

PERSONAL REFLECTIONS OF RESILIENCE AND SURVIVAL OF GHANAIAN WOMEN WITH DISABILITIES: A SOCIAL WORKER AND UNEMPLOYED STUDY SUBJECTS

Augustina Naami, Ph.D., University of Northern Iowa

This narrative reflects the author's stories of resilience and survival as a Ghanaian woman with a physical disability, advocating for women with disabilities, and working for nongovernmental organizations in Ghana that provide services for persons with disabilities. In addition to profiling how she successfully advocated for herself, this narrative includes lessons learned from comparative personal stories of resilience and survival from disabled Ghanaian women, obtained from them during data collection for her dissertation. All names have been changed.

Introduction

Approximately 10% of the Ghanaian population consists of persons with disabilities. The term "disability" in Ghana refers to people with physical, intellectual, or sensory impairment and mental illness. The causes of disability are many and varied. Some occur through road accidents, amputation, blindness, deafness, birth defects, and diseases such as leprosy, measles, and polio. Negative perceptions about disabilities as well as the capabilities of such persons, combined with barriers (e.g., architectural, attitudinal, structural, information, and transportation, inadequate education and medical systems, few welfare benefits, etc.) prevents those with disabilities from participating fully in mainstream society, and propels them into poverty.

According to the National Disability Policy Document, many Ghanaians with disabilities are rejected by their families due to the stigmas attached. Many survive on the streets by engaging in petty trading and begging. In Ghana, the condition of poverty for women with disabilities is enhanced due to the biases that result from the intersection of gender and disability. The majority of women with disabilities are excluded from education and employment opportunities, aggravating their conditions of poverty.

Many of the women with whom I interacted were single parents and

unemployed. To provide for their children and themselves, most of them engaged in menial jobs, earning an average of one U.S. dollar a day. Despite the multiple challenges they encountered, these women demonstrated positive attitudes toward life and hope for a better future. Their perseverance to succeed amidst the barriers that exist in Ghana reminds me of my own challenging experiences growing up in Ghana as a female with a disability.

My Journey as a Woman with a Disability in Ghana

I am the second youngest of ten siblings and the only one with a disability. I acquired polio at the age of two, which paralyzed my legs. As a result, I walk with the aid of braces and crutches. Although polio was a life-altering experience, through personal perseverance and the support of others throughout my journey, I achieved my educational and professional goals. However, I encountered many challenges growing up with a disability. Most of these challenges related to accessibility and societal attitudes.

The Ghanaian environment (rural and urban) has several access barriers to one's mobility. For example, in my high school there were several uneven steps leading up to most classrooms, dormitories, and dining halls. There were no ramps or elevators, so I maneuvered the steps with the use of my crutches. The

bathroom and toilets in the dormitory were also inaccessible. Bathing once a day, I awoke up before everyone else so that I wouldn't slip and fall on my crutches when the floor was wet. The bathroom was a big building without a roof; it had sinks but no showers or bathtubs. The toilets were holes in the ground, with no toilet seats. They were mostly untidy because the students squatted on them. I could not squat on the toilets, but sitting on them was unhygienic. Therefore, I learned to use the forest as a place of convenience, going once a day in the evening.

At the University of Ghana in Legon (a suburb of the capital city Accra), where I received my bachelor's degree, the access barriers were no better. I nearly gave up during the first semester of my first year. It was more difficult for me at the University than at my high school. A lot of effort was required to move from one classroom to another, due to the distance between the classrooms (lecture theatres/buildings) on the sprawling campus. With no campus bus, I traversed the campus on crutches, navigating open sewers, gutters, dirt paths, and the few broken and uneven sidewalks.

Furthermore, the streets on campus were a challenge for me, given the speed with which taxis drivers and other vehicles traveled. The streets were not well-lighted at night, and darkness descended promptly at 6 p.m. I sometimes attended night classes, often traveling solo without a flashlight on those dangerous roads. Yet I had no other option, because my parents could not afford to pay for any on-campus transportation such as a taxi or a powered wheelchair, which was virtually nonexistent in Ghana when I was growing up.

The architectural aspect of the classrooms was not disability-friendly either. I had to maneuver several concrete or marble steps before getting into the classrooms, while some of my classes were held in multiple story buildings with neither elevators nor ramps. Sometimes, when I was very tired at the end of the day, I skipped the last few classes held in these buildings. Besides, the classes were very large—some with as many as 200 students—but with a limited number of seats.

