Access to Education for Students with Autism in Ghana: Implications for EFA

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Access to Education for Students with Autism in Ghana: Implications for EFA

A Commissioned Background Report
Prepared for the Global Monitoring Report, 2010

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Acronyms

CDC: Center for Disease Control and Prevention
CP: Cerebral Palsy
ESP: Education Strategic Plan
FCUBE: Free Compulsory Universal Basic Education
GES: Ghana Education Service
GSS: Ghana Statistical Service
HI: Hearing Impaired
ICD-10: International Classification of Diseases, 10th Edition
IE: Inclusive Education
ID: Intellectual Disability
MD/MH: Mental Disability/ Mental Handicap
MR: ‘Mentally Retarded’
MoESS: Ministry of Education, Sports, and Science
PACID GHANA: Parents Association of Children with Intellectual Disability in Ghana
PwD: Persons with Disability
SEN: Special Educational Needs
SLP: Speech & Language Pathologist
SpEd: Special Education Division of the Ghana Education Service
TT: Teacher Training
UN: United Nations
VI: Visually Impaired
WHO: World Health Organisation
The Republic of Ghana has recently ratified their commitment to international human rights declarations and EFA goals. Inclusive Education (IE) has been adopted as strategy to meet these goals for groups of marginalised students, including those with disabilities. To the extent possible, this paper paints a picture of educational access for students with autism in Ghana through discussions of hard to obtain prevalence data, current policy and provision and attitudinal barriers. In addition to familiar barriers such as inflexible curriculum, insufficient facilities and unavailability of trained teachers, semi-structured interviews reveal deeply ingrained attitudinal barriers. Conceptualisations of disability and difference as entrenched in Ghanaian cultural beliefs, norms and history are explored alongside the implications of these beliefs. It is concluded that acknowledging and respecting Ghanaian understandings of disability is a prerequisite to ensuring equitable education for students with autism, and thereby the realisation of EFA goals.

History of Special Education in Ghana

It is generally accepted that the first recorded attempt in Ghana to provide education for children with disabilities was undertaken by missionaries in the year 1936 (Anthony & Kwadade, 2006, Avoke, 2001a). In 1964, parents of children with intellectual disabilities (ID) formed an association called the ‘Society of Friends of the Mentally Retarded’ whose extraordinary advocacy led to the establishment of the first ‘home for the mentally handicapped’ in 1966 (GES, 2005). The National Education Act (1961) saw the Ghanaian government assume responsibility for the education of children with disabilities (Anthony & Kwadade, 2006). This, coupled with increasing international influence led the ‘home’ to become the first “school for the mentally handicapped” in 1970 (Avoke, 2001a). The 1970-80’s saw rapid growth in the number of segregated ‘special schools’ for the ‘visually impaired’ (VI), the ‘hearing impaired’ (HI), and the ‘mentally disabled’ (MD). Increasing national recognition of the need for additional education services led to the formation of the Special Education Division (SpEd) within the Ghana Education Service (GES) in 1985 (GES, 2005).

Disability Incidence and Provision in Ghana

Global estimates of disability prevalence and incidence vary widely. The UN estimates an often invoked rate of 10% while the UNDP estimates a more conservative 5% global average. Based on these, and with a current population of just over 23 million, Ghana has an estimated total disabled population of 1.15-2.3 million. The World Bank acknowledges that there are currently 115 million school aged children out of school. Of those, 40 million (over 1/3) are estimated to have a disability, most of which are not visible or easy to diagnose (Lawrence, 2004). Largely unrecognisable, those with an intellectual disability make up an estimated 1-3% according to UN figures (Inclusion International, 2005), while UNESCO reports that only 1-2% of children with disabilities living in developing countries receive a basic primary education (DFID, 2000).
Where known, the prevalence of autism also varies widely and have ranged from widely stated figure of 1 in every 150 people in the USA (CDC, 2007) to the highest reported estimates claiming that up to half of the population fall on the autistic spectrum (Edelson, 2008). As a guiding figure, we can similarly extrapolate the prevalence of autism\(^1\) which gives us a figure of around 150,000 persons with autism in Ghana. A large gender difference in prevalence of the disorder exists, with four to five times as many males diagnosed with autism as females (Bailey et al., 1996, First, 2008). It is often claimed that autism occurs across all demographic groups but there is a paucity of research confirming this statement and recorded prevalence rates of autism across Africa are largely non-existent (Daley, 2002, Daley & Sigman, 2002, Dyches et al., 2004, Fryers, 1986, Ingstad & Whyte, 1995).

