

The Lived Experience of Disability Rights in Ghana: A Case Study from the Eastern Region

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Abstract

This article analyses the struggle for disability rights in Ghana by offering a window into the lived experience of physically disabled Ghanaians in the Akyem Abuakwa traditional area of Ghana's Eastern Region. Utilizing grassroots narratives of sixteen participants, the article focuses on the themes of financial and social support to illuminate the challenges facing disabled individuals in a peri-urban area of Southern Ghana. The analysis engages with the concept of *Ubuntu*, which focuses a lens on traditional African community as a natural and inherently good vehicle for social inclusion. Using the idea of community as a frame of reference, we present a brief historical overview, followed by data from sixteen interviews to explore the connection between socio-economic change, community dynamics and disability rights. We conclude by arguing that the data raises questions about the revival of traditional communal bonds as a solution to social exclusion produced by disability.

Key words: Ghana, Disability, Human Rights.

Introduction

Recent studies of disability in Africa have drawn on communitarianism as a foundation for overcoming stigma and achieving disability rights as enshrined in the United Nations Convention on the Rights of Persons with Disabilities (CRPD). The United Nations opened the CRPD for ratification in 2006, seeking to 'promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all PwDs, and to promote respect for their inherent dignity' (United Nations, 2006). It is a very important document because it applies to one of the world's largest minority groups; the World Bank estimates that one billion people worldwide experience some form of disability, including 300 million in Africa (World Bank, 2021). The Convention has been ratified by 186 countries, including 48 African countries (United Nations, 2020). Ghana signed the CRPD in 2006 and ratified it in 2012.

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The rights enshrined in the CRPD include the right to life, liberty and equality (Articles 5, 10, 12, 13, 14) as well as the right to accessible information (Article 21), services and infrastructure (Articles 9, 19, 20). The Convention also provides for an adequate standard of living, social protection, and specific rights such as education, Article 24), rehabilitation (Article 26), healthcare (Article 25) and employment (Articles 24, 26, 27, 28). Specific Articles focus on rights for children, (Articles 7 and 23) women and girls (Articles 6, 7, 23). The CRPD's rights are accompanied by duties to be enforced by States. These include general obligations setting out administrative and policymaking requirements (Article 4), as well as the obligations to abolish discrimination and to guard against prejudice, stigma, violence, abuse and exploitation (Articles 4, 8, 16, 23).

Despite its embedded duties for State Parties, the CRPD arose in an era marked by the decline of the welfare state, especially in regions such as Africa where international financial institutions have demanded cutbacks in government spending in return for loans to cover balance-of-payments deficits (Brydon and Legge, 1996). In practice, this has meant that implementing disability rights has fallen to a large extent on community-level actors. This reality dovetails with the embrace of communitarianism as a preferred approach for African development (e.g. Chemhuru, 2018; Mosima, 2019). The communitarian ideal is considered relevant to disability rights under the CRPD in that communitarianism is 'seen as embodying principles of a moral economy that is sensitive to social redistribution and welfare' (Amanor 2001, 111). This conception of community rests on two assumptions: first, that the interests of the community naturally supersede the interests of the individual; and second, that chiefs, elders and lineage heads will act naturally as trustees over customary laws and norms in the interests of the community. These ideas are echoed in the literature on social capital as well, much of which presents traditional communities as bonded by social ties based on grassroots community norms overseen by chiefs and elders (Edwards 2004; Ray 2003; Woolcock 1998; Woolcock 2004). They have emerged in the literature on disability in Africa through the notion of *Ubuntu*. Originating from the Zulu phrase *umuntu ngumuntu ngabantu*, *Ubuntu* is defined by the axiom 'a person is a person through other people' and it signifies an ancient, primordial, and communal character of African societies (Ifijeka 2006). Popularized in the 1960s and 1970s as a term for African socialism in Southern Africa, *Ubuntu* attained global prominence in the 1990s when Desmond Tutu invoked it in the context of the Truth and Reconciliation Commission (TRC) in South Africa. For Tutu, the idea of ancient African community was useful because it implied a natural willingness on the part of Africans to forgive past wrongs in the name of the community (Louw 2006, 162).

