Empowering Women with Disabilities in Northern Ghana

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Abstract: Women with disabilities in Ghana experience the triple disadvantage of sexism, ableism, and poverty, curtailing their visibility in society and their access to rights and sustenance. This article describes a program implemented to empower women with disabilities in Northern Ghana, the country's poorest region.

Key Words: Ghana, women with disabilities, empowerment

Introduction

Women with disabilities all over the world experience multiple disadvantages due to gender and disability. For instance, the United States Bureau of Census indicates that men with disabilities have an employment rate of 59.9% while that of women with disabilities is 45.7% (Waldrop & Stern, 2003). Women with disabilities who work often experience unequal opportunities at their workplaces, including less pay for equal work (United Nations Enable [UNE], 2008). Additionally, men with disabilities tend to have more years of education compared to their female counterparts (Waldrop & Stern, 2003). In developing countries, they experience "triple jeopardy" as they face discrimination on account of gender, disability, and geographic region. The various forms of oppression women with disabilities encounter reinforce each other, thus resulting in unequal opportunities for women and men with disabilities (The Disabled Women's Network [DAWN], 2007). In Ghana, the situation could be worse for women with disabilities due to cultural beliefs and practices that exist to perpetuate these vulnerabilities.

This article describes a program implemented to empower women with disabilities in Northern Ghana, the country's poorest region. It begins with an overview of the Republic of Ghana and then discusses the situation of persons with disabilities in general and women with disabilities in Ghana, the empowerment program, and its outcomes.

The Republic of Ghana

Ghana is located in Western Africa, bordering the Gulf of Guinea, between Cote d'Ivoire and Togo, with Burkina Faso to the north. It is 239,460 square km in area, with a population of approximately 23 million. The median age is 20 years and life expectancy is 59 years. The literacy rate for those 15 and over is 66% for males and 50% for females (Central Intelligence Agency [CIA], 2008). This former British colony gained independence in 1957. There are five major ethnic groups and 100 spoken languages in Ghana, but English is the official language. One of the least developed countries in the world, Ghana's Human Development Index reported by the United Nations is 0.532, ranking it 135th out of 177 countries (United Nations

Development Program, 2008). This rating reflects Ghana's poor performance in meeting the health, sanitation, education, employment, and nutritional needs of its citizens. The GNP per capita was $452 USD in 2005 (Students of the World, 2005). The majority of Ghanaians are living in poverty with 42% classified as "extremely poor" and unable to meet basic human needs including food. The unemployment rate is 23% and the minimum wage earned per day is about $2 USD (Ghana Statistical Service [GSS], 2008a; 2008b).

Northern Ghana is more economically disadvantaged than southern parts of Ghana. According to the 2000 census, approximately 3.3 million people live within 97,000 square km. The literacy rates are lower than those in the general population: 42% for males and 15% for females (GSS, 2008a). Recurring drought in the north severely affects their economic situation given that 90% of the residents engage in small-scale agriculture (CIA, 2008). As the southern regions have more favorable climates for agriculture and there are opportunities for residents to engage in other industries such as mining and international and urban commerce, the disparity between the northern and southern regions of Ghana continues to widen.

People with Disabilities in Ghana

Little study has been conducted in Ghana concerning disability issues in general. Therefore, little hard data exist on disability scope and trends in Ghana, as it is the case for many developing countries (Emmett & Alant, 2006). In the United States, approximately 20% of the non-institutionalized civilian population over the age of five has some type of impairment (Waldrop & Stern, 2003). In Great Britain, approximately 20% of the adult population has some type of impairment (Tibble, 2004). One may expect that the rates in developing countries are higher than those of industrialized nations as economic and social conditions are worse in the former. However, the figures reported by governments in developing countries are significantly lower than those of their industrialized counterparts. For example, in Ghana, the Ministry of Employment and Social Welfare (2000) reported that the rate of persons with impairments is 10%, of those 55% are female and 45% are male. Possible reasons for this discrepancy may include higher rates of premature death of children with disabilities, inaccurate counts of the disabled population in censuses, and higher thresholds for the identification of impairments in developing countries (Albert, McBride, & Seddon, 2002; Emmett & Alant, 2006).

People with disabilities struggle with poverty and ableism in Ghanaian society. Low societal expectations of their capability combined with architectural barriers, limited access to transportation, lack of information, inadequate medical systems, and few social welfare benefits propel many people with disabilities into marginal and unproductive social roles such as begging on the streets for survival (Kassah, 2008; Appiagyie, 2006). However, there are policies in Ghana that could improve the situation of people with disabilities.

