Inclusive Education and Disabilities: Narratives from Ghana

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ABSTRACT

Purpose: Inclusive Education (IE) has been recognised internationally as the ideal model of educational access to all. Despite this, it faces many challenges. The present study explored the narratives of 10 participants with diverse disabilities in Accra, Ghana, keeping the focus on (a) how children with disabilities in an Inclusive Educational facility understand their educational experiences, (b) how they perceive their relationship with peers and teachers in school, and (c) how accessible they find existing school infrastructures.

Method: Using a phenomenological approach, data was generated through in-depth interviews with 10 participants from two selected schools.

Results: The experiences of participants, in some instances, were found to be two-sided. While participants felt accepted by some of their peers, they also experienced bullying by others. While some of the teachers were supportive, others were not. All the participants agreed that the physical school environment was disability-unfriendly.

Conclusion: Despite limited participation of children with special needs, greater stakeholder commitment was observed. This is promising for the future success of Inclusive Education in Ghana.

Key words: perception, peer acceptance, stigmatisation, mainstream school, phenomenology

INTRODUCTION

Inclusive Education, which is every child being part of mainstream classrooms and receiving quality learning with adequate help, is internationally understood as a basic human right. ‘Inclusive education thus entails that learners with diverse...
barriers to learning be included and receive appropriate instruction in general education classrooms’ (Nkoma & Hay, 2018).

Access to education is conceptualised as a fundamental human right of persons, irrespective of background or socioeconomic status (Pather, 2019), thereby calling for education to be made available to all (Imaniah & Fitria, 2018). Considering the difficulties faced by children living with a disability, the concept of Inclusive Education (IE) was introduced. Prior to this, children with a disability were educated by economically capable parents in segregated institutions, which on an average, are very expensive (An, Hu & Horn, 2018). Not withstanding the cost, Aron and Loprest (2012) believe education plays an important role in enhancing the social and economic prospects of persons living with a disability, making the idea of IE important (Imaniah & Fitria, 2018).

The concept is introduced by Imaniah and Fitria (2018) as a guide to all educational policies and practices towards reformation or structuring to increase educational access. Similarly, Pather (2019) perceives IE as a social and political undertaking that calls for a drastic restructuring to guarantee excellent education for all. In light of these arguments, IE is not a mere placement of children with disabilities in regular schools, but also paying the necessary attention to the conditions under which all children are educated. Inclusive Education should therefore be ‘the practice that provides school experiences to children with special needs, in the same school and classrooms they would have attended anyway had they not had special needs’ (Pramanik & Bag, 2013).

Inclusive Education is faced with many challenges. Pather (2019) argues that understanding what IE means and stands for is significantly surrounded with tensions. According to Pather (2019), IE as introduced at the Salamanca Conference decades ago, targets meeting the needs of not only children living with disabilities but also all persons with special needs. Pather (2019) believes this is not well understood and appreciated by some nations, especially those in Africa and Asia. In some nations the absence of legal instruments demanding that public schools enroll children living with a disability hinders the educational access of children with disabilities. This struggle ultimately leads to the establishment of more segregated specialised schools in some countries like China (An et al, 2018).

An et al (2018) further noted that inflexible class structure, large class size, and teachers’ lack of experience and preparation to support students with learning challenges, were a hindrance to the success of IE. While teachers are well-trained in specialised subjects, they have little to no knowledge on how to handle children
living with disabilities. The large class size also limits the teachers’ interaction with each child. Negative teacher attitudes and limited resources could lead to inadequate support from teachers to the students who need help (Nkoma & Hay, 2018).

In Africa, in addition to poverty, Pather (2019) cited limited or lack of human and material resources, lack of qualified teachers, rigid curricula, poor conceptualisation of inclusion, and lack of parental participation, among others, as particular barriers to IE. In their study in Zimbabwe, Nkoma and Hay (2018) found that there is much pressure on mainstream schools to raise the academic standard as measured by the average performance of students. This prevents school heads from admitting students living with learning disabilities.

Tracing the history of children living with disabilities in Ghana, Nketia (2019) revealed they ‘are often locked up, hidden, abused, killed or excluded from mainstream society and education’. Children were treated in such a manner based on the belief that disability is a manifestation of the workings of evil powers, curses from idols due to the wrongdoing of a family member, etc. This practice is outmoded in most urban areas of Africa, and in particular Ghana, given legislations safeguarding the rights of persons living with disabilities.