Ghana Statistical Service (GSS) survey results (2006) indicate that 16% of children between the ages of 2-9 have at least one disability. Assessment figures reported by Ghana’s MoESS (2008) report that 14,596 students were screened for impairment, of those 101 were ‘clinically assessed’ as having ID. However, all of the above figures must be interpreted with extreme caution as it is exceedingly difficult to generate prevalence rates which are internationally comprehensible and comparable given variations in definitions, data collection methodologies and the quality of research or reporting (Eide & Loeb, 2005, Mont, 2007).

Ghana’s Ministry of Education Sports and Science (MoESS) itself states that “there is very limited information about the incidence of children with special needs around the country” (MoESS, 2008, pp. 55). Annor (2002) estimates that 5% of the Ghanaian population has a disability but that social stigma is responsible for the underreporting of prevalence, especially in rural areas. An extensive database search revealed no available prevalence or incidence data specific to autism in Ghana\(^2\).

The latest GES enrolment figures specific to ID (2005), reveal a total of 955 students (M 598, F 357) enrolled in government run ‘Special Schools for the Mentally Handicapped\(^3\)’ (Ministry of Education Sports & Science (MoESS), 2005). Reports by GES only account for students who are enrolled in special education schools and may vastly underestimate the actual number of children with disabilities across Ghana. It should be noted that GES has a recent policy objective to “determine the prevalence rates of different disabilities and SEN in Ghana” (GES, 2005, pp. 11) but little evidence of this has occurred to date.

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1 By applying the prevalence rates from the USA to the population of Ghana
2 An extensive search for data and statistics on autism in Ghana included the following sources: UNESCO Institute for Statistics, UNESCO World Data on Education, UN Statistics Division, World Bank Education Statistics, United Nations Disability Statistics Database (DISTAT), Washington City Group on Disability Statistics, World Health Organisation (WHO), US Census Bureau: International Data Base (IDB), CIA World Factbook, Global Education Digest, Education Policy and Data Center (EPDC), Southern and Eastern Africa Consortium for Monitoring Educational Quality (SACMEQ), Ghana Multiple Indicator Cluster Survey (MICS), Ghana EMIS data, Ghana Statistical Service (GSS), Ghana Health Service (GHS), Ghana Education Service (GES), Ghana Web, Institute of Statistical Social and Economic research (ISSER) at the University of Ghana, Cape Coast University Library, University of Ghana Legon Library, University of Education Winneba, Healthlink Worldwide, Enabling Education Network (EENET), International Autism Epidemiology Network, Source: Disability & Statistics, Measure DHS: Demographic and Health Surveys, Eldis, ERIC, PsychInfo
3 This figure includes government run special schools, units attached to mainstream schools, one psychiatric hospital and one privately run institution.
In line with World Health Organisation (WHO) recommendations, the Ghana Statistical Service (GSS) recently conducted a survey aiming to identify functional impairments. Reported indicators which resonate with the challenges of autism are listed in Table 1:

<table>
<thead>
<tr>
<th>Type of Disability</th>
<th>Average percentage of children 2-9 years old (obtained through caregiver report)</th>
</tr>
</thead>
<tbody>
<tr>
<td>“Not learning to do things like other children his/her age”</td>
<td>2.1%</td>
</tr>
<tr>
<td>“Appears mentally backward, dull, or slow”</td>
<td>3.4%</td>
</tr>
<tr>
<td>“No speaking/ cannot be understood in words”</td>
<td>2.6%</td>
</tr>
<tr>
<td>“No understanding of instructions”</td>
<td>4.1%</td>
</tr>
</tbody>
</table>

( Ghana Statistical Service et al., 2006)

The studies cited above are intended only to give a possible indication of the prevalence of ID and autism in Ghana and should in no way be interpreted as conclusive. In fact, the only thing that is clear is that insufficient prevalence data exists, especially as pertains to specific disabilities such as autism.