Proponents of *Ubuntu* in disability studies often portray it as naturally African. Munsakaa and Charnley (2013) write that 'Sub-Saharan African culture is characterized by *Ubuntu*, a way of being that values humanity and human dignity through interconnectedness between living people and ancestors, through group solidarity and interdependence among communities' (766-7) As a social glue binding Africans together, by implication *Ubuntu* should promote the acceptance of human diversity, including disability. According to Berghs (2017, 2), '*Ubuntu* is an African humanist and ethical world view where disability, as part of a common humanity, is necessarily part of what makes us human.' In cases where disabled Africans are oppressed and denied their common humanity, it is because 'inhuman actions' – connected particularly to colonialism – destroy the environment that supports *Ubuntu*. To overcome oppression therefore requires removing the colonialist forces that undermine *Ubuntu*, making it possible to reach back into tradition to revive what has been lost (Berghs 2017, 2, 6). Once traditional forms of *Ubuntu* are revived, they can be used as 'one way to challenge the "them" and "us" divide,' uniting disabled and non-disabled Africans around the shared goal of making life better for the disabled (Mallett and Runswick-Cole 2014, 33). How can tradition be revived? One of the main tactics is to call on traditional authorities – chiefs and elders – to guide the process and reassert their role in overseeing customary social norms (Ray 2003). The idea of *Ubuntu*

has been taken up by other disability scholars (eg. Mji et al 2017), and it was the guiding philosophy behind the formation of AfriNEAD - the African Network on Evidence-to-Action on Disability (Mallett and Runswick-Cole 2011, 33).

The *Ubuntu* proponents are correct in believing that changes dating to the colonial period have undermined social norms and social cohesion across Africa. In our study site, Akyem Abuakwa in Eastern Ghana, socio-economic changes – including globalization and the decline of the peasantry – have transformed social solidarity mechanisms including matrilineage and sibling relationships. For example, in previous times under the matrilineal system, a farmer would call on his sisters' sons for farm labour and they would oblige because of the responsibilities embedded in the cultural system. Amanor discovered that this cultural norm no longer operated, as young men habitually left their matrilineal responsibilities in search of other opportunities. Chiefs, elders and family heads saw this as a moral problem of the youth, but Amanor shows that it is rooted in cultural shifts brought about by globalization (Amanor 2001, 114-18). Given the socio-economic roots of cultural transformation, it is unclear whether one can reach back in time to discover the authentic, traditional and communal social forms that might resemble Akyem Abuakwa's version of *Ubuntu*. As shown in the work of Kojo Amanor, the leading anthropologist of the area, this 'traditional' African state emerged only in the 18th century, after European contact, and 'the circumstances surrounding the creation of Abuakwa ... show that Abuakwa belongs to no one and to no one essentialist or authentic tradition' (Amanor 2001, 30). As such, rather than search for an idealized vision of *Ubuntu*, researchers instead must work to understand the roots of socio-economic change as a guide to policy prescriptions and interventions. Our analysis follows this premise by presenting findings from fieldwork with sixteen physically disabled individuals in a mid-sized town in southern Akyem Abuakwa.

Methodology

Our study used qualitative research methodology to explore the experiences of individuals with disability in a mid-sized community in the Eastern part of Ghana. Using a combination of purposive and snowball sampling, we recruited sixteen participants for the study. The initial recruitment program was carried out by a disabled colleague from the town, with deep ties to the community, including the head of an informal local disability association for the physically disabled. We wanted to capture a range of voices, including adults as well as children and their parents. The demographic breakdown of the participants is provided in Table 1. They included five children under the age of eighteen, four boys and one girl, whose parents spoke on their behalf. In four cases, we interviewed both parents; in the fifth case, we interviewed only the mother, because the father was not involved in raising the child. Two of the parents were married and two were divorced or separated, and all except one lived in town as opposed to rurally. Two were employed in waged occupations, one was self-employed, and one was unemployed. Of the adults interviewed, all were over 30 years of age (three between 30 and 39, four between 40 and 49, four between 50 and 64, and one over 65). Four of them were women and seven were men. Nine were married and three were divorced or separated. Three lived rurally (on farms) and eight lived in town. All the interviewees except one of the adults had some schooling. Of the adults with schooling, one had some college, three attended senior secondary school (only one graduated), and seven had an elementary school education. Six of the adults were self-employed, one worked for wages, one was unemployed but able to work, two were unable to work, and one had retired from a waged position.

