

**KWAME NKRUMAH UNIVERSITY OF SCIENCE AND TECHNOLOGY**  
**COLLEGE OF HEALTH SCIENCES**  
**SCHOOL OF MEDICAL SCIENCES**  
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**THE PERCEPTIONS AND ATTITUDES OF HEALTH WORKERS TOWARDS  
PERSONS WITH DISABILITIES IN THE BEKWAI MUNICIPALITY IN THE  
ASHANTI REGION OF GHANA**

**BY**  
**WILHELMINA NAA LAMILEY TAGOE**  
**(PG2399014)**

**A thesis submitted to the Department of Community Health,  
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Masters of Science (Disability, Rehabilitation and Development)**

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## DECLARATION

I hereby declare that this submission is my own work towards the award of MSc Disability, Rehabilitation and Studies and that, to the best of my knowledge, it contains no previously published materials by another person, nor material which has been accepted for the award of any other degree of the University, except where due acknowledgment has been made in the text.

Wilhelmina N.L. Tagoe .....

PG2399014

Signature

Date

**Certified by:**

Dr. Wisdom Kwadwo Mprah .....

Supervisor

Signature

Date

**Certified by:**

Dr. Yeetey Enuameh .....

Head of Department

Signature

Date

## **DEDICATION**

This work is dedicated to my lovely husband, DDP. Ing. Lord Nii Boye Tagoe of the Kumasi Central Prisons and my three children Wilhelm, Wilhelmina and Lord Emmanuel through whose foresight, support and encouragement I am what I am today.

Thank you for always being there to support and guide me throughout my life. God bless you all and grant you long life and good health.



## ABSTRACT

### **Background:**

Disability is an important aspect of human health because every human being has the potential of being disabled at some point in life. Because of its importance, it is necessary to make disability and its related issues familiar to health workers to improve their understanding of the healthcare needs of persons with disabilities so as to increase access to health care for persons with disabilities.

### **Objectives:**

The study evaluated the level of knowledge and perceptions of health workers about persons with disabilities. It also assessed attitudes that are held by health workers towards persons with disabilities as a result of held perceptions about them.

### **Methodology:**

The study was quantitative using questionnaires to ascertain the level of knowledge of and attitude towards persons with disabilities. The study targeted all categories of health workers including doctors, nurses and pharmacists. The sample size for the study was 155 and included both males and female health workers selected purposively.

### **Results:**

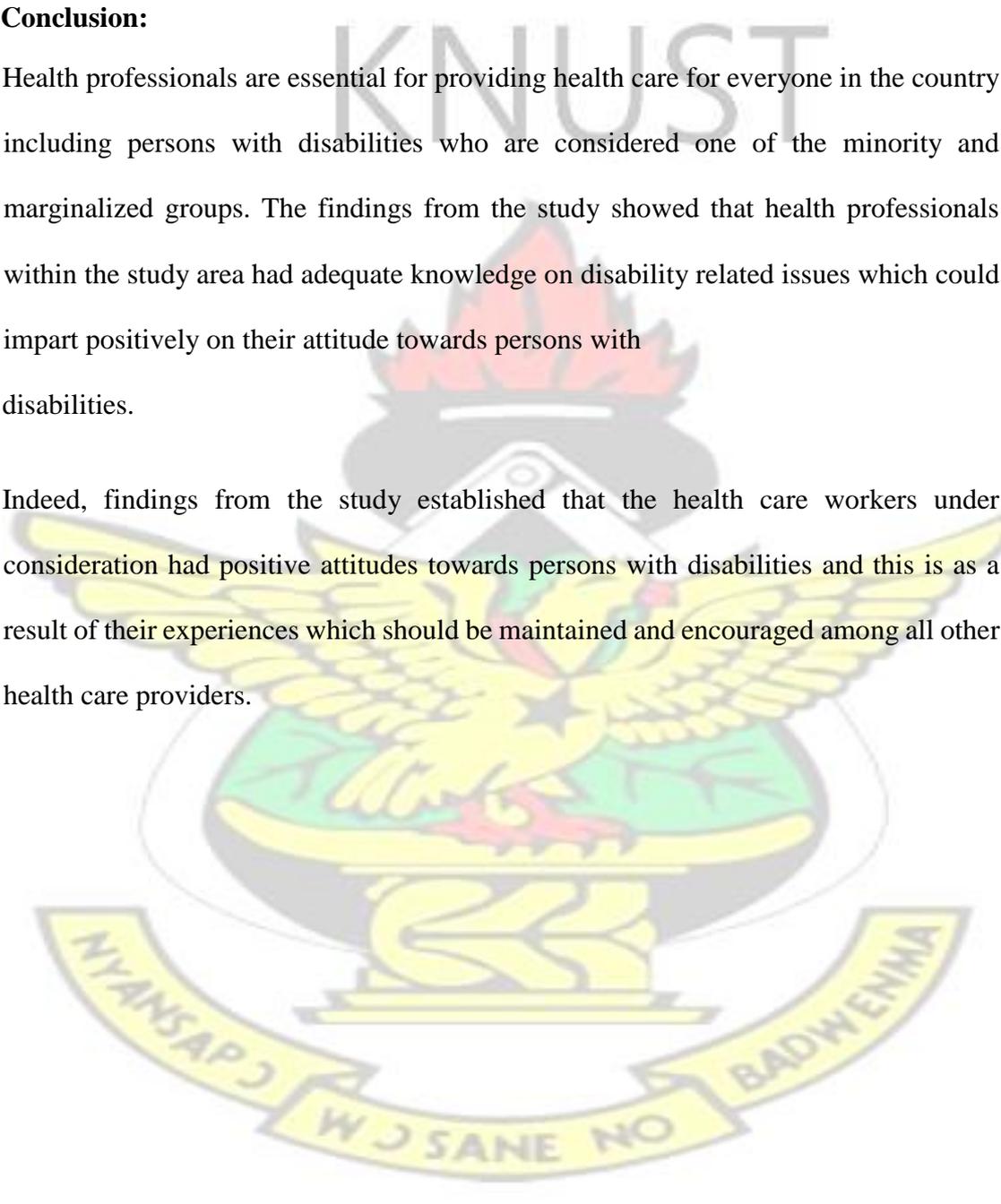
The findings indicated that respondents' attitude towards persons with disabilities was somewhat positive. However, their perception of disability was mixed. For example attitudinal assessment of respondents across the hospitals revealed that a little over half of the respondents (55.9%) agreed that „persons with disabilities should be helped even when they have not asked for help.“ On the impossibility of preventing disability through medication and early detection during pregnancy, majority of the respondents

disagreed. Finally on whether respondents were willing to work with persons with disabilities in the same hospital, the responses across health professions indicated a general agreement of their preparedness to work with persons with disabilities.

**Conclusion:**

Health professionals are essential for providing health care for everyone in the country including persons with disabilities who are considered one of the minority and marginalized groups. The findings from the study showed that health professionals within the study area had adequate knowledge on disability related issues which could impart positively on their attitude towards persons with disabilities.

Indeed, findings from the study established that the health care workers under consideration had positive attitudes towards persons with disabilities and this is as a result of their experiences which should be maintained and encouraged among all other health care providers.



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I give due honor to all my course mates and the faithful people behind the scene, especially authors whose work I consulted to give me direction in the production of this work.

Not forgetting my dear lovely husband Ing. DDP. Lord Nii Boye Tagoe for his support both financially and spiritually throughout the journey. God richly bless him.

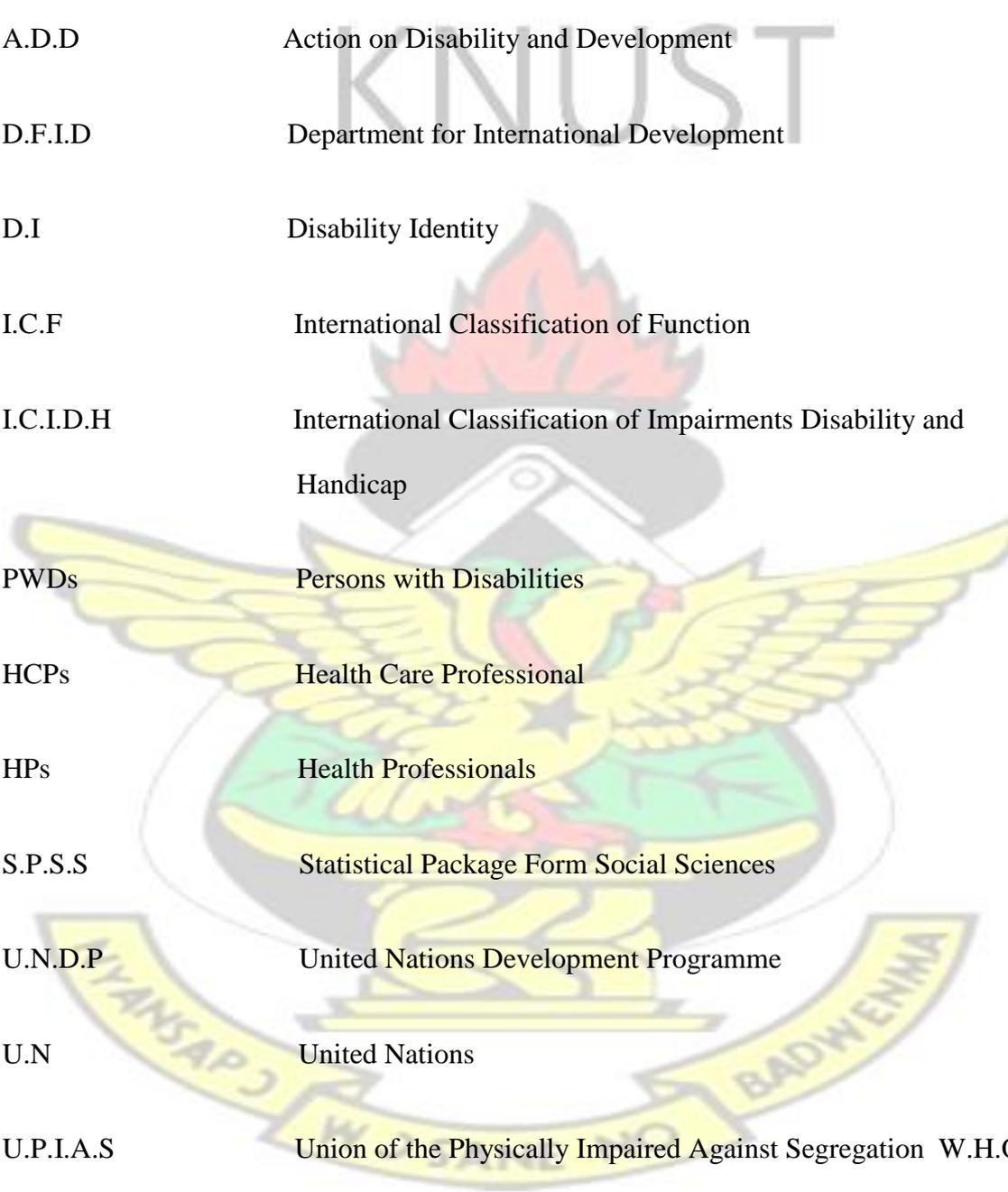
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## ABBREVIATIONS



