



**BARRIERS TO SOCIAL PARTICIPATION FOR THE DEAF AND HARD OF  
HEARING IN GHANA**

**BY**

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## **Dedication**

*To the Memory of my late mother, Mildred Yawson.*

## **Abstract**

The deaf and hard of hearing are part of marginalised individuals in Ghana who are often relegated to the background and therefore face barriers to participation in society. This lack of participation often leads to the inability to take control over one's own life and health. It also gives rise to feelings of inferiority in several situations. This feelings further leads to lack of self esteem and a perception of low self image which adversely affects the psychological and social health of a person. The Ghanaian society is one in which people have not been socialised to accept differences in terms of disabilities. Therefore, persons with disabilities, particularly the deaf are highly discriminated against. While communication remains the greatest barriers for the deaf, this study found out that there are other barriers to participation as well.

The research explored issues of participation within the family, among peers, work colleagues and in other societal settings. It also explored participation issues within education, employment, health care and government sponsorship and delved into policies that impact on the issue of participation for the deaf. The research explored the personal experiences of the deaf and hard of hearing with the aim of identifying factors in the society which militate against their meaningful participation in society. Bronfenbrenner's (1979) ecology of human development theory was used to explain the interactions between the deaf and hard of hearing and their environments and to help identify the barriers faced at the various levels.

Results of the research indicate multiple barriers for the Deaf and Hard of Hearing at the different levels of the Ghanaian society. Lack of participation in activities and lack of belongingness were felt by majority of the participants across the different settings of the Ghanaian society. There were impediments along the way in the different transitions the individual makes from the family to school through social life and work life. Participant's recount of their life experiences highlighted areas besides communication in which they face barriers. These areas include education, family and social life, employment, healthcare and access to support for persons with disabilities.

There is a disability Act passed in Ghana, however, the positive things expressed in the act that will improve the life of persons with disabilities are yet to be realised. This is reflected in experiences recounted by participants of this research. The problem largely is with the implementation of the policy and enforcement of the law to create enabling conditions for the deaf and hard of hearing. It is evident from the study that to improve participation in daily life activities and to enable them gain control over their life and health, the deaf and hard of hearing need to be included in all societal activities. Quality of education and education in accessible formats should be made available to them to improve their chances of gaining employment and thereby increasing their standards of living and quality of life.

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## **Definitions, Abbreviations and Acronyms**

For the purposes of this study, unless otherwise stated, the following definitions, abbreviations and acronyms would pertain to the use of the following words in this study.

- Deaf: Individual with complete loss of ability to hear from one or both ears
- Hard of hearing: Individual with partial loss of ability to hear from one or both ears
- Hearing Impaired: Description for both Deaf and Hard of hearing Individuals
- GNAD: Ghana National Association of the Deaf
- GFD: Ghana Federation of the Disabled
- ICF Model: International Classification of function, disease and health
- MESW: Ministry of Employment and Social Welfare
- PWD's: Persons with disabilities
- WHO: World Health Organisation
- Social participation in this research refers to active involvement in all social activities where individuals contribute and gain abilities and knowledge for development purposes. Active involvement in activities at the home, work environment, among friends and other social settings were covered under this study.

## **Chapter one**

### **Introduction**

Growing up, I spent seven years of my childhood, living with the deaf and hard of hearing at the Sekondi School for the Deaf in Ghana. I did not understand at that time what it was like to be deaf and I had no idea of the experiences they were having as individuals. I saw them as contented group of people, not different from myself. As an adult, working with Deaf Adults, I began to notice that the Deaf and hard of hearing have difficulties in life. I could recognise clearly how they are sidelined within families and generally in society because they do not use oral language.

Information available to the rest of the family as well as the public is not relayed to them. They cannot even attend a clinic when they are sick without the help of an interpreter. Education wise, they have very low literacy making it difficult for most of them to communicate meaningfully in written English. “Deaf people are frequently excluded from educational opportunities, and often go unnoticed because their impairment is not visible” (Coleridge, 1993). My own observation and that of Coleridge confirms Branson’s assertion that “the kind and amount of access that the deaf have to the resources of their society determines to what degree and in what ways their identities as “deaf” and “disabled” have marginalised them and resulted in discrimination” (Branson, 2002).



In spite of witnessing these, my own experiences and perceptions of deafness and how these impacts on the deaf person's quality of life cannot adequately reveal what it is like to be a deaf person in Ghana. The best way of knowing is to inquire from the deaf themselves what it is like to be deaf, what social factors militates against their participation meaningfully in society and how they generally feel about their inability to participate. My past and present experiences within the deaf community opened the door for me to do research among them. This research sought to ensure objectivity in the study. However, it is worth letting readers know that I commenced this research with the perception that barriers other than communicative ones exist for the deaf in society preventing their meaningful participation in society. This perception may have influenced my understanding of data collected and the interpretation of data.

Marginalised individuals are often relegated to the background and therefore face barriers to participation in society. Lack of participation often leads to the inability to take control over one's own life and health. As stated by the World Health Organisation, health is not only the absence of disease but also the presence of sound physical, social and psychological wellbeing (WHO, 1948). Lack of participation in any given situation leads to feelings of inferiority. This feelings further leads to lack of self esteem and a perception of low self image. Such feelings adversely affect the psychological and social health of a person.

To begin with, it is necessary to define what hearing impairment and deafness means. Explanations of the different kinds of hearing impairment, and the issue of deafness as a disability and as a minority culture would be included as well. World Health Organisation defines hearing impairment as a broad term which describes the loss of hearing in one or both ears. This can be complete or partial loss of the ability to hear from one or both ears. The level of impairment can be mild, moderate, severe or profound. Deafness on the other hand, refers to the complete loss of ability to hear from one or both ears. (<http://www.who.int/mediacentre/factsheets/fs300/en/index.html>). Those with the partial loss of the ability to hear from one or both ears are referred to as hard of hearing, while those with complete loss in one or both ears are deaf. There are people who are born deaf, become deaf in infancy or childhood through some disease and those who become deaf in later years due to aging or an accident.

According to 2005 estimates by the WHO, 278 million people worldwide have moderate to profound hearing loss in both ears and 80% of deaf and hearing-impaired people live in low and middle-income countries. (<http://www.who.int/mediacentre/factsheets/fs300/en/index.html>).

According to the Ghana National Association of the Deaf, leadership of the association have been able to mobilise close to four thousand deaf people from certain districts and towns in the ten regions of Ghana as at 2005. Most of the deaf, particularly those born deaf or who become deaf during infancy view themselves as part of a minority group of people with a distinct culture. They have a unique language, political leadership, belief system, art,

distinct sporting events, educational environment, and geographical communities among others.

While many deaf people, particularly those who identify themselves as culturally Deaf, do not see themselves as disabled, many others who are deaf do see themselves in that capacity (Sheridan, 2001). Culturally deaf people are people born into the deaf community and whose first native language is a sign language and not a spoken one. Disability can be considered as the inability to carry out normal social roles because of impairment or the way people's lives are affected by the barriers society impose on them. Whichever way this is considered, the deaf can be seen in the picture. They have an impairment which affects their hearing and speech and society hardly puts in place mechanisms that would make life conducive for them. Having said this, I do believe that the deafness is a unique disability that places deaf people into a cultural minority. Particularly for the purpose of inclusion in social policy and laws which protects the rights of persons with disabilities, it is not wrong to view it from both angles of disability and minority culture.

### ***Background to Life Experiences of the Deaf in Ghana***

Deafness is one of the major forms of disability in Ghana. However, in order of ranking among the various regions in Ghana, it is the fourth after visual, moving difficulty and learning disabilities (MESW, 2000). This makes them a minority within a minority. This creates a situation that easily leads to their needs being sidelined. In addition, their

disability is not easily identified by others in the society because it is not physically visible. This is rightly noted by Ademokoya in his review of the school child with hearing disability and Nigerian Special Education, “those who suffer from deafness do not readily get the sympathy and support from able bodied persons as those with blindness do (Ademokoya, 2008). Persons with disabilities in Ghana have been viewed with negative perceptions for a long time. Often, these perceptions have been formed as a result of superstitious beliefs and stigma attached to a particular disability. In the past, persons with disabilities were either offered as sacrifice to the gods or killed at birth. With the inception of Christianity and Western education, children with disabilities are no longer being killed (Avoke, 2002).

“Beliefs about deafness in African societies range from acceptance and protection to rejection, including considerations of infanticide. Some beliefs have the unfortunate effect of increasing the likelihood of isolation and marginalization of people who are deaf. Some societies pity children who are deaf and see them as burdens, dependent on their families and lacking the ability to be independent. This type of belief in the lack of capability of deaf children may by itself impede access to education. In other cases, cultural practices may result in the deaf child being hidden from public view because of familial shame over having a "handicapped" child who may bring misfortune upon the family. Such beliefs can lead to abuse, neglect, and abandonment, and deaf children's potential to contribute to the development of African nations is dismissed” (Kiyaga & Moores, 2003).

Cultural perceptions of deafness in Ghana does not appear to have been researched into much and several attempts to get literature review of the perception on deafness in Ghana yielded few results. Okyere and Addo, (1989) on Deaf culture in Ghana, indicate some of the beliefs on causes of deafness as displeasure caused by the gods and other dead relatives as well as witch grandparents of the deaf. However, there are specific beliefs within communities that result in negative perceptions of the deaf. Personal experiences as a child before I could associate with deaf people, taught me some of these negative perceptions. Before my relations with the deaf and hard of hearing, the only thing I knew about them was that they were people who could not talk and hear and who will beat you to death if you hold a leaf close to your nose and fix your other thumb in one nose and make a waving gesture with the remaining four fingers.

This gesture is known to be an insult to the deaf which tells them they are animals. And most children who come across them would perform this act which will bring the deaf chasing after them. What kind of socialisation is this that degrades others to the level of animals just because they are different? This kind of thinking develops with the growing child and without any socialisation with the deaf at all, the opinion throughout that child's mind is that these are useless people who only deserve the sympathy and charity of society. A relationship with the deaf will indicate that they are intelligent just as the hearing and even more so in certain abilities than hearing people. It is regrettable that most people find it difficult to associate with the deaf. Most of this difficulty arises from the fear of bringing forth deaf children just by associating with them. Most people I met find it either amazing

or appalling, my association with deaf and hard of hearing. They are often quick to remark that I will give birth to a deaf child if I do not stop my association with them.

One way of visibly identifying a deaf person is the Sign Language. Though all users of a sign language are not deaf, it is one of the quickest means to identifying deafness in a person or in groups. The role of sign language in the life of the deaf in families, schools, community, and employment situations is of paramount importance. While some hard of hearing individuals can lip read by looking at the mouth of a speaker, the majority of the deaf and hard of hearing I have come across in my dealings with the deaf in Ghana prefer to use the Sign Language. One possible reason for the preference of Sign Language to lip reading may be the impossibility of lip reading everyone in group situations. Sign language therefore remains the main medium of communication among deaf and hard of hearing people in Ghana. It is the means by which they receive and give out information.

In Ghana, the sign language used is the Ghanaian Sign Language (G.S.L). The sign language is a major force that binds deaf people together. With the Sign Language, the reception of what is said, viewed, felt and thought of or spoken is through the use of the eye and gestures of hands and body. Sign language is a basic natural language for the deaf, especially for those who were born deaf. It is the means besides reading, by which the world of the deaf can be explored by the hearing and that of the hearing by the deaf. Most deaf people however, grew up in families where sign language was not used by the hearing

members and where hearing members could not take their time to talk facing them so they could lip read them.

In such a situation where communication barrier exists, it leads to isolation of the hearing impaired individual within the family. This unfortunate incident often occurs also in most schools for the Deaf where communication in sign language should remain the best means of transferring knowledge. Here, children are taught in a local language which is oral instead of the Ghanaian sign language. Though the language policy of Ghana states that children should be taught in their own local language, sign language is not recognised as the local language of the deaf in this regard. Some deaf schools implement this policy by teaching the children in the oral local languages. This creates a barrier to basic learning for deaf children right from the start of their education and causes them to be more confused especially when they have to switch from the second oral Ghanaian language to English (Okyere & Addo, 1989). Furthermore, teachers of the deaf in Africa, most of who are hearing, lack appropriate training and certification to equip them with the knowledge and skills to work effectively with the deaf (Kiyaga & Moores, 2003).

In Ghana, most deaf people have hearing parents, only a few have parents who are deaf. Experiences recounted by many deaf who have hearing parents indicate a struggle to survive through isolation from parents and other siblings. Inability to relate to the deaf child in the family, leads to the child looking for socialisation elsewhere. Faced with

communication difficulties and lack of acceptance and inclusion within families and societies, the deaf in Ghana, just like their counterparts elsewhere in the world come together to form their own unique communities. Formation of these communities often starts in the schools for the deaf where families send their deaf children and continues after school through regional and district associations for the deaf where other deaf people meet to learn or discuss issues affecting them.