The Persons with Disability Act was enacted in 2006 to provide a framework for protecting the rights of Ghanaians with disabilities, after a series of lobbying by both the disability organizations and other interest groups. It exists to ensure people with disabilities to participate fully in mainstream society. However, implementation of this law has not been realized.

A poverty reduction strategy program, the National Health Insurance Scheme, was enacted in 2004 to provide health insurance to Ghanaian citizens upon payment of a premium (United Nations Office for the Coordination of Humanitarian Affairs, 2004; Physicians for a National Health Program, 2003). This policy recognizes the need to waive the premium for some categories of indigent people. However, the definition of "indigent" is very ambiguous and subject to the discretion of individual government employees who are responsible for implementing the program. They may not be sympathetic to the situation of people with disabilities. As a result, the majority of people with disabilities might be considered ineligible for the waiver by those employees and yet find it difficult to pay the premium. Consequently, many are disinclined to enroll in the program. Hence, they are unable to enjoy the benefits of the health insurance.

The National Youth Employment Program is another poverty reduction strategy, launched by the government of Ghana in 2006 (Ghana News Agency, 2006). The objective of the program is to empower youth to contribute meaningfully to the socioeconomic development of the country. The program has six modules: agriculture, waste management and sanitation, health assistance, rural education, information communication technology, and industrial internships. As the unemployment rate of Ghanaians with disabilities is 45% while that of the general populations is 23% (GSS, 2008b), it is crucial to implement the program in ways that help unemployed Ghanaians with disabilities. Employment generates income, but it also provides opportunities for social participation which lead to increased psychological well-being and improved life satisfaction of employees. Employment also contributes to increased self-esteem of women with disabilities (Lonsdale, 1990; Boylan, 1999). Unfortunately, the program is largely incompatible with the employment of persons with disabilities. For instance, most persons with physical disabilities cannot work in the physically demanding agriculture or waste management and sanitation modules. As barriers to lower education continue to deprive them of obtaining higher education, most persons with disabilities do not qualify for the education module. Furthermore, the attitudinal barriers ubiquitous in society are also prevalent among program administrators; these prevent youth with disabilities from obtaining employment in other modules (Geng-qing & Qu, 2003). The program, therefore, has not resulted in employment for persons with disabilities.

Women with Disabilities in Ghana

Women with disabilities worldwide endure ableism and sexism. For example, in the United States, having impairments and being a woman are the strongest predictors of unemployment. Women with disabilities are at higher risk of being unemployed than men with disabilities regardless of categories of impairments. In their investigation, Randolph and Andresen (2004) found that the unemployment rate for women with disabilities (55.1%) was much higher than their male counterparts (45.3%) and higher still than men without disabilities (11.7%) and women without disabilities (25.1%). Similarly, D. L. Smith (2007) echoed these finding. Smith showed that between 1995 and 2002 in the United States, the average unemployment rate for women with disabilities was 55.2%, while the rates for women without disabilities was 30.3% and for men with disabilities was 44.8%. Women with disabilities are not only less likely to be employed, but also earn less than their male counterparts (United Nations

Enable [UNE], 2008). For instance. Elwan (1999) notes that women with disabilities in full-time jobs earn only 56% of the wage of men with disabilities.

In developing countries, the situation is worse. Emmett and Alant (2006) explore multiple disadvantages that women with disabilities endure in developing countries and note that attitudes towards people with disabilities in developing countries, especially women with disabilities, are considerably more prejudicial than those in industrialized countries. They conclude that the impact of ableism and sexism are intensified by the poor economic standard of the countries. However, there is a dearth of literature from developing countries, including Ghana, to estimate the scope of the problem.

In Ghana, sexist beliefs and practices prevail. Men are regarded as productive members of society in their roles as workers and professionals. Women are expected to submit to men in general and their husbands in particular, regardless of issues at stake. Men are allowed to have multiple sexual partners, while women are expected to marry, have children, and assume the nurturing roles as mothers and wives. Their contribution in their homes is not recognized. They are blamed for the breakdown of the marriages and the absence of children. While the primary roles of women without disabilities are those of wives, mothers, and sexual partners, women with disabilities are not even allowed to have this inferior status. They are regarded as asexual, unproductive, and useless (Lonsdale, 1990). They are excluded from education, health care, and employment opportunities, which leads them to severe poverty. The Coalition on Women's Manifesto for Ghana (2004) emphasizes that gender inequalities in Ghanaian society result in violations of the basic human rights of women with disabilities in all spheres of life.