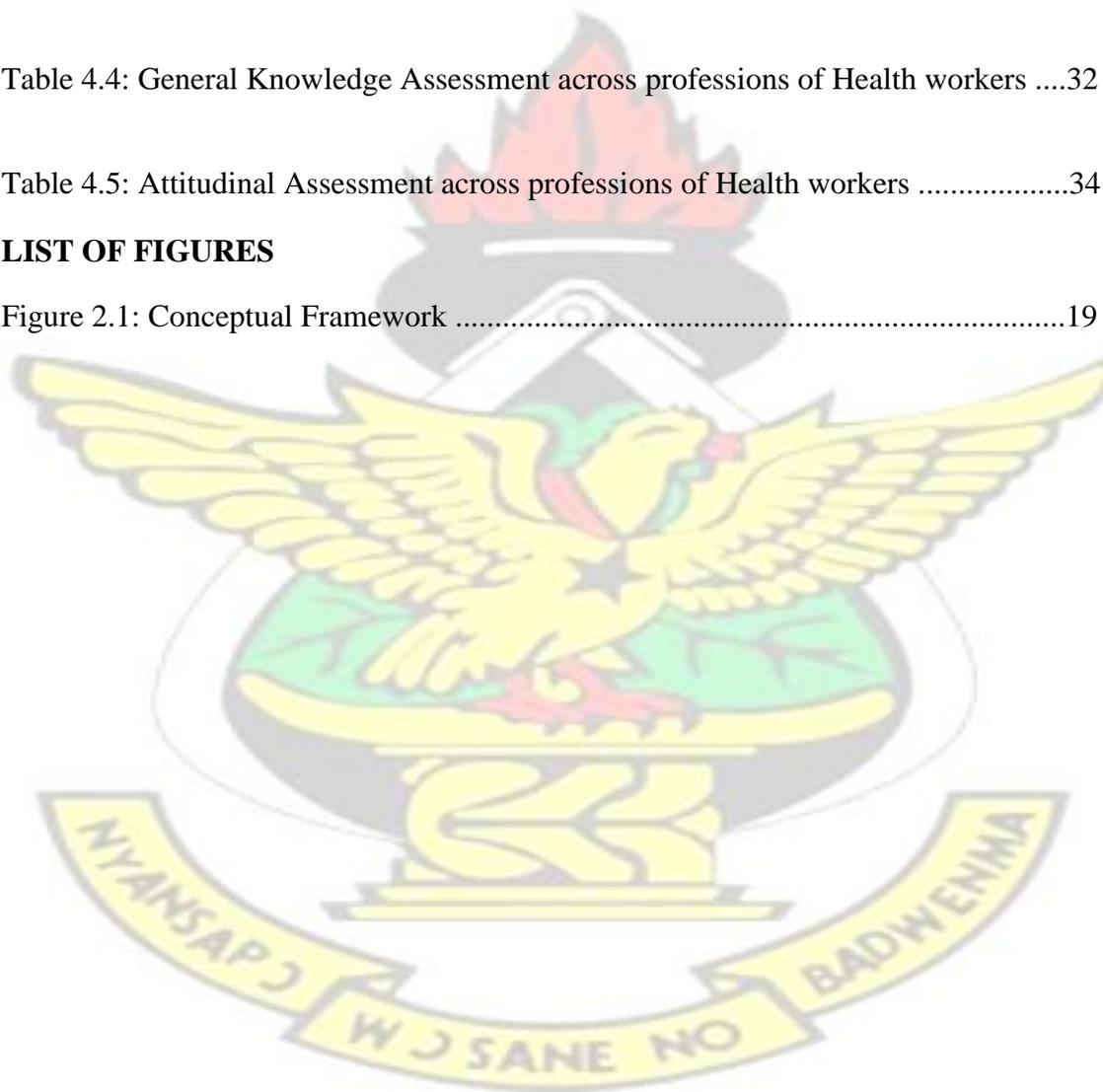
A.D.D	Action on Disability and Development
D.F.I.D	Department for International Development
D.I	Disability Identity
I.C.F	International Classification of Function
I.C.I.D.H	International Classification of Impairments Disability and Handicap
PWDs	Persons with Disabilities
HCPs	Health Care Professional
HPs	Health Professionals
S.P.S.S	Statistical Package Form Social Sciences
U.N.D.P	United Nations Development Programme
U.N	United Nations
U.P.I.A.S	Union of the Physically Impaired Against Segregation W.H.O
	World Health Organization

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## **CHAPTER ONE**

### **INTRODUCTION**

#### **1.1 BACKGROUND STUDY**

Disability has been defined variously by different scholars, institutions, countries, and legal documents. According to the World Health Organization (WHO) (1976), disability is the interaction between individuals with a health condition, such as cerebral palsy, hearing loss, blindness and personal and environmental factors such as negative attitudes and inaccessible physical environment. Under the International Classification of Functioning Disability and Health disability is defined as an umbrella term for impairments, activity limitation and participation restriction (International Classification of Function (ICF) (WHO, 2001).

According to the WHO (2013), about a billion people are living with some form of disability, which constitutes about 15% of the world's population. Although disability is a complex, dynamic and a multidimensional issue, many scholars and disability activists have agreed that attitudinal and physical barriers in the society play a massive role in the lives of persons with disabilities (PWDs).

Disability is an important aspect of human health because every human being has the potential of becoming disabled. Because of its importance, it is necessary to make disability and its related issues familiar to health workers because healthcare access is important for every individual both PWDs and persons without disability (Nordhaus, 2002). With access to good health care, the health conditions of persons with disabilities (PWDs) will improve as they will have access to quality healthcare (Mugilwa et al., 2005, Marmot et al., 2008).

However, there are disparities in healthcare utilization among PWDs and persons without disability across countries and communities. In every society, PWDs lag behind

other citizens in accessing healthcare (Rimmer et al., 2004). This problem is common to the PWDs in Africa and most developing countries (An Action on Disability and Development [ADD], 2005).

Analysis of the World Health Survey revealed that people with disabilities were twice as likely to find health care provider skills and equipment inadequate to meet their needs; three times as likely to be refused care; and four times as likely to be treated gravely by health care providers (World Health Organization and World Bank 2011).

Many explanations have been offered for the problems persons with disabilities encounter accessing health care. One of the main reasons is negative perception about disability and negative attitude towards persons with disabilities by society, including health care workers (attitudinal barriers).

Specialists with knowledge on disability related issues are also lacking and hence special matters relating to the health needs of persons with disabilities are not seriously addressed (Elwan, 1999). Thus, while throughout the world several changes take place in the health status and treatment of persons with disabilities, they are vulnerable to many health conditions.

Attitudes are theoretical concepts that represent what an individual views as positive, negative, or neutral; comprised of affective, behavioral, and cognitive responses and can be altered by persuasion and experience. Altman (2008), explained attitude as a mental state, belief, or a predisposition to behavior. This statement implies that attitudes like all other psychological constructs, can be observed directly or indirectly in human responses (Albarracin D et al, 2005).

The worth of health care services is influenced by the attitudes of health professional towards PWDs. Thus, attitudes of health workers play a direct role in the quality of the patient care experience at the health care facilities attended.

However, attitudes and misconstructions among health-care providers are major barriers to health care for people with disabilities (Hewitt-Taylor, 1987). For example, some health-care providers may feel uncomfortable about treating people with disabilities and may avoid them when they seek health care (Aulangnier, 2005). Also clinical decision-making may be influenced by negative attitudes and assumptions about disability among health workers. Additionally, limited knowledge and understanding of disability and the health needs of persons with disabilities among health-care providers often prevents timely and effective coordination of health care services for persons with disabilities (Cowling et al. 2006).

Clearly, it is essential to influence the attitudes of health professions to become more appreciative of the health needs of persons with disabilities (Cowling et al. 2006; Lammers & Happell 2003). Therefore health workers should be conscious of the roots, consequences, and appropriate treatment of disabling conditions, and of the incorrect assumptions about disability that result from stigmatized views they hold.

## **1.2 Problem Statement**

Persons with disability have health needs in the same way as persons without disability and may even have more health needs than others. One major reason for this is that persons with disability, require more time during consultations and in some cases may require the services of specially trained health professionals (HPs) to attend to them (Aulangnier, 2005).

However, health workers do not normally understand the health needs of PWDs because of their training and most often see PWDs as people who are sick and may want to use them as their medical objects.

This creates barriers in the health care setting for PWDs. Some of the barriers encountered by persons with disabilities are social factors such as cultural perceptions about disability, stigmatization, and attitude of health care workers towards persons with disabilities (Aulangnier, 2005).

Other barriers are economic factors and these include cost of treatment and assistive devices, unemployment, poverty and transportation (Peterson-Besse et al., 2014). Health workers must appreciate the effect of these barriers on the health care needs of persons with disabilities and support when they seek health care.

With the enactment for the Persons with Disability Act 715, a lot of activities have been undertaken to increase awareness about disability issues, and to change societal perception and attitude towards persons with disabilities. However, much is not known about the level of awareness on disabilities issues among health workers.

Also, little has been done on the kind of attitude health workers are likely to have towards persons with disabilities. If attitudes of health professionals affect their actions towards their patients, particularly those with disabilities, then it is suitable to measure their attitudes and recommend appropriate interventions. This study is therefore aimed at examining the perception and attitudes of health workers towards persons with disabilities in Bekwai Municipality.

### **1.3 Research Questions**

The following questions guided the researcher in carrying out the study:

1. What perceptions do health workers in hospitals in Bekwai Municipality have about persons with disability?
2. What is the level of knowledge of health workers in the Bekwai Municipality on disability issues?
3. What are the accompanying attitudes of these perceptions towards persons with disability?

#### **1.4 Research Objectives**

The main objective of the study is to assess the general knowledge and attitudes of health workers in the Bekwai Municipality towards persons with disabilities.

Specific objectives of the study include;

1. To examine the perceptions of health workers in the Bekwai municipality about persons with disabilities.
2. To assess the level of knowledge of health workers in the Bekwai Municipality on disability issues.
3. To examine the attitudes that are portrayed by health workers in Bekwai Municipality toward PWDs as a result of perceptions being held about them.

#### **1.5 Rational of Study**

During the 66th World Health Assembly in Geneva in the year 2002 the assembly required member states to include issues affecting PWDs in mainstream health services (WHO, 2002). The goal is to make health care accessible to persons with disabilities in an earliest possible time. Health care professionals (HCPs) are the first point of call when persons with disabilities seek for health care at any healthcare facility. The findings of the study will provide insights into the knowledge level of Health Professionals on disability related issues.

An enhanced understanding of the multidimensional and intricate relationship between knowledge, attitudes and perception would permit policy makers and health professional to design interventional strategies to change the attitudes towards PWDs and improve health care services.

### **1.6 Organization of the Study**

The study is organized in six chapters. Chapter one gives an overview of the background, statement of the problem, objectives and research questions. The significance and scope of the study were also described in this chapter. The second chapter presents relevant literature on the topic. Chapter three is devoted for the research methodology while Chapter four presents the findings from the study. The fifth chapter presents the discussions on the findings and Chapter six, the final chapter, presents the summary of findings, conclusions and recommendations.

### **1.7 Conclusion**

The chapter one of the study work covered the background information of the study, the need for the study which is the problem statement, research questions and objectives which forms the basis of the study, the rationale behind the study and finally the organization of the whole research work.

## **CHAPTER TWO**

### **LITERATURE REVIEW**

#### **2.0 Introduction**

This chapter reviews relevant literature on the topic. Literature was reviewed on the following topics:

concepts of disability, models of disability, disability in Ghana, attitudes towards persons with disabilities, culture and attitudes, disability identity and attitudes, barriers

to healthcare by persons with disabilities, attitude of health workers towards persons with disabilities.

The chapter also covers the conceptual frame work of the study.