**Institutional Arrangements for Special Education Provision**

Estimates of children with Special Educational Needs (SEN) who access to education in Ghana range from 0.6% (UNESCO, n.d.) to 44% (Annor 2002). GES reported a total enrolment in all special education schools of only 5,654 for the 2007-2008 academic year, less than 1% of those estimated to need services. There may also be over a million students currently enrolled in basic schools across Ghana who have unidentified learning difficulties (Anthony & Kwadade, 2006).

Special educational services offered through GES take three main forms: segregated ‘special schools,’ segregated ‘units’ contained onsite with mainstream schools and inclusive education. Government SEN services are largely concentrated on basic years education (Anthony & Kwadade, 2006), in the South (MoESS, 2008) and urban areas (Avoke, 2001b).

**Table 2: Government Provision for students with ID**

<table>
<thead>
<tr>
<th></th>
<th>MH Special Schools</th>
<th>MH Units</th>
<th>IE (all ‘non-severe’ disabilities)</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>2004</td>
<td>7</td>
<td>3</td>
<td>35</td>
<td>MoESS, 2005</td>
</tr>
<tr>
<td>2006</td>
<td>9</td>
<td>5</td>
<td>Not Reported</td>
<td>Anthony &amp; Kwadade</td>
</tr>
<tr>
<td>2008</td>
<td>12</td>
<td>23</td>
<td>129</td>
<td>MoESS, 2008</td>
</tr>
</tbody>
</table>

In addition to government provision the following private services cater specifically to students with autism:

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4 The quality of these services vary but a discussion of these programmes is beyond the scope of this paper. This list is intended only to document known services and is not an endorsement. Additional information about each centre can be obtained from their respective websites: AACT: http://www.aact.org.gh; AwaaWaa2: http://awaawaa2.net/index.html; New Horizons: http://www.newhorizon-school-gh.com/autism.html; Hand in Hand: http://www.operationhandinhand.nl/engels.htm
<table>
<thead>
<tr>
<th>Programme/Service</th>
<th># of students with autism</th>
<th>Source/Date of Information</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Autism Awareness Care and Training Centre (AACT)</td>
<td>Approximately 80 students over 10 years. 30 students currently attend the centre</td>
<td>Email correspondence with Director; 7 April 2009</td>
<td>Founded in 1998 by a mother of a son with autism. Located in Kokomlemle, Accra. Originally intended as a resource centre for families, AACT has expanded into an educational site which offers life-skill and academic education as well as speech, art and music therapy. AACT has also partnered with a local pre-school to offer play based IE for some of its youngest students.</td>
</tr>
<tr>
<td>Autism Class at New Horizons Special School</td>
<td>Approximately 20 students in 'autism' class</td>
<td>Students were observed during an visit to the centre; October 2007</td>
<td>Located in Cantonments, Accra this special school for ID offers both basic education and a 'sheltered workshop' for vocational training of older students. They opened an autism class in 2002 and facilitate the Parents Association of children with intellectual disabilities (PACID GHANA).</td>
</tr>
<tr>
<td>AwaaWaa2</td>
<td>15 children with autism currently receive services; on average 2 additional children are seen each month for assessment/consultation services</td>
<td>Email correspondence; 7 April 2009</td>
<td>Founded in 2006 by a speech and language pathologist (SLP). Located on the outskirts of Accra. AwaaWaa2 offers group and individual social communication &amp; speech services for all children. They also run an 'autism group' one morning a week.</td>
</tr>
<tr>
<td>Dr. Badoe, Paediatrician at Korlebu Hospital in Accra</td>
<td>Has diagnosed approximately 70 children with autism</td>
<td>Email correspondence with Director of AACT; 7 April 2009</td>
<td>According to Dr. Badoe, no other doctor is known to diagnosis autism in Accra and possibly Ghana.</td>
</tr>
<tr>
<td>Operation Hand in Hand</td>
<td>serves around 80 children with intellectual disabilities</td>
<td>Programme website; Accessed April 2009</td>
<td>A residential community for mostly abandoned children with intellectual disabilities located near Nkoranza in the Brong-Ahafo Region. They run a vocational workshop for older students while younger children attend the neighboring government run Shalom Special School during the day.</td>
</tr>
</tbody>
</table>

Though extensive research and enquiry revealed no other programs, this list is not exhaustive and represents only those private services which are known to the author⁵.

