

Socioeconomic Factors Hindering Access to Healthcare by Persons with Disabilities in the Ahanta West Municipality, Ghana

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ABSTRACT

Purpose: An estimated 15% of the world's population lives with disabilities of various types and 80% of them are in low-income countries, with limited or no access to basic services including healthcare and rehabilitation facilities. The general objective of the study was to determine the socioeconomic factors that hinder access to quality healthcare by persons with disabilities in the Ahanta West Municipality of Ghana.

Method: A qualitative study was carried out. Purposive sampling was used to select the participants (persons with disabilities and healthcare workers). Data was collected through 10 in-depth interviews with health workers and 5 focus group discussions with persons with disabilities. Data was analysed based on the themes that emerged during the discussions.

Results: The major social factors found to hinder access to quality healthcare were cultural explanations of disability and its causes, stigmatisation, and attitudes of healthcare workers towards persons with disabilities. The economic factors that created barriers include costs of treatment and assistive devices, unemployment, poverty, and transportation problems.

Conclusion: A review of national health policy programmes and their implementation to ensure that the needs of persons with disabilities are adequately catered for. This study reveals that the current health policies and subsequent health services are not adequately considering the needs of persons with disabilities. It is recommended also, that there is the need for a change in attitude by the general public towards persons with disabilities. This in particular is a role of influential stakeholders such as government and religious institutions engaging on effective public education to bring to the

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notice of the general public the meaning and cause of disability in order to reduce the way at which disability is explained from a cultural point of view.

Key words: *Persons Disability, Ahanta West Municipality, Socioeconomic, Healthcare Workers, Stigmatization, Ghana*

INTRODUCTION

It is estimated that about 15% of the world's population lives with a disability, and the number is increasing due to the rise in chronic diseases, injuries, car crashes, falls, violence and other causes such as ageing. Of this total, 80% live in low-income countries; most of them are poor and have limited or no access to basic services, including healthcare and rehabilitation facilities (World Health Organisation, 2006).

Disability is an inescapable human condition and at some point, almost every person is exposed to and may experience temporary or permanent disability (WHO & World Bank, 2011). Disability, evokes different social constructions, depending on the setting in which the concept is used. It is neither a social straitjacket nor a biological construct; instead, it is often hinged on the interactions among health, environmental and personal factors (WHO & World Bank, 2011).

Disability is an umbrella term covering impairments, activity limitations, and participation restrictions. An impairment is defined as a problem in 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 in involvement in life situations (WHO, 2010). Thus, disability is a complex phenomenon, reflecting an interaction between features of a person's body and mind as well as features of the society in which he or she lives such as inaccessible structures, disability unfriendly vehicles, etc. Disability is part of human life and people with disabilities can be found in any culture, and every community throughout the world. People are either born with a disability or acquire disability through circumstances and events such as disease, trauma and accidents (WHO, 2011).

Perceptions about health status may influence health behaviour, including utilisation of health services and the manner in which health needs are communicated. A study among people with epilepsy in rural Ghana, for example, found that spiritual beliefs surrounding epilepsy influenced health-seeking behaviour. Another study involving 380 people with epilepsy in rural areas of

the Gambia reported that only 16% of them knew that treatment was possible to prevent the occurrence of seizures; and of the 48% of people with epilepsy who had never used treatment, 70% did not know that clinics offered treatment for seizures (Coleman, Lopyy & Walraven, 2002; WHO, 2011). In another example, people who experience disability as they get older may “normalise” their (symptoms of) impairment as “just being part of ageing” rather than seeking appropriate treatment for their condition (Sontag, 2001). When the cause of a disease or impairment is not well-understood and is treated as a mystery, it tends to elicit fear from others (Sontag, 2001).

A healthcare system which ensures that everyone including persons with disability enjoy their right to healthcare has been referred to as ‘inclusive healthcare (Lindsey, 1992).’ In other words, such a healthcare system offers ‘an effective response to the needs of clients, not just in terms of treatment of health predicaments but also by addressing the overall well-being through understanding, informing, involving, counselling and respecting the individual (Lindsey, 1992).

Objective

This study aimed to determine the socioeconomic factors that hinder access to quality healthcare by persons with disabilities in the Ahanta West Municipality of Ghana.

