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# Perception of Rural People About Persons with Physical Disability: The Case of Yorogo-Yipala Community

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**Abstract:** Disability is often perceived negatively perhaps due to ignorance and some prevailing socio-cultural beliefs as well as economic factors. The challenges facing people with disabilities (PWDs), therefore, are varied and could be in the form of violation of human rights, poverty, stigma, discrimination and exclusion. Disability is closely associated with poverty and is also a barrier to education, employment, access to public services and social protection. In most cases, disability has been addressed through charitable approaches without the recognition of the rights and participation of persons with disabilities, like other citizens. The study used a mixed method where both qualitative and quantitative techniques were employed. Focus group discussions, semi-structured interviews and observation were employed to collect data. The study participants also demonstrated positive perceptions about disability. This is encouraging, even though the positive perceptions appear not to have been translated into attitudinal change. Most participants appear to have positive attitudes toward disability, and this could reduce stigmatization and discrimination against people with physical disabilities (PWPDs). This is also an indication that stigma and discrimination against the disabled were not widespread among the respondents.

**Keywords:** Physical Disability, Attitude, Rural People, Yorogo-Yipala

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## 1. Introduction

Disability is an umbrella term for impairments, activity limitations, and participation restrictions, denoting the negative aspects of the interaction between an individual (with a health condition) and that individual's contextual factors [1]. PWDs therefore include those who have long-term physical, mental, intellectual or sensory impairments resulting from any physical or mental health conditions which may hinder their full and effective participation in society on equal basis with others [2]. This view of disability is therefore an expansion beyond the traditional view which focused on impairments only. In view of this the term disability has been variously defined. This study defines persons with disability as those who are restricted in the performance of specific tasks due to loss of functioning of some part of the body as a result of impairment or malformation [3]. This definition covers both physical and mental impairments. The physical impairments include disabilities that affect mobility and the senses such as sight, hearing and mental impairments include learning disabilities and mental ill health. On the other hand, the Disability Act of

Ghana, Act 715 of 2006, defined a 'person with disability' as "an individual with a physical, mental or sensory impairment including visual, hearing or speech functional disability which gives rise to physical, cultural or social barriers that substantially limit one or more of the major life activities of that individual [4].

The 2010 Population and Housing Census (PHC) reported that there were 737,743 persons with some form of disability in Ghana, representing about 3% of the total population. Furthermore, the 2010 PHC figures indicate that in the Upper East Region, 39,924 people constituting 3.8% of the total population have some types of disability, which is higher than the national proportion of 3% [5].

Disability is often perceived negatively perhaps due to ignorance and some prevailing socio-cultural beliefs as well as economic factors. The challenges facing PWDs are varied and could be in the form of violation of human rights, poverty, stigmatisation, discrimination and exclusion. Disability is closely associated with poverty and is also a barrier to education, employment, access to public services and social protection. In most cases disability has been addressed through charitable approaches without the appreciation of the rights and participation of persons with

disabilities [6].