Students had to get to class early enough to secure seats or they would have to stand throughout the one-hour class. Fortunately, other students often reserved a seat for me so I would not have to struggle for one.

The library had more steps than the classrooms, and hence presented more challenges for me in terms of regular usage. I went there only to borrow books, and made copies of books I could not check out. Until recently, I was not used to studying in the library due to my experience with that particular library. Thus, while working on my master's and doctoral degrees in the U.S., I always studied in my apartment.

Being forced to overcome accessibility issues taught me the need for patience and perseverance to help me move ahead in life. I learned of "Bethany Projects," a nongovernmental organization (NGO) formed in 1986 by Rev. Fr. John Thebault from the Society of African Mission (SMA) to promote the dignity and rights of persons with disabilities. They gave me a tricycle to help with movement, which significantly reduced the time it took for me to get to classes and appointments (<http://hopeforlifeghana.org/aboutus/whoware.php>). My family's support and motivation during these struggles were invaluable. They did not have much money, but they gave me what they had: love, moral support, and motivation—which are essential life elements that everyone needs, regardless of their disability status.

My parents were in the lower-income bracket and had difficulties caring for me and my nine siblings. My father was a policeman and my mother a petty trader, selling food on the roadside and sometimes in elementary schools. My father retired from active employment and relocated to our home village when I was in elementary school. From then on, my parents have been subsistence farmers.

Three of my siblings and I lived in East Gonja District, capital Salaga, in the Northern Region of Ghana, about 45 kilometers (28 miles) away from our parents. We visited them every vacation. When I was in high school, I engaged in petty trading wherever I went to the village. I mostly sold candies, biscuits, and soft drinks. I made and sold items woven from

wool such as hats, belts, and bracelets. For Christmas, Easter, and other important occasions, I also braided hair. That extra money supplemented what my parents gave me for school.

Traveling was always a challenge because, at that time, there were neither existing roads nor motorized transportation to the village from the district capital. My father carried me on a bicycle for the 45-kilometer journey. Bad weather presented challenges to riding a bicycle, as some of the streams overflowed and covered the bicycle path. These incidents challenged me to work harder in order to achieve my goal of reaching the top of the academic ladder. I was also motivated to pursue a meaningful job to help my family.

My parents and siblings gave me much support, love, encouragement, and motivation. Despite the negative perceptions and maltreatment persons with disabilities experienced while I was growing up, my parents treated me with the same dignity and respect as my siblings. Because I was treated as an equal by my parents and siblings, I grew up with the idea that I was able—academically and socially—to pursue whatever interests suited me.

The attitudinal challenges I encountered from others included negative perceptions, prejudices, and stigma against those who are disabled. The situation was made worse because I am a woman with a disability. In Ghana, certain cultural practices discriminate against women in general, and exacerbate the situation for women with disabilities. In most cases, women with disabilities are even denied the second-class citizen's status as women, because they are seen as asexual and incapable of performing the traditional roles assigned to women in society, such as being nurturing mothers, wives, and sexual partners.

For example, I experienced employment discrimination, as employers still doubt the capabilities of persons with disabilities, especially women. After receiving my master's degree in 2004 from the University of Chicago, I returned to Ghana. I applied for nine jobs, and was short-listed and interviewed for all but one. An organization whose focus was on

disability issues interviewed and eventually employed me. Although the other organizations granted me interviews, none of them contacted me afterward. In each interview, the panel specifically asked me how I would handle the job, given that the much travel would be required. Keep in mind that prior to coming to the U.S., I had worked in Ghana for several years as an advocate for persons with disabilities. I refused to let these incidents change my attitude toward life, which is that everyone has the potential to contribute to the socioeconomic development of their nation, and must strive to achieve that goal in the midst of whatever obstacles exist.

Working with Persons with Disabilities: Macro-Level Practice

My undergraduate degree is in economics, because I thought I would not be able to work outside of an office. However, my passion for working with and advocating for the human rights of persons with disabilities grew while I was in college. There were only a few persons with disabilities in the college, so I wondered where the majority were. It dawned on me that they might be at home doing nothing, or on the streets begging because they were not given the opportunity to maximize their potential like myself and the other students. This compelled me to begin my activism while in college.