Table 1: Participant Demographics

Participant	Gender	Age	Education	Marital Status	Employment Status	Residence
1	F	58	Elementary school	Separated	Unable to work	Urban
2	M	60	Some secondary school	Married	Self-employed	Rural
3	M	5	Elementary student	N/A	N/A	Urban
4	M	35	Elementary school	Married	Self-employed	Urban
5	F	43	Elementary school	Married	Self-employed	Urban
6	F	17	Some elementary school	N/A	N/A	Urban
7	M	8	Some elementary school	N/A	N/A	Rural
8	M	67	Some college	Married	Retired	Rural
9	M	9	Some elementary school	N/A	N/A	Urban
10	F	43	No schooling	Married	Unemployed	Urban
11	M	11	Elementary school	N/A	N/A	Urban
12	F	44	Elementary school	Single	Self-employed	Urban
13	M	37	Secondary school	Married	Self-employed	Rural
14	M	38	Elementary school	Married	Unable to work	Urban
15	M	47	Elementary school	Married	Self-employed	Rural
16	M	58	Secondary school	Married	Employed	Urban

The focus of the study was to capture the lived experiences of disability and to explore the existence of *Ubuntu* amongst individuals in the Akyem-Abuakwa community. We asked our interview participants to tell us about support they have received at the levels of community, family, and government (samples of the main interview questions are provided in Table 2). To capture the full range of our participants' experiences, we utilized semi-structured questionnaires as a basis for the interviews. This allowed us to capture the themes incorporated into the study design, while providing opportunities for the interviewees to expand on their responses as appropriate.

Table 2: Sample Questions

How are you treated by your family? Do family members discriminate against you?
Do you get any help from family members?
How do people treat you in your community?
Do you receive assistance from community members?
Do you get any help from the government?

Community support included friends, church and traditional authorities, family support included direct family and extended kin, and government support referred to grants allocated at the District Assembly level. Our participants' responses provide valuable insights into social supports for disability in the context of the socioeconomic changes described above. This project received ethics approval from the Research Ethics Board at [our home institution]. To protect the respondents' identities, we do not use place names or the names of family members, friends, or associates. For the respondents themselves, we refer to them only as Participant 1, Participant 2, et cetera. All interview subjects provided informed consent, including consent to publish direct quotations, and knew that they could withdraw from the project at any time.

Data collection and analysis

The interviews were to honour the voices of the participants and to gather information relating to their lived experiences. The interviews were semi-structured, with open-ended questions designed to be sensitive and engage with the participants. Each interview was between 45 minutes to an hour. All the participants were interviewed once with exception of one participant who had to interview a second time because we needed clarification on some of the information provided. Though there were children with disabilities who attended the meeting with their parents, they were not given the opportunity to engage in the interview due to the cultural perception of children in the Ghanaian setting. In such cultures, 'children are often seen but not heard'. Parents /elders often speak on the behalf of children. Secondly, the study did not focus on children, so we did not make provision through the ethics review board. The interviews were conducted with the assistance of a graduate student in Disability Studies. This provided a team that included an insider who is part of the disability community and an interviewer with prior experience interviewing disabled Ghanaians. When we (researchers) arrived in Akyem Abuakwa, we met with the disability association as a group and scheduled the interviews. All interviews were conducted by Ghanaian Research assistants in a local Ghanaian language (Twi) and the recordings were translated and eventually transcribed into English. We coded the interviews using NVivo 11 software to assist in the analysis of the themes. In the analysis process, we familiarized ourselves with the data by thoroughly reading through it and dividing the information into thematic segments. Using data analysis suggested by Braun and Clarke (2006) we developed open codes, the codes were used to develop focused themes, and ensured that we produced themes and sub-themes that aligned with the participants responses (Creswell, 2013) discussions among the researchers enabled us to generate the final themes.

Findings

The responses from our participants reflected three main themes: community, family and government support. It was empirically apparent from the study that persons with disabilities lack the support they expect to receive from their community and the government. The work and responsibility of care for people with disabilities is conducted by family members, with little support from the broader community.