The Ghana National Association for the Deaf (GNAD) is the umbrella organization for such deaf clubs in Ghana. It has branches in all the ten regions of Ghana as well as some districts within the regions and some youth clubs within the schools. It serves as an important meeting point for the deaf to discuss what has been going on during the week in their lives and to think of ways of improving life for the deaf and dealing with barriers facing them in Ghana. It is the source from which information on issues concerning the deaf are made public. For instance, a recent statement by the president of the association highlighted some major problems for the deaf in Ghana. According to the President of the association, the deaf are regarded as unproductive and incapable of contributing in a positive way to society. Seen as economic burden on family and society, they are left in vicious way of poverty. He mentioned lack of interpretation services in places as hospitals, banks, courts, police stations among others as major problem they face. Another important issue mentioned by him is the lack of sign language skills by majority of teachers in deaf schools making it difficult for them to effectively communicate with the students and impart knowledge to them(Daily guide, 2008).



The GNAD is affiliated to the Ghana Federation of the Disabled which is the umbrella organization for persons with disabilities in Ghana. Members include the Ghana National Association of the Deaf, Ghana Association of the Blind, Ghana Society for the Physically Challenged and Parents of Children with Intellectual disabilities. Though the presidency of this organisation is rotated among members, the deaf is often sidelined especially during terms where they are not in the presidential office. They are often denied vital information and interpreters for programmes organised by this organisation are not informed in time. Such that when an interpreter is not present then it becomes difficult for deaf representatives to participate meaningfully even within a disability organisation. With access to communication through sign language denied in families and in general society, the deaf is not able to assert themselves. Their lack of oral language skills pushes them to the bottom of the power ladder among the hearing (Coleridge, 1993).

### ***Persons with Disability Act 715***

The international climate especially from 1981 greatly influenced and informed activities, policies and programmes of Persons with Disabilities and governments towards ensuring that Persons with Disabilities enjoyed their rights as citizens. Some of the most relevant documents on disability rights include the 1982 UN Declaration of the Rights of Disabled People, the recent Convention on the rights of persons with disability and the UN Standard Rules on the Equalisation of Opportunities for Persons with Disabilities. The Standard Rules are the most comprehensive documentation of disabled people's rights and the

conditions that society needs to create in order to fulfil those rights. They refer to the obligations of signatory States, and also set standards for the rest of us to aim for.

In Ghana, accent to this and other human rights declaration led to the passage of the Persons with Disability Act 715 passed in August, 2006. To this end, Ghana moved to join other nations who care about their persons with disabilities. This is considered a great achievement on the part of government. However, actual achievement shall be realised with the implementation of the law. The accent of this bill began with the 1992 constitution of Ghana which provided for the protection of the rights and enhancement of opportunities for Persons with Disabilities (<http://www.psr.keele.ac.uk/docs/ghanaconst.pdf>). After several years of struggle by persons with disability and other concerned individuals, the National Disability Policy document was formulated in 2000 to give further articulation to the constitution through programme interventions. The policy recognizes and addresses the needs of Persons with Disabilities to receive appropriate training, adequate technical aids and necessary support services to increase their capabilities to deal with the task and challenges of life in a dignified manner (MESW, 2000).

The constraints and key areas for policy interventions in the policy acknowledges the lack of adequate facilities for sign language programmes and lack of access to spoken information. Yet there are no specific strategies as to how this group is to be treated within families, in education and in employment. There are just a few statements here and there

about sign language. The implementation strategies to achieve the policy goals ensure access of education and training for all PWDs. It talks about ensuring the teaching of Sign language and Braille writing in teacher training institutes (MESW, 2000). While it is important for teachers to be trained in the use of the sign language, their use in the classroom should be monitored and evaluated to ensure that Deaf students are gaining understanding from the teaching and benefiting academically.

This monitoring and evaluation can be achieved by questioning students about their understanding levels as well as looking into their grades. It is not just enough to listen to the expert advice from the teachers and staff of the schools themselves to identify the improvement. In accordance with the Salamanca Statement and Framework for Action on special needs education and the education for all goals of the Dakar framework for action, the Disability act and Policy seeks to ensure that all Ghanaian citizens get access to education. Based on this, the Special Education Division of the Ghana Education Service is offering inclusive education on pilot basis to persons with mild forms of disabilities including the Hard of Hearing.

The strategy to facilitate employment also ensures improving communication at work for the benefit of the hearing impaired but it does not suggest the mode of the communication. For full participation in job activities, the Deaf may need a full time interpreter. But the policy and law are silent on the availability of interpreters when needed in employment

situations. Unfortunately, in the strategy on access to healthcare, the provision of service to the Deaf through interpreters or medical personal who know the use of the sign language is conspicuously missing. This is one important area where the lumping together of the group clearly does not go in favour of the person who is deaf.

The seven hundred and fifteenth Act of the parliament of the Republic of Ghana is the Persons with Disabilities Act, 2006. The Act gives some elaborate details to the policy. It states clearly under the rights of persons with disabilities that “a person with disability shall not be deprived of the right to live with that person's family or the right to participate in social, political, economic, creative or recreational activities”. It also states that “a person shall not discriminate against, exploit or subject a person with disability to abusive or degrading treatment” (PWD Act 715, Republic of Ghana). This law when actually implemented would go a long way to help many deaf people who are facing difficulties in inclusion in family activities and other societal gatherings.

Research on the internet and calls back home to significant individuals indicate that changes to the life situations of PWDs as a result of the Act is yet to be evident. This means that the Deaf has still not seen much change in their situation within families and schools. This also means that the human rights of the deaf and hard of hearing is not being recognised in the areas of family and healthcare, accessibility, educational rights, and

employment opportunities among others. Lack of participation in societal affairs flouts most human right rules.

On access to public places and services, the law also provides for owners of public places and providers of services to put in place the necessary facilities that would make the place accessible to and available for use by persons with disabilities. But what exactly does this mean to the ordinary citizen or private man who owns such a place or provides services, when specific interventions are not mentioned for specific disabled groups so that the exact provision can be made for them. Most of the strategies in the policy clearly brings out what should be done for the blind and the physically challenged but it is not so when it comes to the deaf. In the absence of such clarity, and with majority of the deaf semi-literate, it is difficult for them even to understand their rights and based on that, see to its implementation.

### ***Relevance of study***

In a society where people have not been socialised to accept differences in terms of disabilities, persons with disabilities, particularly the deaf, are highly discriminated against. The only barriers existing for the deaf, at first glance might seem to be communicative. However, there exist barriers apart from access to information and communication. This research sought to inquire after these other barriers to social participation for the deaf and hard of hearing. Social participation in this research refers to the process where each

member within a community or group is supported, equipped with needed capacity and permitted to contribute their quota to the development of the group at all levels of society. Making that individual feel part of the group and willing to take part in all its activities without any doubts or fears of rejection or exclusion.

The research explored issues of participation within the family, among peers, work colleagues and in other societal settings. It also explored participation issues within education, employment, health care and government sponsorship. Furthermore, policies that impact on the issue of participation for the deaf was delved into. It is hoped that as this research explores the personal experiences of deafness, it will help point out the social factors militating against their meaningful participation in society and lead to necessary interventions to bring about change.

This research is also important to health promotion as it seeks to bring out the issue of participation as a tool to empowerment and improved wellbeing for marginalised groups. As well, it highlights the need to tackle issues from all levels of society in order to achieve the change. One of the key principles of health promotion outlined in the WHO discussion document in January 1994 is concerned with effective public participation (Tones and Green, 2004). Individuals who are involved daily in every aspect of their life would feel more enabled to take control of, and be responsible for their health. Therefore, the issue of participation of all individuals in life activities cannot be ignored by health promoters.

Health is also defined in the WHO constitution as a resource for everyday life, not an object of living; it is a positive concept emphasising social and personal resources, as well as, physical capabilities (WHO, 1948). This view of health is highly held by health promotion. It emphasizes the importance of the interaction between the individual and his environment in health. Also central to the definition of health promotion is the understanding of health that recognises the pre-requisites to health which highlights links between social and economic conditions, the physical environment, individual lifestyles and health (WHO, 1998). Only individuals who can partake in activities and decisions concerning them will feel in control of events. Such people will have increased confidence in what decisions they take concerning their health since they are active participants in what goes on in their lives. Participation is what the deaf and hard of hearing need to enable them have the confidence to make the right decisions with regards to their health and to increase their own self esteem and thus improve their mental health. Participation will therefore lead to improved state of physical, mental and spiritual wellbeing.

### ***Research Objectives***

The purpose of this study was to explore the context in which the adult deaf live their lives, their ability to participate meaningfully at all the three levels of the Ghanaian society, their ability to control what happens to them and how this enhances their well being. Bronfenbrenner (1979), in the ecology of human development, explains the interaction between the individual and the surrounding environments. The lived experiences explored

included personal experiences of deafness, participation at the family and the general societal level.

Two specific objectives were formulated regarding the research

1. To identify the barriers to participation of the deaf in the Ghanaian society.
2. And to identify how these barriers affect their ability to participate.

### **Research questions**

Specific research questions were drawn to focus on

#### **A. Barriers to participation at the micro system level of society**

Dealt with relationships at the family level.

#### **B. Barriers to participation at the meso system level of society**

Dealt with experiences with friends, work place, social activities, access to healthcare, government support and education.

#### **C. Policies that exist at the Macro level in education, information, health and employment sectors that could increase participation of the deaf**



## **Chapter 2**

### **Theoretical framework**

This research uses the social model of disability and the World Health Organisation International Classification of functioning, disability and Health (ICF model) to enable readers gain some understanding of disability. The two models emphasise the importance of the surrounding environment on the functioning of an individual. The main theoretical framework upon which analysis of interview data would be made is the Ecological theory which not only emphasises the importance of the immediate and external environments of a person, but also explains systematically how change could be achieved in the developmental situation of a person.

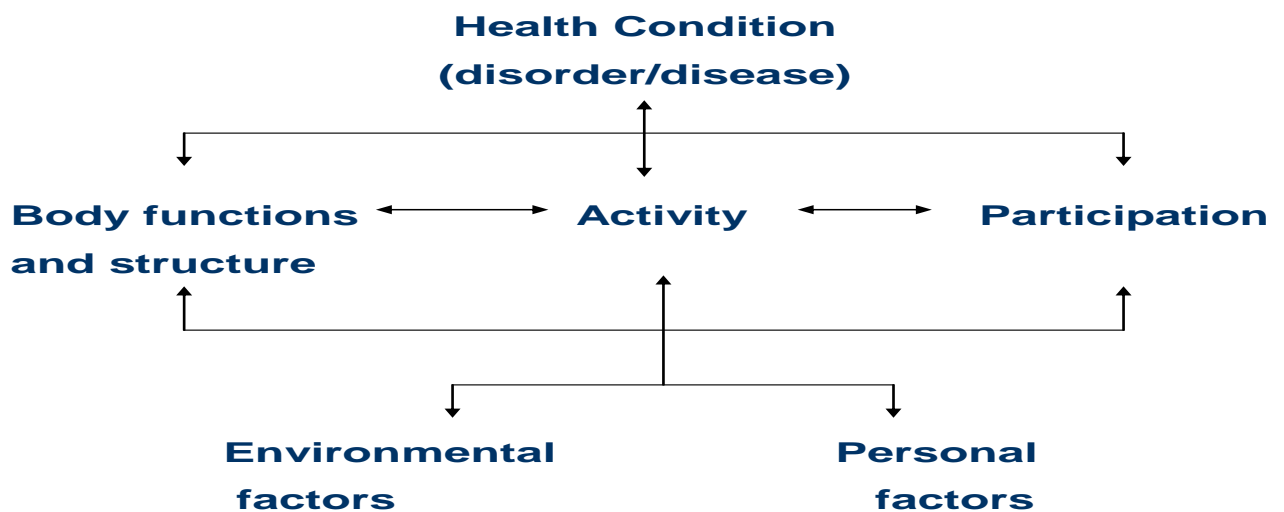
There have been several attempts to understand disability from different viewpoints. The individual model of disability, locates the problem of disability within the individual. It also sees the causes of this problem as stemming from the functional limitations or psychological losses which are assumed to arise from disability. This theory sees disability as some terrible chance event which occurs at random to unfortunate individuals (Oliver, 1996). The aim of this model has been cure, rehabilitation and care. In health and social policy terms, this dictates that disabled people must accept their dependence on others, whether professional experts or informal family caregivers. More widely, it rationalises the limited participation if not exclusion, of the person with a disability from everyday social life. (Tomlinson, 2001)

On the other hand, the social model of disability sees disability as all the things that impose restrictions on disabled people. These restrictions include individual prejudice, inaccessible public buildings, unusable transport systems, segregated education among a host of others. This model is underpinned by the social oppression theory. It recognises that it is society's failure to provide appropriate services that cater for the needs of disabled people within the society, which is the problem. This model insists that disablement has nothing to do with the physical body. It is a consequence of social oppression (Oliver, 1996).