However, the notion of Pather (2019), regarding Inclusive Education in Africa, prevails in Ghana. According to Okyere, Aldersey and Lysaght (2019), Ghanaian policies are yet to pay the needed attention to teaching approaches and structural transformations to make IE a success. Earlier studies, such as the one by Boots and Owusu (2013) that focused on intellectual disability (IDD), found that only a few children access government-supported education. Nketsia, Saloviita and Gyimah (2016) revealed that though the idea of IE is laudable, Ghana is not prepared for its practice. In support of their argument, Nketsia et al (2016) found inadequate teacher preparation, unpreparedness of teacher educators, inadequate inclusive instructional strategies, and lack of teaching and learning materials. Furthermore, Deku and Vanderpuye (2017), focusing on the perspectives of teaching in IE facilities, concluded that the curriculum of the Ghana Education Service (GES) is inappropriate for IE. Similar findings were observed by Agbenyega (2007) and Opoku, Mprah, Agbenyega, Badu and Mckenzie (2017).

The above findings indicate that there has been a great deal of study on IE in Ghana but, as Okyere et al (2019) called for, there is the need to access the narratives of children living with disabilities in IE institutions within the country.
Objective
The current study explored the experiences of children living with disabilities in IE institutions in Ghana, in order to understand:

(a) How children with disabilities in an Inclusive Educational facility understand their educational experiences;
(b) How children with disabilities perceive their relationship with peers and teachers in school; and
(c) How accessible children with disabilities find existing school infrastructures.

METHOD

Study Design
A phenomenological perspective was adopted where participants gave their subjective experiences of being in a mainstream IE facility. Narratives were generated through in-depth interviews (Qutoshi, 2018). In looking for the meanings people give their daily experiences, Creswell (2007) recommends a qualitative approach as the most suitable. As noted by Denzin and Lincoln (2018), the design enables researchers to obtain in-depth data about the issue under study.

Study Site
The study was conducted in two selected schools at the Ashiedu Keteke Sub Metropolitan District Assembly of the Greater Accra Region of Ghana. The district is one of the 10 Sub Metropolitan District Councils of the Accra Metropolitan Assembly (AMA), with a population of 119,478 representing 6% of the population of Accra, the capital of Ghana (Ashiedu Keteke District Environmental Sanitation Strategy Action, 2013).

These schools were selected because of their designation by the Ghana Education Service (GES) as IE facilities and because they have students with diverse disabilities.

The first selected school, established in 1959, had 346 pupils with 12 classroom teachers and a Special Education teacher. The second, established in 1930, had 850 pupils with 14 classroom teachers and a Special Education Teacher. Each school was headed by a teacher and had a shift system where some children come to school from 8am to 12noon while others begin at 12 noon and close at 4pm.
Study Population
Ten children, between 8 and 18 years of age, participated in the study. Five of them were girls and the other five were boys. Although there were 158 pupils with disabilities in both schools as per the records of the two Special Education Teachers, the difficulty in obtaining parental consent and participant assent (Convention on the Rights of the Child - CRC, 1989) as well as the selection criteria itself reduced the number of participants.

Inclusion criteria required the child to be:

- Living with disabilities,
- Able to communicate verbally without assistance, and
- Enrolled in the selected schools based on IE.

The Special Education teachers, who had been working with each of the children for at least a year, were consulted to ascertain the children’s ability to participate in the study. This helped in developing the selection criteria for participants.

Data Collection and Analysis
Research studies focused on children living with a disability call for attention to data generation. In view of this, the study constructed data with children who could communicate effectively without assistance.

Data was generated through in-depth interviews. The approach gave each participant the required time to make meaning of their experiences. It aided seeking further clarification when narratives were not self-explanatory (Boyce & Neale, 2006). The researchers gathered data with most of the participants in their local languages (Ewe, Twi and Ga). All interviews were conducted in participants’ homes so that the participants were in a familiar environment and were consequently less stressed.

Each interview lasted from 50 minutes to an hour and 15 minutes. All interviews were audio- recorded and later translated and transcribed into English by the researchers. These measures are encouraged by Wyman et al (2019) when interviewing children with intellectual disabilities, as those with mild to moderate intellectual disability are capable of recollecting experiences in a coherent manner, given some cautions such as those taken by this study.
Analysis was done using a framework analytical tool. This approach provided the opportunity to move back and forth in constructing themes, without losing the core expressions within the participant narratives. The raw data moved back and forth through several stages. The first stage was identification of concepts, which involved reading through a portion of the transcribed data for similar ideas. This was followed by index construction and application, which involved the search for similar identified ideas in the rest of the raw data. Data sorting, which was the next stage, ensured the categorisation of the narratives according to the identified ideas. The ideas were then built into thematic themes at the following stage. These themes were then presented with their associated narratives for the development of broader themes. The broader themes constituted the major study findings (Ritchie, Spencer & O’Connor, 2003).