## **2.1 The Concept of Disability**

Disability is a multifaceted concept, having ancient, social, legal and philosophical factors influencing its interpretation. Although the experience of disability is exceptional to each person, there are common impacting factors (Disabled World, 2009).

The meaning of disability is highly argumentative for numerous reasons. First, it is only in the recent century that the term “disability” has been used to refer to a distinct class of people (Altman, 2001). Historically, “disability” has been used either as a synonym for “inability” or as a reference to legally enforced limitations on rights and powers. Indeed, as late as 2006, the Oxford English Dictionary documented only these two senses of the term (Boorse, 2010).

As a result, difficulties may be encountered in attempt to settle questions about the meaning of “disability” that appeal to intuitions, since intuitions may be confused by the interplay between older, ordinary-language definitions and newer, specialized ones (Altman, 2001). Secondly, disability is not a monolithic entity and cannot be defined precisely. Disability is socially constructed and cultural specific, as a result, definitions, perceptions, and treatment of disability vary from on society to another. Settling on a definition that is universally accepted is, therefore, impossible (Fredison, 1970).

According to WHO (2013), disability is the interaction between individual with a health condition, and personal and environmental factors. The International Classification of

Functioning Disability and Health (ICFDH) views disability as an umbrella term for impairments, activity limitation and participation restriction (ICF, 2003). The Persons with Disability Act 715 of Ghana defines a person with disability “as an individual with a physical, mental or sensory impairment including a 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” (Person with Disability Act, 2006,p.17).

As defined by in the WHO (2013), disability is an umbrella term, covering impairments, activity limitations, and participation restrictions. Impairment is a problem in the body function or structure; an activity limitation is a difficulty encountered by an individual in executing a task or action, while a participation restriction is a problem experienced by an individual’s involvement in life situations. Thus, disability is an intricate phenomenon, reflecting an interaction between features of a person’s body and features of the society in which he or she lives (WHO, 1980).

## **2.2 Definition of key words related to disability**

To understand disablement and its implication on persons with disabilities, it is important to be clear about the terms „impairments“ and „disability“. Several debates have taken place since 1970’s among many international organization like the WHO, disability academics, persons with disabilities and disability activists over the meaning of impairments“ and „disability“. Consequently, there has not been a single, accepted definition of „impairments“ and „disability“. In 1980, the WHO’s International Classification of Impairments, Disability and Handicap (ICIDH) defined impairment as “any loss or abnormality of psychological, physiological or anatomical structure or

function” (p.47). Based on this information an individual is considered to be impaired if he or she has for example, a missing arm, leg, ear, or kidney.

WHO (2001, p.12) defined impairment as “problems in the body functions or structure such as a significant loss or deviation”. From this definition, a person has disability if he or she has difficulty performing daily activities such as walking, eating and bathing. Moreover, WHO (2001) explained that disability can be experienced if one cannot perform a task with any of one’s body parts as expected or if any situation prevents one from engaging in a social activity or perform a social role.

The Union of the Physically Impaired Against Segregation (UPIAS) (1976. p:3-4) defined disability as “the disadvantage or restriction of activity caused by a contemporary social organization which takes no or little account of people who have physical impairments and thus excludes them from the mainstream of social activities.” From this definition disability is seen as the absence or inadequacy of enabling structures such as ramps and lifts resulting from society’s refusal or failure to put in place such structures, which make it impossible or difficult for an individual, for example, a person who is paralyzed to get to the second floor of a building.

### **2.3 Models of disability**

The varying understandings of the relationship between impairment and limitation inform two opposing approaches to disability, which is often described as the opposing models: the medical and social models.

#### **2.3.1 The medical model**

This model appreciates disability as a physical or mental impairment of the individual and its personal and social outcome. It regards the restrictions faced by PWDs as resulting primarily, or merely, from their impairments (Altman, 2001). The medical

model of disability, places emphasis on the restriction of physical functioning, and locates disability within the individual. It denotes a medical etiology that stresses a fundamental relationship between the origins and effects of disability. Disabilities are treated as diagnostic categories and medical determinants become an essential prerequisite for participation in a rehabilitation program. (Hahn, 1993).

The individuals with disabilities are assigned a sick role in the medical model, and their disability is defined according to the absence of a valued personal characteristic (for example, "blind"). In this role, persons with disabilities are relieved from social responsibilities and held blameless for their condition; however this role requires of them to surrender their autonomy to specialized directions (Wright, 1960).

The medical model attempts to treat the body in isolation from the person inhabiting it by reducing the illness to disordered bodily functions. This type of reductionism precludes consideration of how aspects of the individual's social or emotional life affect their physical health. In addition, little consideration is given to modifying the environment, changing roles and tasks, or altering societal expectations. This model inhibits recognition of the social sources of disability, such as stigma, prejudice, and public policy (Wright, 1960; Hahn, 1988; Freund and McGuire 1999; Gray and Hahn, 1997).

### **2.3.2 Social Model**

In contrast, the social model appreciates disability as a relation between an individual and his or her social environment; the exclusion of persons with certain physical and cognitive characteristics from major domains of social life. Their marginalization is manifested not only in deliberate segregation, but in a built environment and organized social activity that preclude or restrict the participation of people seen or labeled as

having disabilities (WHO, 2014). In other words, although arising from any of the impairments, disability has social implications as well.

A full understanding of disability identifies that it has a powerful human rights dimension and is often associated with social marginalization, and increased exposure and vulnerability to poverty (Department for International Development (DFID), 2000). The social model is currently employed by many development organizations working in the arena of disability.

It is worthy to note that in their extreme forms, the both opposing models serve to chart the space of possible relationships between impairment and limitation more than to reflect the actual views of individuals or institutions. The medical model is rarely defended but often adopted unreflectively by HCPs, bioethicists, and philosophers who overlook or underestimate the involvement of social and other environmental factors to the barriers encounter by PWDs (Parson, 1951).

#### **2.4 Disability in Ghana**

In Ghana, as in many parts of the African continent, culture, social status and religion have interacted to influence people's perception and attitude towards disability. Disabilities are often considered as curses or punishments for sins committed either by PWDs, blood relations of the PWDs, or one of their descendants (United Nations Development Programme (UNDP), 2007).

In most Ghanaian communities, the belief in reincarnation of human beings is held in high esteem and as a result there is a high tendency among individuals to accept that some families disregard the general principles of nature for which they should be chastised by the gods of the land (Slikker, 2009). Persons with disabilities were therefore completely rejected by some cultures because they are perceived to be

castaways, while in some cultures they are seen as financial liabilities and resentfully kept alive by their families.

Disability in Ghana may also be seen as a result of witchcraft, sorcery, “juju” and magic. Due to these superstitious beliefs, assets in some typical traditional communities are viewed with mixed feelings (Agbenyega, 2003). Superstition and the cultural belief system therefore form a continuous obstacle to the inclusion of persons with disabilities in the society, because within such a belief system it will be difficult for any interaction to occur between the person with disabilities and persons without disabilities.

However, variations in perceptions of PWDs exist among different cultures in Ghana. In some cultural settings, PWDs are tolerated and treated in incidental ways, while in other cultures they were given reverence to and allowed to participate to the fullest extent of their capability. For example, among the Ashanti of central Ghana, traditional beliefs prohibited men with physical disabilities such as blindness from becoming chiefs. This situation is patent in the practice of de-stooling a chief if he acquires a disability such as epilepsy (Sarpong, 1974). Children with obvious abnormalities were also rejected in their societies. For instance, an infant born with six fingers was killed upon birth (Rattray, 1952). Babies born with serious retardation were referred to as “river babies” and were abandoned on riverbanks to return to what was believed to be their own kind (Danquah, 1977).

In contrast, the Ga’s from Greater Accra region in Ghana, treated the cognitively impaired with admiration. They believed they were a reincarnation of a deity. Hence, they were constantly treated with great kindness, gentleness and patience (Field, 1937).

## 2.5 Attitudes towards Persons with Disability

The term attitude has been historically defined as a theory conveyed and sculptured within the boundaries of various professional disciplines. As far back as 1935, Allport (1935) proposed the most commonly employed definition of attitudes. Fazio (2008) accredits Allport's description of attitude as "a mental or neural state of readiness, organized through experience, exerting a directive or dynamic influence upon the individual's response to all objects and situations with which it is related" (p. 810).

The effect of attitude tends to have a principal tendency, either positive or negative, so it is easier to judge, categorize or act swiftly. Eagly and Chaiken (1993) defined, an attitude as a "psychological tendency, expressed by evaluating a particular entity (person) with some degree of favor or disfavor" (p1). Attitudes in general have influence on both the professional and personal behavior of an individual.

Coleridge (1993) is of the view that it is attitudes that disable. Generally, if society did not react with disgust, fear, anxiety, hostility or patronizing behavior towards persons with disabilities, then there would not be a problem. He mentioned a cruel circle whereby discrimination and prejudice are the elements that create the sense of being disabled, which leads to further discrimination and prejudice.

It has been revealed that negative perceptions arising from prejudice, stigma, create barriers to participation in health services, education, employments. Also, negative attitudes make it more probable for persons with disabilities to live in poverty than persons without disabilities. For example, The United Nations (2007) estimated that 650 million person with disabilities around the world, especially those living in developing countries, lack access to proper medical care and rehabilitation services, due

to negative attitudes. This subsequently results in PWDs encountering greater challenges in achieving and maintaining optimum self-reliance and quality health care.

According to the United Nations (UN) (2002) negative attitudes of communities towards PWDs, are common in developing communities, causing low expectation of person with disabilities, which has in turn prevented them from accomplishing their full potentials.

## **2.6 Culture and attitudes**

Cultural orientation is a serious factor to examine because it influences people's attitudes toward disabilities. Researchers have the view that stigmatizing attitudes are determined by sociocultural standards and influences (Goffman, 1963). The cultural orientation of individuals affects what attitude they have toward an object, because attitudes comprise certain cultural norms.

Yang et al. (2007) suggested that cultural norms to an extent have an impact on the stigmatizing attitudes assumed by a community. For example, investigators in Egypt found that people who held negative attitudes toward intellectual disabilities in Egypt also endorsed cultural norms in that community (Coker, 2005). Rao et al. (2010) suggested that cultural characteristics may interpret the difference in stigmatizing attitudes across various cultures.

Rao et al. (2010) conducted a study that examined the differences in employers' attitudes toward employees with disabilities and the employers' cultural orientation as well to establish the relationship. The authors concluded that rather than cultural orientation, the perception that persons with disabilities are liable for acquiring their

disabilities influenced attitudes more strongly. However, those who endorsed an individualistic cultural orientation have a more negative stigmatizing attitude.

## **2.7 Disability identity and attitudes**

Greater emphasis on attitudes towards PWDs has been placed on people without disabilities. However, it is also of importance to consider how PWDs view others with the same disability, with different disabilities, and the disability group as a whole population. Possible factors that could influence these attitudes include whether an individual views his or her disability in a positive or negative way and the extent to which the disability has been integrated into one's own identity.

Simply put, identity is the way one appreciates and views oneself, and is often viewed by others (Bagatell, 2007).

Living a life with a disability influences how an individual sees his or herself and, also how others see the individual. Building an identity that includes one's inability is a vital part of adapting to the existence of the disability and the way it affects one's life.

Adapting to disability involves sentimental, intellectual, and behavioral modifications that move the individual towards an optimal state of congruence with their environment (Smart, 2009). However, living with a disability does not automatically mean that the individual will develop an identity inclusive of their disability (Dunn & Burcaw, 2013).

