at the role of these social support systems, policies and interventions in the Wa West district.

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Hence, a number of policies and interventions have been introduced to protect the rights of persons with disability. The UNCRPD was created to address concerns expressed by current instruments on human rights which were yet to create a significant impact on improving the lives of people with disabilities, and a commitment by PWDs, as well as those who champion their cause to "Strive for a legally binding international convention on the rights of all people with disabilities to full participation and equality in society" (Disabled Peoples International, 2000).

Ghana passed the PWDs Act (ACT 715) in 2006 with the aim of providing them access to rights and assistance which they had gone without for too long. The Act was considered an important milestone in the country's human rights discourse at a time when majority of countries in Africa did not have special legislation on disability and it allowed for PWDs to be included in mainstream society (Oduro, 2009). The Act covers key provisions such as rights, employment, health, education, transport and accessibility for PWDs.

Despite all these efforts, persons with disability in Ghana are still faced with difficulties like violence and abuse of their rights. In Ghana, persons with disabilities have been identified as an "impoverished marginalized group" (Voice Ghana, 2014). Studies have identified persons with disability in Ghana to be in extreme poverty, abused and discriminated against, and excluded from family, community and the national level (Mensah, Williams, Atta-Ankomah, & Mjomba, 2008; Voice Ghana, 2014). Discrimination is evident in some cultural practices. For instance, Akan do not allow people with physical defects to be enstooled as chiefs (Sarpong, 1974). The negative perception is obvious from the fact that a chief who becomes epileptic is 'destooled' (Sarpong, 1974).

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Gadagbui (2004) opined that inhuman treatments were not only unique to the Greeks, Athens and Romans, but was also common to other ethnic groups in our local communities in Ghana. She noted that in our local communities, people with disabilities have different defamatory names and labels such as "Neawanyinagyan`adwene ho in Twi, meaning one who has grown but left his mind". Gonjas call them "Esalbato". The Gas call them "buulu" especially persons with intellectual disabilities. The visually impaired are called "onifuraeni" in Akan, Zooma in Mamprulli and so on. They are treated in similar terms in the past, even now in certain communities. In some communities in Ghana people with disabilities are believed to have wrong the gods for taboo-breaking and are punished for their crimes committed. Others believe people with disabilities are evil spirits and witchcraft. Such children are seen as a curse and are treated with dislike.

Although several works have been done on disability and human rights in Ghana, like "Assessing Peoples' attitudes towards persons with disabilities in Akropong in the Akuapem North District" by Thomas Owusu-Sekyere (2020) and "Community living and participation of people with disabilities" by Dahamani Musah Frank (2020), there is no evidence of work on Coping with Human Rights abuses among Persons living with Disability.

Hence, this study is conducted to examine the coping mechanisms adopted by persons living with disabilities (PWDs) and how it affects their socio-economic life after they have been abused in the Wa West district of the Upper West Region of Ghana.

1.3 Purpose of the Study

This thesis aimed at exploring how individuals with disabilities within the context of the Wa West District in the Upper West Region cope with human rights abuses.

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1.4 Research Objectives

The overarching objective of this research is to explore how individuals with disabilities in the Wa West District cope with human rights abuses and how these coping mechanisms intersect with their socio-economic well-being. By delving into the intricacies of these experiences, the study aims to contribute to a nuanced understanding of the dynamics between disability, human rights violations, and the strategies employed to mitigate their impact.

Specifically, the study sought to:

1. Explore the coping mechanisms adopted by persons with disabilities in the face of human rights abuses within the Wa West District.
2. Find how PWDs perceive the influence of human rights abuses on their socio-economic well-being.
3. Explore the support systems, policies, and interventions in place to address human rights abuses against PWDs in the Wa West District.

1.5 Research Questions

The following research questions were raised to guide the study:

1) What are the coping mechanisms adopted by PWDs in the face of human rights abuses?
2) How do PWDs perceive the influence of human rights abuses on their socio-economic well-being?
3) What are the existing support systems, policies, and interventions in place to address human rights abuses against PWDs?

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1.6 Significance of the Study

Understanding the coping mechanisms of persons with disabilities in the face of human rights abuses carries implications for policy development, advocacy efforts, and the promotion of inclusive societies. By investigating the link between coping strategies and socio-economic outcomes, this research seeks to contribute not only to academic scholarship but also to the enhancement of support systems and interventions that promote the rights and well-being of individuals with disabilities in the Wa West District and beyond.

Also, the outcomes of this study aimed to add to literature, as well as revealed crucial mandates for social services and policies that would be geared towards the well-being of people with disabilities with regards to human rights abuses. Policy makers, Non-Governmental Organizations (NGOs) as well as all disabilities interest groups are the likely beneficiaries of this study.

In the subsequent sections of this thesis, we will delve into the relevant literature, present the methodology used for data collection and analysis, share the findings of the study, and discuss their implications for advancing human rights protection and the quality of life for individuals with disabilities in the study area.

1.7 Delimitation

My interest in the study aroused as a result of working with people with disabilities for a number of years in the Wa West District. My work involved offering advocacy and public education to all the people in the Wa West District including persons with disabilities. The choice of Wa West area of the Upper West Region of Ghana was due to its proximity to the researcher. Even though, there are many forms or categories of disabilities across the various communities in the district, the study focuses only on the

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hearing impaired, the visually impaired (blind), the physically challenged and the mild intellectually and developmentally disabled in the Wa West District of the Upper West Region of Ghana. This was so because these groups have the highest numbers of registered members at the Social Welfare Department of the Wa West District.

1.8 Operational Definitions of Terms

Disabilities: refer to any restriction or lack of the ability to perform an activity in the manner or within the range considered typical for a human being, as a result of impairment.

Intellectual and Developmental Disabilities: is a disability characterized by significant limitations in both intellectual functioning and in adaptive behaviour, which covers many everyday social and practical skills.

Physically Challenged: an umbrella or genetic terminology referring to many other conditions such as amputation, poliomyelitis, spinal cord injury, muscular dystrophy, limb deficiencies, bone tuberculosis, orthopedic, cerebral palsy, spinal bifida, and many others which affects the person`s ability to move about, use the arms and legs effectively, to swallow food and to breathe independently.

Visual Impairments: Visual (Vision) Impairment is a reduction in vision, usually associated with age that cannot be corrected by prescription glasses, contact lenses, medicine or even surgery.

1.9 Organization of the Study

The study is presented in five chapters. Chapter one is the introduction which covers the background of the study, statement of the problem, purpose of the study, and

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research questions. Other aspects of the chapter are the significance, delimitations, operational definition of terms and organization of the study.

Chapter two deals with the review of related literature. It covers the theoretical framework, the conceptual framework and the review on the key themes raised in the research questions. Chapter three focuses on the methodology and covers the research approach, design, the population, sample size, sampling procedures, instrumentation; trustworthiness, data collection procedures and data analysis. Chapter four covers the results of the study and discussion of the findings. Finally, the summary of findings, conclusions, recommendations and suggestions for further research forms the concluding chapter of the report.

CHAPTER TWO

REVIEW OF RELEVANT LITERATURE

2.0 Introduction

This chapter situates the current study within the context of relevant literature on coping with human rights abuses among persons with disabilities. Theories and models that served as the framework for the study are discussed first, followed by a review of related studies takes a critical look at the relevant studies taking into consideration the study objectives, then a summary of the chapter.

2.1 Theoretical Framework

The theory of social model of disability and the stress and coping model were reviewed to help conceptualize this study. The social model of disability was used to help explain how persons with disabilities' rights are abused, whiles the stress and coping model will help explain how persons with disability cope after been abused, and how it affects their socio-economic wellbeing.

2.1.1 Social Model of Disability

The most influential organization in the history of social model thinking is the Union of the Physically Impaired against Segregation (UPIAS). Disabled activists and their organizations in Europe and North America became very active and spoke against the individual, medicalized model of disability and its psychological and social welfare. Disabled persons' experience of discrimination made them focus their attention on the organization of the society rather than individual differences or limitation (Colin & Mercer, 2010).

The UPIAS was established in 1974 and the views expressed in UPIAS documents resulted in the UPIAS policy statement and constitutions. It was first adopted in 1974

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and later on, amended in 1976. The document contains a socio-political re-interpretation of disability that distinguishes between the medical model and the social model (Colins & Mercer, 2010).

The term social model of disability was coined by a British disabled man Mike Oliver in 1983 in reference to ideological development (Sapey, 2006). Oliver focused on the idea of an individual model (of which the medical model was part) versus a social model, derived from the distinction originally made between impairment and disability by the Union of the Physically Impaired against Segregation (UPIAS) (Sapey, 2006).

Oliver's seminal 1990 book "The Politics of Disablement" is widely cited as a major moment in the adoption of this model (Oliver, 1990). The social model was then extended and developed by academics and activists in Australia, UK, US, and other countries to include all disabled people. This framework challenges the medical model of disability and focuses on the societal and environmental factors that create barriers for persons with disabilities. It can help understand how societal attitudes and structures contribute to human rights abuses and choice of coping mechanisms among Persons with Disabilities. According to the social model, 'disability' is socially constructed. The social model of disability contrasts with what is called the medical model of disability.

According to the medical model, 'disability' is a health condition dealt with by medical professionals. People with disability are thought to be different to 'what is normal' or abnormal. 'Disability' is seen 'to be a problem of the individual (Dan, 2001). From the medical model, a person with disability is in need of being fixed or cured. From this point of view, disability is a tragedy and people with disability are to be pitied. The medical model of disability is all about what a person cannot do and cannot be.

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The social model sees ‘disability’ as the result of the interaction between people living with impairments and an environment filled with physical, attitudinal, communication and social barriers. It therefore carries the implication that the physical, attitudinal, communication and social environment must change to enable people living with impairments to participate in society on an equal basis with others (Sapey, 2006).

A social model perspective does not deny the reality of impairment nor its impact on the individual. However, it does challenge the physical, attitudinal, communication and social environment to accommodate impairment as an expected incident of human diversity. The social model seeks to change society in order to accommodate people living with impairment. It does not seek to change persons with impairment to accommodate society. It supports the view that people with disability have a right to be fully participating citizens on an equal basis with others.

The social model of disability is now the internationally recognized way to view and address ‘disability’. The United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) marks the official paradigm shift in attitudes towards people with disability and approaches to disability concerns. Sapey (2006), argue that, people with disability are not “objects” of charity, medical treatment and social protection but “subjects” with rights, capable of claiming those rights, able to make decisions for their own lives based on their free and informed consent and be active members of society. In this model, the word “Impairment” is used to refer to the actual attributes (or lack of attributes) that affect a person, such as the inability to walk or breathe independently.

It seeks to redefine disability to refer to the restrictions caused by society when it does not give equitable social and structural support according to disabled peoples’ structural needs. This model confirms the fact that if equitable social and structural support systems are made available, there wouldn’t even be a disable person in the society, because to the model, disability is caused by the lack of assessable structures by persons living with disability.

2.1.2 Stress and Coping Model

Various stress and coping models, such as Lazarus and Folkman's Transactional Model of Stress and Coping, can help analyze how individuals with disabilities appraise and cope with the stressors associated with human rights abuses. Coping is intimately related to the concept of cognitive appraisal and, hence, to the stress relevant person-environment transactions. Most approaches in coping research follow Folkman and Lazarus (1980, p. 223), who define coping as `the cognitive and behavioral efforts made to master, tolerate, or reduce external and internal demands and conflicts among them. This definition contains the following implications:

a) Coping actions are not classified according to their effects (e.g., as reality-distorting), but according to certain characteristics of the coping processes.
b) This process encompasses behavioral as well as cognitive reactions in the individual.
c) In most cases, coping consists of different single acts and is organized sequentially, forming a coping episode. In this sense, coping is often characterized by the simultaneous occurrence of different action sequences and, hence, an interconnection of coping episodes.
d) Coping actions can be distinguished by their focus on different elements of a stressful encounter (Lazarus & Folkman 1984). They can attempt to change the person–environment realities behind negative emotions or stress (problem-focused coping).

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They can also relate to internal elements and try to reduce a negative emotional state, or change the appraisal of the demanding situation (emotion-focused coping). This work describes and evaluates a new functional conceptualization of reactions to reduce distress or unpleasant emotions, the Health Theory of Coping. The theory recognizes that all coping reactions are adaptive and may initially reduce distress and categorizes these strategies as either healthy or unhealthy, depending on their likelihood of adverse consequences. Categories are conceptually clear, mutually exclusive, comprehensive, functionally homogenous, functionally distinct, generative and flexible, overcoming limitations of previous theories.

The theory captures a hierarchy of strategies across the continua of internality, intensity, and adversity. Healthy coping categories are self-soothing, relaxing or distracting activities, social support, and professional support. Unhealthy categories are negative self-talk, harmful activities, social withdrawal, and suicidality. All coping strategies fit within one of these categories. The categorization of coping strategies as either healthy or unhealthy is empirically supported. The Health Theory of Coping has clinical utility in stigma reduction, suicide prevention, and treatment of physical and psychiatric illnesses.