As the secretary of the Campus Association of Disabled Students, I advocated for services for students with disabilities at the University of Ghana and created awareness about disability issues. After college, I worked for four years as the Assistant Program Coordinator for the Ghana-based, nonprofit organization that I mentioned earlier—Bethany Project: Hope for Life Ghana (<http://hopeforlifeghana.org/projects/bethanyhouse.php>). This organization provided start-up capital and income-generating sustainable programs, acquisition and repair of mobility aids, formal and vocational education, and two-week yearly respite services for persons with disabilities. Their motto is: *Disability is not an inability!* In this capacity I served approximately 100 persons yearly, taking them from the streets, getting

them formal education and vocational training, and supporting them to establish their own businesses. I also advocated for their human rights and socioeconomic and political development. Their resilience and perseverance were encouraging, given the myriad barriers existing in Ghana that make it difficult for people with disabilities to participate in mainstream society. They seek to be self-sufficient and able to care for themselves and their families. I was happy that I could impact the lives of our clients at Bethany Project, helping them to stand up for their rights and responsibilities.

After four years of working in that environment, I decided to combine the practical skills I had obtained with appropriate knowledge and theory. Thus, in 2002 I pursued a master's degree in social work at the University of Chicago with a scholarship from the Ford Foundation International Fellowships Program (<http://www-news.uchicago.edu/releases/04/040608.convocation.shtml>). The program aims to equip people from developing countries with leadership skills to improve their communities. To be eligible, a candidate must possess community development and leadership experience, and must be committed to returning home, for at least two years, to continue working for social change.

Due to my development and advocacy work for persons with disabilities, I was one of seven students awarded the fellowship (from nearly 1,100 applicants) to attend graduate school at a University in the West. In 2004, I returned to Ghana after successful completion of my master's degree and secured a job with Action on Disability and Development (ADD).

Experience Working with Women with Disabilities: Macro-level Practice

ADD is a British-based, nonprofit organization whose objective is to build strong leaders of persons with disabilities, as well as influence policy and practice in order to end the social exclusion and poverty among persons with disabilities in Africa and Asia. I worked as the Gender Programs Officer for ADD-Ghana from November 2004 to October 2007, serving approximately 500 clients yearly.

During that period, I worked with leaders from organizations such as Ghana Society of the Blind, Ghana National Association of the Deaf, Ghana Society of the Physically Disabled, and the Ghana Federation of the Disabled, to mainstream the issues and needs of women with disabilities in their programs, and to increase their representation among the leadership of the organizations. The greater part of my work focused on working with women with disabilities--empowering them to advocate for their human rights and their socioeconomic and political development. I also advocated for the inclusion of their needs in the programs and activities of both governmental and nongovernmental organizations. I assisted them with developing funding proposals, and raised funds for their small-scale, income-generating activities. Access to funding was very important for the women, the majority of whom were unemployed single parents with no regular source of income.

The women judiciously used the little money they received—grants/microfinance—to establish small businesses, and raised additional funds to feed and clothe their children, pay their school fees, and provide for their homes. For example, Ayi, a blind single mother of four, started a small trading enterprise with six Ghana Cedis (nearly 5 U.S. dollars). She purchased sugar, divided it into smaller bags, and sold them for 0.5 Ghana Peswas each (nearly 5 cents). With the accumulated profits, she expanded her business to sell matches, candies, and other goods. Ayi was delighted that she could provide food for her children with the proceeds from her small entrepreneurial venture.

Other women started businesses through their own funding initiatives, such as a credit venture where each woman contributed a small amount of money at every group meeting. The collection of money (also about \$5) was given to one member at the end of each meeting. The process continued until every member received their turn. The women were able to start small businesses with the amount they received from the credit venture, and were also able to provide for their families. Those two funding strategies not only helped the

women generate their own incomes, they provided opportunities for social participation and stronger support networks.

These women gained visibility within the organizations of persons with disabilities. Their representation in the activities/programs of the organizations improved. As of December 2006, my annual report indicated that they held 19% of the leadership positions—such as president. These previously invisible, powerless women also became active participants in other mainstream organizations in Ghana, including Orphans and Widows Ministries, Single Mothers Association, and Knights and Ladies of Marshall of the Catholic Church. Working with these women, who were so determined to take care of themselves and their families, was an amazing experience.

