

LIVELIHOOD DEVELOPMENT FOR WOMEN WITH VISION IMPAIRMENTS IN THE
INFORMAL SECTOR IN GHANA



ELIZABETH LADJER BIBI AGBETTOR

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Supervisor: Professor Theresa Lorenzo

Co-Supervisor: Professor Lynn Cockburn

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DECLARATION

I, **Elizabeth Ladjer Bibi Agbettor**, do hereby declare that this thesis titled, Livelihood development for women with vision impairments in the informal sector in Ghana, is my own work and it has not been submitted to any other University for a degree or examination. Also, I do hereby declare that all the sources of information I have used or quoted have been acknowledged and indicated in the reference list. I have used the 7th edition of the American Psychology Association referencing style.

Signed:

Name: Elizabeth Ladjer Bibi Agbettor

Date: 28 September 2021

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“Oh, taste and see that the LORD *is* good; Blessed *is* the man *who* trusts in Him” (Psalm 34:3, NKJV)

This academic journey has been undertaken to prove to the people in my locality (Koluedor, in the Ada West) that women can equally be educated to the highest level. To God be the glory for how far he has brought me.

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DEDICATION

I dedicate this thesis to my daughter, Tiky Fedilatu Dramani (Achimoma Senior High School, Accra), my husband, Justice Tetteh Zotorvie (Ho Technical University, Ghana), and my mother, Victoria Afloe (Koluedor, Ada).

ABSTRACT

Livelihood development and participation of women in the informal sector have been recognised as a key factor for social and economic liberation. When women, especially women with vision impairments, participate in livelihood, they reap the benefits of a stable income source, a better standard of living, good physical and emotional health, self-identity, self-assertiveness, and positive social status. However, there is a limited body of scientific knowledge on women with vision impairments' livelihood development and participation experience in the informal sector in the Ghanaian context. To address this knowledge gap, a qualitative case study was conducted to explore how livelihood development opportunities offered by the Ghana Blind Union (GBU) and its partners achieve self-employment and economic empowerment of women with VI in Ghana. The broad research question was: 1) How do livelihood development strategies by GBU and partners provide opportunities for self-employment and economic empowerment of women with vision impairments in Ghana? The four sub research questions were: 1) What are the existing livelihood skills development strategies of women with vision impairments in Ghana? 2) How are the livelihood skills provided for women with vision impairments? 3) What opportunities for self-employment have women with vision impairments accessed (or not) 4) Why are livelihood skills development strategies of women with vision impairments enabling or hindering their self-employment and economic empowerment? The study was guided by theoretical perspectives from the Social Disability Model, Sen's Capability Approach (CA), and the Community-Based Rehabilitation (CBR) guidelines. The Social Disability Model was used to look at the livelihood development and participation of the women from social and cultural perspectives. The CA was used to examine livelihood development in the context of capabilities and the influence of social, political, and physical environments on the women's livelihood activities. The CBR guidelines were used to explore livelihood service provision and multi-sectoral involvement in the context of the study. The data was collected from fourteen women with vision impairments and six service providers using individual interviews, focus group discussions, document review and field notes. The data was analysed thematically and three themes emerged: *Our cloudy path*: Engaging in livelihood, *We are deprived because we are blind*, and Transitioning from zero to hero. It was established that skills that will enable women with vision impairments' livelihood are available but the women gamble with skills acquisition because of the nature of the service design and implementation. It was also evident that non-implementation of policies and social protection programmes deprive women with vision impairments of livelihoods. Further, negative societal attitudes and misconceptions about blindness compound the burdens of women with vision impairments in livelihood. However, when women with vision impairments engage in livelihood activities and earn regular income, their social status is enhanced and they serve as peer educators and mentors to other women with vision impairments. It was concluded that the livelihood path of women with vision impairments is cloudy. The livelihood path of the women presented complicated and unique challenges, but with resilience, the women were able to overcome the challenges and serve as social assets to their families, the GBU, and the entire social collective. This study provides critical new knowledge on the experience of women with vision impairments in terms of livelihood participation in the informal sector within the Ghanaian context. The new knowledge adds to the current limited evidence in the literature on livelihood participation of women with vision impairment in the informal sector. The study also provided an inclusive livelihood development framework to guide livelihood development practice in Ghana.

TABLE OF CONTENTS

DECLARATION	i
ACKNOWLEDGEMENTS	ii
DEDICATION	iii
ABSTRACT.....	iv
TABLE OF CONTENTS.....	v
LIST OF TABLES.....	xi
LIST OF FIGURES.....	xii
ABBREVIATIONS	xiii
OPERATIONAL DEFINITIONS OF KEY TERMS	xv
CHAPTER 1: INTRODUCTION TO THE STUDY.....	1
1.1 Background	1
1.2 History of the Ghana Blind Union	2
1.3 Ghana Blind Union and livelihood development services	3
1.4 International legislations that promote the right to employment of persons with disabilities	4
1.5 National legislations that promote the right to employment of persons with disabilities	7
1.6 The study area.....	9
1.7 My positionality	11
1.8 Problem statement	13
1.9 The rationale of the study.....	14
1.10 Research questions	14
1.11 Aim of the study.....	15
1.12 Objectives of the study	15
1.13 Outline of thesis chapters	15
CHAPTER 2: LITERATURE REVIEW	19
2.1 Introduction	19
2.2 Definitions of disability	20
2.3 Livelihood development of persons with disabilities in the informal sector in Ghana	23
2.4 Livelihood participation of women including women with disabilities	26
2.5 Strategies for livelihood development of persons with vision impairments in Ghana	28
2.6 Microcredit experiences in livelihood development of women with disabilities in Ghana	31
2.7 Cultural beliefs and attitudes towards persons with disabilities.....	33

2.8 Conclusion.....	35
CHAPTER 3: PHILOSOPHICAL AND THEORITICAL FRAMEWORK	37
3.1 Introduction	37
3.2 Section one: Philosophical paradigm	37
3.3 Section two: Theoretical frameworks.....	39
3.3.1 The Models of Disability.....	39
3.3.1.1 The Medical Model of Disability	40
3.3.1.2 The Social Model of Disability	41
3.3.2 The Capability Approach	43
3.3.3 The Community-Based Rehabilitation Guidelines	45
3.4 Conclusion.....	49
CHAPTER 4: METHODOLOGY	50
4.1 Introduction	50
4.2 Research approach.....	50
4.3 The Case Study Research Design	52
4.4 The Case	53
4.5 Research Setting	54
4.6 The Study Population	55
4.7 Sampling strategy.....	55
4.7.1 Inclusion criteria for women with vision impairments	56
4.7.2 Exclusion criteria for women with visual impairments.....	56
4.7.3 Inclusion criteria for staff of GBU, GOV A and RBank	56
4.7.4 Exclusion criteria for staff of GBU, GOV A and RBank	57
4.8 Sample size.....	57
4.9 Data gathering.....	58
4.9.1 In-depth interviews.....	58
4.9.2 Focus Group Discussions.....	59
4.9.3 Document review	60
4.9.4 Field notes and reflective journaling	61
4.10 Recruitment and enrolment	62
4.10.1 Women with vision impairments and staff of GBU	63
4.10.2 Staff of GOV A	64
4.10.3 Staff of RBank.....	64

4.11 Piloting	65
4.11.1 Language	65
4.12 Data Management	66
4.12.1 Data analysis	66
4.12.1.1 Familiarisation with the data	68
4.12.1.2 Generating initial codes	69
4.12.1.3 Searching for themes	71
4.12.1.4 Reviewing the theme	71
4.12.1.5 Defining and naming themes to write findings chapters.....	72
4.12.1.6 Writing up the findings	72
4.13 Scientific rigor and trustworthiness.....	73
4.13.1 Credibility	73
4.13.2 Transferability	75
4.13.3 Dependability	75
4.13.4 Confirmability.....	75
4.14 Reflection on data analysis	76
4.15 Ethical considerations	76
4.15.1 Autonomy and informed consent.....	77
4.15.2 Beneficence and non-maleficence	77
4.15.3 Justice.....	78
4.16 Summary	78
CHAPTER 5: FINDINGS: THEME 1 – <i>OUR CLOUDY PATH</i> : ENGAGING IN LIVELIHOOD	80
5.1 Introduction	80
5.2 Demographic data of participants	80
5.3 Analysis of findings: Theme 1 – <i>Our cloudy path</i> : Engaging in livelihood.....	84
5.3.1 What counts us in?.....	85
5.3.1.1 Our world of possibilities	86
5.3.1.2 Deeper knowledge and skills	94
5.3.2 Engaging activities.....	105
5.3.3 Skills acquisition is a gamble	111
5.3.4 Summary	114
5.4 Discussion of Theme 1: Skills acquisition is a gamble	115
5.4.1 Introduction	115

5.4.2 Section one: Skills development opportunities	116
5.4.2.1 Business-related skills	117
5.4.2.2 Blindness-related skills.....	122
5.4.3 Section two: Livelihood activities.....	124
5.4.4 Summary	126
CHAPTER 6: FINDINGS: THEME 2 – <i>WE ARE DEPRIVED BECAUSE WE ARE BLIND</i>	127
6.1 Introduction	127
6.2 What enables us to do it?	128
6.2.1 We all need it: we are not there yet.....	128
6.2.2 The family dilemma: an angel, a demon, or both?	130
6.2.3 Our vehicle of hope.....	133
6.2.4 What we value matters.....	135
6.3 What limits us?	137
6.3.1 Limited help	137
6.3.2 These things disturb us	140
6.3.3 They are far from us.....	142
6.3.4 Our burdens are compounded.....	145
6.4 Discussion of Theme 2: <i>We Are Not There Yet</i>	147
6.4.1 Introduction	147
6.4.2 Personal	149
6.4.3 Institutional factors.....	151
6.4.3.1 Family.....	151
6.4.3.2 Ghana Blind Union (GBU).....	155
6.4.3.3 Churches	157
6.4.4 Social factors	158
6.4.4.1 Policies and social interventions: They are far from us	159
6.4.4.2 Negative attitudes: These things disturb us	160
6.4.4.3 Inaccessible physical and market environment: Our burdens are compounded	161
6.4.4.4 Financial constraints: Limited help	162
6.4.5 Summary	163
CHAPTER 7: FINDINGS: THEME 3 – <i>TRANSITIONING FROM ZERO TO HERO</i>	164
7.1 Introduction	164
7.2 Transitioning from zero to hero.....	164

7.2.1 A constructed conversation: The struggle between life and death.....	165
7.2.1.1 The struggle for survival.....	166
7.2.1.2 Life in misery	169
7.2.1.3 Suicide to end it all.....	170
7.2.2 The new life in the dark	171
7.2.2.1 Responsible life	171
7.2.2.2 Engaging Life	173
7.2.2.3 Positive social status	175
7.2.3 Summary	177
7.3 Discussion of Theme 3: Disability loses prominence in the social array of life issues	178
7.3.1 Introduction	178
7.3.2 The struggle stage: The struggle between life and death.....	180
7.3.3 The transitional stage: Acceptance of new identity	182
7.3.4 The transformed stage: New life in the dark	183
7.3.5 Summary	184
CHAPTER 8: SYNTHESIS OF FINDINGS – TOTAL INCLUSION FOR CHANGE IN LIVELIHOOD DEVELOPMENT OF WOMEN WITH VISION IMPAIRMENTS	186
8.1 Introduction	186
8.2 Section one: Picture story on livelihood development service provision for women with VI.....	187
8.2.1 Proposition 1	189
8.2.2 Proposition 2	194
8.2.3 Proposition 3	199
8.2.4 Proposition 4	204
8.3 Section two: Inclusive livelihood development framework	209
8.3.1 Improved service provision.....	209
8.3.2 Embracing social factors and personal factors	211
8.3.3 Becoming economically empowered.....	211
8.4 Conclusion.....	212
CHAPTER 9: IMPLICATIONS – ON THE ROAD FOR CHANGE: INCLUSIVE LIVELIHOOD DEVELOPMENT	213
9.1 Introduction	213
9.2 Implications for practice	213
9.2.1 Implications for service providers.....	213
9.2.2 Implications for GBU	214

9.2.3 Implications for women with VI.....	215
9.3 Implications for policy.....	216
9.4 Recommendations for future research.....	216
9.5 Limitations of the study	217
9.6 Conclusion.....	217
Poem	219
REFERENCES.....	221
APPENDICES	238
Appendix 1: Ethical clearance from the University of Cape Town.....	238
Appendix 2: Approval letter from Ghana Blind Union.....	240
Appendix 3: Information sheet for women with vision impairments	242
Appendix 4: Information sheet for service providers	246
Appendix 5: Information sheet in braille for service providers who are vision impaired	250
Appendix 6: Consent form for individual interviews and focus group discussions	254
Appendix 7: Individual interview guide for women with vision impairments.....	256
Appendix 8: Individual interview guide for service providers	259
Appendix 9: Interview guide for focus group discussion – women with vision impairments	264
Appendix 10: Interview guide for focus group discussion – service providers.....	265
Appendix 11: Documents reviewed.....	266

LIST OF TABLES

Table 4.1 Data gathering and breakdown of participants and documents	61
Table 4.2 Phases of thematic analysis (Braun & Clarke, 2006)	67
Table 5.1 Demographic details of women with vision impairments	81
Table 5.2 Demographic details of service providers.....	83
Table 5.3 Our cloudy path: Engaging in livelihood.....	84
Table 5.4 Functioning and capability of women with VI in Ghana	116
Table 6.1 Factors influencing the livelihood opportunities of women with VI.....	127
Table 8.1 Themes and their related propositions that respond to the research questions.....	207

LIST OF FIGURES

Figure 1.1 Map of Greater Accra region showing its 16 districts.....	10
Figure 3.1 WHO’s CBR matrix (2010)	47
Figure 4.1 NVivo Output Word Cloud	69
Figure 4.2 Sample codes generated using NVivo for Ameh.....	70
Figure 5.1 Sample pictures of livelihood activities of women with visual impairments	106
Figure 5.2 Skills and their relevance to women with VI’s livelihood	113
Figure 6.1 The enabling and limiting factors of women with VI’s livelihood.....	148
Figure 7.1 Transitioning from zero to hero.....	165
Figure 7.2 A family pot on the fire cooking a meal	167
Figure 7.3 Livelihood journey of women with vision impairments	179
Figure 8.1 When the strategy is problematic, the solution becomes problematic	187
Figure 8.2 Inclusive Livelihood Development framework	208

ABBREVIATIONS

CA	Capability Approach
CBR	Community-Based Rehabilitation
CV	Curriculum Vitae
DACF	District Assembly Common Fund
DPO	Disabled People's Organisation
FGD	Focus Group Discussion
GAB	Ghana Association of the Blind
GBU	Ghana Blind Union
GENDERNET	Gender Equality Network
GND	Ghana National Development
GOV A	Government Agency
GSB	Ghana Society for the Blind
GSS	Ghana Statistical Service
ICD	International Classification of Diseases
ICT	Information and Communication Technology
ILO	International Labour Organization
IRB	Institutional-Based Rehabilitation
LEAP	Livelihood Empowerment Against Poverty
NGO	Non-Governmental Organisation
OECD	Organisation for Economic Co-operation and Development
O&M	Orientation and Mobility
RBank	Rural Bank
SDGs	Sustainable Development Goals
SM	Social Model of Disability
UN	United Nations
UNCRPD	United Nations Convention on the Rights of Persons with Disabilities
UNDP	United Nations Development Programme

UNESCO	United Nations Educational, Scientific and Cultural Organization
VI	Vision Impairment
WHO	World Health Organization

OPERATIONAL DEFINITIONS OF KEY TERMS

❖ **Livelihoods**

Livelihood is a human being's inherently developed abilities and strategies implemented for survival (De Haan, 2016). The World Health Organization Community-Based Rehabilitation (CBR) Guidelines state that livelihood development has five key elements: skills development, self-employment, wage employment, access to financial services, and social protection (World Health Organization, 2010).

❖ **Self-employment**

Although these five elements are intertwined, the current study focused on the self-employment of women with visual impairments alongside skills development, access to financial services, and social protection. People are said to be self-employed "when they earn no wage or salary but they derive their income from exercising their profession or business on their own account" and for their own risk (Alilović & Blecich, 2017; Parker, 2009, p. 11).

❖ **Vision impairment**

Vision impaired, partially sighted, and low vision are used interchangeably to indicate some level of residual vision. There are four levels of visual function: normal vision, moderate vision impairment, severe vision impairment, and blindness (World Health Organization, 2016). Moderate vision impairment and severe visual impairment are termed low vision. Low vision refers to visual acuity in the range of less than 6/18 and greater than or equal to 3/60. Blindness refers to visual acuity that falls in the range of less than 3/60 to no light perception (World Health Organization, 2016). Low vision and blindness represent all vision impairments and this definition holds for this study.