Community Support

One of our more striking findings was the lack of community support that would point to an ideal such as *Ubuntu*, at least across the non-disabled/disabled divide. Thirteen out of our sixteen interviewees reported no support from friends or the community at large, and none reported any assistance from traditional authorities. They reported that the only source of community support came from the churches, with eight respondents reporting at least some support from their pastor and/or church congregation. For example, the father of Participant 3, a 5-year old boy with a mobility disability, gathered up the courage to ask a neighbour for support, but the neighbour refused. *'I asked him to help me with money to send (my son) to hospital,' he said, 'but he didn't help.'* However, beyond merely refusing to help financially, many respondents reported that non-disabled persons shunned persons with disabilities, because they consider disabled people incapable of work and therefore unproductive and not useful. Participant 1, an unemployed woman, told us that people treated her as an undeserving beggar:

Maybe you don't have anything to eat,' she said 'and you call somebody. The person will tell you he/she doesn't have anything. Later you will hear the person saying "you're just sitting down and begging, what you know is begging." Another will say "I don't have, all of us don't have."

Labelled as beggars, disabled persons are considered unworthy of charity, especially in a context of widespread poverty where everyone struggles to survive. As Kassah argues, for Ghana in general, begging itself is generally stigmatized, so it produces a double stigmatization for disabled persons (Kassah 2008, 163). Participant 4 linked stigma about 'unproductiveness' to social isolation. *'When you become disabled,' she said, 'people will not befriend you and because of the disability you're not working, and you don't have money so you will not get a friend. "A poor man has no friend."* Other participants told similar stories about being socially isolated. Participant 14, for example, said that:

if you call somebody ... they are not interested in you like the time you didn't have the disability. Hmmm. Because you're now injured so if you call someone they won't come.

Participant 10 shared a similar experience, saying that 'when I started growing up, I realized that (community members) do not accept him! I don't even know why... even if I say something good they do not recognize it.' Participant 4 went as far as saying that it 'is like I am not attractive to people. It is like I am not part of human being so ... some people if they are sitting somewhere and you decide to sit by them, they just get up from that place.

When it did happen, community support usually came from the church. Seven of the respondents reported at least some support from church members or pastors. In two cases of parents with young disabled children, pastors and congregations offered gifts (Participant 11) or financial support (Participant 7), and in the case of Participant 8, a retired recent amputee, *'occasionally the pastor comes here to give me communion... and sometimes gives me GHS 10 (equivalent to 2 USD).'* In other cases, respondents received support and encouragement

from their congregations and visits from their pastors. Participant 16 said that *'Oh, for where I worship, they encourage me, even what I feel I can't do they will encourage me that I can do,'* and Participant 5 received pastoral visits. In one case, the respondent was a pastor himself with a disabled daughter and felt strongly supported by the church. In his words:

... from the time we came (to the town) till now (the members of our former church) are fine with us. And where Papa was ordained, they are also fine with us. When we close from (our current) church the members great her and ask her how she is doing, if we are not able to take her along the same thing they will say (our daughter) didn't come, how is she? (Participant 6).

Only one respondent was entirely negative about their church, but they connected the lack of support to their poverty:

Recently the pastor was celebrating his birthday and they told everyone to pay GHS20 (4 USD). I couldn't pay so those who were taking the money said something that hurt me, so I quit the church. They said those who will not pay will be the people who will eat much of the food. So, I didn't go and eat the food, I didn't have the money and because of that I have quit the church (Participant 4).

As with the community members mentioned above, this incident points to an unwillingness to offer charity for a disabled community member who was too poor to pay her way.

Family Support

With limited support from the community, many of our participants must rely on family support. However, of the sixteen interviewees only two reported full support from direct family members, including mothers and fathers as well as siblings in some cases. Six reported some support, which in most cases meant one parent (usually the mother) or sibling. Only one respondent mentioned extended family and six reported no support at all. Family support was lowest among parents of disabled children, with only one family reporting full support, one reporting some support (mother of the parent) and three reporting no support at all. Among the adults, three respondents reported full support, three reported some support and five reported no support. Of the latter, some of them told us that the lack of family support began when they were born, when one parent and/or grandparents abandoned them because of their disability.

Parents of disabled children faced the most severe rejection by family members. One respondent (Participant 7) spoke about being rejected by her husband and his family. It began with a doctor, who diagnosed the child with autism and *'advised my husband not to bother himself with caring for the child.'* The family went much further. *'All the family wish,'* she said, *'is that we all pray that he dies. Some said he is a river child so "yen ko gya no kwan" ("let's go and kill him").'* The husband's family wanted him to leave and have offered to find him a new wife. For now, they are together, but while the husband cares for the other, non-disabled children, he refuses to support his disabled son, saying that *'if he uses money on the child it will not come back ... it won't yield any benefit. My husband said the best thing is that we agree and pray for him to die.'* Left to her own devices and isolated from her husband and family, Participant 7 had to find ways to support her son financially and put money away for the future. She raises chickens and goats, grows plantain on a plot that a neighbour offered to let her use, and has developed a small fishpond.