The ICF model of disability has an inclusive view of the subject of disability. It is WHO's framework for measuring health and disability at both individual and population levels (WHO, 2001). It combines both the medical and social models of disability to bring to the fore issues of disability. In addition to acknowledging disability as a medical issue, it acknowledges the environmental and social factors that impact on medical conditions to bring about disability. Environmental factors such as individual prejudice, inaccessibility to public places and information among others are taken into consideration in this model. In the classification, a person's functioning and disability is conceived as a dynamic interaction between health conditions and the effect of contextual and environmental factors in limiting activity and restricting participation. The International Classification of Functioning, Disability and Health, thus seeks to achieve a synthesis in order to provide a coherent view of the different perspectives of health from a biological, individual and social perspective (WHO, 2001).

This model obviously indicates that societal values and norms together with other environmental factors influence the health of individuals. By recognising disability as an umbrella term for impairments, activity limitations or participation restriction, it has paved the way for it to be used as a conceptual framework that is applicable to personal health care, including prevention, health promotion and the improvement of participation by the removal of societal hindrances and encourages the provision of social supports and facilitations. It recognises that impairments are part of a health condition but do not necessarily mean that disease is present or an individual is sick (WHO, 2001). The following is an illustration of the ICF model which creates a clear picture of how environmental and personal factors influence body function, activity and participation to create a disability.

**International Classification of Functioning, Disease and Health**



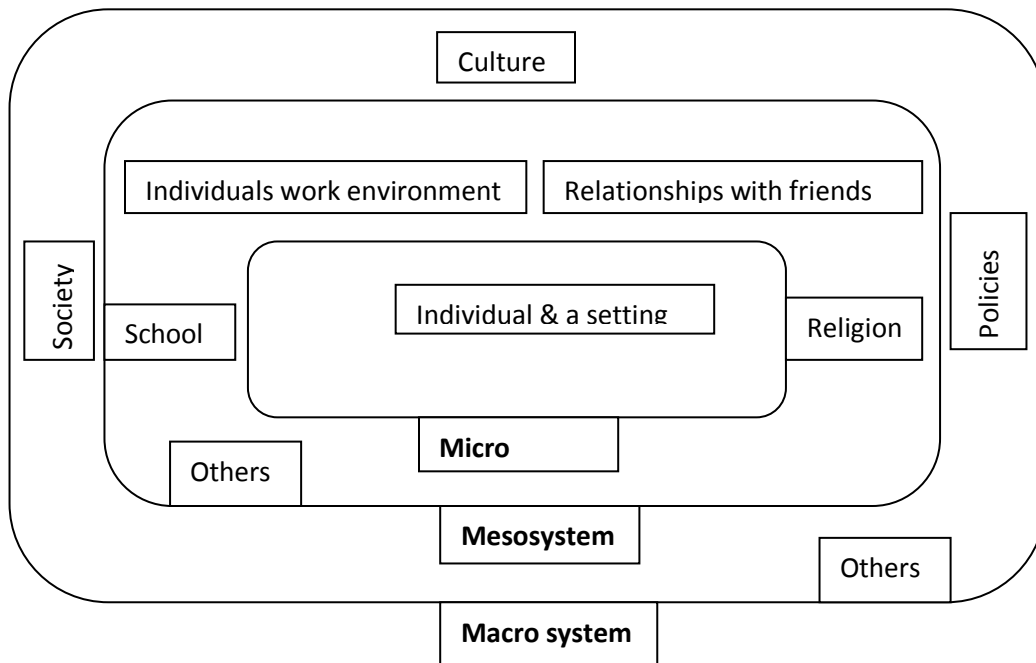
(WHO, 2002)

The illustration indicates the view of the ICF as an outcome of interactions between health condition – diseases, disorders and injuries, contextual factors – environmental factors, societal attitudes, architectural characteristics, legal and social structures as well as the internal personal factors such as gender, age, coping styles, social background, education and past and present experiences (WHO, 2002). The use of the ICF helps bring to the fore the fact that persons with disabilities are not sick. It is how society perceives them, which shape their self perceptions. This coupled with the function limitations they have, lead to a situation where they seem to be sick and incapable. But all they need is the right environment within which to function in spite of their impairment. The ICF model recognizes that the physical, social and attitudinal environment in which people live affects positively or negatively the individual's performance as a member of society, and on the individual's capacity to execute tasks (WHO, 2001). It is upon the basis of the ICF model and social model of disability that the choice of analytical theory is chosen to reflect the importance of the environment on the development of the deaf.

The ecological theory shall be used to guide the study as well as serve as the basis for interpretation of data. This theory brings to attention the individual and environmental determinants that influence the behaviour of individuals. The study is expected to inform policy makers of the situation pertaining on the ground to the Deaf and hard of hearing individuals, raise the awareness of society and empower the study population to stimulate change where necessary. Provided below is a simple diagram by the researcher to illustrate

the influence of the different levels of the ecological model on the individual and the family.

**Illustration to show the three ecological levels used in this research**



(Researcher's illustration)

According to the ecological perspective, we do not exist separately from our environments. The theory recognises that environmental events and conditions outside any immediate setting containing a person can have a profound influence on behaviour and development within that setting (Bronfenbrenner, 1979). This perspective first developed by Urie Bronfenbrenner, recognises that children's development is influenced by the interactions that they have over time with the people, objects and symbols in their immediate environment. This concept suggests that healthy development and effective functioning depend on the match between the needs and resources of a child or family and the demands,

supports and resources offered by the surrounding environment (Connard, C. & Novick R., 1996). This theory was used by Martha Sheridan to probe into the way deaf children understand the world around them (Sheridan, 2001). Persons with disabilities, including the deaf and hard of hearing's fulfilment as individuals is largely dependent on their relationship with those around them, set within an overall context which officially acknowledges their rights (Coleridge, 1993).

Bronfenbrenner's theory explains that the developing individual is within a context of environmental systems which interact with both the individual and each other to influence the individual's development. Barriers to participation in any of the environmental systems will undoubtedly influence negatively the developing individual. Using the ecological systems theory as a guide in this research will help bring out the barriers to interacting actively within the systems and show how these barriers influence an individual's development and consequently, health. In the ecological theory, four types of environmental systems are specified. These are the micro, meso, exo and macro system levels. A micro system is a pattern of activities, roles and interpersonal relations experienced by the developing person in a given setting with particular physical and material characteristics.

The meso system is made up of the interrelations among two or more settings in which the developing person actively participates (such as for a child, the relations among home,

school, and neighbourhood peer group; for an adult, among family, work, and social life). The exosystem refers to one or more settings that do not involve the developing person as an active participant. However, events which occur in the exo system affect what happens in the setting containing the developing person. The macro system refers to consistencies, in the form and content of lower-order systems (micro-, meso-, and exo-) that exist, or could exist, at the level of the subculture or the culture as a whole, along with any belief systems or ideology underlying such consistencies (Bronfenbrenner, 1979). This study looked at the rippling effect of the micro, meso and macro system levels on the social participation of the adult deaf. At the Micro system level, the research looked at the interactions between the individual and his immediate environment consisting of the family. A microsystem is a setting with the immediate presence of the individual and his or her interaction with that particular setting. Examples could be individual and home, individual and school among others.

For this research, emphasis is laid on the interactions between the individual and the immediate family at the micro system level to highlight the impact of negative or positive family interactions on the life experiences of the adult deaf and how this interactions influence how the individual relates with the rest of the system. At the mesosystem level, connections between the individual and local community and social institutions relating to school, peer group and religious affiliation information, education, healthcare, Employment and sponsorship from government were explored. The research also explored how interactions within the various set ups influence the development of the deaf adults, their

participation within these particular set ups and the subsequent mental and social wellbeing. At the macro system level, the national and local policies that are in place to improve the quality of life of the deaf as well as its implementation were researched into. Policies that were looked at included education, access to information or communication, health and employment. Specifically, the research explored the barriers that exist for the deaf and hard of hearing at the three system levels of the Ghanaian society. It also sought to identify what needs to be in place at the various levels to improve the quality of life of the deaf and hard of hearing. Looking at the five propositions of competence which Bronfenbrenner (1990), believes are essential to the development of an individual, the social participation experiences of the adult deaf is examined in the light of the broader ecological model.

In the five propositions, he first argues that in order to develop intellectually, emotionally, socially and morally, a child requires participation in progressively more complex reciprocal activities, on a regular basis over an extended period of time in his or her life. These activities should be done with one or more persons with whom the child develops a strong, mutual, irrational, emotional, attachment and who is committed to the child's well-being and development in life. Second, the establishment of patterns of progressive interpersonal interaction under conditions of strong mutual attachment enhances the young child's responsiveness to other features of the immediate physical, social and in due course symbolic environment that invite exploration, manipulation, elaboration and imagination. These he argues, accelerate the child's psychological growth.



Third, the establishment and maintenance of patterns of progressively more complex interaction and emotional attachment between caregiver and child depend in substantial degree on the availability and involvement of another adult, a third party who assists, encourages, spells off, gives status to, and expresses admiration and affection for the person caring for and engaging in joint activity with the child. Fourth, the effective functioning of child-rearing processes in the family and other child settings requires establishing ongoing patterns of exchange of information, two-way communication, mutual accommodation and mutual trust between the principal settings in which children and their parents live their lives. Among these settings, he lists the home, childcare programmes, and the school.

Finally, Bronfenbrenner believes that the effective functioning of child-rearing processes in the family and other child rearing settings require public policies and practices that provide place, time, stability, status, recognition, belief systems, customs and actions in support of child-rearing activities not only on the part of parents, caregivers, teachers and other professional personnel, but also relatives, friends, neighbours, co-workers, communities, and the major economic, social and political institutions of the entire society. This gives impetus to the need for public policies that remove barriers and create acceptance of all individuals in a given society. So that each person's unique talents and abilities can be tapped for the total development of the community. While these propositions at first glance may seem to relate only to children, they apply to individuals through their life time. The deaf adults were children before they became adults and their experience throughout life is what is explored in this research. Bronfenbrenner himself observes that these

principles apply anytime up to the age of 99 (Brofenbrenner, 1990). I will add that until the end of a person's life on earth.

### ***Relating theory to Health Promotion***

The basis of Health promotion is rooted in the WHO constitution which indicates that “the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, and political belief, economic or social conditions.”(WHO, 1948). The same preamble to the WHO constitution states that “Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”. The above statements indicate the necessity in ensuring wellbeing in the physical, mental and social aspects of every individual's life. “...human rights principles dictate the necessity to strive for equal opportunity for health for groups of people who have suffered marginalisation or discrimination” (Braveman & Gruskin, 2003). In striving for such equity in health, there is the need to increase the participation of such individuals in society so that they can have a voice that is heard. This will empower and give them the confidence to live a healthy life.

Achieving equity in health is one of health promotion foremost aims. To achieve equity in health, there is the need to tackle social inequalities from all levels and angles of society. It means inclusion of every living being and the creation of opportunities such as education, social and family life enjoyment, employment among others to create conditions that put all individuals in charge of making healthy decisions. There is the need to create supportive

environments in the physical, social, spiritual, economic and political areas of the lives of individuals (WHO, 1991). Improved living conditions and a flourishing adult life requires education for boys and girls, improved living and working conditions, social protection supportive of all across life course as well as universal health care. To achieve these, there is the need to involve civil society, governments and global institutions (CSDH, 2008), of which health promoting institutions are part. It is also about modifying existing unhealthy behaviours to ones that promote a healthy living. To this end, health promotion has developed several interventions using psychological and sociological theories such as the health belief model, theory of reasoned action, social learning theory among others to improve health.

These theories however, minimise the importance of evidence about the environmental assault on health. Even though it considers interpersonal influences from family and friends, they hardly go on further to other levels which also influence behaviour. These theories focus on changing individuals through social influence rather than the norms or social groups to which individuals belong (McLeroy et al, 1988). For health promotion to achieve some of these aims relating to equity in health there is the need to design programmes using theories and models that holistically tackle all factors that influence human development and health. The ecological theory is one that focuses attention on the environmental causes of behaviour and therefore interventions can be modelled to reflect the needs across the different subsystems in a given environment.