❖ **Economic empowerment**

Economic empowerment is the capacity to participate in, contribute to and benefit from growth processes in ways that recognise your value and contributions, respect and dignity, and the possibility of negotiating a fairer distribution of the benefits of growth (Kabeer, 2012). Economic empowerment is achieved when individuals have livelihoods that provide

regular income, which enhances the build-up of financial, material, and social assets that improve their status and participation in society. The study will analyse livelihoods within the context of self-employment through skills developed, access to financial services, and social protection, and how these have enabled the build-up of financial, material and social assets as well as participation and contribution in family and social lives.

CHAPTER 1: INTRODUCTION TO THE STUDY

1.1 Background

The livelihood development and participation of women with vision impairment (VI) in the informal sector in Ghana has been identified as a resourceful means of enhancing social and economic liberation of women with VI. This is because women with VI are one of the most marginalised groups of persons with disabilities in terms of work and employment (Dogbe, Mawutor, Yao & Lawrence, 2007). Work is the means by which an individual can escape poverty and secure the necessities of life (World Health Organization [WHO], 2010a). Globally, women dominate the informal sector of the economy and their participation in economic activities is in the rudimentary stage, with the situation of women with disabilities being worse. “Women perform 66% of the world’s work, and produce 50% of the food, yet earn only 10% of the income and own one percent of the property. Whether the issue is improving education in the developing world, or fighting global climate change, or addressing nearly any other challenge we face, empowering women is a critical part of the equation” (Bill Clinton, 2009 cited in Sohail, 2014, p. 164). Although the population of women worldwide is almost equal to that of men (World Bank, 2017), their economic potential is not fully harnessed. Unequal opportunities in the areas of education, skills development, access to family resources, and capital to grow businesses continue to down-play women’s roles and contributions in the informal sector where the majority find themselves (Palmer, 2005; Chen, 2012).

Due to the intersection of gender and disability, women with disabilities worldwide experience multiple disadvantages rendering them to be more likely to be unemployed compared to their non-disabled counterparts (Dogbe et al., 2007; Naami, 2015). While existing data is limited, a commonly cited estimate is that the global literacy rate is as low as three percent for all adults with disabilities and one per cent for women with disabilities (United Nations, 2015). The global estimate however is very low compare to the Ghana estimate which puts the literacy rate of men with disability at 66.4% and that women with disabilities at 47.5%. (Ghana Statistical Service,2012)

In Ghana, as in most parts of Africa, socio-cultural dynamics have constrained women with disabilities in areas of rights, responsibilities, and opportunities (Naami, 2015). Although all persons with disabilities face barriers to employment, men with disabilities have been found to be almost twice as likely to be employed as women with disabilities (Naami, et, al., 2012). Women with disabilities in Ghana have limited access to training and skills development, and experience lower rates of employment. Although women with disabilities have rights to employment like any other person, these rights are not fully achieved. A number of livelihood interventions in Ghana targeted at self-employment have been implemented over the years by the government, Non-Governmental Organisations (NGOs), and Disabled People's Organisations (DPOs) at all levels to increase access to employment for vulnerable groups. Some specific models of these initiatives and interventions are targeted at women, youth, and persons with disabilities (Okudzeto, 2011). The Ghana Blind Union (GBU), one of the DPOs in Ghana, will be used as the site for the case study to explore livelihood development among women with VI.

1.2 History of the Ghana Blind Union

The Ghana Blind Union (GBU) is the merger of two bodies, namely, the Ghana Society for the Blind (GSB) and the Ghana Association of the Blind (GAB). The GSB was formed in 1951 while the GAB was established in 1963. The GSB was an off-shoot of the Royal Commonwealth Society for the Blind (RCSB). The RCSB (now called Sightsavers) is an international non-governmental and non-profit organisation that works with partners in developing countries to manage and to prevent avoidable VI, and to promote equality for persons with disabilities, particularly those with VI. Sightsavers is based in the United Kingdom (UK) with branches in other countries, including Ghana. The main emphasis of Sightsavers is to provide services geared at allowing persons with VI to lead lives of dignity, productivity, and independence (GBU, 2015b).

In 1963, participants of a sheltered workshop set up by the GSB decided that it was time that blind persons took their destiny into their own hands. The participants of the workshop organised themselves into an association and GAB was born. The purpose of GAB was to advocate for the rights and recognition of persons with VI in Ghana (GBU, 2015a).

In April of 2010, GSB and GAB decided to merge into one unified and strong body that would ensure, through the provision of services and effective advocacy, the total inclusion of persons

with VI into every facet of society. This led to the creation of the GBU. GBU has steadily increased in membership and now has a total membership of over 15,000 persons with VI spread throughout the 16 regions of Ghana. GBU has 178 branches and is still growing. Operating under the laws of Ghana, GBU has been duly registered with the Registrar General's Department and by the Department of Social Welfare. The GBU is affiliated to national and international bodies on blindness, including the World Blind Union that advocates and upholds the rights of persons with disabilities globally. It is also a member of the Africa Union of the Blind, an umbrella organisation that advocates for the rights of persons with VI in the continent (GBU, 2015b)

1.3 Ghana Blind Union and livelihood development services

GBU's current livelihood interventions are carried out in collaboration with the government of Ghana through the government agency responsible for the training of small- and medium-scale entrepreneurs. It also partners with financial institutions like the rural banks to provide financial services to persons with VI. Before the merger, GAB implemented various livelihood interventions for persons with VI. Among these interventions were the home worker scheme, which provided a range of ventures for persons with VI and their family members to make choices, and conducted in-house training for persons with VI based on their choices. A shortcoming of this concept was that if individuals did not actually have interest in any of the provided ventures, they would have to just choose one or forfeit the entire package (Asamoah, 2015). The review of this concept led to the GAB community-based rehabilitation (CBR) programme discussed in chapter 2. The extent to which these strategies provide livelihood opportunities for economic empowerment for women with VI within the study area is of the interest for this study. The International Labour Organization (2018a) noted that in order to promote livelihoods for persons with disabilities, countries should consider moving away from top-bottom approach to a rights-based approach. Thus, countries should enact and implement policies and laws that will equalise employment opportunities for persons with disabilities. In the next section, I discuss international and national legislation that promote the rights of persons with disabilities to employment.

1.4 International legislations that promote the right to employment of persons with disabilities

The global trends relating to persons with disabilities and their employment or livelihood impact on the national policies in Ghana. The UN has been an instrument in the promotion of the rights and equality of all people, including persons with disabilities, since its inception in the year 1940s. It provides guidelines and assistance to member states around the globe in attaining equality. For example, the UN has specialised agencies that are mandated to advance issues of all people globally, including persons with disabilities.

These agencies among others, include the secretariats for the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD), and those of Disability and Development, Disability and Decent Work, Disability and Education, Disability and Family, and Disability in Rural Areas. The UN agency in charge of issues relating to employment is the International Labour Organization (ILO), which is dedicated to ensuring fairness and decent conditions of labour globally (UN, 2015). The ILO was founded in the year 1919 and is the oldest of the specialised technical agencies of the UN system (O'Reilly, 2007). One of the tasks of the ILO is to promote equal opportunities in the training and employment of persons with disabilities. The ILO work is based on the principle of tripartism. It holds dialogues and enables cooperation between governments, employers, and workers. Sometimes, the ILO works through DPOs and carries out research about good practices via disability advocacy projects (ILO, 2018a).

O'Reilly (2007) states that the ILO's focus was on vocational, rehabilitation, and employment opportunities for persons with disabilities during the Second World War. Its attention was geared towards persons with disabilities because of the high number of people who were rendered disabled by the war, coupled with the need to find trained workers to take up job positions that were vacant (O'Reilly, 2007). The Minimum Scale of Workmen's Compensation (No 22) of 1925 was the first international document that contained provisions associated to the vocational and rehabilitation of employees with disabilities in the ILO (O'Reilly, 2007). One of the groups specifically included in the recommendation section was persons with disabilities who were employees. The policy stipulated that employees who were persons with disabilities should be provided with full opportunities for employment (O'Reilly, 2007).

In 1944, the ILO published Employment (Transition from War to Peace) Recommendation (No 71), which proposed that persons with disabilities work under the same conditions as all other employees, receive equal pay, and that training be provided to assist them to remain in employment. The ILO recommends that equal opportunities should be created for workers with disabilities to promote the employment of workers with serious disabilities” (ILO, 2019). The act has the condition of a quota scheme, which requires that employers should have at least 3% of persons with disabilities in their establishment (workforce).

Other ILO policies were the Vocational Rehabilitation (Disabled) Recommendation (No 99), which was adopted in 1955 and is seen as one of the most important international policies relating to the right to employment of persons with disabilities (O’Reilly, 2007). This is the foundation of national legislation and implementation regarding vocational guidance, vocational training, and the placement of persons with disabilities in employment. Years later, the ILO Convention Concerning Human Resources Development (No 142) (ILO, 1975a) and Recommendation (No 150) (ILO, 1975b) of 1975 aimed to encourage and enable persons with disabilities to exercise their right to work on an equal basis without discrimination (O’Reilly, 2007). The ILO outlines the provisions of this Convention:

[It] should be effected, reinforcing the principle of mainstreaming in vocational guidance and training, highlighting the importance of educating the general public, employers and workers in relation to the employment of persons with disabilities, and calling for adjustments in the workplace, where necessary, to accommodate disabled workers (O’Reilly, 2007, p. 3).

Similarly, the UN General Assembly adopted the Universal Declaration of Human Rights in the year 1948 (Quinn, Degener, Bruce, Burke, Kenna & Quinlivan, 2002). It is made up of 30 articles that have been expanded upon in updated international treaties, regional human rights instruments, national constitutions, and global laws. It states that human rights and fundamental freedoms are the birth right of all people (Quinn, et. al., 2002). The Universal Declaration of Human Rights was criticised on the grounds that it does not specifically mention persons with disabilities – that persons with disabilities were not included as a distinct group which vulnerable to human rights violations – and that disability is not mentioned as a protected group. However, it does state that:

“all human beings are born free and equal in dignity and rights” (Article 1)

and

“everyone is entitled to all the rights and freedoms set out in (the) Declaration, without distinction of any kind, such as race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status” (Article 2).

The statement in Article (2) means that even though the Declaration does not specifically mention persons with disabilities, they are covered by the words ‘all’ and ‘everybody’ (O’Reilly, 2007). Other articles of the Declaration that relate directly to employment include Article 22 on the right to social security, and Article 23 (1) on the right to work, to free choice of employment, to just and favourable conditions of work, and to protection against unemployment. Further articles include Article 23 (2) on the right to equal pay for equal work and Article 23 (3) on *“the right of everyone who works to just and favourable remuneration”* (UN, 1948 as quoted in (O’Reilly, 2007, p. 12).

Despite the call for equal opportunities of persons with disabilities for employment and the establishment of the UN’s Universal Declaration of Human Rights in the 1940s, these documents are still strongly individualistic in nature even though they form the basis for promoting fundamental human rights. Furthermore, the ILO conventions and the UN declarations have a limited focus on self-employment. The directions towards vocational and rehabilitation are targeted at institutionalised training and perhaps wage employment with no clear directions on apprenticeship training and self-employment as options to creating livelihoods for persons with disabilities. Even in the case of wage employment or employment in the formal sector, the argument of creating accommodation for persons with disabilities at the workplace leaves room for an employer to expect compensation for including a person with disability in his or her workforce, as opposed to making the workplace more accessible and supportive to employees with disabilities (McKinney, 2013). Further, the quota system is neither recognised nor strictly enforced by the governments, including in Ghana, even though it has ratified the ILO conventions (Ghana Statistical Service 2015).

In addition to the ILO conventions and the UN Universal Declarations of Human Rights, in 2015 the United Nations General Assembly adopted the Sustainable Development Goals (SDGs). The SDGs comprise 17 Goals and 169 targets to guide peace, partnership, and development globally

from 2016 to 2030 (Frey & MacNaughton, 2016), and they are based on the principle of leaving no one behind. Goal 8 of the SDGs promotes inclusive and sustainable economic growth, full and productive employment, and decent work for all. Goal 5 encourages all nations to achieve gender equality and empowerment of all women and girls by 2030. In linking these two goals, the ILO emphasised that, by 2030, all nations should achieve full and productive employment and decent work for all women and men, including for young people and persons with disabilities, and equal pay for work of equal value (International Labour Organization, 2018a). The promotion of Goal 8 calls for the promotion of “development-oriented policies that support decent job creation, entrepreneurship including small and medium scale enterprises through access to financial services” (International Labour Organization, 2018b, p. 14). All nations are expected to domesticate the SDGs to promote livelihoods for all including women with disabilities. The tenets of policies and laws that promote livelihoods development in Ghana is discussed next.

1.5 National legislations that promote the right to employment of persons with disabilities

In Ghana, disability issues began to gain high prominence in the national political agenda in the early 1990s when Ghana had its first democratic regime. In the 1992 Constitution of Ghana, Article 29 contains the rights of persons with disabilities. Article 29 (8) mandates the parliament of Ghana to enact laws necessary to enforce the rights of persons with disabilities (Republic of Ghana, 1996.p.31). As a follow-up to the constitution, the Disability Act (715) was enacted by the parliament of Ghana in 2006. Article 8 of Act 715 enjoins the Republic of Ghana to provide rehabilitation centres in all regions to train persons with disabilities in skills and offer career counselling (Republic of Ghana, 2006, p. 3). A shortcoming of the national Disability Act is that it has no specific provision for women with disabilities, unlike Article (6) in the UNCRPD (Tuggun, 2015). Ghana also ratified the UNCRPD in 2012 to promote the general wellbeing of persons with disabilities.

The first parliament of Ghana in 1993 also enacted the District Assembly Act (Act 455) to provide 7.5% of the total revenue of Ghana to the district assemblies for their local level development (Republic of Ghana, 1993). Section 2 of Act 455 makes provision for the allocation of 2% of the District Assembly Common Fund (DACF) to support the development of persons with disabilities and their livelihood activities. Although Act 455 is purported to support livelihood development

for persons with disabilities in self-employment in the districts, there are several challenges that have been hindering the smooth implementation of the Act (Ocran, 2019). Persons with disabilities find it difficult to access the funds to develop their livelihood. For example, the Ghana Federation of Disability Organization (GFDO) enumerated the following as a conversation between them and the Government:

- Inadequate information about the fund is given to beneficiaries in the Metropolitan/Municipal and District Assemblies (MMDA) and members of the Disability Fund Management Committee (DFMC). For instance, information such as quarterly bank statements showing the quantum of the quarterly transfers received into the separate account, amount disbursed, balance in the account, and bank charges are not made available to the DFMC.
- As a result of the inadequate information about the fund, some MMDAs either borrow or divert the funds for other activities contrary to section 8(d) of the guidelines which state that “there shall be no borrowing from the account” (some of the diversion and borrowing are done secretly, and then persons with disabilities are told that the money has not been received yet).
- There have been several audited reports about some MMDAs misapplying the funds meant for persons with disabilities (Ghana Federation of Disabled, 2014, p.1)

The Ghana Labour Act of 2003 (Act 651) (Republic of Ghana, 2003) is an Act that amended and consolidated the laws relating to labour, employment, trade unions, and industrial relations. This Act established the National Labour Commission. Section 3(e) of Act 651 caters for the economic rights of persons with disabilities and section 14(e) prohibits an employer from discriminating against an employee on the grounds of disability. Part IV of the law regulates the employment of persons with disabilities (Republic of Ghana, 2003, p. 8). The general observation is that the Labour Act of 2003 has viewed the provision of employment for persons with disabilities from the point of view of formal or wage employment. Consequently, there is no clarity in policy direction pertaining to self-employment in the informal economy of Ghana. Rather, the government regimes provide regulatory directions pertaining to their employment agendas that are in line with their

party manifesto. According to Hardy and Mccasland (2016) who conducted a study on small firms and apprenticeship training in Ghana, in the absence of policies to regulate the small and medium scales self-employment, master craft men develop their own regulations to guide apprenticeship training and self-employment.

Further, Ghana's affirmative action Bill that is supposed to eliminate systemic discrimination and exclusion of social groups' in accessing core services like livelihood opportunities is yet to be passed. In a press release to mark the International Women's Day 2021, the Ghana Centre for Democratic Development (CDD) reiterated its disappointment for the non-passage of the Ghana Affirmative Bill (Ghana Center for Democratic Development, 2021). In the light of the policy gaps, the inequality gap on skills provision for self-employment for women will continue to widen with the situation of women with disabilities being worse. How women with VI are experiencing livelihood development for self-employment and economic empowerment is the interest of this study. The Ada East district is chosen for the current study.