METHOD

Setting

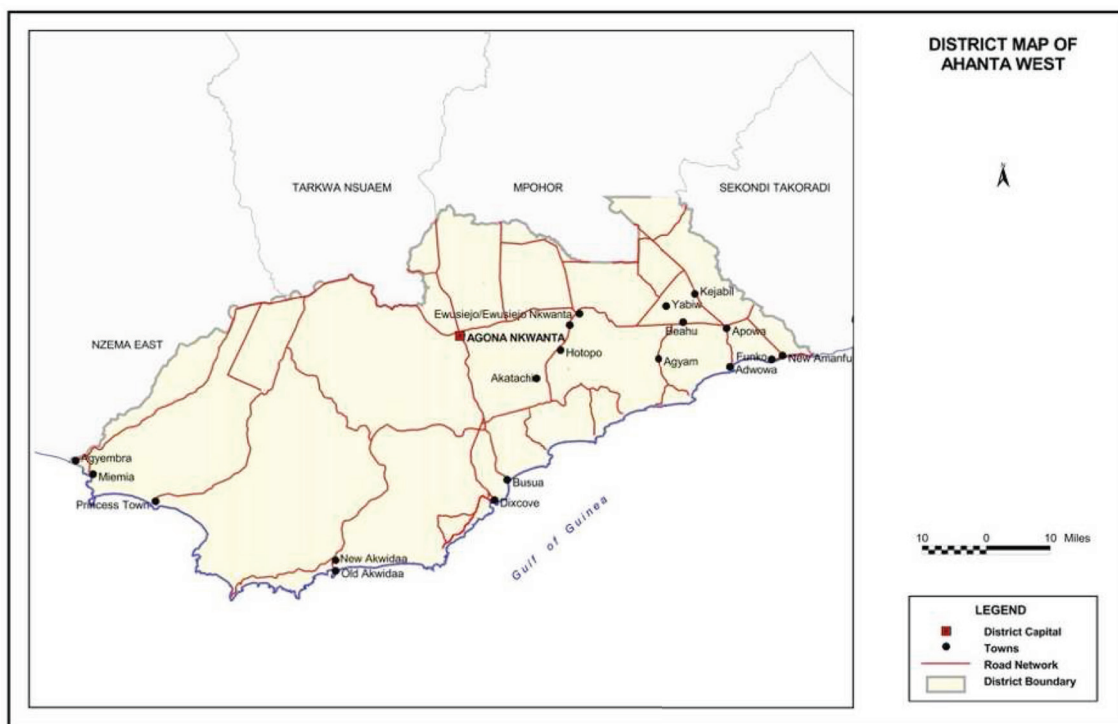
Ahanta West District is located at the southernmost point of Ghana and the entire West African Sub-Region, with its capital at Agona Nkwanta, also called Agona Ahanta (see Figure 1). The Ahanta West District has a land area of 591 square kilometres and a population of 106,215 people, according to the 2010 Population and Housing Census report. It represents about 2.5 % and 0.26 % of the surface area of the Western Region and Ghana respectively.

The district has one public hospital located at Dixcove, 4 health centres, 3 clinics and 12 Community Health-Based Planning compounds (CHPS). There are also 100 outreach points and a number of drug stores that are well patronised by members of the community. The proximity of the district to Takoradi enables many inhabitants, particularly those living in Apowa, New Amanful and Funkoe, to utilise health facilities in the Sekondi-Takoradi metropolis.

The district has one medical doctor and 103 nurses, which results in a low doctor to client ratio. The health sector in this district is not only confronted with inadequate health facilities, but also with inadequate numbers of personnel as many of them are reluctant to accept postings to remote areas without facilities, medicines, and medical equipment.

The district health authorities wish to improve access to quality maternal, child and adolescent health services, and intensify the prevention and control of non-communicable and communicable diseases. It also seeks to improve maternal mortality rates, reduce child mortality rates, combat HIV and AIDS and other diseases. Malaria continues to be the leading cause of outpatient morbidity and admission. Institutional mortality due to malaria has been drastically reduced and is no longer among the top ten causes of mortality for the year under review as a result of intensified malaria control interventions.

Figure 1: Map of Ahanta West District



Study Design

A qualitative study approach was adopted within the Ahanta West Municipality. Purposive sampling was employed to recruit the participants. In-depth interviews and focus group discussions were the tools used for data collection.

An inductive approach was used to group data in themes for easy coding and analysis, guided by the research questions and objectives.