Again, it is compatible with the three strategies of health promotion, advocacy, enabling conditions by creating supportive environments and giving people information and skills they need to make healthy choices as well as mediation between different groups to ensure the pursuit of health (WHO, 1986). It is also in line with the health promotion principles of empowerment. With most key pronouncements of WHO since the inception of “Health for All by the year 2000”, emphasis is placed on individuals gaining control over their lives and their health as well as on the importance of active participating communities (Tones & Green, 2004).

Tones and Green discuss at length the importance of the influence of environmental factors on health and argue that the determinants of health action requires a thorough understanding of broader social and environmental influences on health and illness related behaviour. They rightly acknowledge that failure to address physical, social, economic and cultural circumstances is to blame the victim whose health suffers from those circumstances and whose scope for actions is impeded by them (Tones & Green, 2004). The acknowledgment that the major determinants of health and illness is a complex web of social, psychological and structural interactions (Tones & Tilford, 2001), confirms that people will not find themselves in control of their lives and health so long as barriers remain and the environment in which people live and work does not actively conspire to make a healthy choice the easy choice (Tones & Green, 2004).

The ideas of remedying inequalities are central to the ideology of health promotion (Tones & Tilford, 2001). To assist in removing inequalities, health promotion needs to adopt interventional models that will tackle inequalities from across all levels of society. This is where the ecological theory becomes useful, in addition to existing theories and models of health promotion planning. The use of this theory as a guide to the interpretation of the life experiences of participants in this study could enable the designing of health promotion interventions that meet their needs and improve life situations in the area of education, employment, family and social activities to improve their quality of life.

A strong belief in their abilities as human resource assets to the economy and growth of the country by all will go a long way to help them live participatory lives. In the process of enabling people to take control and improve their health (WHO, 1986), there is the need first, to make those in the minority and the poorest of the poor feel empowered to take informed decisions about situations that affect them. Hopefully, the use of the ecological theory to analyse the situation of the deaf and hard of hearing in Ghana would lead to a holistic view of their situation so that it is tackled from all angles by society to enable them have the power to exercise control over their own lives and health.

## **Chapter 3**

### **Research design and methodology**

This research which sets out to understand the lived experiences of the deaf in Ghana will employ a qualitative approach. The research merits a qualitative approach because it is a concept or phenomenon that needs to be understood because little research has been done on it (Creswell, 2003). Within the Ghanaian context, very little or no research has been done in this area. Most research regarding deaf people in the Ghanaian context are related to their education. An additional reason for choosing this approach was because it is in line with health promotion aims. It gives due recognition to those being researched as ‘expert-knower’s,’ thus empowering them. Also it does not attempt to measure human behaviour or experience but tries to characterise people’s experiences of the world. In conducting research with marginalised groups, qualitative research helps bring out their experiences to light thereby informing change.

The research question was explored through individual open-ended, face-to-face interviews. Prior to interviews with sample participants, a pilot interview was held to help make modifications to questions if necessary and for the researcher to acquaint with interviewing the deaf. Participants were then taken through the questions in a group to clarify meaning. This was done due to the deficiency in English vocabulary of the deaf in Ghana. The clarification of study questions was done with the help of an interpreter, after which participants were asked to tell their own understanding of the questions. This was to ensure that participants have understood well the questions they are about to answer

individually. Interviews were held at the premises of the national headquarters of the Association for the Deaf in Accra, Ghana.

### ***Research Participants***

Participants for the research were purposively selected from among members of the Ghana National Association of the Deaf. The premises of the association of the deaf is one place you can always find groups of deaf and hard of hearing individuals and it is for this reason that the site was chosen for the research of the life experiences of deaf and hard of hearing individuals. Hearing impaired participant consisted of 7 deaf and 3 hard of hearing adults between the ages of 25 – 45 years (appendix 1, shows the pseudo names of the interviewees, their age, educational level and type of hearing impairment).

They included both male and female adults who were living in the Greater Accra region and who are having or have had a secondary or tertiary education. Selection of participants was done in consultation with the association which contacted certain individuals who fell within the sample range to take part in the research to volunteer for the research. The choice of venue is based on the fact that the headquarters of the national association is the usual meeting place for deaf people within the Accra metropolis. This helped to reach the specified category of participants at the same time and therefore save time. Participants had completed or still in elementary, middle, secondary and tertiary institutions. In addition, one person each was selected from the department of Social Welfare and Special education unit to participate in this research, making a total of twelve participants in all.

### ***Data recording procedures***

A maximum of two interviews were held in a day. Interviews were conducted using Ghanaian Sign Language through the help of a sign language interpreter. It is important also to mention that the researcher is fluent in the use of the Ghanaian sign language. Interviews were video-taped and transcribed verbatim for analysis at the end of all the interviews.

### ***Data Analysis***

The six generic steps suggested in Creswell (2003) second edition of qualitative, quantitative and mixed method approaches was followed in analysis of the data. Before following the steps outlined by Creswell, I familiarised myself with my data by repeatedly watching the video together with a second interpreter as well as went over the transcripts many times so that I represent the integrity of respondents narratives (Green &Thorogood, 2004). To organise and prepare the data, I first transcribed interview data by watching the video together with a second interpreter to confirm meaning. This was followed by reading through the data to make sense out of it. Then the transcribed data was codified by putting them under the already identified themes used in the research questions.

In building the codes, efforts were made to find any new themes that might have risen from the interviews but there was none found. Also attempts were made to identify possible



differences in life events based on gender, age and social status, but again no differences were noticed. The different codes were then used to form detailed description of information about participants and the events in their life. I then used quotations from participants, which I elaborated on with my own explanations and perceptions of their situation. Finally, the data is interpreted in the light of the chosen ecological theory to bring meaning to readers on the life stories of the Deaf adults who participated in this study.

### ***Ethical considerations***

Ethical issues are of paramount importance because the study involves a marginalised group in society (Creswell, 2003). Ethical clearance to video the research was sought from the Norwegian council on research. Permission was also sought from the leadership of the Ghana National Association of the Deaf to involve their members. In addition, the informed consent of participants to be interviewed on camera was sought before participation. Putting information on video makes it difficult to protect privacy and identity, therefore only individuals who consented to appear on camera as part of the research process participated.

The research objective was clearly explained to them in written form and in Ghanaian Sign Language. Participants were informed of the freedom to withdraw at any point if they wanted to. There was an agreement to submit a copy of the findings of the research to the National Association of the Deaf. In accordance with the agreement signed with the

Norwegian council on research, data collected will be kept for a considerable number of years and then be discarded. In spite of the fact that this study primarily serves an academic purpose, it is hoped that it brings benefits to participants as well as all deaf and hard of hearing individuals. It is also hoped that policy makers and non-governmental organisations will use the information to bring about change in the lives of these individuals.

### ***Validity and Reliability***

According to Creswell & Miller (2000) in Creswell (2003), validity in qualitative research is used to determine whether the findings are accurate from the standpoint of the researcher, the participants or the readers of an account. Validity in qualitative research suggests “trustworthiness,” “authenticity,” and “credibility.” Kvale (1996) suggests that reliability and validity issues should not be treated separately, but should be addresses throughout the entire study. In this study, I repeatedly tried to rephrase participants’ answers to research questions to confirm with the exact meaning. In addition, a pilot study was conducted prior to the actual interview to help shape questions and acquaint with interviewing the deaf. Also in this report, I have tried to indicate my own personal experiences and perceptions about the deaf and hard of hearing in Ghana to create an open and honest narrative.

The challenge of translating from the Ghanaian Sign Language to English language in conducting research with the deaf and hard of hearing was addressed in this research. Collecting data in one language and presenting the findings in another involves researchers

taking translation-related decisions that have a direct impact on the validity of the research and its report. Factors which affect the quality of translation in social research include: the linguistic competence of the translators; the translator's knowledge of the culture of the people under study; the autobiography of those involved in the translation; and the circumstances in which the translation takes place. There is a need for social researchers who have to translate data from one language to another to be explicit in describing their choices and decisions, translation procedures and the resources used (Birbili, 2000).

The use of simultaneous translation from BSL into English at the point of data collection allows for the easy transcription of the data from the spoken English 'live' interpretation and thus makes the data amenable to traditional forms of qualitative data handling (Temple & Young, 2004). This study employed the use of live English interpretation at the point of data collection to facilitate transcription. The issue of interpreting from Ghanaian sign language to English is of importance to the validity and reliability of this research. I have therefore tried to ensure that interpreted information is as close to what participants intended by taking steps to remedy the interpretation challenges met during the course of data collection. In the course of the research, I noticed the interpreter interpreted wrongly some of the questions asked and also answers to questions from participants. I acknowledge that such mistakes can easily occur in an interpreting situation.

In anticipation of such a situation, the study had initially been planned to use a hard of hearing individual who is fluent in signing to do the interpretation. However, the voice of this person could not be picked by the microphones for the video. To mitigate the problem of those wrong interpretations, I combined my own knowledge of the sign language and the use of a second interpreter in the transcription process to confirm on what is being said by a participant. I can therefore confidently say that in spite of initial misinterpretation, the combined efforts of the researcher and the use of a second interpreter influenced positively the quality of translation and thus render the findings valid. Reliability in qualitative studies is to check for consistent patterns of theme development among several investigators on a team (Creswell, 2003). In this report, I have endeavoured to document properly all the procedures used in the research to ensure some consistency to be used by other observers who might study the same phenomenon.

Generalisability, just like reliability plays a minor role in qualitative enquiry (Creswell, 2003). Owing to the criteria for the selection of participants, the findings of this research cannot be statistically generalized to the larger population of hearing impaired adults. However, certain naturalistic generalizations based on personal experience (Kvale, 1996) are made in the write up of this report. The researcher acknowledges that every situation and life experiences is unique for different individuals and thus only attempts to bring to the fore restrictions the selected participants face in participating meaningfully in society as deaf adults.

## **Chapter 4**

### **Results**

Having gone through the interviews using the already identified themes which were used in the preparation of the questionnaire, the findings indicate strong similarities in life experiences shared by the deaf and hard of hearing interviewees regardless of age, gender or social status. All ten interviewees shared similar life experiences, particularly in the use of a language that is accessible to them. In this case, the Ghanaian Sign Language. They were faced with barriers in the areas of family life, education, employment, access to information, health care and government support. First, an analysis of what the policy makers shared is presented and followed up with experiences by the deaf and hard of hearing participants to bring out the contrast in what policy makers assume to be the situation on the ground and what the actual situation is for the deaf and hard of hearing.

### ***Policy makers and the Disability Policy***

Two individuals were interviewed on the Disability Policy. One from the department of Social Welfare and one from the Special Education Unit of the Ghana Education service. Below is what they had to say with regards to the policy and their general perceptions of the barriers facing the deaf. My interviews with regard to the policy threw light on some aspects of the policy.

The participant from Social welfare, Mr. Ntim, is the officer in charge of community based rehabilitation and Disability issues. He shared his knowledge briefly on the disability bill and what it aims to achieve.

“Hitherto, whenever you talk about disability people think it is the concern of a particular ministry or department. What the act tries to do is to integrate the needs of persons with disabilities into all our developmental agenda”

While, Mr. Quaye, from the special education division of the Ghana education service, who is in charge of deaf education at the unit, briefly described the aims of the policy as encouraging society to think positive of disability.

“The policy is asking the general public to disabuse their mind of the previous misconceptions they have about persons with disabilities. It has been found out that these people have potentials and capabilities and they can be brought on board to include them in everything we do”

When asked about specific issues with regards to the deaf, Mr. Ntim mentioned the communication problems of the deaf as one of the specific needs the act addresses.

“It tries to identify to a large extent specific needs. For instance, if you take the deaf what you will find that has very close impact on them is communication and recognizes the sign language as the language of the deaf.”

And Mr. Quaye talked about education of the deaf emphasizing on inclusive education.

“The policy states our schools should be disability friendly. It should enable persons with disabilities to access education. Emphasis is now on inclusive education.”

The implementation strategy of the policy which is backed now by law is to be steered by the disability council which had not been set up at the time of the interviews. Sharing on how the policy seeks to achieve its aims and what it hopes for,

Mr. Ntim from Social Welfare said

“What they are doing now is constituting the national disability council. So they will see to the actual implementation of the policy and the act. Specific provisions in the policy have been given ten years for implementation to complete after which refusal to comply would lead to sanctions. Examples are access to public buildings, car parks and other services. These structures should be adjusted to become disability friendly while new and up and coming structures should comply with the policy.”

And Mr. Quaye shared that inclusive education of the Deaf has already started on pilot basis as part of the strategy to meet the implementation aims of the educational aspects for the deaf in the policy albeit with challenges.

“In some districts inclusive education has started on pilot basis. The challenge in inclusive education is the training of teachers as well as parents and the general public to know about it so that they will accept such children into normal schools.”