1.6 The study area

This study was conducted in the Greater Accra region of Ghana. Ghana was first known as the Gold Coast and adopted the name Ghana after attaining independence in 1957. The country became the first sub-Saharan African country to gain independence from Britain (Quaidoo, 2015). Ghana lies along the Gulf of Guinea towards the south and shares borders with three French speaking countries: Togo to the east, Côte D'Ivoire to the west, and Burkina Faso to the north (Leary, Conde, Kulkarni, Nyong, & Pulhin, 2013). Currently, Ghana has 16 administrative regions with Greater Accra as the national capital located in the Greater Accra region. The Greater Accra region has 16 administrative metropolitan, municipal, and districts areas (Kendie, 2019). The districts include Ada East where this study was conducted. Figure 1 below is a map of the Greater Accra region showing the 16 districts with the study area (Ada East district) indicated with an arrow.

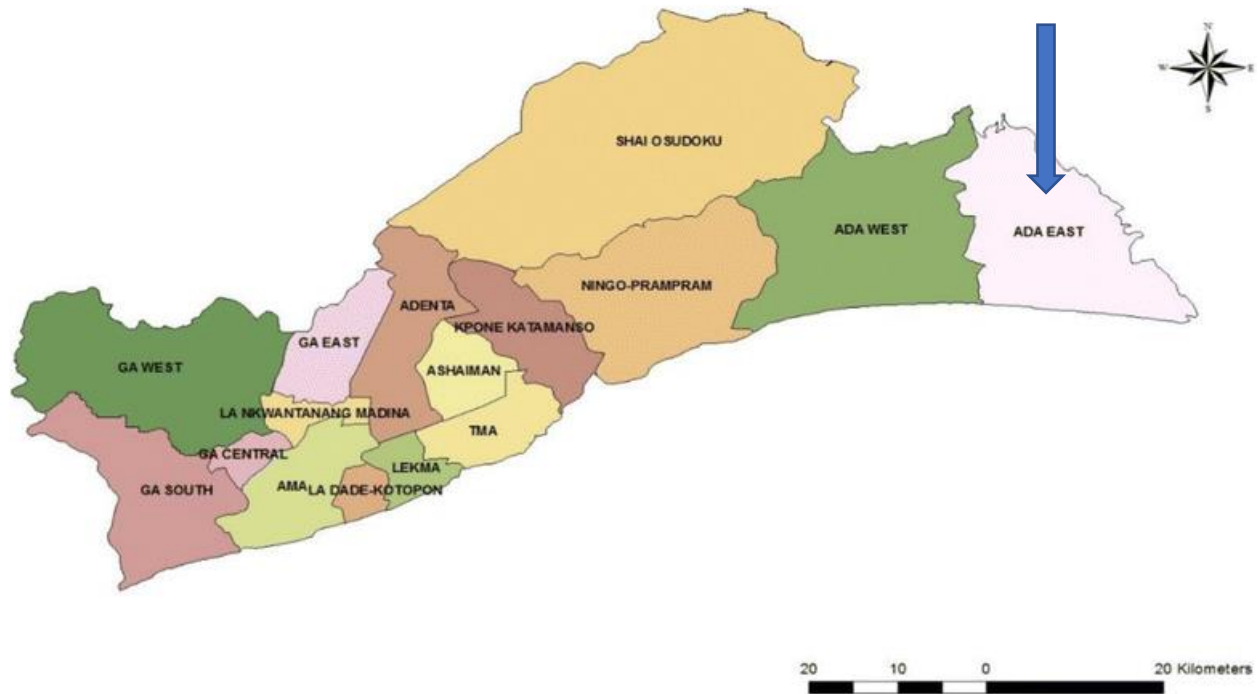


Figure 1.1 Map of Greater Accra region showing its 16 districts

(Source: <https://bmcpublihealth.biomedcentral.com/articles/10.1186/s12889-017-4803-9/figures/1>)

The Ada East district was formerly called Dangme East district. This district was created by the Local Government Instrument (L.I. 1491), subsection (one) of section 3 of the Local Government Act, 1993 (Act 462) in the year 1989. In June 2012, the Dangme East district was split into two – Ada West and Ada East districts (Ghana Statistical Service, 2012). The Ada East district is situated in the eastern part of the Greater Accra region. The Ada East district shares common boundaries with the Central Tongu district to the north, and South Tongu district and Ada West district to the east and west respectively. To the south of Ada East district is the Gulf of Guinea. Ada Foah is the administrative capital of Ada East district (Ghana Statistical Service, 2012). It is a semi-rural community about 109.8 kilometres away from the nation’s capital (Accra) and 120.3 kilometres away from Aflao, the Togo border town of Ghana. It has an estuary, where the Volta River meets the Atlantic Ocean, which is one of the major tourist attraction sites in Ghana.

Ada East district has a total population of 71,671. Out of the total population, 47.5% are males while females constitute 52.5%. About 4.3% of the district’s total population has one form of

disability or the other (Ghana Statistical Service, 2012). The proportion of the population of females who are disabled is higher than that of the males – 4.8% and 3.8% respectively. The types of impairments in the Ada East district include vision, hearing, speech, physical, intellectual, and emotional. Vision impairment is the most common type of disability affecting 37.8% of the disabled population (Ghana Statistical Service, 2012).

About 20% of the total population in the district are engaged as skilled agricultural, forestry and fishery workers, 39.3% in service and sales, 23.3% in craft and related trade, and 6.8% are managers, professionals and technicians (Ghana Statistical Service, 2012). The employment statistics in the district show that 64.5% of people aged 15 years and above are self-employed without employees, 8.8% are contributing family workers, and 2% are casual workers. Overall, men constitute the highest proportion in each employment category except for the self-employed without employees and contributing family workers, as well as apprentices without any form of income (e.g. salary, commission, or allowance) (Ghana Statistical Service, 2012).

1.7 My positionality

Birth: I was born on the 10th of February 1970 in Koluedor, a village in the Ada West district, located on the Tema-Aflao international road. I am the last of ten children of Mr Victor Agbettor and Madam Victoria Afloe, all from Ada.

Schooling: I received my basic education at Koluedor Roman Catholic primary school and the Local Authority Middle school. My education was almost sacrificed because my four female siblings ended their educational journey halfway during their basic level of education due to teenage pregnancy. Being discouraged by this unfortunate plight of my four sisters, my mother gave in to the negative societal perception and misconception that the place of the girl child is in the kitchen and not the classroom. To add ‘insult to injury’, my maternal aunt advised my mother to marry me to a man so that I would not fall victim to teenage pregnancy. Even though at that point I was not aware of any legal provision that backed my right to education, I advocated and fought for my right to continue my education on a moral basis. I first approached my maternal uncle to talk to my mother to rescind her decision to halt my education. Additionally, I fervently

insisted on my right to education. I persuaded my mother to change her mind — "the fact that my siblings dropped out of school cannot deprive me of my right to education", I pleaded. With persistent lobbying, although I stayed home for one academic year, my mother finally gave me the opportunity to continue and complete my basic education in 1986. From the day my mother agreed that I should go back to school, I took a secret oath in my heart to work hard and excel academically to prove to my mother and the entire community that girls can also attain a higher education. After completing my basic education, I continued to the Teacher Training College (now College of Education) and became the first female professional teacher in my locality in 1990.

Work and activism experience: Being the first ever female teacher in my locality, I started my solitary advocacy for girl's education alongside my teaching profession. I carried out several talks and radio programmes to sensitise the traditional authorities, parents, and girls in the locality on the importance of girl child education. In the course of my advocacy and interaction with the girls in schools, I realised that teenage pregnancy remained the major cause of girls' dropout from school. My interest and desire to assist in fighting this menace in my community inspired me to pursue a 3-year first-degree course in Population and Family Life Education at the University of Cape Coast in 2004. Five years later, I pursued a second degree in Development Studies at the University of Ghana.

The knowledge gained from my further courses propelled me to do more advocacy and public sensitisation on adolescent health and teenage pregnancy through a community radio in my district. I did this programme on weekends on a voluntary basis to educate young girls to take responsibility for their self-autonomy. During one of the radio programmes, a young girl with VI called into the programme to share how she was forcefully raped on her way to school. Following up on this rape case passionately shifted my activism focus to girls and women with disabilities. As a result, I started a job with GBU in 2005. Reflecting on the circumstances that inspired my activism at the very early age of 20 and also changing my career from teaching to social work, I see myself as being in an advantageous position to fight the social canker. My appointment with the GBU was a call for a higher duty to change societal perceptions about disability.

Motivation for this study: In fulfilling my routine duties as programme officer with GBU, I interact with several stakeholders, including livelihood development practitioners and policy

makers. The striking question that confronts me daily is how to equalise opportunities for persons with disabilities, especially women with VI, to gain access to a stable livelihood in the informal sector of the economy where the majority find themselves. A number of livelihood development programmes are being rolled out for women with VI in Ghana by the Government, DPOs, Faith Based Organisations (FBOs) and other NGOs. Despite this, a limited scientific study carried out indicated that persons with disabilities continue to live below the poverty line. With my experience in activism and work with GBU, a question came to mind for me: What are we not doing right to enable the livelihood participation of women with VI? Waking up with this question everyday encouraged my interest and desire to conduct research to find out what should be done to increase access to livelihood participation of women with VI.

I position myself in this study as a woman first, then as an activist and a person with work experience in the disability field. My strongest desire is to harness my work experience as a practitioner in the disability field to bring out facts and discoveries that could add to the knowledge for appropriate policies and interventions that will increase access to livelihood for women with VI in Ghana. Initiating and conducting this study has been a real experience for me, with mixed feelings.

1.8 Problem statement

The unemployment rate throughout the world is expected to remain high. In lower income countries, the situation is worrying as many are experiencing a major decline in living standards. (International Labour Organization 2018a; Baah-Boateng, 2016). persons with disabilities, especially women, are hard hit because they make up the majority of unskilled workers. In Ghana, the population of 28 million has 51% women and a disability population of over 5 million (Ghana Statistical Service, 2012). With the exception of the Northern and the Upper East regions, women with disabilities constitute 55.1% of the disability population in all the regions and they make up the majority of street beggars. Barriers such as attitudes, institutions, architecture, transportation, stigmatisation and discrimination affect the livelihood activities of women with disabilities (Baffoe, 2013; Naami et al, 2012). In addition to these barriers experienced by all women with disabilities, women with VI have limited access to information in accessible format. Less than 1% of published work is in an accessible format (mostly braille) in Ghana and the majority of women with VI have low education and are therefore non-braille readers. This situation creates social

barriers in their lives (Baffoe, 2013; Asamoah, 2015), and, coupled with the circumstances of negative social attitudes and misconception of disability, has limited their potential to take advantage of the same livelihood opportunities available to their sighted counterparts. As a further consequence of their inability to engage in livelihoods, aspects of their social lives pertaining to marriage and family making also suffer (GBU, 2015a). To date, however, very few studies have been conducted on the livelihoods of women with disabilities in developing countries in general and Ghana to be specific (Mizunoya, Yamasaki, & Mitra, 2016; Cramm, Nieboer, Finkenflügel, & Lorenzo, 2013). These limited studies have tended to focus on women with disabilities as a single generic group (Kiani, 2009) and, as a result, the peculiar challenges arising from vision impairments are not properly captured because all the disability groups are lumped together.

1.9 The rationale of the study

Few studies have been conducted on issues relating to the activities of women with disabilities and their living situations. As recommended by Kiani, there is the need for study that focuses on specific disabilities to determine the types of income-generating activities that are most suitable for the specific groups (Kiani, 2009). This study is necessary to provide the requisite elucidation to service providers, stakeholders and policy makers through the provision of in-depth understanding and expansion of knowledge on livelihood development strategies for the self-employment of women with VI. The GBU provided contacts for the women with VI in the district. Additionally, the GBU, the government agency, and the financial institution provided documents on livelihood programmes that were requested by the researcher for review.

1.10 Research questions

How do livelihoods development strategies by GBU and partners provide opportunities for self-employment and economic empowerment of women with vision impairments in Ghana?

Research sub-questions:

- ❖ What are the existing livelihood skills development strategies of women with vision impairments in Ghana?
- ❖ How are the livelihood skills development strategies provided for women with vision impairments?

- ❖ What opportunities for self-employment do women with vision impairments access (or not)?
- ❖ Why are livelihood skills development strategies of women with vision impairments enabling or hindering their self-employment and economic empowerment?

1.11 Aim of the study

The aim of this study is to explore how livelihoods development opportunities offered by GBU and partners achieve self-employment and economic empowerment of women with VI in Ghana.

1.12 Objectives of the study

In pursuance of the research aim, the objectives were as follows:

- ❖ To describe the existing livelihood skills development strategies of women with VI
- ❖ To explore how livelihood skills development strategies are provided for women with VI
- ❖ To identify self-employment opportunities accessed (or not) by women with vision impairments
- ❖ To investigate the experiences of women with VI about how self-employment enables (or not) their economic empowerment

1.13 Outline of thesis chapters

Chapter 1: Introduction to the study

This chapter is an introductory chapter which contains information on the knowledge gap pertaining to the livelihood development and participation of women with VI in Ghana. It also contains information on international and national legislation that promotes the employment of persons with disabilities. Additionally, the chapter highlights GBU's experience in livelihood service delivery for persons with VI and the location of this study in the Greater Accra region of Ghana. Further, the chapter contains my personal educational and work experience and my motivation for carrying out this study. The chapter also outlines the rationale for the study as well as the aim and objectives of the study.

Chapter 2: Literature review

This chapter begins with a discussion on the definition of disability and the prevalence rate of VI in Ghana. This discussion is followed by the livelihood development situation in the informal sector of Ghana, the experiences of women and women with VI pertaining to livelihood development in the informal sector, and the availability of microcredit as a tool for livelihood development. This chapter also examines international and national legislation that promotes and supports the rights of persons with disabilities to employment. The review also discusses other cultural and attitudinal underpinnings that shape the beliefs and perceptions about persons with disabilities in Ghana. The final part of this chapter reviews the strategies for the livelihood development for persons with VI in relation to education, employment, and the provision of financial resources.

Chapter 3: Philosophical and theoretical framework

The chapter presents the theoretical views within which this study is situated, namely Models of Disability (specifically the Social Disability Model), Sen's Capability Approach (CA) and the WHO Community-Based Rehabilitation (CBR) guidelines. The viewpoint of the social model provides a lens through which to examine socially constructed barriers that limit the livelihood development process of women with VI in Ghana. The CA allows for an exploration of the livelihood development opportunities available to the women amidst social, political and environmental factors. With the aid of the CBR guidelines, this study explores other support systems such as social protection, family, social networks, financial services, and community, and how they influence the livelihood development process of the women.

Chapter 4: Methodology

The chapter presents the methodology used in this study, which includes the process of recruiting the participants, and how data was generated, managed and stored. Additionally, I elaborate on the six steps suggested by Clarke and Braun (2013) for the data analysis. Then, I discuss the scientific rigor which shows the credibility and reliability of this study. Finally, the chapter ends with the various ethical protocols that guided this study.

Chapter 5: Findings: Theme 1 – *Our cloudy path: Engaging in livelihood*

This chapter presents the first part of the analysis of this study in two sections, namely, findings and discussion. The first section presents analyses of the stories of women with VI and their service providers on livelihood skills offered to the women under the first theme: *Our cloudy path: Engaging in livelihood*. Further, this section presents the livelihood skills accessed by the women and elaborates on the relevance of the skills acquired and how they influence (or not) the types of livelihood activities the women engaged in. The second section discusses the findings on the theme under two broad areas, namely, livelihood activities (functioning) and livelihood skills development opportunities (capability) in relation to prior literature and my personal reflections.

Chapter 6: Findings: Theme 2 – *We are deprived because we are blind*

This chapter starts with the analysis of this study under the second theme: *We are deprived because we are blind*. The presentation is captured in two sections (findings and discussions). The first section elaborates on the analyses of the women and their service providers in terms of factors that facilitate or limit the livelihood development process of women with VI in Ghana. The second section discusses the findings under three factors – personal, institutional and social – in relation to the literature and the researcher’s reflections.

Chapter 7: Findings: Theme 3 – *Transitioning from zero to hero*

In this chapter, I present the analysis of this study under the third theme: *Transitioning from zero to hero*. Again, this chapter is presented in two sections. The first section contains the presentation of the women’s livelihood journey stories I constructed in a conversational form. The second section discusses the findings of the women’s livelihood journeys captured in three stages namely, the struggle stage, the transitional stage, and the transformational stage in relation to the literature.

Chapter 8: Synthesis of findings – *Total inclusion for change in livelihood development of women with vision impairments*

This chapter is presented in two parts. The first part begins with a picture story that illuminates the findings on the nature of the livelihood development service provision experienced by women with VI in Ghana. This is followed by discussions on five major findings extrapolated from all the three

themes that respond to the three research questions. In the second part, I present an Inclusive Livelihood Development framework to guide livelihood development practice and policy based on the findings of this study.