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⁵ The author lived, worked and traveled to and from Ghana from February 2005-April 2008. During PhD research the Heads of AACT and AwaaWaa2 served as ‘critical friends’ to the research process and also granted interviews. Teachers from New Horizons Autism Centre and Hand in Hand were also interviewed. It is highly likely that additional programmes which are not well known to the author exist. NGO’s are actively involved, particularly in the Northern regions of Ghana. Children with autism are also likely to be found in psychiatric hospitals; many who would likely qualify for a diagnosis on the autism spectrum were observed in the Jamestown psychiatric hospital in Accra. In addition, ‘autism’ was reported by the services listed- no formal diagnosis checks of autism were conducted.
Special Education Policy Review

The international trend towards IE has informed Ghanaian special education policy of late. Currently, SpEd is piloting IE in a number of districts with a proclaimed emphasis on identifying disabilities, increasing enrolment of students with SEN and providing adequate support and teacher training (TT). The stated goal of the MoESS is 100% enrolment of students with ‘non-severe’ SEN into mainstream schools by 2015 (Government of Ghana, 2003, MoESS, 2008). Ghana has ratified all international treaties on the rights of persons with disabilities and has made domestic constitutional provisions for their education (GES, 2005). The following key documents have given direction to educational provisions for PwD in Ghana:

1. **The 1992 Constitution**: provides for the protection of persons with disabilities (PwD) from discrimination and abusive treatment (Article 29), mandates the legislature to enact appropriate laws (Article 37) and requires access to FCUBE (Article 38).

2. **Government of Ghana’s Education Strategic Plan (ESP) 2003-2015**: the ESP echoes the Ghanaian Government’s dedication to EFA and dictates that all schools within Ghana be inclusive environments for children with ‘non-severe’ disabilities by the year 2015. (Republic of Ghana, 2003a, 2003b)

3. **National Disability Policy, June 2000**: the disability legislation which secures the specific rights of PwD. This policy was largely in response to the UN Standard Rules on the Equalization of Opportunities for PwD (UN, 1993). It legislates PwD rights as regards to education, transportation, community acceptance, housing and employment (MoESW, 2000).


5. **Special Educational Needs Policy Framework (2005)**: Based on key policy objectives indicated in the ESP, this framework address the challenges of marginalisation, segregation and inequality that have previously constituted barriers to the education of students with disabilities. (GES SpEd, 2005)

The above policies share common commitments and goals including: the provision of additional SEN services and resources, improving the quality of available services, expanding IE, training additional teachers, improving infrastructure and combating discriminatory attitudes. The extent to which these objectives have been implemented varies.

**Meeting Policy Objectives:**

Despite commitments to IE, segregated services for students with disabilities are on the rise (see table 2). An increase in enrolment of 51% was reported across special schools between 2001-2007 (Ministry of Education, 2007) with a corresponding increase for students with ‘MH’ (7.2% in units; 5% in vocational institutions) for 2003-2005 (Ministry of Education Sports & Science (MoESS), 2005). However, all figures should be interpreted with caution as reports from the government are inconsistent as to provision available, sometimes even within the same document.\(^6\)

The number of inclusive schools accommodating children with ‘non-severe’ disabilities has also risen dramatically from 35 in 2004 to 129 in 2008. However, there appears to be an implicit assumption that children with ID cannot, by definition, accommodate themselves in mainstream schools.

\(^6\) The 2008 report indicates the numbers reported above (12 schools, 23 units) in its text but a chart on the next page reports different figures: 7 schools and 27 units for the ‘mentally disabled’. The 2005 MoESS report indicates there were 7 special schools for the mentally disabled in 2003-4 whereas the 2008 report reports 8 schools were in operation during the same time period. These are just a couple examples, many more exist.
fit into this category. Government reports indicate that IE is largely tailored to students with VI or HI (GES, 2005, Ministry of Education Sports & Science (MoESS), 2005, MoESS, 2008) and that access to IE for “the severely intellectually disabled is non-existent” (GES, 2005, pp. 14). Furthermore, in discussing inclusive education reports indicate “the only enrolment of MH students reported appears to be in special classes at the vocational/technical level” (MoESS, 2008, pp. 56, emphasis added). Also, in discussing strategies to meet IE policy outputs, GES (2005) pledges to “construct 10 three-classroom units for children with ID by 2008” (pp. 14, emphasis added). Here enrolment in segregated classes offered within a mainstream school is considered ‘inclusive’ despite being inconsistent with definitions outlined by international agendas on which Ghana’s policies are based.