Although I am a woman with a disability, who grew up poor and engaged in petty trading, I still learned much from those women. My “insider” position made them more receptive to me and my ideas, as well as allowed me to devise better strategies to help them. I felt fulfilled that I was able to help women with disabilities take greater control over their lives.

While I worked with ADD, I had the opportunity to serve in the local government of my area as a government-appointed representative with expertise to help develop the area. As the only person with a disability among 70 assembly members (only five of whom were women), my ideas about mainstreaming issues of persons with disabilities and women were often restrained by the men. Oftentimes, when I tried to contribute to discussions, there was loud shouting from the assembly members who did not like my ideas. Thankfully, one of my brothers, who had always supported my efforts, was part of the same assembly also offered support. Two of the male members and the few women offered support. With their help, I was able to get several issues about persons with disabilities and women mainstreamed in the development of the district.

For example, I developed a resource booklet for the district assembly about making buildings accessible. My interaction with the district planner revealed that the district lacked

the designs to retrofit the buildings. The newer buildings in the district should have been made accessible, but I realized that they had not been properly designed. The few ramps that existed were either very steep or too narrow, so I developed the booklet to guide the planners and other parties involved in designing and building new structures in the district.

As I mulled over my work at ADD, I realized that the lack of adequate opportunities to engage in academic research was impeding attempts to examine issues emerging from practice. Additionally, I thought that engaging in doctoral studies would open avenues to further participate in academic debates and discussions on issues about which I was passionate. Doctoral-level preparation became critical and integral in enhancing my analytical capacity to understand and interpret issues about public policy, social development, and interventions across the life span for persons with disabilities in Ghana and the world as a whole. As a result, I sought a degree program and was admitted in 2007 to the doctoral program at the University of Utah (<http://www.alumni.utah.edu/u-news/may09/spring-awards1.html>; <http://www.alumni.utah.edu/u-news/april09/?display=achievement-scholars.html>).

Experience as an MSW and Ph.D.

Student in the United States

Studying in the U.S. was both rewarding and challenging. The first time I came to the U.S. I was excited to see the wonderful place everyone talked about. My family and friends were both happy and sad, and so was I. During my first trip to the States in 2002, my mentor and friend Dr. Brenda McGadney-Douglass (whom I had met a year earlier in Ghana) drove nearly four-and-a-half hours from her home in Pinckney, Michigan, to pick me up from O'Hare International Airport in Chicago because I didn't know anyone. Not knowing the lay of the land, I had no idea that she did not live just around the corner!

Brenda had already informed the administration of the School of Social Service Administration (SSA) of the University of Chicago (where she earned her doctorate) about my arrival on Friday evening. The

Director of Admissions had picked up the keys to my apartment and waited at the school to give them to me.

After more than 16 hours of flying and transit, I was eager to get to my apartment, which was just a block away from the school. However, Brenda was dismayed when at first sight we could tell that the apartment building was not disability-friendly. There were two heavy doors to the building that I had to pull open with crutches under my arms, and six huge marble steps up to the first floor (no elevator) where my small apartment was located. A few weeks later, I was given an electronic device with which I could open the doors. I wondered why I had been assigned an apartment in an "inaccessible" building because, when I applied for housing, I indicated unequivocally that I needed accessible housing closer to SSA. The dean of students of SSA and the Office of Disability Services worked together with the Office of Student Housing to modify my apartment and make it more accessible, since there were no more accessible single-room apartments closer to campus. I could not share a room; I wanted privacy and a peaceful environment for studying.

Although I was most grateful that the Office of Student Housing made my apartment more accessible, the six steps could not be taken away. I thought I would be able to manage them given the access barriers I had encountered in Ghana, but it was not easy; especially carrying my groceries up those steps. The School of Social Service Administration worked in collaboration with my insurance to get me a beautiful scooter to ease my mobility. This gave me a lot of freedom to get back and forth to classes and the grocery store in Hyde Park.

The laundry room and the garbage bins were located in the basement of the building. The entrance to the basement was at the other end of the building, about 30 meters away from my apartment. My problem was walking that distance to the basement while carrying garbage and clothes. When I was busy and too tired, I left garbage in my apartment for two-to-three days at a time because of how difficult it was to carry a load of garbage to

the basement. The janitor sometimes disposed of my garbage when he saw me carrying it. My second year, I was given the option to move into an accessible building, but I had become accustomed to my apartment and chose to remain there.