Study Sample

The purposive sample comprised of persons with disabilities and leaders of the various Organisations of People with Disabilities (OPDs) who were registered with the Department of Social Welfare under the Ministry of Gender, Children and Social Protection. In addition, 10 healthcare workers employed at the Agona Health Centre in the Ahanta West Municipality participated in the study. All people participated on a voluntary basis.

Data Collection

Structured in-depth interviews and focus group discussions were used in collecting information from the respondents. To ensure confidentiality and anonymity, the researchers did not record identifiers such as names, street addresses and contact numbers of respondents.

Focus group discussions were held on two different days. In order to accommodate all the individuals involved, one of the focus group discussions was deliberately organised with males only and one was only for females; the remaining three consisted of mixed groups. Only interviews were used to collect information from the health workers, as it was difficult to get them together at the same time, in one place, for a focus group discussion. It was also important to avoid disrupting their work.

Recording of the proceedings on audiotapes took place to guide the transcription and translation of responses.

Data Analysis

Qualitative study methods allowed for more in-depth discussion of issues, thereby providing opportunities for the interviewees to present details of phenomena which are difficult to convey when using quantitative methods

with, for instance, standardised questionnaires. Since most of the discussions were in the local dialect (Fante), translation was needed from Fante to English. The audiotapes and field notes taken during the interactions were compared with the translated version of the data to ensure that the transcriptions presented the true meaning of the participants' responses. After the translation and editing, the agreed-on data was grouped into headings or themes for easy coding, identification, and analysis. The research objectives and questions guided the researcher in categorising the edited information into presentable formats based on the various themes. Similar responses were put under the same headings in the various categories that were developed. The coding was inductive.

Parts or segments of texts or quotes that are related to the interpretations will be paraphrased and presented in the findings.

Ethical Issues

Ethical approval was obtained from the Committee on Human Research, Publication and Ethics at the Kwame Nkrumah University of Science and Technology, School of Medical Sciences. Respondents were informed that the information retrieved was for academic purposes. They were assured of confidentiality and anonymity.

RESULTS

Demographic Characteristics

The demographic characteristics of the people with disabilities who took part in the focus group discussions are presented in the following two Tables.

Table 1: Demographic Characteristics of the People with Disabilities

Variables	Frequency (n=33)	Percentage (%=100)
Age Group		
Below 20 years	8	19
20-29 years	11	25
30-39 years	16	37
40 years and above	8	19
Sex of Respondents		
Male	24	56
Female	19	44
Religion of Respondents		
Christianity		
Islam	23	53
Traditional	11	26
Other	4	9
	5	12
Disability Type		
Mobility		55
Sight	18	18
Hearing	6	9
Other	3	18
	6	

Table 2: Demographic Characteristics of the Interviewed Healthcare Workers

Variables	Frequency (n=10)	Percentage (%=100)
Position of Healthcare Workers		
Senior staff	6	60
Junior staff	4	40
Unit/Department of Healthcare Workers		
Administration	2	20
Nursing	5	50
Medical	2	20
X-ray	1	10

Social Factors hindering Access to Quality Healthcare by Persons with Disabilities

Several social factors were identified by persons with disabilities as major hindrances for them to access quality healthcare.

Cultural Interpretation of Disability

The cultural interpretation of disability appears to play a major role in determining whether persons with disabilities would access healthcare or not. Persons with disabilities who participated in this study believe that most disabling conditions are caused by individuals' disobedience to norms such as going to the farm on Thursdays, or violation of taboos such as going to the sea for fishing activities on Tuesdays. It is therefore important that the individual with the disabling condition appreciates this and asks for forgiveness from God or the Gods, rather than seeking help from modern healthcare facilities.

"...Most people believe that we are disabled because our forefathers and family members did something wrong against the Gods by disobeying them and we are paying the price" (Male respondent, focus group discussion).

"...I think that some of them are as a result of their parents' or their own disrespect for norms and traditional rules in their communities, that is why they are suffering from disability" (Healthcare provider, individual interview).

Attitudes of Healthcare Workers towards Persons with Disabilities

The study reveals that attitudinal factors among personnel working within the healthcare system hinder access to quality healthcare. Some of these are: verbal abuse of persons with disabilities, lack of cross-cultural understanding of disability due to different cultural backgrounds of some of the healthcare workers, and communication difficulties between hearing and speech impaired persons and healthcare workers.

Abuse and Maltreatment of Persons with Disabilities by Healthcare Workers

Most of the persons with disabilities pointed out that attitudes and behaviour of health workers, especially the way they relate and talk to them, is shameful. They report various incidents where different categories of health care workers pass derogatory comments about them.