Mr. Ntim considers the very act of passing a bill on disability by the Ghanaian government as an achievement in itself.

“There are few countries that have disability policies particularly in Africa. So it is a big achievement for government to have these instruments in place to support persons with disability”

He also identified communication to be the biggest problem of the deaf that has undermined their performance in society and suggested getting serious with communicating with the deaf.

“The biggest problem of the deaf is the problem of communication. If we are able to improve our communication with the deaf in society, particularly getting serious with sign language, providing sign language services in various agencies and departments, this would go a long way to help the deaf. Looking at the educational performance at the primary and secondary levels you see that they really have problems and we need to specialise in sign language so that they can have adequate understanding of issues.”

From the discussions with the policy makers, one realises that they consider the policies in place regarding persons with disabilities to be working and making lives easier for them. Though, they identified that in the case of the deaf and hard of hearing, there are communication problems, there are several other factors that cause barriers to their participation in society. The following interview excerpts give an idea of the difficulties the deaf and hard of hearing face in their families and in the general society.



## **Analysis of interviews with deaf and hard of hearing participants**

### ***Experiences in Family relations***

Experiences within the family was not fulfilling for most of the participants. A few however, expressed happiness and contentment within their families. Grace is a 35 year old single woman who lives with the family. She has one other deaf sister and five hearing siblings. She is Deaf and ended her education at the middle school level. She then became a sewing apprentice learning how to sew with a hearing tutor and co-apprentices. She dropped out of the apprenticeship training. This was due to frustrations stemming from lack of understanding of spoken language used to teach her. Another reason she dropped out was the lack of respect shown her by the other apprentices as an individual. Grace repeatedly mentioned situations in the family that indicates lack of communicative interactions, participation and involvement in family affairs. As well as lack of support for her and her sister who is deaf to enable them progress and improve their life situations. When I asked about whether it was a problem to be deaf in the family she answered in the affirmative and continued,

“More attention is paid to my hearing siblings. My parents concentrate on supporting the hearing for further studies so they become highly qualified and get better paid jobs. The deaf is left with vocational programmes and getting a job is difficult”

She and her deaf sister are not involved in family gatherings and neither are they invited to social programmes that are attended by other members of the family. The following quotes

give a clear picture of the situation Grace and her sister face within a family of hearing members.

“We are excluded from all family meetings and left out of social gatherings.”

“When people visit us at home my hearing siblings are called and introduced but the two of us are left out”

The above statement not only shows their neglect but confirms Grace’s belief that the parents are ashamed of having Children who are deaf.

“Our parents hide us because they do not want others to know that they have deaf children.”

She adds that:

“My deaf friends are not allowed to visit me but my hearing siblings have their friends visiting them”

Several of the participants were also living in such depressed and lonely family situations. Such a situation would cause any individual to excessively worry. It is not surprising that Grace tells me she and the sister feel sad and worry a lot.

“I feel very sad. The two of us worry a lot and feel a lack of respect for us.”

Richard on the other hand is a 37 year old married man who is Deaf. From the middle school, he attended a bible school. He has prior to the bible school dropped out of apprenticeship training as a welding mechanic due to failing eye sight. He has an

interesting experience of both rejection and lack of participation within his biological family and of inclusion and acceptance in an adopted family.

In his biological family, Richard was the only deaf and was passed from one family member onto the other after her parents separated. Until he found the pastor who adopted him, this was his experience in his family:

“The focus of attention was on my siblings. I was left out because I am deaf. I faced an uncaring attitude from family members with whom I stayed.”

This scenario within his family does not seem different from the situation in Gloria’s family and many other Deaf people. Their stories tell of neglect within families. Though neglect at first glance does not seem to be a form of abuse, it is indeed an abuse of their rights to be part of a family, participate within it and be happy in the family environment.

But of the pastor who adopted him, he recounts this:

“He was kind to me and stayed with them from age ten until I married. I was encouraged and supported”

When he could not continue his education because of poor results, the pastor puts him into vocational training as an automobile mechanic but then he develops an eye problem and had to stop. Obviously, the pastor saw the potential in this young man and arranged for him to attend a bible school.

“The pastor later arranged for me to attend a bible school and got involved in leading the deaf at church. Pastor educated his family that deafness does not make one different and that all persons are the same.”

Richard’s experience with his adopted family is one of joy, belongingness, love and encouragement to develop his potentials and achieve in life. He was grafted into this family and was not left out in its activities. To the point that in his absence, written reports of family meetings are prepared for him to read so he knows what is going on in the family.

“I am usually involved in family meetings...they always write to explain to me details of the meeting if I am not present”

The stories of Grace and Richard stands out strongly as an example of what experiences the adult deaf face within families in the Ghanaian society. Grace’s experiences and that of Richard in his biological family were supported by similar experiences in the families of Patience, Mavis, Clement, John and Bob.

Patience, a 43 year old married woman who lives in her extended family’s house also experiences lack of information from the rest of the family. She wants to be independent and not continually depend on the family for everything. Aside the communication issues, Patience’s greatest challenge in the family is the desire to be independent.

“My other siblings are supported to run their own business. I am not given the resources to do so. They think because I am deaf I cannot run my own business.”  
Also, I am taken for granted because I am disabled.”

28 year old Mavis who is single also experiences major problems in the family centring on communication. She lives with the family and has no other deaf members in the family. A lot of misunderstanding goes on in this family. Whiles her parents consider her attitude of going out of the house and coming back late as a rebellious behaviour, she feels that is the only way for her to have interactions with people who can communicate with her.

“My parents were not able to communicate with me and that created a lot of misunderstanding between us.”

In answer to what has been most challenging for her within the family she answered,

“There have been a lot of challenging times. Especially, when my parents did not understand why I always went out of the house and came back late.”

In contrast to Grace and Patience, she is included in family activities and takes part in marriage ceremonies and other festivals in her hometown. 46 year old Clement also experiences communication challenges; in addition, his suggestions and advice given at family gatherings are not taken serious.

“When there is a gathering in the family and I make suggestions my words are not taken because I am deaf.”

Bob also shared similar experiences of communication problems and exclusion from family activities. The above participants felt lonely, neglected, disappointed and depressed within their families and expressed the wish that their families would interact more with them and include them in family activities.

### ***Experiences with friends and other social experiences***

For most participants, experiences with friends rather were positive. Though most expressed some difficulties in relating with hearing friends, they did not find it a problem being friends with them. Unfortunately, the lack of acceptance and inclusion within the family has had a negative influence on Grace to the extent that she does not even have friends who are hearing. When I asked her about her relationship with any hearing friends she might have. This was her response,

“No, not at all, because the hearing do not like the deaf. I only say hello to them but I would not say they are my friends. It is difficult for the hearing to understand us”

She has only deaf and hard of hearing friends with whom she can communicate and feels very much at home with them. With regards to participation in other social gatherings, Grace does not face any problems. Besides being a member of Ghana National Association of the Deaf (GNAD), she attends a hearing church. But there is no problem here for her since she has access to interpretation.

In contrast to her though, the problems being faced by the others within their families have not had any influence on their interactions with other people who are hearing outside the family. All the participants are members of the GNAD. Besides the GNAD association, the only other social participation for all of them except for Gregory, is the church. Eight of the participants attend Deaf Churches where service is conducted entirely in Sign Language while two attended hearing church service.

Richard, 37, has many hearing friends and does not think it is a problem to be friends with the hearing. He acknowledges that there are communication challenges but this does not prevent him from being friends with them.

“Sometimes they come to give me information. Because I cannot hear them, I would look for a pen and paper and communicate with them. In the absence of pen and paper, I do not get any information from them.”

He is also the pastor of a Deaf congregation and shares this information about their service

“I am the pastor of the deaf in my church. We have weekly prayer meetings. We organize services just like our hearing counterpart”

Patience, 43, for instance has many hearing friends whom she has taught the sign language so they could chat. She is included in activities organized by her friends. She has hearing friends and does not have a problem with them and feels very happy participating in events with her hearing friends.

“I do not have many problems with friends. I try to teach them the sign language and gradually we are able to communicate. Sometimes my friends invite me to their weddings, Christmas and other festivities. I feel very happy. We chat for long periods and I do benefit from them”

She is a member of the Deaf church and GNAD and feels very much included in church activities

“It is not a problem at church because we have a deaf group and the preaching is in Sign language. I am included in the prayer group and leader of the women’s ministry.”

Some of the participants who are hard of hearing can lip read from their hearing friends as well as use pen and paper when the need be as in the case of Gregory, Johnson, Mabel and Bob.

George, 37, does not feel left out of activities with friends despite occasional difficulties in understanding what is said. He is a member of GNAD only.

“When I am not able to lip read, we use pen and paper to communicate. Usually it is not easy to understand when they speak to me but I am not left out. They send me invitations to a number of social gatherings.”



Joseph, 29, Mabel, 28, and Ben, 22, all expressed similar experiences of inclusion in friends' activities and being happy with their hearing friends. However, all the participants shared the view that participation in activities with hearing friends would increase if there is an increase in the provision of sign language interpretation and also if the hearing is knowledgeable in the use of the sign language in order to communicate with the deaf. They all took active part in their church activities also.

### ***Experiences in accessing Education***

Participants' experiences in accessing education also depicted barriers with regards to communication and a general distrust in the abilities and potentials of the deaf by parents and the educational system. Most of the challenges though, seem to come from parents' inability to urge their deaf children on to further education and the inability of deaf students to gain the pass mark to enable them further their education.

Grace for instance did not receive the encouragement and support to go on with higher education even though she was excelling in class and had the chance of going to the secondary school and possibly further to the university. Very little support was given to her at the point when she needed the encouragement to go on higher and excel. While her hearing siblings were encouraged to move on the educational ladder, she was forced into apprenticeship training with the hearing. Excelling among her peers in the school for the deaf, it is no wonder that Grace found her training as an apprentice frustrating and quit. Many parents of the deaf in Ghana are not aware of the wealth of potential that lies within

their deaf children. They have not come to the recognition that they are the ones that should encourage their children to go on higher with their education. In spite of the odds they have to join their children to advocate for their inclusion in society.

When I asked about experiences in getting access to education, this was what Grace had to say,

“When I started school, I always came top of my class and had high hopes of going further in education. I was very clever but my parents insisted furthering my academic work will not benefit me and that I should learn a vocation.”

This statement by Grace is a summary of the actual desire of many Deaf people with regards to gaining a higher education.

“In Ghana, many deaf people have low education and remain ignorant in many things. It is time for us also to learn to become high in society.”

Taking her time of apprenticeship training as an informal training ground, this was what she had to say,

“I did not communicate with the people there. I sit and wait till I am called to be shown the various measurements and cutting. So I try to remember these cuttings and measurement. I sit sewing until it is time to go home.”

“The difficulties were on the measurement and sizes. I did not understand when a measurement of lengths and breath had to be big or small because the explanation is oral.”

Her statement shows lack of interactions with co-apprentices or with the tutor and paints a very uncomfortable environment for a person to learn, especially, when the language of tuition is not one that she could understand nor express herself in.

Richard, 37, recalls the difficulties he had, going through bible school with hearing colleagues. The absence of an interpreter made things difficult for him but he did go through with the bible school and is now a pastor of the deaf congregation in his church.

“I went to Bible College alone and faced some problems because of communication.”

The lack of education in a language that was understandable to the deaf was the most challenging for George, Clement, John, Mercy and Mavis. George, 37 year old married Hard of Hearing man, says this when asked to tell about his educational experiences.

“It is difficult when teachers use speech in teaching. Teachers turn to the chalk board and talk to the class. This makes it very difficult to understand. If there is an interpreter it would be better but there was none.”

John, 40 year old married man, who is Deaf, recalls

“At the secondary school, teachers were not skilled in the Sign Language and I had difficulty understanding what they teach”

Clement, 46 year old married man, who is Deaf, also recalls

“I was taken to Mampong Demonstration School for the Deaf when I became deaf at age five. I continued through the secondary school. I failed my first exams but passed the second time. But I was not able to continue because I am deaf. We used orals at the time when I was in school. Later sign language was introduced.”

And Mavis, 28 year old single Hard of Hearing lady, also tells of his difficulties in school

“The greatest difficulty I have faced in education is at the secondary school. There I had to battle with feeding and transportation. Also, the teachers used orals in teaching. I would have liked to further my education but my parents were not supportive.”

Whiles Mercy, a 38 year old Deaf single lady shares the kind of knowledge she gained after secondary school.

“I had a good education until I entered the secondary school for the deaf at Mampong. I began facing a lot of frustrations. I could not understand my teachers. I felt more ignorant upon completion of the secondary education than I was before.”