This theory affirms that all coping reactions are adaptive, thus, healthy and unhealthy depending on their likelihood of adverse consequence. This research was conducted to explore the coping strategies among persons living with disabilities with regards to their human rights abuses.

Review of Related Studies

This sub-section presents empirical studies that have been conducted on the key themes of this work that has been raised in the research questions, thus coping mechanisms

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among persons living with disabilities, perception of human rights abuses on their socio-economic well- being and various support systems, policies and interventions that are available for persons living with disabilities in the Wa West district of the Upper West Region. This helps to appreciate the delph and breadth of the research on the coping of human rights abuses among persons living with disabilities.

2.2 Coping with Human Rights Abuses

Coping mechanisms are essential strategies individuals employ to manage abuses and challenges in their lives. Within the context of human rights abuses among persons with disabilities, understanding the coping mechanisms they adopt is crucial for providing effective support and interventions (Ghana Federation of the Disabled, 2008). These coping mechanisms can be used individually or in combination, and their effectiveness may vary depending on the specific circumstances and challenges faced by persons with disabilities. It is important to recognize that addressing human rights abuses often requires a multifaceted approach involving both individual and systemic actions.

One of the major coping mechanisms PWD adopt is to Pray and have Faith in God. The first coping strategy PWDs go through is the dependence on godly intervention from the Almighty God (Weber & Pargament, 2014). A review of studies on religion and psychological health by Weber and Pargament (2014) suggested that most studies generally found a positive relationship between religion and psychological health. Generally, most studies on religion and mental health have found a positive relationship between religion and or mental/psychological health, they added. Their work has been supported by the work of Vash and Crewe (2003) which states that “Religion has been found to moderate the relationship between stressors and psychological outcomes. For example, prayers and other religious activities may serve as safe behaviors that may help in coping with unpleasant or traumatic experiences.

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Also, there are several positive emotions that may be associated with well-being like gratitude, reverence, hope and awe which are significant aspects of religious teachings and experiences (Rosmarin, Krumrei, & Andersson, 2009). Again, according to Marini and Graf (2011), individuals who believe in God or a spiritual power are more likely to have a sense of meaning and purpose, happiness and psychological well-being.

Further, important practices like meditation and forgiveness have been found to improve several aspects of psychological health (Moreira et al. 2006). Most Ghanaians are known to have a strong belief in a Supreme Being or God which reflects in their response to events (Gyekye, 2003) which makes religion an important factor in understanding people reaction to adversities.

Another coping strategy has to do with Education and Awareness Creation. Education and awareness campaigns have proven crucial in addressing human rights abuses against persons with disabilities. These initiatives aim to change societal attitudes and perceptions towards disability, ultimately reducing discrimination. Research by Oduro (2009) suggests that inclusive educational programs not only improve the lives of persons with disabilities but also foster a more accepting society. In the work of Oduro (2009), promoting awareness and education about disability rights and issues can empower individuals to combat discrimination and abuse through public awareness campaigns and community engagement.

According to Oduro (2009), some PWDs say they benefitted from the education forum organized by NGOs in the district and that alone has given them the hope to move on. Naami et al. (2012) conducted a study that sought to understand unemployment among women with physical disabilities in Tamale and issues associated with it. They used a qualitative approach through in-depth interviews with ten women with disability and

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two focus group discussions with 14 stakeholders. They found that unemployment was high among women with disability in Tamale and most of the women were not aware of the opportunities that were available to them. The study also pointed out that most government officials lacked knowledge about disability issues and that there is need for education and awareness creation to help PWDs avoid abuses among them.

Furthermore, Persons with disabilities often employ legal and advocacy strategies to combat human rights abuses (Disabled World, 2018). The Convention on the Rights of Persons with Disabilities (CRPD), adopted in 2006, has been a cornerstone of such efforts. It emphasizes the right to equal treatment and non-discrimination, providing a legal framework for enforcing these rights. Empirical studies highlight the positive impact of the CRPD on the lives of persons with disabilities by enabling them to seek justice and challenge discriminatory practices. In the work of Eide and Kamaleri (2009) in Mozambique, some PWDs pursue legal action to address human rights abuses, such as filing complaints with human rights commissions or seeking legal representation. They further affirmed that, PWDs cope with these abuses by taking legal actions against abusers, so as to deter others from repeating same.

Notwithstanding the above, Counseling and Therapy is another coping mechanism many writers have talked about. Many previous studies like (Asante, 2012; Badu, 2016) indicate that PWDs seek professional mental health support that can help individuals cope with the emotional and psychological effects of abuse. Asante (2012), for instance, says “counseling keeps individuals strong and healthy”. His position has been supported by Badu (2016), who also said receiving counseling services heals abuse victims quickly.

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Social Support Networks finalizes the many reports previous researchers talked about. Support networks play a pivotal role in helping individuals with disabilities cope with human rights abuses. These networks often consist of family members, friends, and disability-focused organizations. Eliezer et al., 2011 reveal that peer counselling programs are effective in empowering persons with disabilities to assert their rights and navigate complex legal and social systems. Relying on family, friends, and caregivers for emotional support and assistance in addressing abuse and discrimination is what many of these human rights abuse victims do (Baffoe, 2013). Social support has been identified by previous studies as one of the variables that enhance the well-being of persons with disabilities (Eliezer et al., 2011). Social support is considered as a resource that may serve as a buffer against stressful situations such as discrimination and violence and may also help improve one's psychological well-being (Itzick, Kagan, & Tal-Katz, 2018). Persons with disabilities are disadvantaged in their opportunities to enjoy social life (WHO & WB, 2011). This coupled with exposures to violence and discrimination may affect their health and well-being. It is, however, evident from the literature that favorable interactions with one's social environment are beneficial to one's psychological health and well-being (Tough, Siegrist, & Fekete, 2017).

2.3 Perception of the Influence of Human Rights Abuses on their Socio-Economic Well-being

The interaction between human rights abuses and socio-economic outcomes is pivotal in assessing the overall impact of human rights abuses on persons with disabilities. Research by Williams et al. (2018) demonstrates that perception of human rights abuses correlates with improved socio-economic well-being. For instance, individuals who engage in empowerment-based mechanisms tend to assert their rights and access available resources, positively influencing their socio-economic status. On the other

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hand, studies by Brown et al. (2016) emphasize that passive perception may lead to a vicious cycle of disempowerment, reinforcing their vulnerability to socio-economic disparities. Persons with disabilities are more likely to experience social exclusion, unemployment and abuse and other forms of discrimination (Kavanagh et al., 2013) which can lead to disparities in socioeconomic status. This, in turn, can lead to dependency which can ultimately expose persons with disability to various forms of violence and discriminations.

Although all groups of socioeconomic status are exposed to violence and discrimination, persons with low socioeconomic status are at an increased risk (Santiago, Wadsworth, & Stump, 2011). It has been found that both Discrimination and low socioeconomic have long-term effects on individuals' psychological well-being (Huynh & Fuligni, 2010).

According to Jones et al (2012), there are several factors that predict violence and discrimination among persons with disabilities. In a meta-analysis of 17 studies on violence and disability, Jones and his colleagues (2012) confirmed that violence and discrimination, are more common among children with disabilities as compared to those without disabilities.

In like manner. Hughes and his colleagues conducted a meta-analysis of 27 studies and found that experience of violence in the past year was high among adults with disabilities when compared to adults without disabilities (Hughes et al., 2012). Hughes et al. also found that persons with mental disabilities are at more risk of violence when compared to persons without a disability.

Despite this finding, there are few studies (Dammeyer & Chapman, 2018 & Safi lios-Rothschild, 1970) that have attempted to identify the specific type of violence

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experienced and the effects of factors such as the specific type of disability, visibility and the severity of a disability. Some disabilities are obvious to see whiles others are not so apparent. There is a tendency for persons with very visible disability to be exposed to disability-related discrimination (Dammeyer & Chapman, 2018). Safi lios-Rothschild (1970) argued that the more visible a disability is, the more likely it is to trigger a negative attitude. He also pointed out that the more severe a disability is, the more likely it will be negatively perceived.

Researchers like WHO (2015), Dammeyer & Chapman, (2018) and Kassah et al., (2014) have identified gender as a predictor of several forms of abuse. The effects of disability on women are disproportionately higher WHO (2015). According to the World Health Organization (2015), women and girls are at increased risk of experiencing double discrimination, which includes gender-based violence, abuse and marginalization. For example, Dammeyer and Chapman (2018) found that there was a significant difference in the type of violence or discrimination experienced; whiles men with disabilities are more likely to report physical violence, women are more likely to report sexual violence, humiliation and discrimination. Kassah et al. (2014) also found that women with disabilities in Ghana are faced with different forms of abuse such as social, physical, verbal and sexual abuse. They argued that this could be attributed to cultural beliefs. A similar qualitative study by Opoku et al. (2016) in Ghana which found that most the women who participated in the study had experienced sexual violence and this experience was coupled with other challenges such as poverty, social isolation and unemployment. According to Opoku et al. (2016), sexual violence often results in unwanted, pregnancies, divorce and rejection which further compound the challenges facing women with disabilities. According to the World Health

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Organization, access to education is vital in overcoming barriers such as violence and discrimination faced by persons with disabilities (WHO, 2011).

However, according to Baffoe (2013), persons with disability are seen in our societies as people who need to be supported to live rather than empower them to live. This perception may cause families to deny them access to quality education. Bock (2015) also found that in rural communities, women with disabilities are faced with several challenges such as lack of employment opportunities, educational opportunities, lack of social services, social isolation as well as traditional challenges associated with gender.

In contrast, a study by Fiasorgbor and Ayagiyire (2015) in northern Ghana found that perception and attitudes towards persons with disabilities among rural residents were favorable. This was in spite of the several challenges facing persons with disability in rural. These findings suggest that persons with disabilities in rural areas are at an increased risk of violence and discrimination as compared to their colleagues in peri-urban and urban communities.

2.4 Support Systems, Policies, and Interventions in Place to Address Human Rights Abuses against PWDs

Understanding the existing support systems, policies, and interventions in place to address human rights abuses against PWDs is crucial for gauging the effectiveness of current efforts and identifying gaps in addressing human rights abuses among persons with disabilities. Literature highlights the significance of disability-inclusive policies and initiatives. The United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) outlines comprehensive rights for individuals with disabilities, emphasizing full participation, non-discrimination, and accessibility. However, studies by Roberts et al. (2015) indicate challenges in translating these global commitments into tangible improvements at the local level. Moreover, local initiatives such as community-based rehabilitation programs (CBR) have been lauded for their potential to empower persons with disabilities and foster socio-economic inclusion (Wapling et al., 2020).

The United Nations Convention on the Rights of Persons with Disabilities (UNCRPD).

The UNCRPD was enacted in December 2006 together with its Optional Protocol and came into effect in May 2008 as an international human rights law. The UNCRPD together with its Optional Protocol, was adopted on December 13, 2006, and came into force as international human rights law on May 3, 2008. According to Kayess and French (2008, pp. 1-34), the formulation of the UNCRPD has been hailed as a great landmark in the struggle to reframe the needs and concerns of persons with disability in terms of human rights. Moreover, it is considered to have enabled the largest minority group in the world to assert their rights and engage on an equal footing in global and national affairs with others who have attained particular treaty recognition and protection.

The UNCRPD is also the primary authoritative universal mechanism through which PWDs and other stakeholders who work in disability organizations can hold their respective governments responsible for promoting and enforcing disability rights (Lang, 2009, pp. 266-285). The UNCRPD seeks to safeguard the rights of all individuals with disabilities as it is the first human rights convention enacted in the 21st century. It treats the lives of PWDs as equally valued to any other person who may not have a disability. A noticeable difference between the UNCRPD and other approaches

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to or conventions on disability are that it advocates for the treatment of persons with disabilities as being worthy of and having human rights rather than being treated as people who require constant medical attention or people who are dependent on help from their family or the state (Nizar, 2011).

The African Charter on Human and Peoples' Rights.

The term "human rights" is deemed by Heyns to be relatively new on the continent of Africa as the struggle for freedom, social justice, dignity and equality has been going on for centuries (Heyns, 2004, pp. 679-702). Human rights are a commonly used term in the African context nowadays and most countries refer to it in their respective constitutions. The African Union, which is an intergovernmental organization recognizes human rights as part of its principles. A significant development that led to the establishment of the African Convention on Human Rights was the huge and gross violations of human rights in the 1970s in Africa and the extensive neglect of national democratic institutions in favour of repressive governments (Amoah, 1992, pp. 226-241).