In 2002, Brenda introduced me to her friends while she was with me in Chicago. I instantaneously bonded with one of them, Dr. Carrie Wicks, a retired University of Chicago nurse practitioner, whom I affectionately call Mom. Carrie had been to Africa several times before we met. Carrie, like Brenda, knew the challenges a person from Africa was likely to face in the U.S. and was prepared to help me. Not only did she assist me with finding my way around (e.g., finding African grocery stores and a place to worship) and with understanding the culture of my new environment, she also mobilized donations for me from friends, family, and members of her sorority, Chi Eta Phi.

Carrie has become my lifelong friend and has visited my home village in Ghana almost on a yearly basis since 2004, bringing medical and school supplies to the people (<http://www.thechicagocitizen.com/community-focus/good-citizenship/carrie-wicks-rn-phd/>). The people of Lonto have dubbed her *Queen Mother of Development* due to her commitment to the development of the village (http://articles.chicagotribune.com/2011-05-02/news/ct-met-trice-mission-0502-20110501_1_medical-supplies-clinic-babies).

Life in the U.S. was like "everybody for him/herself, God for us all." It was so lonely. I come from a country where we believe in the extended family system and community bound in love. In Ghana, it is possible to know and have meaningful interactions with one's neighbors. It is not unusual to find neighbors and family members knocking on one's door to check on them without prior notice. While I was a student in the U.S., I hardly knew my neighbors. I felt lonely, especially since I have a big family of nine siblings (one deceased) and over 100 nieces, nephews, uncles, aunties, and cousins. We are very close and see each other often through family reunions and other events. I adopted and educated two of my nieces, who lived with me and helped with

household tasks. Apart from them, several other nieces and nephews visited me during vacations and other occasions. It was difficult to stay in touch with my family, especially my aging parents, due to the cost involved with phone communication as the majority did not have access to the Internet.

There is no doubt that graduate school education is more rigorous than undergraduate education. When I first received the syllabi for the master's program, I was overwhelmed about the workload and the number of assignments that I had to type, (I was not very good at typing). Most of my academic assignments at the University in Ghana were handwritten on long paper; there were few computers. While I was wondering about how to adjust to my academic and social situation, I met two Americans at SSA from different states who also felt overwhelmed. I could not believe it because I thought I was experiencing challenges because I came from a different country, but I was wrong. (Those two ladies became my friends and we walked through the challenges together, encouraging and helping each other.)

Language was a problem, given the differences not only in the accent, but also in the differences between British and American English. I found my professors crossing out certain words from my assignments simply because they were British. I also realized that my professors and classmates had difficulties understanding me when I spoke, just as I had difficulty understanding them. When I made contributions in class, people asked: "What did you say?" or, "Can you people speak up?" At first, I was frustrated that I always had to repeat things I said in class when no one else was asked to do so. But, I could not give up participating in class, because participation was a requirement.

My two-year experience in Chicago made it easier to adjust to social and academic life in Salt Lake City, where I pursued my doctoral degree. I understood the accent better, and I had learned to slow down when I spoke so people could understand me. I had a better idea of handling academic work, which was still overwhelming. I had the opportunity to learn to ride trains and buses for the first time.

In Chicago, I mostly used my scooter and/or the para-transit to get around. It was much easier using the para-transit services in Chicago than in Salt Lake City. It took me over two months to obtain eligibility for the service in Salt Lake City; by then I had already learned to ride trains and buses. Also, one must wait for the para-transit where it could be seen when it comes for pick-up and return trips, while in Chicago the drivers buzzed at the door, except at shops, hospitals, and other public places where customers could wait where they would be visible.

The housing issue was different at the University of Utah. My faculty mentor, Dr. Hank Liese, who is also the Director of Doctoral Studies, stayed in touch with me while I was in Ghana. He negotiated my travel and followed through to see that my accommodations were met. Upon arrival in Salt Lake City, I stayed with him and his family for a week while he worked with me to obtain accessible housing. I could bring my scooter (which my mentor helped me obtain) in and out of my apartment with ease. Even though the laundry was on the 14th floor and I lived on 1st floor, I was able to carry my laundry on my scooter and use the elevator. The garbage bin was in a room next to mine, which was convenient. My mentor also helped me find my way around campus and Salt Lake City, especially where to find food and other important necessities.