Patience, 43, on the other hand, had encouragement to go on to the training college after her secondary education but opted for hairdressing because she did not want to go through education not understanding what the tutors say.

“My father encouraged me to go to the teacher training college but I did not agree to do so because of lack of interpreter services. I was interested in hair dressing. I completed the hair dressing training in a year and became a self employed hair dresser”

Unlike in Patience’s era, Ben, 22 years old, who is currently at the teachers training college has access to an interpreter on some occasions but not on others and he says this

“At the college, anytime there is lack of interpretation, I find it difficult to understand the teaching”

The information given by the participants shows the importance of the place of sign language in the education and life of the deaf. Most of the interviewees talked of the need to have teachers who are well versed in sign language to teach in the schools for the deaf.

### ***Employment and Work place Experiences***

The Deaf also faced barriers to participation when it came to finding employment and holding a job. This is as a repercussion of their life experiences right from home with their families through their time of education. Those participants who managed to achieve the pass mark in their final exams were not encouraged to go on further due to lack of

interpretation services at higher levels of education. Bob is an exception who is struggling with coping as a teacher trainee with other hearing students. Parents also did not seem to have trust in the abilities of their deaf children and therefore did not encourage them to go on further as is the case of Grace, Mavis and others. With a low educational background, some of the participants have no job at all or have failed to find jobs of their choices. The cases of Richard and Joseph are really an exception compared to the rest of the participants.

With a low educational level and uncompleted apprenticeship training, Grace's only comments with regard to access to job was,

“It has been difficult to get a job”

Richard, one of the few deaf people who have gained some employment is the pastor of his church as well as work in a media house. There are no deaf people besides him on this job. However, he seems to be happy with work and participates in work activities. He uses pen and paper to communicate with his co-workers. When I asked him about his experiences at work he replies,

“When I get to the office, other colleagues do not have any problem communicating with me. The staff is happy to see me as a nice, gentle respectful member of staff”

He is invited to attend formal work meetings but he does not attend.

“I am called but I do not attend formal meetings because there is no interpreter. But I get the reports later to read.”

Though he does not take part in formal work meetings due to the language of discussion being oral, information at work and during work meetings are communicated to him through these means,

“Information is put on paper and put into my information box. Usually, this is how I get information to attend meetings. Colleagues also use mobile text messages to give me prompt information.”

While communication remains his main challenge at work, he does not experience it so much as to when he meets people who cannot read, write nor sign. However, because he is in a supportive work environment, he could always count on a colleague to come to his aid.

“There are some difficulties with people who cannot read and write. When I meet and interact with people who can write it is easier for me. When I face communication difficulties I call on a colleague who can write to assist us”

He sees himself as fortunate and worries about the perception most hearing people have about the deaf with regards to employment. He however acknowledges that this perception among the hearing might be due to limited levels of education of the deaf in Ghana.

“The problem is hearing people do not believe that the deaf are able to work. This may be due to our deafness and the limited level of education”

Joseph found it no easier searching for a job after a course in hotel management and tourism.

“It has been difficult getting a job. I attended a training course in hotel and tourism for five months. But because I was deaf I couldn’t get a job. I think I have to pursue my education for the problem to be solved.”

Fortunately for him, the Ghana National Association of the Deaf has employed him as a temporary secretary to the administrator. In this job, he finds satisfaction as he is involved in all work activities. He does not have any problems with this work because he works with the deaf and the few hearing employees can sign. When I asked him about work place activities and participation, he replied,

“I am involved in all formal work meetings.”

In contrast to Richard and Joseph who are engaged in formal work settings, Charles, Patience and George are self employed, while Mavis and Mercy are working as a factory hand and cleaner respectively. Grace on the other hand is not engaged in any employment, John is retired and Bob is still in school.

Clement, 46, is a self employed artist. He has a small arts shop and works on his own. There are no deaf people working with him. Since his clients are mostly the hearing, he faces communication problems but this is solved through writing.

“When the hearing bring their work there is communication problems. Usually they write for me what they want”



Patience, 43, is a self employed woman who has opened a corn mill and flour mixing business. This is operated by hearing people so currently there are no deaf people working for her but in future she is considering involving the deaf. She finds no problem with doing this kind of business except for the continuous increment in rent. She has found ways of interacting with his employees and therefore finds no problem in her job.

“My employee did not understand sign language so we use a mixture of mimes and gestures just to understand ourselves. Though we could not understand each other fully we did understand ourselves somehow.”

She finds that working with the hearing helps solves the problem of communication with hearing clients as well as in detection of problems with the machines when the sound changes.

George, 37, is a money lender and works alone and does not have difficulties in communicating with people who come to him. This is because he is hard of hearing and can read the lips of his clients. When it comes to the worse, he could use pen and paper to communicate.

Mavis, 28, on the other hand, feels there are no problems in doing her job when she receives the instructions as to what to do. Her main problem with regards to her job is working with hearing people. When asked about if she finds it a problem to be in this employment she replies

“I do not face many difficulties. I ask the foreman in the morning if there is work for me and if there is no work I am transferred to another department to work but it is a problem to be deaf in this employment because majority of the staff is hearing and we hear them talking but do not know what they say”

And Mercy, 38, works as a cleaner in a school with some other deaf people. Information is passed to her from the deaf sister of the headmistress. She and the other deaf are not involved in any formal meetings of the school. Though she is not involved in any formal meetings of the school, she does not find it a problem to be working in this school.

“Information concerning work is passed through the sister who is deaf to be given to us.”

### ***Experiences in accessing healthcare***

When asked about accessing health care, nine of the participants did not have a problem in accessing healthcare when they are ill. They all either used an interpreter, wrote on paper what their problems are or sat face to face with the doctor to enable those who can lip read do so. Only Mercy, among the participants complained of problems in accessing health care.

This was Mercy’s response to telling about her experiences in accessing healthcare.

“The main problem in accessing healthcare has been communication. I cannot express the way I feel for the nurses and doctors to understand me. I tell them one thing and they write a different thing. For the deaf who are illiterate there is even more problems.”

Grace is right to worry about the illiterate deaf when they attend the clinic. She says

“I only worry about the deaf who cannot read or write. How would they communicate if they do not have an interpreter?”

It is indeed worrisome for the illiterate deaf, if literate deaf like Mercy, find themselves misunderstood by doctors and nurses. How clear Deaf patients’ messages are understood by Ghanaian doctors and nurses remains an area that needs to be researched.

### ***Experiences in accessing government support***

When it came to experiences in accessing government support for persons with disabilities, half of the participants were not aware that any such support existed. The other half had heard of some supports but have not benefited from any. Of the other half who has some knowledge of existing support, it was only Ben and Johnson who were able to talk about particular supports they know of.

Bob, 22, mentioned a scholarship scheme

“I know of a scholarship scheme and some funding for disabled persons but I have not received any.”

And Joseph, 29, talked about the district common fund

“I only know about the district common fund and they have some scholarships for the disabled. If a deaf person performs well they can access it.”

### ***Knowledge of Disability Policy***

Half of the participants expressed lack of knowledge of the Disability Policy and Law in Ghana.

Grace, Richard, Mercy, Mavis and John claimed they had heard of a policy but are not aware of the details. The rest who knew something about the policy offered scant information about it.

Patience, 43, talked about equal opportunities for persons with disabilities

“It gives equal opportunities for the deaf to access tertiary education just like the hearing. In the case of employment for example, employers are to give persons with disabilities and non-persons with disabilities equal opportunities in their job search.

George, 37, talked about duty free imports and education

“I am aware of some provisions government has made. There is duty free for equipment imported into the country to be used by PWD’s. There is free education for all students. There is apprenticeship courses for students who fail to continue with their education after which they would be supported to find work. There is also a provision to educate the deaf to stop begging for alms.”

Clement, 46, talked about general access for the deaf

“The deaf should have access to vocational schools and to places where they did not formally have access”

Bob, 22, also talked about access

“It talks about how the disabled should be supported, access to health care and many other things”

And Joseph, 29, shared on accessibility to information

“The law makes provision for information to be made accessible in formats the deaf can also understand. Also to allow progress in education to the university level for the deaf”

### ***Other findings from Deaf participants***

Joseph and Grace shared their views about what constitute major barriers to the deaf in Ghana. Besides communication barriers, both expressed concerns about educational barriers for the deaf in Ghana.

Joseph says

“Apart from communication, education has been the major barrier for the deaf in Ghana. After secondary school, the deaf do not have skills to enable them get employment. Society should support persons with disabilities especially the deaf and they should learn sign language to make information available to the deaf so they can make informed decisions.”

And Grace

“My biggest worry is about education. The entire nation has a problem with regards to sign language. Teachers do not know how to communicate in sign language. So we remain ignorant. I do not blame the deaf for failing their exams. Our hearing counterparts know much. We are intelligent but we fail because of communication problems.

## **Chapter 5**

### **Discussion**

Results of the research indicate multiple barriers for the Deaf and Hard of Hearing at the different levels of the Ghanaian society. The ecological theory would now be used to bring to light the influence of the different ecological settings on each other and also to identify how the different settings impact on the Deaf and Hard of Hearing. Supportive settings are enhanced by the adoption of public policies and practices that create additional settings and societal roles conducive to family life. I will therefore begin with the discussions at the policy level through to the micro level of society. This is to help bring out what role the different levels of society have played in placing barriers to social participation for the deaf in Ghana.

#### ***Discussions at the Macro system-level***

Public policies and practices is the part of the macro system which determines the specific properties of the exo, meso and microsystems that occur at the level of everyday life and steer the course of behaviour and development (Bronfenbrenner, 1979). The effective implementation of any policy depends on the clarity of implementation strategies and evaluation modalities at all levels of society. It is important therefore that policies and laws are actually implemented to see their desired effects. Effective change occurs in any given situation when the environment is conducive for the expected change to thrive. Positive changes in the surrounding environment of an individual affect the behaviour and development of that individual. As explained by Bronfenbrenner (1990), the effective

functioning of child-rearing processes in the family and other child settings requires public policies and practices that provide place, time, stability, status, recognition, belief systems, customs and actions in support of child-rearing activities not only on the part of parents, caregivers, teachers and other professional personnel, but also relatives, friends, neighbours, co-workers, communities, and the major economic, social and political institutions of the entire society. The successful participation of the Deaf within his family and the larger society is dependent on the availability of such policies and laws that allows for the acceptance and inclusion of persons with disabilities in society

While Ghana has a policy in place for persons with disabilities, it is obvious from the response of the policy maker from the department of social welfare that the exactness of what is to be done in each strategy of the policy is left to the National Council on Persons with Disabilities to formulate and implement. However, as at September 2008, two years down the lane after the passage of the Disability Bill, this council was still not inaugurated to begin its work of seeing to the implementation of the policy. The Policy sets out laudable ideas for adaptations and changes in the society to improve the lives of persons with disabilities. However, there appears to be in the policy a lumping together of all persons with disabilities into one group in requesting for the provision of certain services. The absence of specific modalities and programme interventions for specific groups leads to some of the groups' specific needs being overlooked by individuals in certain situations because they are not clearly outlined in the policy or in the act backing it.



Interviews with the participants clearly indicated that the Deaf have problems within the family, with their education, employment and the general society due to their inability to communicate in spoken language. While most of these barriers have been addressed in the policy and act, it remains with its implementation to realise its effects on the lives of the deaf. Although the policy had been around for six years before the passage into law of the Disability Act 715, half of the participants expressed lack of knowledge of the policy as well as of the law. The rest of them who knew something had very scant information to share. This shows the level of ignorance of the Deaf and Hard of Hearing about such important matters that would change their lives situations and make it better. It also indicates the lack of precise strategies for improvements in their lives besides improving communication for them.

Unfortunately, discussions with the policy makers continued in the direction of lumping together of all disabilities in response to questions concerning the policy and the Act. This did not help much in bringing out the actual needs of the deaf and the specific provisions for them in the law. Though the law has been passed, government does not have a hand in its implementation. The implementation is left in the hands of the national council on disability which constitutes members of the different disability associations, NGO's and some selected governmental agencies.

There is the assurance that once the council for persons with disabilities is in place, action for implementation of the policy will begin. The question then is, given the poor educational background and social status of the Deaf and Hard of Hearing in Ghana, would they be able to ensure that their needs are met in the Ghanaian society by voicing out appropriately within this council. Or will they be silenced by the rest of the much advanced blind and physically challenged colleagues in trying to achieve their aims? It is excellent to have such a council but it is important to have educated individuals at the base to push the council leaders to see to the implementation of their needs. One wonders what happens in the case of the majority of the Deaf who do not even know what is due to them.