Hahn and Belt (2004) described disability identity (D.I) as being made up of personal and community proportions. Personal identity involves viewing oneself as a PWD, whereas communal attachment involves viewing oneself as connected to all other PWDs (Hahn & Belt, 2004). The possibility of developing a more affirmative attitude

towards others with disabilities on a larger scale is acquired if PWDs feel a positive connection to the disability community.

The role disability identity plays in life of PWDs is a fairly new concept in research. Previous studies have revealed that having a positive view of oneself as a member of a disability community may be related to higher fulfillment in life and increased feelings of self-confidence (Hahn & Belt, 2004; Bogart, 2014). It is possible that, due to its relationship of satisfaction with life, D.I may also have a progressive result on associations with others. However, the effect of D.I specifically on attitudes toward disabilities has not yet been studied adequately.

Coleridge (1993) stated that human beings' behavior and attitudes can be subjective rather than objective. The course of attitude change needs to start with PWDs and their attitude towards themselves and their inability, since society will not change its behavior unless persons with disabilities make the initial move. If persons with disabilities are able to stand for their own rights and appreciate themselves in a positive manner and as being capable to contribute to society, in time society will also start perceive them in this manner. The subject for persons with disabilities is therefore ultimately one of self-confidence, of refusing to accept the role of victim in which society positions them.

## **2.8 Barriers to healthcare by persons with disability**

People with disabilities are at risk for many health-related problems because they are vulnerable to deficiencies in health care services. In addition and more importantly, the concerns of persons with disabilities are not addressed adequately in many health care programs and policies because of cultural, attitudinal, and institutional barriers (WHO, 2000).

Persons with disabilities have greater health needs and concerns than persons without disabilities but many health care providers are ignorant of their needs. According to Aulangnier, (2005) primary care consultations can take lengthier for PWDs than for people without disabilities. It was also noted that, adults with intellectual impairment often require extra time for check-ups, screening, clinical procedures, and health promotion.

However, health care providers are often not compensated for the extra consultation time they spend with PWDs and the disparities between actual cost and reimbursement can be a discouragement for service providers to provide comprehensive health care. Short consultations may leave little time for HPs to appreciate and address the sometimes multifaceted health care needs of people with disabilities.

Persons with disabilities therefore report displeasure with healthcare providers, precisely nurses and their systems of training (Doriji & Solomon, 2006). This can be as a result of pre-formed perception in the minds of individuals before they even become health workers.

## **2.9 Attitude of health workers towards persons with disabilities**

Health professionals' attitudes may affect their actions towards persons with disability when they seek healthcare services. Health care professionals share the values and expectations of their society and show same reaction that people have towards PWDs (Allen and Birse, 1991). Negative attitudes among health care professionals towards PWDs, in particular, are contributory factors in the health care inequalities that they experience (Ditchman et al., 2013).

In a study conducted by Dorji and Solomon (2009) to examine attitudes of physicians and nurses towards PWDs in Bhutan, it was found that Bhutanese doctors and nurses seemed to hold less positive attitudes toward PWDs.

The researchers recommended that with the role nurses and doctors perform in delivering information, care and support for PWDs, a better understanding of their attitudes toward this section of the populace will sustain efforts to implement suitable interventions.

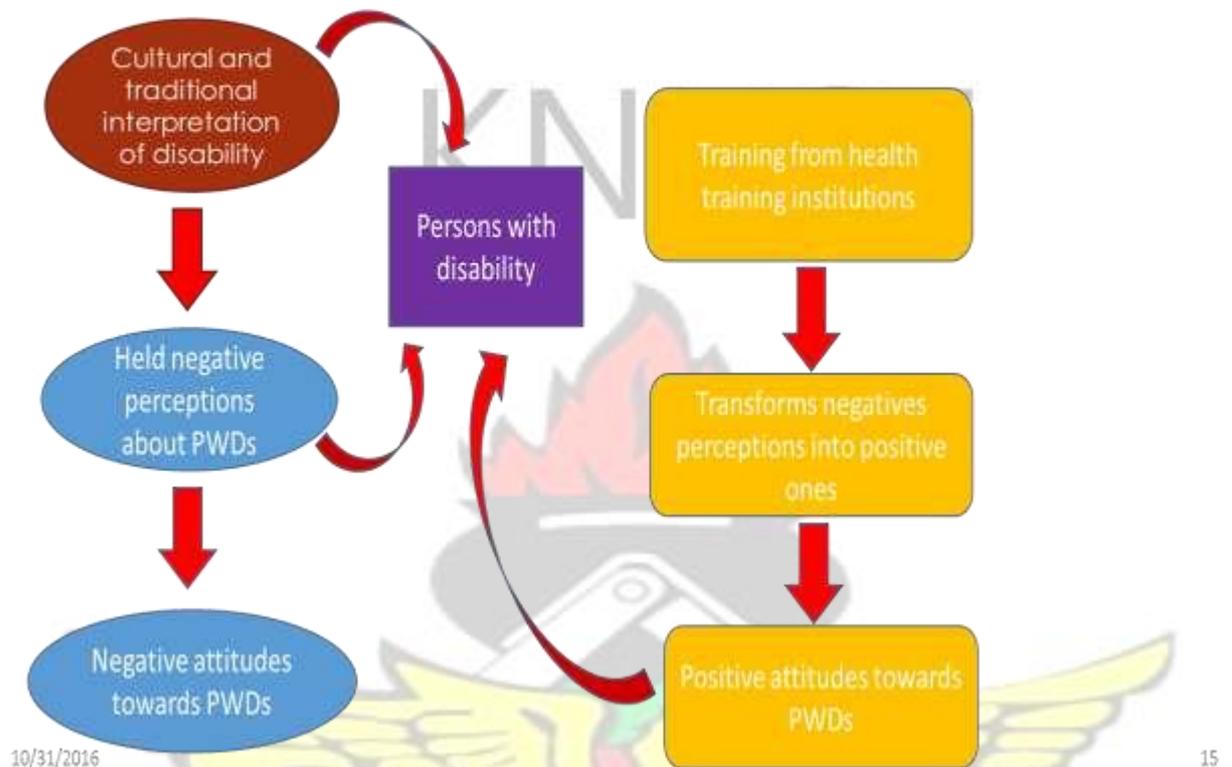
### **2.10 Conceptual Framework**

Figure 2.1 below is the conceptual framework for the study. It explains some of the factors that influence attitude of HPs towards persons with disabilities. Persons with disabilities are mainly defined by cultural and traditional interpretation of disability and this leads to the formation of negative perception about PWDs resulting in negative attitudes towards them. However training received by would-be health professions in their training institutions transform these already formed negative perceptions into positive ones thereby resulting in positive attitudes of health workers towards PWDs...

**Figure 2.1: Conceptual Framework**



# CONCEPTUAL FRAMEWORK



## 2.11 Conclusion

The literature highlighted various issues on disability, attitude and access to health services by PWDs. These issues included theoretical issues and the conceptual framework for the study. This literature serves as the basis for discussing the results from the study.

## **CHAPTER THREE**

### **METHODOLOGY**

#### **3.0 Introduction**

This chapter discusses the methodology of the study. It describes the approaches that were used to collect data for the study, and it is sub-divided into the following subsections: study design, study area and profile, study population, sample techniques and size, data collection techniques and tools, and data analysis.

#### **3.1 Research Design**

A case study design was used for the study. A case study can be described as an ultimate methodology when a holistic comprehensive investigation of an issue is needed (Feagin et al, 1991). In this study, Bekwai Municipality was used as the case study where some health facilities were purposively selected. The study was quantitative and so questionnaires were employed to gather information from the respondents in the study.

#### **3.2 Research Setting**

The research was conducted in the Bekwai Municipality in the Ashanti region of Ghana. Bekwai Municipality is located in the Amansie East district, which is one of the 27 districts in the Ashanti region. According to the Ghana Statistical Services (2009), the Bekwai Municipality had a population of about 138,922, comprising of people from different ethnic groups with majority being Ashantis, Bangos and Fantes. The commonest language spoken in the municipality is the Ashanti Twi. Farming is the main occupation of the indigenous people however a few of them engage in trading and white color jobs such as nursing and banking. The Municipal has nine health care facilities that provide preventive and curative health services to the people.

Christianity, Islam and traditional religions are the most common forms of religions in the municipality.

### **3.3 Population and sample Size**

Health workers in active service across some selected health facilities in the Bekwai Municipality of the Ashanti region were potential respondents for the study. A cross – section of these health workers were randomly selected for their inclusion in the study with their prior consent. A sample of 150 respondents (all health workers) was selected across the selected hospitals namely, Bekwai, Kokofu, Kotwia and Seven Day Adventist hospital.

### **3.4 Sampling Technique**

Purposive sampling technique was adopted to select the four hospitals According to Tongco, (2007) purposive sampling is an intentional decision to select a particular participant because of the characteristics possessed by that respondent. These hospitals were sampled because they are government hospitals mostly attended by PWDs in the municipality. This sampling technique was also used because of the capacity of the respondents these hospitals to provide the required information needed to answer the research question. However the respondents in the study were randomly selected.

### **3.5 Ethical Consideration**

Kwame Nkrumah University of Science and Technology’s ethical code of conducting research with human subject was followed throughout the fieldwork .An ethical clearance was obtained from the university’s research committee as well as all the four hospitals used as the research sites to undertake this research work. As this study involved the participation of respondents (human subjects), steps were taken to ensure their privacy, confidentiality, as well as safety were assured. The researcher provided a

detailed clarification of what the study is about to the respondent. These included the aim and purpose of the study, potential benefits and risks, duration of interviews, the voluntary nature of the study, and the right to pull out from the study at any stage.

The confidentiality of the respondents was guaranteed by not revealing their identities or personal data in the final report. Also, only significant facts that are important in answering the research questions were included in the final report.

### **3.6 Data collection tool**

The data collection tool for the study was questionnaires. The questionnaire was made of two main parts: part „A“ collected bio - data of the respondents, which included their gender, age, qualification, and area of residence, while part B consisted of structure items that tested respondents“ perception and attitude towards person with disabilities.

### **3.7 Data Analysis**

Data analysis is the process whereby a researcher reduces data in order to explain it (LeCompte & Schensul, 1999). In this study, the statistical package for social sciences (SPSS) was employed to analyze the data. Cross tabulations of the responses were computed to identify relationships among the variables, the measure of these relationships and to compare differences in terms of area of profession. Also, tables were used to represent the frequencies of the respondents“ responses to the questionnaire items.