The African Charter on Human and Peoples' Rights, commonly known as the Banjul Charter was adopted at the 18th Summit meeting of the Heads of State and Government of the Organization of African Unity (OAU), in Nairobi, in 1981 and came into effect in October of 1986. This Charter is an international human rights instrument that is intended to promote and protect human rights and basic freedoms in the African continent. Article 2 of the Charter states that "Every individual shall be entitled to the enjoyment of the rights and freedoms recognized and guaranteed in the present Charter without distinction of any kind such as race, ethnic group, color, sex, language, religion, political or any other opinion, national and social origin, fortune, birth or any status." Currently, 53 African states have ratified the charter. While the Charter of the OAU

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made a cursory reference to the concept of human rights, the constitutive act of the African Union (AU) places human rights squarely on its agenda as evident in its preamble (Baimu, 2001, p. 299). The preamble also shows that the concept of human rights as contained in the African Charter goes beyond what is provided in the UDHR and is more specific to the African problems related to human rights. The adoption of the African Charter was influenced by a series of efforts within the continent and outside it for the promotion and protection of human rights making Africa the third continent after Europe and Latin America to establish a regional human rights system (Rembe, 1991).

The adoption was hailed as a significant step by African states and considered to mark the beginning of a new era of recognition of fundamental human rights and freedoms as well as the legal protection of individuals and groups against repression.

The Ghana Disability Act. (Act 715)

There is a lot of embarrassment and harassment associated with the condition of PWDs. Etieyibo and Omiegbe (2016) found out that persons with physical disabilities especially children are trafficked, killed or sometimes recruited to beg for alms and these discriminatory practices are human rights abuses. The discrimination of people with disabilities is not only limited to Ghana, similarly, in Nigeria, PWDs also experience various forms of discrimination (Baba-Ochankpa 2010). Therefore, after many efforts from some persons with disabilities in Ghana, non-governmental organizations and other interest groups, the Disability Act of Ghana (ACT 715) was passed in 2006. The passage of the Act was regarded as a significant milestone in the country’s human rights discourse as it gave the hope that it would improve the life of PWDs to enable them to be part of mainstream society (Oduro, 2009, pp. 621-639). Also, Ghana was among the first African countries to have separate disability

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legislation, which was an achievement for the nation. Some of the objectives of this act include: “to educate Ghanaians on the rights, potentials and responsibilities of both society and PWDs, to generate and disseminate relevant information on disability, to create an enabling environment for the full participation of PWDs in national development, to ensure access of PWDs to education and training at all levels, to facilitate the employment of PWDs in all sectors of the economy, to promote disability friendly roads, transport, and housing facilities, to ensure access of PWDs to effective health care and adequate medical rehabilitation services, to ensure that women with disabilities enjoy the same rights and privileges as their male counterparts, to ensure that law enforcement personnel in cases of arrest, detention, trial and confinement of PWDs take into account the nature of their disabilities, to encourage full participation of PWDs in cultural activities, to ensure access of PWDs to the same opportunities in recreational activities and sports as other citizens and to promote community-based rehabilitation programs as a means of empowering and ensuring the full participation of PWDs in society”(Ghana Federation of the Disabled, 2008). Section one of the Disability Act on “Rights of persons with disability” provides for a range of rights which includes the right to live with family and participate in all social, political, economic, creative and recreational activities. Most importantly, PWDs engagement in political activities is provided for in this section. Section 1 also ensures the rights to equality in respect of residence and requires that in the instance where there is a need for a specialized establishment for a person with disability, it should be close to a non-disabled peer. This section also provides for equality of PWDs. Accordingly, a person with disability shall not be subject to discrimination in society or discriminated against in the quest for employment on basis of disability (Blebu, 2019).

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In order to ensure that more qualified PWDs are not denied employment, the Act guarantees some incentives for employers who employ a significant number of PWDs. It states, “The Government shall grant a person who employs a person with disability an annual tax rebate of the taxable income in respect of each the number of persons with disability employee” (Persons with Disability Act, 2006).

Ghana's National Disability Policy, 2000.

Ghana adopted a national disability policy in 2000, which provided the framework for the drafting of the national Disability Law, Act 715 and passed in 2006. In 2012, the Parliament of Ghana ratified the UN convention on the rights of persons with disability with its optional protocol. The National Disability Policy provides a strategic framework for addressing disability issues in the country. It emphasizes social inclusion, equal opportunities, and the removal of barriers for persons with disabilities. The National Disability Policy was adopted to provide equal opportunities for PWDs to participate in the national development process and improve the quality of life of PWDs.

According to the National Disability policy (2000), the Ghana Constitution form part of the main elements of the United Nations Standard Rule on Equalization of opportunities for persons with disabilities. The Rule provides an important framework for the Ghanaian Policy to achieve equalization of opportunities for persons with disabilities. Measures taken require expressions, thoughts and feelings through programs and interventions. This policy identifies and explains key areas for policy intervention in Ghana for persons with disabilities. During the 1960’s, awareness grew among persons with disabilities. Their needs and desires were not sufficiently part of the programs and policies. The policy further introduced adaptations and changes in the legislation in favor of persons with disabilities in the environment, structures and

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activities in the society in general. Despite the training and services provided for persons with disabilities in Ghana, they still meet many obstacles preventing them from participating in everyday life activities (National Disability Policy Document, 2000). According to the Ministry of Employment and Social Welfare (2002), the main aim and strategies were clearly mentioned in this document through discussions and debates with a wide spectrum of institutions, individuals and people with disabilities themselves. The Minister again stated that, stakeholders should ensure that the objectives of the policy are achieved to their benefit and to the benefit of society at large. One of the goals concerning the policy that shall be adopted is to facilitate the employment of persons with disabilities in all sectors of the economy (National Disability policy Document, 2000).

However, the policy lacked appropriate legal backing to ensure that the objectives of the policy were fully implemented.

Inclusive Education Policy for PWDs

The Inclusive Education Policy defines the strategic path of the government for the education of all children with special educational needs. In 2015, Ghana developed an inclusive education policy with an overarching goal of fostering equitable access to education for all children. Inclusive education places emphasis on all aspects of education, including the pedagogy, school culture and environments that promote inclusion. Ghana’s inclusive education policy aims to ensure that children with disabilities have equal access to quality education in regular schools. In the work of Amoako (2020), inclusive education policy creates the opportunity for all children to access education. With the inclusive approach to education, all children are given access to quality education within mainstream classrooms at all times (Pekeberg, 2012).

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Accessibility Standards for PWDs

The Ghana Accessibility Standard for the Built environment (GASB) was developed and launched in November, 2016. The purpose of this Standard is to provide specifications for policy makers, implementers and service providers to ensure quality and non-discriminatory services in the built environment in Ghana. Ghana has been working on setting accessibility standards to make public buildings, transportation, and information more accessible to persons with disabilities. It is safe to say that accessibility benefits all members of society including people with disabilities (Mensah et al, 2008). Improving accessibility brings about increased quality of life; creates more independence and better social integration (Abott & McConkey, 2006). It also leads to better health and can result in cost saving in a number of areas (Mensah et al, 2008). According to Abott & McConkey (2006), it is essential to ensure that people with disabilities can access information, services, and products without any barriers, making their lives easier and more fulfilling. The purpose of accessibility is to remove these barriers and provide equal opportunities for everyone, regardless of their disabilities.

The Mental Health Act, 2012 (Act 846)

In 2012 Ghana passed a new Mental Health Act, which aimed to create a new system of mental healthcare in Ghana to help PWDs. The Act includes provisions for the creation of a modern, community-based mental health system and for the protection of the rights of persons with mental disorders. While not specific to persons with disabilities, this act addresses mental health issues and includes provisions related to the rights and treatment of individuals with mental disabilities (Moreira-Almeida et al, 2006). The act is designed to protect the rights of people with mental health problems, and to ensure that they are only admitted to hospital against their will when it is

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absolutely essential to ensure their well-being or safety, or for the protection of other people.

Healthcare Services for PWDs

There are policies aimed at ensuring that persons with disabilities have access to appropriate healthcare services, rehabilitation, and assistive devices. The government of Ghana adopted a National Health Insurance Scheme (NHIS) in 2003, and implemented as national program in 2005, as a pro-poor health policy to promote universal coverage and equity in access to health care services (Dixon et al, 2011). The NHIS is a strategy for financing health care with the ultimate goal of providing universal health coverage for all Ghanaians, irrespective of their socio-economic background. Premium exceptions are, however, provided for persons with disabilities that are categorized as indigent (i.e., those who extremely poor and marginalized within criteria set out in a livelihood empowerment against poverty program). Nevertheless, it is difficult to identify the indigent because there is a lack of clarity about determining poverty in Ghana. Given this, persons with disabilities continue to experience financial difficulties in accessing health care services despite the existence of the NHIS (Badu et al, 2015).

Social Protection Programs for PWDs

Social support refers to government-funded support provided by specialist disability services and aged care services. However, social support can also be considered more broadly than this, and may include things such as income support, housing assistance and homelessness support. Ghana has social protection programs that target vulnerable groups, including persons with disabilities, to provide financial and social support. The government of Ghana has introduced Disability Fund to provide one-off financial support to persons with disabilities through its decentralized political units. Also, the

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Disability Common Fund (DCF) was another social support system introduced by the government. This social protection program aimed at alleviating poverty among persons with disabilities in Ghana. Although little has been done to examine if beneficiaries use the fund for its intended purposes. Another social protection program by the government is Disability Allowance (DA). Disability Allowance (DA) is a weekly allowance paid to people with a disability. You can get DA from 16 years of age. You can get Disability Allowance even if you are in school. This is to enable persons with disability to participate in socio-economic activities.

These legal and policy frameworks reflect Ghana's commitment to promoting the rights and well-being of persons with disabilities (PWDs) and align with international standards, such as the Convention on the Right of Persons with Disabilities (CRPD). However, implementation and enforcement can vary, and challenges may still exist in ensuring full inclusion and protection of disability rights in practice.

2.3 Conclusion

The literature review underscores the importance of understanding coping mechanisms, their intersection with socio-economic outcomes and the existing support landscape for improving human rights protection and socio-economic welfare among persons with disabilities. By synthesizing findings from diverse studies, this review establishes the foundation for the subsequent empirical investigation in the Wa West District. The subsequent chapter detailed the research methodology utilized to examine coping strategies, their impact on socio-economic well-being, and the broader implications for policy and practice in the context of human rights abuses against persons with disabilities.

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CHAPTER THREE

METHODOLOGY

3.0 Introduction

In exploring the coping mechanisms of human rights abuses among persons living with disabilities in the Wa West District of the Upper West Region, the study applied research methodology and techniques which are discussed in this chapter. The researcher believed these methodology and techniques used would enable the researcher achieve his desire research objectives outlined in chapter one above.

3.1 Research Philosophy

The foundations on which research are conducted are on their ontological and epistemological positions. In this regard, Bryman (2016), argues that research methods are inevitably rooted in epistemology and ontology. Epistemology is regarded as a theory of knowledge. It is concerned with what is (or should be) regarded as accepted knowledge in a discipline.

Ontology is concerned with the "nature of social entities" thus whether social entities should be considered objective or constructive (Bryman, 2016). Again, to Bryman, the crucial question of ontology is whether social entities can and should be considered objective.

From the discussion above, this study is grounded on Pragmatism. According to studies of Selcuk (2018), pragmatism is the belief in realism and idealism or the practical nature of philosophical phenomena in most surveys. By adopting this philosophy, the study seeks to provide an objective assessment of the violations of human rights among

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persons with disabilities in the Wa West District, with a focus on gathering data that can be analyzed.

3.2 Research Approach

The qualitative approach was adopted to explore the coping strategies employed by PWDs in order to cope with the abuse. According to Leavy (2017), qualitative research is generally appropriate when your primary purpose is to explore, describe, or explain. Researchers use this approach to explore; to unpack the meanings people ascribe to activities, situations or events (Leavy, 2014). Leavy (2017) opines that the values underlying qualitative research include the importance of people's subjective experiences and meaning-making processes and acquiring a depth of understanding (i.e., detailed information from a small sample). Qualitative research, according to Leavy (2014), is generally characterized by inductive approaches to knowledge building aimed at generating meaning. This approach employed allows researcher to collect data from a small sample size which the researcher uses subjective, experiential life world of human beings and describing their experiences in-depth.

3.3 Research Design

The study employed was a qualitative case study research design. The case study approach allows for an in-depth exploration of a specific context, providing rich insights into the experiences of persons with disabilities coping with human rights abuses. This design is particularly suitable for investigating complex social phenomena within their real-world context, aligning with the objectives of understanding coping mechanisms, their intersection with socio-economic outcomes, and exploring support systems and interventions. According to Creswell (2008), qualitative approaches emphasize the importance of the participant's views and highlight the meaning people personally hold about issues. McMillan and Schumacher (2001) noted that qualitative

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research investigates in-depth small distinct groups as the purpose is to understand the social phenomenon from participant's perspective. Patton (2002) also argued that qualitative methodological approaches tend to be based on recognizing the subjective, experiential 'lifeworld' of human beings and describing their experiences in-depth.