The government has taken strides towards training additional SEN teachers. Previously an (unpopular) optional adjunct to TT programmes, a mandatory ‘SEN Studies’ course was recently added to the three-year Basic Education Diploma requirements (MoESS, 2008). In collaboration with the EQUALL Project, GES has also implemented an IE in-service TT programme, which to date has reached 2,567 teachers across 5 districts (Ministry of Education Sports & Science (MoESS), 2008).

As of June 2008 the curriculum for children with ID had been revised but not yet distributed to schools7 (Ministry of Education Sports & Science (MoESS), 2008). However, little progress is apparent for advocacy or information gathering (prevalence and SEN) policy objectives.

**Autism and Unique Educational Needs:**

Autism is a pervasive disorder of development characterised by deficits in social and communicative interactions alongside a restricted repertoire of interests and activities—known as the ‘triad of impairments’(Wing & Gould, 1979). While all children with autism will, by definition, demonstrate this triad, the severity of each impairment and the interaction between these impairments will present in a highly individualistic manner and is likely to vary over time within a given individual. While not specific or universal to the disorder, 50-75% of individuals with autism exhibit lower than average intellectual abilities (APA, 2000, Pellicano, 2007). With no known aetiology or cure to date, the relationship between autism and developmental indicators (such as poverty) continues to be a knowledge gap. Autism typically affects the most fundamental aspects of quality of life, such as the ability to understand what others feel and think, the ability to communicate your basic needs or socialise with those around you and the necessary understanding to process and make sense of emotions (Iovannone et al., 2003, Jordan, 1997, 2005).

“The education of children with autism presents unique challenges” (Iovannone et al., 2003).

This widespread view contributed to a propensity for individualised learning programmes and specialised teaching methodologies for students with autism in many Western cultures. While acknowledging that traditional special education categorisations (such as ‘autism’) may not be valid or useful when planning pedagogic strategies (Lewis & Norwich, 2005), it is imperative to recognise the degree to which educating students with autism does, or does not, present distinctive

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7 Recent attempts to ascertain whether distribution has occurred have been unsuccessful.
challenges, especially in IE classrooms. Copious amounts of research on educational interventions for students with autism has, as of yet, failed to identify a single strategy which is superior to its alternatives, or one equally effective for all children across the autism spectrum (Dawson & Osterling, 1997, Iovannone et al., 2003, Jordan & Jones, 1999).

Jordan (1997, 2005) contends that what is specialist about teaching students with autism may not be limited to pedagogic skills but is likely to include a teacher’s knowledge about the disability and the distinctive processes by which students with ASD learn. A teacher must understand the shared features of autism to properly respond to, and provide for, the individual needs of that student.

Research does support common components of successful programmes for students with autism. In their own research and an examination of four comprehensive reviews, Iovannone et al. (2003) identify definitive areas of agreement as to effective practice for the education of children with autism. These include the need for supportive and structured learning environments, early intervention, family involvement and specialised curricula with a deliberate focus on communication and social interaction skills. A core component of autism, restricted and repetitive patterns of interest, lends itself to a dependence on strict routine and order, the absence of which can lead to poor learning outcomes and challenging behaviours. Often a coping mechanism, this dependence on routine allows children with autism to order and make sense of their world, typically viewed through chaotic over-stimulation and sensory processing difficulties. Classrooms in Ghana were observed to be crowded, loud and unpredictable. Transitions between activities generally occurred without warning, after inconsistent durations and at varying times of the day. The general curriculum in Ghana does not include direct teaching of ‘core skills’ (such as imitation or receptive language) which are usually inherently lacking in individuals with autism and deemed prerequisites to the acquisition of other knowledge (Dawson & Osterling, 1997). The inclusion of curriculum content which specifically addresses culturally relevant social and communicative behaviours could mitigate attitudinal barriers to IE such as the perception that the inability to demonstrate these skills is a result of stubborn wilful disobedience.