Chapter 9: Implications – On the road for change: Inclusive livelihoods development

This chapter provides a summary of the entire research and offers implications of the new knowledge generated on livelihoods development for livelihood practice and policy formulation for women with VI. Additionally, the chapter presents the limitations of this study and makes recommendations for future research that would uncover additional knowledge in the livelihood development process for women with vision impairment in Ghana and Africa. I conclude the chapter with a summary of the study and a poem I constructed from the livelihood stories of the women.

CHAPTER 2: LITERATURE REVIEW

“The only thing worse than being blind is having sight but no vision.”

(Helen Keller)

2.1 Introduction

An American educator, Helen Keller, overcame the adversity of being blind and deaf to become one of the 20th century’s leading humanitarians, as well as a co-founder of the American Civil Liberties Union (ACLU). As a woman with VI, Helen Keller showed that livelihood development strategies are crucial and critical to the building of the economic capacities of women and, by extension, women with VI to promote economic growth in the informal sector where the majority of these women with VI find themselves. According to Chen (2012), women are over-represented in the informal sector worldwide, and in many African countries, almost all women in the informal sector are either self-employed or unpaid family workers. The informal economy is the economy that is unregulated and includes small-scale agriculture, and small businesses and petty trading (Chen, 2012).

Generally, there are various strategies for livelihood developments and economic empowerment for all categories of persons with disabilities. For example, Tsengu, Brodtkorb and Almnes (2006) identified the following ways to achieve livelihood and economic empowerment for persons with disabilities: (1) provision of educational and training opportunities for formal employment opportunities, skills training for self-employment opportunities and provision of financial resources. For the purpose of this study, the literature review will focus on livelihoods development experience of persons with disabilities including women with VI in Ghana. persons with disabilities.

Literature was reviewed from published articles in the English language. Using the Boolean system, I searched for keywords such as the following: (experiences* OR experience* OR feelings*) AND (woman* OR women OR female*) AND (vision* OR blind OR blindness OR disabled OR impairments*) AND (livelihood* OR work OR living*) AND (development* OR expansion OR growth OR advancement OR enhancement*) AND (informal* OR unofficial*) AND (Sector* OR segment OR area*) AND (Ghana* OR Africa OR world*). I searched on the

following databases hosted on the EBSCOHost platform: MEDLINE, Academic Search Premier, Africa-Wide Information, and ERIC. I also used the University of Cape Town (UCT) Google Scholar site and did manual searches in the UCT Libraries from February 2017 to December 2019. Further, I used the science hub search engine (Sci-Hub) to download academic articles and journals from January 2020 to March 2021.

In this chapter, I reviewed literature on the following areas: definition of disability, livelihood development of persons with disabilities in the informal sector in Ghana, livelihood participation of women with disabilities in Ghana, Strategies to support livelihoods development of persons with vision impairments, microcredits experience in livelihood development of women including women with disabilities in Ghana, cultural beliefs and attitudes towards persons with disabilities. I begin with the definition of disabilities.

2.2 Definitions of disability

Defining disability is “complex, controversial, multidimensional” and is to date still evolving (World Health Organization & World Bank, 2011, p. 3). There is no single standard definition of disability that is accepted worldwide. The different definitions of disability determine how disability is understood and viewed by different people. Some schools of thought define disability from the charity perspective by regarding persons with disabilities as passive victims that deserve sympathy and pity (Rohwerder, 2015). This definition associates persons with disabilities with the impairments. As a result, persons with disabilities are stigmased and deemed as incapable and receivers of alms.

Another school of thought, the medical model, defines disability from the medical perspective as an ailment or sickness that needs to be cured. This definition places the impairment challenges on the individuals with disabilities. The medical standpoint views disability as impairments that need to be fixed through medicine and rehabilitation approach (Oliver & Oliver, 2013; Rohwerder, 2015; Al Jubeh, 2017). (See chapter 3 for details on the medical model.)

The social model views disability as being socially created by an environment that impedes the participation of persons with disabilities in life activities as a result of attitudinal, institutional, and environmental barriers. These proponents see disability from a social and human rights driven perspective. (See chapter 3 for details on the social model.)

Closely linked to the medical and social models is the International Classification of Functioning, Disability and Health (ICF), which is a World Health Organisation (WHO) framework that defines disability through domains that help to understand and describe changes in body function and structure, that is, what a person with disability can do in a standard environment and what he or she does in his or her environment (WHO, 2013). The 191 WHO Member States endorsed the ICF as the international standard to describe and measure health and disability, both at an individual and a population level (WHO, 2013).

According to Bostan et al (2015), ICF is the level of a person's performance in a functional domain, which considers the impact of the environment on his/her personal factors. That is, disability results from attributes that are within a person, how his/her environment is built/structured, and how the two interact to affect the persons functioning within a specific domain of activity. This makes disability a fluid concept because a person who may have severe disability in one location may have less in another location.

In this direction, section (e) of the United Nations' Convention on the Rights of Persons with Disabilities (UNCRPD) recognises "that disability is an evolving concept and that disability results from the interaction between a person's impairments, and attitudinal and environmental barriers that hinders their full and effective participation in society on an equal basis with others" (United Nations, 2006, p. 4).

The UNCRPD, which is modelled on the fundamental human rights of persons with disabilities, has a preamble, section (c), which "reaffirms the universality, indivisibility, interdependence and interrelatedness of all human rights and fundamental freedoms and the need for persons with disabilities to be guaranteed their full enjoyment without discrimination" of any form (United Nations, 2006, p. 1). This statement implies that everyone is served their due in society irrespective of their race, gender, disability, or social status. Service design and provision should be inclusive of the needs of everyone in society including persons with disabilities. For example, in this era of new discoveries and improvement in medical science and technology, it is possible to increase access for persons with disabilities to participate in life activities by promoting universal design, using appropriate technologies that enhance the participation of all in society. To this end, section (e) of the UNCRPD recognises "that disability is an evolving concept", evolving because it encompasses a large number of people with different types of impairments and a wide variety of

social barriers (United Nations, 2006, p. 1) . The way forward is to promote an inclusive environment for all, including persons with disabilities.

The recent African disability protocol on the rights of persons with disabilities in Africa defines disability as “physical, mental, psycho-social, intellectual, neurological, developmental or other sensory impairments which in interaction with environmental, attitudinal or other barriers hinder [persons with disabilities’] full and effective participation in society on an equal basis with others” (African Union, 2018, p. 4). This definition, which is in line with the UNCRPD, extends the impairment further and also recognises environmental and attitudinal barriers as factors that impede the full participation of persons with disabilities in society.

By defining disability as an interaction, the UNCRPD makes it clear that disability is not an attribute limited to individual people (United Nations, 2006). That is, disability results from attributes that are within a person, the built environment, and how the two interact to affect the person’s functioning within a specific domain of activity. An impairment on its own will not lead to disability if there are accessible environments. For example, a person with disability may suffer different experiences in different built environments. Similarly, the built environment can be changed/improved to increase the participation of persons with disabilities in life activities if there are good policies, capacity building, and technology for persons with disabilities. Regardless of the approach, disability should be viewed from the standpoint of one which is emancipatory, transformative, and participatory (Rohwerder, 2015).

In Ghana, the Disability Act (Act 715) of 2006 (Section 59) defines a person with disability as “an individual with a physical, mental or sensory impairment including a visual, hearing or speech functional disability which gives rise to physical, cultural or social barriers that substantially limits one or more of the major life activities of that individual” (Act 715, p. 17). The Act 715, unlike the UNCRPD, places the limitations on persons with disabilities’ participation in life activities on the impairment rather than the built environment within which persons with disabilities operate. The principles of the UNCRPD and the Africa protocol guided the conduct of this study. Persons with VI are classified as one of the largest disability groups that experience discrimination and other socio-cultural barriers in accessing services in Ghana (Ocran, 2019; Ghana Statistical Service, 2015).

The global data on VI from the WHO (2016) defines VI as comprising of categories 1 to 5 and blindness falling within categories 3 to 5. VI is the decreased ability to see to a degree that causes problems which are not fixable by means such as glasses, while blindness is a complete or nearly complete vision loss (WHO, 2016). VI due to any cause is a major cause of significant morbidity, and it affects many globally. In 2010, 285 million people worldwide were estimated to be vision impaired, of which 39 million were blind and 246 million had low vision (WHO, 2010b).

The Ghana statistical service disability survey report showed that 3% of the Ghanaian population has a disability and 4 out of 10 disabled persons are persons with VI (Ghana Statistical Service, 2015). These numbers, which are linked to the census, are very low compared to the WHO's estimate which puts the world's disability population between 10% and 15%. Further, the Ghana National Blindness and Visual Impairments Survey (GBVIS) study showed that, apart from childhood blindness, the Ghanaian population has a higher risk of becoming blind with the increase in age (Wiafe, 2015). The GBVIS (2015) established that while 0.17% of the Ghanaian population aged 20-29 have severe vision impairments, 0.44% of the population aged 30-39 and 1.4% of the population aged 40-49 have vision impairments. This steadily increasing trend of vision impairment among the Ghanaian population, coupled with the fact that there are more women with disabilities than men (Ghana Statistical Service, 2015), makes women with VI a significant population which requires this study to explore their livelihoods participation experience in order to inform the policy and practice of livelihood service delivery in Ghana.

2.3 Livelihood development of persons with disabilities in the informal sector in Ghana

Over three decades, livelihood development for persons with disabilities was through skills training in rehabilitation centres. Ghana, like many developing countries, mainly uses an institutional-based rehabilitation (IRB) approach to train persons with disabilities in rehabilitation centres to develop skills that will enable them to engage in livelihood activities. The bulk of the cost of these trainings was borne by the government, beginning in 1957 (Kuyini, Abdul-Razak, & Mahama, 2011). The institutions responsible for these trainings were highly centralised in urban towns and were run as residential institutions that offered highly specialised skills (such as leather work and weaving) for a few persons with disabilities. According to Ofori-Addo (1994), only 2% of the disabled population were being served by the rehabilitation centres in the 1980s. The fall

out of this programme was that persons with disabilities in the rural areas were cut off. The cost of managing the centres became unbearable for the government of Ghana while the disabled population continued to increase and the gap in the need for employment between persons without disabilities and persons with disabilities continues to widen. It was against this backdrop that the government of Ghana in 1992, through the funding support of the Norwegian government, introduced the CBR programme (Kuyini et al., 2011).

According to the International Labour Organization (ILO), the United Nations Educational, Scientific and Cultural Organization (UNESCO), and the WHO Joint Position Paper (WHO, 2004, p. 2), CBR is “a strategy within the general community development for the rehabilitation, equalisation of opportunities, poverty reduction and social inclusion of all persons with disabilities”. CBR is mainly based within a community development framework. The aim and the rhetoric of CBR places equal emphasis on access, inclusion, equality, and socio-economic development, as well as rehabilitation (WHO, 2010). The CBR concept therefore allows families, community volunteers, and the entire community membership to participate in the home-based livelihood skills training and service delivery for persons with disabilities in the communities (WHO, 2010).

The CBR introduced in Ghana was expected to widen the reach of livelihood training for persons with disabilities, especially for those unreached in the rural areas. The CBR is also used to address the challenges faced by persons with disabilities in getting rehabilitation professionals and NGOs to work with the disability rights movement (Hasan & Aljunid, 2019; Kuyini et al., 2011). Further, CBR has been viewed by the Ghanaian government in their Integrated National Disability Strategy located in the Disability Act 715 as “forming the basis of the national rehabilitation strategy”. The aim is to raise awareness and to mobilise resources at the community level, thereby enabling families and communities to be more active in helping their disabled members to learn skills and participate productively in family and community life (Hasan & Aljunid, 2019). In order to increase the scope and reach of the programme, the Swedish Organisation of Disabled Persons International Aid Association (CHIA) and the UN agencies (WHO, ILO, UNESCO, UNDP and the AIFO) also supported the funding of CBR in Ghana (WHO, 2010).

However, with the dwindling external donor funds, by the end of 2002, Ghana had rolled out the CBR programme in 86 communities, covering only 10 out of the then 110 districts. It was recorded

that the CBR programme served only “41% of persons with disabilities in the communities targeted and the programme had done nothing to improve the living conditions of persons with disabilities” (World Health Organization, 2002, p. 7). While 17% of the persons with disabilities reached indicated that the CBR helped to improve their income generation activities, only 12% of them reported that the CBR had provided skills for self-employment, out of which only 8% reported that they had received Activities of Daily Living (ADL) skills, and 41% received mobility skills (World Health Organization, 2002). In the absence of statistics on disability type and gender disaggregation reached by the CBR and IRC skills programmes, records from institutional reports and evaluation reports showed that women with disabilities had limited access to the IRC and the CBR programmes. This is evident in the fact that, out of the 10 IRC programmes in Ghana, only 3 had boarding facilities for women and could admit women for training programmes. The WHO (2002) report noted that many of the women acquired skills through family or private initiatives.

The limitations to skills training opportunities for persons with disabilities, especially women, in Ghana continue to force them into the streets to beg for survival (Opoku, Nketsia, Agyei-Okyere, & Mprah, 2019). Kuyini et al. (2011) noted that persons with disabilities engaged in their own businesses could not sustain the business because of limited markets for their products and funds to operate.

Kuyini et al. (2011) revealed that, by 2011, the CBR programme in Ghana was no longer functioning because of limited commitment on the part of the District Assemblies (a local government structure which is supposed to take responsibility for the programme at the community level after the donors exit) and the structures in some of the districts had collapsed. This report confirmed an earlier study by Jadin, Agbogbe and Barima (2005), which stated that, up until that point, the government of Ghana’s efforts to train persons with disabilities in livelihood to engage in self-employment continued to fail because the few traditional rehabilitation centres managed by the Department of Social Welfare were ill resourced.

In light of the evidence of the government’s inability to sustain and expand the CBR programme, other stakeholders – Sightsavers International and the GBU (then the Ghana Association of the Blind) – stepped in to run the CBR programmes purported to provide livelihoods for persons with VI in selected districts to complement the government’s efforts and narrow the skills gap for

persons with VI (Bush & Botwey, 2005). (See the Sightsavers International CBR programme implemented for persons with VI discussed in 2.5.)

Further, the Ghana Ministry of Youth and Employment rolled out an ICT programme in 2011 that was intended to create self-employment for over 5000 youth with disabilities. This ICT programme was aimed at providing skills for persons with disabilities to set up their own businesses in mobile phone repair, computer repair and other technician work. However, it excluded persons with VI because the design of the programme was sight dependent (Okudzeto, 2011). Women with disabilities including VI could not benefit from this programme because they lacked basic ICT skills (GBU, 2015a).

Other government youth employment programmes such as national vocational training programmes, youth in agriculture programmes, and national entrepreneurship programmes have restricted entry for persons with disabilities, especially persons with VI, because the programme design as well as the criteria for selection exclude them (Dadzie, Fumey, & Namara, 2020). For example, the national vocational training programmes exclude women with VI because they train in hair dressing, dress making, auto mechanic and fabrication. Although there are efforts by the government to bridge the unemployment gap by introducing skills development opportunities for youth and women (Dadzie et al., 2020) the skills need of women with VI are not being met. Next, I discuss the livelihood participation experience of women, including women with VI, in Ghana.

2.4 Livelihood participation of women including women with disabilities

Globally, women have tough time finding work compare to men (International Labour Organization, 2018b) and women with disabilities are said to experience different levels of challenges when it comes to livelihoods development. Burghal's (2019) study conducted in Gaza on access to services including employment opportunities for women and girls with disabilities opined that though women and girls in general have difficulties in services, women and girls with disabilities suffer the severely. Burghal (2019) mentioned that factors such as “composition of society, the prevailing culture, the structure of service delivery and discrimination “exclude women and girls from developing their potential. As a result, they over depend on others and this expose them to all forms of gender-based violence.

In Africa more women are engaged in self-employment more than men because of limited

opportunities for them to acquire in waged jobs (World Bank Group, 2019). More women in Africa are becoming entrepreneurs than men as a result of economic necessity and survival. But regardless of the size of women entrepreneurs in Africa compare to men, women have limited control over the market. They have limited space in decision making at the labour front and constraint because of gender-specific factors embedded in cultural like access to assets and land. “These influence the strategic decisions that female entrepreneurs make, hinder the growth of their businesses and lead to less productive outcomes” (Enfield, 2019, p. 10). Enfield’s study in Nigeria on gender roles and Inequalities in the Labour Market revealed that women with disabilities experience more limitations and barriers in self-employment. Women with disabilities are reported to suffer double barriers in self-employment. For example, Mactaggart et al.'s (2018) study in Cameroon and India on livelihoods opportunities for persons with disabilities and persons without disabilities revealed that persons with disabilities are excluded from trainings because the programme design excludes their specific needs.