Sexism in the Disability Movement in Ghana

Under the umbrella of the Ghana Federation of the Disabled, there are three major national disability organizations: the Ghana National Association of the Deaf (GNAD), the Ghana National Association of the Blind (GAB), and the Ghana Society for the Physically Disabled (GSPD). The disability movement was not immune to sexist beliefs and practices. Although all three of these disability organizations had women's groups called "Women's Wings," originally formed to organize women and advocate for the rights of women and children, they had little voice in the organizations and were virtually inactive. Issues that were important for women with disabilities were sidelined to the Women's Wings where they disappeared. Thus, little attention was given to women's issues in the disability movement (Naami, 2006). This supports the argument of Deegan and Brooks (1985) that the disability movements dominated by men focus their attention mainly on male concerns while little attention is given to women's issues such as sexuality, relationships, and motherhood.

Further, the Women's Wings programs in the different disability organizations existed separately from one another without a network for collaborative work on common issues. As they had been marginalized for a long time, women had accepted inferior positions in the movement. Their acquiescence to their marginalization exacerbated their low self-worth and impeded their full participation within the movement and in society as a whole.

There was an urgent need to empower women and boost their self-confidence to increase their representation and participation in the disability movement, to create a system that would enable women's organizations to work together and support one another, and to raise awareness about women's issues in the male-dominated organizations.

Empowering Women with Disabilities in Northern Ghana

Between November 2004 and August 2007, one of the authors worked as the gender program officer for Action on Disability and Development (ADD) Ghana. ADD is a British based non-governmental organization that seeks to build strong organizations of persons with disabilities in Africa and Asia. It aims to influence policy and practice in order to end social exclusion and poverty (ADD, 2008). ADD-Ghana was established in 1994 and works in Northern Ghana because poverty is concentrated there as discussed earlier. The relationship between poverty and disability is not unidirectional. Poverty causes disability or makes it worse as a result of barriers such as inadequate health care, lack of access to services, education, and employment, which perpetuates poverty (Harris & Enfield, 2003). There are 134 ADD branches in Northern Ghana. At the national level, ADD works with the Ghana Federation of the Disabled and its three member organizations (GNAD, GSPD, and GAB) to influence national policies (ADD, 2006a).

ADD had two main objectives. One was to help build strong disability organizations to advocate for persons with disabilities and influence social policies. The other was to support the inclusion of marginalized groups within the disability organizations. Women were recognized as one category of marginalized groups (ADD, 2008). In 2000, ADD started a gender program to end exclusion of women in the disability movements. The goals of the gender program are twofold: (1) to empower women with disabilities to increase their representation and participation within the disability movements and in society, and (2) to work with disability organizations to change their discriminatory practices against women.

The first step was to encourage the various Women's Wings from different disability organizations to collaborate in order to promote their issues and needs. This led to the 2002 formation of the Alliance of Women with Disabilities (AWWD), a cross-disability organization of women from various disability groups. Local chapters were formed in 34 towns and villages in Northern Ghana as well as a national chapter. The Alliance's mission was to resolve gender issues within disability organizations as well as address issues faced by women with disabilities in the society at large. Issues of women with disabilities should be recognized within the disability organizations and extended to greater society when women with disabilities learned their rights and advocated for themselves (AWWD, 2002).

In order to empower women with disabilities in Northern Ghana, five major strategies were adopted. The ADD gender program officer, herself a Ghanaian woman with a disability, would provide: (1) workshops to enhance gender sensitivity within disability organizations, (2) capacity-building training for self-advocacy, (3) training follow-ups, (4) assistance in establishing advocacy committees, and (5) support for networking with other organizations.

Gender Sensitivity Workshops for Men in Disability Organizations

The first strategy was to create awareness about women's issues among male leaders of disability organizations. In order to do so, the program officer provided workshops to the leaders. The themes of the workshops included how to make the mission statements of disability organizations gender sensitive, how to use the gender lens in planning and monitoring organizational programs and activities, how to analyze the inclusion of women, and how to mainstream women's issues in their programs. In the workshops, the leaders had first-hand experiences of making changes in their writing, planning, and thinking, as well as benefits that could accrue to the movement by practicing these concepts. Expectedly, the program officer was met with resistance and criticism from workshop participants at the beginning. However, by the end of the intervention, there were some moderate changes in the perception of male leaders about the need to include women's issues in their activities.