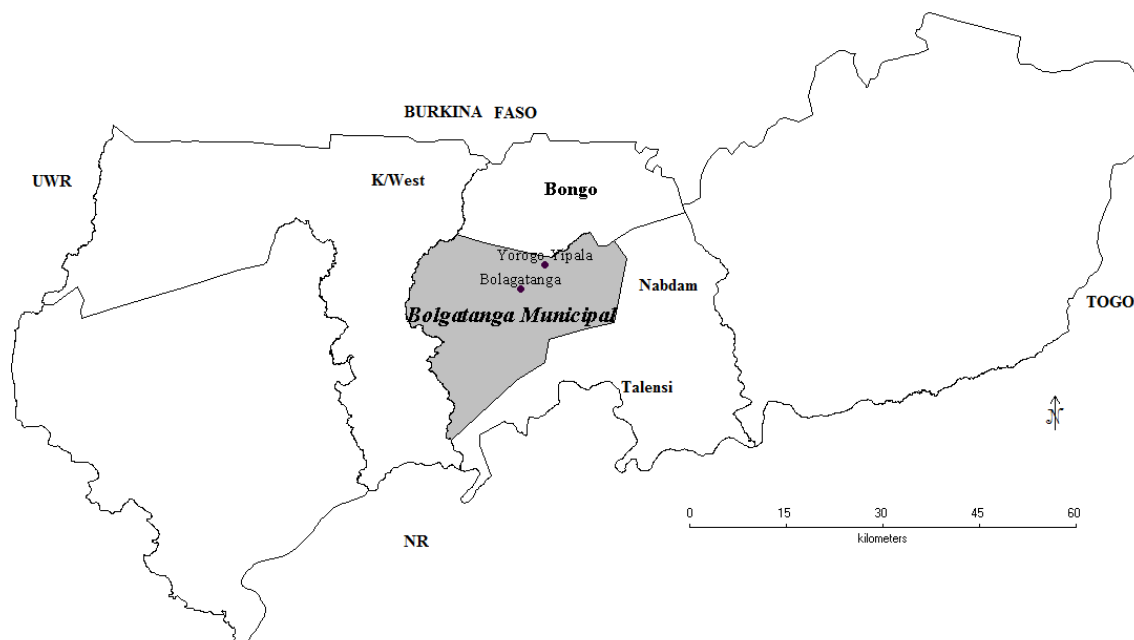
In some Ghanaian societies, it is not uncommon for the causes of disability to be attributed to curses and witchcraft. As a result, families with persons with disabilities usually confine disabled persons in rooms due to stigmatisation. Children with disability in particular may be denied their rights and certain privileges such as access to education, medical care and the right to socialize [7]. Nevertheless, there is inadequate empirical knowledge on societal attitudes towards PWDs in Ghana. Slikker conducted a study into attitudes towards PWDs, but her focus was in Greater Accra, Central, Eastern and Volta regions. Inclusion Ghana (IG), a Non-Governmental Organisation (NGO) also conducted a survey on stigmatisation, discrimination and exclusion of persons with intellectual disability and their families in Ghana [8]. No work has yet been done on disability in the Upper East Region and the study community in particular; this is the reason why the Yorogo-Yipala community was selected for the study. This study therefore sought to assess rural people's knowledge, attitudes and beliefs towards persons with physical disability such as sight, hearing and mobility impairments. The specific objectives of the study are to identify the causes of physical disability and to assess the perception of rural people about people with disability.

## 2. Methods and Materials

The Bolgatanga Municipality is one of the 13 districts in the Upper East Region. It is centrally located in the region (see Figure 1). Bolgatanga serves as both the municipal and

regional capital. It is one of the two municipalities in the region. The population density is relatively higher than the national figures, with much of it clustered around the municipal capital. The Municipality has a population of 131,550 in 2010, of which 62,783 are males, representing 48 % and 68,767 being females, representing 52 %. About half (50%) of the population is rural and 44% of the people under age 18 years [9]. There are about 213 communities in the Municipality, most of which are rural. The ethnic composition of Bolgatanga is cosmopolitan, but the indigenes are the Gurune speaking people [10].

According to the 2010 PHC, the Bolgatanga Municipality recorded 3,885 persons with various types of disability, being 3% of the district's population of 131,550 persons (48 % male and 52 % female). The most common forms of physical disabilities in the Bolgatanga Municipality are mobility, sight and hearing impairments. The literature suggests that more than half (55%) of all PWDs in the Municipality do not have formal education and only 1% have had some form of vocational/technical or commercial education [11]. This is an indication that PWDs in the Municipality are unlikely to be employable and therefore poorer than their non-disabled counterparts. This is further worsened by low societal expectations of their capabilities combined with architectural barriers, lack of access to transportation, lack of information, inadequate and special educational facilities, inadequate medical systems, negative cultural beliefs and practices. Majority of the PWDs are also likely to find themselves in rural communities where negative attitudes are likely to be more prevalent.