“...I was pregnant and went for antenatal care, and a nurse looked at me and said, ‘you too, you have feelings?’ She went further to say that I should check myself before I do certain things. This really hurt me, and I never went to that hospital again” (Female respondent, individual interview).

“...I went to the hospital with my wife, and when we went to the consulting room, the look on the doctor’s face alone told me that she was surprised to see that my wife who is non-disabled married a person with disability like me” (Male respondent, focus group discussion).

“.....I have a similar experience. I remember a doctor requested to see my husband privately and when he came back, he said the doctor asked him what influenced his decision to marry me” (Female respondent, focus group discussion).

The emotional abuse of persons with disabilities was not only expressed by persons with disabilities themselves but also by healthcare providers. Some of the hospital staff indicated that they had also witnessed their colleagues verbally abusing persons with disabilities who come to the hospital.

“...Some of my colleagues laugh at persons with disabilities who come to the hospital for treatment, especially disabled women who come to the hospital and are pregnant” (Male healthcare worker, individual interview).

“.....I remember some time ago a person with disability reported one of our staff to us, about how harsh the staff talked to him. We at the administration hear some of these cases but are not many and frequent” (Hospital administrator, individual interview).

Shunning and Avoiding Persons with Disability

Most healthcare providers, particularly the nurses, stated that if they would be given the option they would avoid interacting with persons with disabilities. The reason they gave was that most people with disabilities are difficult to work with, and some of them are impatient. However, because it is exceedingly unprofessional to do so, they unwillingly treat and work with them.

“...Truly speaking, if I have my own way, I would not work with any person with disability because most of them are very aggressive and violent to some extent” (Healthcare provider, individual interview).

“...Do you know that most of these persons with disability are impatient and always want to have their way out even if they come to meet other people?”(Healthcare provider, individual interview).

The revelations by the health workers concerning shunning and avoiding persons with disabilities at the hospital were no different from what persons with disabilities stated. Persons with disabilities explained how health workers deliberately avoid them at the hospital.

“...Some of the nurses do not sometimes want to take your folder to a doctor for you to be treated just because you are physically different from them” (Female respondent, individual interview).

Communication Barriers between Persons with Disability and Health Workers

The study discovers that most of the health workers were not able to understand the culture and language of certain individuals or communities of persons with disabilities. They are sometimes unable to explain the results of the diagnosis and prescriptions to the clients with disabilities. This lack of communication becomes more difficult when the clients are hearing impaired. Health workers are often unable to communicate in sign language and cannot understand the local dialect if they are not from the same region as the persons with disabilities.

“...It is difficult to explain things to the hearing impaired persons and this hospital does not have sign language interpreters to help us explain diagnosis and prescription to them when they come to the hospital” (Health worker, individual interview).

“...Healthcare providers do not appreciate our conditions and are unable to give us full information about our condition and what to do” (Female with disability, individual interview).

Stigmatisation of Disability

As a result of the various cultural interpretations associated with disability, most of the persons with disabilities face stigmatisation especially if they have intellectual disability. Stigmatisation comes not only from their family members but also from their friends and members of the larger society. When people see persons with a disability at the hospital, they are surprised. The study respondents indicated that individuals who belong to families with strong cultural beliefs and

traditional rules suffer from stigma the most. Such stigma discourages people from seeking care for health problems, be it related to their disability or not.

"...When people see me at the hospital, they murmur among themselves 'Ah, you are wasting our time, you are a nut and you are this and you are that,' so at the end of the day I do not find it pleasant to visit the hospital" (Female respondent, focus group discussion).

"...That is true!(referring to the previous speaker) I remember I went to a hospital and the nurse asked the people who were going to see the doctor to allow me to go first, and the kind of statements and insults poured on me after the nurse had left deterred me from going back to the same hospital for further check-ups and treatment"(Male respondent, focus group discussion).

Religious Interpretation of Disability

Another social factor linked to cultural beliefs is the religious interpretation of disability. Since disability is often explained from a spiritual point of view, most persons with disabilities tend to visit traditional healers in their communities for treatment.

The reason for this is the culturally specific belief that traditional healers are called by the Gods to help their communities (*dunsinyi*) and therefore have power to free people from spiritual illness.

"...I was taken to a traditional healer in my hometown for about one year without any improvement. My family members thought that I could be healed by the man, but my condition was still worsening. When we later visited the hospital, I was told that my vision could have been saved if I had come earlier for surgery" (Female respondent, individual interview).