In Ghana, according to the Ghana Labour force survey in 2015, 1.2 million people are unemployed, representing an unemployment rate of 11.9%, 57.2% of which are female (Ghana Statistical Service, 2015). This high unemployment rate may be due to the fact that women have limited opportunities for education and skills development. In the absence of disaggregated data on the unemployment situation of women with disabilities, as in the case of the GLF 2015 report, the limited studies conducted on the unemployment situation of women with disabilities have identified a number of barriers that hinder access to livelihood participation of women with disabilities and, by extension, women with VI.

Naami, 2015 in her study on “empowering women with disabilities in Northern Ghana”, mentioned that women with disabilities have low education and skills. As a result, their livelihood participation is centred self-employment in the informal economy. Naami (2015) noted that men with disabilities receive “twice skills training, compared to women with disabilities” (p. 8). For example, Naami et al. (2012) opined that women with physical disabilities have limited knowledge about training opportunities and resources available for self employment. Even those trained in IRC and the CBR programmes believed that the skills are inadequate to set them up in their own businesses (Naami et al., 2012).

Further, women with disabilities have limited livelihood development and participation opportunities because of barriers such as negative beliefs about disability, in accessible physical environment, transportation barriers, communication barriers, limited access to funding and low confidence in themselves (Agyei-Okyere et al., 2019). Naami (2015) explained that women with disabilities miss skills training opportunities because of the non-availability of assistive devices. For example, women with physical disability without wheelchairs find it difficult to participate in skills training programmes, especially outside their community. Consequently, some women with disabilities, in their quest to meet their basic necessities for survival, “resort to begging on the street or menial jobs” (Naami et al., 2012, p. 6). Even though some aspects of the findings of these studies may apply to women with VI in generic terms, there is no study specifically on the self-employment of women with VI in Ghana as far as the researcher is aware. Apart from government skills development programmes for all persons with disabilities, the GBU implements specific livelihood development programmes targeted at persons with VI. In the next session, I discuss the GBU livelihood development services.

2.5 Strategies for livelihood development of persons with vision impairments in Ghana

Persons with VI generally suffer diverse forms of attitudes towards them in the society but the most negative ones are connecting blindness to “spiritual and moral sins as well as associating blindness to begging” (Srijuntrapun, 2018, p. 27). These negative misconceptions unfortunately distort peoples understanding of VI and inform the kind of attitudes formed against persons with VI in the society. Though there may be cultural differentials, stigmatization of persons with VI, in relation to sin or punishment for wrong doings cuts across (Mfoafo-M’Carthy, Grischow, & Stocco, 2020; Srijuntrapun, 2018). Consequently, Srijuntrapun (2018) study in Bangkok on sustainable livelihood development for persons with VI established that the needs of persons with VI in livelihood development are not different from that of sighted persons- “financial capital, physical capital, natural capital, human capital, but in addition, persons with VI need attitude capital and social acceptance” (p. 33).

In Ghana, Bush and Botwey (2005, p. 53) noted that the Sightsavers International CBR programme provided the underlisted services to develop livelihoods for persons with VI and fully integrate them into the society:

- Working with local societies of the blind to provide empowerment training;
- Identification of persons with VI and referral for medical screening, treatment and follow ups;
- Providing counselling and basic training in Orientation and Mobility (O&M) and Daily Living skills (DLS);
- Providing social and economic rehabilitation and microcredit through mainly referrals to specialised collaborating agencies; and
- Raising awareness of blindness issues within the communities and supporting advocacy for disability rights.

Further the GBU CBR programme also implemented the underlisted activities to create livelihood opportunities for persons with VI:

- ❖ Eye screening in the communities for early identification of blindness;
- ❖ Supporting persons with VI whose impairments are reversible through medical intervention;
- ❖ Providing counselling services for persons with VI;
- ❖ Training of blind persons about personal and environmental hygiene as well as in the orientation of mobility and daily living activities; and
- ❖ Training blind persons in vocational activities such as weaving and basketry.

The GBU's CBR programme utilised the services of community volunteers with expertise in local skills like pito (local drink) brewing, vegetable farming, animal rearing among other. As a result, the GBU's CBR programme was said to have built the capacity of persons with VI in the selected districts to engage in self-employment (Ghana Association of the Blind, 2006). However, the CBR programme lacked the idea of networking and restricted the members to a list of ventures (WHO, 2010; Ghana Association of the Blind, 2006). As in the case of the government of Ghana CBR

programme, the GBU CBR programme also ended with the external donor funding from the Denmark Association of the Blind.

In the latter part of 2010, GBU introduced the concepts of self-help groups and revolving loans to assist persons with VI who already have skills to access funds to operate their businesses. These concepts allowed persons with VI, especially the women, to form groups and access the revolving loan to start or expand their businesses. The shortfall of these concepts was that, if a member defaulted in paying back the loan, the other group members were disqualified from accessing the loan unless the member who defaulted paid back the loan. No studies were conducted on the programme to establish the reasons why members were defaulting on the loan payments, but the GBU eventually realised that it had limited capacity to offer such financial services to its members (Asamoah, 2015).

Currently, the GBU offers other forms of livelihood skills training programmes such as entrepreneurship and business management skills, and financial literacy skills to promote livelihood development for persons with VI especially, youth and women (GBU, 2015a). GBU is partnering with the government agency and financial institutions to entrench livelihood provision for persons with VI in Ghana by intensifying and widening the scope of training to cover more persons with VI in the districts where the financial institutions operate.

Moreover, the government agency has also introduced series of entrepreneurship development and self-employment programmes targeted at young people and women in Ghana (Dadzie, Fumey, & Namara, 2020). What is not available is literature on how these livelihood development programmes are providing livelihoods and economic empowerment for women with VI. Although it was mentioned that women and youth are key targets, it is not clear which strategies are providing livelihoods, how the strategies are enabling livelihoods, and how women with VI are gaining livelihoods from the existing livelihoods development programmes.

Further, access to funding is critical to livelihood development in the informal sector (Chowdhury, 2015). Financial institutions provide microcredit services for small- and medium-scale businesses,

including the businesses of persons with VI (GBU, 2015a). The experience of women with VI in microcredit service is discussed in the next section.

2.6 Microcredit experiences in livelihood development of women with disabilities in Ghana

Microcredit refers to “programmes that provide credit for self-employment and other financial and business services (including savings and technical assistance) to very poor persons” (Daley-Harris, 2009, p. 3). The credits which are normally small amounts of money are given to people in order to foster income generation and poverty reduction through self-employment (Chowdhury, 2015). Microcredit may include: (a) micro-finance (that is, loans, savings, insurance, or transfer services); (b) micro-savings (deposit services that allow one to keep a small amount of money for future use)—micro-savings accounts allow households or individuals to save in order to meet unforeseen expenses and plans for future investments; (c) micro-insurance (a system by which people or organisations make a payment to share risks) – micro-insurance enables entrepreneurs to build and develop their businesses while mitigating risks that may affect the business, property, or ability to work; (d) remittances (transfers of funds from one person to the other, usually across borders to family and friends) (Chowdhury, 2015). It is common knowledge that microcredit services are less ambiguous to receive than formal financial services. Microcredit is a cost-effective way of helping poor people to escape poverty.

Abaluk (2012) argues that microcredits are effective ways to assist and empower poor people and that they contribute to the growth of financial systems in Sub-Saharan Africa. Literature further shows that microcredits have become a popular tool for the promotion of livelihood development and self-employment among vulnerable populations, especially persons with disabilities (Abaluk, 2012).

In Ghana, Zins and Weill's (2016) study on the determinants of financial inclusion in Africa, opine that Ghana is one of the countries where informal financial institutions, such as microcredit drives small and micro businesses. Zins and Weills note that the formal financial institutions are difficult to access by micro and medium businesses because of restrictions by their criteria: high interest rates and interference from the Government.

Further, Kusi, Yussif, & Ismail (2019) study conducted on access to microcredit by women entrepreneurs in Ghana also reveals that microcredit has contributed to increased livelihood participation and poverty reduction among women in Ghana. Similarly, Norwood (2005) study about microcredits where she used a case study of a local susu (micro-savings) in Pantang, a village in Ghana, opine that microcredit organisations have great potential to enhance the lives of the local women, particularly the women with disabilities in self-employment and it could be “safe heaven” for women (Norwood, 2005, p. 5). However, she argues that the empowerment through microcredit facility is limited by a patriarchal system that undermines women at the community and household levels. For example, a woman with VI’s access to credit will not resolve structurally fixed ailments of patriarchy deeply rooted in traditions, values, beliefs, and culture (Norwood, 2005) and this could be compounded by her impairment.

The few studies conducted on the experiences of women with disabilities in accessing microcredit in Ghana established that women with disabilities have limited access to microcredit services to develop their businesses. Factors such as the negative attitudes of staff members of microcredit institutions, limited information about products, inaccessible physical office environment, and low self-esteem were mentioned as barriers that limit women with disabilities’ access to microcredit (Nkuah, Angko, & Amoah, 2013; Agebttor, 2016). Agebttor (2016) reveals that product designs such as group savings and loans also exclude women with disabilities from accessing microcredit, especially in the situations where women without disabilities are not willing to accept women with disabilities as group members. Sometimes, women with disabilities may not meet the expected requirements of the microcredit facility (Nkuah et al., 2013).

To this end, the claim by the Microcredit Summit that providing access to microcredit for women, including women with disabilities, will enable them to establish microenterprises which will offer them and their families the opportunity to get out of poverty may be misleading if not all women have access to microcredit services. This is because microcredit experiences may be influenced by gender, disability, race, and context. For example, in a context where negative attitudes against persons with disabilities are deeply rooted in cultural practices, such as in Ghana (Mfoafo-M’Carthy, et. al., 2020), women with disabilities in the rural communities may experience microcredit services in a different manner. Likewise, it is possible that women with disabilities in urban communities will experience microcredit services differently.

2.7 Cultural beliefs and attitudes towards persons with disabilities

Disability or impairment is a human characteristic; it knows no bounds in terms of time-space, geographical location, social or economic status and age, yet there are cultural beliefs and varied attitudes towards persons with disabilities all over the world (Srijuntrapun, 2018; Maritz & Laferriere, 2016; Snider & McPhedran, 2014; Maclachlan et al., 2014). Studies that have been carried out in Ghana reveal beliefs that persons with disabilities are evil, cursed, or exposed to witchcraft and punishment, resulting in stigma and discrimination (Mfoafo-M'Carthy & Sossou, 2017; Naami, 2015; Baffoe, 2013). These beliefs are often based on fear, misunderstanding, and stereotypes of persons with disabilities, especially women with VI, that expose them to the denial of educational rights, resources, and employment that are afforded to all citizens (Nseibo, 2020; Baffoe, 2013). The importance of understanding the different ways in which disability is generally perceived is necessary because societies address disability issues based on the ways they conceptualise disability (Baffoe, 2013; Nseibo, 2020).

One of the most critical of all the barriers to employment and livelihood for persons with disabilities, particularly those with VI, is negative attitudes and discrimination (Srijuntrapun, 2018). Events in history show how persons with disabilities were treated with a lot of contempt, maltreated, and, in some cases, killed (Mfoafo-M'Carthy et al., 2020; Maclachlan et al., 2014). In most indigenous African societies, including Ghana, the birth of a child with any form of disability brings a lot of emotional stress and shame to family members because of the stigma attached to such conditions (Nseibo, 2020; Mantey, 2014). Some Ghanaians still attribute the causes of disabilities to curses from gods (Mfoafo-M'Carthy et al., 2020; Avoke, 2002). Avoke (2002) further indicates that, in many communities in Ghana, pejorative labels and unkind treatment were meted out to persons with disabilities. These treatments were considered justifiable due to the strong traditional and religious beliefs that disability was the result of evil placed on an individual from the gods because of sin (The New Living Translation Version, 2004, John 9:2).

Traditionally, any form of impairment was regarded to be the work of mythical gods or the presence of evil and witchcraft (Grischow, et, al., 2018; Sackey, 2015). The stereotypical assumption of traditional African philosophies holds that the birth of a child with disability is a

bad omen or an act of bewitchment (Grischow et al., 2018). This is because the disabled child is viewed as someone who will not bring good fortune into the family (Kassah, Kassah, & Agbota, 2012). From the African perspective, a child is seen as an asset who needs to work and put food on the table of the family. Therefore, having a child fulfils societal expectations of procreation and support to the family; in other words, the child has always been viewed as a source of labour that brings income to the family. Thus, having a disabled child who may not be able to work for the family may often lead the family to respond negatively to the situation.

Literature from the Ghanaian perspective (Grischow et al., 2018; Baffoe, 2013; Kassah et al., 2012) states that when a woman gives birth to a disabled child, the only explanation that is given is that the gods are annoyed. Society does not account for sicknesses such as Rubella and German measles or other factors such as a woman's nutritional state and prenatal, perinatal, and postnatal care conditions. Instead, emphasis is laid on the purported guilt of the family, which is instrumental in curtailing the promotion and protection of the right of persons with disabilities in the labour market. Furthermore, in a country where about 14% of the population worships traditional gods and they are sensitised to uphold the traditional beliefs and practices (Ghana Statistical Service, 2012), they may see someone with only one eye as a supernatural human being and a taboo. As a result, they may not want to go closer to that person (Grischow et al., 2018). Attitudes towards persons with disabilities may have an overall negative effect on, for example, self-esteem and self-concept, to the extent that the individual becomes and feels disowned within the community in which he/she lives. This negative attitude towards persons with disabilities may reflect in the experiences of women with VI who engage in livelihoods. For example, in Nigeria, a study by Jerry, Pam, Nnanna and Nagarajan (2015) on women with disabilities in business indicate that deaf women experience hostile attitudes from women without disabilities in the market.

In addition to the traditional beliefs and attitudes towards persons with disabilities, there is cultural bias that leads to preferential treatment with respect to the allocation of resources and opportunities given to non-disabled women at the expense of their disabled peers. Skills training is deemed less important for persons with disabilities, especially for women. While some view gender bias as a major barrier, many others believe that disability bias limits disabled girls' opportunities (Naami et al., 2012). As discussed previously, disability is a source of stigma and thus being a disabled woman is seen as a double liability (that is, both disabled and a woman) that can lead to the

devaluation of the whole family. The economic status of women with disabilities is tied in with cultural prejudices. That is, in impoverished families, the limited resources available are shared among non-disabled people with the expectation that they will ultimately help to support the rest of the family. These misconceptions stem directly from the traditional systems of thought, which reflect magical-religious philosophies that can be safely called superstition.

In Ghana, as in many other African countries, persons with disabilities have historically been considered burdens on their families and communities. For example, a study by Nseibo (2020), which looked at *“the experiences of children and youth with mobility impairments in four educational settings in Ghana”*, states that the burden of children with disabilities is solely on the parents. He opines that persons with disabilities and their families will only look for education or skills development for persons with disabilities when they have exhausted all avenues to cure the disability. Consequently, it is the fear, shame, lack of knowledge, misinformation and socio-economic values about human dignity and respect which encourage negative attitudes towards persons with disabilities (Baffoe, 2013; Kuyini et al., 2016). Women with VI in this study may be facing prejudice, stereotyping and discrimination in the livelihoods. Consistently, women with VI become conscious of how society perceives them. The fear of women with VI facing prejudices and stereotypes within society may even prevent them from exploring and experiencing their full potential that will prepare them for a decent livelihood.

In resonance with the above, women with VI may have limited livelihoods development opportunities compare to other persons in society. Naami (2015) in her study on gender, disability and employment relations in Africa mention that cultural beliefs and understanding about disability influence the community to impose social barriers on persons with disabilities (Naami, 2015). Such barriers limit the ability of women with VI to access opportunities, privileges, and resources in society, such as equal access to health, education, livelihood, social inclusion, and empowerment, which prepare the individual to live independently (WHO, 2010).

2.8 Conclusion

In this chapter, I have reviewed the definition of disability, which portrayed the complexity and controversy of disability as a contextual and conceptual phenomenon. The chapter also showed

the livelihood development in the informal sector in the Ghanaian economy. It was revealed that there is disproportionality between men and women in the informal sector. This is because more women are involved in the informal sector of the Ghanaian economy where they are unable to earn a decent livelihood because of the nature of the work they do. The chapter also included a review of microcredits and livelihood development. Rural banks and other microcredit facilities try to assist persons with disabilities, especially women with VI. However, persons with disabilities are not able to access such credit facilities because of the restrictions and the bureaucratic processes involved in receiving such facilities. The international legislative instruments about persons with disabilities that relate to labour and employment were also discussed. The international legislative instruments have an influence on the national legislative instruments in a positive way to enable persons with disabilities to have a good livelihood. However, persons with disabilities suffer in the job market because of how disability is perceived by people in the communities. Cultural beliefs and attitudes towards disability were also explored. This chapter showed that there are several strategies that could be deployed to assist persons with disabilities to have a decent livelihood in the communities if the livelihood and the economic empowerment are considered a priority in the country.

