



Dissertation

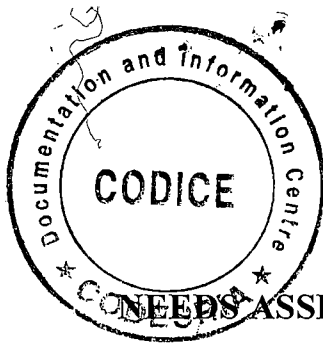
By

BAFFOE, Harriet J.B

UNIVERSITY OF GHANA

**Needs Assessment of Facilities, Services and
Accomodation for Students with Disabilities at the
University of Ghana**

AUGUST, 2009



**NEEDS ASSESSMENT OF FACILITIES, SERVICES AND
ACCOMMODATION FOR STUDENTS WITH DISABILITIES AT THE
UNIVERSITY OF GHANA**

BY

HARRIET J. B. BAFFOE

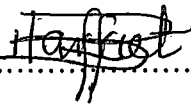
10109322

**THIS THESIS IS SUBMITTED TO THE UNIVERSITY OF GHANA, LEGON
IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE AWARD
OF MPHIL SOCIAL WORK DEGREE**

AUGUST, 2009

DECLARATION

I declare that this MPhil thesis is the result of my own work produced from research undertaken in the Department of Social Work, University of Ghana, under the close supervision of Mr. P. K. Abrefah and Dr. K. Ohene-Konadu. References cited in this study have been duly acknowledged.

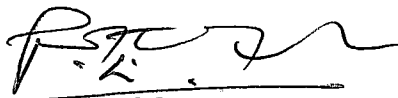


Harriet J. B. Baffoe

(Student)

10/12/10

Date



Mr. P. K. Abrefah

(Principal Supervisor)

13/12/10

Date



Dr. K. Ohene-Konadu

(Supervisor)

14/12/2010

Date

DEDICATION

I dedicate this work to my dearest and nearest Baffoe family;

Daddy & Mum

Emmanuel Baffoe & Elsie Adolphine Baffoe

Brothers

Rowland Baffoe-Boateng & Collins Baffoe-Boateng

Sisters

Vera Fokuo Baffoe, Anita Owusua Baffoe & Linda Nim Baffoe.

CODESRIA - LIBRARY

ACKNOWLEDGEMENT

My gratitude is endless to God who has been the secret to my success. Once again, it is time for me to say a thousand thanks to everyone who has been so much a part of the journey of my thesis. To my Supervisors Mr. P. K. Abrefah and Dr. K. Ohene-Konadu, I am most grateful.

For the careful editing, proofreading and encouragement, I am thankful to Blaise Dasanah. Your support once again has come in handy, and if in any way there are errors in this work, I plead guilty. Dr. William Ahadzie of the Centre for Social Policy Studies, University of Ghana and Dr. Michael Baffoe of the Faculty of Social Work, University of Manitoba, have always responded instantly when I needed a difficult question answered. Thank you.

Blessings to all staff and members of the Canadian Centre on Disability Studies and the Faculty of Social Work, University of Manitoba. I will forever remember the great learning environment you created for me. I am also grateful to CODESRIA.

Finally, with appreciation, I acknowledge the students with disabilities at the University of Ghana and key informants who granted the interviews.

ABSTRACT

Disability is reported to be one of the wide spread phenomenon especially, in Africa and continues to rise. Research shows that there are about 600 million persons with disabilities worldwide and about 5-10 percent live in Ghana. Majority of them are faced with inaccessibility to facilities and services, unequal opportunities especially, to education, employment and to participating fully in society. The main objective of this research centres on investigating the needs of University of Ghana students with disabilities. This study adopted the Maslow's hierarchy of needs and the Social model of disability as its theoretical framework. The study sampled 42 respondents and sourced information from students with disabilities and key informants like resource persons, counsellors, ICT instructors, librarians and tutorial officials from the halls of residence at the University of Ghana. Findings of the study indicated that, though accommodation is provided for all registered students with disabilities on campus, access to most facilities in the halls of residence remain a problem. Also, access to most lecture halls and other building structures as well as the campus shuttle posed lots of difficulties to a good number of the students with disabilities. Many of them therefore depend on friends for assistance. It was again evident that the provision of disability services such as brailing, sign language interpretation, note-taking and information dissemination were inadequate for them. Finally, recommendations focused on meeting the short-term, medium-term and long-term needs of students with disabilities at the University of Ghana.

TABLE OF CONTENTS	PAGES
Declaration.....	i
Dedication.....	ii
Acknowledgement.....	iii
Abstract	iv
Table of Contents	v
List of Tables.....	viii
List of Figures	ix
List of Acronyms	x
 CHAPTER ONE	
INTRODUCTION AND BACKGROUND INFORMATION.....	1
1.1 Statement of the Problem.....	3
1.2 Objectives of the Study	4
1.3 Research Questions	4
1.4 Rationale for the Study	5
1.5 Theoretical Framework for the Study.....	6
1.6 Expected Outcome of the Study.....	9
1.7 Significance of the Study.....	10
1.8 Definition of Concepts.....	10
1.9 Area of the Study.....	11
1.10 Limitations and Problems of the Study.....	12
1.11 Organisation of Work.....	13

CHAPTER TWO

LITERATURE REVIEW.....	14
2.1 Defining Disability.....	14
2.2 The Models of Disability.....	18
2.3 Types of Disabilities.....	20
2.4 Factors Causing Disability.....	25
2.5 The Prevalence of Disability.....	26
2.6 The State of Disability in Ghana.....	27
2.7 Education and Disability in Ghana.....	29
2.8 International & Local Provisions on Disabilities	30
2.9 Needs Assessment.....	35

CHAPTER THREE

RESEARCH METHODS.....	38
3.1 Research Design.....	38
3.2 Sampling Procedure.....	38
3.2.1 Sample Units.....	38
3.2.2 Target Population.....	38
3.2.3 Study Population.....	39
3.2.4. Sampling Frame.....	39
3.2.5 Sampling Scheme.....	39
3.2.6 Sample Size.....	40
3.3 Methods of Data Collection.....	41
3.3.1 Sources of Data.....	41

3.4 Data Handling.....42

3.5 Ethical Consideration.....43

CHAPTER FOUR

DATA ANALYSIS, INTERPRETATION AND RESEARCH FINDINGS.....44

4.1 Analysis of Data and Interpretation.....44

4.2 Presentation of Research Findings.....78

CHAPTER FIVE

SUMMARY, RECOMMENDATIONS AND CONCLUSION.....85

5.1 Summary.....85

5.2 Recommendations.....86

5.3 Conclusion.....93

Bibliography.....94

Appendix 1 Pictures of Accessibility Features on Campus.....97

Appendix 2 Questionnaire for Students with Disabilities.....101

Appendix 3 Questionnaire for University Staff.....105

LIST OF TABLES	PAGES
Table 1: Type of family which supports student's university education most (SWD).....	47
Table 2: Nuclear family size (SWD).....	48
Table 3: Year of education (SWD).....	49
Table 4: Department/Office of Staff.....	51
Table 5: Types of disabilities recorded among University of Ghana students (KI).....	55
Table 6: Age at which student become disabled (SWD).....	56
Table 7: Needs required in hall of residence (SWD).....	57
Table 8: Ability to use the Hall library without difficulty (SWD).....	61
Table 9: Ability to use the Porters' lodge without difficulty (SWD).....	63
Table 10: Whether students get the required assistance from their roommates (SWD)...	64
Table 11: Number of students with disability staff currently works with (KI).....	71

LIST OF FIGURES	PAGES
Diagram 1: Maslow’s Hierarchy of Needs.....	35
Figure 1: Age distribution of students with disabilities (SWD).....	44
Figure 2: Age distribution of staff.....	45
Figure 3: Sex distribution of SWD.....	46
Figure 4: Sex distribution of staff.....	46
Figure 5: Residential hall of student (SWD).....	49
Figure 6: Faculty of student (SWD).....	50
Figure 7: Position or Status in the University.....	52
Figure 8: Academic qualification of staff (KI).....	53
Figure 9: Kind of disability (SWD).....	54
Figure 10: Ability to use the toilet and bath without difficulty (SWD).....	61
Figure 11: Ability to use the Dinning hall without difficulty (SWD).....	62
Figure 12: Whether there is a form of financial assistance the University of Ghana provides for students with disabilities (KI).....	63
Figure 13: Existence of needed assistive devices at the Information and Communication Technology centre (SWD).....	66
Figure 14: Whether access to transportation poses problems to movement on campus (SWD).....	67
Figure 15: Existence of a policy for students with disabilities (KI).....	69
Figure 16: Knowledge about any existing University Policy on Facilities, Services and Accommodation for students with disability (SWD).....	70

LIST OF ACRONYMS

PWD- Person with Disability

SWD – Student with Disability

KI- Key Informant

OSD – Office of Students with Disabilities

CWD- Children with Disabilities

UN – United Nations

WHO – World Health Organisation

OCD – Obsessive Compulsive Disorder

ICIDH 1 - International Classification of Impairment, Disability and Handicap

ICF-International Classification of Functioning or ICIDH 2

UDHR - Universal Declaration of Human Rights

CRPD – Convention on the Rights of Persons with Disabilities

OPWD - Organisation of People with Disabilities

DPI - Disabled Peoples' International

UPIAS - Union of Physically Impaired Against Segregation

CHAPTER ONE

INTRODUCTION AND BACKGROUND INFORMATION

No nation can achieve any meaningful and sustainable development without harnessing all its human resources and this process must take into consideration the fact that, the full participation of every citizen is a right irrespective of age, sex, religion and other factors. Every person can thus contribute to the national development process if given the opportunity. However, in spite of this realisation, the needs of persons with disabilities (PWDs) remain a major issue that nations, the world over, have been unable to address to an appreciable level (National Disability Policy Document, 2000). Major obstacles continue to hamper the development of persons with disabilities, making it especially difficult for them to participate fully in the activities of their societies and included in this category are students with disabilities. This study seeks to investigate the needs of students with disabilities as regards access to facilities, services and accommodation at the University of Ghana.

The University of Ghana recognises that, Students with Disabilities (SWDs) often have to be extra determined and committed in order to achieve their academic potential because there are more barriers in their way of learning and more obstacles in their daily lives (UG Policy for Students with Disabilities, 2008). For this reason, the University is reported to be working to remove such barriers to learning and to make facilities, services and accommodation more equitable for the increasing number of students with disabilities by providing a range of support for their individual needs. It takes as its starting point the premise that accessible and appropriate provision is not additional cost but a core element of the overall service which the University makes available (UG Policy for Students with Disabilities, 2008).

According to a report of the Committee on Facilities for Disabled Students (1993), there were only 3 registered students with disabilities in the University of Ghana in 1988/1989 academic year. This number increased to 12 in 1990/1991 and 15 in 1991/1992 academic years. Currently, the number of students with disabilities registered in the 2008/2009 academic year is 60. This increment confirms the committee's prediction that more students with disabilities would find their way up to the universities as awareness increases and more institutions and facilities are provided at the basic and senior high levels.

In March 2008, the University came out with a draft policy document on facilities, services and accommodation for students with disabilities and this document is a comprehensive statement on disability that sets out the University of Ghana's policies, support services and implementation strategy for students with disabilities. The policy seeks to protect the rights of students with disabilities registered at the University (UG Policy for Students with Disabilities, 2008). The drafting of a policy for students with disabilities by the University of Ghana seem to be a recognition that, there are needs which must be met. Again, the establishment of an Office of Students with Disabilities (OSD) to deal with a wide range of matters affecting such students suggest that it would be relevant to conduct a needs assessment to help address their needs.

Personal communication with students with disabilities and observation shows that, most students with physical impairments had to be carried in their wheel chairs or crutches to and from lecture halls due to poor accessibility. Friends of some students with visual impairments volunteered one way or another to take down notes or record lecture sessions for them who later transcribe into Braille formats. For example, a report released by the Visitation Panel to the University of Ghana states that students' accommodation is currently a grave problem facing the University and added that, the living conditions in some of the halls of residence

were unacceptable and a health hazard (Visitation Panel to the University of Ghana Report (2001). Meanwhile, the specific problems which affect students with disabilities were not mentioned. So, this research helps to identify which peculiar problems exist and the extent to which students with disabilities are affected.

The focus of this study therefore was to help identify the needs of students with disabilities at the University of Ghana and to investigate the extent to which facilities, services and accommodation are made accessible to them. Some of the common issues in this study have centred on the extent to which services such as Brailing, sign language interpretation, transportation, information dissemination and counselling services are provided to meet the needs of students with disabilities. Other issues that were of concern to the researcher were the extent to which facilities such as lecture halls, faculties, schools, sports and recreation, accommodation and other public places were made accessible to these students and to find out what coping strategies the students use on campus. In addition, the researcher helps in redefining disability using the social model and specific recommendations have been made to improve the conditions of University of Ghana students with disabilities.

1.1 Statement of the Problem

The central problem of this study aimed at investigating the specific needs of students with all forms of disabilities at the University of Ghana and the difficulties they face in accessing facilities, services and accommodation. The study further sought to help redefine disability using the social model and also examine the coping strategies adopted by these students to limit the impact of all forms of barriers on them. The study in addition explored the response mechanisms provided by the University to meet the needs of such students. Finally, the research aimed at providing some necessary recommendations to help improve the lives of

students with disabilities at the University of Ghana. These problems ultimately necessitated the need for this research and the study was explorative.

1.2 Objectives of the Study

1.2.1 General Objective:

The general objective of this study was to investigate the needs of students with disabilities at the University of Ghana.

1.2.2 Specific Objectives:

In furtherance to the major objective, these specific objectives have guided the study.

- To assist in redefining disability using the social model, that examines disability from the societal levels within the University where barriers are socially constructed to limit the access to services for students with disabilities.
- To examine the accessibility of accommodation on the campus of the University of Ghana for students with disabilities.
- To determine the extent of the difficulties faced by University of Ghana students with disabilities with regards to access to facilities.
- And finally, to offer specific recommendations that will assist in meeting the short, medium and long-term needs of students with disabilities at the University of Ghana.

1.3 Research Questions

The research raised pertinent questions and in order to guide the study, the following research questions were asked;

- How can 'disability' be redefined using the social model?
- Is accommodation on the campus of the University of Ghana accessible to students with disabilities?

- What difficulties do students with disabilities at the University of Ghana face with regards to access to facilities?
- What specific recommendations will assist in meeting the short, medium and long-term needs of students with disabilities at the University of Ghana?

1.4 Rationale for the Study

The University of Ghana's report of the Committee on Facilities for Disabled Student (1993) and the draft Policy Document on Facilities, Services and Accommodation for Students with Disabilities (2008) aim at ensuring that, consideration is given to the removal of barriers and obstacles to enable students with disabilities participate in all aspects of the academic and social life of the institution. Therefore, the rationale for the study in this regard was to investigate the extent to which the university has created such an enabling environment for students with disabilities to effectively participate in activities on campus. The researcher therefore, has assisted in identifying the needs of students with disabilities at the University of Ghana and has helped in assessing the extent to which facilities, services and accommodation are made accessible to meet the needs of these students

In addition, the way different models define and explain disability may have implications for policies and provisions made for persons with disabilities. The University of Ghana does not clearly define disability but for the purpose of defining the parameters of students who the draft policy seeks to serve, 'students with disabilities' refers to students who are disadvantaged by reason of any verifiable and persistent physical, learning, cognitive, sensory, psychological, neurological, or temporary impairment of a nature and degree sufficiently serious to interfere with their studies and academic progress or participation in other essential campus activities.

This definition by the University to some extent presents disability in view of the medical model where the condition of the individual is viewed as a problem of the person without focusing on the interaction between the person and his or her environment. Such a definition as opposed to the social model highlights the role of society in labeling, causing or maintaining disability within that society. This definition may explain the implications for policy and provisions made by the University for students with disabilities.

For this reason, the researcher in this study has contributed to redefining disability using the social model so that, the focus of disability would change from the functional limitations of individuals with impairment to the problems caused by disabling social environments.

1.5 Theoretical Framework for the Study

The study adopted two theoretical framework; thus the Maslow's (1987) hierarchy of human needs as it relates to the safety needs of students with disabilities at the University of Ghana and the Oliver's (1996) social model of disability. The framework make very important contributions to the literature on the needs assessment of facilities, services and accommodation for students with disabilities at the University of Ghana.

According to Abraham Maslow, when the basic needs of man called the physiological needs of food, water and other essentials of life are met then, the need for safety and security must be satisfied. Following in chronological order are man's love and belongingness needs, self-esteem needs and finally self-actualization needs. According to Maslow, while an urge or need remains unsatisfied, it acts as a motivator, but once it has been satisfied, it ceases to motivate and the next higher need in a pyramid comes into play. Inferring from this, an indication is given that once the basic need for food, water among others is met then it becomes important to satisfy the safety and security needs. In this case the safety and security

needs would have to do with having a safe, secure and accessible accommodation, facilities and services in order to perform effectively in one's academics and move up the hierarchy. All the other higher-order needs such as love and belongingness, esteem and self-actualisation subsequently follow suit once the lower-order needs are met in order to function effectively. However, when these are unmet then the need to become self-actualised in life remains an unsatisfied need.

More so, according to Barnes and Mercer (2004), the Social Model of Disability was invented by Mike Oliver and it serves as the theoretical framework for this study. According to this model, the issue of "disability" is seen mainly as a socially created problem, and is basically a matter of fully integrating individuals into society. The emphasis on disabling social and environmental barriers was contrasted with the medical model that views disability as a 'personal tragedy'. Oliver, in his social model, drew on contemporary debates in social sciences to explain this individualised approach to disability as a social creation of industrial capitalism.

According to Oliver, the social model of disability firstly is an attempt to switch the focus of disability away from the functional limitations of individuals with impairment unto the problems caused by disabling environments, barriers and cultures. Secondly, it refuses to see specific problems in isolation from the totality of disabling environments in areas such as transport, education and culture. Thirdly, endorsement of the social model does not mean that individually based interventions in the lives of disabled people, whether they be medically, rehabilitative, educational or employment based, are of no use or always counter-productive (Oliver, 1996b).

Sharply contrasting the social model is the medical model of disability which tends to regard persons with disability as 'having something wrong with them'. The medical model is presented as viewing disability as a problem of the person, directly caused by disease, trauma, or other health condition which therefore requires sustained medical care provided in the form of individual treatment by professionals. It appears in the medical model, management of the disability aims at "cure", or the individual's adjustment and behavioral change that would lead to an "almost-cure" or effective cure (Barnes and Mercer, 2004).

Viewing from the social model perspective, equal access for people with disability is a human rights issue requiring individual, community, and large-scale social change. In this case, equal access to facilities, services and accommodation at the University of Ghana for students with disability should be seen as simply a right that requires well-defined and systematic roles that need to be actively played by the University community in general to help achieve social change. In 1976, the Union of the Physically Impaired against Segregation (UPIAS) expanded its thinking in the publication, *The Fundamental Principles of Disability* which stated, "It is society which disables physically impaired people. Disability is something imposed on top of our impairments, by the way we are unnecessarily isolated and excluded from full participation in society" (Barnes and Mercer, 2004: 2). Thus they focused on the ways in which organisation of society created and perpetuated diverse social barriers to the inclusion of people with impairments.