### **3.8 Validity and Reliability**

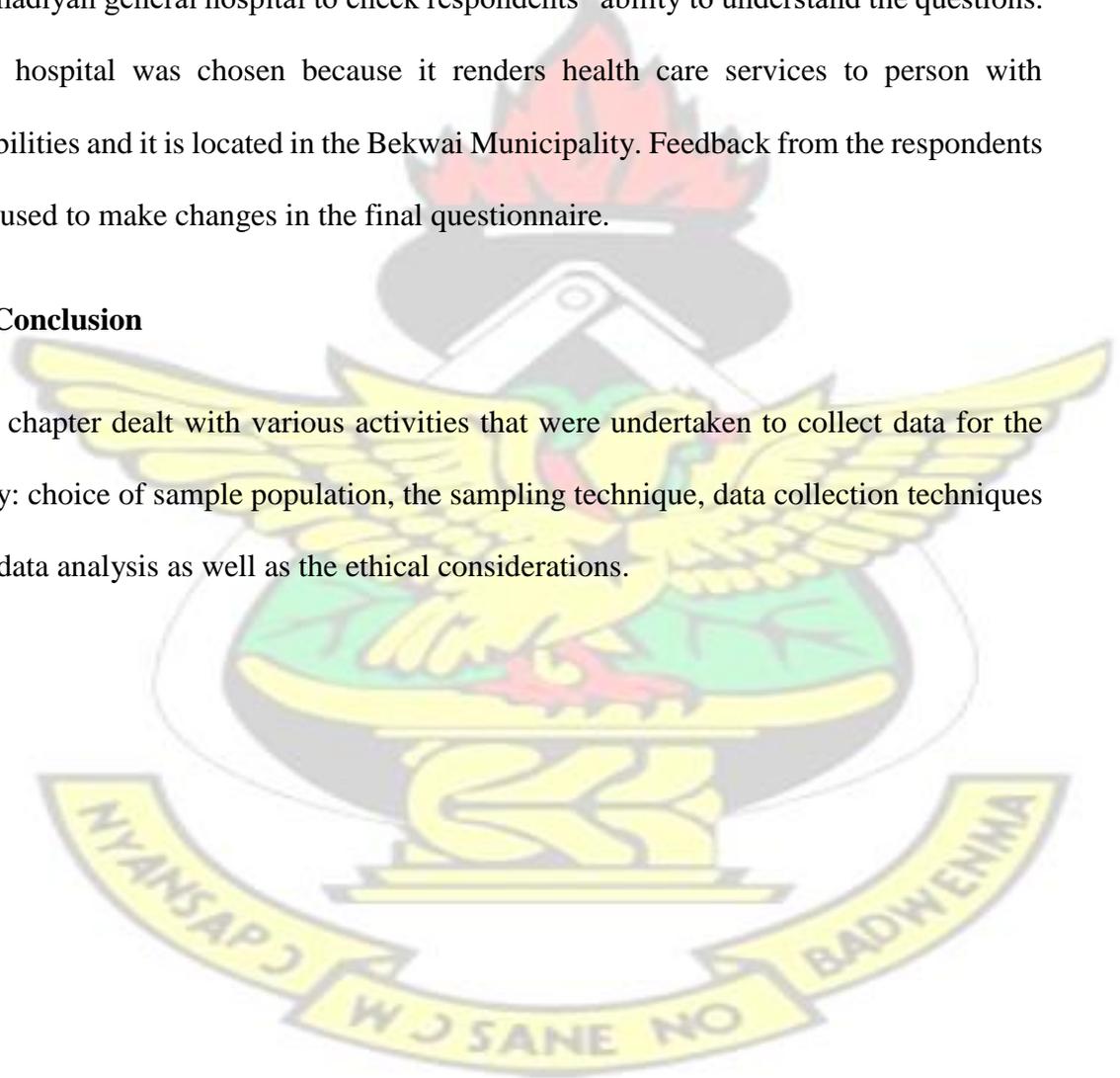
Validity can be defined as the extent to which a test measures what it supposed to measure, whereas reliability, according to Cohen, Manion & Morrison (2003) is a

statistical characteristic of a score and is independent of content. The questionnaire was designed to collect data that are consistent with the objectives of the study.

Also, the research instrument was examined and reviewed by the researcher's supervisor before it was implemented. Additionally, the instrument was piloted with a few health workers before actual implementation. This helped to "fine - tune" the instrument. The questionnaire was piloted among 10 health workers at the Aalmadiyah general hospital to check respondents' ability to understand the questions. This hospital was chosen because it renders health care services to person with disabilities and it is located in the Bekwai Municipality. Feedback from the respondents was used to make changes in the final questionnaire.

### **3.9 Conclusion**

This chapter dealt with various activities that were undertaken to collect data for the study: choice of sample population, the sampling technique, data collection techniques and data analysis as well as the ethical considerations.



## CHAPTER FOUR

### RESULTS

#### 4.0 Introduction

In this chapter, the results of study are represented. This includes a description of the demographic characteristics of 155 respondents and their responses. The demographic characteristic of the respondents are presented in Table 4.1 below.

Data on the demographic characteristics of respondents showed that there were 92 (59.4%) females and 63 (40.6%) males health workers in the study (Table 4.1). With respect to their specific professions, majority of them, totally 114 (73.5%) were nurses, 20 (12.9%) were pharmacists, 13 (4.8%) were Laboratory technicians and very few of them, 8 (5.2%), were doctors or medical officers.

Regarding the location of respondents hospital or health facility, 52.9% worked at Bekwai hospital, 18.7% work at Kokofu hospital and 14.2% each worked at Kotwia and Dominase hospitals respectively. Also, the majority of the HPs under study were Christians constituting 94.2 percent.

The mean age of the respondents was 28.6 with a standard deviation of 5.68. The maximum and minimum ages of the respondents were 20 and 58 respectively. On respondents disability status, only one (0.64 %) of them had some form of disability out of the 155 responses. On whether respondents have relatives or family members with disabilities, the results indicated that 15 (6.78 %) of the respondents said they had a family member with some form disability.

**Table 4.1 Demographic Characteristics of Respondents**

Variable	Frequency	Percentage (%)
<b>Sex</b>		
Male	63	40.6
Female	92	59.4
Total	155	100
<b>Profession</b>		
Doctor	8	5.2
Nurse	114	73.5
Lab Tech	13	8.4
Pharmacy Assistant	16	10.3
Pharmacy Technologist	4	2.6
Total	155	100
<b>Location</b>		
Kokofu	29	18.7
Bekwai	82	52.9
Kotwia	22	14.2
SDA/Dominase	22	14.2
Total	155	100
<b>Religion</b>		
Christian	146	94.2
Muslim	9	5.8
Total	155	100
<b>Disability Status</b>		
Yes	1	0.64.
No	104	67.0
<u>Not known</u>	<u>50</u>	<u>32.2</u>

Total	155	100
<b>Family History of Disability</b>		
Yes	15	6.78
No	86	55.5
Not known	54	34.8
Total	155	100.0
<b>Age Statistics</b>		
Mean Age	27.50	
Minimum	20	
Maximum	58	
Range	38	
<u>Standard deviation</u>	<u>5.68</u>	

**Source: Fieldwork, 2015**

#### **4.1 General knowledge assessment**

On the respondents' knowledge of disability issues, Table 4.2 below presents the results of their responses. The findings revealed that nearly one-third of the respondents 42 (27.8%) agreed to the fact that "persons with disabilities are sick, in constant pain and need medical attention" for their well-being; however, the majority of the respondents, 108 (71.5 %), disagreed with the assertion. This suggests that the participants were of the opinion that persons live normal lives just like people without disabilities.

On the issue of whether persons with disabilities need cure to fit into their respective communities, 93 (61.2%) were in disagreement as compared 35.5% who agreed. With regard to the possibility of preventing disability through early detection, the majority the respondents; that is, 62.5% agreed and 35.5 % disagreed.

On whether “medical professional are the only people who understand the needs of persons with disability”, the responses showed that, 87.7 disagreed to this assertion as compared to 11.7% respondents who were in agreement.

As to whether impairment and disability are the same, about one-third (61.8%) disagreed the two are the same while 34.5% however agreed the two meant the same.

Respondents’ perception on the IQ of person with disabilities revealed that majority (90.1%) disagreed that person with disabilities have low IQ with only, 5.7% agreeing to that assertion. The results also indicated that 13.1% and 84.3% were in agreement and disagreement respectively on the assertion that “Person with disabilities are quick tempered and not friendly”, which suggests that respondents believed that persons with disabilities are friendly.

On the question of whether disability is caused by evil spirits, the results showed that the respondents were in disagreement as 97.4% indicated their disagreement compared to just 1.3 % who agreed. Also, 84.3% of the respondents disagreed that person with disabilities are potentially dangerous to other patients and health workers in the wards.

**Table 4.2: General Knowledge Assessment of Health workers**

	<b>Response</b>	<b>Frequency</b>	<b>Percentage (%)</b>
Persons with disabilities are sick, in constant pain and need medical attention	Agree	42	27.8%
	Disagree	108	71.5%
	Don't know	1	.7%
Persons with disabilities need cure to enable fit into society	Agree	54	35.5%
	Disagree	93	61.2%

	Don't know	5	3.3%
It is impossible to prevent disability through medications if detected early during pregnancy	Agree	54	35.5%
	Disagree	95	62.5%
	Don't know	3	2.0%
Medical professionals are the only people who understand the needs of persons with disabilities	Agree	18	11.7%
	Disagree	135	87.7%
	Don't know	1	.6%
Disability and impairment mean the same thing	Agree	53	34.9%
	Disagree	94	61.8%
	Don't know	5	3.3%
Persons with disability have low IQ	Agree	9	5.9%
	Disagree	137	90.1%
	Don't know	6	3.9%
Persons with disability are quick tempered and not friendly.	Agree	20	13.1%
	Disagree	129	84.3%
	Don't know	4	2.6%
Disability is caused by evil spirits	Agree	2	1.3%
	Disagree	147	97.4%
	Don't know	2	1.3%
Persons with disabilities may cause dangers or adverse effects to patients and even health workers in the ward	Agree	21	13.7%
	Disagree	129	84.3%
	Don't know	3	2.0%
Persons with disabilities would make the work of health professionals more difficult	Agree	41	26.6%
	Disagree	105	68.2%

	Don't know	8	5.2%
Persons with disabilities have more health needs than persons without disabilities	Agree	63	40.9%
	Disagree	87	56.5%
	Don't know	4	2.6%

**Source: Fieldwork, 2015**

### **4.3 Attitudinal Assessment of Health Workers on persons with disability**

The attitudinal assessment of respondents across the selected hospitals is presented in the Table 4.3 below. The results revealed that a little over half of the respondents 55.9% agreed and 63 (41.4%) were in disagreement to the issue that “Person with disabilities should be helped even when they haven’t asked for the help.” Hence, the results showed some sort of varied opinions among the respondents on giving unsolicited assistance to person with disabilities.

Also, responses of respondents with regard to showing sympathy or pity to person with disabilities showed that 52.3% and 45.6% respectively agreed and disagreed to the issue that person with disabilities deserve pity.

Responses to perception that, “People with disability are dependent and need help” showed that more than half of respondents (63.1%) were in agreement compared to 34.2 % who disagreed to the perception. The result on the willingness of respondents to accept person with disabilities as co- workers in the same hospital, showed respondents had a positive attitude towards person with disabilities as majority (84.0%) agreed to work with them compared to 14.0% who disagreed.

**Table 4.3: Attitudinal Assessment of respondents**

<u>Statement</u>	<u>Response</u>	<u>Frequency</u>	<u>Percentage (%)</u>
Persons with disability should be helped even when they haven't asked for the help	Agree	85	55.9%
	Disagree	63	41.4%
	Don't know	4	2.6%
Disability is a personal tragedy and deserve pity	Agree	78	52.3%
	Disagree	68	45.6%
	Don't know	3	2.0%
People with disability are dependent and need help	Agree	94	63.1%
	Disagree	51	34.2%
	Don't know	4	2.7%
Person with disabilities are to be pitied and should be on charity	Agree	69	46.6%
	Disagree	75	50.7%
	Don't know	4	2.7%
Fetus with deformity should be aborted if detected early	Agree	40	26.7%
	Disagree	99	66.0%
	Don't know	11	7.3%
I can accept persons with disabilities working in the same hospital	Agree	126	84.0%
	Disagree	21	14.0%
	Don't know	3	2.0%

**Source: Fieldwork, 2015**

#### **4.4 Analysis of findings**

This section of the chapter presents results on comparing responses across different health professions about their assessments of disability issues.

The results on the responses from the different categories of HPs on the perception that person with disabilities are sick, in constant pain and needing medical attention showed that there were slight differences among them Pharmacists (85%) were the most likely to disagree among the respondents while Lab technicians (38.5%) were the least likely to disagree.