For Participant 11, the child's only 'help' from family has been advice to his parents not to dwell on the problems. In the words of his mother:

my sister encourages me and the pastor also encourages me that I shouldn't think about it and those things. At first, I used to think about it but I have now stopped, because where it has gotten to, it will not bring anything to me so I have to stop thinking about it and pray for strength and good health for the child.

Participant 6 similarly received no help from family members:

That one is not there because of the child it is like they have neglected you. Like burden... is like you have gotten your problem. No one asks about the child, please do you get me? They don't ask about the child ... you will get only 5 percent asking about her. For the majority, none of them ask about her.

Our disabled adult respondents reported similar stigma from parents and family members in the past, which carried over into adulthood. Participant 16's father divorced her mother and 'told her she should send me to her family for them to help her to care for me. So, it is my mother who has taken care for me from my childhood till now.' Participant 5 shared this story:

Because I was born with this condition, my father was not willing to take care of me. So it was my mother and my grandmother who suffered. At a point in time, my mother travelled and left me with my grandmother, so it was my grandmother who was taking me to Nsawam especially when the shoe wore out. Sometimes they will give us a date for check-up, and she will send me. My grandmother died at a point and my mother came and continued. When I finished junior high school, they told me to take care of myself.

Similarly, Participant 12 told us that when she was born 'my father didn't take care of (my mother) so she left where they were staying to another place.' She also told us of an example where the husband's family invoked the idea of a spirit child:

One of our people his husband rejected her. She was my subordinate we were staying in the same area and she married and gave birth to the child with that condition. So when it happened, she told me and I went there to talk to her continuously. The husband told her she should go and dump the child in water, she should do this and that, and he will even not take care of the child.

Participant 1 reported being rejected by multiple family members. Her parents were divorced, and when she became disabled as a child, her mother sent her to live with her father, but he died the following year. She was sent to live with her adult brother, but he died as well, and she was forced to leave the house. Her father's family refused to give her a room in a house that he had built for the family, but her maternal relatives offered accommodation in their family compound. Beyond this, however, she received no support because the family considered her a burden. 'Because of my disability, she told us, 'they think I don't have the strength to help them and maybe they also think if something happens to me they can't carry me.' Participant 1 related a similar attitude from family members, telling us that 'when they see you as immovable, you are of no profit to them. So nobody cares about me ... I am seen in my family as a visitor ... because of the disability they see you as not human.'

Government Support

With limited help from their communities and families, financial support from the government becomes essential. Much of this comes from the Disability Common Fund (DCF), a central fund created by the government in 2005 to support disabled Ghanaians. The DCF is set at 2% of the District Assembly Common fund and it is disbursed quarterly. It can be used for a variety of purposes including assistive devices, income generation and education for disabled children (Edusei et al 2016, 2). The area we surveyed falls under the District Assembly in Kibi, which disburses the Disability Common Fund through a Social Welfare Department committee that includes a representative from the local branch of the Ghana Federation of Disability Associations (GFD).¹ Disabled persons can apply for the fund with the support of GFD.

As noted above, a group of physically disabled persons at our research site have organized themselves into a local association to help each other apply for funds from the DCF. This has enabled seven of the 16 respondents to obtain grants for small business ventures or (in two cases) education for a disabled child. Three recipients reported positive outcomes. Participant 2 received GHS 600 for his shoemaking business and Participant 5 was given GHS 300 for selling charcoal. In Participant 4's case, they received GHS 500 to buy flour, oil and other goods for a bread-making business. *'I was feeding myself through that business,'* they said, *'so the money helped me. I gathered some and used it to buy a machine I am using now to learn sewing.'* Beyond these three successes, other experiences were not as positive. Struggling to find money for transportation to Kibi, Participant 1 had to visit more than once and put her name on a list before eventually receiving GHS 500. But she fell ill a short time later and *'used the money at the hospital.'* *'They said they will help us again,'* she continued, *'but up till now we haven't heard anything.'* Participant 12 received GHS 500 five years ago, but it was not enough to sustain their business. Participants 7 and 9 received GHS 200 and GHS 300 respectively to support their children's education, but these were one-time payments ten and five years ago, and they were far too small. Participant 9 used the money to buy a school uniform, but Participant 7 bought fertilizer for their farm, which was a more immediate need.