Barnes and Mercer (2004) argue that, the ideas advanced by UPIAS were subsequently represented by Mike Oliver as the 'Social Model of Disability'. It was not until the arrival of the social model that the necessary radical change in the direction of disability issues was outlined. The barriers people with disability encounter include inaccessible education

systems, working environments, inadequate disability benefits, discriminatory health and social support services, inaccessible transport, houses and public buildings and amenities, and the devaluing of persons with disability through negative images in the media – films, television and news papers. Hence, the cultural environment in which we all grow up usually sees impairment as unattractive and unwanted (Barnes and Mercer, 2004).

The social model however is not without criticisms and among these both from the Disability Movement and disability studies is the criticism that, the social model is unable to incorporate other social divisions such as race, gender, ageing, sexuality and so on. However, according to Oliver (1996a), the fact that the social model has not so far adequately integrated these dimensions does not mean that it cannot cope with these issues. He continues to argue that, far better, if the critics had spent less of their time criticising the social model for its perceived failures and instead put more effort into attempting to apply it in practice.

Finally, if properly used, the hierarchy of needs and the social model of disability could become the means of achieving justice and freedom for persons with disabilities not only in Ghana but also the world over.

1.6 Expected Outcome of the Study

The researcher's expectation remains that as a result of this work, facilities, services and accommodation in the University of Ghana would be made easily accessible to students with disabilities and serve as a model for other institutions of higher learning. The research ultimately seeks to help create favourable learning environments and promote equal rights and participation of all students. This, the researcher believes would further help promote the total physical, academic, social, emotional and psychological development of students with all forms of disabilities in Ghana and beyond.

1.7 Significance of the Study

This study is very significant as it would help the University of Ghana and other institutions of higher learning in formulating policies and, strategically designing and implementing programmes for students with disabilities that would promote easy access to facilities, services and accommodation. Again, the study would assist individuals, groups and institutions in their work by disseminating findings of the research to them; some of whom may be unaware of how deeply their policies and programmes affect the lives and well-being of persons with disabilities. This would enable them design accurate intervention strategies for such vulnerable groups. Finally, the significance of this research is to contribute extensively to knowledge and serve as a basis for further academic studies.

1.8 Definition of Concepts

The following definitions of concepts were chosen by the researcher as they were appropriate for this study;

Disability – Any lack of ability to perform activities to an extent or in a way that is either necessary for survival in an environment or necessary to participate in some major aspect of life in a given society (Wendell, 1996).

Needs – The things that somebody must have in order to live a meaningful life.

Assessment- An accurate identification and evaluation of a problem to serve as a sound basis for helping intervention.

Facility – A building, structure or equipment.

Service – A particular help that a person or an organization offers.

Accommodation – A place to live or stay.

1.9 Area of the Study

Founded in 1948 the University College of the Gold Coast became the University College of Ghana on the attainment of Ghana's independence in March 1957. By an act of Parliament in 1961, the University College of Ghana attained sovereign university status with authority to award its own degrees and thus the University of Ghana was established. It is the oldest and largest of six public universities in Ghana. Its mission statement is *to develop world-class human resources and capabilities to meet national development needs and global challenges through quality teaching, learning, research, and knowledge dissemination* (University of Ghana Corporate Strategic Plan: 2001– 2010, 2001).

The campus of the University of Ghana lays about 13 kilometres north-east of Accra, the capital of Ghana at an altitude of between 300 and 400 feet. On the summit of Legon Hill is the convocation group of buildings which houses the University's administration offices, the Great Hall, with a seating capacity of 1500 and a Tower donated by the Government of Ghana in 1959 to commemorate Ghana's Independence. Mid-way, an open space-the University squares, with an ornamental pool is overlooked by the Balme Library (named after David Balme, the first Principal of the University College). In addition are such facilities as faculties, schools, departments, lecture theatres and laboratories.

On the southern side of the campus are residential accommodation for staff, the University Primary and Junior High Schools, the Manceple's supermarket, Jubilee Hall, International Students Hostel and the Noguchi Memorial Institute for Medical and Paramedical Issues. The College of Health Sciences has its administration as well as the Medical, Dental and Allied Sciences located at the Korle-Bu Teaching Hospital. It is about 3 kilometres west of the Centre of Accra and about 18 kilometres from the main campus. Across the Accra-Dodowa

road from the Main University Gate is a Police Station and just behind it is the University Hospital.

Along the University avenue are five traditional halls of residence which include Legon, Commonwealth, Akuafo, Volta and Mensah Sarbah Halls. Other residential facilities meant for Graduate students include the Valco Trust (Phases 1&2) and Annex C. Across the University square are sports fields, a central cafeteria (which also contains the University Clinic for students' first aid). Close to the Central Cafeteria is the Students Representative Council within which the Office of Students with Disabilities is located (Handbook for Undergraduate Studies, 2002/2003).

1.10 Limitations and Problems of the Study

Limitations seem to be a characteristic feature of any social science research. The limitations and problems of this study draw attention to all the challenges that the researcher faced during the period of the project. Central among them was the unwillingness on the part of the Coordinator of Services for Students with Disabilities to grant an interview. However, this respondent was replaced with a resource person who provided detailed information to inform the study. Inadequate financial support to employ enough research assistants put lots of work load on the researcher especially, during the field work where respondents were interviewed individually; hence only one assistant was chosen who gave all his best throughout the data collection process. Another limitation was the cost of paying for the services of a sign language interpreter in the situation where five respondents happened to be deaf or hearing impaired. Finally, making calls, sending text messages and travelling to different places in order to interview some students with disabilities during the early part of the long vacation

was monetarily costly and time consuming but the family of the researcher provided all financial assistance that was needed to make the research successful.

1.11 Organisation of Work

This work has been organised into five chapters. Chapter One comprises of the Introduction and Background Information to the study, Rationale for the Study, Statement of the Problem, Objectives of the Study and Research Questions. Other sub topics that forms part of the first chapter are the Theoretical Framework, Expected Outcome of the Study, Significance of the Study, Definition of Concepts, Area of the Study, Limitations and Problems of the Study and finally, the Organisation of Work.

Chapter Two provides the Literature Review. The sources of the literature included published and unpublished research, periodic reports and library research on disability issues. Other literature included journals, information from the internet and other disability policy documents.

Chapter Three contains the Research Methodology. The first sub-topic that was included in this chapter was the Sampling Procedure and under this, the researcher specifically identified the sample unit, target population, study population, sampling frame, sampling design and the sample size. Secondly, the researcher outlined the Methods of Data Collection as the next sub-topic under which the sources of data was clearly defined. The final sub-topic was the Data handling which sought to explain how data gathered were effectively and efficiently handled to ensure validity and reliability.

Chapter Four contains the Data Analysis and Interpretation as well as the Presentation of Research Findings. Finally, Chapter Five consists of the Summary, Recommendations and Conclusion of the study.

CHAPTER TWO

LITERATURE REVIEW

2.1 Defining Disability

Wendell (1996) explains that, how a society defines disability and whom it recognises as disabled reveals a great deal about that society's attitudes and expectations. She cautions that, a society's definition of disability and whom it recognises as disabled are of enormous psychological, social, economic and political importance, both to people who identify themselves as disabled and to those who do not but are nevertheless given the label. In the ideal situation, the only practical reason for defining disability may come from the need to identify people who should receive certain resources in order to have the necessities of life, good opportunities to develop their potential and to participate fully in a given community. The academic focus within the social sciences and humanities prior to the 1990s represented disability in terms of individual functional limitations or flaws, caused by chronic illness or the complex interplay between the abnormal body, mind, individual coping strategies and wider societal attitudes (Barnes and Mercer, 2004).

A widely used definition of disability that tends to be favoured by disability activists and other advocates of greater opportunities for people with disabilities is that provided by the United Nations (UN, 1993). It offers the following definitions and distinguishes among impairment, disability and handicap: Impairment refers to any loss or abnormality of psychological, physiological, or anatomical structure or function. Disability refers to any restriction or lack (resulting from an impairment) of ability to perform an activity in the manner or within the range considered normal for a human being. Handicap refers to a disadvantage for a given individual, resulting from an impairment or disability, that limits or

prevents the fulfillment of a role that is normal, depending on age, sex, social and cultural factors, for that individual (UN, 1993).

Wendell (1996) criticises the UN definitions by saying that, Impairment and disability seem to imply that there is some universal, biological or medical standards that describe a person's structure, function and physical ability. Meanwhile, what is normal structure, function or ability to perform an activity all depend largely on the society in which the standards of normality are generated. For instance, what may be considered normal ability in urban Western Canada may be neither normal nor adequate ability in rural Northern Ghana where women normally walk several miles a day to obtain water for the household.

Another criticism by Wendell (1996) of the UN definitions concern how they define handicap. Mindful of the definition of handicap as referring to a role that is normal, depending on age, sex, social and cultural factors, for that individual, the definitions imply that, women can be disabled but not handicapped, by being unable to do things which are not part of the "normal" roles of women in their societies. The critic uses the example that, if it is not considered essential to a woman's role in a given society that she be able to read, then a blind woman who is not provided with education in Braille or good alternatives to printed material is not handicapped by that lack of assistance, according to these definitions.

Though the definition of handicap to some extent, recognises the possibility that the primary causes of a person with disability's inability to do certain things may be social; thus lack of opportunities, lack of accessibility, lack of services, poverty or discrimination, Wendell for instance preferred the Philosopher, Ron Amundson's definition of "handicap" to that offered by the United Nations. Amundson (1992) defines handicap as an opportunity loss sustained

by an individual resulting from the interaction between that individual's (biomedical) disability and the specific environment in which the individual's opportunities exist

The original WHO definition of the Classification of Impairments, Disabilities and Handicaps (ICIDH 1) as provided in the definitions above, has been increasingly criticised. This is mainly because it has failed to provide a universal framework for determining who is disabled and who is not. Moreover, Oliver (1996) and Wendell, (1996) argue that the original WHO definition did not provide the academic with an appropriate tool for understanding the problem at hand. Such inconsistencies lead one to ask whether the supporters of the WHO's definition are talking about an individual's limitation or society's failure to address their needs.

In response to such critics, WHO in 1998 decided to replace the much maligned International Classification of Impairments, Disabilities and Handicaps (ICIDH 1) with the International Classification of Functioning (ICF) also known as ICIDH 2, that explicitly aims to integrate traditional medical and social model insights (WHO, 1998). ICF replaces the ICIDH use of the three-fold terms of impairment, disability and handicap with another three-fold framework - impairment, activity and participation (Barnes and Mercer, 2004). Impairment means: a loss or abnormality of body structure or of a physiological or psychological function. Activity means: the nature and extent of functioning at the level of the person. Activities may be limited in nature, duration and quality. Participation means: the nature and extent of a person's involvement in life situations in relationship to impairments, activity, health conditions and contextual factors (WHO, 1998).

DePoy and Gilson (2004) point out that, within the past two decades, academic conceptualisation of disability have shifted and thus significantly changed from viewing

disability as a medical deficit. Contemporary scholars have advanced theories of disability as socially and culturally constructed and not necessarily the consequences of the physical or medical conditions of people with disabilities. According to Barnes and Mercer (2004), Disability is a form of social oppression involving the social imposition of restrictions of activity on people with impairments and the socially engendered undermining their psycho-emotional wellbeing. This extended social model of disability takes account of the socio-structural barriers and restrictions that exclude and discriminate against people with disabilities; in addition to the social processes and practices which place limits on the psycho-emotional wellbeing of people with impairments.

For the purpose of this study, the researcher deems it suitable to use Susan Wendell's (1996) definition of disability as presented in her book "The Rejected Body". She defines disability as any lack of ability to perform activities to an extent or in a way that is either necessary for survival in an environment or necessary to participate in some major aspect of life in a given society. The researcher is of the view that, disability has both biological and social components. Using the term "persons with disabilities" or "students with disabilities" in this work therefore is not a meaningless category, so that "persons" or "students" are recognised first before their disabilities. For this reason, the term "disabled persons" or "disabled students" is to a very large extent avoided in this work. However, the terms such as "blind or visually impaired, deaf or hearing impaired, mobility or motor impairment" and "medical or chronic impairment" are widely used in this study to refer to various categories of persons or students who participated in the research.

2.2 The Models of Disability

In recent years, there has been a great deal of discussion about different models of disability and what they mean for disability politics, policy and service provision. There are two conflicting positions in this context known as the Medical Model (the oldest) and the Social model.

2.2.1 The Medical Model of Disability

The World Health Organisation (WHO) introduced the medical model and it revolves around the official Classification of Impairment, Disability and Handicap (CIDH 1) or what is known as the International Classification of Impairment, Disability and Handicap (WHO, 1980). The WHO definition (ICIDH 1) sees impairment as abnormality in function as indicated in the above definitions. According to DePoy & Gilson (2004), the medical model explanation locates the cause of disability within the individual's physiology and the focus in this explanation is on physical, behavioural, psychological, cognitive and/or sensory tragedy. Interventions that proceeded from the medical explanations are designed ideally to be curative. That is, services under the medical model aim at lessening or correcting the condition, provided that the patient or patient group complies with medical professional direction. Pharmaceutical, health behaviour, and other methods designed to limit pathology and enhance health may also be part of the interventive approach (DePoy & Gilson, 2004).

The researcher here believes the medical model is presented as viewing disability as a problem of the person, directly caused by disease, trauma, or other health conditions which therefore requires sustained medical care provided in the form of individual treatment by professionals. In the medical model, management of the disability is thus aimed at "cure", or the individual's adjustment and behavioral change that would lead to an "almost-cure" or

effective cure. In the medical model, medical care is viewed as the main issue, and at the political level, the principal response is that of modifying or reforming healthcare policy. The medical stance therefore, explains disability from the perspective of health and illness (DePoy & Gilson , 2004)

2.2.2 The Social Model of Disability

The social model (the model for this study) also referred to as the human rights model by contrast, is presented as focusing on the interaction between persons and their environment, highlighting the role of society in labelling, causing or maintaining disability within that society. According to Barnes & Mercer (2004), the social model turned the understanding of disability by arguing that, it is not impairment that is the main cause of the social exclusion of persons with impairments but the way society responds to them. The social model thus implies the idea that, it is society and not people with impairments that should be the target for professional intervention and practice.

The starting point for the social model was the publication of 'The Fundamental Principles of Disability' by the Union of the Physically Impaired Against Segregation (UPIAS) in 1976. Barnes and Mercer (2004) reports that, the UPIAS stated that: "In our view it is society which disables physically impaired people. Disability is something imposed on top of our impairments by the way we are unnecessarily isolated and excluded from full participation in society (UPIAS, 1976: 14).

The social model of disability sees the issue of "disability" mainly as a socially created problem, and basically as a matter of the full integration of individuals into society. In this model, disability is not an attribute of an individual, but rather a complex collection of conditions, many of which are created by the social environment (Oliver, 1996b). Hence, in

this model, the management of the problem requires social action, and thus, it is the collective responsibility of society at large to make the environmental modifications necessary for the full participation of people with disabilities in all areas of social life.

2.3 Types of Disabilities

The term disability summarizes a great number of different functional limitations occurring in any population in any country of the world and such conditions may be permanent or transitory in nature. The identified types of disabilities or impairments are Psychological or Psychiatric disabilities, Intellectual or Learning Disabilities and Physical disabilities (<http://www.apsc.gov.au>). According to the Access Centre, Ryerson University and the University of Ghana document titled 'Policy on Facilities, Services and Accommodation for Students with Disabilities, March 2008' there are other Functional Limitations which are categorised under the types of disabilities used for reporting purposes and included in this category is Chronic illness or Medical conditions.

2.3.1 Psychological or Psychiatric Disabilities

Psychiatric or psychological disability is commonly known as mental illness. It can develop at any age and it is often not visible to other people. Mental illnesses can include stress-related conditions, major clinical depression, bipolar disorder (formally called manic-depressive illness), anxiety, and schizophrenia. Depression is the most common non-psychotic mental illness and Psychosis is a disorder that features the loss of contact with reality. (<http://www.neads.ca>).

Psychological disabilities may be chronic or short-term, moderate or severe, and affect people in various ways. Though psychological or psychiatric disabilities are mainly invisible in nature, the impact on the individual is as severe as that of visible disabilities. This type of

disability may also cover a broad spectrum including Obsessive-Compulsive Disorder (OCD), alcohol or drug addiction, suicidal tendencies, eating disorders and personality disorders or phobias. (<http://www.mylaurier.ca>).

2.3.2 Intellectual or Learning Disabilities

Another type of disability is intellectual or learning disability. People with intellectual, learning, or cognitive disabilities have a reduced capacity to learn tasks or process information. A learning disability may make it difficult for a person to take in information and communicate what they know. Learning disabilities and Attention Deficit Disorder together affect between 3 and 10 percent of the world's population. (<http://www.neads.ca>).

Students who have been diagnosed as having a Learning Disability have deficits, which interfere with their ability to process information. These deficits affect the student's performance in one or more areas involving thinking, speaking, reading, writing, spelling and/or doing mathematical calculations. Most individuals with learning disabilities may have average to above-average intelligence. Although no one cause of Learning Disabilities is accepted, possible precipitators include genetic predisposition, trauma before or after birth, environmental toxins, allergies or medical factors. It is estimated that up to about 10 percent of a university population has some form or degree of Learning Disabilities.

(<http://www.neads.ca>). Meanwhile, according to the documents obtained from the University of Ghana, there was no reported case of intellectual or learning and Psychological or Psychiatric disabilities.

2.3.3 Physical Disabilities

Physical disabilities encompass a wide range of disabilities. They are mobility or motor function disabilities, blindness or visual impairments, deaf and hearing impairments, speech and language impairments, and neurological disabilities (<http://www.apsc.gov.au>).

2.3.4 Mobility or Motor Function disability

This form of physical disability affects a person's movement or dexterity. It also includes people who have lost limbs or who, because of the shape of their bodies, require some form of adaptations to be made to enable them to participate fully in society (<http://www.apsc.gov.au>). Some of the types of mobility and motor function Disabilities are Paraplegia, Quadriplegia, Multiple sclerosis (MS), Hemiplegia, Cerebral palsy, Absent limb/reduced limb function, Dystrophy and Polio. Generally, Paraplegia and Quadriplegia are what many people first identify with a physical disability. Whilst paraplegia results from injury to the spinal cord, quadriplegia results from damage to the spinal cord. Other forms of physical disabilities, such as polio (an acquired disease), cerebral palsy (damage to brain tissue during foetal stages) and some genetic conditions can also result in loss of mobility (<http://www.neads.ca>). People with more profound mobility or motor disabilities may use wheelchairs, crutches among others. The needs of people with physical disabilities are likewise broad and it may sometimes require only that transportation and building facilities such as residences, lecture halls, and work places are made accessible.

2.3.5 Blindness or Visual impairments

Visual impairments can be caused by a multitude of factors, including disease, accidents, and congenital illnesses. About 5% of people can't see anything at all while others may have low vision. (http://www.neads.ca/en/about/projects/inclusion/guide/pwd_01.php). Depending on

the severity of disability, a student for instance may be accommodated in a number of ways at a lecture, thus from sitting at the front of the classroom, to relying on Braille, tape recordings, note -takers or screen-reading software. Not all visually impaired students however are proficient with Braille. Many use assistive devices such as taped books or screen-reading software. Some visually impaired people have guide dogs to assist them through their daily activities (<http://www.mylaurier.ca>).