A research design is the total plan of a scientific study. It outlines how a study is conducted with the minimum difficulties or is the overall master plan that has the ability to link different parts of the study in a uniform manner (Selcuk, 2018). Explanatory Sequential is used to carry out the study.

3.4 Setting/Study Area

The study was conducted in the Wa West District in the Upper West Region of Ghana. In 2004, LI 1751, under the Local Government Act 463, 1993, was employed to create the Wa West District with Wechiau as its capital. The district is located in the western part of the Upper West Region, approximately between longitudes 9º 40" N and 10º 10" N and also between latitudes 2º 20" W and 2º 50" W. To the south, it shares boundaries with the Northern Region and Nadowli District to the northwest, on the eastern part, it shares boundaries with Wa Municipal and to the west with Burkina Faso. It has a total landmass of about 1492.0Km2, which represents nearly 10% of the region's total land area. Wechiau is about 150km away from the Wa Municipality. There are twenty-seven (27) electoral areas and five (5) area councils and as demanded by law, is headed by District Chief Executive. The proximity of Wa West District to Burkina Faso places it in an advantageous location in relation to the Savannah-Sahel Regional Market being promoted by the Northern Development Initiative, which promotes the development of the district's economy. According to Ghana Statistical

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Service (GSS) 2021, the Wa West district has a total population of 100,439, 49,717 male that constitute 49.5% and 50,722 female also representing 50.5%.

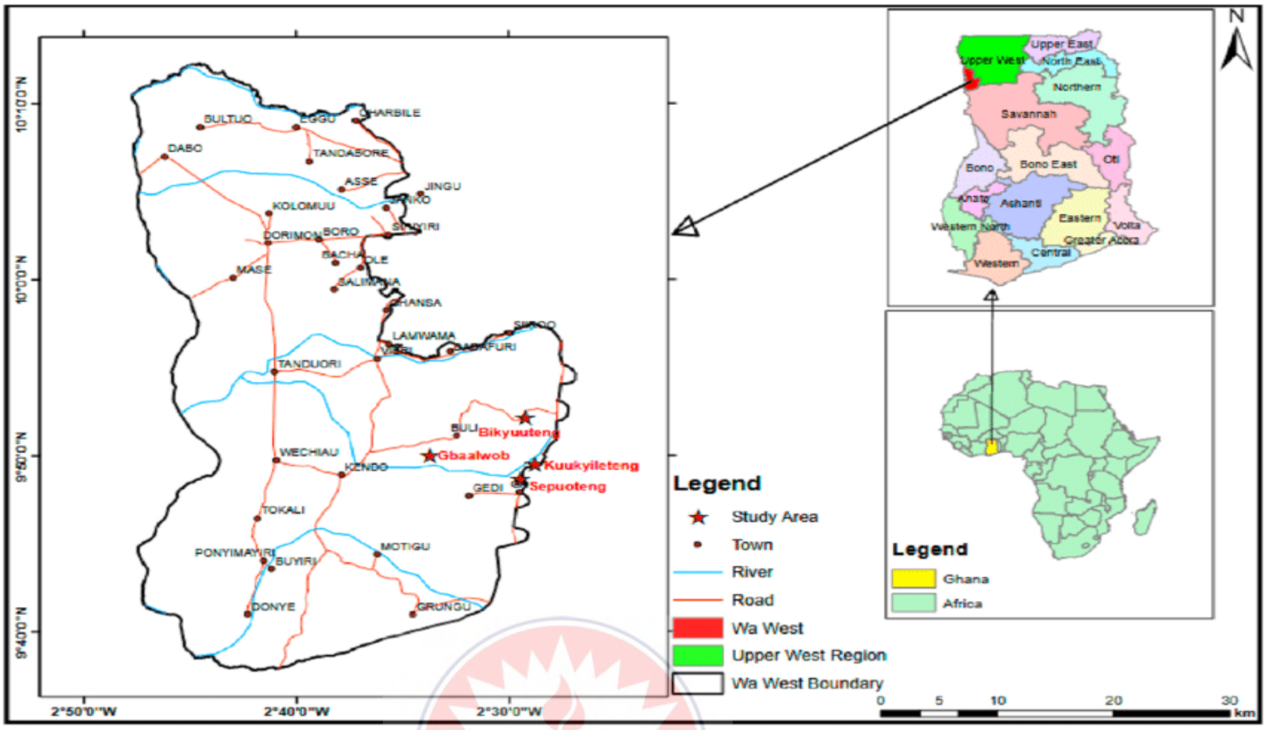

Figure 1. Map of Wa West District in the Upper West Region

3.5 Population of the Study

A population is the total number of all units or elements of the population of the phenomenon to be investigated that exist in the area of investigation (Kumekpor, 2002). The study target population involved relevant officials and authorities from the district offices of the World Vision International, CAPECS Ghana, Domestic Violence and Victim Support Unit (DOVVSU) of the Ghana Police Service, Social Welfare Department, Caregivers of PWDs and Persons with Disabilities. The target population included persons with disabilities, and their caregivers both male and female of eighteen (18) years of age and above with sound mind. A purposive sampling technique was employed to ensure a diverse representation of experiences and perspectives.

3.6 Sample

Sample is a portion chosen from the population and the units or items in a sample is called the sample size. Due to financial problems and limited time, the researcher assessed twenty-two (22) participants, both males and females of eighteen (18) years and above with sound minds were selected for the study. Male respondents were ten (10) and female respondents were twelve (12). The sample size was twenty-two (22) because qualitative research is very labor intensive, analyzing a large sample can be time-consuming.

3.7 Sampling Techniques

The non-probability sampling technique was used in this study. Specifically, purposive sampling was used in finding respondents for the research. Purposive sampling procedure was used to select twenty-two (22) adults (18 years and above) male ten (10) and female twelve (12) respondents which comprised twelve (12) persons with disabilities, thus two (2) mild intellectual and developmental disabilities, three (3) hearing impaired, four (4) physically challenged, three (3) visual impairments (blind), two (2) government officials working with persons with disabilities (1 from social welfare, & 1 from DOVVSU), two (2) persons from disability-related NGOs/NPOs (1 from World Vision and 1 from CAPECS Ghana) and six (6) non-disabled (who are closely related to persons with disabilities) in the communities with much experience and knowledge in the study area. Purposive sampling is the type of sampling in which the researcher uses his/her judgement regarding the section of participants from whom required information is collected (Amin, 2005). The selection of the participants was purposively done to ensure that rich information about the coping mechanisms among persons living with disability (PWDs) was obtained and also to get a deeper understanding of the phenomenon. Also, the method was used because it involved finding prospective participants who had experience and knowledge concerning this area on the support systems, policies and interventions made for persons with disabilities in the Wa West district.

Table 1-Number of participants selected from the various disabilities' groups and the non-disabled

TYPE OF DISABILITY	NO. OF PARTICIPANTS	MALE	FEMALE
Visual Impaired	3	2	1
Hearing Impaired	3	1	2
Physically Challenged	4	1	3
Mild Intellectually and developmentally Disabled	2	2	0
Caretakers	6	2	4
NGOs/Government Officials	4	2	2
TOTAL =	**22**	**10**	**12**

Source: Field Data, 2024

3.8 Sources of Data

Sources of data for the study was obtained from both primary and secondary sources. Primary data collection involves the researcher collecting the data him/herself through fieldwork. For the purpose of this study, structured interview questionnaires were used. Secondary data refers to all data collected by other researchers, theorists, organizations and individuals for different purpose. The researcher relayed on other information through relevant books, journals, articles and internet.

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3.9 Research Instrument

The main instrument for the study was an interview guide (Appendix B, C &D). The interview guide was divided four parts. Part one elicited information on demographic data of respondents. Part two elicited information on coping mechanisms adopted by persons with disabilities (PWDs) in the face of human rights abuses. Part three elicited information on how coping strategies intersect with the socio-economic well-being of persons with disabilities (PWDs). Finally, part four elicited information on the existing support systems policies, and interventions in place to address human rights abuses against persons with disabilities (PWDs).

3.10 Data Collection Procedure

A semi-structured interview guide was developed and used to collect data from participants. The interviews were conducted on an individual basis and in English. However, some participants expressed themselves in their local language (Waali or Brifo) in answering the questions. The interviews were conducted with persons with disabilities and their caregivers. These interviews explored their experiences of human rights abuses, coping mechanisms employed, and the impact on socio-economic well-being. The interviews provided an opportunity to capture the participants' narratives and perspectives. Semi-structured interviews were used because they allow the researcher to control the process and also provide opportunities for participants to express their thoughts (O'Leary, 2004). Compared to other methods of data collection, face-to-face interviews offers a greater degree of flexibility and allows the interviewer to explain the purpose of the interview and encourage potential respondents to co-operate; they can also clarify questions, correct misunderstandings, offer prompts, probe responses and follow up on new ideas in a way that is just not possible with other methods (Fox, 2009).

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Also, similar questionnaires were designed for representatives of disability-focused NGOs and government officials. These facilitated a broader exploration of existing support systems, policies, and interventions in addressing human rights abuses among persons with disabilities.

3.11 Data Analysis Procedure

Thematic analysis was employed to analyze the collected qualitative data. This is the method of identifying, analyzing, organizing, describing, and reporting themes found within a data set (Nowell, Norris, White & Moules, 2017). The interviews transcripts were coded, categorized, and analyzed to identify recurring themes related to coping mechanisms, socio-economic outcomes, support systems, and recommendations for improvement. The process involved data familiarization and generating initial codes. To this effect thematic approach to qualitative data analysis by Braun and Clarke, (2006) was adapted for the study. According to Braun and Clarke (2006), thematic analysis is the method for identifying, analyzing and reporting themes within the data. The following steps using an iterative process were used for the analysis of collected data.

1. *Data cleaning and familiarization with the data*

To familiarize myself with the data, the audio recorded interview were listen to several times (Gay, Mills & Airasian, 2009). Each interviewee was given a numeric code based on the order in which they were interviewed for easy referencing (Sommers & Sommers, 2002). Each interviewee was given an assigned specific number (code) (IDD 1-2) for people with mild intellectual and developmental disabilities according to the sequence in which participants were interviewed. People with visual impairment were also given code/number (VI 1-3), people with hearing impaired (HI 1-3) and finally,

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those with physical challenge (PC 1-4). Caregivers of people with disabilities were given codes/numbers (CG 1-6). The field notes and reflections were also named according to the number assigned to each participant. Separate files were prepared for information collected from each participant that included transcribed interview sheets, field notes, and reflections of participants during the interviews. Through this way, each participant's file was identifiable through the number assigned to each participant and ensuring privacy at the same time.

Verbatim transcription of the audio interview was done and hesitations and pauses were also noted (McClellan, Macqueen & Neidig, 2003). Each interview was transcribed in the same week that the participant was interviewed. Notes were taken after each reading of the transcription that guided the interview of next participant. Concurrent data collection and transcription helped and guided the interview session with the next participant.

After all interviews were completed and transcribed, the whole data set was read carefully prior to forming the codes. During this phase, notes were taken to identify any patterns to determine if any formative codes were visible. This was done to preserve originality and ensure that no information was misinterpreted or lost. The transcribed data was read through while listening to the audio tape in order to ensure there were no omissions. Each interview was summarized. This helped to conceptualize what the interviewees said and identified any similarities and differences in their statements (Vanderpuye, 2013).

After the transcription process, the primary researcher went through the data in depth, to get familiar with the depth and breadth of the content. It involved 'repeated reading' of the data in an active way that guided the primary researcher to search the context and

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patterns of what has been shared. Each interview was transcribed in the same week that the participant was interviewed. Notes were taken after each reading of the transcription that guided the interview of next participant. Concurrent data collection and transcription helped and guided the interview session with the next participant.

After all interviews were completed and transcribed, whole data set was read carefully prior to forming the codes. During this phase, notes were taken to identify any patterns and determine if any formative codes were visible.

2. *Generating initial codes*

Coding is the process of examining the data for themes, ideas and categories and making similar passages of text with a code label so that it can easily be retrieved at a later stage for further comparison and analysis (Taylor & Gibbs, 2010). After initial familiarization with data and generation of few ideas, initial coding begun. In the process of coding, data was organized into meaningful groups. The coding process included word-for-word reading of the interview transcripts, labeling of words or parts of sentences with pencil. Each sentence was read carefully and significant words were marked. In the coding process, parts of sentences or words were coded and un-coded multiple times during the process. The labels or codes represented important pieces of information that was needed for the study. I also maintained memo notes in the process of coding. I had two people involved who helped me in the process by enduring nothing is missed during the tedious task of coding.