There are several theories that could be employed to enable a good understanding of the experiences of women with VI. In this study, three of theoretical frameworks were adopted, namely, the Social Model of Disability, Sen's Capability Approach (CA), and the Community-Based Rehabilitation (CBR) guidelines.

CHAPTER 3: PHILOSOPHICAL AND THEORITICAL FRAMEWORK

3.1 Introduction

A lens influences how the world is seen or viewed with a specific focus or dimension. In research, a lens is the theory that the researcher uses to examine the social phenomenon under study (Bryman, 2016). The researcher's philosophy is the basis of the research, which involves the choice of research strategy formulation of the problem, data collection, processing, and analysis of the research which will be discussed in Chapter 4. While the research theory equips the researcher with a set of assumptions about reality which determines the framework within which a social phenomenon may be examined, understood, and interpreted, the philosophical paradigm directs the researcher as to which methodology to apply in data gathering and analysis (Bryman, 2016). This chapter is divided into two sections. The first section discusses the researcher's philosophical paradigm and the second section discusses the models and frameworks of the current study.

3.2 Section one: Philosophical paradigm

A philosophical paradigm is the set of beliefs or world view that guides the researcher throughout the process of conducting the research or investigation (Lincoln & Guba, 2000). Mertens (2015) mentioned three main influential paradigms which underpin research, namely, the positivist, interpretive, and critical theories.

Positivism holds the viewpoint that genuine knowledge is gained by observing and recording a phenomenon in a consistent manner, and that is trustworthy (Hughes, 2010). The positivist researcher conduct study using the quantitative approach because they believe only knowledge obtain through direct observation is trustworthy (Mertens, 2015).

The interpretive paradigm believes that reality is multiple and relative. The interpretive researcher applies methodology that seeks the understanding of a phenomenon in the natural settings by using a qualitative approach (Djamba & Neuman, 2002). The interpretivist paradigm holds that "reality is socially constructed" and that "researchers should attempt to understand the complex world of

lived experiences from the point of view of those who lived it” (Mertens, 1998, p. 11, 2015). However, interpretive paradigm decouples the world’s realities from politics and social constructs that raise powers and suppression for the marginalised in social. I hold the view of critical theorist, critical theory seeks to understand the world in the social and political realms by “addressing social, political, and economic issues that lead to social oppression, conflict, struggle, and power structures at the levels that they occur” (Kivunja & Kuyini, 2017, p. 35). The critical paradigm places research in terms of the emancipation of the marginalised and vulnerable in society by challenging the status quo and striving to create balance, equity and fairness in society (Asghar, 2013; Kivunja & Kuyini, 2017). Critical theorists explain what is wrong with current social reality, identify actions to change them, and provide clear norms for transformation (Asghar, 2013, p. 3121). A critical paradigm is grounded in social justice and equity. As a critical theorist, I hold the view that findings could extend beyond understanding and interpreting social phenomena to explaining social norms and identifying and providing practical steps for the emancipation of people who are oppressed, such as women with VI, in society. As noted by Oliveira (2018), critical theory is sufficient when it is explanatory and practical. Critical theory helped me to formulate the research questions that assisted in obtaining an in-depth understanding of the livelihood development process of the women and the social, cultural, and political factors that enable or limit their livelihood participation for economic empowerment in Ghana.

I sought to explain the livelihood development and participatory processes of the women with VI in Ghana by exploring what was right or wrong with the current livelihood strategies in the face of socio-cultural and political realities, what powers interact with their access to livelihood opportunities such as skills development and access to funding to set up their businesses, or social support from families and networks. I explored to obtain knowledge and facts about the livelihood experiences of the women by interacting with them in their natural settings in a participatory atmosphere that allowed the free flow of information from the women. At the same time, I aimed to understand how their interactions with service providers were influenced or not by powers, democracy, or subjection and oppression.

I agree with the critical paradigm’s view that social reality is historically constituted, produced, and reproduced by people, and although people can consciously act to change their social and economic circumstances, their ability to do so is constrained by various forms of social and

political domination (Scotland, 2012). By embracing this paradigm, I understand that the knowledge obtained should identify actions to change the taken-for-granted situations, by challenging the powers that be to bring change to the livelihood development or service delivery for women with VI. Being mindful of the critical theorist view on emancipation, I made four propositions from the findings, as well as proposing an inclusive livelihood development framework that will serve as a guide for livelihood service delivery to bring transformation in the livelihood development policies and practices in Ghana.

3.3 Section two: Theoretical frameworks

Imenda (2014) note that if a researcher identifies that the phenomena under study may not be fully comprehended using one theory, a number of related existing theories can be synthesised to integrate concepts that will provide meaningful understanding of the phenomenon. I integrated the Social Model, the Capability Approach (CA) and the Community-Based Rehabilitation (CBR) Guidelines from the fields of disability and social science to comprehensively examine, understand, and interpret the livelihoods development process of women with VI in the Ghanaian context. These theories permitted the examination of livelihood development and participation of women with VI from the perspectives of socio-cultural and political environments within which women with VI operate.

I isolated the skills development process of women with VI using the CA lens to explore the availability of skills development opportunities, and the women's right and freedom to access such skills within the prevailing social, cultural, economic, and political environment. The CBR guidelines provided a framework to holistically interrogate the livelihood development process of the women by examining the institutional and community roles and connectivity in service delivery in relation to support systems available for the women.

3.3.1 The Models of Disability

“I am a black woman with a disability. Some people make a bad face and don't include me. People don't treat me well when they see my face, but when I talk to them sometimes it is better” (Haydee, cited in WHO, 2011, p. 2).

The quote above is from a black American woman with a disability who shared her story on the stigma and exclusion she experienced in her society. Her narration was captured in the WHO Report on Disability in 2011. Apart from highlighting the stigma and exclusion she faced in her society, Haydee's statement also demonstrates the challenges of the intersectionality of race, gender and disability which compound the vulnerability of women with disabilities in different contexts. The questions arising from Haydee's story are: why do people exclude Haydee? Why do people "make a bad face"? Why do people not treat her well? Is it because she is black? Or because she is disabled? Or because she is a woman?

Generally, socio-cultural and religious systems and ideologies influence how people perceive disability and the way they treat or react to persons with disabilities (Haegele, & Hodge, 2016; Copley, 2011; Collins & Ault, 2010). Retief and Letšosa (2018) observe that people's attitudes and behaviours against persons with disabilities are sometimes predetermined by their definition and self-concept of disability, which in turn is influenced by the models of disability.

Basically, the medical model (also known as the individual model) and the social model of disability have been the two main models in disability discourse for years (Haegele & Hodge, 2016). According to Retief and Letšosa (2018), these two models of disability dictate the explanations of causal and obligatory adherence to disability. For example, the proponents of these models have their divergent perspectives about who owns the responsibility of disability. While the medical model places the responsibility of disability on the individual with impairment, the social model places the responsibility of disability on the society (Hutchinson, Roberts, & Daly, 2018; Beaudry, 2016; Oliver & Oliver, 2013). Retief and Letšosa (2018) further contend that the models of disability predispose persons with disabilities to vulnerabilities which cause "*prejudice and discrimination against [them]*" (p. 1).

3.3.1.1 The Medical Model of Disability

The proponents of the medical model opine that persons with disabilities have deformities which require cure or treatment to better their conditions. Thus, the proponents of the medical model see disability as a medical condition and a "personal tragedy or loss to both the individuals with impairments and their families" (Retief & Letšosa, 2018, p. 3). Additionally, from the perspective

of the medical model, disability is a departure from what is normal or is an abnormal body condition that needs to be fixed. A disabled person is seen as being dependent, helpless, and incapable of participating in the activities of life. This ideology has informed the practice of isolating persons with disabilities in medical facilities and rehabilitation centres for curative purposes (Retief & Letšosa, 2018; Burchardt, 2004).

Barnes (2012) indicates that persons with disabilities argued against the medical model viewpoint and approved the social model of disability. Similarly, I argue that an impairment should not be seen as a sickness, with the individual being classified as a patient who needs medical treatment. Further, the impairment should not prevent people from accessing basic services such as education, skills training, healthcare, and any opportunity that will enable them to engage in livelihood activities to earn an income and improve their wellbeing. I also argue that livelihood development opportunities for persons with disabilities should not be limited to rehabilitation centres but extended to their communities. As a lens to this research, I shift focus from the impairment of the individual to focus on socio-cultural factors to examine the livelihood experiences of the women with VI in Ghana. In the next section, I discuss the social model of disability.

3.3.1.2 The Social Model of Disability

The social model of disability was founded on the conceptualisation of disability as social, economic, and environmental barriers placed on the participation of persons with disabilities in society (Hutchinson et al., 2018; Goering, 2015; Oliver & Oliver, 2013). This model can be traced back to the mid-70s when disability movements started to pursue the cause of social justice and demand their fundamental rights to equal participation in all aspects of life in society (Hutchinson et al., 2018; Oliver & Oliver, 2013). As explained by Goering (2015) and Oliver and Oliver (2013), the social model recognises disability or impairment as a bodily defect which does not enable the individual to function the same way as others but which is not regarded as an abnormality. The proponents of the social model extended their argument to imply that if a person is born blind and lives with blindness throughout his/her life, the impairment (blindness) should not be regarded as a problem that needs to be cured or fixed. At the same time, if a blind person cannot read print because of his/her blindness, but he can read braille, reading braille should not be regarded as abnormal functioning by society. Rather, society is expected to offer equitable opportunities for

all persons including making provision for reading materials that can be accessible by persons with VI.

Armed with the principle of creating an equal and inclusive society, the social model strives to identify and remove all disabling barriers such as unfriendly physical infrastructure, institutional barriers, negative attitudes and discriminatory practices that restrict the full participation of persons with disabilities in society (Goering, 2015; Naami, 2015; Oliver & Oliver, 2013). For the purpose of this thesis, the social model provides a framework to investigate all socio-structural and attitudinal barriers such as the built physical environment, market environment, information gap, and attitudes and prejudices that exclude or discriminate against women with VI in the livelihoods development process. Further, the social model lens serves as a potential inclusive tool to explore the livelihood development process of women with VI in Ghana.

Using the social model as a lens for this study gives the inspiration that livelihood development for women with VI does not stand alone but requires the inclusive attitudes of service providers along with support systems such as families and policies. As argued by Oliver and Oliver (2013), disability should not be subjected to social oppression but rather be seen as the acceptance of diversity among all people in society. Upholding the social model principle means that the policies and conceptualisation of livelihood development for persons with disabilities should apply a universal design that responds to the unique needs of everyone in society.

By working within the tenets of the social model, I was guided in the current study to investigate the different livelihoods programmes being offered by the service providers and how the methods and processes are inclusive and accommodative of the diverse needs of women with VI. Additionally, being guided by the social model, I examined livelihoods development policies and frameworks to establish gaps between policies and practices that exclude women with VI in the livelihoods development process.

Although the social model has expounded how socio-structural and attitudinal barriers create a disabling environment and challenges for persons with disabilities, a revelation that founded the UNCRPD, it was criticised for assuming a stand-alone remedy for resolving challenges confronting persons with disabilities in society. Advocates such as Shakespeare and Morris argued that SM failed to appreciate the differences that exist in disability and paid no attention to the

pains that individual persons with impairment have to go through on a daily basis as another source of disablement (Grischow et al., 2018; Goering, 2015; Shakespeare, 2004; Morris, 1998).

In a similar vein, Lang (2007) critiqued the social model for advocating for individual empowerment as a precursor to addressing disabling social and attitudinal barriers, forgetting that rights can be enjoyed by individuals when policies and laws are enforced. Lang (2007) contended that the social model fails to recognise varying social customs and practices. For example, what may be social barriers for persons with disabilities in some countries may not be social barriers for persons with disabilities in Ghana. Social customs play a crucial role in African countries such as Ghana, where key decisions cannot be made without family involvement. In order to address Lang's argument, I used the CBR Guidelines, which recognise community involvement and social support as integral parts of developing livelihoods for persons with disabilities. I also applied a CA lens to examine the social, political, physical, and personal barriers that impede (or not) the livelihood development process of women with VI in Ghana, which I describe in the next section.

3.3.2 The Capability Approach

The Capability Approach (CA), developed by Amartya Sen over the past four decades, has emerged as an alternative to standard economic measures for “thinking about poverty, inequality and human development generally” (Clark, 2013, p. 1). Sen's ideology of poverty as deprivation of capability resembles the concept of the social model of disability. However, the CA extends its spectrum from social barriers to include economic, political, personal, and environmental barriers which also create inequalities and barriers in society (Burchardt, 2004). There are many concepts and models that have been developed around livelihoods, economic empowerment, and human development in general, and the indicators for measuring human development and wellbeing are influenced by the philosophical paradigm of the proponents (Robeyns, 2006). Sen's CA proposes that the wellbeing of people should be primarily evaluated according to the extent of freedom they have to achieve “functioning”, that is, what they want (Robeyns, 2006). The CA focuses on the type of life that people are able to live, on their capability to achieve it, and on what they succeed in ‘being’ or ‘doing’. The individual “functioning” is rooted in the ‘beings’ and the ‘doings’ of the various activities that they can perform (Keleher, 2014; Robeyns, 2006).

The ‘beings’ are what are actually achieved, for example, being a healthy woman with VI, educated, knowledgeable and part of a family in the society. The ‘doings’ are the activities people engage in, or intend to engage in, for example, how a woman with VI, with skills in petty trading engages in actually doing petty trading or plans to do petty trading (buying and selling). Capability, on the other hand, refers to the practical opportunities available for people (and which are within their means) to achieve what they want to “be” or “do”, which is their functioning at their own will or wish: that is, freedom (Clark, 2013, p. 4; Robeyns, 2006). For example, if I am a woman with VI who desires to acquire skills in bakery, can I do that freely, or are there factors such as inaccessible physical structures, cultural inequalities, systemic barriers, or extra costs I have to incur because of my VI? Also, if there are opportunities, are they practical opportunities which will remove the inequality gap between women without impairments and myself? If there are opportunities for both sighted and non-sighted women to acquire skills, then as a non-sighted woman, my practical opportunity goes beyond the training opportunity to include opportunities that will take care of my extra transportation costs because of my impairment and extra costs for specialised materials I will need. Removing such inequalities promotes equal participation. Sen states that capability should be practical opportunities that are available for people to enjoy in freedom and on the principles of rights and social justice (Kelleher, 2014; Robeyns, 2006).

Although Sen’s CA was commended for widening the scope for assessing the welfare of persons with disabilities, it was also critiqued by some academics and advocates like Nussbaum (2004), for not providing a comprehensive list of capabilities that can predetermine the practical opportunities. Sen’s critics argued that he assumed that capabilities are valuable, and a good life is a unitary standard for everyone to obtain. Nussbaum (2004), who is a feminist, also argued that opportunities (capabilities) can differ based on gender and traditional settings of people. She added a gender dimension as an additional factor that predetermines capabilities. Robeyns (2005) also added a dimension on social, environmental and personal factors.

Linking the CA to the evaluation of the welfare of persons with disabilities, Robeyns (2006) noted that poverty of persons with disabilities is not only due to negative attitudes and prejudices; it is also due to deeply rooted structural inequalities and social processes that deny persons with disabilities opportunities for employment and sometimes family life and social relationships. Consequently, the quality of life of persons with disabilities will be hampered if real and practical

opportunities elude them. Kelleher (2014) proposes that the CA, unlike the social model, conceptualises the equal participation of persons with disabilities in society beyond the identification of social and attitudinal barriers to a rights-based approach which interrogates activities and processes in society. Nussbaum (2007) argued that opportunities that are available for everyone in society should not disadvantage people because of gender, race or disability. She argues that justice should be viewed as duties that we all owe to others rather than ourselves, or as looking beyond our self-interest to satisfy the interest of others. The tenets and principles of the CA support this study to examine the economic wellbeing of women with VI.

Consequently, I adopt Robeyns' (2006) and Nussbaum's (2000) extension of the CA to explore how women with VI access livelihood development opportunities amidst factors such as geographical location, social norms, gender, and personal factors. I apply these factors, which Robeyns (2006) refers to as conversion factors, to obtain insight into how personal factors such as competencies, interest, values, principles, geographical location, gender, and difference in VI influence the women's livelihood development process. The application of the CA in this study is illustrated in Table 5.2 and figure 6.1. In addition to CA, I also interrogated how social life, empowerment, institutional connectivity, and collaboration in the community influence the livelihood development and participation of women with VI. The CBR guidelines presented in the next section served as a bridge to further explore other factors that affect the livelihood activities of the women that were not fully accounted for by the social model and the CA.