"...I do not attend modern hospitals because their treatments are unable to change my condition. I will rather go to the herbalist for treatment instead of hospital because that is where I believe my healing can come from" (Male respondent, focus group discussion).

Some of the respondents revealed that they were Christians and visited the prayer camps for healing rather than the hospital. They also hold the belief that disabling conditions can best be treated or handled by spiritual men of God who have been given the power to cast out demons responsible for the intellectual disability.

“...I attend prayer meetings and prayer camps for healing whenever I am sick. This is because I believe that sometimes our sickness is not something that hospital medicine can cure, especially we persons with disabilities” (Female respondent, focus group discussion).

This study revealed that if the treatment does not improve the client’s condition, he or she eventually decides to use a public health clinic, sometimes accompanied by family members or even by the traditional healer due to beliefs that their disability is the result of a spiritual attack on the person with the disability.

Inadequate Information

The study found that there is inadequate information and knowledge in society concerning the (treatment of) certain disabling conditions, especially about mental health. The public is often not aware of rare disabling conditions and therefore do not seek treatment from healthcare services. The respondents see this partly because of policies and healthcare reforms being focused on general health-related problems without giving any attention to disability and the health-related needs of persons with disabilities.

“...Madam (referring to the facilitator), do you think that there is any hospital in Ghana that can cure my illness? If you do, please tell me because I do not think my condition can be reversed” (Female respondent, focus group discussion).

This study shows that most persons with disabilities do not have adequate information about relevant medical treatment and proper use of prescribed medicines. They indicated that there were times when they were reluctant to take their medicine due to (assumed) side effects (such as impotence) or due to the fact that they did not trust or believe that the medication would actually be of help.

“...Truly speaking, I remember some time ago I went to the hospital, and when I came home and told a friend about the prescribed drugs, he said those drugs are ineffective and cannot treat my ailment since he had that condition previously and the drug didn’t treat the ailment, so out of fear, I dumped the drugs and went to a nearby pharmacy to get painkillers for myself” (Male respondent, individual interview).

Economic Factors hindering Access to Quality Healthcare by Persons with Disabilities Several economic reasons were identified as major factors hindering access to quality healthcare by persons with disabilities in the Ahanta West

Municipality. They included high levels of unemployment among persons with disabilities, high cost of treatment and assistive devices, and the unavailability of accessible and affordable transport.

Unemployment

Persons with disabilities identified that unemployment hinders access to quality healthcare by persons with disabilities. They indicated that most of them are not employed and for that matter do not have the money to go to hospital for treatment even when they are ill.

“...Menyiadwuma biarayε (meaning - I do not have a job) so in times when I am sick, I am unable to go to hospital for the needed treatment” (Female respondent, individual interview).

Cost of Treatment and Assistive Devices

High unemployment and consequent poverty means that many persons with disabilities are unable to pay their hospital bills. Most of them indicated that they do not go to hospital regularly for this reason. They are aware of the existence of health facilities, but the costs involved in accessing the services provided by these hospitals usually prevents them from seeking healthcare.

At every stage of a hospital visit, from obtaining a hospital card or folder until visiting the dispensary, one has to pay money even if one possesses a health insurance card. If surgery is involved, it becomes even more difficult to have the surgery. The average cost of visiting a hospital is GH¢50–GH¢100 (\$8.61-\$17.22) per visit. This, according to them, is expensive and they cannot afford such high costs.

“...It is not that I would not like to go to the hospital, but if I go, who will bear the cost involved? I therefore visit the local drugstore and get some pain killers for myself” (Female respondent, focus group discussion).

“...I will go to the hospital regularly if the government makes it free for those of us who are disabled. Otherwise, modern hospital will not be a preferred place of treatment for poor people like me,” (Female respondent, focus group discussion).

Some of the respondents also indicated that assistive devices are costly, and they are unable to purchase them. They revealed that there was no point in going to the hospital if they were told to buy assistive equipment that they could

not afford.

“...I was told to get a pair of crutches to aid my movement but because of the cost, I am still using this stick” (Male respondent, individual interview).

Transport

Lack of transport was identified as one of the economic reasons for persons with disabilities not accessing healthcare. Persons with disabilities pointed out that they found it difficult to use public transport due to the inaccessible nature of these commercial cars. There is not enough space to accommodate them and their assistive devices, especially if they are wheelchair-users. The embarrassment of being carried on somebody's back or in their arms and being pushed in their wheelchairs to distant hospital locations are deterrent.