3.12 Ethical Considerations

In accordance with the APA (2002) Ethical Code, Ethical considerations were paramount throughout the research process. Informed consent was obtained from all participants, and their confidentiality and anonymity were assured. Additionally, the

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questionnaire did not ask for any identifying information such as name or address from the participants. The objective and the potential benefits of the study was explained to all participants. Participants were also informed about their freedom to withdraw from the study if they so desire to discontinue the process even after they have given their initial consent. Ethical approval was sought from the Center for Human Rights, Conflict and Peace Studies of the University of Education, Winneba before the study was undertaken. Permission was obtained from the Wa West District Social Welfare Department and Statistical service of the district to conduct the study in the area.

3.13 Trustworthiness

To ensure trustworthiness of this study, the researcher employed triangulation by collecting data from multiple sources (persons with disabilities, caregivers, NGOs, community leaders and government officials). Member checking was also conducted by the researcher, by allowing participants to review and verify the accuracy of their interview transcripts. Reliability was enhanced through careful documentation of the research process, clear research procedures, and transparent reporting of findings.

3.14 Qualitative Validity

Interpretive validity is a measure of the meaning that is attributed to a participant's behavior and the perspective of the individual whose behaviors are being measured. All tests are designed to test knowledge, but it is important to make sure that a test accurately measures what it is intended to measure. Likewise, there is also a dimension of whether the participant also feels that the test meets the objectives. The interpretive validity is measured by how closely these two perspectives match one another. Validity is defined as the appropriateness, meaningfulness, and usefulness of specific inferences made from the instrument or procedure results. Kahn (2018), stated that, reliability is a needed condition for validity but not adequate. A test must be reliable for it to be valid,

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but a test could be reliable and still not be valid. The reliability of a research instrument concerns the extent to which the instrument yields the same results when repeated on several occasions (ibid). To ensure the validity of the questions, the preliminary questionnaire was given to course mates and other colleagues to read through and offer suggestions for revision. Appropriate suggestions were given, and the questionnaire restructured accordingly. It was also viewed by other experienced researchers who went through and ensured that the necessary suggestions and corrections are done. Pre-testing of the instruments was done before its delivery to the participants.

3.15 Positionality

Positionality both describes an individual's world view and the position they adopt about a research task and its social and political context, and it influences both how research is conducted, its outcomes and results (Rowe, 2014, as cited in Holmes, 2020). Positionality reflects the position that the researcher has chosen to adopt within a given research study (Savin-Baden & Major, 2013). According to Holmes (2020), positionality implies that the social-historical-political location of a researcher influences their orientations, i.e., that they are not separate from the social processes they study. Sultana (2007), as cited in Holmes (2020), argues that it is critical to pay attention to positionality in order to undertake ethical research. Given that no contemporary researcher should engage in unethical research (BERA, 2018).

Therefore, this study positions the researcher as an outsider. Merton (1972), as cited by Holmes (2020), described an outsider as a non-member of a specified group. At the same time, the outsider is a researcher who does not have any prior intimate knowledge of the group being researched (Griffith, 1998, as cited in Mercer, 2007). Being an outsider, the researcher remained unbiased and was able to bring an external perspective to the process. Again, the participants were willing to reveal sensitive information since

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they were not too familiar with the researcher and would not have any future contact with me.

Before the researcher embarked on the study, it was assumed that by virtue of my position it would be quite challenging to gain the trust and access to the participants. However, the researcher followed the necessary procedures to gain access to the participants as well as explained to them that the study was solely an academic project. Upon entry and explaining the purpose of the study to them, the participants became receptive and open. They gladly received the researcher and willingly provided the needed information. During the process of data analysis and interpretation, the researcher continually focused on who he was – an outsider.

With regards to the researcher's position, the researcher was not myopic in her thinking and perspective. The researcher was able to raise provocative questions in order to get a better explanation and understanding of their culture and customs. It helped the researcher avoid interfering the study with her thoughts, emotions or experiences. Since the researcher was not too familiar with their culture, the researcher was able to perceive the issues relating to HR practitioners meeting the expectations of teachers with a fresh perspective.

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CHAPTER FOUR

DATA PRESENTATION AND RESULTS OF ANALYSIS

4.0 Introduction

This chapter presents and discusses the findings of the results of this study. The purpose of this study was to explore how individuals with disabilities within the context of the Wa West District in the Upper West Region cope with human rights abuses. Interviews was used as principal instrument for the data collected. The results presented in this chapter were based on the following guiding questions.

1) What are the coping mechanisms adopted by PWDs in the face of human rights abuses?
2) How do perception of human rights abuses influence the socio-economic well-being of PWDs?
3) What are the existing support systems, policies, and interventions in place to address human rights abuses against PWDs?

Prior to the analysis of the presentation of results in relation to the research questions and objectives formulated to guide the study, it is apparent to take notice of the demographic data of the respondents who were interviewed. In all, twelve (12) persons with disabilities and ten (10) non-disabled were interviewed.

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4.1 Demographic Data of Respondents

Results in Table 2 illustrate the gender distribution of the respondents.

Table 2-Gender of the Respondents

Disability Type	Male	Percentage (%)	Female	Percentage (%)
Mild Intellectual & Developmental Disability	2	9.09	0	0
Visual Impaired	2	9.09	1	4.55
Hearing Impaired	1	4.55	2	9.09
Physical Challenged	1	4.55	3	13.64
Caretakers	2	9.09	4	18.18
NGOs/Government Officials	2	9.09	2	9.09
Total =	**10**	**45.5**	**12**	**54.5**

Source: Field Data, 2024.

The results indicate that male respondents were (45.5%) while majority of the respondents were female with (54.5%). This means that the female respondents dominated in the study.

Table 3-Age Distribution of Respondents

Age Range	Male	Female	Total	Percentage (%)
18 – 24	1	1	2	9.09
25 – 29	2	1	3	13.64
30 – 34	1	3	4	18.18
35 – 39	3	4	7	31.81
40 – 44	1	2	3	13.64
45+	2	1	3	13.64
Total =	**10**	**12**	**22**	**100**

Source: Field Data, 2024.

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Majority of the respondents were 35 - 39 years and could have thus used their experiences in age to share their experiences in coping with human rights abuses among persons with disability in their communities.

Research Question 1: What are the coping mechanisms adopted by PWDs in the face of human rights abuses?

A paramount interest of this study was to first of all determine the coping strategies adopted by persons with disabilities when their rights are been abused. Pertinent to the coping strategies used by the PWDs in the Wa West District, the themes that emerged were social support, religious coping strategy, seeking for professional support, empowerment, legal and advocacy strategies and violence as a coping strategy. These various themes were explained below.

4.2.1 Social Support

Social support system has been identified by the participants as one of the paramount coping strategies adopted by person with disabilities (PWDs) in coping with human right abuses. In relation to this, many participants' including PWDs explained that the kind of support from friends, relatives, community members and disability-focused organizations have been really pivotal in managing and coping with issues of human right abuses. The following quotes represent the participants responses with regards to social support as a coping strategy.

> *I have faced a lot of abuses. people sometimes speak to me as someone who is not part of them. Anytime that I have been discriminated and abused by people in the community because of my vision problem, I have a friend who always encourage me and this has helped me through.* **(VI 1, Field interview, 2024)**

Similarly, another participant also confirmed that social support from family members has been one of the imperative coping strategies employed in dealing with human right abuses. The participant disclosed that:

> *You see, because of my hearing problem, most people say ill about me and physically assault me. I have been discriminated many times. I remember when the president of the republic visited our town and we went to hear what he has for us, I could not believe that there was no one available to use the sign language for us to also understand which made me felt bad. With these happenings, my family members and friends become my source of encouragement.* **(HI 2, Field interview, 2024)**

In the same way, one participant reiterated that one significant way of coping with human right abuses pertinent to people with disabilities is through social support network. This participant stated that:

> *I have received enormous discrimination and stigmatization as result of my intellectual development disability. I always weep anytime I am abused and my mother has been the only one who always support me and encourage me not to be perturbed about the violation of my right as a human.* **(IDD 1, Field interview, 2024)**

In addition, one of the participants emphasized that social support system has been one of the common coping strategies adopted by PWDs when their rights as human has been abused. The participant mentioned that:

> *My family, friends, and community members play a crucial role in providing encouragement, understanding, and support to me anytime someone has abused me because of my disability and this helps me to cope with the challenges.* **(PC 1, Field interview, 2024).**

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The quotes exemplify the importance of social support system from family members and friends serving as a steadfast source of encouragement and reassurance amid discrimination and stigmatization. Despite facing significant challenges, participants demonstrated resilience and the ability to cope. This resilience is often bolstered by the support they receive from their social networks. Inferring from the opinions of the participants, social support serves as a means to counteract the stigma and negative perceptions associated with disabilities. By providing understanding and acceptance, support networks help PWDs maintain a positive self-image and resilience. This indicates that familial and friendship support can be a powerful coping mechanism for PWDs facing human rights violations. This demonstrates the importance of interpersonal relationships in buffering against the negative effects of abuse and discrimination. On the whole, these views from the participants underscore the importance of social connections and support systems in helping PWDs maintain resilience and cope effectively with the challenges posed by discrimination and abuse. In conformity with these findings, Itzick, Kagan and Tal-Katz, (2018), posits that social support system is considered as a resource that may serve as a buffer against stressful situations such as discrimination and violence against PWDs and may also help improve one's psychological well-being.

4.2.2 Religious Coping Strategy

It was disclosed by the study that PWDs cope with abuses and discrimination through turning to their faith and leaving their challenges to a higher power (God). The participants elucidated that in times of discrimination and violation of their rights as humans, they often pray and have faith in God. The quotations below illustrate participants views on how they employed religious coping strategy in order to cope

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with the stigmatization and discrimination from people. On how PWDs use religion as a coping strategy, a participant submitted that:

> *I have been stigmatized and discriminated many times and because I cannot see and not to talk of chasing the abusers, I did nothing to these people who are always infringing upon my rights as human. In the face of these happenings, I normally pray to God and leave everything in his hands.* **(VI 2, Field interview, 2024).**

In buttressing the assertion about how PWDs cope with the discrimination and stigmatization in the society, a participant highlighted that in the face of the abuse, he normally has a strong belief in a Supreme Being which reflects in their response to events. The participant indicated that:

> *I have received all forms of physical assaults ranging from beatings and being dragged on the floor and because I am physically challenged, it is always difficult for me to protect and fight for myself. Anytime I am faced with these kinds of abuses, I only pray to God to forgive the penetrators and this has always been my way of coping with the abuse.* **(PC 1, Field interview, 2024).**

In the same vein, one of the participants also affirmed that one of the coping strategies adopted by PWDs in handling the abuse of their human rights is through seeking for God's intervention to change their situation. The participant mentioned that:

> *People usually make fun of me because I lost one of my arms in an accident. I always feel inferior in this kind of situations. When it happens like that, I just move away from the abusers, pray to God to give me peace of mind.* **(PC 3, Field interview, 2024).**

The comments above suggest that seeking for God's intervention has been one of the imperative coping strategies adopted by PWDs to handle the various forms of abuses in their jurisdiction. The participants' reliance on prayer and faith in a Supreme Being

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as coping mechanisms is striking. Despite facing various forms of physical assaults and abuses, these individuals find solace in prayer and entrusting their situation to God. This reflects a deep resilience and spiritual strength that enables them to navigate through adversity. Overall, these coping strategies highlighted on the importance of spirituality and faith as sources of comfort and resilience for PWDs facing discrimination. While these strategies may not directly address the systemic issues that lead to such abuses, they provide individuals with a sense of control, comfort, and resilience in the face of adversity. The study's finding is in congruence with Weber and Pargament (2014) and Vash and Crewe (2003) who stated that the first coping strategy PWDs go through is the dependence on godly intervention from the Almighty God. Religion has been found to moderate the relationship between stressors and psychological outcomes. For example, prayers and other religious activities may serve as safe behaviors that may help in coping with unpleasant or traumatic experiences.