**Figure 1.** Map of Upper East Region showing the study community.

The study used a mixed method where both qualitative and quantitative techniques were employed. A sample size was determined using a systematic approach. There were about 100 dwellings in the study community; each residence

contains an average of three households. To obtain a representative sample of the residents, half (50%) of the residences were considered for the study. The sample frame of 100 was divided by the sample size of 50 and every 2nd

dwelling was subsequently selected. But because of the need to randomly start any systematic sampling, 1 and 2 was randomly selected. The selected number was 2. Thus, the second house was chosen on the sample frame, and subsequently every first house. Therefore, the procedure was followed till the 50 houses were selected.

In each of the 50 houses, an adult who was at least 18 years old took part in the study. For all the 50 houses selected for the study, there was at least one adult who knew something about physical disability; therefore, fifty (50) participants were covered in this study; that is fourteen (14) females and thirty six (36) males.

Focus group discussions, semi-structured interview questions and observation were employed to collect data. The Statistical Package for Social Scientists (SPSS) software was supportive in analysing the data collected through structured and semi-structured interview questions.

The principle of voluntary participation and informed consent was observed in this study. The objectives and overall purpose of the study was made known to participants. Confidentiality and anonymity was guaranteed.

### 3. Result

#### 3.1. Socio-Demographic Characteristics of Participants

72% of the participants were males and 28% were females. While 6% of the participants were within the age range of 18-20 years, 30% were within 31-40 years, 24% were 41-50 years whereas 20% were within 21-30 years and 50 years and above. On marital status, 16% reported being single and 70% were married. Almost half (42%) of the participants had no formal education and 46% had some level of basic education at the primarily, Middle School or Junior High school levels.

*Table 1. Participants' demographic characteristic.*

Characteristic			Characteristic		
Sex:	Freq	%	Marital status:	Freq	%
Male	36	72	Single	8	16
Female	14	28	Married	35	70
Total	50	100	Divorced	2	4
Age:	Freq	%	Widowed	5	10
<20yrs	3	6	Total	50	100
21-30yrs	10	20	Education :	Freq	%
31-40yrs	15	30	Illiterate	21	42
41-50yrs	12	24	Primary/JHS/MLSC	9	18
>50yrs	10	20	Sec/SHS/Post-sec	20	40
Total	50	100	Total	50	100

#### 3.2. General knowledge of Disability

Majority (87%) of participants said that upon seeing a person with physical disability or hearing any issue concerning disability, especially physical disability, they feel uncomfortable, disturbed and pity for them. Some

participants explained that, they feel sympathy for them resulting from their opinion that persons with physical disabilities cannot carry out their daily activities without assistance or do things considered normal for themselves and their families. Most (84%) of the participants have heard about PWDs within the past three months. This finding suggests that there is high awareness of physical disability among the participants. Perhaps, this is due to increase in awareness creation on disability issues in recent times through radio, television and outreach workers. 34% responded in the affirmative while almost all (90%) of the respondents had knowledge of someone with disability especially physical disability.

#### 3.3. Causes of Physical Disability

All the participants agreed that traumatic events like accidents (100%), diseases (96%), evil spirits (62%), divine punishment from God (50), medical errors (94%), curses from family members (68%) and also genetic inheritance (56%) could result in physical disability.

*Table 2. Causes of physical disability.*

Characteristic	Freq	%
Accidents and traumatic events can cause physical disability (agree)	50	100
Diseases can cause physical disability (agree)	49	98
Evil spirits can cause physical disability (agree)	31	62
Divine punishment can cause physical disability (agree)	25	50
Medical errors during operations can cause physical disability (agree)	47	94
Curses can cause physical disability (agree)	34	68
Physical disability can be acquired through genetic inheritance (agree)	28	56

#### 3.4. Participants Perceptions on PWDs

Only few of the participants (26%) were of the view that PWDs should be fairly treated. Almost all (98%) of the participants believed that anybody can become disabled at any time. Popularly (88%) the participants agreed to the view that PWDs can contribute to the development of their communities when given the opportunity and deserve to be respected like other people in the community. As to whether traditional healers' can cure PWDs, 30% thought that disability can be cured by traditional healers, and 84% of the participants also agreed to the statement that PWDs can work for a living. In contrast, 16% of the participants believed that PWDs should be blamed for their own conditions and 68% further thought that PWDs are difficult to deal with. Half (50%) of the participants, however indicated that they would not have problems with a relative wanting to marry a PWD.