It is important that issues of their education, employment opportunities, and access to government support are seen to, in addition to their communication problems, to open up opportunities for self actualisation for them. It is for this reason that this research seeks to bring into awareness the actual situations of the deaf in relation to family life, education and others to enlighten policy makers as well as to encourage the deaf themselves to seek improvement in these areas.

### ***Discussions at the Meso system-level***

Right from the provision of the 1992 Constitution of Ghana, persons with disabilities were provided for as citizens of Ghana. Yet, the exhibition of this provision and that of the policy in the life of persons with disabilities was not realized. There were high hopes among

PWDs and interested persons that the passage of a disability bill will bring effective change in the lives of PWDs. As at September, 2008, the national council which is to see to the implementation of the policy is yet to be inaugurated. Once there is no council, there is no one to enforce the implementation of the Act 715. Therefore, the lives of the Deaf and hard of hearing and other PWD's continue to face numerous barriers.

Lack of participation in activities and lack of belongingness were felt by majority of the participants across the different settings of the Ghanaian society. There are impediments along the way in the different transitions the individual makes from the family to school through social life and work life. Yet, persons with disabilities, including the deaf and hard of hearing's fulfilment as individuals is largely dependent on their relationship with those around them, set within an overall context which officially acknowledges their rights (Coleridge, 1993). The ecological systems theory suggests that the interactions between the different settings affect the individual's development. Changes and conflicts in one setting ripple to the other settings. An important setting to the development of the individual is the school where education is picked up from where the family training ends. The developing individual spends majority of the time in school. The person with disability in Ghana, for the most part of his young life, is in educational institutions. Relationships developed at home and school is of vital importance to the positive development of the individual.

Among the five lists for positive development listed by Bronfenbrenner (1990), he rightly acknowledges that interpersonal interactions and strong ties to the family enable the child to relate to other Microsystems. The skills and confidence encouraged by the initial relationship in the family, increases the child's ability to explore and grow from outside activities. Most parents of the deaf in Ghana in the past and present times have shown very little interest in the formal and informal education of their children. There is lack of motivation to take their education in schools serious so they could go on further and in their homes, most of the things learnt are from their own observation. Many do not even understand the reasons behind certain actions and behaviours in their homes.

Majority of the participants were coming from homes where there are no strong family bonds between them, their parents and siblings. This relationship between the growing individual and adults in their life requires public attitude of support and affirmation. This could only be made possible through Public policies that create the enabling environments within which such interactions would function for the positive development of the individual (Bronfenbrenner, 1990).

For most participants however, the basic formation of relationships at home is either not available or weak. In the school environment where their development is supposed to take off from where they left off at home also does not provide a friendly environment. Few teachers of the deaf are conversant with sign language skills to communicate effectively

with students. The students therefore lose out academically and in other extra curricula activities. Those teachers who are to guide them through life experiences are unable to communicate with them “Mercy”, mentions that she left the secondary school ‘feeling more stupid’ than when she entered, an indication that she had not learnt anything. “Bob”, has made it to the teachers training college but he is struggling through the programme given the lack of interpreters most of the time.

The community within which an individual lives also has an important effect on the positive development of the person. The community is the place where values, norms and other resources are provided for its members to function effectively. In Ghana, certain societal activities such as weddings, funerals, naming ceremonies and other gathering are important occasions when family members attend together. Most participants of this study were not included as part of family entourage that attended such gatherings. As mentioned by “Grace”, most families do not attend these occasions with the Deaf because they do not want society to know they have such people within their families.

The attitude of families towards the Deaf has been reinforced by the norms and beliefs about the disabled in society. Norms, beliefs and attitudes that are exhibited in any particular community is enforced by the larger societal culture. Cultural beliefs are passed on from one generation to the other and dictate what forms the basis of our beliefs concerning education, puberty, certain groups of people, religion, family and community

life. These areas in turn, become structures through which the values are passed on to developing members of society. The power of cultural beliefs cuts across the various systems in the society and greatly influence actions that are taken at each level of the ecosystem.

Perceptions and beliefs with regards to PWDs are still very negative in many parts of Africa (Kiyaga & Moores, 2003) and in the Ghanaian society as well. It is only through a change in perception of PWDs as burdens and a shame, to the recognition of their different abilities and giving them supportive environments to explore these abilities that real development can be said to be happening for all Ghanaians. With increasing knowledge however, people are gradually changing their behaviour towards the disabled. Yet, for the Deaf and Hard of Hearing, the development of relationships with hearing people to the extent that they can effectively participate in all activities is slow. This is due to the inability of most hearing people to communicate with them through the use of the Sign Language. For instance, though majority of the participants had hearing friends, their greatest social ties remained to other Deaf and Hard of Hearing. They were all members of GNAD and eight out of the ten attended Deaf churches. This indicates a sense of belonging and acceptance within these communities.

Within GNAD and Deaf churches, they meet with people of their kind who accept them for who they are. There are no barriers in their community except for the fact that society has

stifled their development so they are not empowered enough to rise above their difficulties to achieve a level of development that would improve their living status. Among themselves, there is a sense of belonging and fulfilment but also sadness and depression because they have not been able to move high up the educational ladder, gain employment in enviable positions, become role models for the young deaf and access information that goes on around them daily. A few of them have struggled through the system to go through the university but are still struggling with finding employment with their qualification. There is the need for the whole society to have a positive view of them and a willingness to open doors of opportunity for them as well as create the enabling environment by making interpreters available, writing down what is said in their absence and making an effort to learn the sign language to help them move forward in life.

### ***Discussions at the micro system level***

The family is the first learning environment for the developing individual and thus, the most influential. Conflicts or difficulties within the family are bound to affect behaviour in other settings within the meso system. In much the same way, the macro system through cultural beliefs, values, laws and policies affects the attitudes and behaviour within families which in turn affect the individual. Focus of attention on hearing siblings lead to feelings of neglect and a feeling of inferiority for the Deaf and Hard of hearing. “Grace”, “Patience”, “Mavis” and “Richard” in his biological family did not feel part of the family leading to excessive worry and unhappiness for them within their immediate families. Several other participants expressed the same feelings. But “Joseph”, “George”, and “Mercy”, felt

happier within their families. Happier individuals will undoubtedly have more self confidence and have a positive outlook on life. Such people will be willing to participate in activities that will enable them take control over their own lives.

Unfortunately for Grace, her negative experience within her hearing family has led her to believe that hearing people do not understand the Deaf, thereby affecting her thoughts and relationships with other hearing people outside the family. This is an example of how situations within the home affect a person's behaviour outside it. It is very important for the developing individual that relationships are built at the basic unit of the family level. The importance of this is best explained by the ecological theory. A relation occurs whenever one person in a setting pays attention to or participates in the activities of the other. This bi-directional relationship is important for development. It serves as the basic building block of the micro system making it possible for the formation of larger interpersonal structures. This two way relationship is bound to develop more pronounced positive or negative feelings towards each other. (Bronfenbrenner, 1979).

The type of feelings the growing child develops towards the carer depends on how well the carer relates to the child and take interest in their activities. In this regard, the family relationships remain an influential aspect at this level of the micro system to the development of the growing individual. It is at this level that strong emotional systems for the behavioural development of an individual are shaped. However, it is at this level of



development that most participants face difficulties from parents and family members whose perception of disability has been negatively shaped by the society in which they live. Unfortunately for most deaf children, there is neglect and insufficient interaction with caregivers and family members. This makes it impossible to form any strong attachments and relationships with the hearing caregivers. This is also often extended to the environment outside the home where they continue to be passive observers instead of active participants.

Emotions, negative or positive, found within the family are central to the development of the individual. For most Deaf and Hard of Hearing, however, experiences around the individual such as stress, depression and grief is what shapes their emotions from the very beginning. Culture and other external societal forces also influence the development of emotions. Unfortunately for them, the society in which they live also reinforces the already negative emotions built at home by creating an unfriendly environment that produces fear, inferiority complexes, anger and learned helplessness for most of them. Such living conditions do not empower individuals' right from the onset of their life. This is against health promotion values that call on society to create supportive environments, strengthen community action, develop personal skills, and reorient health services (WHO, 1986). Health promoting principles of empowering individuals to take control over their own lives should begin right from the family level and spread out to the society. Families with persons who have some form of disability should join together with persons with

disabilities and other interested stakeholders to make their voices heard to effect changes in the beliefs and perceptions of such people.

The experiences shared by participants of this study confirm that the Deaf are more disabled by the barriers put in place by the hearing world. This confirms the ICF model of disability which states that a person's functioning and disability is conceived as a dynamic interaction between health conditions and the effect of contextual and environmental factors in limiting activity and restricting participation (WHO, 2001). The Sundsvall conference in 1991 called on health promotion to focus on six areas namely, education, transport, housing and urban development, industrial production and agriculture. It called for action to create supportive environments in the physical, social, spiritual, economic and political areas of the lives of individuals. Noting that each area linked to the others in a dynamic interaction, it emphasizes that action must be coordinated at local, regional, national and global levels to achieve solutions that are truly sustainable (WHO, 1991).

The area of focus in this particular conference are all areas that are neglected in the lives of the hearing impaired and needs to be improved to increase their quality of life. A sustainable improvement in the life of the participants and that of other hearing impaired people calls for design of interventions across the different levels of the subsystem. Health Promoters can help to make "the healthy choice the easy choice" for the hearing impaired by designing programme interventions that removes the psychological, behavioural and environmental barriers that militate against them (Tones & Green, 2004). In this way, they

will be enabled to overcome negative societal attitudes and perceptions about them and their capabilities. This will increase belief in their own abilities to achieve whatever they want in life.

## **Chapter 6**

### **Conclusion**

While Policy makers express on paper the positive things that will improve the lives of persons with disabilities, experiences recounted by participants of this research suggest that the reality on the ground is different. The problem largely is with the implementation of the policy and enforcement of the law to create enabling conditions for the deaf and hard of hearing. The deaf are people with potentials who require just a little effort from the rest of the hearing world to realise their potentials. Accepting their diversity and tackling their needs as a usual part of everyday living would improve life situations for these individuals. It is hoped that with the passage of the national disability bill, society would come away from the situation where it socialises its non-disabled members to have weird thoughts about disabled persons. This would go a long way to foster a sense of belongingness for the deaf in both the hearing and deaf community, and increase their self esteem and confidence. Increased self esteem, confidence and good feelings about themselves will improve their mental wellbeing.

Differences in language between the hearing and the hearing impaired remain a central theme across the different levels of societal experience. Communication seems to be the major barrier to participation for the deaf and hard of hearing in Ghana. It is therefore important that due recognition be given the Ghanaian Sign language at all levels of the society. Often, it is overlooked as the method of communication for the deaf, while the different Ghanaian oral languages are all accepted as mediums of communication for the

hearing. While quick efforts are made for interpretations from these oral languages to others to facilitate communication, it becomes a difficult thing to do in most communicative situations when it comes to the sign language. One obvious setback for this is the fact that not many people know how to use the sign language or understand it.

While people in society cannot be forced to acquire sign language skills, many who are interested can be encouraged to learn it to serve as interpreters for the deaf in situations where it is called for. A set portion of time can be set aside on national television, for instance, for delivery of information, news and other programmes just as it is done for the other oral languages on radio. Obviously, while communication remains the major challenge to the deaf community, the hearing society has not done much to encourage their participation in education to the highest levels, thus leading to their inability to attain good employment positions.

Education and employment are major areas where the deaf and hard of hearing are facing problems reinforcing poverty and the inability to make choices when it comes to purchasing power. Also, lack of access to information that is beneficial to the general public is often hidden from them. Benefits and support from the government to persons with disabilities hardly gets to their notice, making it impossible for them to access. Teachers of the deaf should be well versed in the use of the sign language. Its usage as a language of communication for the deaf in education should begin right from the preschool

stages. Doors of opportunity should be opened to those who have struggled in spite of the difficulties to excel in education to the highest levels to gain employment positions based on their qualifications. They can then serve as mentors to the young deaf and hard of hearing to give them hope that there are opportunities for them in the Ghanaian society.

It is time the country moves away from giving only selected public information such as electoral voting and registrations to making all necessary public information announced on television in sign language for the hearing impaired. Most importantly, families should be encouraged through awareness-raising on disability and the capabilities of persons with disabilities to enable them develop trust and confidence in the abilities of members with disability. Acceptance of their differences and adjustment of family conditions to suit their needs will go a long way to improve quality of life for them right from the onset of their lives.

In programme development and interventions, health promoters should consider the unique language need of the deaf and hard of hearing just as would be considered for any language group. They should be involved in general intervention programmes for whole communities to encourage involvement and participation as well as programmes planned with just them in mind. The use of the ecological model of Bronfenbrenner in this research shows that the hearing impaired in the Ghanaian society faces barriers at various levels. This evidence

calls for programmes and interventions that make adjustments and improvements at all these levels by the hearing society to increase participation for the deaf and hard of hearing.