Ethical Consideration
Ethical approval was obtained from the Ghana Education Service office of the Accra Metropolitan Assembly. Approval was also obtained from the leadership of the schools. Written parental consent and, later, verbal consent from the parents who signed their consent forms was established. Assent was also obtained from the participants. All these approvals were received after the purpose of the study was explained to each category of people. At the beginning of the interview, every child was informed and encouraged to voluntarily participate or withdraw if so desired. Furthermore, each interview subject was given a pseudonym to conceal participant identity. The audio-recording of the interviews was deleted after the analysis of the data. The transcripts will also be deleted after dissemination of the findings.

RESULTS
The study explored the experiences of children with disabilities in a mainstream school. Four themes emerged: participants’ perception of inclusive education, peer acceptance, teachers’ attitude, and school infrastructure and other educational facilities.

Primary education in Ghana begins at 6 years of age. For the study, 10 participants (between 8 and 18 years of age) were interviewed. While 5 were in primary one, 2 were in Junior High School (JHS), another 2 in primary class six and 1 in primary class five, as indicated in Table 1 below.
Table 1: Demographic Characteristics of Child Participants

<table>
<thead>
<tr>
<th>Pseudonyms</th>
<th>Age (Years)</th>
<th>Education</th>
<th>Disabilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vincent</td>
<td>17</td>
<td>JHS 1</td>
<td>Intellectual and learning disability and dysgraphia</td>
</tr>
<tr>
<td>Bismarck</td>
<td>18</td>
<td>JHS 1</td>
<td>Speech impairment, hard of hearing and learning disability</td>
</tr>
<tr>
<td>Tracy</td>
<td>17</td>
<td>Primary 6</td>
<td>Epilepsy and intellectual disability</td>
</tr>
<tr>
<td>Helen</td>
<td>18</td>
<td>Primary 6</td>
<td>Low vision, hearing and speech impairment</td>
</tr>
<tr>
<td>Ofei</td>
<td>15</td>
<td>Primary 5</td>
<td>Mobility challenged, intellectual disability and dysgraphia</td>
</tr>
<tr>
<td>Rosemary</td>
<td>10</td>
<td>Primary 1</td>
<td>Intellectual/speech impairment, dysgraphia</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Attention Deficit Hyperactivity Disorder (ADHD)</td>
</tr>
<tr>
<td>Adwoa</td>
<td>13</td>
<td>Primary 1</td>
<td>Mobility challenged, low vision and speech impairment and dysgraphia</td>
</tr>
<tr>
<td>Linda</td>
<td>8</td>
<td>Primary 1</td>
<td>Intellectual disability, epilepsy and speech impairment and dysgraphia</td>
</tr>
<tr>
<td>Joseph</td>
<td>10</td>
<td>Primary 1</td>
<td>Mobility challenged and speech impairment</td>
</tr>
<tr>
<td>NiiAryee</td>
<td>17</td>
<td>Primary 1</td>
<td>Mobility challenged, intellectual and speech impairment and dysgraphia</td>
</tr>
</tbody>
</table>

Source: field data

Participants’ Perception of Inclusive Education

Several studies have been done on how inclusive the practice of Inclusive Education really is and what the ideal situation should be. In the current study, participant narratives portray some positive and negative sides of the practice as it pertains to Ghana.

A 17-year-old boy reflected,

“This school is not helpful to me to learn. When I write, the other children laugh at me that I don’t know how to write so I should leave the school. It is bad to be in the same class with the other children who always laugh at me” (Vincent, JHS 1).

Mockery was a major concern for seven of the participants who were all teenagers. To be mocked by colleagues in JHS 1 could be damaging for any teenager. Considering his age, Vincent could have been in his first year at university.

A 17-year-old girl and a 15-year-old boy added,

“When teachers teach, and I don’t understand, and I ask some of my mates they ignore me…. Even today, we had dictation; I didn’t know what to write when I asked the one sitting by me, he ignored me” (Tracy, P6).
“Others ignore me when I ask them for help when exercises are given. I feel shy when they ignore me” (Ofei, P5).

These narratives indicate the children’s frustration and inability to follow lessons like their peers do. The usefulness of the school then is reduced to the child’s ability to progress academically.

**Peer Acceptance**

The study noted that participants suffer humiliation based on their disability status. This could be likened to bullying. All the participants, except one, mentioned this aspect during their interviews. For instance, Tracy (17 years old), Linda (8 years old), and Adwoa (13 years old) mentioned:

“The other children laugh at me because my legs twist and look crooked when I run” (Tracy, P6).