I am happy that I completed both degrees on schedule. Faculty members and staff of both universities willingly and selflessly supported me throughout my education in the U.S., and I am thankful for that. My master's degree in Social Service Administration, with an emphasis on community organizing, planning, and development, deepened my mastery in both theory and practice in my field of study. The program sharpened my analytical and critical thinking, and the ability to make social change happen. My master's education placed me in a better position to effect change in the lives of women with disabilities. The doctoral program equipped me with more tools to contribute to scholarship by teaching the next generation of social workers, and engaging in research that could influence policy and

practice interventions for persons with disabilities.

Employment Situation of Women with Disabilities in Ghana

Upon successful completion of two years of coursework and a qualifying examination to ascend to doctoral candidacy, my next task was to complete a dissertation in order to obtain a Ph.D. degree. Thinking about the women with disabilities in Ghana, I wondered about what to investigate. As I reviewed the literature, I realized that unemployment rates in general were high, but were even higher among persons with disabilities, with disabled women being at greater risk. Disability and gender operate to perpetuate the vulnerabilities of women with disabilities in developed and developing countries. Poverty, negative cultural beliefs and practices, and perceptions about the capabilities of persons with disabilities could further complicate the employment situation of women with disabilities in Ghana. In developed countries, there are "safety net" programs to support persons with disabilities. But in emerging and developing countries like Ghana, these supports are nonexistent, exacerbating the condition of these vulnerable women.

The literature elucidates the various forms of oppressions women with disabilities encounter in society and their unpleasant consequences, which in turn perpetuate their employment situation. The literature is explicit about the consistency of employment and income disparity between men and women with disabilities, with women experiencing lower rates of employment. Although studies portray the inequality, oppression, and exclusion that women with disabilities encounter, little research is available on the impact of unemployment on women with disabilities. Thus, I sought to understand the daily experiences of unemployed women with physical disabilities in Tamale, Ghana.

Personal Experiences of Unemployed Women with Physical Disabilities

Similar to my personal experience and that of the women for whom I worked in Ghana, the women I interviewed with physical

disabilities experienced numerous challenges in their daily lives. In addition to architectural, transportation, information, and attitudinal barriers, they were poor and could not provide for their basic necessities. Welfare benefits such as Social Security for persons with disabilities in the U.S. are nonexistent in Ghana, compounding the dire situation for these women. Their experiences dealing with the above-mentioned challenges have given them the opportunity to develop resilience. Resilience refers to individuals functioning beyond what is expected of them, despite adversity/vulnerabilities, because of personal strength and skills developed in adversity. To code the narratives of these women, I used 15 factors that researcher Grotberg (1995) identified and divided into three categories of resilience to overcome adversity: "*I have*," "*I am*," and "*I can*." Some of these elements are mentioned in my discussion about the resilience of the women I interviewed.

The participants for my qualitative dissertation study consisted of two focus groups comprised of stakeholders from governmental and civil society organizations (N=6, 8 persons respectively), and individual interviews with unemployed women with physical disabilities (N=10). For the purpose of this paper, I concentrated on narratives from interviews with the women with physical disabilities, who were between 20 and 45 years old.

Study participants had different types of disabilities, including polio (50%); stroke (10%); and a lame hand (20%) or leg (20%). They reported an average income of one dollar a day and two children (60%). Also, 80% of the participants were Muslim, while 20% were Christians. Additional demographic findings indicate that nearly 50% were married; 20% of husbands had disabilities; 20% were old men, retired from active employment with second wives, mostly able-bodied. The married women noted that they did not receive enough financial support from their husbands, but stated that they received love, attention, and help in times of need; factors from the "*I have*" category of elements necessary to overcome adversity, which, according to Grotberg, reinforce resilience. An example of

these factors was given by Muna, one of the study participants:

"He's fine, but because we are all disabled we don't have jobs. As for love, my husband loves me, but the money is not there. That's our entire problem...The money isn't there. Your husband goes to work, but doesn't get any money. Do you fight him? No, you try to manage whatever he gives you so that people don't hear you fighting. So, if I tell you the money I get is enough for me, then I am not telling you the truth."

Zara, who was single, identified similar elements of resilience identified by the married women with disabilities, although her experience related to her familial relationship. She stated:

"We [referring to her family and her] have a good relationship. They are helping me because they know they are the only people I have and hence the need to help me. But they don't provide me with all my needs. Not all of them, because they don't have money."