Most of the respondents who received grants from the DCF were still not happy with the process. For example, Participant 7 had to visit Kibi several times before obtaining the grant, but then *'realised that the GHS200 was not enough.'* They have not received anything since, either because they cannot afford to travel to Kibi or because the loans are not offered when they arrive. Despite the government's promises, concluded Participant 7, *'I don't get any help from them.'* Participant 15 echoed this, saying that *'when you go (to Kibi) you don't get anything.'* Speaking of another district, Participant 13 told us that, *'sometimes they can say the government has brought money to help us a bit. But when you go, you won't get it. So I see the government has little concern about disability.'* Several of the respondents believe that the non-disabled officials in Kibi take the DCF money for themselves. The government, said Participant 9, is *'not giving good care'* and claimed that non-disabled government officials *'share the disabled's money whenever it comes.'* Participant 6 told a similar story in more detail:

I remember that we decided to teach (our disabled daughter) petty trading ... so Papa went for a loan and made a kiosk ... they said we should come (to Kibi). We were hiring Taxis, we will borrow money and hire a taxi. We went and went and went. If you go and see the number of sick people who have come to the place... even some people the whole day that they will go there... you can't even get food to buy. Even it is difficult to get water to drink. You can go and sit there the whole day. Even the person who is in

¹ As the main national umbrella organization in Ghana, GFD represents all DPOs in the country.

charge of managing the funds ... won't even see you. In Ghana even if the government brings money that they should use to care for these children, the (non-disabled) person ... will sit on it. Even when you go you will not get it.

There appears to be some truth to the belief that until recently not all the DCF money was being disbursed to disabled persons. When we conducted a follow-up interview with Participant 12, who had earlier provided the most details about the Common Fund, we were told that one of the committee members managing the DCF had been replaced because of concerns about the money not being properly disbursed.

Our data is consistent in some areas with the findings of a recent survey of the DCF's implementation in the Kumasi Metropolitan Area, in the Ashanti Region, although there are differences as well. The survey, which was conducted by the Centre for Disability and Rehabilitation Studies (CEDRES) at the Kwame Nkrumah University for Science and Technology (KNUST) asked 120 disabled Ghanaians about their experiences with the DCF. As with our respondents, the majority in Kumasi received loans of GHS 200-500 for one year only, and most included income generation and education in their list of uses of the funds. However, the Kumasi recipients also used the DCF grants for assistive devices, skills development, awareness raising and organizational development. The more varied uses in Kumasi no doubt reflect that fact that 80% of the interview subjects were active members of Disabled People's Organizations (DPOs) in Kumasi (Edusei et al 2016, 4-7). This likely reflects the fact that our interview area focused on smaller towns that did not have their own DPOs. Other similarities in Kumasi included delays in releasing the funds, forcing disabled persons to return multiple times, and insufficient amounts for the intended purposes (Edusei et al 2016, 8-9).

Conclusion

The CRPD has been called a watershed in human rights for persons with disabilities and many scholars are very optimistic about its potential to deliver on this promise. For the optimists, the Convention has produced a 'paradigm shift in political conceptions of disability' (Mannan, MacLachlan & McVeigh, 2012: 172) that will empower civil society (Harpur, 2012) and remove 'societal barriers that create and reinforce disability' (Cobley 2013, p.453). While some analysts have found evidence of positive outcomes (e.g. Lord and Stein, 2013), the fact that the CRPD appeared in an era of the declining social welfare state raises questions about its potential for producing state-supported disability rights. This is especially true for countries such as Ghana, where the capacity of the state to deliver social programs has been declining since the imposition of structural adjustment in the 1980s. In practice, therefore, achieving disability rights on the basis of the CRPD relies on community-based actions. This necessity dovetails with the communitarian approach to African development, as we discussed at the beginning of this article.