Recognised as one of the hardest barriers to overcome attitudinal exclusion often contributes to inequitable access to education and resources (Miles, 2000, Pinnock & Lewis, 2008). The MoESS best highlights the attitudinal barriers students with disabilities face when it recognises:

> The education of children with disabilities is undervalued by families, there is a lack of awareness about the potential of children with disabilities, children with disabilities in mainstream schools receive less attention from teachers and there is an over-emphasis on academic achievement and examination as opposed to all round development of children. Furthermore there is often unacceptance of intellectually disabled children on...programmes (MoESS, 2008, pgs 60-61).

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Discrimination by fellow students and lowered expectations from teachers can compound a student’s difficulties and simultaneously reinforce negative perceptions. Students who are stigmatised and silently excluded can not realistically be said to benefit from IE. Large class sizes, unavailability of trained teachers and the inflexibility of the mainstream curriculum are just a few of the challenges which must be addressed before the meaningful inclusion of students with autism in Ghana is conceivable.

Challenges to Educational Access & EFA for Students with Autism
A lack of sufficient resources is widely accepted as a serious barrier to the successful implementation of special and inclusive education (Avoke, 2001b, Ministry of Education Sports & Science (MoESS), 2008, Pinnock & Lewis, 2008, Urwick & Elliot, 2008).

Economic Resources
In 2008, funding for government SEN services comprised just 0.3% of the total education budget (MoESS, 2008). This represents a steady decrease in budget, which viewed alongside increases in services, has an even greater impact per student. Put simply, “with the budget of the Ministry already being stretched, priority is not given to special education” (MoESS, 2008, pp. 57-8). A conversation with a senior professional within GES clearly illustrates the challenges:

> “You see the things that are very expensive tend to get ignored, we push them to the side. Special Education is very expensive…People believe that because they need so much money to make any real difference that only a little will not make any impact so it is only wasted... The other thing is that the ‘sharing of the national cake’ is based on numbers. If you count up all the students the abled make up the great majority so that is where the greatest proportion of the money goes. And it is not only us but I also blame the NGO’s and development agencies, they too give where they can say they make the greatest impact.”

Without adequate placement options, the majority of students with autism in Ghana do not access schools and are therefore not tallied into budgetary calculations for the provision of future services. Divvying resources based only on identified students, while simultaneously acknowledging the lack of available prevalence information, is counterproductive to EFA objectives.

Institutional Challenges
There are multiple agencies in charge of various aspects of SpEd provision. Unfortunately, this dispersion of responsibility often results in confusion, a lack of collaboration, bureaucratic stalling and responsibility shifting. There are four main agencies involved in services for (PwD) in Ghana:

1. **The Ghana Education Service (GES)** is the education implementing agency of which the Special Education Division is a part.
2. **Ministry of Education, Science, and Sports (MOESS)** has the responsibility of creating and revising policy regarding education.
3. **Department of Social Welfare (DSW)** is responsible for Persons with Disabilities (PwD) once they have reached adulthood, run rehabilitation centres (1 per region), is responsible for
the registration of students with disabilities into schools, acts as a referral point for parents and is responsible for policy on disability issues.

4. **Assessment Centres**: there are four centres throughout Ghana which mostly concentrate on assessing HI and are under-resourced (GES, 2005)

The referral system for students already in school can be confusing and inefficient. Officially, teachers who have a concern about a student should report this to their Head, who should refer the student to the district ‘special education officer.’ In reality however, teachers are often unaware of what would constitute the need for a referral and are frequently resistant to the extra work and responsibility a referral requires. Some families and students also resist referrals given the stigma associated with disability and the subsequent lack of available services. Assessment of students is further hindered by a lack of specialists, shortage of equipment and an absence of screening procedures (GES, 2005).

These challenges also result in differential identification and labelling of students with SEN for different purposes. Policies often use the categories ‘mild,’ ‘moderate’ and ‘severe’ without explicitly defining them. The stated goal of integrating all students with ‘non-severe disabilities’ is one such example. However GES delineates services for students using their HI, VI, and MH labels. Designing policy based on one set of terminology and provision based on another equally subjective set clearly creates numerous challenges in the provision of meaningful special needs education. Moreover, new TT initiatives such as those described above are often disability specific and use labels such as autism (Anthony & Kwadade, 2006) which are then not recognised within the educational system.