“One of the boys is always teasing me that when I am hungry then I intentionally fall for them to give me milk. I know that I am not well and not that I intentionally collapse” (Linda, P1).

“There is a girl here, she has been beating me. Others have also been pushing me down” (Adwoa, P1).

Bullying may occur in most schools. However, when bullied, children would expect to find their teachers helpful. This study found otherwise, based on the narratives of 6 participants.

“I’ll be there, and the other children will be shaking me saying ‘Mo mnyawenteten’ataade’ (let’s tear his uniform). They do that and my uniform gets torn or the buttons get loose and I must fix it” (Vincent, JHS 1).

“The other children throw stones at me. If I report, the teachers say ‘Ee, you, you like complaining’ and this makes me sad” (Rosemary, P1).

“… a boy killed a housefly and put it in my food. I threw the food away and bought another. …Madam only told me not to mind him” (NiiAryee, P1).

However, two of the participants were also encouraged to be part of the school.

“I am happy to be in school. In school when I ask my friends for something, they give me. We eat each other’s food” (Tracy, P6).

“They encourage me not to worry but study hard. I should learn little by little and
I’ll understand. They also encourage me to pray to God to heal me” (Tracy, P6).

“I am happy in school. I play football and dance with my classmates. I get off my wheelchair and join them dancing” (Joseph, P1).

**Infrastructure**

The study found that all the participants were unhappy with their school environment.

“The environment is not disability friendly. I don’t know when my sickness will attack me. I can fall at any time anywhere and hit my head with the stones everywhere on the compound. I usually stay in the classroom” (Linda, P1).

“I find it difficult to move on the verandah and to use the stair…. some of us fall and hurt ourselves” (Helen, P6).

“The compound is full of big stones, un-levelled, and we often get hurt. We sometimes remove our shirts while in class because there are no windows, so the room is dark and hot” (Bismarck, JHS1).

“The inaccessible nature of the school is affecting those of us who are sick. For me, my sister attends the same school. She brings me to school, helps me get to my class and during break periods, she also helps me to urinate. She carries me with the help of her friend” (Adwoa, P1).

**Teachers’ Attitude**

Narratives of two participants indicated that due to difficulty in following lessons, teachers engaged some of them in menial jobs while they were teaching the other pupils.

“… if the trash bin is full, teacher always tells me to empty it while my mates are learning, because they say I don’t know how to write” (Vincent, JHS1).

“When the teacher teaches and we don’t understand, then he will say ‘Are you stupid?’” (Bismarck, JHS1).

Meanwhile, four participants also recounted positive moments with their teachers, despite other difficult times.

“When I get the epileptic attack in school, they call my parents to come for me” (Linda, P1).
“The class teacher pays my exams fees. Sometimes she teaches me during break” (Tracy, P6).

“… my teacher gives me money, watermelon, and when she teaches and I don’t understand she does not insult or cane me” (Nii Aryee, P1).

“My teacher gives me exercise book, pencil, crayon, eraser and ruler to write” (Joseph P1).

The narratives above show that participant appreciation is linked to the extra help received from teachers. This help is extra because it is not built into the general school system.

**Repetition and Withdrawal**

Moreover, the study found that all participants were in lower classes than they ought to have been according to their biological age. As previously stated, primary education in Ghana begins at 6 years of age. Linda, 8 years old, was the youngest and in primary1, instead of primary 3, or at least 2. Participant narratives indicated that some of them have repeated several classes.

“… Because of my condition if they repeat me again, the children will laugh at me. I want to go to the school that they will help me” (Vincent, JHS1).

“I don’t want to be repeated again. If they do, I will not be happy. I have been repeated four times - twice in class 2 and twice in class 3. I also don’t want the head to ask me to withdraw. I love school” (Tracy, P6).

Tracy’s narrative suggests that pupils could be asked to quit school because of poor performance. Repetition and being asked to withdraw were a major concern for all participants.

**DISCUSSION**

The essence of carrying out a project is meaningless if the dictates of the project are not well understood. In Ghana, since the Salamanca Declaration over two decades ago, only a few schools are designated Inclusive Education facilities. The study found that while some participants felt accepted by their peers, others experienced bullying. It was also noted that the attitude of the teachers, as narrated by some participants, could serve as a deterrent in experiencing satisfaction with Inclusive Education. The study also found that the school environment was a hindrance to fostering IE.
Peer acceptance was vital to almost all participants. The narratives clearly show that the children do not have the needed help with extra learning. In the absence of this, participants endure mockery from their peers for poor performance. This disputes the findings of Nkoma and Hay (2018) which suggest that the presence of children with disabilities in mainstream classrooms is beneficial to those without a disability. In this study, to be different is rather to be a target of mockery. Agbenyega and Deku (2011) did not mince words in their findings, which pointed to the fact that Ghanaian schools are not prepared to embrace diversity.