With regards to participants' relationship with a person with physical disability, 86% indicated that they would not mind having PWDs as friends. Most of the participants (68%) said a PWD can marry a non-disable person. This finding suggests that participants are of the view that disability

should not prevent others from getting life partners. Furthermore, 36% think that children with disability should study in regular schools. The small number (18 participants) that said PWDs should not go to regular school could be that some of the participants think the needs of disabled children cannot be met in regular schools. Less than half (24%) of the interviewees think PWDs should not interact with other people in the community. Perhaps this could be due to the traditional beliefs and perceived ideas that PWDs are difficult to interact with. Again, the results of this study revealed that 84% of the participants think persons with physical disabilities can have children. Similarly, majority of 74% would not mind having PWD as their next door neighbours. More than half (60%) of the respondents indicated that PWDs are not as productive as non-disabled persons. This could be due to the fact that the people in the study community are largely agrarian, which make them think that one must be physically fit to be able to work productively on the farm. Almost all the respondents (94%) asserted that generally PWDs need special treatment from others.

#### 4. Discussions

With regards to religion, more than half of the respondents (58%) were Christians, 14% were Muslims and 28% were Traditional Believers. This suggests that Christians were more in the sample than the other religions, and it seems traditional religious beliefs are still prevalent in the area. With regard to occupation of participants, 32% said they were self-employed, 26% were farmers, and 24% and 12% were workers in the formal sector and artisans respectively. This suggests that self-employment which is mainly petty trading is predominant in the study area.

The study reveals that there is high awareness of physical disability among the participants. Perhaps, this is due to increase in awareness creation on disability issues in recent times through radio, television and outreach workers. It could also be attributed to the activities of NGOs like Action on Disability and Development-Ghana (ADD) and Rural Initiatives for Self-Empowerment-Ghana (RISE) which are implementing advocacy and support programmes for the disabled in the Bolgatanga Municipality and other parts of the region. Physical disability issues can also get to the people through community development and social workers through their outreach programmes. Peoples' perceptions on disability can be influenced by the extent to which they have had contact or an experience with a PWD.

Almost all the participants agreed that traumatic events like accident, diseases, medical errors, genetic inheritance and curses as well as evil spirits are causes of disability, particularly physical disability. The results on knowledge of the causes of disability is an indication that the respondents have fairly good knowledge of the physical, social, environmental and psychological causes of disability, and this could be due to sensitization on issues regarding disability by NGOs, CBOs, and development workers in their

community outreach programmes. This is likely to be supportive of community-based rehabilitation of the disabled. This fair knowledge on causes of disability among the respondents could be supportive of community level efforts to address the causes of disability since the people are already aware of the causes of the problem. However, it is worthy of note that a sizeable proportion of respondents endorsed supernatural forces like witchcraft, possession by evil spirits, curses and divine punishment from God as possible causes of disability. These beliefs could be responsible for the continued stigmatization and discrimination against PWD. In a study on attitudes towards persons with disability in Ghana, Slikker [12] found that many respondents were aware of the causes of various types of disability, including physical disability. For instance, she found that 89% of her sample mentioned that disabilities were caused by diseases, 90% said by accidents and 38% said by spiritual causes such as witchcraft, juju and generational curses. Slikker further reported that people who believed in disabilities being caused by spirituality were likely to be people with lower levels of education or without formal education. Similarly, Jackson and Mupedziswa [13] in a study on beliefs and attitudes toward disability and rehabilitation among rural Zimbabwe found that 56% of respondents cited witchcraft and spirits for causing disability. 33% blamed God. Only a small minority mentioned natural causes such as accident and diseases. These findings suggest that many people in rural Africa are likely to believe that disability is caused by spiritual forces rather than natural or physical causes. These findings imply that believe in supernatural causes of disability could impede successful community based rehabilitation of the physically disabled.