3.3.3 The Community-Based Rehabilitation Guidelines

The Community-Based Rehabilitation (CBR) Guidelines is a framework developed by the WHO as a strategy for the practice of rehabilitation and development of persons with disabilities in the community (WHO, 2010). The CBR framework, which agrees with the human development ideology, advocates for the total inclusion and participation of persons with disabilities through the equalisation of opportunities and multi-sector involvement (Young, Reeve, & Grills, 2016; Deepak, Kumar, Ortali, & Pupulin, 2011). By upholding the principle of creating equal opportunities for persons with disabilities in society, the CBR Guidelines emphasise the inclusive participation of all stakeholders in the community. They are Guidelines that epitomise the

utilisation of community resources and a bottom-up approach in the designing and delivery of services to persons with disabilities (Deepak, Kumar, Ortali, & Pupulin, 2011; WHO, 2010).

The Guidelines' core features aimed at reshaping the development of persons with disabilities through the provision of comprehensive programmes and services in health, education, livelihood, social services and empowerment which were deemed to be key elements in the promotion of the full participation and inclusion of persons with disabilities in all aspects of life in society (WHO, 2010). The empowerment component seeks to evaluate the development and wellbeing of persons with disabilities in terms of their ability to articulate their voice, create awareness, and demand their rights in the community.

The livelihood component, which is the focus of this study, emphasises job creation through skills development for persons with disabilities to access formal employment or establish their own enterprises. For this study, the CBR framework served as a lens to cross-examine the livelihood development and participation of women with VI through self-employment in the informal sector. The Guidelines supported me to investigate the roles of the service providers and their connectivity and collaboration (or not) in the provision of a comprehensive service to the women. Further, I interrogated the roles of family and other social and religious groups in the livelihood development and participation of the women. I critically examined how social relationships and the women's participation in decision-making as well as social and religious events have influenced their livelihood activities. Figure 3.1 below depicts the CBR Matrix that provided the lens for the data collection and analysis in the current study.

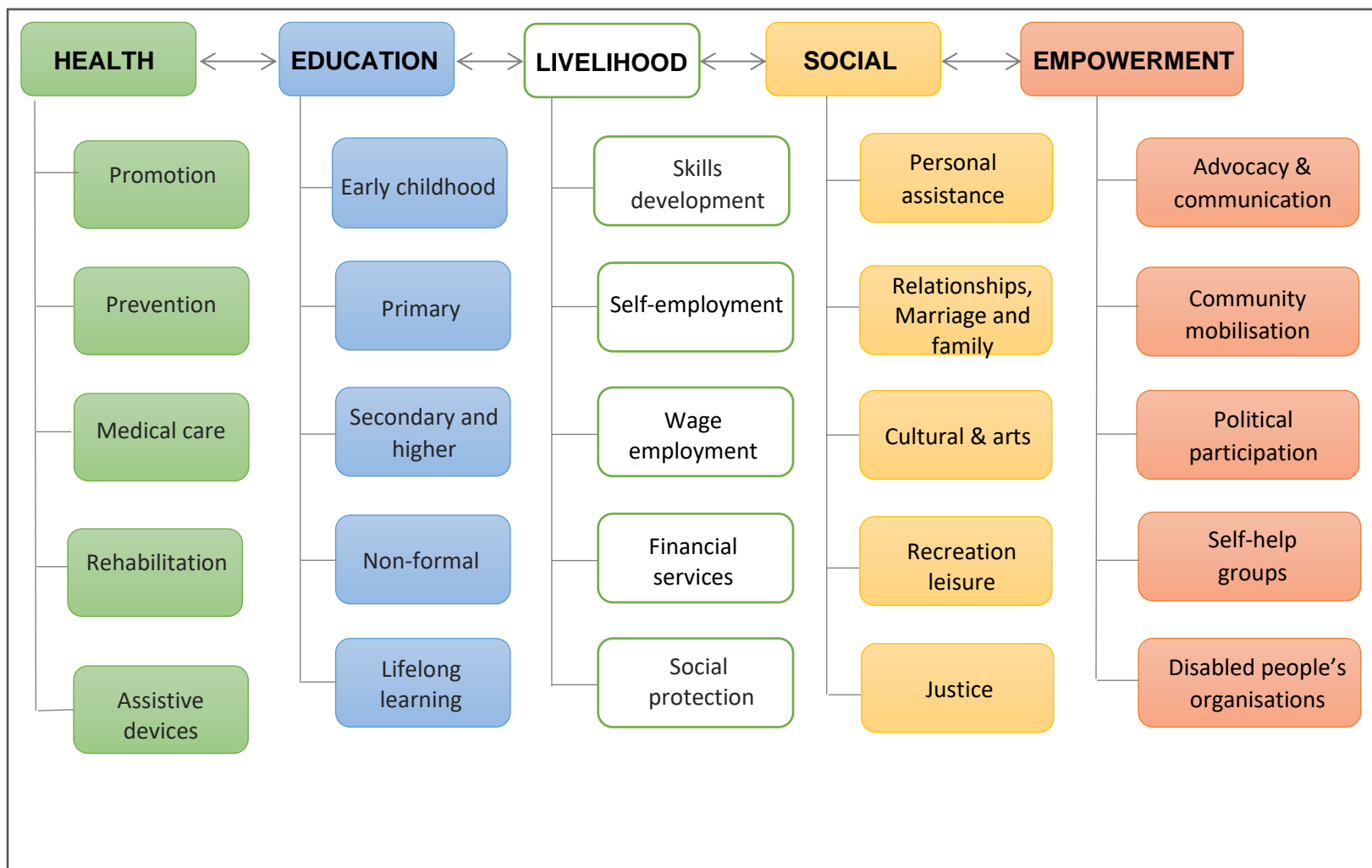


Figure 3.1 WHO's CBR matrix (2010)

In figure 3.1 above, the health component is linked to the current study in terms of reviewing the availability of assistive devices for women with VI (mobility canes) and other specialised equipment needed to facilitate their livelihood participation. It also guided the current study to examine rehabilitations process if for the women especially the late blind. The education component provides insight into the availability and access to information on the livelihood development process and how this influences the livelihoods development process for women with VI. Additionally, the education component enables this study to examine how level of education influenced the women's livelihood development and participation.

With the focus of this study being self-employment in the informal sector, the livelihood component aids the exploration of skills provision opportunities for the women and how these opportunities affect their livelihood participation. The livelihood component also allows this study to examine social protection programmes and how they affect the livelihood development of the women and the availability and accessibility of financial services, and how they enable (or not) the livelihood development process of women with VI. Further, the CBR matrix aids this study to examine the activities that led to the economic empowerment of the women and how their empowerment translates into their participation in decision making at all levels, including their networks groups like the GBU and religious groups. I also examine cultural and recreational activities and how they influence the women's livelihood participation. In this regard, the CBR matrix complements the CA lens in the investigation of environmental factors.

Further, the CBR matrix permits the examination of social support from personal assistants, families, friends, and networks, and how they influence the livelihood development and participation of the women. It also supports the investigation into how the women's livelihood participation is impacted by the strength they draw from empowerment through advocacy and communication, their role in the community, and support from other social and religious groups such as the DPO. It also guided this study to obtain insight into women with VI's participation in leadership and decision-making processes, and how these impact the women's livelihood and entire social life.

3.4 Conclusion

In this chapter, I explained the philosophical paradigm of this study and also explored the concepts and definitions of disability from different perspectives and how the different perspectives influence service delivery in livelihood for women with VI. This pursuit led me to the theoretical perspectives of the Models of Disability, the CA and the CBR guidelines. The two main models of disability (the medical model and the social model) were discussed. From the medical model perspective, disability is viewed as a medical condition that renders the individual unfunctional and needing to be fixed. Since this study was guided by the critical paradigm, the focus was on exploring social, cultural and political factors that impede (or not) the livelihood participation of women with VI. In this vein, I adopted the social model as most appropriate model for this study.

The social model provides a lens through which to interrogate the actions and inactions of society which create disablement for women with VI and that need to be reviewed to increase access to livelihood development and participation for these women.

The CA, which advocates for a broader approach to the promotion of equality and social justice, offers this study a lens through which to review the livelihood development opportunities and how they enable (or not) the livelihood participation of the women with VI. This is done through the investigation of factors such as cultural, gender, personal, political and contextual characteristics and how they influence the skills development and livelihood participation of the women.

Finally, the perspectives of the CBR guidelines allow for the examination of other factors such as support systems, relationships, community, and institutional roles, and how they affect the livelihood development process of women with VI in the Ghanaian context. Closely linked to the three theoretical positions of this research, which shows how the data was collected, is the methodology, which I discuss in the next chapter.

CHAPTER 4: METHODOLOGY

4.1 Introduction

This chapter presents the overall methodology used in the current study. I start by outlining my philosophical standpoint through the research approach. I introduce the exploratory case study and the justifications for its use as a methodology. I also describe the research process followed in conducting this study, including the data collection, management, and analysis processes, and outline issues of rigor and trustworthiness. I conclude the chapter with ethical considerations.

4.2 Research approach

Research approaches are methods and procedures for inquiry that pass through expansive expositions to nitty-gritty techniques of data gathering and subsequently analysing them to generate collective meaning and understanding (Creswell, 2014). The option of a research approach must aim at what is best suitable to attain the research aims and objectives.

In selecting the research approach for the current study, I consider my philosophical standpoint of the research, the research design and specific research methods of data collection, analysis, and interpretation. Creswell (2014) notes that there are three main research approaches: qualitative, quantitative and mixed research approaches.

In order to fulfil the research aim of gaining full insight, explore in-depth, richness, and complexity inherent in the phenomenon of livelihoods development and participation experience of women with VI in Ghana, I was guided by my philosophical viewpoint that realities need to be understood, and interpreted within the context of socio cultural, political dynamism. In light of this, qualitative research was chosen as the applicable approach to help achieve the research objectives.

Qualitative research involves making inferences based on multiple viewpoints, to get quality and in-depth data for analysis. Qualitative research is a step-by-step subjective approach used to explore lifetime experiences and conditions to give them meanings (Creswell, 2014). By using a qualitative research, I focused on the experiences of the women with VI to obtain information on their uniqueness as individuals participating in livelihoods who were involved in the current study. I also focused on the service providers as individual organisations rendering livelihood services to the women with VI. The service providers were included in this study in order to provide a deeper

understanding of the livelihood development process of women with VI from the perspective of both service users and service providers.

Qualitative research is seen as a form of social enquiry that focuses on the way people interpret and make sense of their experiences in the world in which they live (Bradshaw, Atkinson, & Doody, 2017). Being guided by my philosophical underpinning that the world is reconstructed by socio-cultural, political, and structured powers that need to be transformed, I was guided to focus on the women with VI to obtain information about their livelihood development participation experiences and the way they interpret and make sense of their experiences. I involved the service providers to share their experiences in service delivery and how they understand and interpret their role as service providers.

Qualitative researchers explore elements such as the behaviour, perspectives, experiences, and feelings of people, and emphasise the understanding of these elements (Cohen et al., 2000). The qualitative research approach enabled me to evaluate the individual information, dispositions, convictions, and conduct of the women with VI in their livelihood participation journey. Creswell (2013) notes that this is possible for one to understand why individuals do things the way they do.

A qualitative approach also allows the study participants to give important responses to questions asked by the researcher, and may likewise give substantial bits of knowledge that may have been missed by any other strategy (Cohen et al., 2000). Being guided by my viewpoint that women with VI may be living under oppressional powers and social barriers, the choice of qualitative approach enabled me to craft questions that made room for the participants to respond and also added knowledge to enrich the information obtained. Although qualitative research is unable to answer statistical questions and measure elements of strength between relationships, it allows a study to unfold in a natural way to yield more detailed and rich data (Gray, 2009).

Mertens (1998) notes that qualitative research is multi-method in focus, involving an interpretive, naturalistic approach to its subject matter. This means that qualitative researchers study things in their natural settings, attempting to make sense of, or interpret, phenomena in terms of the meanings people assign to them. Qualitative research involves the collection of a variety of empirical materials, such as case studies, personal experiences, life stories, and interviews (Mertens, 1998, p. 159). The choice of a research approach is also based primarily on the nature

of the research problem or issue being addressed, the researchers' personal experiences, and the audience of the study. As an African woman, I have knowledge and experience of the patriarchal system, power relations, and socio-cultural norms that breed the gender inequalities and discriminations suffered by women with VI in Ghana. I have worked with women with disabilities in general in the past and I am currently working with women with VI. My knowledge of the social realities and working experiences with women with VI in the context of the current study explained my choice of a critical paradigm which, in turn, informed the option of a qualitative approach for the current study.

In order to gain an in-depth understanding of the real-life livelihood participation experiences of the women with VI in Ghana, I aligned with Mertens (1998), who notes three major roles of a researcher conducting qualitative research: supervisor, leader, and friend to the participants. As a supervisor, I portrayed myself as a consultant seeking the welfare of the women with VI, orienting them to what was expected from them. That is, I viewed the women with VI as insiders who are involved in livelihoods. As a leader, I guided the entire process from recruitment to the end of data gathering, I organised recruitment and training for my research assistant, I kept field notes where I recorded personal reactions and feelings as demonstrated through non-verbal language and reflections of all events, including in focus groups, and I acted as the main instrument of data collection. In my role as friend, I took no specific mandate and authority over the women with VI and their service providers. Rather, I established a cordial relationship with all of them and accorded them all high respect. I also made them feel more comfortable by creating a very friendly environment throughout the process and sought the views and approval of the women and their service providers in selected venues for the interviews. As a friend, I motivated both the women with VI and their service providers through praise, jokes, and rewards, while also being mindful of not using the praise and rewards to coerce or force them to take part in the research.

4.3 The Case Study Research Design

Research design is the framework or structure that holds the study. It involves the researcher's plan and arrangement of the study with respect to data gathering and analysis to achieve the research aims and objectives (Creswell, 2013). Considering the aim of this study, an exploratory case study design was chosen as the appropriate research design. Yin (2013) defines a case study as an "empirical inquiry that investigate a contemporary phenomenon in depth and within its real-

life context” (Yin, 2013, p. 16). According to Yin (2013), the steps involved in conducting a case study include defining the case, designing the case study, gathering data, analysing data, and validating the data. In defining the case, I examine the phenomenon under study (livelihood development) as a contemporary phenomenon. The case (which is women with VI in the Ada East district in the Greater Accra region of Ghana) is a single case that requires in-depth investigation and understanding of the real-life experience of the women in the Ghanaian context. By designing the case, an exploratory case design was applied. An exploratory case study design emphasises the need for the researcher to explore and understand in depth by digging into social realities in their contexts in order to get a grip on the rich experiences of what the researcher is looking for. Yin (2014) noted that an exploratory case study design attempts to answer questions such as “what”, “why”, and “how” (p. 22). Likewise, Baxter and Jack (2008) also suggest that an exploratory case study design is appropriate when the focus of the study is to answer “how and why questions” (p. 547). In the context of this study, the research questions that guided the inquiry contain “what”, “why” and “how” questions.

By embracing this design, the “what”, “why” and “how” research questions were answered. Being mindful of what should be known, the exploratory case study design enabled me to interact with the participants to obtain information on their lived experiences. As noted by Yin (2013), a case study researcher makes use of six data gathering tools: documentation, archival records, interviews, direct observations, participant observation, and physical artifacts. This study used interviews and document analysis to gather data from service users and service providers. The data obtained from interviews and document analysis were complemented with direct participant observation in the field and personal reflection (Kivunja & Kuyini, 2017). An inductive data analysis methodology, discussed in the analysis section, revealed the perspectives of the two groups of people (women with VI and service providers) that illuminated the social injustices, structures, and systemic barriers and other practices that enable or impede women with VI’s livelihood development and participation.

4.4 The Case

In this study, the case “women with VI in the Ada East district in the Greater Accra of Ghana” was specifically chosen because, over the years, women with VI in Ghana have experienced

various forms of livelihood development strategies implemented by GBU, the government through its agency, and rural banks. These livelihood development strategies are all geared towards creating opportunities for women with VI to participate in livelihood. This study was carried out to understand women with VI's livelihood participation by exploring how the livelihood development strategies are enabling (or not) livelihood for them and examining factors that hinder or facilitate their livelihood participation. The Ada East district (see chapter 1) is one of the GBU's districts that participated in several livelihood development programmes. Women with VI in the Ada East are members of the GBU in the district. As a result of their association with the GBU in the Ada East district, they participated in livelihood development programmes organised by GBU, the government agency, and a financial institution. Subsequently, they are counted among women who engage in livelihood activities in the informal sector in the Ada East district.