Our interviews, however, revealed a lack of social support from kin and lineage networks for disabled persons in Akyem Abuakwa. There is very little community support outside the church, and even then, it is limited in many cases to moral or spiritual support rather than financial help. Similarly, most respondents reported no substantial help from family members, and no-one reported any help from immediate or extended family, including the matrilineages that operated in bygone days. On the latter point, none of our respondents reported being able to call on help from their sisters' children. This aspect of *Ubuntu*, which operated in the past, was nowhere to be seen in the present. Indeed, there was a clear general sense of individualization rather than community, and parents of disabled children as well as disabled adults were left largely to fend for themselves. It may be for this reason that some of the town's

physically disabled persons came together to form an association to lobby for government support. But government support is limited and inconsistent, and many people we interviewed did not believe that the government would help them significantly. Apart from church support and some small grants from the Disability Common Fund, most of the interviewees did not receive any substantial help from family or their communities. In sum, our data support the idea that kin/community has broken down, and that social relations resembling *Ubuntu* do not exist at present for physically disabled Ghanaians in our research area in the Eastern Region of Ghana.

The lack of community and family support is underpinned by stigma towards disabled persons. In the most severe cases, grandparents of disabled children have tried to convince at least one parent (usually the father) that the children are spirits who belong in the forest or river or should be killed (Denham, 2017). In other cases, families of non-disabled men try to convince them not to marry disabled women because they are unproductive or even ‘non-human.’ Other respondents reported more generally on the existence of stigma based on the idea that disabled persons were incapable of productive work. This finding is consistent with our recent work on mental illness and stigma in Ghana (Mfoafo-M’Carthy and Grischow, 2017; Mfoafo-M’Carthy and Sossou, 2017). Interestingly, however, among the physically disabled respondents, those that are the most successful in business (mostly self-employed) reported less stigma. There appeared to be a connection between unemployment, poverty, and stigma.

Proponents of communitarianism recommend reviving traditional social bonds to revive inclusive societies. Scholars of social capital and *Ubuntu* recommend achieving this goal through traditional kinship structures (Lyon 2000) or by reestablishing chiefs and elders as community trustees (Lyon 2003a, Lyon 2003b, Lyon 2003c; Ray 2003). But the prospect of reviving an authentic traditional past along the lines of *Ubuntu* in Akyem Abuakwa is problematic because ‘tradition’ does not exist, at least in the sense of customs that have been around since time immemorial. The social structure closest to *Ubuntu* might be the redistribution networks based on matrilineal kin. But these are not customary in a timeless sense. Instead, they developed out of economic processes connected to the integration of the region into world markets for palm oil and cocoa. And they were undermined by economic forces in the form of neoliberal globalization, which triggered de-peasantization (Bryceson, 1996; 2000). In other words, changes to social and cultural norms in Akyem Abuakwa are rooted in the history of economic change. It is difficult to see, therefore, how those norms could be revived without significant changes to underlying economic structures. For the foreseeable future, disabled persons in Akyem Abuakwa will continue to rely on each other – and possibly their churches – rather than on kin or lineage networks.

Rather than search for a natural communal past in Akyem Abuakwa, understanding the experience of disability (and other marginalized communities) requires an acknowledgement and deep analysis of socio-economic changes and transformations. This is not to deny the significance and role of traditional authorities. The current *Okyenhene* and his predecessor have done very good work on disability issues in Ghana, including sitting on the board of the Ghana Blind Union and supporting a school for the deaf in Kibi started by Emmanuel Ofori Yeboah, a disabled athlete who rose to global prominence through a documentary, *Emmanuel’s Gift* (Lax and Stern, 2005), and subsequent children’s book, *Emmanuel’s Dream* (Thompson and Qualls, 2015).² However, in smaller towns such as our research site, it is more important to take a grassroots view, focusing on the experiences of local disability associations and disabled individuals. Rather than search the past for *Ubuntu* or ‘authentic’ community

² On these activities, see <https://www.ghanaweb.com/GhanaHomePage/NewsArchive/Amoatia-Ofori-Atta-elected-Okyenhene-8760> and <https://www.ghanaweb.com/GhanaHomePage/NewsArchive/Okyenhene-raises-funds-for-the-blind-20530>; <https://www.modernghana.com/news/82709/disability-not-inability.html> and <https://www.ghanaweb.com/GhanaHomePage/entertainment/Yvonne-Okyere-s-Foundation-donates-to-Kibi-School-for-the-deaf-401780>.

more generally, researchers instead should prioritize the impact of social and economic change on the lives and livelihoods of disabled Ghanaians. This is the only approach that will lead to a full understanding of the lived experience of disability rights in Ghana.

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