2.3.6 Deafness or Hearing impairments

Deafness and hearing loss can be caused by a wide range of factors, including physical damage, disease during pregnancy, or exposure to very loud noise. There is a distinction between people who are deaf and those who have a hearing impairment. Those who could hear up to three years of age (when language begins to develop) often have comparatively good speech and lip-reading ability. Deaf or hearing impaired students often require communication assistance such as oral or sign language interpreters and note taking services (<http://www.neads.ca>).

2.3.7 Speech and Language Impairments

Speech and language impairments include a variety of conditions that interfere with communication. Many of these disabilities are relatively rare or subtle in appearance, and the individual's lack of any visible abnormalities may further disguise speech and language impairments. Speech and language impairments may occur separately in a person, or the individual may demonstrate both types of impairments. Speech impairment affects spoken language. Examples of this include stuttering (repeating syllables or words, prolonging sounds, or "blocking" on a word or sound), phonological or articulation disorders (inability

to say sounds properly), nasal-sounding (unusual in pitch or rhythm), apraxia (facial grimaces or unusual movements) may accompany speech (<http://www.neads.ca>).

Language impairment on the other hand affects the understanding of language (receptive language disorder), the formulation of an utterance or both. Receptive and expressive abilities may be impaired together such as in a disorder called developmental language delay in toddlers and preschoolers or language learning disability in school-aged children. A child who is unable to talk (called a nonverbal child) may have good receptive language abilities.

In contrast, a child who is able to express his/her thoughts well may have difficulty following directions. Reading or writing disabilities (e.g., dyslexia) are also types of language disorders. Persons with learning disabilities may also exhibit difficulties comprehending language or expressing themselves with language. Only a speech-language pathologist can accurately and thoroughly diagnose and treat speech and language impairments (<http://www.childspeech.net>). For the purpose of this research, deaf or hearing impaired students include all students with deafness, hearing, speech and language impairments since they all have some limitations in the hearing processes that impedes speech requiring communication assistance such as sign language interpreters and or note taking services.

2.3.8 Neurological disabilities

A neurological disability is associated with damage to the nervous system that results in the loss of some physical or mental functions. A neurological disability may affect people's capacity to move or manipulate things or the way they act or express their feelings. The way they think and process information may also be significantly influenced. The brain and the spine are the areas of the body most closely associated with neurology. Heart attacks, serious

infections, and lack of oxygen to the brain may also result in a neurological disability.

(<http://www.neads.ca>).

2.3.9 Chronic illness or Medical disabilities

These types of disabilities appear to result from accidents, medical operations and any other functional limitation that does not fall within the categories listed above. However, like all the other types of disabilities, verification of the nature and extent of the disability should be confirmed by a medical professional or other appropriate individual.

2.4 Factors Causing Disability

Razak (2000), provides a detail report on the United Nations summary on the factors causing disability globally. The causes comprise of heredity, birth defects, lack of care during pregnancy and child birth, insalubrious housing conditions, natural disasters, illiteracy and the resulting lack of information on available health services and poor sanitation. Other factors include congenital diseases, malnutrition, traffic accidents, sports accidents, home and work related accidents, cardiovascular diseases, mental and nervous disorders and the use of certain chemicals. Change of diet, lifestyle, marriage between close relatives, respiratory diseases, diabetes, high blood pressure, kidney failure, taking drugs and alcohol, smoking, age related diseases, poliomyelitis and measles are all factors identified to cause disabilities. More so, the main diseases commonly associated with children in Ghana which subsequently result in disabilities include recurrent convulsions, stunted growth as a result of cognitive, physical and productivity problems. Other factors are under nutrition, obstetric or perinatal problems in the mother, intracranial infections, congenital talipes (club foot), cerebral palsy, paralytic poliomyelitis and burns (Razak, 2000).

2.5 The Prevalence of Disability

Estimates of worldwide and country-wide numbers of individuals with disabilities appear problematic. Despite the varying approaches taken to defining disability, demographers agree that the world's population of individuals with disabilities is very large. According to United Nations estimates, about 10 percent of every national population has disabilities which means that, there are about 10 percent of people with disabilities in Ghana. The World Health Organization for example, estimates that there are as many as 600 million persons with disabilities globally (<http://www.enableamerica.org>). Survey results confirm that the disability rate gradually increases with age for both men and women. Nevertheless, women are generally more likely to report disability than men. (<http://www.statcan.ca>). Although people have come to better understand and accept different types of disabilities, there still remains a stigma attached to the disabled community. There is also widespread agreement among experts in the field that disability is more common in developing than in developed nations. (<http://www.enableamerica.org/>).

In Ghana, it is reported that the ages below 15 years of persons with disabilities are substantially under reported because specific disabilities may not be sufficiently developed at such younger ages to be observed or communicated to strangers. The sex ratios however indicate that at ages below 6 years, one may expect 100 males with disabilities to 108 females with disabilities. This increases to 124 females with disabilities to 100 males with disabilities from ages 16-55 years (National Disability Policy Document, June 2000).

The National Disability Policy Document of the Republic of Ghana further states that, Greater Accra Region stands out with the highest disability, which is almost the same for both males and females. The policy document mentions that, Central Region has the highest

rate for females with disabilities and the second highest (after neighbouring Western Region) for males. Volta Region has a low rate for both sexes. The rates for the three Northern Regions appear to be exceptionally low relative to the other regions. This may be explained in terms of under enumeration as well as cultural hesitation to give information on disabilities to strangers. The predominantly Akan Regions (Eastern, Ashanti and Brong Ahafo Regions) have similar pattern of disability for both males and females. Further more, female disability represents a higher proportion of 55.1 percent than males representing 44.9 percent in all regions except the Northern and Upper East Regions (National Disability Policy Document, June 2000).

2.6 The State of Disability in Ghana

First and foremost, people with disabilities the world over experience many forms of discrimination, abuse, neglect, marginalisation and social stigmatisation, which make them suffer from a double disadvantage and Ghana is no exception. The vast majority of Africans with disabilities are excluded from schools and opportunities to work, virtually guaranteeing that they may live out their lives as the poorest of the poor.

Secondly, according to the Women's Manifesto for Ghana (2004), people with disabilities in Ghana have restricted access to educational and employment opportunities, health care, transportation and public places. They are discriminated against social security, welfare benefits and rights that are essential minimum conditions for a dignified life. In addition, they face difficulties in using or accessing physical structures, public spaces and other social facilities (The Women's Manifesto for Ghana, 2004).

Though the issue of gender is not the centre of this study, it will be interesting to consider some challenges that women with disabilities face. According to Sandys (2005), research

literature continues to support that women with disabilities have less access to educational opportunities and also have higher rates of unemployment. According to a report by Centre for Development of People (CEDEP, 1999), 80 percent of Ghanaian children with disabilities are not enrolled in school, often because parents are unable to bear the cost involved. Also, in November 1996, Action on Disability and Development (ADD) published a report on the situation of disabled children in Ghana. It painted a picture of neglect and disadvantage, with many children reportedly facing a future without any meaningful activity (ADD, 1996).

In the study, CEDEP (1999) concluded that almost 69 percent of children with learning disabilities were not receiving formal education, and local schools reportedly refused the admission of children with disabilities, especially those with epilepsy. About 20 percent of the children surveyed, endured particular hardships since local tradition holds that touching the toe or exposure to saliva during an attack or passing over the urine of someone with epilepsy causes others to acquire it. It was also observed that, most teachers dissuaded such children from continuing with their education (<http://www.daa.org.uk>).

Fourthly, the report further says that, children with disabilities are commonly regarded as 'liabilities' to their families. A common view amongst those outside the family seems to be that, the child with disability is God's 'punishment' on the parents; hence, many families try to restrict the movement of such children so as to reduce the stigma by neighbours. As the report makes clear, many of the impairments affecting children in the study were preventable. Despite the high incidence of disabilities in these communities, children with disabilities are still subjected to discrimination and exclusion from school (<http://www.daa.org.uk>).

Fifthly, in Ghana, persons with disabilities are often not included in major decision making processes including issues that concern them. Meanwhile, Article 37 (2b) of the 1992 Constitution of the Republic of Ghana guarantees the protection and promotion of all human rights and freedoms of the vulnerable members of society including students with disabilities. As a result, issue of inequality in Ghanaian society create even greater suffering for persons with disabilities (The Women's Manifesto for Ghana, 2004).

2.7 Education and Disability in Ghana

It appears to be an open-secret that most children with disabilities are unable to easily attend school like any ordinary child within their locality and therefore their system of socialization is to a large extent limited. Thus, for a child with disability to be educated in most instances at the Basic and Senior High levels, one has to be separated from the family to attend a 'special' segregated boarding school which is often located at the regional capital. This situation, the researcher believes lead to further estrangement of the already suspicious relationship between the person with disability and the society.

At the University of Ghana currently, the number of students with disabilities number about sixty (Disability Percentages, 2008-2009) a students' advocacy group has over the years championed the cause of students with disabilities and were able to form the Campus Association of Students with Disabilities (CASD) to advocate for their rights and defend the welfare of their members. The Campus Association of Students with Disabilities has been in existence since 1954 but became fully integrated into the social curriculum of the university in 1998 and the Association's constitution was however adopted in the year 2007 (CASD Constitution, 2007). From observation, most lecture halls, departments and other public places at the University of Ghana appear to be environmentally unfriendly to persons with

disabilities. However, newly built lecture halls such as the Busia Lecture Hall, the New 'N' Block and the College of Agriculture Lecture Halls have wide doors and accessible ramps for easy access for students with disabilities.

Unfortunately, the use of lifts and elevators is now catching up with Ghana as a whole. Most tertiary institutions and public places have not incorporated accessibility features in the buildings and other structures. Hence, the obvious mode of entry to these structures is by the use of staircases which surely cut off many students with disabilities especially, those with physical disabilities. At the University of Ghana, the researcher observed that most students with physical impairments have to be carried in their wheel chairs or assisted in a way to lecture halls or to board campus shuttles. The 'Principle of Universal Design' is yet a new concept that demands a lot of advocacy work by all stakeholders to be incorporated in the National Policy not only for students with disabilities but also for all persons with disabilities as well as people who are aging in order to make life comfortable for the entire society (Taken directly from an unpublished presentation on Disability in Ghana by Baffoe (2008) at the International Committee of the Canadian Centre on Disability Studies).

2.8 International & Local Provisions on Disability

To begin with, around the world, efforts are being made to address human rights in a manner consistent with international human rights codes. International laws recognise that it is the responsibility of states to take appropriate actions to remove obstacles to the full participation of persons with disabilities in society (National Disability Policy Document, 2000). In recent years, attention has began to focus on the human rights of persons with disabilities, reflecting our new understanding of disability, not as disease or deviance, but as a social and political issue. The United Nation's human rights document, notably the United Nations Universal

Declaration of Human Rights (UDHR) was ratified and proclaimed on December 10, 1948 and it unequivocally recognises that all people have rights, regardless of differences (National Disability Policy Document, 2000).

Again, the declaration is important for Ghana just as it is for any other country because it is based on the "inherent dignity" of all people and affirms the equal rights of all men and women, in addition to their right to freedom. The Declaration gives human rights precedence over the power of the state. Thus while states are permitted to regulate rights, they are prohibited from violating them. Again the Declaration has inspired the creation of subsequent international documents such as the International Bill on Rights, the Convention on the Elimination of All Forms of Racial Discrimination and the United Nations Convention on the Rights of Persons with Disabilities (CRPD). It makes the protection of human rights an important part of international law and also serves as a basis for human rights observers like Amnesty International to refer to (<http://www.unac.org>).

Allied to these, at the local level, the 1992 Constitution of the Republic of Ghana incorporates the main elements of the United Nations Standards Rules on Equalisation of Opportunities for Persons with Disabilities (National Disability Policy Document, 2000). Also, the Disability Policy Document of Ghana developed through the Ministry of Employment and Social Welfare in June 2000 addresses the needs of PWDs. It gives them the right to receive appropriate training, adequate technical aids and necessary support services to increase their capabilities to deal with the task and challenges in life in a dignified manner (National Disability Policy Document, 2000). In addition to these provisions, the Seven Hundred and Fifteen Act (Act 715) of the Parliament of Ghana came into being on the 9th of August 2006 to provide for the needs of PWDs and to establish a National Council on

Disability (NCD) and to provide for related matters (Persons with Disabilities Act, 2006 (Act 715). The National Council on Persons with Disability was inaugurated on 7th February, 2009 and the council is expected by the policy to work with existing Government agencies, Donors, and Non-Governmental Organisations to effectively implement and co-ordinate the policy.

The researcher believes that, the UN Standard Rules for the Equalisation of Opportunities for Persons with Disabilities represent an attempt to draw attention to the conditions faced by people with disabilities around the world and provides a framework to guide the development of support and services that will contribute to their well-being. Developed over a number of years and accepted by the UN in 1991, the Rules are not compulsory for non-compliance. Nevertheless, they do reflect a strong moral and political commitment to improve the lives of people with disabilities (UN Standard Rules for the Equalisation of Opportunities for Persons with Disabilities, 1991). Though the Standard Rules are not the first human rights document, it is notable for its comprehensiveness and level of specificity for the role it accords people with disabilities and their organisations, and for the emphasis it places on the need to develop mechanisms for monitoring and evaluating the implementation of the Rule (UN Standard Rules, 1991).

More so, the rules further provide a basis for technical and economic cooperation among States, the United Nations and other international organisations. The purpose of the rules is to ensure that boys, girls, women, men, children, the elderly, the poor and women and men with disabilities, as members of their societies, may exercise the same rights and obligations as others. It is the responsibilities of states to therefore take appropriate measures to remove all barriers and obstacles that prevent persons with disabilities from exercising their rights

and freedoms to participate fully in the activities of their societies. The rules note that persons with disability are likely to be the most disadvantaged and will require special attention. It therefore focuses on prevention, rehabilitation and equalization of opportunities (UN Standard Rules, 1991).

Additionally, the Ghana Federation of the Disabled (GFD) which was formally known as the Federation of Disability Associations (FODA), the mother of Organisations of People with Disabilities (OPWDs) was established in 1987. The original founding members were the Ghana Association of the Blind, Ghana National Association of the Deaf, and the Ghana Society of the Physically Disabled. Currently, the Ghana Federation of the Disabled has about seven umbrella organisations in all, consisting of Sharecare Ghana, Society of Albinos Ghana (SOAG) and Parents of Children with Intellectual Disabilities (PACID) in addition to the original members mentioned above. A major objective of the Federation is to provide a common platform and serve as a pressure group to promote the rights of persons with disabilities to participate fully, and on equal terms in society (<http://www.independentliving.org>).

In addition, of immediate interest is the draft Policy on Facilities, Services and Accommodation for Students with Disabilities drafted by the University of Ghana in March 2008. This policy is based on the 1992 Constitution of the Republic of Ghana, the Persons with Disability Act, 2006 (Act 715) and the Report of the Committee on Facilities for Students with Disabilities, October 1993. It seeks to ensure that in all policies, procedures and activities, consideration is given to the means of enabling students with disabilities participate fully in all aspects of the academic and social life of the institution. The policy seeks to protect the rights of students with disabilities registered at the University of Ghana

and aims at ensuring that equitable and uniform practices are followed in the assessment of students with disabilities throughout the university (Policy for Students with Disabilities, 2008).

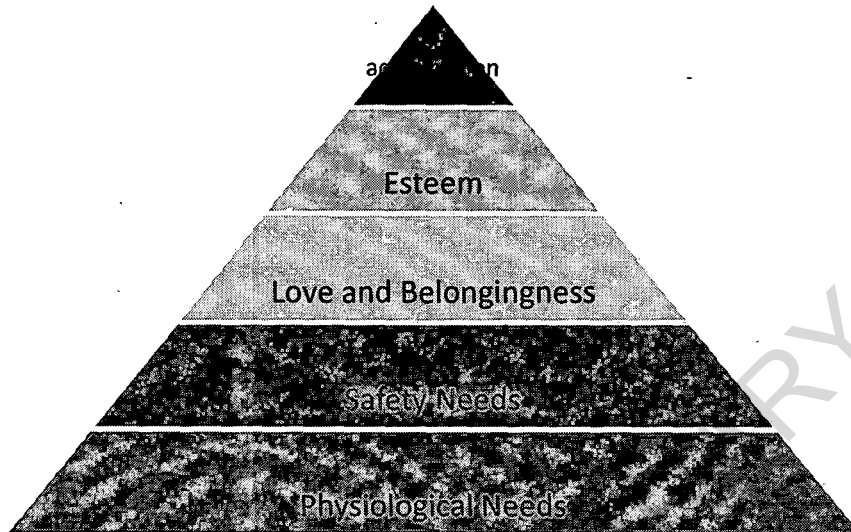
The policy document states that, all staff of the University are expected to be aware of the policy and the legal framework in order to treat students with disabilities in accordance with the provisions. In particular, Heads of Colleges, Schools, Departments and others in Management positions shall be responsible for ensuring that the policy and legal framework are communicated effectively through staff development programmes and are implemented in their areas. It provides a supportive framework for University officials fulfilling their responsibilities under the University's regulation (UG Policy for Students with Disabilities, 2008).

Though the document is said to be a draft, certain provisions such as the establishment of an Office of Students with Disabilities (OSD) and the appointment of a Coordinator to carry out certain responsibilities and provide services for the students with disabilities are already in place. Again, these students are said to be automatically offered residential accommodation all through their stay at the University and all front seats in lecture halls are meant to be reserved for them. Also, an extra time is believed to be provided for them during assessments and examinations and necessary human support such as providing Brailing and Sign language interpretation services are put in place for the students (Field Report, 2009).

However, the extent of the difficulties faced by University of Ghana students with disabilities and the extent to which facilities, services and accommodation are made accessible for students with disabilities is central for this research.

2.9 Needs Assessment

Diagram 1: Maslow's Hierarchy of Needs



Source: Feldman (2000)

Maslow's hierarchy of needs in Diagram 1 above, shows how human motivation progresses up the pyramid from a basis in the broadest, most fundamental needs to higher-order ones.

The Psychologist Abraham Maslow provides a model which considers different motivational needs to be ordered in a hierarchy, and it suggests that before more sophisticated, higher-order needs can be met, certain primary needs must be satisfied (Maslow, 1987). The model can be conceptualised as a pyramid (see diagram 1) in which the more basic needs are at the bottom and the higher-level needs are at the top. The most basic needs are those described earlier in the theoretical framework as primary drives: needs for food, water, sleep, sex and the like. Once these physiological needs are met, a person can then move up the hierarchy to satisfy the safety and security needs where one needs a safe, secure and accessible environment in order to function effectively.

This level of safety and security needs is the focus of this research which becomes the basis to fulfilling the other higher-order needs, such as the need for love and a sense of belonging,

esteem and self-actualisation. According to Maslow (1987), love and belongingness needs include the need to obtain and give affection whilst esteem relates to the need to develop a sense of self-worth whereas self-actualisation is a state of self-fulfillment in which people realise their highest potential in their own unique way. Maslow's model according to Feldman (2000) is important for two reasons: It highlights the complexity of human needs, and it emphasises that until more basic biological needs are met, people will be relatively unconcerned with higher-order needs. Relating this model to the study, it can be argued that, until accessible accommodation, facilities and services are provided at the University of Ghana, students with disabilities may be unable to achieve success in their academic life.