On the other hand, some of the research participants narrated negative familial experiences in spite of the Ghanaian culture, which entreats families to support members incapable of providing for their needs, irrespective of their disability status. One study participant, Ninash, claimed her family did not pay attention to her needs even when she personally requested help. She reported how she sought help from outside her family saying:

"I live in my father's house with my siblings. My relationship with them is not good at all. If I need food and I ask them, they won't give me. I have to go outside and ask for food...When my dad was living, it was much better, but now that he is dead, my siblings don't care

about me...Eh, no one helps me when I am in need. No one in the house helps me unless they are outsiders. They don't even give me emotional support...I don't even ask because, if I do, they will not pay attention to me. And I am afraid they will insult or become angry with me when I ask."

Despite the importance of love and support in promoting resilience, the majority of women, like Ninash, do not receive these elements. However, they demonstrated the attitude of: "I can find ways to solve problems that I face," which according to Grotberg, is an important element of resilience (1997, p. 37). For example, due to the fact that study participants have no means of earning regular income, many struggle to provide for themselves by engaging in menial jobs for survival. Gina exemplified this fact when she discussed how she made ends meet by occasionally sewing people's tattered clothes:

"Sometimes three to four months I don't get any job, I just get up, go and sit there [referring to under a tree] and come back home without doing anything. But sometimes when I go there people give me their tattered clothes and they will give me something 'small, small' [referring to few Ghana Cedis or small change]. But I can't stay in the house doing nothing. So I will get up and go there in the morning and come back in the evening."

Others, particularly those residing in family houses (where all family members from multiple generations reside) at times stayed home all day to provide free labor, such as cooking for family members in return for food and other basic necessities, as with Muna:

"Sometimes I don't go anywhere because I don't have pocket money. I have to stay in the house so when they cook in the house I can have

something to eat. Because when I go out I don't have the money and, by the time I come back, there will be no food. But if I am in the house, I will help my in-laws to cook and I can have some food to eat."

Others, like Maliya, begged on the streets for their survival, even when they were faced with sexual harassment and scorn:

"Because of my disability, if I don't beg no one will take care of me...Sometimes, I can get about 5 GH Cedis. Other times I get about 2 GH Cedis. Once I go out, I get money. But there are times I don't get money, especially on Sundays...However, sometimes the guys disturb me. Some of them tell me they want to marry me and when I say I am married they get angry with me, insult and make fun of me...They say things like, 'Look at how she is and she doesn't want to marry.' Sometimes they make a lot of fun at me and that makes me angry such that the only thing I do is to cry. They will laugh the more and make more fun when I cry."

Additionally, the majority of study participants reported living in family houses. The married ones, especially those married to disabled husbands, also reported living in their spouses' family houses. Through this arrangement, participants did not pay for rent, water, and electricity bills. Other participants, like Gina, lived in rented houses with their husbands. However, they chose to live in houses without the basic amenities of running water and electricity because they claimed they could not afford to pay for them. Gina stated:

"We live in a house my husband rented...Even where we are staying, we do not have electricity or pipe-borne water because we cannot afford to pay for them."

The various means of survival discussed previously did not yield much income for the women. Study participants earned an average of one dollar a day, which is demonstrated to be below the poverty line. Thus, they are unable to take care of their basic necessities, including food, soap, and clothing. In line with the *"I can find ways to solve problems that I face"* element of resilience, the majority of the women have become *"managers,"* managing the little money they get from menial jobs as well as what they receive from family and friends, as demonstrated in Fati's comment:

"I have to try to manage. Sometimes, if I buy food, I can't buy meat because I have to keep some of the little money in case there is a problem in the house. For example, if my son is sick or needs something urgently...Though the money isn't enough, one has to manage...Despite the fact that I have been in this situation for a long time, I still feel sad about it most of the time...It really bothers me."

Because they must be managers of the little money they receive, they cannot participate in simple social and recreational activities, such as eating out at chop shops, going to soccer games, movies, and concerts, and visiting family or traveling to funerals or naming ceremonies for newborns, as well as doing things women would normally do, such as maintaining good hairstyles and buying nice clothes.