Capacity Building Training

A series of capacity-building training sessions was provided for women at the AWWD local chapters. The sessions included assertiveness and confidence building training that aimed at equipping women with disabilities with skills necessary to stand up for their rights and express their opinions, needs, and feelings without ignoring or hurting those of others. Women also learned the differences between assertive, aggressive, and passive behaviors. They role-played assertive behaviors in groups. The sessions also included group dynamics training. It provided knowledge and skills on group formation and development, maintaining group cohesion, conflict management, leadership, and effective communication. Finally, the sessions provided skills necessary for advocacy, public speaking, and community organizing (Alliance for Nonprofit Management, 2008). After these training sessions, the groups elected their regional executives to advocate for the group in Northern Ghana.

Follow-up Support

Realizing that training alone was not enough to improve the self-advocacy skills of women with disabilities, the program officer visited the AWWD chapters at least once every two months for two years and provided follow-up support and consultation. She reviewed every activity undertaken by AWWD members and evaluated the effectiveness of the training sessions. She also shared with members important information such as government policies that concern women with disabilities and women in general, She used these follow-up sessions to strengthen the bonds among members. The women realized the importance of the group and why they should own and sustain the group's development. They also realized the importance of breaking the cultural norms that encouraged passivity and inferiority by cultivating skills of assertiveness, self-advocacy, and group advocacy (ADD, 2007).

Founding Advocacy Committees

As the next step for the women to work collaboratively to make changes in the society, the program officer provided members assistance for establishing advocacy committees. The committee members studied the various injustices that women with disabilities had been experiencing in their daily lives, the causes of discrimination and oppression, and the institutions

where human rights abuses had occurred. They identified problems and planned new initiatives to solve those problems. The advocacy committees started demanding that government and other organizations protect the rights of women with disabilities in health, education, employment/skills training, and social services. Twenty-four advocacy committees were formed in Northern Ghana in 2005. At the beginning, the committee encountered some resistance from within the disability movement, but due to the sensitivity workshops, male leaders of the disability movement eventually supported the committee in its fight for women's human rights.

Networking with Other Organizations

The final strategy was to provide support for members in networking with various governmental and non-governmental organizations to promote issues important for women with disabilities. Mainstream women's organizations were also targeted for networking. The women's organizations were asked to include women with disabilities in their memberships and to consider joint activities with the AWWD. The networking also provided opportunities for the AWWD to build a financial base to support small-scale businesses pursued by members such as dressmaking, soap and pomade making, weaving, batik, and dyeing.

The Program Outcomes

The five strategies discussed in the previous section have resulted in empowerment of women with disabilities in Northern Ghana. Through advocacy, confidence building, and assertiveness training, women with disabilities have gained control over their lives. They have developed better strategies in advocating for their rights, as demonstrated in the following examples:

- Gina gained admission to Anglican Women's Center at Sirigu to obtain vocational training. However, upon recognizing her disability, the center administrators revoked her admission. In the past, Gina would have given up the opportunity. But she now had the support of the AWWD. AWWD leaders in Bolga approached the center administrators and the case was amicably resolved. Gina is now in the school and about to complete her studies (ADD, 2006a).

- Christiana in Lawra had an ex-husband who had neglected his responsibilities as the father of her five-year-old son. After the training, she gathered the courage to summons him to government's Department of Social Welfare office and successfully negotiated to obtain monthly child support (ADD, 2006b).

- Martha at Chereponi wished to attend a naming ceremony of a baby. The naming ceremony is an important custom in Northern Ghana when a newborn is presented in the community. But, her family told her that she would have no role to play in the ceremony because she was disabled and they tried to discourage her from attending. Martha in the past would have given up and just cried. But after the training sessions, she understood that it was her right to participate in the ceremony and did so (ADD, 2006c).

- Fati in Daffiama and some members of the Alliance were returning from a meeting. As they were approaching the market area, they heard some women making derogatory comments about their impairments. One woman said, “Look at those cripples. Nowadays they are proud." Fati approached them and said, "In those days we didn’t know our rights. That was why we kept quiet. But now we will not let anyone who makes such comments go free" (ADD, 2006d).