Disability as a wide spread phenomena in Africa continues to rise as a result of malnutrition, diseases, environmental hazards, natural disasters, motor and industrial accidents, civil conflicts and wars (USAID, 2005). School enrolment for the disabled is estimated at no more than 5-10 percent. About 80 percent of working age people with disabilities is unemployed and only 1 percent of women with disabilities living in developing countries is literate (USAID, 2005). The social stigma associated with disability results in marginalization and isolation, often leading to begging as the sole means of survival.

Likewise, the number of students officially notifying their tertiary or training institutions of their disability is increasing and will continue to increase. In an examination of the future issues and trends for students with disabilities, Johnson (2000) has identified an increase over the next 8-10 years of around 30 percent in the number of students with severe or profound disabilities who may access post secondary education and training. This increase will be substantially higher for mild and moderate levels of disabilities which form the bulk of the numbers of students currently notifying their institutions that they have a disability. Johnson

suggests that this trend, combined with the current pressure on existing resources, will force disability services to examine practices to ensure that we are making the best of what we have. Johnson also acknowledges that it is important to ensure that courses and programmes are being developed and delivered in the most flexible and inclusive manner (Johnson, 2000).

Reid (1999) concludes that to equip students for lifelong learning and to cater to their diverse needs tertiary education programs must shift from teacher-dominated instruction to self-directed and distributed learning. He further states that, the problem for most students with disabilities is not so much in getting to the campus but in accessing the relevant information once they are on-campus and in their classes. Being physically present on-campus as part of the university community may also be even more important for students with disabilities than it is for the general student population. Several authors have pointed out that innovative teaching methods within an inclusive and holistic approach to learning do possess many advantages. This approach has the potential to greatly improve the effectiveness and efficiency of disability services in higher education (O'Connor, 1991)

Stickels and Radloff (1996) have suggested that institutions are legally obliged to adjust programme delivery methods, methods of assessment and access to the learning environment to the needs of students with disabilities. The researcher here agrees that, these provisions should apply to the University of Ghana and subsequently serve as a model to other tertiary institutions in the country.

CHAPTER THREE

RESEARCH METHODS

The essential part of planning a research project of this nature is the choice of data collection methods, sampling procedures and techniques used. These aspects have tremendous impact on research. The research findings must therefore be based on relevant and verifiable evidence in order to derive a valid conclusion. This chapter for that reason carefully outlines the research design, sampling procedure, sample units, target population and study population used for the study. The chapter in addition presents the sampling frame, scheme, sample size and the methods of data collection and handling and ethical considerations.

3.1 Research Design

The study used both qualitative and quantitative research. The researcher however used Key Informant Interviews to gather data from University staff and Face-to-Face Interviews to gather data from the students with disabilities.

3.2 Sampling Procedure

In order to ensure accuracy and consistency in this research, the sampling procedure which the researcher used comprised the sample units, target population, study population, sampling frame, sampling scheme and the sample size.

3.2.1 Sample Units

The sample units were students and staffs of the University of Ghana.

3.2.2 Target Population

The target population chosen for this research was University of Ghana students and members of staff.

3.2.3 Study Population

The study population used in this study was University of Ghana students with disabilities and members of staff. The staff here refers to key informants believed to have in-depth knowledge about the students with disabilities or personnel in the university who provide any form of direct service for students with disabilities at the University of Ghana.

3.2.4 Sampling Frame

This study focused on the following categories of students and staff: From the University records, students with disabilities number about 60 and the research focused on students who are blind or visually impaired, students with motor or physical impairments, students who are deaf or hearing-impaired and students with medical or chronic conditions. Though the staff strength of the University of Ghana is well over 600, the study focused on key office holders of the University who have the direct responsibility to provide support to students with disabilities. Such key informants were the Dean of Students, Assistant Registrar/ Counselor, Tutorial Officials from the five traditional Halls of residence and a Resource Person at the Office of students with disabilities. The sampling frame also included an ICT Supervisor/Instructor, the University Librarian and a Senior Library Assistant from Mensah Sarbah Hall (the only traditional hall with the library on an upper floor). The number of key members of staff who opened up and willingly granted the interview was 11 respondents.

3.2.5 Sampling Scheme

Purposive Sampling was used for the selection of 12 key informants because they were people who provided direct services to the students with disabilities and had in-depth knowledge about them. Further, all students with disabilities were stratified into four strata using the Stratified Sampling and a Simple Random Sampling was then used to select 50

percent respondents from each stratum of visually and motor impaired students whilst 100 percent of hearing impaired and students with chronic conditions were all selected. This was because the former were many whereas the latter were few. In all 30 students with disabilities were selected from the study population of 60. The key idea for using the stratified sampling was that, a list of registered students with disabilities served as a sampling frame as well as an already-existing knowledge. This made it possible to divide the student population into the different disability groups, such that participants within each group had similar characteristics. Again, the simple random sampling was used in the selection process so that each respondent had an equal chance of being selected for the interview. This ultimately helped to improve the representativeness of the study population in this study.

3.2.6 Sample Size

The original sample size was 42 respondents, consisting of 30 students with disabilities and 12 key members of staff. However, 27 students with disabilities and 11 members of staff granted the interview sessions bringing the total number of respondents to 38. However, 3 students with motor or mobility impairment could not grant the interview and all efforts replace them proved unsuccessful. The sample size below shows the number and category of students who were interviewed: 9 out of 19 students were blind or visually impaired whilst 14 out of 34 students were students with motor or mobility impairment. Meanwhile, all 5 students who were deaf or hearing impaired were interviewed and all 2 students with medical or chronic conditions were also interviewed. The university authorities who were interviewed were, a resource person from the Office of Students with Disabilities, 2 Senior Administrative Assistants of Akuafo and Volta Halls, 2 Principal Administrative Assistants from Legon and Commonwealth Halls and the Tutorial Secretary of Mensah Sarbah Hall. Others were the University Librarian, the Senior Library Assistant of Mensah Sarbah Hall, a

counselor/Registrar from the Counseling and Placement Centre, the Administrative Assistant of the Dean of Students' office and a supervisor from the ICT centre. Though a formal request was sent to the Coordinator of services for students with disabilities and several attempts were made to have the interview, efforts proved futile; hence the resource person who was chosen for the interview provided detailed information to fill the gap.

3.3 Methods of Data Collection

3.3.1 Sources of Data: Data was gathered from two sources, namely Secondary and Primary.

Secondary Data

The Secondary data was obtained from published and unpublished books, periodic reports, internet and other archival records.

Primary Data

The Primary Data was divided into two types namely, Quantitative and Qualitative research.

Qualitative research using Key Informant Interview

Though it was time consuming, Key Informant Interview was used to collect data from university authorities. The questions were mostly open-ended and the idea was to allow respondents enough room to provide all the necessary details. This was because; the researcher believes that key informants are people who have in-depth knowledge about the students with disabilities whom the researcher was interested in. The key informants in this research consequently gave immediate feedback, and possible in-depth data to inform the study. Tape recording, detailed writing and accurate note taking were used during the interview sessions with the permission of research participants except few, who permitted only note taking since they acknowledged they were uncomfortable with the tape recording. This however did not affect the process of data collection in any way.

Quantitative research using Face-to-Face Interview

Face-to-face interview was used to gather data from students with disabilities, some of whom were blind or visually impaired. The researcher employed a sign language interpreter during the interviewing sessions, to interpret the questions of the interviewer and responses of the students who were deaf or hearing impaired. Detailed and accurate note taking was used during these sessions.

3.4 Data Handling

The researcher and research assistant equipped themselves with knowledge on how the tape recorders worked and served as a repository of information. Data collected from the primary source through Key Informant Interviews (Qualitative) and Face-to-Face Interviews (Quantitative) was then accurately transcribed to ensure consistency and validity. It was then entered into the computer. The qualitative data from the key informant interviews was used to amplify the quantitative data from the face-to-face interviews. Some of the remedies that checked for the human errors in the data collection processes were that, the researcher and research assistant developed good rapport for each interview session, listened attentively and wrote down notes while tape recording.

The primary data was then edited, proofread, coded and fed into the computer. Data was checked and cleaned to see whether any data appeared in columns that should be blank. Spot checking and rechecking were used whereby all data were printed out and the various columns were checked for accuracy. Again, the researcher randomly sampled data to cross-check for both major and minor errors. This is a type of quality-control check which was effectively used in this work. The 16th version of the Statistical Package for the Social Sciences (SPSS) was used to analyze the data gathered since this version has more functions

and can open multiple templates simultaneously as compared to other versions. Statistical tools such as bar graphs, pie charts and cross tabulations have been used in Chapter four to analyze the data whilst accurate interpretation of results have been provided to reflect the major themes of the study.

3.5 Ethical Consideration

Every effort was made to protect the identity of the research participants and the confidentiality of information they provided. Respondents were informed about the objectives of the research to enable them make informed decisions. Precautions were taken to avoid any activity in the course of the survey that could harm the subjects or create deception whilst the participation of respondents was also voluntary without any form of coercion. For this reason the researcher did not force subjects to respond to interview questions but rather preserved the rights and dignity of each subject. Plagiarism has strictly been avoided and all sources of information used in this study have duly been acknowledged.

CHAPTER FOUR

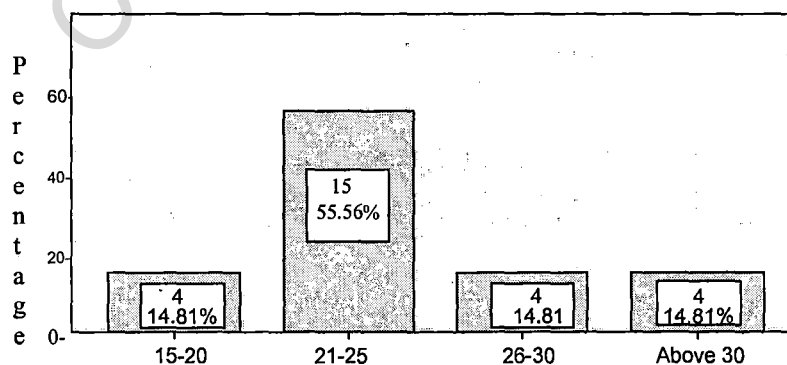
DATA ANALYSIS, INTERPRETATION AND RESEARCH FINDINGS

4.1 Analysis of Data and Interpretation

This chapter of the work presents the analysis and interpretation of the data collected from the field. The respondents were purposefully selected from students with disabilities and key members of staff of the University of Ghana. As key informants, the researcher believes the members of staff chosen for this study have in-depth information about the needs of the students with disabilities. In all, 42 respondents formed the sample size. A sample size of 30 students with disabilities who represent 50 percent of a total population of 60 were selected for the face-to-face interviews. Meanwhile, 27 granted the interview. Though the staff strength of the University of Ghana remained well over 600, the study focused on key office holders of the University who had the direct responsibility to provide support to students with disabilities. Therefore, 12 members of staff were selected for the key-informant interviews out of which 11 granted the interview sessions. The diagrams and interpretations below provide details of the data collected from the field.

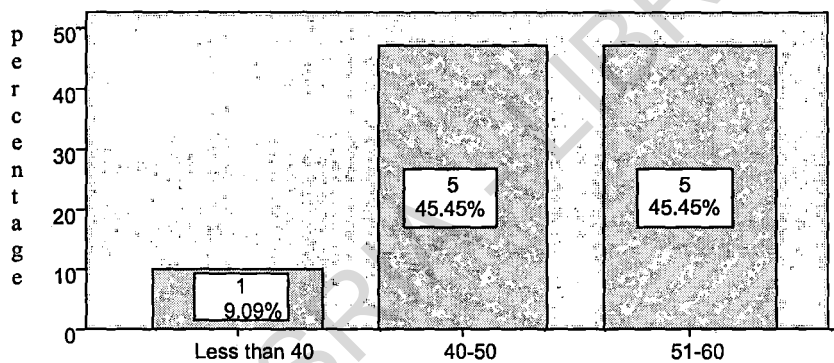
4.1.1 Demographic Characteristics

Figure 1: Age Distribution of Students with Disabilities



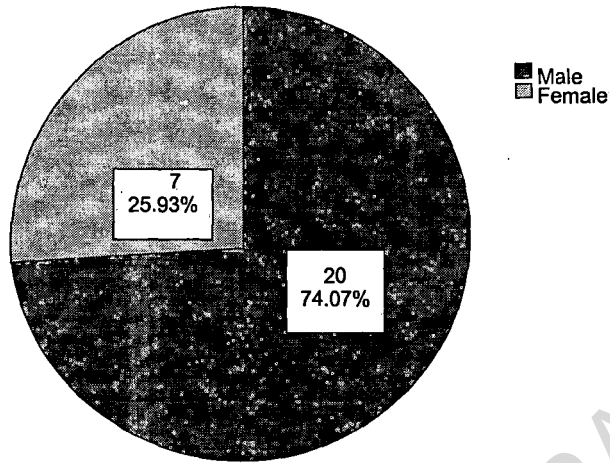
The figure above shows the ages of the students with disabilities who were interviewed. Majority of the students were those from the ages of 21 to 25 years, representing 55.6 percent (15 respondents) whilst respondents between 15 and 20 years, 26 and 30 years and above 30 years all recorded 4 each representing 14.8 percent. Meanwhile, the ages of the authorities ranged from 23 to 56 years and 45.5 percent of them were between the ages of 51 and 60 years showing 5 respondents. 5 other respondents were between the ages of 40 and 50 years representing 45.5 percent whilst 1 staff member, representing 9.1 percent was 23 years old. See figure 2 below.

Figure 2: Age Distribution of Staff



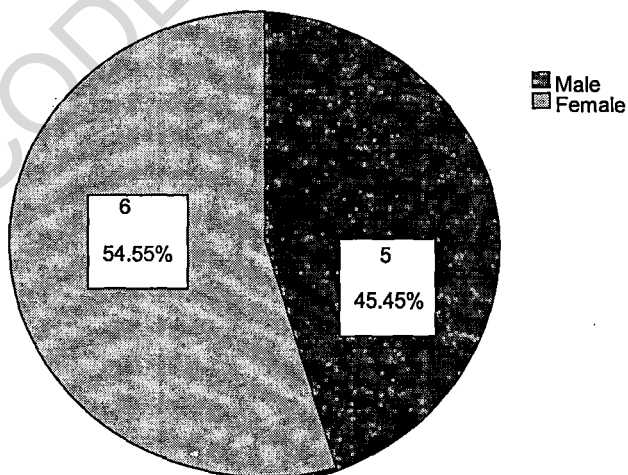
Inferring from the pie chart below, it is evident that most of the respondents were males, numbering 20 which represents 74.1 percent whilst exactly 7 were females, representing 25.9 percent. This is particularly not surprising to the researcher considering the fact that, the total number of registered female students with disability was 10 out of which 7 were interviewed and the larger number of 50 was the male category out of which 20 were interviewed. An interesting area for future research may be to find out the extent to which equal educational opportunities are offered to the female and male children with disabilities in the basic and senior high schools and the reasons accounting for the low number of female students with disabilities in the tertiary institutions; using the University of Ghana as a case study.

Figure 3: Sex Distribution of Students with Disabilities



Contrary to figure 3 above where a greater proportion of respondents were males, majority of the key informants interviewed in figure 4 below were females who numbered 6, representing 54.6 percent and the males totalled 5 which represent 45.5 percent.

Figure 4: Sex Distribution of Staff



4.1.2 Needs Assessment

Table 1: Type of Family which Supports Student's University Education Most (SWD)

Type of family	Frequency	Percentage
Nuclear Family	15	55.6
Extended Family	4	14.8
Both Nuclear and Extended families	4	14.8
None of the above	4	14.8
Total	27	100.0

The students with disability were asked which of their families support their university education most 15 of them representing 55.6 percent indicated that, they received support from their nuclear families. However, 4 respondents each representing 14.8 percent said they received support from their extended families and both nuclear and extended families respectively. Finally, 4 of them representing 14.8 percent said they do not receive any form of support from any of their families. See table 1 above.

As a way of finding out the dependency rate in the families of the students, the researcher sought to find out the size of the nuclear families of respondents. This ranged from 4 to 10 with the average nuclear family size being 7 people. Table 2 below highlights the responses.

Table 2: Nuclear Family Size (SWD)

Family size	Frequency	Percentage
4.00	3	11.1
5.00	4	14.8
6.00	3	11.1
7.00	3	11.1
8.00	6	22.2
9.00	5	18.5
10.00	1	3.7
No response	2	7.4
Total	27	100.0

Residential halls of SWDs

As regards the halls in which students with disability reside, Figure 5 shows that a highest number of 7 constituting 25.9 percent of the respondents are in Legon hall. 6 respondents stay in Akafo hall representing 22.2 percent whilst 5 (18.5 percent) each were in Mensah Sarbah and Commonwealth halls respectively. 3 students (11.1 percent) however were in Volta hall whereas 1 respondent representing 3.7 percent is in a hostel.

Figure 5: Residential Hall of Student (SWD)

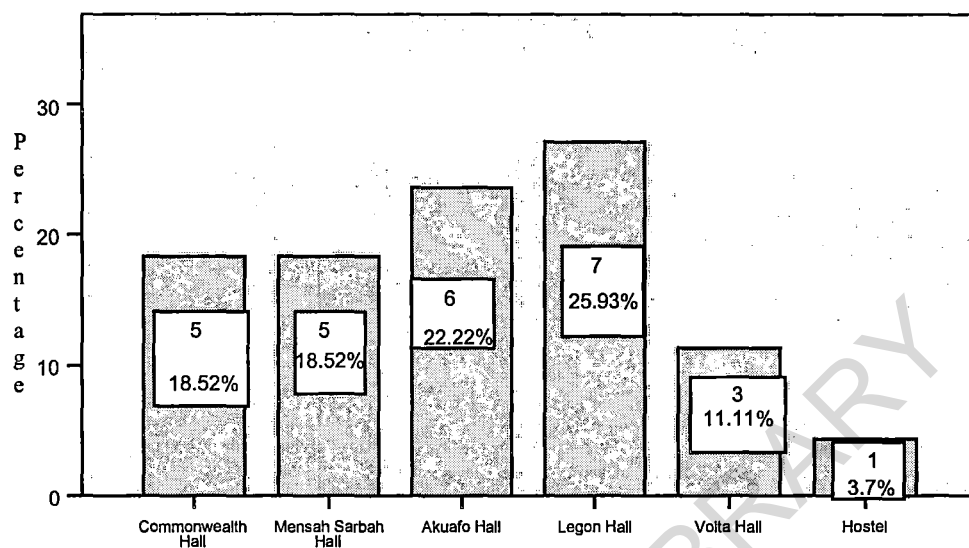


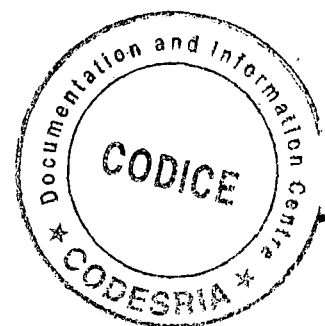
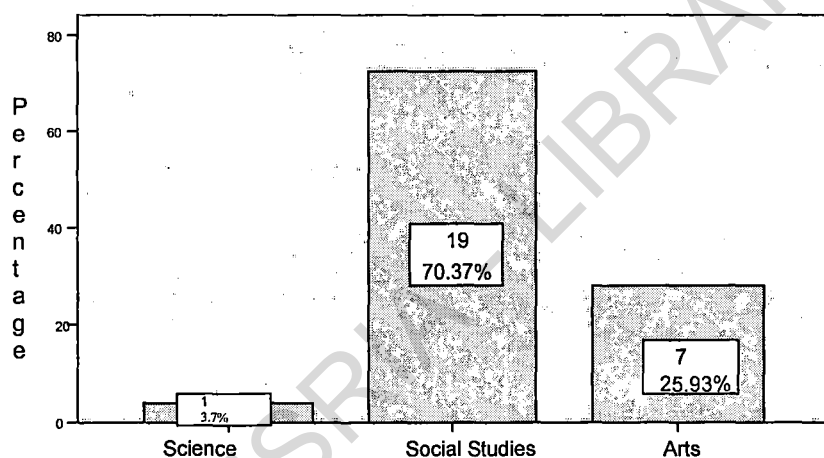
Table 3: Year of Education (SWD)

Year	Frequency	Percentage
1	7	25.9
2	8	29.6
3	6	22.2
4	5	18.5
6	1	3.7
Total	27	100.0

In order to know their various levels in the university, the students with disability were asked the above question in Table 3 and 8 respondents representing 29.6 percent being the majority said they were in Level 200, 7 representing 25.9 percent of the respondents answered they

were in Level 100. 6 respondents representing 22.2 percent of them were in Level 300 and 5 representing 18.5 percent were in Level 400 whilst 1 respondent, representing 3.7 percent was a Master of Philosophy in Psychology student. Clearly, the researcher covered a wide range of students with disabilities and was able to interview students from all levels to ensure heterogeneity.