The study found that some participants had to endure bullying by their peers. This gives credence to the study of Asamoah, Ofori-Dua, Cudjoe, Abdullah and Nyarko (2018). Focusing on visual impairment, they found that students without disability are not in favour of IE. It may be argued that bullying occurs in every school, irrespective of whether or not it is an inclusive facility. It is possible that children without disabilities also experience bullying. This, however, does not make it right, given the psychological trauma that bullying can result in, as noted by Peters, Riksen-Walraven, Cillessen and De Weerth (2011) who mentioned that it could lead to high levels of stress and other complications.

Participants’ narratives also relate to inappropriate school infrastructure which limits access independently. In an atmosphere of bullying and mockery, inappropriate infrastructure puts fear in children about their safety in school. In confirmation with Agbenyega (2007) and Deku and Vanderpuye (20017), inaccessible classrooms and unsatisfactory physical environments are impediments to successful Inclusive Education in Ghana. This disagrees with the view of Aron and Loprest (2012) and Habibi (2017) that IE affords children with disabilities greater access to public education alongside children without disability. There is agreement with Gadour (2019) that without structural modification, placing children with disabilities in mainstream schools amounts to ‘dumping’ them.

The study further notes the inability of teachers to protect participants from bullying, and the occasional tendency to subject them to menial tasks. Narratives recounted the performance of menial jobs during class hours, and of being subjected to verbal abuse and different treatment by some teachers. According to Nkoma and Hay (2018), though teachers support the philosophy of IE, only a few are willing to be involved. The implementation of Inclusive Education in Africa, as Pather (2019) noted, is challenged by systemic and attitudinal difficulties.
Meanwhile, the narratives also reveal that not all teachers lack friendly attitudes towards pupils with disabilities. Some teachers teach participants after school, pay their examination fees, and provide writing materials and food. Most of these duties should have been performed by parents and the government. Ghana boasts of free compulsory basic education but, due to lack of resources, public schools still levy pupils to print examination questions. Teachers feeding pupils also suggests a lack of parental involvement. Amponteng, Opoku, Agyei-Okyere, Afriyie and Tawiah (2019) stressed the need for parents to fulfil their obligations in aid of successful IE.

Finally, participants feared being forced to repeat class continuously or being asked to withdraw from the school due to poor academic performance. Aron and Loprest (2012) noted that children with disabilities sometimes lag behind their peers in education due to low expectations and the probability of not taking the full academic curriculum. Meanwhile, Pather (2019) also mentioned inflexible curriculum and pedagogy as some of the challenges facing IE in Africa. The two aforementioned studies are vital in understanding the plight of the participants. In their study in Zimbabwe, Nkoma and Hay (2018) identified that some schools will not admit children with certain types of disabilities for fear of lowering the academic performance of their institutions. If IE is well understood in Ghana, pupils with disabilities should have their own individual mode of assessment and not be subjected to the rigid mode that is currently practised, where all pupils take the same examination.

The findings of the current study support previous studies while uniquely highlighting how some experiences could be both positive and negative in the same institution. From the standpoint of research, a larger study is needed to explore the experiences of children with disabilities in schools.

CONCLUSION

The study explored the narratives of 10 participants with diverse disabilities, based on:

(a) How children with disabilities in an Inclusive Educational facility understand their educational experiences, (b) How children with disabilities perceive their relationship with peers and teachers in school, and (c) How accessible children with disabilities find existing school infrastructures.
The study found the experiences of the participants to be double-edged in some instances. For example, while participants felt accepted by some peers, they also experienced bullying by others. This also applied to teachers’ attitudes. While some of the teachers were supportive, others were not. There was agreement among all participants that the physical school environment was not disability friendly.

In general, the Ghana Education Service needs to ensure that all schools adhere to its anti-bullying policies, by educating both pupils and teachers. There is also the need to train all teachers in working with children with disabilities. Structurally, schools should be made accessible to all students.

It is suggested that the Government of Ghana take a leading role in policy formulation and financing the implementation of such policies. Parents of children with disabilities also need to be encouraged and educated regarding the unique needs of their children. Those parents who are unable to meet their children’s needs could be empowered to fulfil their duties.

It is believed that Ghana could achieve success in Inclusive Education with the implementation of these suggestions.

REFERENCES