4.2.3 Seeking Counselling

Seeking supports in the form of counseling and therapy from professionals such as counsellors, therapist and psychologist has been identified as one of the coping mechanisms adopted by PWDs to cope with the abuse. The participants elaborated that whenever PWDs are been abused or stigmatized, they seek for counselling in order to cope with the emotional and psychological effects of the abuse. The quotes below illustrate participants' views:

> *Mostly, when PWDs are abused, they seek for professional mental health support from us in order to be emotionally and psychologically stable. They have been many cases that I have counselled and also encouraged many victims to report whenever they are been abused.* **(GO 2, Field interview, 2024).**

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In the same way, it was also evident as one of the participants disclosed that PWDs seek for counseling services so that can heal quickly from the stigmatization. The participant stated that:

> *I remember when a gentleman who is physically disabled came to me and he was frustrated due to the fact that he has been deprived of his right to education. Considering his condition at that moment, I offered him counselling service in order to ease his frustration and I also follow the due procedures to get admitted into the school.* **(GO 1, Field interview, 2024).**

Similarly, a participant confirmed that one of the significant coping strategies adopted by PWDs in handling human right abuse cases is by seeking for professional mental health support from counsellors. This participant communicated that:

> *I have received several forms of abuses ranging from verbal assault to discrimination and even to physical assault in some instance. Anytime these things happen, I rely on counselling from a pastor who is also a counsellor in my area. His words and encouragements keep me strong and healthy.* **(VI 3, Field interview, 2024).**

The quotations provided highlight the crucial role that counseling play as coping mechanisms for persons with disabilities (PWDs) facing abuse and stigmatization. Participants emphasized that seeking professional mental health support is essential for PWDs to cope with the emotional and psychological effects of abuse. This indicates that counseling serves as a critical tool for PWDs to achieve emotional and psychological stability in the face of adversity. Additionally, the participants' statements suggest that counseling is not only about addressing immediate emotional needs but also about empowering PWDs to take action against abuse by encouraging them to report such incidents. This underscores the empowering nature of counseling, which enables PWDs to assert their rights and seek justice.

Moreover, the views of the participants illustrate that counseling facilitates healing and recovery from stigmatization. By providing a safe space for individuals to express their frustrations and concerns, counseling helps PWDs navigate the challenges of being stigmatized and marginalized. The example of a physically disabled individual who sought counseling to cope with the frustration of being deprived of education is particularly poignant. It demonstrates how counseling can address specific challenges faced by PWDs, offering them the support they need to overcome obstacles and pursue their goals. To sum up, the quotations suggest that counseling and therapy are not just supportive measures but also transformative processes that empower PWDs to cope with abuse, heal from stigmatization, and assert their rights in society. The findings of the current study concur with the studies conducted by (Asante, 2012; Badu, 2016), who asserted that PWDs seek professional mental health support in the form of counseling which help individuals to cope with the emotional and psychological effects of the abuse.

EDUCATION FOR SERVICE

Employing Legal actions

The study found out that legal actions and strategies are crucial coping mechanisms adopted by persons with disabilities (PWDs) facing various challenges, including discrimination, lack of access to services, and barriers to inclusion. The participants added these strategies encompass a range of actions, from seeking legal redress for rights violations to engaging in advocacy efforts to bring about systemic change. The quotations below represent participants' opinions:

> *I have been discriminated against so many times in the community because I am physically challenged. With the various forms of abuse from the perpetrators, I always encourage myself to be strong*

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> *and I have taken the necessary legal action to get things done.* **(PC 4, Field interview, 2024).**

In the same vein, a participant reiterated that one of the significant coping strategies adopted by PWDs in handling human right abuse cases is legal actions. The participant revealed that:

> *I have faced numerous challenges due to my disability, from inaccessible to social amenities in the community and workplace discrimination. Legal strategies have been instrumental in helping me navigate these obstacles. For instance, when I encountered workplace discrimination, I sought legal advice and eventually filed a complaint with the relevant authorities. This not only led to a resolution in my favor but also raised awareness about disability rights in my workplace.* **(VI 2, Field interview, 2024).**

Additionally, one of the participants also revealed that seeking for legal redress has been one of the coping strategies adopted in handling the cases of abuse. The participant communicated that:

> *"Sure, there was a time when I was denied access to a public facility because of my disability. Instead of accepting this discrimination, I decided to take legal action. With the help of a disability rights organization, we filed a complaint and advocated for better accessibility measures. Eventually, the facility made the necessary changes to become more inclusive.* **(PC 2, Field interview, 2024).**

In furtherance, another participant emphasized that legal strategies have been essential tools for coping with the challenges of living with a disability. This participant mentioned that:

> *Being a person with a disability, I have often found myself facing discrimination and barriers that hinder my full participation in*

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> *society. One of the most effective coping mechanisms I have found is using legal and advocacy strategies. When I encounter discrimination or lack of access to social services, I turn to legal avenues to seek justice.* **(IDD 1, Field interview, 2024).**

The quotes from participants highlight the critical role that legal actions and strategies play as coping mechanisms for persons with disabilities (PWDs) facing discrimination and other challenges. Participants pinpoint on the importance of seeking legal redress for rights violations, such as workplace discrimination or denial of access to public facilities, as a way to address these issues. Through legal actions, PWDs are not only able to assert their rights but also raise awareness about disability rights in their communities and workplaces. This suggests that legal strategies are not just about individual redress but also about broader social change and inclusion.

Additionally, participants mention the support they received from disability rights organizations in pursuing legal actions, indicating the importance of advocacy efforts in facilitating access to justice for PWDs. By taking legal action and engaging in advocacy efforts, PWDs are able to challenge societal norms and push for more inclusive practices. This highlights the transformative potential of legal and advocacy strategies, not just in addressing individual grievances but also in promoting systemic change. On the whole, the quotations suggest that legal actions and strategies are not only effective coping mechanisms for PWDs but also powerful tools for promoting disability rights and inclusion in society.

The findings of this study agreed with a previous study conducted by Eide and Kamaleri (2009) in Mozambique, who asserted that some PWDs pursue legal action to address human rights abuses, such as filing complaints with human rights commissions or

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seeking legal representation. They further affirmed that, PWDs cope with these abuses by taking legal actions against abusers, so as to deter others from repeating same.

Research Question 2: How do PWDs perceive the influence of human rights abuses on their well-being?

In this section, the study sought to investigate the influence of human rights abuses on the well-being of PWDs. From the analysis of the data, it emerged that the influence of human rights abuses on their well-being of PWDs included; **Impact on physical health, psychological trauma and mental health, social exclusion and isolation** and **economic implications.** These themes generated from the study were elaborated below.

Impact on Physical Health

The impact of human rights abuses on the physical health of persons with disabilities (PWDs) is profound and multifaceted. The study found out that human rights abuses, such as physical violence, neglect, and lack of access to healthcare, can have serious consequences on the physical well-being of PWDs. In addition, the participants explained that these abuses can lead to injuries, chronic pain, and health conditions that can significantly impair their quality of life. The quotations below represent participants' views:

> *The human rights abuse I have experienced have had a significant impact on my physical health. For example, I have sustained injuries from physical violence and neglect, resulting in chronic pain and mobility issues. These health conditions have further limited my ability to participate in daily activities and have had a profound impact on my overall well-being.* **(PC 3, Field interview, 2024).**

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In the same way, another participant confirmed that:

> *Human rights abuse has taken a toll on the physical health of my son with a disability. He has experienced injuries from incidents of violence and neglect, leading to chronic pain and health conditions. These health issues have added to his existing challenges and have required ongoing medical care and support.* **(CG 3, Field interview, 2024).**

In furtherance, a participant reiterated that:

> *Human rights abuses can have severe consequences on the physical health of persons with disabilities. We have seen cases where individuals have sustained injuries from abuse, leading to long-term health conditions and disabilities. These abuses not only cause physical harm but also have lasting effects on the mental and emotional well-being of PWDs.* **(NGO 2, Field interview, 2024).**

Psychological Trauma and Mental Health

The psychological trauma and impact on mental health resulting from human rights abuses are critical concerns for persons with disabilities (PWDs) as identified by this study. The participants further explained that human rights abuses, such as discrimination, violence and exclusion, can lead to profound psychological distress, including anxiety, depression, and post-traumatic stress disorder (PTSD). These mental health issues can significantly impact the overall well-being and quality of life of PWDs, affecting their ability to engage in daily activities, maintain relationships, and participate fully in society. The excerpt beneath illustrates the opinions of the participants:

> *The psychological trauma from human rights abuses has left me with severe anxiety and depression. The constant fear and stress from discrimination and neglect have made it difficult for me to*

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> *trust others and feel safe. These mental health issues have had a significant effect on my well-being.* **(VI 2, Field interview, 2024).**

Similarly, one of the participants affirmed that:

> *Many PWDs who have experienced human rights abuses suffer from psychological issues such as anxiety, depression, and PTSD. These mental health issues can be debilitating and can have a significant impact on their ability to live fulfilling lives.* **(NGO 1, Field interview, 2024).**

In addition, a participant disclosed that:

> *The psychological trauma from human rights abuses has deeply affected my mental health. I struggle with anxiety and panic attacks, especially when faced with situations that remind me of past abuse. The continuous fear and stress have made it difficult for me to trust and feel safe in my environment.* **(IDD 1, Field interview, 2024).**

In furtherance, one participant communicated:

> *I have witnessed the psychological effect of human rights abuses on daughter having a disability. Due to the abuse, she struggles with depression and low self-esteem, which have affected her ability to socialize and engage in activities she once enjoyed. The trauma from abuse has left a lasting effect on her mental health.* **(CG 4, Field interview, 2024).**

Social Exclusion and Isolation:

The study also disclosed that social exclusion and isolation are common consequences of human rights abuses experienced by persons with disabilities (PWDs). In this regard, the participants elucidated that discrimination, stigma, and lack of accessibility often lead to PWDs being marginalized and excluded from society. As a result, PWDs may experience feelings of loneliness, isolation, and alienation, which can have a

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detrimental impact on their mental health quality of life. The excerpt beneath illustrates the opinions of the participants:

> *Social exclusion and isolation are common consequences of human rights abuses against PWDs. The discrimination and neglect they face can lead to isolation from their communities and denial of basic rights and opportunities. This social exclusion can have long-lasting effects on their mental health and well-being.* **(GO 1, Field interview, 2024).**

A participant repeated that:

> *The social exclusion and isolation resulting from human rights abuses have made me feel invisible and insignificant. The discrimination and neglect I have faced have made it difficult for me to form meaningful relationships and engage with others. This social isolation has affected my mental health and the kind of life I live.* **(HI 2, Field interview, 2024).**

Also, one of the participants communicated that:

> *"The human rights abuses I have endured have caused me to feel socially excluded and isolated. The discrimination and bullying I have faced have made me withdraw from social interactions. This isolation has affected my mental health and has made me feel disconnected from society.* **(PC 1, Field interview, 2024).**

Economic Implications:

> *The human rights abuse I have faced have made it challenging to secure stable employment, affecting my economic well-being. Discrimination and lack of accessibility in the workplace have limited my career prospects, leading to financial strain.* **(VI 2, Field interview, 2024).**

One participant affirmed that:

> *Economic implications of human rights abuses on PWDs can be severe. The lack of access to education and employment opportunities can lead to financial dependence and poverty. This can further marginalize PWDs and hinder their ability to access essential services and support.* **(NGO 1, Field interview, 2024).**

A participant also confirmed that:

> *The economic impact of human rights abuses is profound. Discrimination has hindered my career growth, and I have encountered barriers in order to access financial support and services. This has created financial stress and affected my mental health.* **(IDD 2, Field interview, 2024).**

The quotations above highlight the significant economic implications of human rights abuses on persons with disabilities (PWDs), particularly in terms of employment and financial stability. Participants describe facing challenges in securing stable employment due to discrimination and lack of accessibility in the workplace, which has resulted in limited career prospects and financial strain. These economic challenges can further exacerbate existing inequalities and marginalization, leading to financial dependence and poverty for PWDs. Additionally, these views of the participants suggest that economic barriers can have a ripple effect on PWDs' access to essential services and support, impacting their overall well-being and mental health. Overall, the accounts emphasize the urgent need for interventions to address economic disparities and promote equal access to employment and financial opportunities for PWDs**.**

Research Question 3: What are the existing support systems, policies, and interventions in place to address human rights abuses against PWDs?

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This section of the analysis discussed the existing support systems, policies, and interventions in place to address human rights abuses against PWDs. The themes that emerged as the existing support systems, policies, and interventions in place to address human rights abuses against PWDs included: the presence of legal frameworks and policies, provision of assistive devices and services**,** access to healthcare and rehabilitation services, education and awareness programs. These themes were further explained beneath.