Figure 6: Faculty of Student (SWD)



The illustration in Figure 6 shows that out of 27 respondents interviewed, 19 representing 70.4 percent were in the Faculty of Social Studies, 7 of them representing 25.9 percent were in the Faculty of Arts whereas 1 student representing 3.7 percent was in the Faculty of Science. In an answer to whether students with disabilities were able to access their faculties, schools or departments without difficulties, as many as 22 respondents representing 81.5 percent said that, they were unable to access their departments, schools or faculties without difficulty whereas the rest of the 5, representing 18.5 percent said they were able to have access without difficulty. It is therefore evident that most students with disabilities had lots of

difficulty in one way or another, accessing the facilities and services in their various departments, schools or faculties. Deducing from Figure 6 above, majority of the students interviewed were in the Faculty of Social Studies.

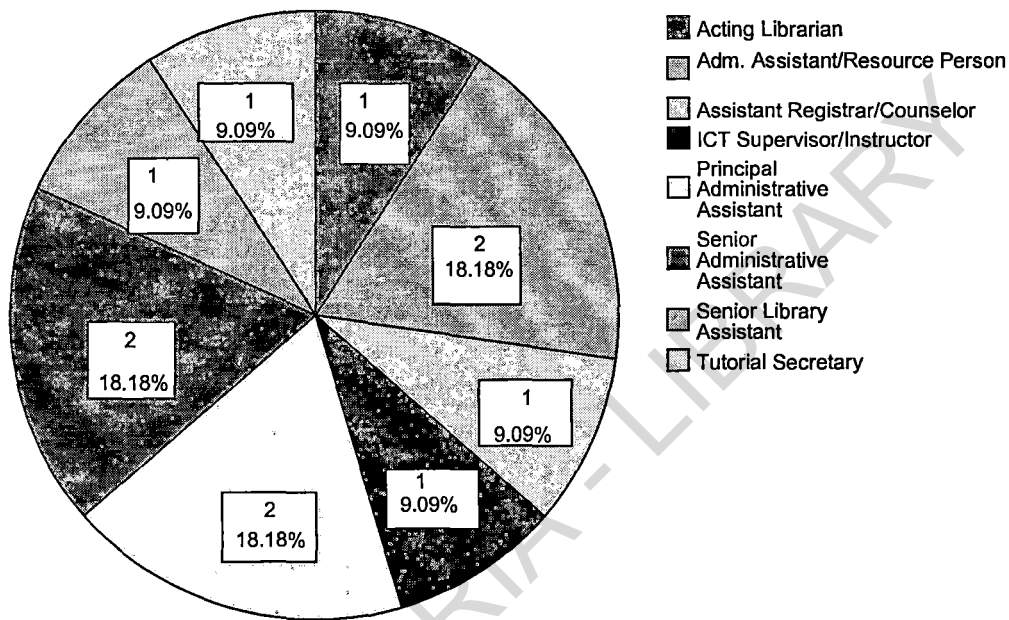
Table 4: Department/Office of Staff

Department/Office	Frequency	Percentage
Akuafo Hall Tutorial Office	1	9.1
Balme Library	1	9.1
Commonwelth Hall	1	9.1
Counseling and Placement Centre	1	9.1
ICT Centre	1	9.1
Legon Hall Tutorial Office	1	9.1
Mensah Sarbah Hall Library	1	9.1
Mensah Sarbah Hall Tutorial Office	1	9.1
Office of Students with Disability	1	9.1
Office of the Dean of Students	1	9.1
Volta Hall	1	9.1
Total	11	100.0

Table 4 indicates that a respondent each from all the categories of departments and offices were interviewed and they made up to 9.1 each of the key informants. Indeed these departments or offices are places where students of the university and for that matter, students with disability regularly visit to directly access the services they provide. They are Akuafo Hall, Commonwealth Hall, Legon Hall, Mensah Sarbah Hall and Volta Hall Tutorial

Offices, the Balme Library, the Information Communication and Technology centre, the Counseling and Placement centre/Registry , Mensah Sarbah Hall Library, Office of the Dean of Students and Office of Students with Disability (exclusively for Students with disability).

Figure 7: Position or Status in the University



The eleven key informants interviewed held different positions in the University as workers who had the direct responsibility of providing support for the students with disability. As can be observed from Figure 7, 2 respondents representing 18.2 percent were Senior Administrative Assistants from Volta Hall and Akafo Hall. In addition, there were 2 Principal Administrative Assistants from Legon Hall and Commonwealth Hall representing 18.2 percent, and 2 Administrative Assistants representing 18.2 percent, one from the Dean of Students Office and another who was also a resource person from the Office of Students with Disability; popularly called the Office of Students with Special Needs . The remaining office holders interviewed were one each representing 9.1 percent being the Acting

University Librarian, Assistant Registrar/Counselor, ICT Supervisor/Instructor, Senior Library Assistant from Mensah Sarbah Hall and a Tutorial Secretary also from Mensah Sarbah Hall; a total of 11 members of staff.

Figure 8: Academic Qualification of Staff (KI)

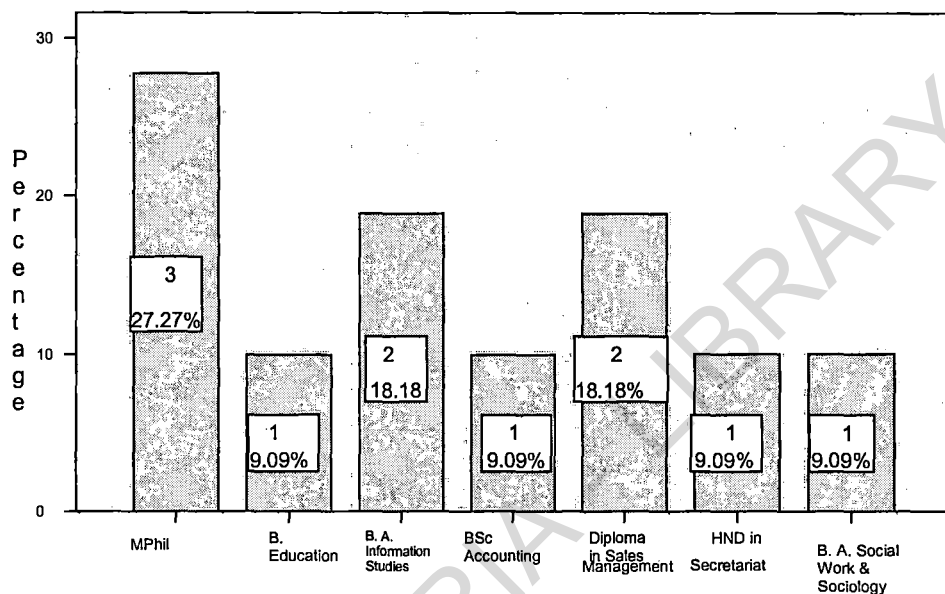
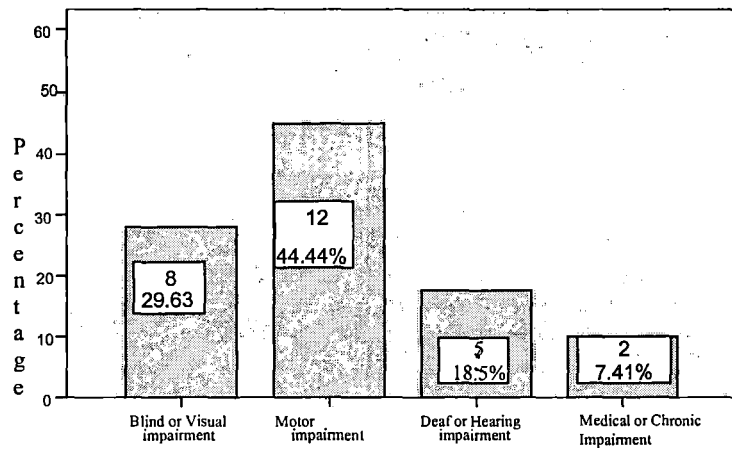


Figure 8 shows the academic qualifications of the Key Informants. 2 respondents representing 18.18 percent held Bachelor of Arts Degrees in Information Studies whilst 1 respondent representing 9.1 percent held Bachelor of Arts Degree in Social Work (Major) and Sociology (Minor). 2 key informants however had Diploma in sales management. Meanwhile, 3 respondents showing 27.27 percent held MPhil Degrees and 1 respondent representing 9.1 percent had Bachelor of Education Degree. A respondent each held Bachelor of Science Degree in Accounting and Higher National Diploma in Secretariat respectively.

Figure 9: Kind of Disability (SWD)



It is evident from Figure 9 above that 12 respondents, representing 44.4 percent of students interviewed were motor impaired. 8 of them, forming a percentage of 29.6 were blind or had visual impairment. 5 students were deaf or hearing impaired, showing 18.5 percent. However, 2 students interviewed had chronic illness or medical conditions and this accounted for exactly 7.4 percent. On the other hand, none of the university authorities interviewed had any form of disability.

Table 5: Types of Disabilities Recorded among University of Ghana Students (KI)

Types of Disability	Frequency	Percentage
Blind or Visual impairment	11	100
Physical or motor impairment	11	100
Deaf or Hearing impairment	5	45.4
Speech and language impairment	5	45.4
Psychological or psychiatric impairment	2	18.1
Chronic illness/Medical conditions	7	63.6
Autoimmune Disease	2	18.1

Key informants were asked to give as many as possible, the types of disabilities recorded among students in the University of Ghana. All the 11 respondents who were interviewed, thus 100 percent mentioned that blindness or visual impairment and physical or motor impairment were the common types of disability recorded in the university. Meanwhile, 7 respondents representing 63.6 percent of them mentioned chronic illness/medical conditions whereas 5 representing 45.5 percent each mentioned deaf or hearing impairment and speech or language impairment respectively. 2 representing 18.1 percent each mentioned autoimmune disease and psychological or psychiatric impairments respectively. The two respondents who mentioned the latter were however quick to say that, the psychological or psychiatric impairments were not common though. See table 5.

Table 6: Age at which Student Become Disabled (SWD)

Age	Frequency	Percentage
At birth	11	40.7
4.00	1	3.7
5.00	1	3.7
6.00	2	7.4
7.00	1	3.7
9.00	2	7.4
25.00	1	3.7
No response	8	29.7
Total	27	100.0

From Table 6 above it can be observed that majority of respondents indicated that, they were disabled from birth, showing 11 respondents which represents 40.7 percent. 2 respondents representing 7.4 percent had their disability at age 6 and another 2 at the age of 9 respectively. 1 respondent each, thus, 3.7 percent each became disabled at the ages of 4, 5, 7 and 25 years respectively. 8 respondents, representing 29.7 percent gave no response to this particular question.

Table 7: Needs Required in Hall of Residence (SWD)

When they were asked the above question, the students with disabilities gave specific needs they required and they responded saying, their needs included but were not limited to the following responses as depicted in Table 7 below:

Residential Needs	Frequency Male:Female ratio	Categories of Disabilities
Accessible ramps linking the main entrance to the porter's lodge and those to link my room to the washrooms without being dependent on friends for help.	9:3 5:3 1:0	All Motor Impaired students (8) Blind/Visually Impaired (1) Chronic/Medical Condition
An inner private room throughout my university education.	20:7	All students with disability
Sign language interpreters during hall meetings and Junior Common Room open forum.	4:1	All deaf/hearing impaired students
Sports and recreational facilities to exercise without any barrier.	5:1 3:1	(6) Physically/Motor Impaired (4) Blind/Visually Impaired
Grab bars at the toilet and bathrooms.	3:2	(5) Physically/Motor Impaired
Wide doors for my wheel chair.	1:2	(3) Physically/Motor Impaired
Tolerant and supportive room mates.	2:0 9:3 5:3	(2) Chronic/Medical Condition (12) Physically/Motor Impaired (8) Blind/Visually Impaired

	4:1	(5) Deaf/Hearing Impaired
The tutorial office should be located on the ground floor for easy access.	7:2 4:2 2:0	(9) Physically/Motor Impaired (6) Blind/Visually Impaired (2) Chronic/Medical Condition
Hall announcements should be in Braille formats and should be sent into my pigeon hole at the porter's lodge so that I can be informed and be able to participate in hall activities without any exclusion.	5:3	(8) Blind/Visually Impaired
Braille machines for the hall library.	5:3	(8) Blind/Visually Impaired

Barriers Facing Students with Disabilities Generally (KI)

According to the authorities, some of the hurdles that students with disability faced were inability to socialize easily with other students due to prejudice and discrimination. Others indicated that, most blind or visually impaired students and those with physical or motor impairments especially; students using wheel chairs and clutches were unable to use most buildings or move easily on campus. This was attributed to the fact that almost all tall

buildings had no elevators nor lifts whilst many more structures had neither access ramps nor wide doors. They attributed this problem to inadequate funding to remodel major university structures.

Meanwhile to some authorities, the blind or visually impaired students faced lots of delays trying to have their lecture notes and other library literature Brailled for them due to inadequate resource persons and Braille machines. Others said most blind or visually impaired students had difficulty with movement due to careless driving, careless parking of vehicles and the presence of open gutters on campus. Some mentioned that intermittently, students with disability faced problems with their room mates and sometimes arranging comfortable accommodation took quite a longer time than expected.

The Services SWD Expect the University to Provide for them

In an answer to the question- what services students with disabilities expect the University to provide for them, majority of the students with disability were of the view that the services of resource persons at the Office of Students with Disability must be effective and efficient.

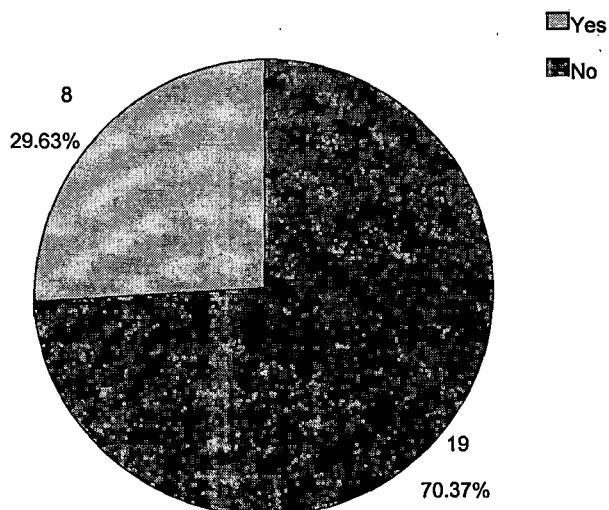
According to blind or visually impaired, this can be made possible by increasing the number of the resource persons in charge of brailing their reading materials. According to them, they always get their notes and other handouts in Braille format very late; sometimes about three weeks to examination which does not give them enough time to prepare. Meanwhile, the deaf and hearing impaired reiterated that their problem mainly has to do with communication difficulty and lack of information. Also, they said more resource persons should be employed since one sign language interpreter may not have adequate knowledge in all subjects and therefore should not be allowed to interpret all subjects as that seems to be the case currently. Again, most students especially the deaf or hearing impaired and some motor impaired students pointed out that they needed the services of note-takers during lectures.

More so, all twenty-seven students with disability requested for enough extra time for writing their examinations; recommending half of the original time allocated for all other students as extra time. Majority of them demanded that transportation services (campus shuttle) should be reliable, enough and easily accessible. Some of the students with disability also alleged that the internet services at the Information Communication and Technology centre should be fast and uninterrupted so that research and other assignments could be completed and submitted on time. Others were of the view that Teaching Assistants must be trained to organize tutorial sessions effectively without any form of exclusion or prejudice against students with disability whilst most visually and motor impaired students and those with medical conditions requested that laundry services should be less costly.

Problems Facing SWD in Accessing the Lecture Halls

Below includes the problems the students with disability mentioned they faced in accessing the lecture halls: “The open gutters leading to the lecture halls make movement very difficulty”, “Sometimes the lecture halls get too noisy for the purpose of recording and it becomes difficult to comprehend when listening to the tapes”, “Most lecture halls are far from my hall of residence and it takes me a very long time to get there”. According to them, this made them easily tired. Others’ said “Sometimes the capacity of the lecture rooms are smaller than the number of students and majority of us have to struggle over seats with other ‘able’ students”, “Accessing most lecture rooms is a difficult task since there are no elevators or lifts”, “The problem of not getting a seat during lectures troubles me”. Finally, “The policy of reserving all front seats for students with disability is violated to our disadvantage”.

Figure 10: Ability to Use the Toilet and Bath without Difficulty (SWD)



From Figure 10 it can be observed that majority numbering 19 respondents, representing 70.4 percent answered that they were unable to use the toilet and bath without difficulty whereas the rest, numbering 8 which represents 29.63 percent said they were able to do so without difficulty. It can however be observed from table 7 that, most students with motor impairments mentioned they needed grab bars, wide doors and accessible ramps at the toilet and bath among others. They may therefore form a good number of the respondents who considered that using the toilet and bath posed difficulties to them.

Table 8: Ability to Use the Hall Library without Difficulty (SWD)

Response	Frequency	Percentage
Yes	9	33.3
No	17	63.0
Not applicable	1	3.7
Total	27	100.0

Observing from table 8, as many as 17 students with disability showing a percentage of 63 asserted that they were unable to use the hall library without difficulty. Indeed, according to table 7, all the eight students who are blind or visually impaired mentioned the need for a Braille machine at the hall libraries which currently do not have at all and therefore exclude them from using the libraries in their various halls of residence. Others could not use their hall libraries due to physical barriers such as staircases, narrow doors and narrow moving spaces. Meanwhile, 9 representing 33.3 percent claimed they were able to use the hall library without difficulty.