The results on persons with disabilities needing cure to enable them fit into society revealed that pharmacists (75%) were the most probably to disagree to the assertion while doctors (62.5%) and nurses (62.2%) were the least to disagree. Also, doctors (100%) were the most likely to disagree to the assertion that “only medical professionals understand the needs of persons with disabilities” with technicians (76.9%) being the least to disagree, and . pharmacists (85%) were the least to disagree that person with disabilities have low IQ.

Results regarding persons with disabilities causing harm to other patients as well as health workers in the wards, indicated that, majority of all the HPs, were all more likely to disagree.

While doctors (87.5%) were the most likely to disagree that person with disabilities make the work of HPs more difficult, nurses (64.6%) were the least to disagree (see Table 4.4).

**Table 4.4: General Knowledge Assessment across professions of Health workers**

<b>Statement</b>	<b>Responses</b>	<b>Doctor</b>	<b>Nurse</b>	<b>Lab Tech</b>	<b>Pharmacy Technologist</b>
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Persons with disabilities are sick, in constant pain and need medical attention	Agree	25.0%	26.4%	61.5%	15.0%
	Disagree	75.0%	72.7%	38.5%	85.0%
	Don't Know		.9%		
Persons with disabilities need cure to enable fit into society	Agree	37.5%	34.2%	69.2%	20.0%
	Disagree	62.5%	62.2%	30.8%	75.0%
	Don't Know		3.6%		5.0%
It is impossible to prevent disability through medications if detected early during pregnancy	Agree	25.0%	39.3%	30.8%	21.1%
	Disagree	75.0%	58.0%	69.2%	78.9%
	Don't Know		2.7%		
Medical professionals are the only people who understand the needs of persons with disabilities	Agree		11.5%	23.1%	10.0%
	Disagree	100.0%	87.6%	76.9%	90.0%
	Don't Know		.9%		
Disability and impairment mean the same thing	Agree	25.0%	38.9%	46.2%	5.6%
	Disagree	75.0%	60.2%	38.5%	83.3%
	Don't Know		.9%	15.4%	11.1%
Persons with disability have low IQ	Agree		6.3%		10.0%
	Disagree	100.0%	89.2%	100.0%	85.0%
	Don't Know		4.5%		5.0%
Persons with disability are quick tempered and not friendly.	Agree	12.5%	13.4%	7.7%	15.0%
	Disagree	87.5%	83.0%	92.3%	85.0%
	Don't Know		3.6%		
Disability is caused by evil spirits	Agree		1.8%		
	Disagree	100.0%	96.4%	100.0%	100.0%
	Don't Know		1.8%		
	Agree	12.5%	13.4%	23.1%	10.0%

Persons with disabilities may cause dangers or adverse effects to patients and even health workers in the ward	Disagree	87.5%	84.8%	69.2%	90.0%
	Don't Know		1.8%	7.7%	
Persons with disabilities would make the work of health professionals more difficult	Agree	12.5%	29.2%	15.4%	25.0%
	Disagree	87.5%	64.6%	84.6%	70.0%
	Don't Know		6.2%		5.0%
Persons with disabilities have more health needs than persons without disabilities	Agree	37.5%	42.5%	15.4%	50.0%
	Disagree	62.5%	54.9%	84.6%	45.0%
	Don't Know		2.7%		5.0%

**Source: Fieldwork, 2015**

**Table 4.5: Attitudinal Assessment bases on knowledge across professions of Health workers**

	<u>Responses</u>	<u>Doctor</u>	<u>Nurse</u>	<u>Lab Tech</u>	<u>Pharmacy Technologist</u>
Persons with disability should be helped even when they haven't asked for the help	Agree	37.5%	55.9%	61.5%	60.0%
	Disagree	62.5%	40.5%	38.5%	40.0%
	Don't Know		3.6%		
Disability is a personal tragedy and deserve pity	Agree	37.5%	53.2%	69.2%	42.1%
	Disagree	62.5%	45.0%	30.8%	52.6%
	Don't Know		1.8%		5.3%

People with disability are dependent and need help	Agree	37.5%	64.5%	72.7%	60.0%
	Disagree	62.5%	32.7%	27.3%	35.0%
	Don't Know		2.7%		5.0%
Persons with disability are to be pitied and should be on charity	Agree	12.5%	49.1%	53.8%	42.1%
	Disagree	87.5%	50.0%	23.1%	57.9%
	Don't Know		.9%	23.1%	
Fetus with deformity should be aborted if detected early	Agree	37.5%	27.5%	30.8%	15.0%
	Disagree	62.5%	64.2%	53.8%	85.0%
	Don't Know		8.3%	15.4%	
I can accept persons with disabilities working in the same hospital	Agree	87.5%	84.4%	92.3%	75.0%
	Disagree	12.5%	12.8%	7.7%	25.0%
	<u>Don't Know</u>		2.8%		

**Source: Fieldwork, 2015**

The attitudinal assessment across the health professions in the study is presented in Table 4.5 above. The results showed that respondents' views on the assertion that "Persons with disability should be helped even when they haven't asked for the help" were almost the same: 62.5% doctors disagreed, 38.5% technicians disagreed and 40% pharmacists disagreed.

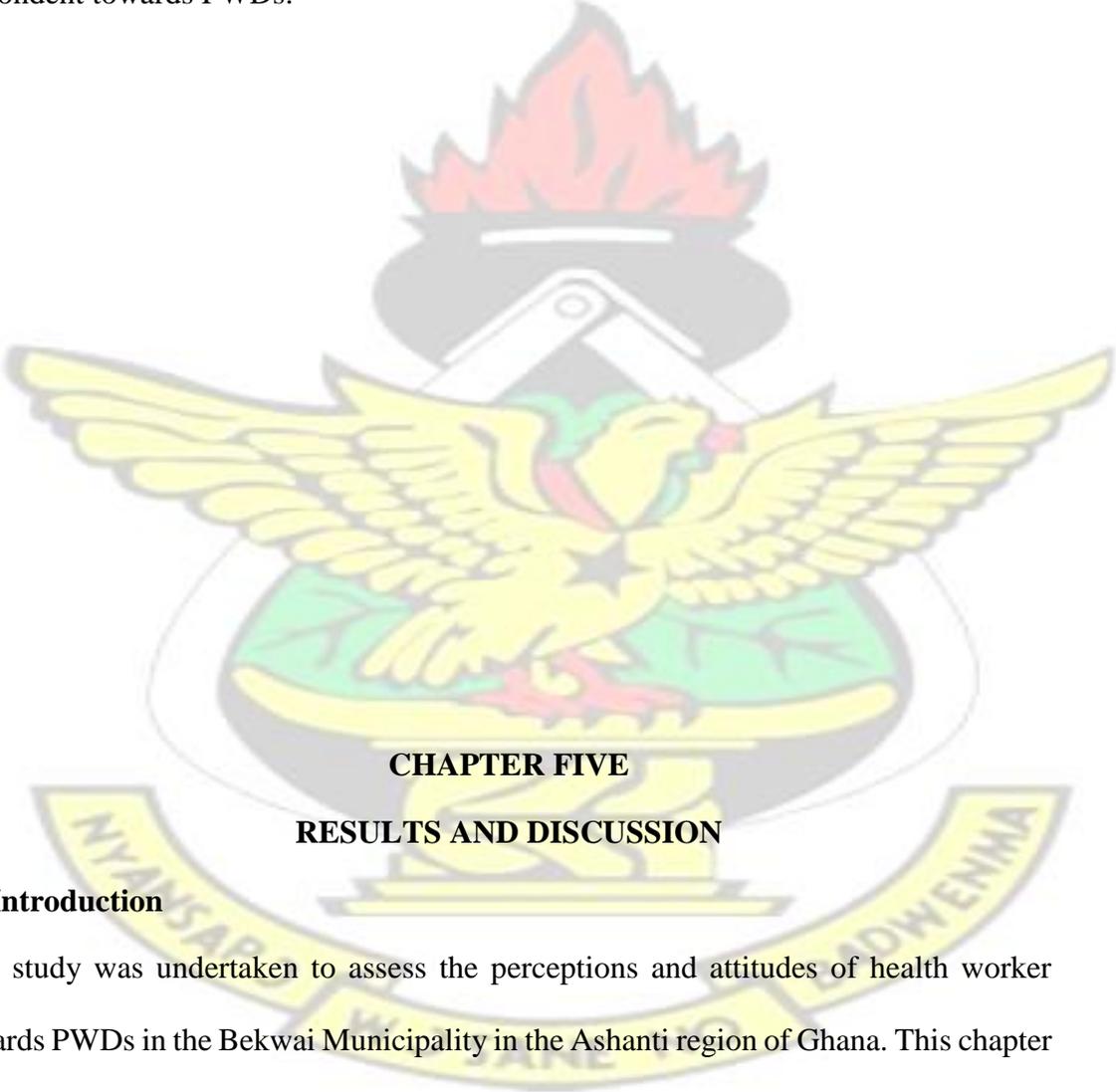
Whereas doctors (37.5%) were the more likely to agree that fetus with deformity should be aborted if detected early, 15% representing pharmacists were the least to agree.

On the whether persons with disabilities deserved pity, doctors (62.5%) and pharmacists (52.6%) were the most likely to disagree to the assertion.

Also, majority of the health workers would likely work with persons with disabilities as 87.5% of doctors, 84.4% nurses, 92.3 % technicians and 75.0% pharmacists agreed.

#### **4.5 Conclusion**

This chapter described the results from the study. It provided information on the socio-demographic background of the sample population, and knowledge and attitude of respondent towards PWDs.



## **CHAPTER FIVE RESULTS AND DISCUSSION**

### **5.0 Introduction**

This study was undertaken to assess the perceptions and attitudes of health worker towards PWDs in the Bekwai Municipality in the Ashanti region of Ghana. This chapter provides discussions on the findings from the study.

## 5.1 Key findings

Findings from the study indicated that HPs across all hospitals had some knowledge on disability related issues. The study revealed that health professionals in the municipality believed persons with disabilities also live normal lives just as persons without disabilities since their condition could be treated or managed. It was also revealed that respondents' opinion on the IQ level of persons with disabilities was positive and favorable which further suggests that the respondents thought persons with disabilities have high IQ levels just as persons without disabilities.

On the temperaments of persons with disabilities, the results showed that the respondents did not have the perception that persons with disabilities are hostile and easily get angry suggesting that respondents had positive perception of the persons with disabilities. Responses regarding the possibility of preventing disabilities through medication and early detection during pregnancy showed that HPs in the study area, on the whole, disagreed to that assertion of preventing disabilities through medication and early detection during pregnancy.

With regard to persons with disabilities causing harm to other patients as well as health workers in the wards, the results revealed that respondents across all four professions were in disagreement. The study also showed that the popular belief that that disability is caused by either a punishment or a curse for the sins of one's parents or ancestors seemed to be disappearing as the perceptions held by the health professions in the currently study contradicted this perception. This is probably due to their training.

The attitudinal assessment of the respondents revealed that the attitude of respondents towards persons with disabilities was somewhat positive; For instance, responses from the respondents revealed that they were ready to assist persons with disabilities. They

have indicated their willingness to work with persons with disabilities in the same health facilities. These findings are discussed below.

## **5.2 Discussions**

The general assessment of health workers' knowledge on disability issues revealed that some of the HPs were still holding onto erroneous perceptions that persons with disabilities are sick and need medical attention for their well-being. This is not unexpected because their training makes them see disability as a medical condition. According to Ndezi (2004) the training of HPs has ignored the social aspects of disability and this has affected the perception and attitude of HPs towards patients with disabilities. Perception according to Seeley (2001), too much emphasis on the medical aspect of disability during the training of HPs has resulted in persons with disabilities encountering all sorts of negative attitudes from health care providers.