Currently, there are 34 AWWD branches in Northern Ghana advocating for the rights and needs of women with disabilities. There is one AWWD at the national level working for policy changes within disability organizations as well as in Ghanaian society. The AWWD boasts 24 Advocacy Committees that are responsible for advocacy on health, education, employment/skills training, social services issues, and conduct fundraising for the organizations in Northern Ghana. By the middle of 2007, the advocacy committees successfully handled 26 cases that involved women’s rights violations, accessibility issues, and violence against women.

A case in point occurred in the town of Jirapa. Upon seeing a credit union building under construction that was not accessible, the local advocacy committee met with the manager of the credit union. The committee members argued that they were part of society and that accessibility would be essential as customers of the business. The building has been completed with accessibility in place. In another case in Gushiegu, the advocacy committee advocated for ramps to be built at the audit service office and schools. Changes were successfully implemented (ADD, 2007).

AWWD members are also making good use of the funds that the group has. In 2006, the committees raised GHcedis 27,000 ($2,800 USD) for small businesses of their members for the first time and started a microcredit program (ADD, 2006b; ADD, 2008). The economic situation of the women who are beneficiaries of the funds has improved along with the lives of their family members. The women, many of them single parents, have established small businesses with the fund that enabled them to feed and clothe their children, pay their school fees, and take care of their houses (ADD, 2006b). For example, Ayi, a single mother of four, started a small trading enterprise with GHcedis 6 (less than $10 USD) that she obtained from her group. She purchased sugar, bagged it in smaller bags and sold it GHp 0.5 each. With the profits she accumulated, she expanded her business to sell matches, candies, and other small goods. She was very happy that she could provide food for her children with the proceeds from this small entrepreneurial venture.

Other women started their businesses without the funding assistance of the AWWD. For example, groups of women in Savelugu-Northern Region, Bole-Northern Region, and Daffiama-Upper West Region started their own credit venture. Each woman contributes a small amount of money at every group meeting. The collection of money is given to one member at the end of each meeting. The process continues until every member receives their turn. The women are able to start their small businesses with the amount they receive from the credit venture. These strategies have not only helped the women to generate their own incomes, they have provided the opportunities for social participation and they have increased psychological well-being as well as self-dignity, and self-esteem (Lonsdale, 1990; Boylan, 1999).

AWWD members have gained visibility in the disability movement. As of December 2006, women held 19% of the leadership positions such as president or vice-president in the disability organizations in towns and villages in Northern Ghana (ADD, 2006d). Although men still dominate the disability movement by holding the majority (81%) of the major leadership positions, women's progress will not be stopped as AWWD continues to educate and empower women.

Some AWWD members became active participants in other mainstream organizations, including the Ghana Hairdressers and Beauticians Association, Orphans and Widows Ministries, Single Mothers Association, Knights and Ladies of Marshall of the Catholic Church, and the National Commission on Women and Development. Some of them hold leadership positions in those mainstream organizations. Furthermore, some mainstream organizations such as German Development Services, Non Formal Education, African Development Fund, Ghana Institute of Linguistics Literacy and Bible Translation, and the SEND Foundation have started to include women with disabilities in their programs. In 2006, nine AWWD members ran for local government offices and one of them was elected into the office (ADD, 2006c).

Largely as a result of these successes, disability organizations in Northern Ghana have recognized the need to include women's issues in their plans and activities, as well as including women in their committees. The equal representation and participation of men and women has gradually become a norm. For example, the fundraising committee in Bongo in Upper East Region has 3 women and 4 men, the advocacy committee in Savelugu in northern Region has 4 women and 5 men, and the planning committee in Bolga in Upper East Region has 5 women and 3 men (ADD, 2006e).

Conclusion

Women with disabilities in Ghana experience the triple disadvantage of sexism, ableism, and the poor economic standard of the country, as do other women with disabilities in developing countries (DAWN, 2007). Consequently, they were invisible in society and their rights and needs were ignored over the years. Strategies to empower women with disabilities were implemented between 2002 and 2007 in Northern Ghana, the country's poorest region. These strategies included assertiveness training for women, follow-up support, advocacy committees for women to advocate for themselves, networking initiatives with other organizations, and education of male leaders of disability organizations about gender equality issues. As a result, women demanded their rights in their daily lives and their participation in both disability and civic organizations (with some women assuming leadership positions in those organizations). They founded a cross-disability organization of women to advocate for women's issues at the local level, and they raised funds to improve the economic condition of their members. Male-dominated disability organizations became aware of their groups' practices of gender inequality and began including gender issues in their planning and activities. These advances bode well for the future of Ghana, and provide a template for the empowerment of women with disabilities.

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