Figure 11: Ability to Use the Dining Hall without Difficulty (SWD)

When asked the above question, 16 respondents representing 59.3 percent, answered in the affirmative, whereas 10 students with disability representing 37 percent answered otherwise. A respondent, representing 3.7 percent said he or she did not use the dinning hall at all and therefore the question did not apply to him or her. The pie chart below illustrates the major responses.

Figure 11: Ability to Use the Dinning Hall without Difficulty (SWD)

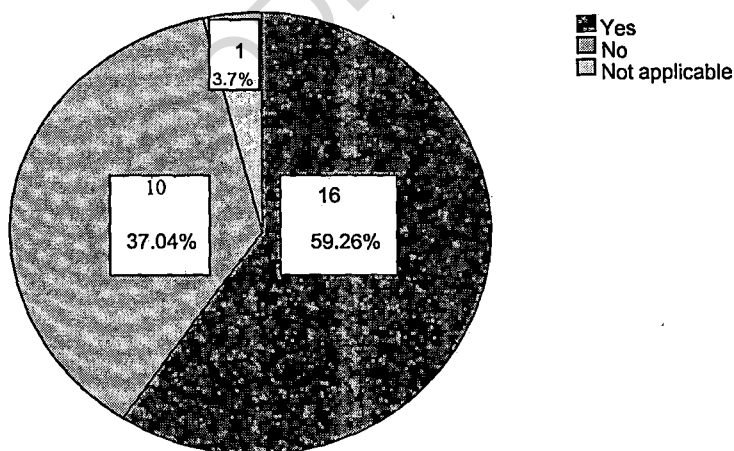
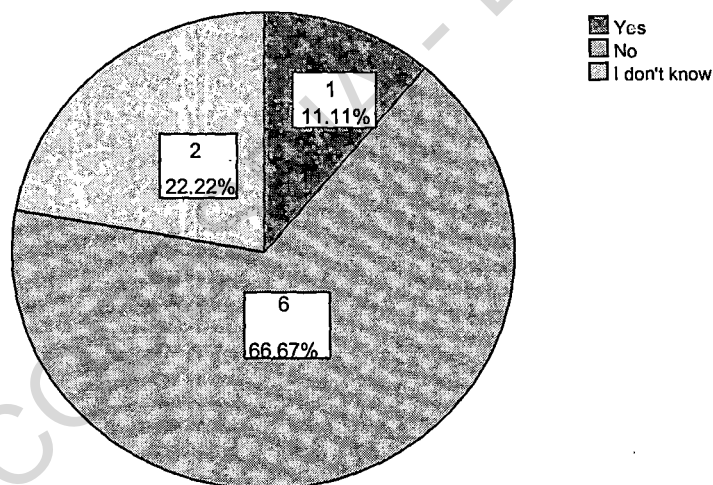


Table 9: Ability to Use the Porters' Lodge without Difficulty (SWD)

Response	Frequency	Percentage
Yes	22	81.5
No	5	18.5
Total	27	100.0

Gazing from the above table, 22 respondents, representing 81.5 percent stated that, they were able to use the porters lodge without difficulty whereas 5 of them thus, 18.5 percent said they were able to use the porter's lodge but with difficulty.

Figure 12: Whether there is a Form of Financial Assistance the University of Ghana Provides for Students with Disabilities



When the key authorities were asked whether the University provided any form of financial assistance to the students with disability, 54.5 percent of them, representing 6 respondents asserted that the University of Ghana does not provide any form of financial assistance to the students with disability. These authorities however quickly noted that, the University provides financial assistance to few needy students which students with disability also have

the opportunity to apply to the Financial Aids Office for consideration. 1 respondent (9.0 percent) respondent thought otherwise and approximately 36.4 percent, numbering up to 4 respondents pointed out that they had no idea.

Table 10: Whether Students Get the Required Assistance from Room Mates (SWD)

Response	Frequency	Percentage
Yes	16	59.3
No	9	33.3
Not applicable	1	3.7
Sometimes	1	3.7
Total	27	100.0

As can be observed from Table 10, out of a total of 27 respondents, 16 of them, representing 59.3 percent alleged they got the required assistance from their roommates. 1 respondent each representing 3.7 percent indicated he or she got the required assistance only sometimes and the other did not require the assistance of any room mate at all. Whereas 9 respondents representing 33.3 percent said they did not get any form of assistance from their room mates. It is therefore evident from table 9 that, though not all the students with disability received the expected support and assistance from their various room mates, majority of them did.

The Sort of Assistance Students with Disabilities Expect from their Room Mates

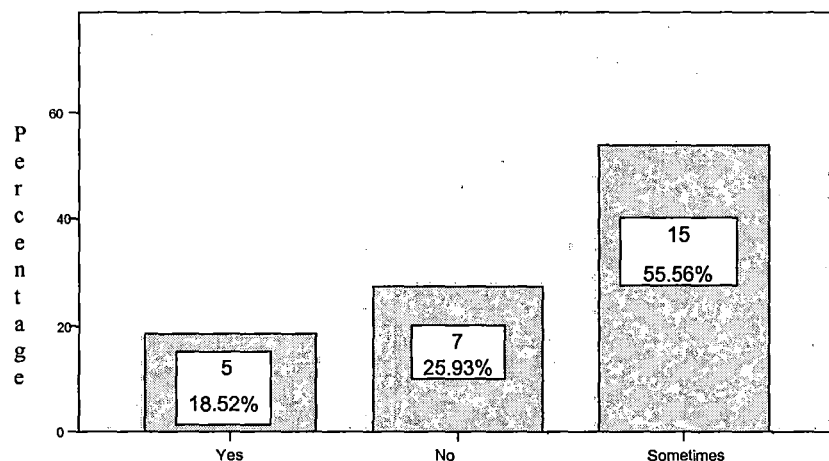
The category of respondents who required the assistance of their room mates were asked to state what sort of assistance they expected and below are some of the major responses. Most of the blind or visually impaired students specifically indicated that, they expected their room

mates to read out their notes to them so that they themselves could tape record or emboss in Braille format for further learning.

Other students, particularly, the physically or motor impaired however, expected their room mates to allow their (SWD) course mates to teach them or hold group discussions with them in their rooms. Meanwhile, almost all the blind or visually impaired and the physically or motor impaired declared that a major expectation they have is for their room mates to fetch water for them to bath whenever water does not flow through the pipelines.

However whilst a few explicitly said they expected religious help from their room mates to enable them build their spiritual lives, majority indicated they expected counseling services that would cut across emotional, spiritual, psychological, physical, social and academic needs. Even more were the expectations to be assisted where possible to build their full potential and to help them discover career opportunities after completing their university education. More of them also claimed they expected encouragement and motivation whilst others mentioned they expected their room mates to be tolerant to their disabilities so that they can feel belonged without any form of exclusion, discrimination and prejudices against them.

Figure 13: Existence of Needed Assistive Devices at the Information and Communication Technology Centre (SWD)



Whilst 5 respondents representing 18.5 percent indicated they always got the needed assistive device at the Information and Communication Technology (ICT) center as many as 55.6 percent representing 15 of them said they only sometimes got the needed assistive devices. 7 respondents representing 25.9 percent answered they did not get the needed assistive devices at all at the ICT center. According to the two latter respondents, assistive technology at the centre leaves much to be desired. See the illustration above.

Figure 14: Whether Access to Transportation Poses Problems to Movement on campus (SWD)

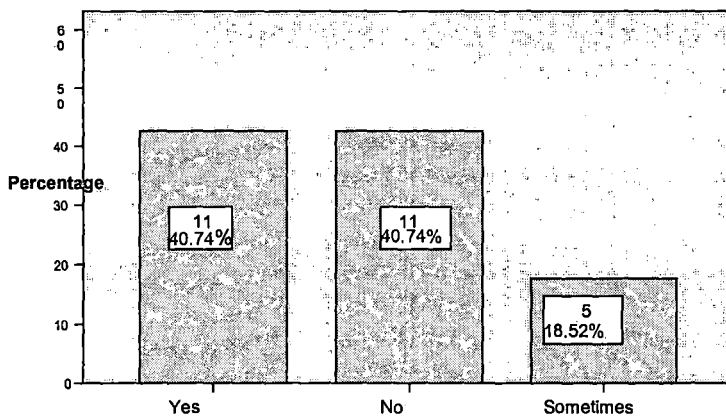


Figure 14 shows that when the students' category was asked whether transportation on campus posed mobility problems to them, 11 respondents representing 40.7 percent claimed the affirmative. 5 representing 18.5 percent however noted only sometimes did access to transportation (campus shuttle) pose problems to their movement on campus. The other 11 representing 40.7 percent did not think campus shuttle posed problems to their movement on campus. On another hand, 57.7 percent of the respondents said they were able to have easy access to the university sports oval whilst 42.3 percent thought otherwise. 3.7 percent however gave no response.

Problems that Hinder the Participation of SWD in Campus Activities

The responses obtained from the students with disabilities when asked the above question included but not limited to the fact that, lack of information hindered their participation greatly in the sense that, they were mostly sidelined when it came to the issue of decision making, especially on matters that concerned their wellbeing. Also, all the deaf or hearing impaired and the speech or language impaired stressed that, they simply were unable to take part in tutorial sessions or comprehend during lectures due to lack of sign language

interpreters during those sessions; hence did not get the chance to share their thoughts or benefit from discussions. They also said interaction with other students and their lecturers became difficult without sign language interpreters and this cut them off from most university programmes.

Further more, some motor and medically impaired students indicated they were mainly unable to attend tutorial sessions at all and sometimes even lectures due to the fact that, the campus shuttles were not accessible and they had to always walk or wheel long distances from their rooms to the lecture halls. Others were of the view that, they could neither climb the staircases to the lecture halls nor struggle over seats with other students.

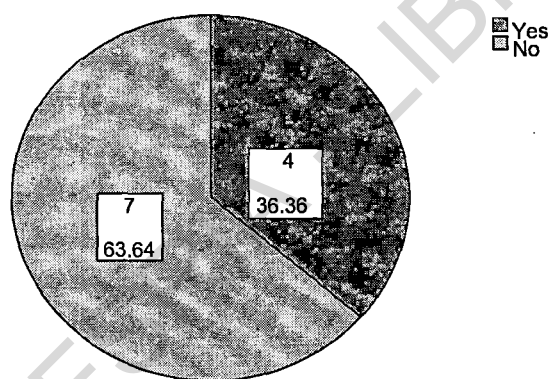
Meanwhile, most blind or visually impaired students reported that, delay on the part of their resource persons to Braille their handouts and pamphlets made them unable to effectively take part in tutorials and group discussions since, they were not able to read ahead of time and this reflected negatively in their academic performances. According to other visually impaired students, careless driving and open gutters hindered their movement on campus; hence their poor participation in campus activities. To others, inadequate sports and recreational equipments stopped them from exercising their minds and bodies.

Strategies used by SWD that Enable them to Study Effectively

According to the students with disability, the strategies they adopted which enabled them to study effectively were the following personal submissions; “I tape record my lectures and listen to the play back”, “I make sure I force the resource persons to Braille my handouts on time so I can learn ahead of time”, “I have been physically and emotionally strong and these keep my grades stable”, “since the campus shuttles are not regular and reliable, I leave my room early so that I do not miss lectures and tutorial sessions”. Others stated “I depend on

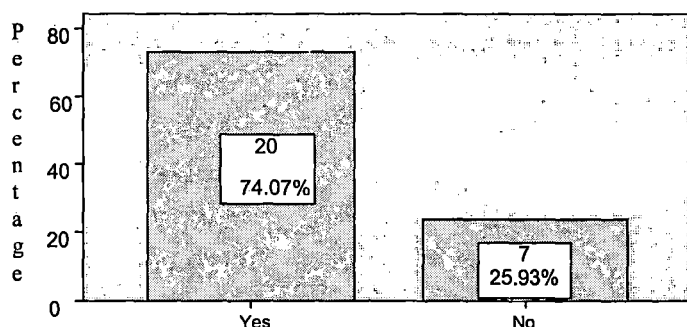
group discussions a lot”, “my secret is that I always make sure I am mentally and psychologically fortified against any form of discrimination or prejudice”, “I quickly erase the psychological barrier from my mind and I ignore the social exclusion”, “I depend on friends all the time to assist me in my studies”, “I don’t always wait on any sign language interpreter so I photocopy the second hand notes of my course mates and I make sure I read constantly”, “I use the Jaws and Dolphin computer software for my assignments”. These were the varied strategies that the students with disability acknowledged helped them study effectively.

Figure 15: Existence of a Policy for Students with Disabilities (KI)



In Figure 15, 7 respondents representing a percentage of 63.6 claimed there was no existing policy on facilities, services and accommodation for students with disability. To them, it remained merely a draft which is not yet implemented as an existing policy whereas the rest of the 36.4 percent thought otherwise.

Figure 16: Knowledge about any Existing University Policy on Facilities, Services and Accommodation for Students with Disabilities (SWD)



In contrast, when the student category was asked the above question, 74.1 percent of respondents which represents 20 of them, admitted that they had knowledge about an existing university policy on facilities, services and accommodation for students with disability whereas the rest, 25.9 percent said they did not. As to whether they were involved in the drafting of the said policy, 100 percent of these students answered in the negative.

The Benefits SWD have Derived from the Disability Policy

The responses obtained included; “I have not benefited in any way; I struggle on my own”, “I have benefited from accommodation since my first year”, “I benefit through the services of resource persons who sometimes Braille my materials”, “The establishment of an Office of Students with Disability gives me a place to report my problems”, “Through the policy I get extra time during my examinations”, These few responses were the benefits they had derived, according to the students with disability who claimed they had knowledge about an existing disability policy of the University but the greater number of them said they had not benefitted from the policy yet though it existed.

Table 11: Number of Students with Disabilities Staff Currently Works with (KI)

Response	Frequency	Percentage
About 60	3	27.3
About 30	3	27.3
10	2	18.1
6	1	9.1
13	1	9.1
No response	1	9.1
Total	11	100.0

In order for the researcher to identify the number of students with whom the various key office holders work with at the time of the research, the above question helped provide the following estimation. About 27.3 percent of the authorities affirmed that, they worked with about sixty students with disability, which meant they worked with all registered students with disability. Meanwhile, another 27.3 percent of them said they worked with about half of the students who numbered about thirty; whereas exactly 18.1 percent of the respondents claimed they worked with ten of them. A respondent each mentioned they worked with about 6 and 13 students with disability respectively whilst a respondent gave no response.

Specific Roles Played by Staff at Providing the Needs of Students with Disabilities

According to the authorities, some of their roles included making sure that the SWD were given suitable rooms, beds and room mates, provision of Braille services for the blind or visually impaired, advocating for the rights and promoting the welfare of SWD, invigilating their examination and making sure they are given enough extra time to write their exams.

Other roles they played were personally delivering information to them in their rooms, helping them to access their emails and counseling them. The supervisor at the ICT centre indicated that, she taught and instructed them on how to effectively use the computer and the library assistant said he provided help to them on their research. All the officers who worked at the tutorial offices in the five traditional halls of residence mentioned they ensured these students got accommodation on the ground floors so they could easily move about and participate in campus activities.

Problems SWD Pose to Key Informants in their Work

There were very interesting responses when the selected authorities were asked to specify the major problems they encountered in their work with the students with disability. About six respondents mentioned they faced no major problems from the students with disability whilst the rest by way of quoting them said; “Not much because I understand the situation in which they are”, “some of them like nagging over flimsy issues”, “we have to always fish them out to help them since they do not come out easily to share their problems”, “I believe few of them take advantage of their disability to demand undeserved assistance”.

Problems SWD Face in Accessing Services Key Informants Provide

According to the authorities, there were some major problems that students with disability faced in their attempt at accessing the support services they provide. First was the fact that, most respondents confessed the location of their departments or offices were not easily accessible to most students with disability and those which are were far away from the halls of residence of the students. In other words, their offices were not disability friendly. Second was the problem of inadequate staff, especially, resource persons and this created

unnecessary pressure on the few sign language interpreters and the staff who Braille materials for the blind or visually impaired students.

Third, most authorities interviewed admitted that the means of disseminating information from their offices to the students with disability, especially to the visually and hearing impaired was very poor. Fourthly, others however opined that, some students with disability had little or no information about the services they provide. Finally, one respondent indicated “the needs of students with disability who sought assistance from my office are attended to without delay so they face no problems”.

Difficulties SWD Encounter Trying to Get Assistance from Resource Persons

The difficulties the students indicated they faced in getting assistance from resource persons at the office of students with disability included the following: Some said they were sometimes not available when needed. Other respondents said they were not adequately informed about the kinds of services the resource persons provided whilst others hinted it took too long a time for them to act when issues are reported to them. To some, the door to the office of the resource persons was too narrow to allow their wheel chairs. Many other respondents were of the view that the resource persons were woefully inadequate to attend to all students with disability especially, those who were involved in Brailing services. Some students with hearing and speech impairments alleged, the sign language interpreters were not enough and the few did not have adequate knowledge at interpreting certain subjects and it created lots of difficulty for them to understand their lecturers who taught such courses.

Problems SWD Encounter with the Coordinator of Services

When students were asked to mention some problems they encountered with the Coordinator who offers services for students with disability, most of them were reluctant and therefore

gave no responses. Some mentioned that they did not encounter problems with him but the very few who did, stated in clear terms saying, “The Coordinator makes me feel neglected as if I am not part of the institution through some of the comments he makes”, “He is a person who always discourages me from achieving my objective for coming to the university instead of encouraging me”, “The Coordinator’s office located on a first floor makes climbing several staircases difficult so he is mostly out of reach”, “I believe he can do more for us than just meeting us once every semester without solving most of our problems for us”.

Difficulties Key Informants Face in their Work with the Coordinator of Services

When the authorities were asked to tell the difficulties they faced working with the only person whose sole responsibility it was to coordinate all services of the students with disability, a few said sometimes there were role conflict between them and the Coordinator and at other times, it became difficult to tell whether the resource persons took instructions from the appropriate university authority or only from the Coordinator; an occurrence which created lots of confusion in discharging their duties. Most of the staff again admitted that the working relationship between them and the Coordinator was not close and there was inadequate information flow. Others simply stated there was lack of proper coordination. Three different key informants however, avowed they did not understand why the office of the Coordinator of services for students with disability was on an upper floor which was inaccessible to most students with disability.

Effects Created by Inaccessibility to University Services and Facilities

According to the authorities, the inability of students with disability to access certain services and facilities created lots of problems and notable among them were that it made them slow in their dealings as compared with the other students. Also, inaccessibility to information for

instance denied them of relevant news and this mostly cut them off from most relevant university activities. To some others, it resulted in exclusion, segregation and abuse of the fundamental human rights of students with disability.

Measures Taken by the University to Enhance the Movement of SWD on Campus

When this question was asked, most of the participants without any hesitation pointed out that, in actual fact, these students had been marginalized against and not much at all had been done to improve their movement on campus just like in all other areas due to lack of financial support. Ultimately, a small number of the staff revealed that few new building structures had the incorporation of accessibility features like access ramps and wide doors. Others said some open gutters had been covered to prevent falls and accidents whilst taxis and commercial vehicles had been prevented from operating on selected roads on campus to allow easy movement of all students with disability. Few said the general student body had been encouraged as far as practicable, to assist students with disability especially, to and from lectures.