Participants also demonstrated *"I am willing to be responsible for what I do,"* another element of resilience identified by Grotberg (1997, p. 37). Despite the love they have for and the help they receive from their children to complete household tasks, some study participants reported giving their children to both relatives and non-relatives who could provide for them. The women asserted that it was a difficult decision, but it was better for their children to live with other people who could provide for them. As Joy pointed out:

"One [lives] with my mother, one with my husband's brother, and the other one is with my sister...The main reason why I gave them all out is because I can't take care of them. I don't have the money to do so. If they are with someone, they may get food to eat. So I will then struggle [refer to struggling for survival] for myself."

In the midst of all the challenges previously discussed, the women with physical disabilities I interviewed demonstrated the attitude of "I am sure things will be all right," another important element of resilience Grotberg identified (1997, p. 37). They remarked that life could be tough for everyone, whether disabled or able-bodied. However, they believed that they sometimes handled difficult situations better than their able-bodied counterparts because they often faced difficult life situations. The only thing they consistently reported praying for was a better future and long life. As Muna remarked:

"I feel okay, what else can I do, I have to manage. In this world, there are times you won't get what you want. Other times, you get what you want. I thank God I am healthy, and if I get a long life, I know things will get better."

Even though I have a disability and have had similar experiences as my Ghanaian "sisters," I had an "out-of-body" experience listening to them and, was personally thrilled by their resilience. Often their stories were so emotional that I occasionally fought back tears. They willingly and eagerly shared their stories with little emotion.

When asked what they wanted the government to do for them, it will surprise you to know that, though poor, they did not request monetary support. Rather, they wanted the government to provide them with sitting space (e.g., kiosks, malls, and stores). They claimed they cannot afford to buy/rent these facilities and their inability to obtain them affected their small businesses, a reason why some of them

were unemployed. They stated that customers can easily locate them if they have stores. They could also sell finished products, as well as accessories. The women deemed these facilities more important for their businesses than monetary support. They noted that monetary support without these essential business elements would not be beneficial, because they would be more likely to spend the money on food and other necessities. Yaa stated:

"If we could also get seed money and a sitting place, we can buy materials, sew, and sell them. We can also sell sewing accessories so we can get some money to live on. If the government gives us money alone, it will run out [referring to spending the money on food and other necessities], because you can't do business without having a place to sit. For example, if I am given 20 GH Cedis for business, that money can't do anything, because I don't have a place to sit, I don't have something to sell, but if I get the sitting place, and say, materials to start business, it will help."

Conclusion

In conclusion, the women I interviewed have developed resiliency as a result of the challenges they encounter in Ghanaian society, parallel to my own experience. I persevered and achieved my goal of a higher education and an academic job, and am currently employed as an assistant professor in an American university. Similarly, these women continue to persevere, hoping for a better future, that would include sustainable employment through a hand-up, not a handout.

From my own experience as a person with a disability and from working with persons with disabilities, I know that persons with disabilities want to work like everyone else. They do not want to depend on others for their survival. However, many barriers continue to exist in Ghanaian society, preventing the majority of them from accessing both formal and self-

employment. In the absence of welfare benefits, the majority are compelled to depend on their families and other people for basic necessities. Poverty and negative perceptions about disabilities affect the quantity and quality of support people with disabilities receive from these sources. Subsequently, some unemployed women with disabilities survive by engaging in menial jobs or begging, and the income they receive falls well below the poverty line.

My experience indicates that economic empowerment is a crucial element in helping people break out of the cycle of poverty. Other important factors to economically empower women with disabilities living in developing countries include the opportunity to: (1) have a formal education; (2) learn vocational skills from experienced trainers who also live within the community; (3) have income-generating projects financed through a micro-credit programs; and (4) be taught basic business management and saving skills to ensure sustainability of success. Assertiveness and confidence-building skills are also important to help them advocate for their basic human rights, and have access to resources that could better their overall livelihood for themselves and their families. Equally important is to create awareness in families, communities, work places, and public policies about the capabilities of women with disabilities and the contributions they can make toward development that will benefit everyone. Therefore, it is my goal that I and other professional helpers can make a difference by effectively advocating for persons with disabilities, especially women, regardless of whether the professional helper has a disability or not.

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Augustina Naami, Ph.D., is an Assistant Professor at the University of Northern Iowa, Department of Social Work, Cedar Falls and was formerly an Adjunct Professor, College of Social Work at the University of Utah. Comments regarding this article can be sent to: augustina.naami@uni.edu or tinanaami@yahoo.com

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