The beliefs and perceptions that people have about PWDs are likely to influence how they relate or interact with them and accept them in the community. If the attitude of people towards PWDs is poor, it could lead to barriers. On the other hand, positive attitudes will create the enabling environment for PWDs to feel belonged and accepted. To understand the key social issues involved in community-based rehabilitation for the disabled, the findings here suggest that the study participants have a generally positive perception about disability. This is parallel to what pertains among the Chagga of East Africa; customs prescribed that the physically disabled should be treated with utmost respect as they were perceived to be pacifiers of the evil spirits. Hence, care was taken not to harm physically handicapped children otherwise parents who killed such children risked punishment from the gods [14]. In Benin, constables were selected from those with obvious physical handicaps and children born with anomalies were seen as protected by supernatural forces. As such they were accepted in the community because they were believed to bring good luck [15]. On the contrary, among the Ashantis, traditional beliefs precluded men with physical defects, such as amputations from becoming chiefs. This is evident in the practice of the de-stoolment of a chief if he acquires epilepsy. Children with obvious deformities were also rejected. For instance, an infant born with six fingers was killed upon birth.

Severely retarded children were abandoned on river-banks or near the sea so that such "animal-like children" would return to what was believed to be their own kind. In contrast however, the Ga people treated the feeble-minded with awe. They believed the retarded were the reincarnation of a deity. Hence, they were always treated with great kindness, gentleness and patience.

The accepting attitudes of community members can lead to effective integration of the disabled in their communities. As with persons with mental illness, the needs of the disabled include biological, social, spiritual and cultural, and some of these needs can only be met in the community, thus contributing to the overall integration of PWDs [16]. However, it is worrying that only few of the respondents thought PWDs should be treated fairly.

Seeking further explanation, it was recognised that PWDs are special people with special needs. It also suggests a sympathetic orientation towards PWDs rather than empathy. Attitudes of pity or sympathy towards PWDs could make them feel hopeless, more dependent and lose their sense of dignity. Rather it is important for people to have empathetic attitudes and to try to understand the needs of disabled people better. Miller [17] points out that empathy allows people to view those who are different from themselves more positively. Similarly, Baston et al. [18] maintain that inducing positive empathy for a member of a stigmatized group leads to improved attitudes toward the individual and the group as a whole. Empathy involves a feeling of compassion arising from a concern for the suffering of the other person that could lead to favourable changes in attitudes toward the vulnerable person or persons.

The findings on attitudes toward people with physical disabilities appear to be positive. The attitudinal findings suggest that majority of the respondents were more likely to maintain a social closeness (social relationship) with persons with physical disabilities. This is an indication that interaction with the physically disabled in the community will be widened, and at best community members may prefer community-based rehabilitation projects than institutional based. Another positive revelation from the findings is that, majority of the respondents do not see any reason why PWDs should not be their next door neighbours. On the contrary, more than half of the respondents think that PWDs are not as productive as their nondisabled counterparts; this finding is in consonance with a study conducted in Turkey which found that the majority of the people in the sample believed that persons with physical disabilities were likely to be discriminated against and denied access to education, employment and to the physical environment like school and health facilities because they are thought not to be very productive [23].

## 5. Conclusion and the Way Forward

There is a very high awareness of the causes of disability among the respondents; this high awareness could be supportive of community level efforts to tackle the causes of

disability since the people are already aware of the causes of disability. The study participants also demonstrated positive perceptions about disability. This is an indication that stigma and discrimination against the disabled were not widespread among the respondents.

Following the discussion in this study, it is recommended that governmental organizations like department of social welfare in Bolgatanga Municipality should be empowered logistically to intensify their effort in sensitizing rural communities on disability issues. This will help reduce the erroneous impression some persons hold about disability especially the causes.

Also, the Bolgatanga Municipal Assembly should provide resources from its own internally generated funds to support community-based rehabilitation programmes for the disabled. This would help improve upon the already existing positive attitude and behaviour towards the disabled.

Furthermore, the Bolgatanga Municipal Assembly should consciously take measures to mainstream disability issues in all developmental planning of the municipality to promote easy integration of PWDs. This should be followed by adequate training of staff across the various sectors.

Lastly, The Persons with Disability Act 715(2006) should be fully implemented and enforced to compel government, society, parents and guardians to provide all the needed infrastructure and resources to promote their social wellbeing and functioning.

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