Strategies Adopted by the University to Enable SWD Effectively Perform in their Academic Work

The researcher was informed by the key informants that, as part of her policy, the university had established an Office where students with disability could go for assistance and had also instituted special concession of admission and accommodation for all students with disability. Also, the university provided extra time for these students to enable them write their examinations successfully whereas some of the resource persons had been designated to stay in their examination rooms to assist them when they needed help. Also, the introduction of Braille machines including 'talking' computer software and employing sign language

interpreters were measures which the University of Ghana had adopted to help the blind or visually impaired and the deaf or hearing impaired students respectively to effectively perform in their academic work. Again, they mentioned that, as part of the university's policy, all front seats in each lecture hall were meant for students with disability (yet the students category indicated they struggle over seats with the other students) and visually impaired students were given the right to tape record lectures so they can play back and emboss in Braille for their studies.

How the University Disseminates Information to all Categories of SWD

In response to the above question, key authorities interviewed were of the view that, there was absolutely no special means through which the university disseminated information to students with disability apart from the usual way information was circulated to all students. That is by print and posting them on notice boards, through Radio Universe and sometimes through verbal orientation sessions which obviously mean majority of the visually and hearing impaired students were greatly left out.

Recommendations of Students with Disabilities to the University to Help Meet their Needs

The following recommendations were provided by the students with disability: "Academic materials for students who are blind or visually impaired should be brailled on time to ensure effective preparation towards examinations". "Also, effective resource persons and an efficient Coordinator should be employed to solve most of our problems for us, "all students with disability as part of our orientation sessions should be well educated about the functions of the Office of SWD so that we get to know where and when to go for assistance". Others

were of the view saying that “All students and lecturers at the university must be educated on how to care for persons with disability with dignity since any one is at risk”.

“Easily accessible lecture halls should be constructed immediately while old ones should be remodelled to contain accessibility features”, “Interim Assessments (IA) should be conducted regularly to boost the academic performance of students without basing students performance on only semesters final examinations”. “All gutters should be closed and accessible ramps should be constructed to link all public buildings on campus”. Some said “There should be a strong collaboration between the Coordinator and the Campus Association of Students with Disability”, “the Office of students with disability should correspond with all the various Hall Tutors in order to arrange comfortable rooms for all registered students with disability”. “Sports facilities and recreational services should be provided for all and sundry”.

Recommendations of Key Informants to Help Address the Needs of SWD

The researcher observed that, most of the recommendations given by both the students with disability and the authorities were similar while few responses from the student category were much more divergent and specific. The key informants recommended that the university should put in place a mechanism to enhance the movement of the SWD on campus like providing accessible campus shuttle, covering all open gutters and drains, constructing or remodelling lecture halls and other public places to make them easily accessible. Others said the Coordinator of services for SWD must coordinate effectively with all other service providers on campus and see to it that resource persons submit all required information about SWD who are admitted each academic year to all services providers so that adequate preparations would be made to meet their needs.

Even more, others were of the view that books such as text books should be embossed in Braille for the blind students in order to help them in their studies. In addition, some asserted that the university could also adopt a system where newly admitted students with disability would be given thorough orientation about the variety of services, facilities and accommodation available for them as well as educate them about the accessibility features on campus. Others recommended enough resource persons should be employed to help smooth the academic progress of all students with disability.

4.2 Presentation of Research Findings

To begin with, the leading research question in this study was how disability could be redefined using the social model. It has been established throughout this research that, disability is a socially created problem or a form of social oppression involving the social imposition of restrictions of activity on persons with impairments. Therefore, the term 'disability' in this work is in accord with the definition by Barnes and Mercer (2004) and Wendell (1996) taking account of the socio-structural barriers and restrictions that exclude and discriminate against people with impairments including, the social processes and practices which place limits on their psycho-emotional wellbeing and not merely a medical condition. The finding of this research reveals that both students with disabilities and university authorities interviewed were strongly of the opinion that, it was the responsibility of the university to remove barriers and provide accessible facilities, services and accommodation for students with disabilities. Participants believe this should not be at an additional cost but as a core element which the University should make available to all students, including students with disabilities to enable them participate fully in the mainstream of the University of Ghana. This finding again is in agreement with the opinion of Oliver (1996), Depoy and Gilson (2004) who believe disability should not be seen as a

physical condition or medical deficit but rather see it as a complex collection of conditions, many of which are created by the social environment. Hence, management of the problem requires a social action thus the collective responsibility of society to make the environmental modifications necessary for the full participation of persons with disabilities.

Also, the researcher discovered from the study that accommodation facilities such as hall libraries, toilet and bathrooms as depicted in picture 13 in Appendix 1 were not accessible to make life comfortable for most of the students with disabilities. Observing from figure 10, 19 students with disabilities representing 70.4 percent said they were unable to use the toilet and bath without difficulty. Whereas in table 8, 17 respondents representing 63 percent indicated that they were unable to use the Hall library without difficulty. In figure 11 and table 9, though about 59 and 81 percent said they were able to use the dinning halls and porter's lodges respectively without difficulty, approximately 37 and 18 percent respectively admitted that they had lots of difficulties using the dinning halls and porter's lodges respectively. This therefore means that, most accommodation facilities were not accessible to all students with disabilities at the University of Ghana. Also, though 59 percent indicated in table 10 that they got the required assistance from their room mates, 33 percent asserted that they did not.

Even more, on the issue of accommodation was the assertion that students with disabilities need more accessible facilities like what is presented in pictures 1 and 14 as opposed to pictures 3, 4 and 13 of Appendix 1 to be constructed by the University or made accessible in order to help them move around easily and to enable them participate fully in campus activities without barriers. This agrees with the suggestion made by Stickles and Radloff (1996) that institutions should be legally obliged to adjust the learning environment to the needs of students with disabilities. From the interview, it was also clear that the type of

disability a student had required a particular need to be met. Therefore, most students with physical or motor impairments as well as some visually impaired students pointed out they needed grab bars in the washrooms as well as accessible ramps and wide doors such as presented in pictures 9 and 10 of Appendix 1 to be constructed to link all entrances especially, on the ground floors.

Again, most of the blind or visually impaired students said they needed inner or private rooms to avoid theft and also to be able to easily reach items in their rooms without being excessively dependent on room mates. Again, the latter were of the opinion that, announcements should be embossed in Braille formats and sent into their pigeon holes so that, they would be adequately informed about issues in the university just as all other students without being left out. Most of them also implied that, they needed the university to acquire Braille machines for the hall libraries. The students with medical or chronic conditions emphasized that they should be given the opportunity to choose their own room mates who would be tolerant and supportive, whilst all the hearing or speech impaired students hinted that they needed Sign language Interpreters during hall meetings and Junior Common Room open forum. This finding supports Reid's (1999) assertion that the problem for most students with disabilities is not so much in getting to campus but in accessing relevant information once they are on campus and in their classes.

In addition, it is undeniable that, the common felt need that runs through all the categories of these students was the need for them to be consulted before their room mates are chosen for them in the case where they would not be given inner rooms. Other felt needs except for the deaf or hearing impaired, were accessible sports and recreational facilities, covers over all open gutters and situating all Tutorial Offices on the ground floors of the halls of residence

for easy access. These discoveries therefore answer the third research question by showing that all students with disabilities in a way or another do not have accessible accommodation on the campus of the University of Ghana.

Further more, the researcher in her quest to determine the extent of the difficulties faced by the students with disabilities with regard to access to university facilities such as lecture halls, transportation, Information and Communication Technology (ICT), offices and other public places on campus among others, she found out that, most university facilities were not accessible to students with disabilities and this created lots of difficulties for them. According to these students, most lecture halls were not designed to suit them and such facilities prevent them from participating fully in most activities such as lectures, tutorial sessions, departmental programmes, sports and hall week events. To them they were “cut off” from most activities and services.

Adding to the above, it was interesting when the students pointed out that the Office of Students with Disabilities as well as the Office of the Coordinator of Services for Students with Disabilities were both not accessible to most of the students with disabilities. Though the former had an accessible ramp, its doors were too narrow to allow wheelchair entry whilst the latter with several stairs was located on an upper floor of the Business School without an elevator or lift. The researcher made similar observations and illustrated this in pictures 5 and 6 respectively in Appendix 1. Most other places such as the main entrance to the Balme Library and some halls of residence presented by the researcher in pictures 8, 3 and 4 in Appendix 1 were also not easily accessible to students with disabilities. This was also confirmed by the key informant themselves when most of them admitted that their offices were not disability friendly in terms of the structure and design.

Even more, the researcher found out that most students with disabilities had difficulties using the transportation system on campus. To them, the schedules with which the shuttles operated were unreliable and the doors to the buses and spaces in them were narrow and inconvenient. The illustration on figure 14 confirms that access to transportation (campus shuttle) posed problems to the movement of 40.7 percent of students with disabilities and 18.5 percent said transportation posed problems to them only occasionally. The students complained that, they ended up walking long distances from their rooms to lecture halls and sometimes became too exhausted. These responses came mostly from blind or visually impaired and physically or motor impaired students.

More so, major halls for lectures, tutorials, conferences and other university events such as the Great Hall, Central Cafeteria, the Jones Quartey Building, the School of Nursing, the Business School and the Top of Bookshop as well as some departments were not accessible to most students with disabilities. Though portions of the Business School had ramps on the ground floors, they appeared to be very steep and dangerous to be used especially by students using wheel chairs (as shown in picture 2 in Appendix 1). Most Blind or visually impaired students who usually tape record their lectures complained about too much noise in the background when playing back the tapes. Again, they hinted that they normally would have to struggle over seats with other students since the University's policy on reserving all front seats in lecture halls for students with disabilities was not adhered to.

Very impressive however were the access ramps leading to the ICT centre and the dedication of its entire ground floor specifically to students with disabilities. The researcher observed that, the ICT Directorate had wide doors, open space for movement, Braille machines, and Scanners. According to the ICT supervisor who was interviewed, "the centre has computers

with the Jaw and Dolphin software to cater for the information, communication and technological needs of the students” in question but as to whether these devices were adequate had been proven otherwise by the students with disabilities themselves. Figure 13 illustrates that 81.5 percent of the students mentioned that they did not get the needed assistive devices or means of instruction from the ICT centre. The supervisor who also happened to be an instructor indicated that, few instructors coupled with lack of a sign language interpreter during ICT lessons made teaching frustrating and ineffective sometimes. In support of this, the students with disabilities who were interviewed also noted that instructors, resource persons and sign language interpreters at the ICT centre were inadequate. These therefore were some difficulties students with disabilities face at the University of Ghana with regards to access to facilities.

Also, though not directly related to the objectives of this research, it was discovered from table 6 that 40.7 percent of students interviewed pointed out that they had their disabilities from birth. Table 2 shows that 55.6 percent of the students with disabilities had large nuclear family sizes ranging from 7 to 10 in number whilst 37 mentioned theirs ranged from 4 to 6 in number. It is however worthy to note that in table 1, more than 55 percent of these students avowed that their nuclear families despite the high dependency rate, served as the major source of support for their university education. An area for further research could therefore be centered on the impact of family size on the educational development of persons with disabilities.

Finally, unlike the other students, those with disabilities revealed that they went extra miles to adopt certain strategies which enabled them to study effectively. According to the blind or visually impaired students, since they could not write, they recorded all their lectures using

tape recorders and then they embossed in Braille formats or they listened to the recordings. Meanwhile, whenever there was noise at the background of the recordings they mostly depended on friends to read their notes to them to record or emboss in Braille formats. Whilst others mentioned they made sure to force the resource persons to Braille their handouts on time so they can learn ahead of time, few of the blind students said they used the jaw and dolphin computer software to learn and also for their assignments. In the case of the deaf or hearing impaired students, they emphasized that they depended on the sign language interpreters during lectures. Meanwhile, some maintained that they did not always wait on the sign language interpreters during lectures; rather they made photocopy of the “second hand” notes of their course mates and read constantly. Few of the physically or motor impaired and the students with medical conditions said, since the campus shuttles were not regular and reliable, they left their rooms early enough so that they did not miss lectures or tutorial sessions. Almost all the students with disabilities except the deaf or hearing impaired stated that they depended a lot on friends for group discussions. These were the varied strategies that the students with disabilities acknowledged helped them study effectively.

These findings in fact have strong relationship with the position of Reid (1999) pointing out that, in order to equip students for a lifelong learning and to cater for their diverse needs, tertiary education must shift from teacher-dominated instruction to self-directed and distributed learning. These findings further concur with O'Connor (1991) who is of the opinion that innovative teaching methods with an inclusive and holistic approach to learning possess many advantages such as, the potential to greatly improve the effectiveness and efficiency of disability services in institutions of higher education. The findings again show a relationship with Maslow's model of the hierarchy of needs which according to Feldman (2000) is important because it highlights the complexity of human needs.

CHAPTER FIVE

SUMMARY, RECOMMENDATIONS AND CONCLUSION

In line with the findings of this study, appropriate summary, recommendations and conclusion have been given below;

5.1 Summary

The general objective of the study aimed at investigating the needs of University of Ghana students with disabilities as regards access to facilities, services and accommodation. Using both the face-to-face and key informant interviews, the researcher obtained primary data from a sample size of 42 respondents. The Maslow's hierarchy of needs and the Social model of disability were adopted as the theoretical framework for this research. The study firmly established that students with disabilities have need of specific facilities, services and accommodation on campus. Some of these provisions are that, (to mention but a few) new and existing architectural planning of lecture theatres, halls of residence, libraries and other facilities on campus should incorporate appropriate accessibility features like access ramps and wide doors for the motor impaired students.

Again, lifts and elevators should be part of all buildings with upper floors to ensure easy movement whilst special vehicles with hydraulic lifts should be acquired for students with disabilities and scheduled to run specific routes at specific times. Also, all open gutters and drains must be suitably covered to prevent falls and accidents. Finally, graduates for National Service must be appointed and trained to complement the efforts of resource persons at the office of students with disabilities. This would help to facilitate the provision of Braille services for the blind or visually impaired, sign language interpretation and note-taking for

the deaf or hearing impaired information dissemination and other assistance for all students with disabilities.

5.2 Recommendations

The researcher, for the purpose of this study has categorised the recommendations needed to assist in meeting the needs of University of Ghana students with disabilities, into short-term, medium-term and long-term. The short-term refers to a period of six to twelve months (first semester to the end of the academic year) whilst the long-term refers to five years and above. The medium-term nonetheless, is the period between the short-term and long-term (between one year and five years. Below therefore are the recommendations made for this study.

5.2.1 Short-Term

First and foremost, most blind or visually impaired and motor impaired students said they had difficulty with movement due to careless driving and careless parking of vehicles. For this reason, it is recommended here in the interim that, certain avenues and roads on campus should be blocked not only to commercial vehicles but to all other vehicles without causing much inconvenience to drivers. The attention of motorists using campus roads and avenues should be drawn to the presence of students with disabilities on campus. Bold disability related signs should be designed and placed at strategic points to warn motorists. Again, pedestrian crossings should be marked on the main roads in front of lecture theatres and halls of residence. These would help check accidents that may result from careless driving and careless parking of vehicles on campus.

Secondly, since the University's disability policy can be adopted in the short-term, it is recommended here that, an "inclusive policy making" model should be adopted and applied so that students with disabilities would be involved in the drafting of the final copy of the

policy meant to address their needs as well as in matters that concern them. This is based on the submission the students made on the fact that, they haven't been involved in drafting of the policy and they have for a long time not been recognised as active participants in shaping the university environment. Figures 15 and 16 in chapter four show a conflict on whether the University had any or no existing policy on facilities, services and accommodation for students with disabilities. Therefore, it is recommended here that in the interim, the draft on the Policy on Facilities, Services and Accommodation for Students with Disabilities should in consultation with the students with disabilities and service providers be reviewed, adopted and implemented with. By so doing, the policy of providing students with disabilities with admission concession, reserving all front seats for them, giving them accessible accommodation and transportation, provision of specialist support, assessment and examination arrangements and all other provisions stated in the policy document would not be violated but protected.

Thirdly, majority of the students with disabilities during the interview sessions complained about delay in service provision due to inadequate number of resource persons who include note-takers, sign language interpreters, and Brailing officials as well as inadequate ICT instructors. It is therefore the recommendation of the researcher not only in the short-term but in the medium and long-terms that; National Service Personnel should be employed to assist with the work of resource persons at the Office of Students with Disabilities and also to complement the efforts of instructors at the ICT centre. This should be done by the Coordinator of services for students with disabilities with active involvement of the other university authorities and the resource persons.

To effectively achieve this, enough service persons should be oriented about ICT in order to serve as instructors at the centre. Others however should be equipped with the skill of scanning and recording the reading materials of the blind or visually impaired students in order for the resource persons to emboss in Braille formats without delay. Some others should serve as note takers for the deaf or hearing impaired during lectures so that sign language interpreters would be regular at interpreting lectures, tutorial sessions and major programmes for them. Other National service personnel should however serve as campus buddies, as is the case at the University of Manitoba and other foreign universities to offer any assistance that may be required to help smooth the academic progress of students with disabilities.

Some students with hearing impairments said some sign language interpreters did not have adequate knowledge at interpreting certain subjects and it created lots of difficulty for them to understand their lecturers who taught such courses. It is proposed here then that, more sign language interpreters should be employed and regular training workshops should be organised for both old and new interpreters. This would help make the service delivery to these students effective and efficient at no extra cost to government or to the university because the National Service Personnel would receive the same allowance should they have chosen to serve in other establishments.

Fourthly, on the issue of accommodation, all the names and necessary information about fresh and continuing students with disabilities should be accurately compiled each academic year by the admission and registrar's offices and submitted to the Coordinator of services for students with disabilities. The Coordinator should in turn work together with the Hall Tutors to help secure appropriate accommodation for such students without any delays. Meanwhile,

all students with disabilities should be involved in the process of choosing their room mates to avoid unnecessary inconveniences. Caution should however be taken not to put only students with disabilities into a room to avoid perpetuating the culture of segregation so that the students will learn to socialise with other students and be appropriately integrated into the larger society.

Lastly, beginning from the coming academic year and continuing in subsequent years, the compiled names and details of all the students with disabilities should be sent to respective lecturers so that they will send copies of their lecture notes to the office of the students with disabilities before the beginning of each semester. Copies of particular notes should then be made available for the deaf or hearing impaired and others who might need them whilst other copies are embossed in Braille formats for the blind or visually impaired students. By so doing, the frustrations, delays and inconveniences on the part of both students with disabilities and resource persons would be reduced if not eradicated. It would enable these students to get their reading materials on time and prepare adequately for their assignments and examinations.

5.2.2 Medium-Term

To begin with, it is recommended here in the medium-term that, the university should cover all open gutters and drainage systems on campus. The university should also construct accessible ramps made of concrete but not wood (since wooden ramps can sometimes pose dangers), to link major entrances of public buildings used often by students with disabilities on campus to smooth their movement. Caution should however be taken to avoid constructing steep ramps which seem to be the case at some places like the Business School. This recommendation is made mindful of the fact that, when the students with disabilities

were asked during the interview sessions to state some of the difficulties they faced, the common theme that runs through was the difficulty in accessing most buildings and other physical structures due to the presence of open gutters and lack of access ramps.

Next, since majority of the students with disabilities complained about the problem associated with transportation from their halls of residence to lecture theatres and vice versa, the university should acquire accessible buses with hydraulic lifts that will operate on schedule to convey students with disabilities from their halls of residence to lecture halls and vice versa. This suggestion is given based on the earlier assertion in chapter four made by majority of the students who said, they expected that transportation services (campus shuttle) should be reliable and be made easily accessible to them.