However, the findings showed that some of the health workers had some positive perception about the intelligence of persons with disabilities suggesting that these health workers were likely to have positive attitudes towards persons with disabilities. The finding corroborates findings by Satchidanand et al. (2012), which showed that health care trainees and professionals have favourable attitudes towards persons with disabilities.

Also, although some of the respondents thought persons with disabilities are sick and needed medical attention, most of the respondents were of the view that disability is not solely a medical issue that should be handled solely by HPs, which suggests that some health professionals were shifting towards the social model of disability. This finding contradicts their previous perception that disability is a health condition.

This shift in perception is welcomed since it may lead to attitudinal change on the part of health workers and thus making health care accessible to persons with disabilities. That is the negative attitudes of health care providers towards persons with disabilities, which serve as a barrier to access to health care could be reduced (Craddock and Maccormack, 2002).

In other words, if health workers have positive attitudes towards persons with disabilities, they would have cordial interactions with them, hence making persons with disabilities comfortable in the health care setting. They may also be more responsive to the needs of persons with disabilities which will likely lead to having their health needs met. Additionally, relating positively with patients or persons with disabilities will improve their quality of health and increase their quality of life (Nordhaus, 2002).

The results on persons with disabilities needing cure to enable them fit into society showed that health professional in the study were in agreement and this may likely cause health professionals to focus more on providing medical care for persons with disabilities as a solution to integrate them into society instead of the removal of barriers. Although persons with health needs and some of them may require constant medical attention, their integration in society depend largely on the removal of barriers.

### **5.3 General Attitudinal Assessment towards Persons with Disabilities**

Although, respondents seemed to have positive attitude towards persons with disabilities, they lacked deeper understanding of disability issues. For example, a number of the respondents were still of the view that PWDs would make the work of health professionals more difficult suggests lack of deeper knowledge on disability issues and the likelihood to avoid persons with disabilities during the discharge of their

duties. This prejudice may lead to health professionals attributing their own failures to the perceived difficulties associated with handling persons with disabilities and persons with disabilities may be blamed for the mistakes committed by HPs when being handled by health professionals. With this prejudicial perception, persons with disabilities may therefore not receive the needed attention from HCPs. This prejudicial attitude of health workers towards persons with disabilities, as found in a similar study by Sayce (1998), in the long run, may result in stigmatization, loss of respect and the inability of persons with disabilities to access health care.

#### **5.4 Study limitations**

Some factors restricted the comprehensive coverage of the study. A major limitation relates to the study's external validity. Using a small sample size and focusing on only HPs in the Bekwai Municipality, limited the generalizability of the study. However, while the findings cannot claim to have a broader applicability, matters raised may be of importance to institutions (governmental and nongovernmental) focusing on healthcare services for persons with disabilities. Finally, the questionnaires used did not give room for qualitative responses and, therefore, certain important information on the topic may have been overlooked.

#### **5.5 Conclusion**

In conclusion, the findings of the study show that the general knowledge of health workers on disability issues is favourable and encouraging and this may be beneficial to persons with disabilities in terms of access to health care services since HPs understand and appreciate their medical needs. With regard to the attitudinal assessments of health workers in the Bekwai municipality, the findings suggest that health professionals have developed some positive attitudes towards persons with

disabilities and this may enhance the patient’s health care provider relationship, which will result in improvements in health care for persons with disabilities.

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## **CHAPTER SIX**

### **SUMMARY OF FINDINGS, CONCLUSIONS AND RECOMMENDATIONS**

#### **6.0 Introduction**

The study assessed that attitudes and perceptions of health workers in the Bekwai Municipality towards PWDs. In this chapter, the summary of findings, conclusions as well as recommendations grounded on the outcomes of the study are presented.

## 6.1 Summary of findings

The main issues the research investigated included the level of knowledge and attitude of health workers about health needs of persons with disabilities as well as their attitudes towards persons with disabilities.

The findings of the study on the level of knowledge of the respondents in relation to disability issues suggest that many of them have favourable knowledge on the subject matter which may have positive effect on the health care for persons with disabilities.

The study revealed that, HPs in the municipality believed persons with disabilities can live normal lives just like anybody in the community. It was also revealed that, respondents regarded persons with disabilities to be having high IQ level. Furthermore, it was observed that the respondents in study thought persons with disabilities are very friendly as opposed to the belief and perception that persons with disabilities are hostile.

The study further revealed that, the notion about persons with disabilities likely to cause harm to health workers as well as other patients in the wards was not the case on the ground.

The attitudinal assessment also suggests that respondents attitude towards persons with disabilities was positive, which could also lead to the overall well-being of persons of with disabilities. The responses from the respondents indicated that they were ready to assist persons with disabilities prepared to work with persons with disabilities in the same hospitals or health care facility.

Finally, it was observed that health professionals in the study had the belief that persons with disabilities could be cured or treated so as to enable them live and enjoy life as

anybody. This stance of health workers will encourage them to provide quality health care for person with disabilities.

## **6.2 Conclusion**

Health professionals are essential for providing health care for everyone in the country including persons with disabilities who are considered one of the minority and marginalised groups. Attitude of HPs towards persons with disabilities is therefore a major factor that influences access to health care to PWDs. The need to assess the attitudes and perceptions of health professionals towards persons with disabilities is thus imperative because understanding their attitudes will help design programmes that will change their attitude and make health care accessible to persons with disabilities.

The findings from the study showed that health professionals within the study area had adequate knowledge on disability related issues which could impart positively on their attitude towards persons with disabilities.

Indeed, findings from the study established that the health care workers under consideration had positive attitudes towards persons with disabilities and this is as a result of their experiences which should be maintained and encouraged among all other health care providers.

## **6.3 Recommendations**

In light of the findings of the study, these recommendations were made by the researcher.

### **6.3.1 Incorporating disability issues into training curricular for health training institutions.**

Development of any interventional efforts to improve attitudes among health care professionals, it may prove of tremendous benefit for students within all health

professions to have frequent experiences with patients. Therefore it is recommended that adequate provisions should be made by bodies responsible for designing the curricula of health training institutions to expose would-be HPs to more disability related courses to increase their knowledge on contemporary issues on disability. This can be done by implementing disability-specific medical education into the curricula.

Health trainees should be exposed to learning experiences which includes both direct coaching and structured interactions with persons with disabilities to reduce prejudice and negative perceptions about disability. Students having a continuous experience throughout their training, students are anticipated to become more comfortable and to develop more positive attitudes, resulting in more holistic and compassionate care.

### **6.3.2 Periodic training for existing health professionals**

Refresher courses such as short-term courses aimed at recall and reinforcing previously acquired knowledge and skills can be organised for health workers. These courses which may include seminars, workshops and conferences should be organized periodically for existing HPs to update their knowledge on disability issues.

Workshops can tackle topics that will build the self-confidence and morale of health professionals, and help them become more focused, flexible and improve their performance on the job which includes relating with person with disabilities. Brushing up on skills and keeping up to date with any advancement in the health sector regarding disability issues can have huge benefits for the health workers and persons with disabilities. This type of training will provide health workers the opportunity to acquire and retain more knowledge and take far the experience so that they can handle persons with disabilities effectively in the health care setting.

### 6.3.3 Mass media education

The media has the potential to shape ideas and perceptions about all aspects of life including views of disability. However, the potential of the media in shaping views on disability has not been adequately tapped. When the media do not have the right information on person with disabilities and their capabilities they report inaccurate stories which often perpetuate misconceptions about disability. such media depiction of disability can shape cultural meaning attached to the condition with damaging consequences for those affected but it in the society.it is therefore important for stakeholders to take advantage of the power of the media and use it to change perceptions on disability.

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## APPENDICES

### RESEARCH STUDY QUESTIONNAIRE

## INTRODUCTORY INFORMATION

My name is Wilhelmina Naa Lamiley Tagoe, a final year postgraduate student at the Centre of Disability and Rehabilitation studies, Department of Community health, School of Medical Sciences, Kwame Nkrumah University of Science and Technology. I am in this facility to carry out a study to assess the perceptions and attitudes of health workers towards persons with disabilities in the Bekwai municipality in the Ashanti region of Ghana.

The research seeks

- To examine the perceptions of health workers about persons with disabilities
- To examine the attitudes that are portrayed by health workers toward PWDs as a result of held perceptions about them.
- To examine healthcare workers' level of knowledge on disability

This research will pose minimum risk to the participants. The risk involved will be mainly discomfort associated with answering questions which will take some time to complete. This discomfort will be minimized by stressing on the fact that participants have the right to decline to answer questions or discuss any topics they do not wish to.

The outcome of study

- Will be useful to the inclusion of disability studies in other health institutions in Ghana.
- Will also add to the literature on the need to relate disability with health since it forms one whole.
- Will again help policy makers to make room for improvement when designing the curriculum for other health institutions.

The primary data will be made accessible to my supervisor and me. I will store all study material and data (questionnaires, informed consent forms) in a locked cabinet

### DEMOGRAPHIC INFORM FORM

We need to be able to describe the characteristics of the people who participated in this focus group session. Please fill out the information below and hand the form to one of the research team before you leave

- Age
- Sex
  - Male
  - Female
- Profession  Hospital Of Work- .....
- Doctor
- Nurse
- Lab Technician
- Ethnicity -.....
- Religion
  - Christian
  - Muslim
  - Other

Specify -.....

### GENERAL KNOWLEDGE

1. In your opinion who are persons with disability?

.....

.....

## KNOWLEDGE ASSESSMENT

2. Persons with disability are sick, in constant pain and they need medical attention

- Agree
- Disagree
- Don't know

3. There is no hope for people with mental health problems.

- Agree
- Disagree
- Don't know

4. Persons with disabilities can actively participate in simple activities with their peers without disabilities

- Agree
- Disagree
- Don't know

5. Persons with disabilities improve socially when educated in regular school

- Agree
- Disagree
- Don't know

6. Students with disabilities can get their educational needs met only in special schools

- Agree
- Disagree

- Don't know

7. Students with disabilities are slow learners

- Agree
- Disagree
- Don't know

8. Persons with disabilities need cure

- Agree
- Disagree
- Don't know

9. It is impossible to prevent disability

- Agree
- Disagree
- Don't know

10. Barriers in society do not cause disability

- Agree
- Disagree
- Don't know

11. Medical professional are the only people who understand the needs of persons with disabilities

- Agree
- Disagree
- Don't know

12. Disability and impairment mean the same thing

- Agree
- Disagree

- Don't know

13. Persons with disabilities have low IQ

- Agree
- Disagree
- Don't know

14. Persons with disabilities are quick tempered and not friendly. (People with disabilities are violent and unpredictable)

- Agree
- Disagree
- Don't know

15. Disability is caused by evil Spirit

- Agree
- Disagree
- Don't know

16. Persons with a disability may cause dangers or adverse effects to patients and even health workers in the ward

- Agree
- Disagree
- Don't know

17. Persons with disabilities would make the work of health professional more difficult (persons with disabilities are more difficult to attend to than persons without disabilities)

- Agree
- Disagree

- Don't know

18. Persons with disabilities have more health needs than persons without disabilities

- Agree
- Disagree
- Don't know

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19. I feel unprepared to handle persons with these disabilities

Type of Disability	Agree	Disagree	Don't know
Hearing impaired			
Visually impaired			
Physically impaired			
Intellectually disabled			