Presence of Legal Frameworks and Policies

Legal frameworks and policies are existing key instruments for addressing human rights abuses against PWDs. These Laws and regulations protect the rights of PWDs. In this vein, the study identified legal frameworks and policies as one of the existing instruments in dealing with issues pertaining to human rights abuses against PWDs. The participants explained that these legal frameworks and policies in the form of The United Nations Convention on the Rights of Persons with Disabilities, The Ghana Disability Act and Ghana's National Disability Policy and many more are pivotal in addressing all kinds of abuses against individuals with disabilities in the society. The excerpts below illustrate the views of the participants:

> *I am very much aware about the availability of the various legal frameworks and policies relevant to PWDs. In Ghana, these legal frameworks and policies such as the Persons with Disabilities Act, 2006 (Act 715) has been instrumental in protecting our rights as persons with disabilities (PWDs). This law provides for the rights and rehabilitation of PWDs, including access to education, healthcare, and employment. As a PWD, I have benefited from this law, which has helped me access the support and services I need to live a fulfilling life.* **(PC 3, Field interview, 2024).**

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Another participant also maintained the assertion about the presence of some legal instruments and policies for safeguarding the rights of PWDs. The participant mentioned that:

> *In Ghana, there are several key policies and legal frameworks that are aimed at promoting the rights and inclusion of PWDs. For example, the National Disability Policy, 2000 provides a framework for addressing the needs of PWDs and promoting their participation in all aspects of life. Additionally, the Disability Act, 2006 (Act 715) establishes the National Council on Persons with Disabilities to oversee the implementation of disability-related policies and programs. These policies and frameworks are important steps towards ensuring that PWDs in Ghana are able to fully participate in society and access the services they need.* **(NGO 1, Field interview, 2024).**

In addition, one of the participants also confirmed that there are existing legal frameworks and key policies which protect and advocates for the rights of PWDs. The participant said:

> *The presence of legal frameworks and policies in Ghana, such as the Persons with Disabilities Act, has helped to improve the lives of persons with disabilities. These laws provide a framework for addressing issues such as accessibility, education, and employment for PWDs. As a PWD, I have gained a lot from these laws, which have helped me access education and employment opportunities.* **(VI 1, Field interview, 2024).**

In furtherance, a participant reiterated that there are enormous legislative instruments which safeguard the rights of PWDs against all forms of discriminations. The participant revealed that:

> *There are multiple legal frameworks and policies that have been crucial in promoting the rights and inclusion of PWDs. The*

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> *Disability Act of 2006 and the National Disability Policy have provided a strong legal basis for ensuring that PWDs have equal access to services and opportunities. Additionally, the Livelihood Empowerment Against Poverty (LEAP) program has provided financial support to PWDs, helping to reduce poverty and improve their quality of life.* **(GO 1, Field interview, 2024).**

The excerpts pinpoint on the significance of legal frameworks and policies in protecting the rights of persons with disabilities (PWDs) in Ghana. Participants acknowledged the pivotal role of laws such as the Persons with Disabilities Act, 2006 (Act 715), the National Disability Policy (2000), and other international conventions like the United Nations Convention on the Rights of Persons with Disabilities. These legal instruments provide a framework for addressing various forms of discrimination and abuse against PWDs, ensuring their access to education, healthcare, employment, and other services. Participants emphasized the positive impact of these laws, noting improvements in their lives through increased access to opportunities. The existence of such legal protections indicates progress towards addressing human rights abuses against PWDs, though challenges in implementation and enforcement may still persist. In conformity with these findings, Oduro, (2009), asserted that the passage of the Disability Act of Ghana (ACT 715) as legislative instrument for PWDs was regarded as a significant milestone in the country's human rights discourse as it gave the hope that it would improve the life of PWDs to enable them to be part of mainstream society.

Provision of Assistive Devices and Services

The provision of assistive devices and services is a crucial support system for persons with disabilities (PWDs), aimed at enhancing their independence, mobility, and overall quality of life. In this regard, the study identified provision of assistive devices which ranges from simple aids to complex technologies for PWDs. In addition, the participant

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expatiated that these devices play a vital role in enabling PWDs to perform daily tasks, participate in educational and vocational activities, and engage more fully in their communities. Quotes from the participants pertinent to provision of assistive devices as one of the support systems include:

> *As a person with a physical disability, assistive devices and services are essential for my mobility and independence. Devices such as wheelchairs, crutches, and prosthetic limbs have helped me move around and perform daily tasks. These assistive devices and services have greatly improved my quality of life and have enabled me to live more independently.* **(PC 3, Field interview, 2024).**

In the same way, one of the participants also elaborated that the provision of assistive devices by NGOs has been of help to PWDs. The participant stated that:

> *Access to assistive devices and services is essential for people with hearing impairments like myself. Devices such as hearing aids and assistive listening devices have helped me communicate with others and participate in conversations. Captioning services and sign language interpretation have also been invaluable in ensuring that I can access information and communicate effectively. These assistive devices and services have been life-changing for me and have helped me overcome many communication barriers.* **(HI 2, Field interview, 2024).**

Additionally, a participant affirmed to the assertion about the paramount role of assistive devices to PWDs. This participant mentioned that:

> *As a visually impaired person, access to assistive devices and services is crucial for my independence and participation in daily activities. The provision of devices such as screen readers, magnifiers, and braille displays has enabled me to access information and communicate effectively. Additionally, services*

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> *such as orientation and mobility training have helped me navigate my environment with confidence. These assistive devices and services have greatly improved my quality of life and independence.* **(VI 2, Field interview, 2024).**

The quotations from participants highlight the critical importance of assistive devices and services to persons with disabilities (PWDs). These devices, ranging from simple aids to complex technologies, play a vital role in enhancing the independence, mobility, and overall quality of life for PWDs. Participants with various disabilities, including physical, hearing, and visual impairments, emphasize how these devices have significantly improved their ability to perform daily tasks, communicate effectively, and participate in various activities. Moreover, the provision of assistive devices by NGOs is noted as a valuable support system for PWDs, further underscoring the importance of collaboration between organizations and individuals to ensure access to these essential resources. Overall, the quotes demonstrate the transformative impact that assistive devices and services have on the lives of PWDs, enabling them to overcome barriers and participate more fully in their communities. These assertions of the current study concretize the finding of

Provision of Free Healthcare Services

Healthcare services are a fundamental support system for persons with disabilities (PWDs), providing essential medical care and support to address their unique health needs. In this vein, the study also disclosed that provision of free healthcare service plays a crucial role in promoting the health and well-being of PWDs, managing their disabilities, and preventing secondary health complications. The participants further explained that healthcare for PWDs encompasses a wide range of services, including

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regular check-ups, diagnostic tests, treatment of medical conditions, and access to specialists. The following quotes represent the participant views:

> *The NHIS has been a huge relief for my family, especially in caring for my loved one with a disability. The scheme covers a wide range of healthcare services, including specialist consultations and medication, which can be costly. The NHIS ensures that my loved one receives the necessary care without financial strain, improving their quality of life.* **(CG 2, Field interview, 2024).**

Another participant reiterated that, free healthcare services play a crucial role in promoting the health and well-being of PWDs. The participant said:

> *The National Health Insurance Scheme (NHIS) has been a game changer for me as a person with a disability in Ghana. The scheme provides access to free healthcare services, including medication and treatment, which are crucial for managing my disability. The NHIS has eased the financial burden of healthcare, allowing me to access the care I need without worrying about the cost.* **(IDD 1, Field interview, 2024).**

In addition, one of the participants also confirmed that:

> *The NHIS is a crucial support system for persons with disabilities in Ghana. Our organization works closely with PWDs to ensure they are enrolled in the scheme and can access the healthcare services they need. The NHIS has improved the health outcomes of PWDs and has contributed to their overall well-being and inclusion in society.* **(NGO 2, Field interview, 2024).**

In furtherance, one participant repeated that free healthcare services play a significant role in promoting the health and well-being of PWDs. The participant revealed:

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> *Free healthcare services have been instrumental in managing my disability in Ghana. Before the NHIS, accessing healthcare was a major challenge due to the high cost. Now, with the NHIS, I can access free healthcare services, including medications and therapies, which are essential for managing my disability. The NHIS has significantly improved my health and well-being, and I am grateful for this support system.* **(PC 4, Field interview, 2024).**

The opinions from participants show the significant impact of the National Health Insurance Scheme (NHIS) in Ghana as a support system for persons with disabilities (PWDs) and their caregivers. Participants consistently express relief and gratitude for the NHIS, emphasizing how it has eased the financial burden associated with healthcare and improved access to essential services. The scheme's coverage of a wide range of healthcare services, including specialist consultations and medications, is noted as crucial for managing disabilities and improving quality of life for PWDs. NGOs play a vital role in ensuring PWDs are enrolled in the NHIS and can access the services they need, highlighting the collaborative efforts to promote health and well-being in this population. These testimonies promulgate the importance of the NHIS as a key component of the healthcare system in Ghana, demonstrating its effectiveness in providing accessible and affordable healthcare services to PWDs. In congruence with the current study, a study by Dixon et al, (2011) revealed that the government of Ghana adopted a National Health Insurance Scheme (NHIS) in 2003, and implemented as national program in 2005, as a pro-poor health policy to promote universal coverage and equity in access to health care services.

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Public Education and Awareness program

The study also disclosed that public education and awareness programs are vital existing support system and intervention employed by persons with disabilities (PWDs), NGOs and Caregivers as to steer a world often filled with misconceptions, barriers, and stigmas. In this vein, the participants explained that these programs aim to educate the public about disabilities, promote understanding and acceptance, and advocate for the rights and inclusion of PWDs in all aspects of society. By raising awareness and challenging stereotypes, public education initiatives empower PWDs, enhance their self-esteem, and foster a more inclusive and accessible environment. The illustrations below are the excerpts of the participants:

> *I have found that public education and awareness programs have been incredibly helpful in my journey as a person with a disability. These programs have not only helped to break down stereotypes and misconceptions about disabilities but have also empowered me to advocate for myself and others. By participating in awareness campaigns and sharing my story, I have been able to educate others about the challenges faced by PWDs and the importance of inclusion. This has not only helped to change attitudes but has also led to tangible changes in policies and practices to make society more accessible and inclusive.* **(PC 1, Field interview, 2024).**

In addition, one of the participants also revealed that public education and awareness programs have been one of the coping strategies adopted in handling the cases of abuse. The participant communicated that:

> *Public education and awareness programs have been a lifeline for me as a person with a disability. Through these programs, I have learned that I am not alone and that there are resources and support available to me. These programs have also helped me educate*

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> *others about disabilities, which has been empowering and has helped me feel more connected to my community.* **(V1 2, Field interview, 2024).**

Similarly, a participant confirmed that one of the significant coping strategies adopted in handling human right abuse cases is through public education and awareness programs. This participant stated that:

> *Public education and awareness programs play a crucial role in empowering PWDs and promoting their full participation in society. Through our initiatives, we work to educate the public about the capabilities of PWDs and the importance of providing equal opportunities. By promoting understanding and acceptance, we hope to create a more inclusive and supportive environment for PWDs.* **(NGO 2, Field interview, 2024).**

Buttressing the assertions above, one participant explained that public education and awareness program actually play a major role in managing abuse issue when it comes to PWDs. The participant said:

> *As a caregiver, I have found public education and awareness programs to be a great source of support and information. These programs have helped me connect with other caregivers and access resources that have been instrumental in caring for my loved one with a disability. By raising awareness, these programs also help reduce stigma and promote inclusion for persons with disabilities.* **(CG 3, Field interview, 2024).**

The quotes from participants highlight the transformative impact of public education and awareness programs as coping mechanisms for persons with disabilities (PWDs). Participants describe how these programs not only educate the public about disabilities but also empower PWDs to advocate for themselves and others. By challenging

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stereotypes and promoting understanding, these programs help create a more inclusive and accessible environment for PWDs. Importantly, participants note that public education and awareness programs are not just about changing attitudes but also about driving tangible changes in policies and practices to promote inclusion. Additionally, participants mention the role of these programs in providing support and resources for PWDs and caregivers, enhancing their sense of connection to their communities. On the whole, the quotations elucidate that public education and awareness programs are crucial tools for promoting empowerment, inclusion, and social change for PWDs. The finding of this current study is in line with the finding of Oduro (2009), who posited that promoting awareness and education about disability rights and issues can empower individuals to combat discrimination and abuse through public awareness campaigns and community engagement.

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CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.0 Introduction

This chapter presented a summary, conclusion and recommendation to the study. The chapter also detailed some key issues in the various chapters from chapter one to chapter four. The chapter one elaborated on the introduction of the study, highlighting the purpose for which the study was carried out, the objectives of the study and also the various research questions that guided the study. The chapter two briefly talks about review of related literature, and the chapter three pinpoint on methodological procedures which the study adopted. The chapter four discusses the findings of the study. This chapter also discussed the conclusion of the study and gave recommendations.

5.1 Summary

The chapter one pinpoints on the main purpose of the study which was to explore how individuals with disabilities within the context of the Wa West District in the Upper West Region cope with human rights abuses. To achieve the primary intent of the study, the researchers formulated three (3) research objectives. The objectives include; to explore the coping mechanisms adopted by persons with disabilities in the face of human rights abuses within the Wa West District, to find out how PWDs perceive the impact of human rights abuses on their well-being and to explore the support systems, policies, and interventions in place to address human rights abuses against PWDs in the Wa West District. In relation to the research objectives, the research questions that guided the study were; What are the coping mechanisms adopted by PWDs in the face of human rights abuses? How do PWDs perceive the influence of human rights abuses

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on their well-being? and What are the existing support systems, policies, and interventions in place to address human rights abuses against PWDs?