Also, according to the students and university authorities interviewed, one of the hurdles that students with disabilities faced was inability to socialize easily with other students due to prejudice and discrimination. Though effecting attitudinal change appears to take a long time, the researcher herein is of the view that, a journey of a thousand miles begins with a first step. Therefore, not only in the medium-term but also in the long-term, the university should take steps to create disability awareness among the University community and this should be done at the beginning of each academic year. This would help to decrease the rate at which students with disabilities are excluded, prejudiced and discriminated against on campus.

Moreover, while provision is ongoing in the long-term to remodel building structures by incorporating accessibility features in them, in the medium-term, the office of the Coordinator of services for students with disabilities, all tutorial offices and other major offices should be relocated on the ground floors or annexes should be created for them to

operate on the ground floors, in order that students with disabilities would be able to use such facilities and benefit from their services just as any other student on campus.

Finally, in chapter four respondents complained about inadequate Braille machines and other equipments necessary to facilitate the provision of services for the blind students and those with visual impairments. It is then recommended here that the university should purchase more Braille machines, scanners, computers with assistive technologies such as magnification and screen reader software, JAWS text-to-speech and logistics for the Braille section of the Balme library, the Office of Students with Disabilities, and also for the Information and Communication Technology directorate. Adequate personnel should then be trained and equipped with all the necessary skills to teach and support such students and to enable them access knowledge by adapting digital media and to enhance their social and academic integration in the university community.

5.2.3 Long-Term

Primarily, one of the problems that was identified in this study had to do with inaccessibility to buildings and structures on campus by students with disabilities. The researcher has therefore recommended here that, the construction of all new buildings and structures on campus should incorporate appropriate accessibility features like having access ramps, wide and automatic doors, elevators or lifts where applicable.

Allied to the above, separate and adapted toilets and bathrooms should be constructed on the ground floors of all new buildings and all existing ones should be modified for use by students with disabilities. Again, all students with disabilities should continue to be housed on campus and their accommodation should be on the ground floors and in rooms that give

them easy access to the adapted toilet and bathrooms, hall libraries, dinning halls and other hall facilities, unless a student with disability otherwise specify.

In addition, there is no denying the fact that in a developing country like Ghana, the state would inevitably have to be the largest provider of social services. Recognising however, that its resources may be inadequate to accomplish the tasks, it becomes necessary for Non-Governmental Organisations, Corporate institutions, arms of civil society as well as philanthropists to complement the efforts of the government by providing funding for the University to carry out such social services. This recommendation is very relevant because most respondents interviewed attributed the problem of inaccessible facilities to inadequate funding to remodel existing university structures and build new ones. The above recommendation ultimately seeks to help limit if not eliminate the problem of inaccessibility and non-participation on the part of students with disability.

Even more, on the issue of sports and recreation, most of the students with disabilities interviewed complained about their inability to participate in sports and recreation on campus. Therefore, the researcher recommends that programmes and activities intended to offer students with disabilities opportunities to exercise, enjoy, experience and compete in athletic events and sports should be put in place. Such activities may include wheelchair football, swimming, track and field events, volleyball, boxing, weight lifting, gulf, cricket and handball. Provision should also be made for all sports equipments and facilities to be readily available for use by all categories of students with disabilities. Here, whilst the University Sports Directorate allocates funds for this, the researcher here suggests to the executives of the Campus Association of Students with Disabilities with the support of their Coordinator and resource persons, to write proposals to both local and International

Organisations to seek funding for the promotion of disability sports at the University of Ghana.

As a final point, it was discovered that most students with disabilities and some of the key informants interviewed declared that the Coordinator of disability services has failed to put the interest of all students with disabilities at heart and services of resource persons are inadequate. As a recommendation, the University should carry out a detailed assessment of the work of not only the Coordinator but the resource persons and all who have been employed in one way or another to provide services for students with disabilities. When this is done, the specific problems at every level could be identified for appropriate provisions to be made to equip all service providers with a sense of duty and supply them with adequate resources in their work.

5.3 Conclusion

Conclusively, in order for tertiary education to become holistic in Ghana, the concerns of tertiary students with disabilities must be given priority. Everyone should have access to opportunities to develop their abilities and to participate in the full range of public and private activities available to the rest of society. Hence, efforts must be geared toward providing easy access to facilities, services and accommodation for all students with disabilities to enable them receive adequate training and also participate fully in all aspects of life at the University of Ghana.

BIBLIOGRAPHY

Access Centre, Ryerson University (2009). Retrieved June 2, 2009 from www.ryerson.ca

Action on Disability and Development (1996). Retrieved May 21, 2008 from http://www.daa.org.uk/e_tribune%5Ce_1999_01.htm

Amundson, R. (1992). Disability, Handicap, and the Environment. *Journal of Social Philosophy*, 23 (1).

Baffoe, H. J. B. (2008). *Disability in Ghana*. Graduate Exchange Student Programme, University of Manitoba, Presented at the International Committee of the Canadian Centre on Disability Studies.

Barnes, C. & Mercer, G. (1996). *Exploring the Divide: Accounting for Illness and Disability*. Leeds, the Disability Press.

Barnes, C. & Mercer, G. (2004). *Implementing the Social Model of Disability: Theory and Research*. Leeds, the Disability Press.

Centre for Development of People (1999). CDP, Accra.

Committee on Facilities for Disabled Students Report (1993). University of Ghana, Legon.

Constitution (2007). Campus Association of Students with Disabilities. University of Ghana, Legon,

DePoy, E. & Gilson, F. S. (2004). *Rethinking Disability- Principles for Professional and Social Change*. Brooks, Belmont.

Enable America (2008). Retrieved April 19, 2008, from http://www.enableamerica.org/reference_background.asp

Feldman, R. S. (2000). *Essentials of Understanding Psychology*. 4th ed. New York: McGraw-Hill.

Gender Analysis of Selected Disability Movements in Ghana (2008). Ghana Federation of the Disabled, Accra.

Handbook for Undergraduate Studies (2002/2003). University of Ghana, Legon

Johnson, J. (2000). *Students with Disabilities in Post Secondary Education: Issues and Trends for a New Decade*. Perth, Western Australia: Edith Cowan University.

Maslow, A. H. (1987). *Motivation and Personality*. 3rd ed. New York: Harper & Row.

National Disability Policy Document (2000). Accra, GPC/Assembly Press.

- Neurological Disability (2008). Retrieved May 24, 2008, from http://www.neads.ca/en/about/projects/inclusion/guide/pwd_01.php
- O'Connor, B. (1991). *Policies, Practices and Paradoxes: Disabilities in Higher Education*. Pathways Conference proceedings. Geelong, Vic: Vera White Disability Resource Centre, Deakin University.
- Oliver, M. (1996a). *Defining impairment and Disability, Issues at Stake*. In Barnes C. and Mercer G. (eds), *Exploring the Divide*. Leeds: The Disability Press.
- Oliver, M. (1996b). *Understanding Disability*. Basingstoke, Macmillan.
- Persons with Disability Act, (2006) Act 715, Republic of Ghana. Accra, GPC/Assembly Press.
- Razak, A. (2000). *Human Rights and Disability Rights for Equal Rights: The Case of Disabled Persons in Ghana, 1980-2000*. MPhil Thesis, Department of Political Science, University of Ghana.
- Reid, I. (1999). *Towards a Flexible, Learner-Centred Environment: A discussion Paper*. Perth, Western Australia: Curtin University of Technology.
- Sandys, J. (2005). *Introduction to Disability Studies: Canada-Russia Project*. Toronto: Ryerson University.
- Speech and Language Impairments (2008). Retrieved on August 12, 2008, from http://www.childspeech.net/u_i.html
- Stickels & Radloff (1996). *A New Approach to Improving Education and Training Services for Tertiary Students with Disabilities*. Retrieved on August 9, 2008, from http://www.dest.gov.au/sectors/higher_education/publications_resources/eip/disability_service_provision/chapter_2.htm
- The Women's Manifesto for Ghana (2004). *The Coalition on the Women's Manifesto for Ghana, ABANTU for Development*. Combent Impressions, Accra.
- Types of Disabilities (2008). Retrieved on May 24, 2008, from <http://www.apsc.gov.au/abilityatwork/3typesofdisability.htm>
- Types of Disabilities (2008). Retrieved on May 24, 2008, from <http://www.mylaurier.ca/accessible/info/Awareness/TypesofDisabilities/psychd.htm>
- UPIAS (1976). *Fundamental Principles of Disability*. London: Union of Physically Impaired Against Segregation.
- United Nations Decade of Disabled Persons 1983-1992 (1983). *World Programme of Action Concerning Disabled Persons*. New York: United Nations.

- United Nations (1993). *Standard Rules on the Equalisation of Opportunities for Persons with Disabilities*. New York: United Nations.
- United Nations Universal Declaration of Human Rights (1948). Retrieved August 12, 2008, from <http://www.unac.org/rights/question.html>
- University of Ghana Corporate Strategic Plan: 2001– 2010 (2001). University of Ghana, Legon.
- University of Ghana Policy on Facilities, Services and Accommodation for Students with Disabilities (2008). University of Ghana, Legon.
- University of Ghana Disability Percentages, 2008/2009 (2009). University of Ghana, Legon.
- USAID report (2005). New York.
- Visitation Panel to the University of Ghana report (2001). University of Ghana, Legon.
- Wendell, S. (1996). *The Rejected Body: Feminist Philosophical Reflections on Disability*. Routledge, New York.
- WHO (1998). Introduction (ICIDH-2). Retrieved April 25, 2008 from <http://www.who.ch/programmes/mnh/mnh/ems/icidh/introduction>
- WHO (2001). *Rethinking Care from Disabled People's Perspectives*. Geneva, World Health Organization.

APPENDIX 1

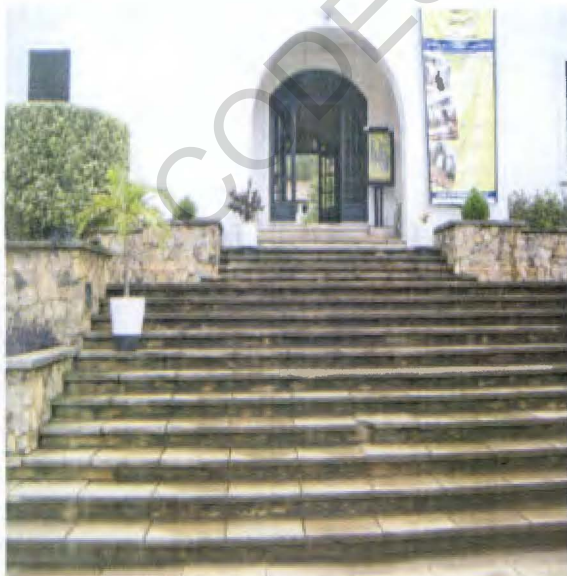
PICTURES OF SOME ACCESSIBILITY FEATURES TAKEN ON THE CAMPUS OF THE UNIVERSITY OF GHANA BY THE RESEARCHER DURING THE FIELD SURVEY, 2009



1. An easily accessible ramp leading to the main entrance of Legon Hall



2. A steep ramp at the Business School; this can pose physical danger to a wheel chair user



3. Several stairs leading to the porter's lodge of Volta Hall without accessible ramp



4. No accessible ramp at the main entrance of Mensah Sarbah Hall. A ramp would make the hall accessible



5. An accessible route to the office of students with disabilities with a rather narrow door. The narrow door could prevent wheel chair users from accessing the services of resource persons at the office



6. Several stairs leading to the office of the Coordinator of Disability services located on an upper floor without an elevator or lift



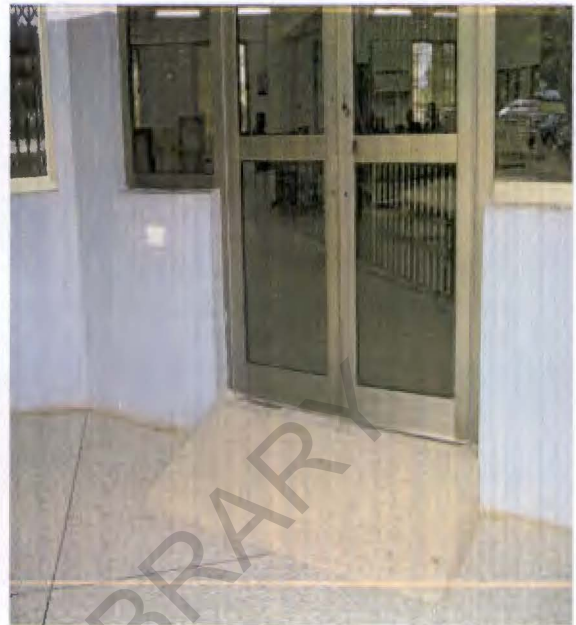
7. An accessible ramp constructed at the newly built east-wing of the Balme Library



8. No access ramp at the main entrance of the Balme Library (the biggest on campus)



9. An accessible ramp at the main entrance of the ICT Directorate



10. An accessible ramp with a flexible wide door leading to the ICT/examination centre for students with disabilities



11. A Braille machine at the ICT Directorate for blind or visually impaired students



12. Perkins Brailier (writing device for the blind or visually impaired students)



13. Facilities at the washroom of Legon Hall; too high to be used by a wheel chair user. Adaptable facilities could be provided separately for use by students with disabilities



14. HIV/AIDS awareness campaign message, In large format print posted at the main hall of Mensah Sarbah Hall. This can be read by hearing impaired and partially blind students without sign language interpretation or Brailing respectively

CODESRIA LIBRARY

APPENDIX 2
UNIVERSITY OF GHANA, LEGON
DEPARTMENT OF SOCIAL WORK

FACE-TO-FACE INTERVIEW QUESTIONNAIRE FOR STUDENTS WITH DISABILITIES

The researcher is a second year MPhil student in Social Work at the University of Ghana, carrying out a study on the needs of students with disabilities. This set of questions seeks to enable her gather data from University of Ghana students with disabilities. The researcher will ensure confidentiality of participants and any data gathered will be used only for the purpose of her thesis. Kindly provide as much information as possible.

PART I: Demographic Characteristics

1. Age
2. Sex Male () Female ()
3. Which of the following family types support your university education most?
Nuclear family () Extended family () Both nuclear and extended families ()
None of the above ()
4. What is the size of your nuclear family?
5. In which of the following residences are you?
 - Commonwealth Hall ()
 - Mensah Sarbah Hall ()
 - Akuafo Hall ()
 - Legon Hall ()
 - Volta Hall ()
 - Jubilee Hall ()

- Graduate Hostel ()
- Evandy Hostel ()
- Bany Hostel ()
- International Students Hostel ()
- Ghana Hostels Co. -Pentagon ()
- Other, please specify.....

Part II: Needs Assessment

6. In which year in the University are you?

7. In which faculty are you?

- Science ()
- Engineering ()
- Social Studies ()
- Mathematics and Statistics ()
- Arts ()
- Performing Arts ()
- Business ()
- Law ()
- Other, please specify

8. Are you able to access your faculty, school or department without difficulty

Yes () No ()

9. What kind of disability do you have?

- Blind or Visual impairment ()
- Physical or motor impairment ()
- Deaf or Hearing impairment ()

- Speech and language impairment ()
 - Neurological/sensory disability ()
 - Intellectual or learning disability ()
 - Psychological or psychiatric disability ()
 - Chronic illness/Medical conditions ()
 - Autoimmune Disease ()
 - Other, specify.....
10. At what age in your life did you become disabled?
11. What services do you expect the university to provide for you?
.....
12. What problems do you face accessing the lecture halls?
.....
.....
13. Are you able to use the Hall library without difficulty? Yes () No ()
14. Are you able to use the dining hall without difficulty? Yes () No ()
15. Are you able to use the Porters' lodge without difficulty? Yes () No ()
16. Do you get the required assistance from your room mates? Yes () No ()
17. What sought of assistance do you expect from your room mates?
.....
18. Do you get the needed assistive devices at the Information and Communication Technology (ICT) centre?
 - Yes () No () Sometimes () Not applicable ()
19. Does access to transportation (campus shuttle) pose problems to your movement on campus? Yes () No () Sometimes () Not applicable ()

20. Is the University Sports Oval easily accessible to you? Yes () No ()

21. What major problems hinder your participation in campus activities?

.....
.....

22. What strategies do you use that enable you to study effectively?

.....

23. Do you have knowledge about an existing University Policy on Facilities, Services and Accommodation for students with disability?

Yes () No () Not applicable ()

24. If you answered yes to question 23, how have you benefited from the disability policy?

.....

25. What difficulty do you face getting assistance from resource persons at the Office of Students with Disability?

.....

26. What problems do you encounter with the Coordinator of Services for Students with Disability?

.....

27. Give any recommendations to the university to help address the needs of students with disability.

.....

.....

Thank you

APPENDIX 3

**UNIVERSITY OF GHANA, LEGON
DEPARTMENT OF SOCIAL WORK**

KEY INFORMANT INTERVIEW QUESTIONNAIRE FOR UNIVERSITY STAFF

The researcher is a second year MPhil student in Social Work at the University of Ghana, carrying out a study on the needs of students with disabilities. This set of questions seeks to enable her gather data from key members of staff of the University of Ghana. The researcher will ensure confidentiality of participants and any data gathered will be used only for the purpose of her thesis. Kindly provide as much information as possible.

PART I: Demographic Characteristics

1. Age
2. Sex Male () Female ()
3. Department/Office
4. Position/Status in the University
5. Which highest academic qualification do you have?
.....

Part II: Needs Assessment

6. What kinds of disabilities are recorded among University of Ghana students? Tick as many as are applicable.

- Blind or Visual impairment ()
- Physical or motor impairment ()
- Deaf or Hearing impairment ()
- Speech and language impairment ()

- Neurological/sensory disability ()
- Intellectual or learning disability ()
- Psychological or psychiatric disability ()
- Chronic illness/Medical conditions ()
- Autoimmune Disease ()
- Other, please specify.....

7. What are some of the barriers facing students with disabilities generally?

.....

.....

8. Does the University of Ghana provide any form of financial assistance to SWD?

Yes () No ()

9. Is there any existing University Policy on Facilities, Services and Accommodation for Students with Disability?

Yes () No () Not applicable ()

10. How many students with disability do you work with currently?

.....

11. What specific roles do you play in providing for the needs of students with disability?

.....

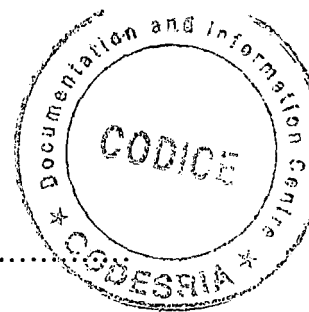
.....

12. Mention the major problems SWD pose to you in your work?

.....

.....

13. What are some of the problems SWD face in accessing services that your department/office provides?



.....
.....

15. What difficulties do you face working with the Coordinator of services for SWD?

.....
.....

16. What effects does inaccessibility to university services and facility create for SWD?

.....
.....

17. What measures has the university put in place to enhance the movement of SWD on campus?

.....
.....

18. What major strategies has the university adopted to enable SWD effectively perform in their academics?

.....
.....

19. How does the university disseminate information to all categories of SWD?

.....
.....

20. Make some recommendations to help address the needs of SWD.

.....
.....
.....

Thank you.