Hopefully, the results of this research would enable policy makers recognise the particular difficulties of the deaf besides communication to make improvement in the areas of education, employment, access to healthcare and government support among others. It would also encourage the deaf and hard of hearing who read this report to recognise their potentials and what they can do to increase their own participation in society. Most importantly, health promoters would become interested in disability health promotion in addition to the different aspect of promoting people's health.

## References

- Act 715 (2006) Persons with Disabilities Act. Republic of Ghana. Assembly Press, Accra, Ghana.
- Ademokoya, J. A. (2008). The School child with Hearing Disability and Nigerian Special Education Provisions. *Pakistan Journal of Social Sciences*, 5(4), 289-296.
- Avoke, M. (2002). Models of Disability in the labelling and Attitudinal Discourse in Ghana. *Disability & Society*, 17(7), 769-777.
- Biribili, M. (2000). Translating from one language to another [Electronic Version]. *Social Research Update University of Surrey U.K.* <http://sru.soc.surrey.ac.uk/SRU31.html>.
- Branson, J. (2002). *Dammed for Their Difference: The Cultural Construction of Deaf People as Disabled: A Sociological History*. Washington DC: Gallaudet University Press.
- Braveman, P. & Gruskin, S. (2003). Poverty, equity, human rights and health *Bulletin of the World Health Organisation*, 81(7).
- Brofenbrenner, U. (1979). *The Ecology of Human Development: Experiments by Nature and Design*: Harvard University Press.
- Brofenbrenner, U. (1990). Discovering What Families Do In D. Blankenhorn, Bayme, S. , & Elshtain J.B. (Ed.), *Rebuilding the Nest: A New Commitment to the American Family*. USA: Family Services.
- Coleridge, P. (1993). *Disability, Liberation and Development*: Oxfam UK and Ireland.
- Connard, C. & Novick, R. (1996). The Ecology of the Family: A Background Paper For A Family-Centered Approach To Education and Social Service Delivery: Child, Family, and Community Program  
<http://www.nwrel.org/cfc/publications/ecology2.html>.
- Creswell, J. W. (2003). *Research Design Qualitative, Quantitative and Mixed Methods Approaches* (second edition ed.). USA: Sage Publications, Inc.
- Creswell, J. W. & Miller (2002) in Creswell, J. W. (2003) *Research Design Qualitative, Quantitative and Mixed Methods Approaches* (second edition ed.). USA: Sage Publications, Inc.



CSDH. (2008). *Closing the gap in a generation: health equity through action on the social determinants of health, Final Report of the Commission on Social Determinants of Health*. Geneva: WHO.

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<http://www.modernghana.com/newsp/157348/1/pageNum1/gnad-needs-support.html>.

Green, J. & Thorogood, N. (2004). *Qualitative methods for health research*. London: Sage Publications Ltd.

Kiyaga, N. B. & Moores, D.F. (2003). Deafness in Sub-Saharan Africa *American Annals of the Deaf*, 148(1), 18-24.

Kvale, S. (1996). *Interviews An Introduction to Qualitative Research Interviewing*. Carlifornia, USA: SAGE Publications, Inc.

McLeroy K. R. et.al. (1988). An Ecological Perspective on Health Promotion Programs. *Health Education Quarterly*, 15(4), 351-377.

MESW. (2000). *Republic of Ghana National Disability Policy Document*. Accra, Ghana: Delarem.

Naidoo, J. & Wills, J. (2000). *Health Promotion: Foundations for Practice*. Edinburgh: Harcourt Publishers.

Okyere, D. A. & Addo, M.J. (1989). Deaf Culture in Ghana. In C. Erting, Johnson, R.C., Smith, D.L. & Snider, B.C (Ed.), *Deaf Way: Perspectives from the International Conference on Deaf Culture*  
USA: Gallaudet University Press.

Oliver, M. (1996). *Understanding Disability: From Theory to Practice*. New York: Palgrave Macmillan.

Sheridan, M. (2001). *Inner Lives of Deaf Children: Interviews and Analysis*. Washington DC: Gallaudet University Press.

Temple, B. & Young, A. (2004). Qualitative Research and Translation Dilemmas. *Qualitative Research*, 4(2), 161-178.

Tomlinson, D. R. (2001). *Equalising opportunities, Minimising Oppression: A Critical Review of Anti-Discriminatory Policies in Health and Social Welfare*. Florence: Routledge.

- Tones, K. & Green, J. (2004). *Health Promotion Planning and Strategies*: Sage Publications.
- Tones, K. & Tilford, S. (2001). *Health Promotion effectiveness, efficiency and equity* (3rd ed.). Cheltenham UK: Nelson Thornes Ltd.
- WHO. (1948). *Preamble to the Constitution of the World Health Organisation* Paper presented at the as adopted by the International Health Conference, New York, 19 - 22 June 1946 and entered into force on 7 April 1948, New York.
- WHO. (1986). *Charter adopted at an International Conference on Health Promotion. The Move Towards a New Public Health*. Ottawa, Canada, WHO.
- WHO. (1991). *Sundsvall Statement on Supportive Environments for Health. Third International Conference on Health Promotion*. Sundsvall, Sweden  
[www.who.int/hpr/NPH/docs/sundsvall\\_Statement.pdf](http://www.who.int/hpr/NPH/docs/sundsvall_Statement.pdf)
- WHO. (1998). *Health Promotion Glossary*. Geneva: WHO.
- WHO. (2001). *International Classification of Functioning, disability and health*. Paper presented at the Fifty-fourth World Health Assembly Geneva, 22 May 2001.
- WHO. (2002). *Towards a Common Language for Functioning, Disability and Health ICF*.  
[www.who.int/classifications/icf/training/icfbeginnersguide.pdf](http://www.who.int/classifications/icf/training/icfbeginnersguide.pdf)
- <http://www.psr.keele.ac.uk/docs/ghanaconst.pdf>.
- <http://www.searo.who.int/aboutsearo/pdf/const.pdf>.
- <http://www.who.int/mediacentre/factsheets/fs300/en/index.html>.

## Appendix 1

### Pseudo Names and Background of Participants

Name	Age/ marital status	Educational level	Type of hearing impairment
Grace	35/ single	Middle school	Deaf
Richard	37/married	Middle school	Deaf
Patience	43/married	Middle school	Deaf
George	37/married		Deaf
Mavis	38/married	Middle school	Deaf
Mercy	28/single	Senior secondary school	Hard of hearing
John	40/married	Middle school	Deaf
Clement	46	Middle school	Deaf
Bob	22/ single	Senior secondary	Hard of hearing
Joseph	29/single	Senior secondary	Hard of hearing
Mr. Ntim		Officer at Social Welfare	Hearing
Mr. Quaye		Officer at Special Education	Hearing

## Appendix 2

### INFORMATION ON RESEARCH FOR PARTICIPANTS

#### **Title of Research: Barriers to Social participation for the Deaf and Hard of hearing**

Address of Student Supervisor

Professor Elisabeth Fosse

HEMIL Center, Faculty of Psychology

Christies Gate 13, N-5015 Bergen  
Norway

Address of Student Researcher

Doris Annan Dadzie

Fantoft Studentboliger

Postboks 120  
5075 Bergen, Norway

My name is Doris Annan Dadzie. I am a Master of Philosophy in Health Promotion student at the University of Bergen, Norway. As part of the academic requirements towards the Master of Philosophy degree, I have to undertake a research study. I am here therefore to conduct a study on **barriers to participation in society for the deaf and hard of hearing**.

The purpose of this study is to explore the context in which the adult deaf live their lives, their ability to participate meaningfully at all the three levels of Ghanaian society, their ability to control what happens to them and how this enhances their well being. The research will explore the lived experiences and the interaction between the individual and the surrounding environments. The lived experiences to be explored would include personal experiences of deafness, participation at the family and the general societal level. It is hoped that this study will raise awareness and bring change in the level of participation for the Deaf and Hard of Hearing in the Ghanaian society.

Interviews will be conducted using the Ghanaian Sign Language with the help of a Sign Language Interpreter. Interviews would be videoed to aid the researcher during the analysis phase of the project. Videoing of interviews means that identity of participants in this research cannot be hidden. However, information on video will only be accessible to the student researcher during the period of research and in the possession of student supervisor upon completion of research. Information and video will be in the possession of supervisor for 3 years and then be discarded. Information derived from the interviews would be used to analyse the issue of participation for the deaf in the Ghanaian society.

Presentation of information in the thesis will however be anonymous. Upon completion of the project, the video and documented information on paper will be handed in to student advisor to be kept for a period of three years after which it shall be destroyed. This project is expected to last from October 2007 to May 2009. Participation in this research is voluntary. Participants are free to withdraw at anytime without explanation to the researcher. This research has been subject to review by the Ombudsman for Privacy in Research, Norwegian Social Science Data Services.

## Appendix 3

### INFORMED CONSENT FOR PARTICIPANTS

I have been given written information regarding the research project 'Barriers to social participation for the deaf and hard of hearing' and hereby consent to participate in the study.

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Signature

---

Date

## Appendix 4

### INTERVIEW GUIDE

#### Demographic characteristics:

1. Sex:        Male                Female       

2. Age -----

3. Marital status

1. Single
2. Married
3. Cohabiting
4. Separated
5. Divorced
6. Widow/ widower

4. Religion

1. Christian
2. Muslim
3. Traditional / pagan
4. Others -----

## **RESEARCH QUESTIONS**

### GENERAL QUESTION

3. What are the barriers of participation for the deaf in society?
4. How do the barriers affect their ability to participate?

### SPECIFIC QUESTIONS

The specific questions aim to provide answers to the following themes:

#### **D. Barriers to participation at the micro system level of society**

1. experiences in family relations
  - a. Are you living alone or with your family?
  - b. Are there other people in the family who are deaf or hard of hearing?
  - c. Is it a problem to be deaf in your family?
  - d. Can you tell me in general your experience living with parents, siblings or other family members?
  - e. What are the most challenging times you have with them?
  - f. What are some pleasant moments you cherish?
  - g. Are you included or excluded in family activities?
  - h. In which areas are you included or not included?
  - i. How does inclusion or exclusion in family activities make you feel?
  - j. What should be done to increase participation within the family?
  - k. Any other experiences?



## **E. Barriers to participation at the meso system level of society**

### 2. experiences at work place

- a. Are you employed?
- b. Could you tell me about your job?
- c. Are there other deaf or hard of hearing at your work place?
- d. How do you communicate with fellow workers and supervisors who are hearing?
- e. What difficulties do you face in doing your job?
- f. How is information concerning work communicated to you?
- g. Are you involved in formal work meetings, workers union meeting and other casual meetings at work?
- h. Is it a problem to be deaf in this employment?
- i. Which areas of your job is a problem or not a problem?
- j. What should be done to increase participation at the work place?
- k. What other experiences at work would you like to share?

### 3. experiences in relating to deaf, hard of hearing and hearing friends

- a. Do you have hearing friends?
- b. What difficulties are there in communicating with deaf and hard of hearing friends?
- c. What difficulties exist in communicating with hearing friends?
- d. Is it a problem to be friends with hearing people?

- e. Are you included or excluded in activities that your hearing friends are involved in?
- f. How do you feel about being included or excluded?
- g. What should be done to increase participation in activities with friends?
- h. Any other experiences?

4. experiences during religious and other social activities

- a. What kind of religious and social activities are you involved in?
- b. What are the challenges you face during such religious and social activities?
- c. Is it a problem or not to be deaf in the religious and social activities?
- d. In which area of religious or social activity are you involved or excluded?
- e. How do you feel being excluded or included?
- f. What should be done to increase participation in religious and social activities?
- g. What other social activities are you involved in?

5. What has been your experience in getting access to

- 1. Education
- 2. Healthcare
- 3. Employment/Economic activities
- 4. Government sponsorship (e.g. district common fund, poverty reduction fund etc.)?
- 5. Other...

**F. Policies that exist at the Macro level in education, information, health and employment sectors that could increase participation of the deaf**

- a. Documents on government policies will be delved into to identify policies that could increase participation for the deaf. Policy makers will then be interviewed to find out how these are being implemented.
- Deaf Participants and Policy markers/Implementers
  - i. Are you aware of any policy for Persons with disability?
  - ii. Could you give me a general overview of this policy?
  - iii. Are there specific policies concerning the deaf and hard of hearing?
  - iv. Since when has the policy being in force?
  - v. What is the strategy to implement this policy?
  - vi. What have been the challenges with implementing this policy?
  - vii. What have been the achievements?
  - viii. What are changes the policies hopes for?
  - ix. Is there a way to obtain feedback on how the policy is being implemented?
  - x. Other...