“...I find it difficult to board cars to aid my movement, all because of my wheelchair. So, when I am sick, I stay at home and send people to go and buy drugs for me just to avoid the difficulty of boarding commercial cars (Female respondent, individual interview).

DISCUSSION

Social Factors influencing Access to Healthcare by Persons with Disabilities

Several social factors were identified that influence access to healthcare by persons with disabilities. Notable among them were cultural interpretations of disability, stigmatisation due to disability, inadequate information, and spiritual explanations of disability. Cultural explanations of disability played a major role in determining whether persons with disabilities would access healthcare or not. The cause of disability is usually explained from the cultural and belief systems of people. The study respondents believed that most disability was caused by individuals' disobedience to norms or violation of taboos. It was therefore important that the individual with the disability acknowledge this and ask for forgiveness from the Gods, rather than visit modern hospitals for healthcare. This was similar to the findings of Dodor (2009) who studied stigma as a result of tuberculosis, in Ghana, and found that people explained the cause of tuberculosis from a cultural perspective. When the cause of a disease or impairment is not well-understood and is treated as a mystery, it tends to elicit fear from others (Sontag, 2001).

As a result of the various cultural interpretations associated with disability, most persons with disabilities face stigmatisation, especially those with intellectual disability. The stigmatisation is not only by their family members but also by their friends and members of the larger society. When people see them at the hospital, they are surprised. The respondents indicated that individuals who belonged to families with strong cultural beliefs and traditional rules suffered the most. Such stigma discourages people from seeking care for disability health-related problems.

Another social factor linked to cultural beliefs is the religious interpretation of disability. Since disability is generally explained from the spiritual point of view, most persons with disabilities tend to visit traditional healers in their communities for treatment. The reason for this is the culturally specific belief that traditional healers are called by the Gods to help their communities (*dunsini*) and therefore have power to free people from spiritual illness. Some of the respondents also revealed that they were Christians and visit the prayer camps for healing rather than going to hospital.

The study found certain attitudinal factors within the healthcare system that influence access to healthcare by persons with disabilities. Some of the attitudinal factors were: abuse of persons with disabilities, lack of cross-cultural understanding, maltreatment of persons with disabilities, and communication problems between persons with disabilities and healthcare providers. Most of the respondents pointed to the shameful attitudes and behaviours of health workers towards persons with disabilities, especially the way they relate and talk to them.

The study found that there was inadequate information and knowledge in society concerning the ability to treat certain disabling conditions, especially in the field of mental health. The general public is often not aware of rare disabling conditions and the importance of timely interventions, and therefore they do not seek healthcare services. In relation to inadequate information, the study found that most persons with disabilities do not have adequate information about medical treatment and the use of prescribed drugs. They indicated that they were sometimes reluctant to take their medicine due to side effects (such as impotence) or due to the fact that they did not trust or believe that the medication would actually help. The respondents see this partly as a result of policies and health reforms being focused on general health-related problems of the people without disability, while paying little attention to persons with disabilities.

When there is uncertainty about how a disease is transmitted, the multiple interpretations of the cause and spread that ensue have the propensity to fuel stigmatisation of individuals suffering from the disease (Ogden and Nyblade, 2005).

Economic Factors hindering Access to Quality Healthcare by Persons with Disabilities

Several economic reasons were identified as the major factors that hinder access to quality healthcare by persons with disabilities in the Ahanta West Municipality of Ghana. They included: high unemployment among persons with disabilities, high cost of treatment and assistive devices, and transportation.

Unemployment among persons with disabilities was identified as an economic factor that influences their access to healthcare. Most of the study participants were not employed and for that matter did not have money to visit hospital for treatment when they were ill. As a result of unemployment, most of them were relatively poor and could not meet their basic needs, including affording quality healthcare.

The study found that the cost involved in the going to the hospitals scared away persons with disabilities. Unemployment and poverty among persons with disabilities left them unable to pay their hospital bills. Most of them were aware of the health facilities, but the cost involved in accessing the services provided by these hospitals always prevented them from going there. From start to finish – from hospital card or folder to dispensary - at every stage one had to pay money even if one had a health insurance card. The hardest part was when surgeries were necessary. This finding is not different from the review of the 2002–2004 World Health Survey which revealed that affordability was the primary reason why people with disabilities, across gender and age groups, did not receive needed healthcare in low-income countries. For 51 countries, 32%–33% of men and women without disability could not afford healthcare, compared to 51%–53% of people with disabilities. Transport costs also ranked high as a barrier to accessing healthcare in low-income and middle-income countries, and across gender and age groups (WHO, 2011).