The chapter two of the study highlighted on literature review in relation to the study. It focused mainly on the theoretical review, conceptual and empirical literature pertinent to the primary aim of the study. The theoretical frameworks used vividly gave an explanation and interpretation of coping mechanisms adopted by PWDs in the face of human rights abuses in the Wa West District in the Upper West Region. This study was anchored on the social model of disability and the stress and coping model. The social model disability basically seeks to explain and help understand how societal attitudes and structures contribute to human rights abuses and choice of coping mechanisms among Persons with Disabilities. According to the social model, 'disability' is socially constructed. Conversely, Transactional Model of Stress and Coping, can help analyze how individuals with disabilities appraise and cope with the stressors associated with human rights abuses. The part two of review of related literature presented conceptual and empirical review which focused on coping with human rights abuses, the impact of human right abuses on the wellbeing of PWDs and various support systems, policies and interventions that are available for persons living with disabilities.

The chapter three discussed about the methodological steps employed by the study. The study used the interpretivist research paradigm and qualitative research approach to have an in-depth understanding of the phenomenon which study sought to explore and also generate first-hand information from the study participants. The study also adopted case study design to explores a real-life, contemporary bounded system (a case) or multiple bounded systems (cases) through detailed, in-depth data collection involving multiple sources of information, and reports a case description and case themes. Thus, to explore individuals' perspectives on the coping strategies adopted by PWDs to cope with the abuse. The population of the study included NGOs, Caregivers, Government officials and PWDs. Purposive sampling technique was used to sample(2) mild intellectual and developmental disabilities, three (3) hearing impaired, four (4) physically challenged, three (3) visual impairments (blind), two (2) government officials working with persons with disabilities (1 from social welfare, & 1 from DOVVSU), two (2) persons from disability-related NGOs/NPOs (1 from World Vision and 1 from CAPECS Ghana) and six (6) non-disabled (who are closely related to persons with disabilities) in the Wa West District of the Upper West Region. The researcher developed a semi-structured interview guide consisting of test items in relation to the research questions to elicit the needed information from the participants. The chapter also described the data analysis approach and procedures. Data collected from the field was analyzed thematically in relation the research questions. The chapter three also elaborated on the ethical issues that were observed in the study.

The chapter four of the study presented analysis on the findings of the study. Here are some of the highlights of key findings and analysis of the study. The analysis was done in line with the research objectives of the study as highlighted below:

Coping mechanisms adopted by PWDs in the face of human rights abuses

A paramount interest of this study was to first of all determine the coping strategies adopted by persons with disabilities when their rights are been abused. Pertinent to the coping strategies used by the PWDs in the Wa West District, the themes that emerged were social support, religious coping strategy, seeking for counselling, employing legal means.

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Impact of human right abuse on the Well-being of PWDs

The second objective was to find out the impact of human right abuse on the wellbeing of PWDs in the Wa West District. The themes that emerged as the impact of human right abuse on the wellbeing of PWDs from the interview data collected from the field after transcription included impact on physical health, psychological trauma and mental health, social exclusion and isolation and economic implications.

Existing support systems, policies, and interventions in place to address human rights abuses against PWDs

The third research question sought to investigate the existing support systems, policies, and interventions in place to address human rights abuses against PWDs. From the analysis of the data, it emerged that themes that emerged as the existing support systems, policies, and interventions in place to address human rights abuses against PWDs included: the presence of legal frameworks and policies, provision of assistive **devices and services,** access to healthcare and rehabilitation services, **education and awareness programs.**

5.2 Conclusion

The PWDs adopted the coping strategies in coping with the various violations of their right in the district. The PWDs, Caregivers, NGOs and Government officials made mention of social support, religious coping strategy, seeking for counselling, employing legal means as some examples of the coping strategies adopted by PWDs. Although the PWDs employed the various coping strategies, these strategies are not effective enough to assist them cope with the abuses and these affect their wellbeing as established by the findings of the study and also evidenced in Chapter Four.

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5.2 Recommendations

Based on the findings of the study in the Wa West District regarding coping mechanisms, the impact of human rights abuse, and existing support systems for persons with disabilities (PWDs), several recommendations can be made to improve the well-being and protection of PWDs in the district:

1. Strengthening of support systems: There is a need to strengthen existing support systems for PWDs, including social support networks, counseling services, and legal assistance. This can be done through increased funding, training of personnel, and awareness campaigns to promote these services.
2. Enhancing accessibility: Accessibility to healthcare, rehabilitation services, and assistive devices should be improved to ensure that PWDs can access these services without barriers. This can include the provision of accessible infrastructure and transportation, as well as the training of healthcare professionals in disability-inclusive care.
3. Legal protection and enforcement: There is a need for stricter enforcement of existing legal frameworks and policies protecting the rights of PWDs. This can be achieved through training of law enforcement officials and judicial officers on disability rights, as well as the establishment of mechanisms for reporting and addressing human rights abuses against PWDs.
4. Education and awareness: Education and awareness programs should be implemented to promote understanding and acceptance of PWDs in the community. This can help reduce stigma and discrimination, leading to greater social inclusion and support for PWDs.

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5. It can also inform government on the need to review policies on PWD's to optimize results.
6. Collaboration and partnership: Collaboration between government agencies, NGOs, and other stakeholders is crucial for addressing human rights abuses against PWDs. Partnerships can help leverage resources and expertise to create more effective support systems and interventions for PWDs.

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APPENDICES

APPENDIX A

CONSENT FORM

You are invited to participate in a research study. Please read this consent so that you will understand what your participation will involve. Before you consent to participate, please ask any question to be sure that you understand what your participation will involve.

Research Topic: "Coping with Human Rights Abuses among Persons with Disabilities in the Wa West District".

Researcher's Name: Sidik Abdul-Kadir

Supervisor's Name: Rev. Fr. Linus Nangwele.

Department of Conflict Human Right and Peace Studies. (CHRAPS), University of Education, Winneba, Ghana.

General Information about the Research.

This interview is intended to explore on the coping with human rights abuses among persons living with disabilities in the Wa West District. I would appreciate it very much if you answer these questions frankly. The purpose of this study is purely academic. I assure you that your responses will be treated as confidential and completely anonymous (you will not be identified in any way). Whatever information you provide will only be used for the purposes of this study and thus will not be used for any other purpose. With your permission I would like to record your response purposely for my academic work. Please ask me any question before we start. Thank you.

Possible Risks and Discomfort.

The potential risks and discomforts to you in this study are low, but the nature of the questions asked might bring back unpleasant memories while responding to interview questions. If this happens you may skip answering a question or stop participating in the study entirely or permanently. Your participation is voluntary.

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Possible Benefits

There are no direct benefits to you from the study participation. However, this research may provide you with the opportunity to reflect upon your experience in the community living and participation, gain insight in your participation and future interactions with the non-disabled. Also, the possible benefit may be indirect but the outcomes are likely to inform policy decision making that would shape the community living and participation of people with disabilities, issues which the respondents may be beneficiaries. This can help bring more stakeholders on board in the community living and participation of people with disabilities.

Confidentiality

Please be assured that no names or any other form of identity is required of you. Every effort will be made to ensure confidentiality for all information you supply during the research interview. As soon as the individual interviews are transcribed and accuracy checks completed, the audio files will be destroyed. Participants will be assigned study code and will be attached to the dataset stored as hard copy or soft file. Any information provided will be handled with care and used for academic purpose only.

Compensation.

There will be no material or direct compensation for participation in the study since the study will not take so much time and does not pose any danger to the respondents.

Voluntary Participation and Right to Withdraw

Participation in this research is absolutely voluntary and you are under no compulsion to take part. You may withdraw as you so wish at any point in the study. You may also choose not to answer specific questions.

Contacts for Additional Information

In case of any doubt or/and for additional information concerning the study, you may contact the Principal Investigator, Sidik Abdul-Kadir, University of Education, Winneba Ghana. Telephone: 0549294166 / 0208072444 or email address: sidikkadirgbele@gmail.com

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Your rights as a Participant

This research has been reviewed and approved by the Board of the school of graduate studies, University of Education Winneba, Ghana. If you have any questions about your rights as a research participant you can contact them at their Office between the hours of 8am-5pm at the school premises.

Volunteer agreement

The above document describing the benefits and procedures for the research titled: "Coping with Human Rights Abuses among Persons Living with Disabilities in the Wa West District" has been read and explained to me. I have been given an opportunity to have any questions about the research answered to my satisfaction. I agree to participate as a volunteer.

………………..… ……………………………

Date Name and signature or thumbprint

If volunteers cannot read the form themselves, a witness must sign here:

I was present while the benefits, risks and procedures were read to the volunteer. All questions were answered and the volunteer has agreed to take part in the research.

………………. …………………………….

Date Signature or thumbprint.

I certify that the nature and purpose, the potential benefits, and possible low or no risks associated with participating in this research have been explained to the above individual.

………………….. …………………………

Date Signature of person who obtained consent

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APPENDIX B

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INTERVIEW GUIDE FOR PERSONS WITH DISABILITIES

Demographic Data of Respondents

Gender

Male ( ) Female ( )

Type of Disability: HI, VI, PC, IDD

Age: 18-24, 25-29, 30-34, 35-39, 40-44, 45+

Coping With Human Rights Abuses

1. What types of human rights violations or abuses have you faced due to your disability?

2. How did you respond or cope when those incidents occurred?

3. What strategies, actions or support systems helped you get through those difficult situations?

4. Are there any unhealthy or negative coping mechanisms you had to rely on at times?

Impact on Socioeconomic Well-Being

5. How have the human rights abuses you faced impacted areas like employment, income, housing, healthcare, education etc?

6. Did your coping strategies help mitigate those socioeconomic impacts or make things more difficult in some ways?

7. What socioeconomic factors made it easier or harder to cope with rights violations?

Systemic Support and Interventions

8. Are you aware of any laws, policies or support services meant to protect the rights of persons with disabilities?

9. How effective have those systemic interventions been in preventing or responding to abuses in your experience?

10. What additional protections, resources or reforms are needed to better uphold the rights of PWDs?

11. Where did you turn for help or legal recourse when rights were violated?

12. Is there anything else you would like to add on this topic?

13. Do you have any other experiences you can share related to coping with disability discrimination?

Thank you for your time and participation.

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APPENDIX C

UNIVERSITY OF EDUCATION WINNEBA

INTERVIEW GUIDE FOR CAREGIVERS OF PERSONS WITH DISABILITIES (PWDS)

Demographic Data of Respondents

Gender

Male ( )   Female ( )

Age: 18- 24, 25-29, 30-35, 36-39, 40-44, 45+

Background

1.What is your relationship to the person with a disability you provide care for?

2. How long have you been a caregiver? Can you describe your caregiving role and responsibilities?

Witnessing Rights Violations

3. Have you witnessed or are you aware of any situations where the rights of the PWD you care for were violated due to their disability?

4. Can you provide some examples of discrimination, abuse or denial of rights/services they have faced?

Caregiver Coping Strategies

5. How have you coped with seeing the PWD you care for experience rights violations or mistreatment? What strategies helped you through it?

6 What challenges or emotional impacts have you faced as a caregiver having to deal with such situations?

Socioeconomic Impacts

7. How has the PWD's disability and any rights issues they've faced impacted areas like your household income, employment, medical costs, etc?

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8. What socioeconomic factors make it easier or harder for you to properly care for and support the PWD?

Available Support Systems

9. Are you aware of any laws, policies or support services aimed at protecting the rights of PWDs and their caregivers?

10. What other resources, training or financial assistance have been helpful in your caregiving role?

11. What additional supports or reforms are needed to better uphold the rights of PWDs and their caregivers?

Thank you

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APPENDIX D

INTERVIFW GUIDE FOR NGOs/GOVERNMENT REPRESENTATIVES

Gender

Male ( )   Female ( )

Age: 18- 24, 25-29, 30-35, 36-39, 40-44, 45+

Background

1. Can you describe your NGO's/office mission and the populations of PWDs you serve?

2. How long has your NGO/office been operating and in what geographic areas?

Rights Violations Addressed

3. What are the major human rights issues or violations that PWDs face in the communities you work in?

4. Can you provide some examples of discrimination, abuse or denial of rights/services commonly experienced by your beneficiaries?

Coping Strategies & Services

5. What strategies or services does your NGO/office employ to help PWDs cope with rights deprivations?

6. How do you mitigate the socioeconomic impacts of disability discrimination through your programs?

Evaluating Systemic Support

7. How effective are the existing government policies and legal protections in safeguarding the rights of PWDs?

8. What are the key challenges you face in getting these policies properly implemented and enforced?

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9. What role does your NGO play in advocacy, collaboration with government, reforming laws/policies related to PWDs?

Needed Reforms & Resources

10. In your assessment, what additional legal reforms, resources or interventions are critically needed?

11. What areas need more focus to better uphold the rights and improve the wellbeing of PWDs?

Thank you.