20. Persons with disabilities should be sterilized (make clean) before attended to

Type of Disability	Agree	Disagree	Don't know
Hearing impaired			
Visually impaired			
Physically impaired			
Intellectually disabled			

21. A fetus with deformity should be aborted

- Agree
- Disagree
- Don't know

22. Health professionals often misunderstand or are ignorant of the health needs of persons with disabilities

- Agree
- Disagree
- Don't know

### **ATTITUDINAL ASSESSMENT**

23. Through disability in health , health professionals have developed positive perception towards persons with disabilities

- Agree
- Disagree
- Don't know

24. Persons with disability are to be pitied and should be on charity

- Agree
- Disagree
- Don't know

25. Persons with disability should be helped even when they haven't asked for help

- Agree
- Disagree
- Don't know

26. I can accept persons with a disability working with me in the same hospital

- Agree
- Disagree
- Don't know

27. I can't do anything for someone with mental health needs.

- Agree
- Disagree
- Don't know

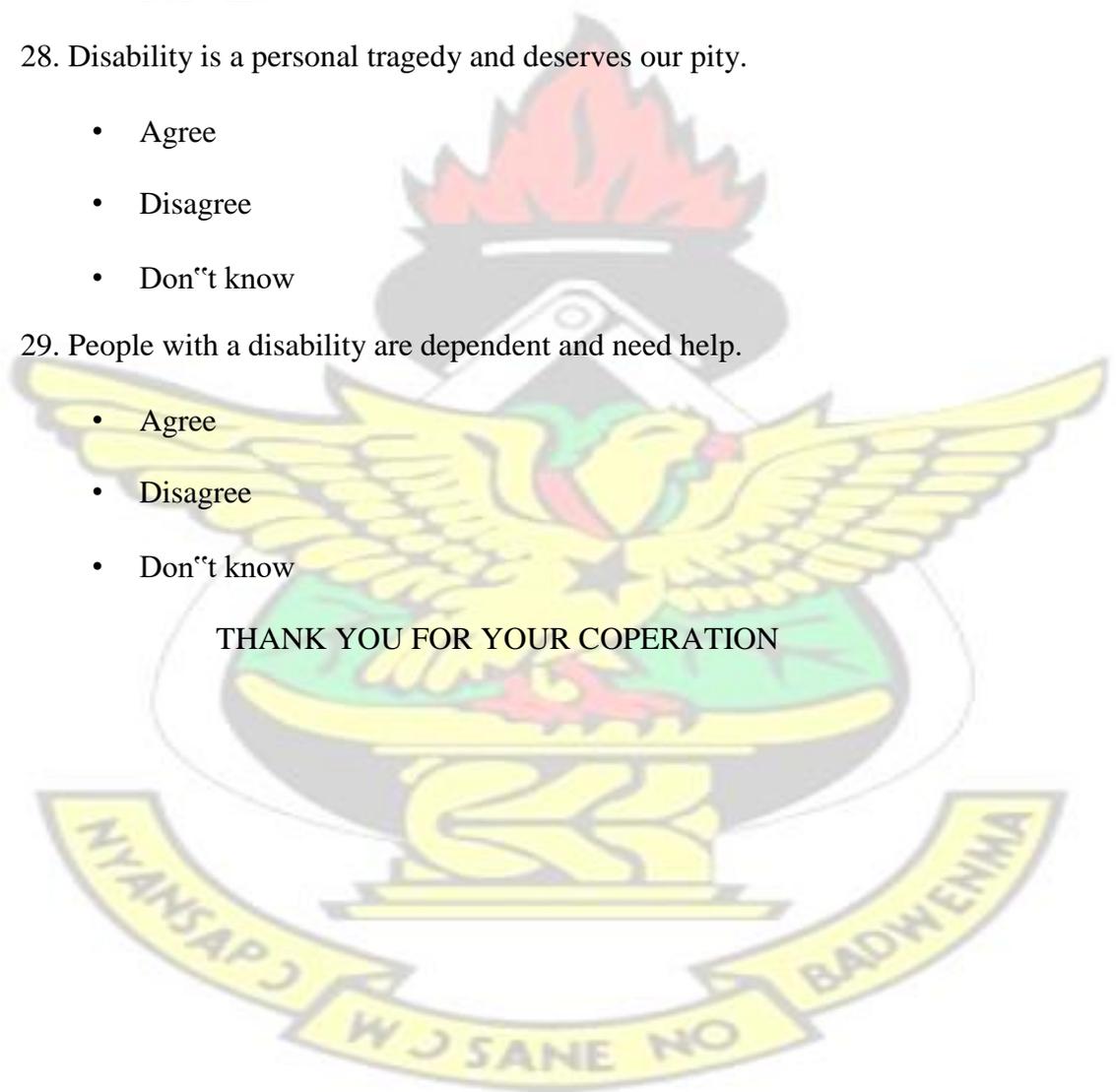
28. Disability is a personal tragedy and deserves our pity.

- Agree
- Disagree
- Don't know

29. People with a disability are dependent and need help.

- Agree
- Disagree
- Don't know

THANK YOU FOR YOUR COOPERATION





KWAME NKURUMAH UNIVERSITY OF SCIENCE AND TECHNOLOGY  
COLLEGE OF HEALTH SCIENCES

**SCHOOL OF MEDICAL SCIENCES**  
**DEPARTMENT OF COMMUNITY HEALTH**

SMS/CEDRES/DO/F/12/

11<sup>th</sup> November, 2015

**TO WHOM IT MAY CONCERN**

Dear Sir/Madam,

**INTRODUCTORY LETTER: MRS. WILHELMINA TAGOE**

I am pleased to introduce **Mrs. Wilhelmina Tagoe**, a final year Master's student in Disability and Rehabilitation Studies, Department of Community Health, School of Medical Sciences, Kwame Nkrumah University of Science and Technology (KNUST), Kumasi, to your outfit.

Mrs. Tagoe is embarking on a study to assess the perceptions and attitudes of health workers towards persons with disabilities in the Bekwai municipality in the Ashanti region of Ghana.

I am hopeful that you would accord her the best of your support.

Thank you for your anticipated cooperation.

Yours faithfully,

Dr. Wisdom K. Mporah

**LECTURER**

Nursing Training College

P.O. Box 27

Ashanti-Kokofu

The Committee on Human Research Publication and Ethics

KNUST

Dear chairman,

**APPLICATION FOR ETHICAL CLEARANCE**

I, Wilhelmina Naa Lamiley Tagoe an MSc Disability and Rehabilitation Studies student wish to apply for ethical clearance to undertake my thesis on the topic "Assessing the Perceptions and Attitudes of Health Workers towards Person's With Disability in the Bekwai municipality".

Thank you.

Yours faithfully



Wilhelmina N.L. Tagoe



KWAME NKUMAH UNIVERSITY OF SCIENCE AND TECHNOLOGY  
COLLEGE OF HEALTH SCIENCES

**SCHOOL OF MEDICAL SCIENCES**  
**DEPARTMENT OF COMMUNITY HEALTH**

CEDRES/SMS/DO/12

20<sup>th</sup> June, 2016

The Committee on Human Research, Publication and Ethics.

KNUST

Dear Chairman,

**RE: PERMISSION TO UNTAKE RESEARCH**

The bearer of this letter, Mrs. Wilhelmina Tagoe has my explicit permission to undertake research on the topic 'Assessing the perception and attitudes of health workers towards persons with disability in the Bekwai Municipality.

Kindly grant her all the necessary documents to enable her undertake the research.

Yours faithfully

Dr. Wisdom K. Mpanah

LECTURER

In case of reply the number  
and the date of this letter  
Should be quoted

My Ref. BMH/BKI/PW-

Your Ref No:



GHANA HEALTH SERVICE  
BEKWAI MUNICIPAL HOSPITAL  
P.O.BOX 81  
BEKWAI-ASHANT

13<sup>TH</sup> JUNE, 2016

THE CHAIRMAN  
COMMITTEE ON HUMAN RESEARCH AND ETHICS  
SCHOOL OF MEDICAL SCIENCES  
KNUST

**LETTER OF CONFIRMATION**

Your letter dated 11<sup>th</sup> November, 2015 with reference SMS/CEDRES/DO/F/12 introducing Mrs. Wilhelmina Tagoe is under reference.

I write to confirm that Mrs. Tagoe was given permission to administer her questionnaire on a Study to assess the perceptions and attitudes of health workers towards persons with disability in the Bekwai Municipality.

Thank you.

  
Daniel Adu-Amankwah  
Deputy Chief Health Service Administrator  
For: Medical Superintendent





# GHANA ADVENTIST HEALTH SERVICE

AKOMAA MEMORIAL S.D.A. HOSPITAL  
(KORTWIA / BEKWAI)

**ADDRESS**

P. O. Box 332, Bekwai - Ashanti  
Ghana-W/A

E-Mail: amsdah@yahoo.com

**BANKER:**  
Ghana Commercial Bank, Bekwai

**Our Ref:** \_\_\_\_\_ **Your Ref:** \_\_\_\_\_ **Date:** \_\_\_\_\_

13/06/16  
THE HEAD OF DEPARTMENT  
DEPARTMENT OF COMMUNITY HEALTH  
SCHOOL OF MEDICAL SCIENCES  
K.N.U.S.T., KUMASI

Dear Sir/Madam

**LETTER OF INFORMATION: MRS WILHELMINA TAGOE**

We are by this letter informing you that MRS. WILHELMINA TAGOE, a final year student of the Department of Community Health of KNUST; Kumasi came to this facility to collect data on perception and attitude of health professionals towards persons with disability.

Thank you.

Sincerely,

DR. OSEI OWUSU MENSAH

MEDICAL DIRECTOR

FOR MANAGEMENT



# GHANA ADVENTIST HEALTH SERVICES

S. D. A. (ESSUMEJAMAN) HOSPITAL, DOMINASE - ASHANTI

Mobile: 050-6646668

**BANKERS:**

Atwima Kwanwoma Rural Bank, Pakyi No.2

MS.3/2/16

Our Ref:..... Your Ref:..... Date:.....

P. O. Box 272

Bekwai-Ashanti

Ghana

E-mail: dominasehospital@yahoo.co.uk

June 13, 2016

The Chairman  
Committee on Human Research and Ethics  
School of Medical Science  
K N U S T.

Dear Sir/Madam,

**LETTER OF CONFIRMATION**

On behalf of the hospital Management, I write to confirm that Mrs. Wilhelmina Tagoe, a final year student reading Disability and Rehabilitation Studies was granted permission to use our facility for her research work.

Thank you.

Yours sincerely,

.....  
Dora Serwaah Acquah (Ms.)  
(Administrator)



In case of reply the number  
and the date of this letter  
should be quoted.

Our Ref No: GHS/KGH/GF 08/001  
Your Ref No: .....

Email: Kokofugh@gmail.com



KOKOFU GENERAL HOSPITAL  
P.O.BOX 19  
KOKOFU-ASHANTI

20/06/2016

**THE CHAIRMAN  
COMMITTEE ON HUMAN RESEARCH AND ETHICS  
SCHOOL OF MEDICAL SCIENCES  
KNUST**

**LETTER OF CONFIRMATION**

With reference to your correspondence no. SMS/CEDRES/DO/F/12 introducing Mrs. Wilhelmina Tagoe, a final year Master's student in disability and rehabilitation studies.

I write to confirm she was granted permission to administer her questionnaire in Kokofu General Hospital on a study to assess the perceptions and attitudes of health workers towards persons with disabilities of which she recently completed.

Thank you.



**DR. BERNARD ANIM AKOTO  
(MEDICAL SUPERINTENDENT)**