Some of the respondents also indicated that the cost of assistive devices was very high and they were unable to purchase them. They revealed that there was no

point in going to the hospital if one was told to buy assistive devices and could not meet the cost.

The lack of transport was identified as one of the economic reasons for persons with disabilities not accessing healthcare in general. Persons with disabilities – especially with difficulty in moving- pointed out that they found it difficult to use public transport due to the inaccessible nature of these commercial cars. They did not have enough space to accommodate them and their assistive devices, especially if they were wheelchair-users. The embarrassments of being carried in somebody's arms or on their back, and of being pushed in a wheelchair to distant hospitals, were deterrents. The WHO (2011) report that transport for people with disabilities is often limited, unaffordable or inaccessible, also supports this finding.

CONCLUSION

The study found that there were several social factors that hinder persons with disabilities' access to quality healthcare in the Ahanta West Municipality, Ghana. The social factors that hinder access to quality healthcare by persons with disability were: inadequate information about treatment and healthcare, preferred consultation with traditional healers as well as prayer camps, stigmatisation of disability, cultural explanations of disability that regard disability as a result of punishment, juju, sorcery and magic or charms from the Gods.

Various economic reasons were identified as the major factors that hinder access to quality healthcare by persons with disabilities. They included: high unemployment among persons with disabilities, cost of treatment and assistive devices, and transportation. Most of the respondents were not employed and did not have money to attend hospital for treatment when they were ill. As a result of unemployment, most of them were relatively poor and could not meet their basic needs in life which included quality healthcare.

The study found certain attitudinal factors within the healthcare system that influence access to healthcare by persons with disabilities. Some of the attitudinal factors were: abuse of persons with disabilities, lack of cross-cultural understanding, maltreatment of persons with disabilities, and communication problems between persons with disabilities and healthcare providers.

Recommendations

In view of the study findings, the following recommendations have been made.

1. Stakeholders such as the government and NGOs must embark on effective public education to bring to the notice of the general public the meaning and causes of disability; thereby reducing the prevalent cultural perspectives of disability.
2. Public education must also be extended to health professionals in order to reduce stigmatisation of disability which results in abuse and maltreatment of persons with disabilities by healthcare providers.
3. It is recommended that Government policy exempts all persons with disabilities from paying for medical care. This will ensure that the cost of accessing healthcare, which continues to be a burden among persons with disabilities, will be addressed.
4. The Ministry of Health should ensure that at every district, regional and training hospital there are health professionals who have received detailed training on working with persons with disabilities. This will help to promote good relationships between healthcare workers and persons with disabilities. It will also enhance effective communication between them.

REFERENCES

- Baffoe, M. (2013). Stigma, discrimination and marginalization: Gateways to oppression of Persons with disabilities in Ghana, West Africa. *Journal of Educational and Social Research*, 3(1), 187-198.
- Coleman, R., Lopyy, L., & Walraven, G. (2002). The treatment gap and primary healthcare for people with epilepsy in rural Gambia. *Bulletin of the World Health Organization*, 80, 378-383.
- Disability Law of Ghana Act 715 (2006). Section 31-35 <https://doi.org/10.1215/03616878-31-3-715>
- Ghana Statistical Service., & Ghana Health Service. (2008). Ghana Demographic and Health Survey Report
- Lindsey, M. (1992). Signposts for success in commissioning and providing health services for people with learning disabilities. London: Department of Health.
- Ministry of Health. (2007). Creating wealth through health. Accra: Ghana. Ghana National Health Policy
- Ogden J., & Nyblade, L. (2005). Common at its core: HIV-related stigma across context. International Centre for Research on Women, Washington D.C. USA.

- Sontag, S. (2001). "Illness as metaphor" and AIDS and its metaphors. New York, USA: Picador.
- World Health Organisation. (2007). Mental health improvements for nations: Country.
- World Health Organisation. (2010). The path to universal coverage. The World Health Report; Health systems financing: Geneva.
- World Health Organisation. (2010). Mental health and development.
- World Health Organisation. (2012). Visual impairment and blindness Fact Sheet No.282