**Attitudinal Challenges**

Throughout time, cultures have consistently sought to explain the unknown, often by turning to religion, cultural beliefs and oral histories for answers. ‘Explanatory models’ can be thought of as the framework by which individuals understand disability (Groce, 1999b) and are likely to be culturally bound (Daley, 2002, Groce, 1999b). Groce (1999a, , 1999b) suggests that cultural belief systems and explanatory models for a particular disability tend to dictate how an individual is likely to fare in their community and the services (such as education) which are provided for them. In Ghana, there is a strong influence of religious and spiritual beliefs in conceptualisations of disability (Mawutor & Hayford, 2000, Nukunya, 2003, Salm & Falola, 2002). Interviews with stakeholders across Ghana illuminated deep-seated beliefs rooted in history, culture and tradition, which likely act as serious barriers to the education of children with autism.

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9 Recently staff at SpEd have begun using the term ‘intellectually disabled’ or ‘intellectually handicapped’ in place of ‘mental handicap’ but, to my knowledge, this change in terminology has not been officially recognised and its use remains sporadic and inconsistent.

10 Research participants comprised three stakeholder groups: 1) family members (loosely define to reflect Ghanaian notions of ‘family’), 2) professionals (largely defined to include everyone from teachers to ministers), and 3) community members (individuals who had no prior knowledge or experience with autism specifically).

11 The beliefs outlined are intended to provide a mere sampling of views which were selected for inclusion as they were both common across all stakeholder groups and independently expressed by a majority of participants. Generalisations are potentially contentious as the various ways in which participants understood and dealt with disability was complex, typically malleable to situation and context.
Alongside biomedical explanatory models, interviews also revealed spiritual causal explanations including retribution from a higher power, curses and magical forces such as witchcraft or jujú. These explanatory models were often used inconsistently, were malleable and shaped by individual circumstances (Ingstad, 1995, Ingstad & Whyte, 1995, Masood et al., 2007). Spiritual explanations did appear to be invoked more often when disabilities did not have physically obvious signs (such as with sensory or physical impairments) but instead result in unusual and unexplainable symptoms (such as epilepsy or autism). Similarly, when disabilities are visually obvious the causal explanation is more likely to remain concrete (accident, illness) whereas mystical explanations may be used when disabilities are less overt, as is the case for autism.

When a spiritual causal explanation is invoked, the result can be particularly negative stigmatising perceptions of individuals with autism and potential complacency with regards to their education, especially as compared to other disabilities.

…if they are Deaf or Blind, that is the sensory disabilities, then they look normal. People would not know and they have come to be perceived as people who can and should work in society. But with the mentally retarded, especially the severe, they are seen as the ones not to waste the resources on….. CP, autism, MR, they are taken as the most severe, and the most associated with curses and other spiritual causes. -Teacher

In particular, the stereotypic repetitive motions which characterise autism were salient and alienating for students with autism:

It was the behaviour that I found very abnormal. They are always jumping and spinning and can’t stay in one place. -Teacher

Because their behaviours are quite different from the behaviours of other children…they’ll be making noise, jumping, going up and down. –Senior Professional, National level

Prosper12 likes spinning and jumping and when he is doing that (the other students) are just standing there looking at him. Some will say Prosper stop! And others will just be looking. They will come and tell you “Auntie, Auntie, look at him”… and “Auntie I am telling Prosper to stop and he is not stopping! -Teacher of inclusion classroom.

One of the most widespread attitudinal barriers to EFA were the spiritual associations which served to blame and other the students and their families.

If there is anything abnormal in our society, we attribute it to witchcraft. -Parent

Maybe your parents did something bad and they were cursed by somebody and you are being suffered for that. –Community Member

They are thought to be not whole, not normal, sick. They are thought to be cursed by the gods, bewitched if you will. Also it is thought that they

12 Pseudonym, all names throughout the document have been changed to protect the anonymity of participants
[families] are being punished. When they are born there is no reception for them... There are a lot of misconceptions. It is felt by many that they are not needed [But] the old ways are drying out. They are not longer as shy to come out. People no longer always believe they are cursed. They are beginning to learn it is the result of a medical condition. –Senior Professional, National Level

There was also a widespread view amongst respondents external to the family that children with autism were ‘useless’ and not capable of learning. Attempts at education were therefore seen as a waste of limited resources, both for (but not by) the family and the education system.

We have a saying in Ashanti, literally it means “I have cared for you for all your teeth to grow so now you care for me for all my teeth to drop out.” So if you have a child who is not going to be successful or they are not going to be able to do that then that is a massive loss. –Professional

Another commonly expressed view was that children with disabilities were burdensome to, and/or unwanted by, the family:

Having a child with a disability can bar you from taking part in the community, from taking part in business...A child who drools and looks funny hanging around your stall while you are trying to sell fruit? No one would buy! And you can’t leave and go to the farm because you have to watch them... –Teacher

This same sentiment however was never shared by any family member I spoke with who were instead concerned with systemic consequences of the disability:

What people will say. That is more of a killer than the disease itself, what people will say. And it could affect the whole family, maybe nobody might marry into the family... –Parent

Other potential barriers to IE and EFA include the belief that autism (and other disabilities) are contagious

There are even examples of parents withdrawing their children from school when a student with a disability enrols, they do not want their child to catch it
– Teacher

that parents, particularly mothers, are largely to blame for the presence of a autism

[people believe] you must have done something in your past, or the family did something  –Mother

The parents are the first to be blamed –Senior Professional, GES

and that the student with autism is stubborn, lazy or wilfully disobedient

… until I talked with this special education [officer] I didn’t know that such behaviours were part of disabilities. So we generally will tend to think those children is very stubborn.  -Teacher

UNESCO reports that in Africa, disability is still often considered indicative of “evil, witchcraft or bad omens” (Lawrence, 2004). While this was partially supported by
the current research it represents only a superficial scratch at deeply rooted and complex beliefs which cannot be understood or judged in isolation from their cultural context. Attitudes towards, and treatment of, children with disabilities are not always a matter of choice but often the result of a lack of options (Avoke, 2001a, Coleridge, 1993, Stone, 1999, Woods, 1993). In addition, views shared by professionals or community members in the current study were at times markedly different from those shared by the families of a child with autism.

**Conclusion**

It is clear that children with disabilities are overwhelmingly underrepresented in the Ghanaian education system and that the SEN of those who are enrolled are not being met. IE is touted as the preferred strategy to meet EFA goals but insufficient access, conflicting terminology, selective implementation (for ‘non-severe’) and a lack of funding make its successful actualisation unlikely without comprehensive reforms.

A lack of priority funding is particularly worrying given research which indicates that if funds are not explicitly allocated in support of inclusion policies then the implementation of that inclusion is unlikely to occur (UNESCO, 2003). Spending extremely scare resources on the building and operation of additional segregated services seems counterproductive to the stated goal of 100% IE by the year 2015. Regardless of whether services are segregated or inclusive it is clear that additional financial resources must be committed to ensure the success of policy objectives.

The successful education of students with autism requires an in depth understanding of the disability and its unique characteristics. Without this requisite knowledge teachers in a typical Ghanaian classroom will struggle to achieve meaningful inclusion for students with autism. The current tendency towards didactic and oral teaching in Ghana is not conducive to the learning needs of most students with autism who require concrete, repetitive and visual teaching (Grinker, 2008). It is possible however to imagine excellent inclusive teaching strategies, which allow for variation in duration and intensity, that are capable of meeting the needs of all students in a classroom. As Jordan (2008) says best “understanding and getting it right for children with ASD can be a way of getting it right for everyone” (pp 14).

It is clear that Education For All can only be achieved with the deliberate consideration of children with autism and ID. It is also clear that attitudinal barriers play a role in the limited access to education afforded to these children. Current policies and programmes in Ghana do little to address deeply ingrained cultural beliefs which can, and in many instances do, act a primary barrier to Ghana’s educational aims of EFA and inclusive education.

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13 While discriminatory attitudes are a barrier to EFA and IE for students with autism in Ghana it is important to again note that those reported here are a very small subsection of insights gleaned during the current research due to space constraints and requested information. I feel this paints an incomplete picture of the true and malleable beliefs which impact upon the inclusion of children with autism into education and into their communities.
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