4.5 Research Setting

The research was set in Ada East district in the Greater Accra Region of Ghana. The district has three main DPOs, namely, GBU (whose members are vision impaired), Ghana National Association of the Deaf (whose members are hearing impaired) and Ghana Society of the Physically Disabled (whose members are physically disabled). Although all the members of these three DPOs participate in livelihood activities, the decision to limit this study to GBU and women with VI was informed by the fact that earlier studies on the employment and livelihood of persons with disabilities in Ghana focused on disability groups in general and specifically on persons with physical disabilities (Naami, 2015; Gyamfi, Mprah, Edusei, Dogbe, & Owusu, 2015). Additionally, statistics have shown that persons with VI make up a large part (40%) of the disabled population in Ghana (Ghana Statistical Service, 2012)

GBU has three wings, namely, the youth wing, the sports and recreation wing, and the women's wing. These wings were established by GBU with the main purpose of targeting and meeting their specific needs. In order to reach out to its constituents adequately, GBU has an executive board comprising of 27 members that enact policies, develop programmes, and supervise the implementation of these policies and programmes. Additionally, GBU has a national secretariat with 17 staff members that implement programmes and policies. Although GBU is an advocacy organisation, it also renders services to its members in the areas of education, employment and

health. Since 2008, GBU has focused on addressing the economic empowerment needs of women with VI through various livelihood development strategies with other partners (Chimbar & Enyonam, 2015). I am a staff member of GBU at the national office. Even though I am not directly involved in the implementation of the livelihood programmes, I had an initial discussion with GBU management who agreed to participate in this study and provide all the necessary support and links to other partners. It was agreed by GBU and me that the research findings will be made available to GBU and its partners for further enhancement of the livelihood development for women with VI in the informal sector. GBU's acceptance and willingness to participate in this study and support to have access to its district members, partners, and relevant documents for analysis convinced me to conduct this study in the Ada East district. As noted by Yin (2013), when the researcher is sure of gaining access to data collection, the case site can be selected based on that criterion because without access to the case site, the researcher will be at risk of not being able to collect data (Yin, 2013).

4.6 The Study Population

The Ada East district has a total population of 71,671 with approximately 34,012 males and 37,659 females (Ghana Statistical Service, 2012). Out of this population, the most recent estimate is that a total of 1,480 (comprising 788 males and 692 females) are persons with VI (GBU, 2018). The population for this study was all the 692 women with VI in the Ada East district and their service providers from the government agency (GOV A), rural bank (RBank) and GBU at the national and district levels.

4.7 Sampling strategy

The sampling approach for this study was non-probabilistic and purposive sampling. This approach helped to strategically recruit participants from both service providers and the service users. The use of purposive sampling was to ensure that the participants selected were those who were actually relevant and could respond to the research questions that were posted (Bryman, 2012). Purposive recruitment allows for "hand-picking cases that are most beneficial to the study" (Polit & Beck, 2004, p. 306). Purposive sampling permits the critical consideration of the boundaries of the population of the study and the research inquiry, a feature that matches the case

study research design (Silverman, 2006). I selected women with VI (service users) in the district through the assistance of the GBU district executives during an organised district branch meeting. The service providers were recruited through the assistance of their executive directors at national and district offices. The following were the exclusion criteria for women with VI and the officers of GBU, GOV A and RBank.

4.7.1 Inclusion criteria for women with vision impairments

1. Women with VI aged 18 to 60, the legal productive age for employment in Ghana.
2. Women with VI who have participated in livelihood development programmes in the Ada East district at any time from 2008 to 2018. This period witnessed the implementation of livelihood programmes under three successive governments in Ghana.
3. Women with VI who have participated in livelihood development strategies implemented by any of the three service providers (GBU, GOV A, and R Bank).

Women with VI in the Ada East district have to meet all three of the criteria before they qualify to participate in this study.

4.7.2 Exclusion criteria for women with visual impairments

1. Women with VI who have additional disability. The focus is on women with only VI.
2. Women with VI who cannot speak any of the local languages (Ga, Dangme, Ewe, Akan) or English.

4.7.3 Inclusion criteria for staff of GBU, GOV A and RBank

1. The staff of GBU, GOV A and RBank who have at least 2 years' working experience with their organisations.
2. The staff of GBU, GOV A and RBank who are directly involved in livelihood development programmes in the national or district offices.

4.7.4 Exclusion criteria for staff of GBU, GOV A and RBank

1. The staff of GBU, GOV A and RBank with less than 2 years' working experience with their organisations.
2. The staff of GBU, GOV A and RBank who are not involved in the implementation of livelihood development programmes.

4.8 Sample size

Qualitative research does not require a large sample size. According to Creswell (2013) and Yin (2014), the aim of qualitative research is to obtain a deeper understanding of a phenomenon rather than generalising from the findings. In line with this information, I considered a sample size of 20 participants for this study and three participants for a pilot study to obtain deeper understanding from the stories of the participants who have the relevant experiences that respond to the research questions.

Fourteen women with VI participated in the in-depth interviews. The same women with VI who participated in the in-depth interviews were recruited to participate in the focus group discussions (FGDs). Two staff members were selected from each of the three service providers to participate in the in-depth interviews. The same staff members who participated in the in-depth interviews were recruited to participate in a FGD held with the service providers. The decision to recruit the same participants for both the in-depth interviews and the FGDs was strategically taken by the researcher to ensure that information missed out during the in-depth interviews could be filled in during the FGDs. It was also envisaged that members who felt unable to open up to give information during the in-depth interview sessions could do so during the FGDs when they realised others were giving information. After conducting the in-depth interviews and the three separate FGDs (one for the service providers and two for women with VI), similar patterns of responses started to appear, and no new themes emerged, an occurrence that indicated that the data had reached saturation point. The interviews were halted at that point (Mason, 2010; Mays & Pope, 1995; Bryan, Cardon, Poddar, & Fontenot, 2013).

4.9 Data gathering

In a qualitative study, the researcher acts as the primary instrument for data gathering and analysis (Denzin & Lincoln, 2018). I decided to do in-depth interviews and focus group discussions to gain a deeper understanding of the participant's opinions, experience, values and beliefs (Showkat & Parveen, 2017) pertaining to the participation of women with VI in livelihood development. In addition to the in-depth interviews and FGDs, I also reviewed ten documents that provided information to corroborate the findings obtained from the in-depth interviews and FGDs. The data gathering started on 5 September 2018 with the pilot study and ended on 25 March 2019 with the FGD with the service providers.

4.9.1 In-depth interviews

Interviews are more personal and enable the researcher and the participants to work more closely together than administering surveys with closed-ended questions (Creswell, 2013). Interviews can be conducted in different forms, such as structured, semi-structured, in-depth, non-directive, FGD and informal conversational interviews (Gray, 2014). In-depth interviews and FGDs also allow for the “flexibility to interact in a less restricted and continuous manner rather than prepared in advance and locked in stone” (Babbie & Mouton, 2010, p. 289). I also did document analysis and kept field notes and a reflective journal.

An in-depth interview, sometimes referred to as a one-on-one interview, was deemed appropriate for this study because of the high sensitivity of the phenomenon under study (Creswell, 2013). Showkat and Parveen (2017) stated that in-depth interviews “may be semi-structured, unstructured, non-directional, or a mix of any of the two or all the three models” (p. 3). I developed an interview protocol to guide the interview sessions (see Appendix 8 and 9). Using the in-depth interview, I was able to delve deeply into the data collection from the participants in a conversation and a setting that made them feel comfortable to share detailed and holistic perspectives of their opinions and experiences but with a guided focus. I constantly probed the participants where necessary to keep the conversations in line with the objectives of the study, while at the same time allowing them to express themselves freely without any interruption. The interviews were conducted in a very conducive atmosphere and safe space that enabled the participants to respond

to the questions with genuineness. All other related questions that arose from the interview were responded to by the participants with ease. As a result, I was able to elicit the personal views of the participants and assess the individual variations in their viewpoints. These various views aided me to compare and contrast the various perspectives of the participants.

I used a laptop computer and a smart phone to record the conversations. I also made brief notes on critical observations and salient points where necessary. Each interview session lasted for an average of 50 minutes. The venue of the interviews for the women with VI was the Ada East resource centre for disabled persons, as agreed by them.

4.9.2 Focus Group Discussions

A focus group discussion (FGD) is “a data collection method whereby the researcher convenes a small group of people with similar attributes, experiences, or ‘focus’ and leads the group in a nondirective manner (Yin, 2016, p. 336). It creates an atmosphere for the participants to interact and bring their worldview, beliefs and values pertaining to the phenomenon under study to the fore (Femdal & Solbjør, 2018). Holloway and Wheeler (2010) noted that “the dynamic interaction stimulates the thoughts of the participants and reminds them of their own feelings about the research topic” (p. 133). As a result, the participants are able to build on each other’s answers, ask questions, and react to each other’s questions. A FGD produces more data within a shorter amount of time than an individual interview and permits the generation of rich ideas that might not have been thought about previously by both the researcher and the participants (Holloway & Wheeler, 2010).

I conducted two separate FGDs with the women with VI and one FGD with the staff of GBU, GOV A and RBank, making it a total of three FGDs. I developed and used a set of questions to guide the discussions (see Appendix 10 and Appendix 11). The set of questions supported an organised and inclusive flow of the discussions about the important issues (Patton, 2002). I intermittently asked probing questions to stimulate the discussion and ensured that the participants followed skilfully directed questions that related to the objectives of the study. Anytime the respondents went off topic (Laerkner, Egerod, & Hansen, 2015), I skilfully redirected them. Because of the sensitive nature of this study, in situations where I observed that the participants’

emotions were rising, I paused for few seconds for them to compose themselves before continuing. For example, when the women were sharing their lived experiences during the onset of their blindness, I felt very challenged. Because I was both a researcher and a staff member of GBU, the women saw me as a confidant and felt the FGD sessions were a safe space to narrate their untold stories. This experience made my role as a researcher, an advocate, and a staff member very complicated and tricky. I struggled to deal with my emotions as well as that of the women. Nevertheless, I bracketed my emotions and biases thoughtfully in order to present a balanced report of the findings. Occasionally, I paused for a few seconds to diffuse my emotions as well as that of the women before continuing. This strategy helped me to keep my focus on recording and avoided biases.

The FGDs with the women took an average of 1 hour 40 minutes, while the FGD with the service providers lasted for 1 hour 10 minutes. All the sessions were audio recorded with a smart phone. I also took notes of salient points and observations during the interviews where necessary. In the next section, I discuss the document review.

4.9.3 Document review

Document review helps researchers to gain insight into the context of a study by evaluating relevant materials that provide rich data which contributes to the analysis of issues under study (Bowen, 2009). Document review produces useful information because the facts are compiled from documents and the researcher cannot interfere or alter the facts (Creswell, 2016). Document review produces evidence that corroborates and enhances the evidence from the other data sources (Yin, 2014). In line with this, ten documents were reviewed as part of this study.

Before conducting the document review, I prepared a list of documents required from the service providers and presented it to the executive directors. I assured them that I would treat the documents meant for private consumption privately in order to uphold the ethics of confidentiality in research. I made photocopies of the pages of the documents that contained information on the livelihood development of women with VI, and I developed a table to record the document type, purpose of the review, and summary of key findings (see Appendix 12). The findings from the

document review were used to corroborate findings from interviews in the analysis chapters 5, 6, and 7.

4.9.4 Field notes and reflective journaling

Field notes are the documented evidence of the researcher’s experiences and what has been observed during the data collection process. It includes observation of behaviours, and verbal and non-verbal expressions such as the facial expression and body language of the participants. The field notes also contain a physical description of the setting of the interviews, the key decisions that directed the data collection process, and the researcher’s own reflections (Creswell, 2013). During this study, I wrote notes in English in a research journal on my observations of both the verbal and non-verbal behaviours of the participants, especially the emotional expressions of the women with VI. I also recorded my own personal reflections at the end of every day of data collection. I kept this journal throughout the study period and referred to it when preparing for the interviews and FGDs. I also refer to the notes during data analysis. Table 4.1 below shows the summary of the data collection techniques, the breakdown of participants and documents reviewed.

Table 4.1 Data gathering and breakdown of participants and documents

	Data source	Number of participants/groups	Type of data
In-depth interviews			
1	Women with VI	14	Primary
2	Staff of GBU	2	Primary
3	Staff of GOV A	2	Primary
4	Staff of RBank	2	Primary
Focus group discussion (FGD)			
5	Women with VI	2 groups (7 participants per each group)	Primary

6	GBU, GOV A, RBank (service providers)	1 group (6 participants in the group)	Primary
Document review			
	GBU	Form of Document	Type of data
7	Strategic plan (2015-2020)	Written Document	Secondary
8	Activity reports on livelihood trainings (2018)	Written Document	Secondary
9	Employment Project Evaluation report 2015	Written Document	Secondary
GOV A			
10	Training manual	Written Document	Secondary
11	Annual report (2018)	Written Document	Secondary
12	Brochure	Written Document	Secondary
RBank			
13	Annual report	Written Document	Secondary
14	Credit policy	Written Document	Secondary
15	Annual report	Written Document	Secondary
16	Memorandum of Understanding (GBU & RBank 2012-15)	Written Document	Secondary
17	Researcher observations	Field notes	Primary

4.10 Recruitment and enrolment

The recruitment and enrolment processes were executed in two groups: women with VI (service users) and staff members of GBU, GOV A and RBank (service providers). The information sheet for women with VI was translated into Dangme, a local language of Ada, by a professional. The translated script was audio recorded by a media expert and stored on memory card for the women with VI to listen to. The information sheet for the staff of GBU was also transcribed into braille (see Appendix 5) and audio recorded by the GBU Assistive Technology Coordinator. This enabled both the women with VI, many of whom are braille illiterate, and the staff of the GBU, who are

braille literate, to understand what the study was about and what was required of them before they decided whether to participate or not. The staff of GOV A and RBank were sent soft copies of the information letter to their email addresses (see Appendix 4).

4.10.1 Women with vision impairments and staff of GBU

Once permission was obtained, I held a meeting with the Ada East district leaders of the GBU women's wing and the district executives to inform them about the study. I gave copies of the authorisation letter from the executive director of GBU (see Appendix 2) and the information sheet (audio-recorded) to them. I requested that the district president and the district women's wing president inform the women with VI in livelihood activities aged 18 to 60 years about the study. I called the executives later to confirm a date to meet all the women in livelihood programmes to provide more information about the study.

I made my second trip to Ada district on 3 September 2018 to meet the 42 women with VI who had agreed to participate in the study. This meeting afforded me the opportunity to interact with them and, during the interaction session, I could hear the anxiety and eagerness in their voices to participate in the research. Their willingness to share their livelihood experiences was captured in statements that were indicative of the fact that they were ready to tell their stories.

These were the following steps I took:

1. I asked permission to put the 42 women into groups of six to listen to the audio-recorded information letter which had been put on the memory card in each of the six the audio players. The small groups listened to the detailed information about the study so that they could make an informed decision about their participation. After the group session, they asked questions for clarification. I collected their contact details and gave one audio player with the audio-recorded information about the study to each group to take home and listen at a convenient time for them on a rotational basis.
2. I then paid the transportation fare of GH¢ 40.00, the equivalent of \$8.00, to each of the women, and gave them consent forms (see Appendix 11) to complete later if they decided to participate in the study. I asked permission to end the meeting with the assurance of contacting them at a later stage.

3. I followed up with telephone calls to arrange dates for individual interviews with those who had confirmed participation, at venues which were convenient for them. Although almost all the women were eager to participate in this study, 14 women who met the selection criteria were chosen based on a “first come, first served” basis, that is, those who confirmed participation the earliest.
4. I met with the three staff members of GBU directly involved in the livelihood implementation programmes in the GBU office to discuss the study and allowed them to ask questions for clarification.
5. I gave them copies of the information letter in both braille and audio (English version) formats, as well as the consent forms.
6. I asked those who agreed to take part in the study to complete the consent forms and confirm the dates and venue for their individual interview. Two staff members were invited for the individual interview.

4.10.2 Staff of GOV A

These were the steps I took:

1. I asked the executive director of GOV A for a list of the names and contact details of the staff members who met the selection criteria.
2. I contacted each of them by telephone to explain the study and addressed all of their questions.
3. I later sent an information letter and consent form to the four staff members (2 district officers and 2 national officers who qualified to participate based on the inclusion criteria).
4. I was informed that the four staff members had agreed that two of them (one district officer and one national officer) would participate.
5. I contacted these two individually and agreed on meeting dates and venues for the individual interviews.

4.10.3 Staff of RBank

These were the steps I took:

1. Once permission was granted by the managing director, I asked him for a list of the names and contact details of the staff members who met the selection criteria.
2. I contacted each of them by telephone to explain the study and addressed all of their questions.
3. I gave those who showed interest in participating in the study a letter of information, which outlined the details of the study, including the benefits of participating in it, and a consent form (Appendix 7).
5. I followed up with telephone calls to confirm the dates and venues for the personal interviews.

4.11 Piloting

I conducted a pilot study with three women with VI doing livelihood activities in Ada West, an adjoining district to Ada East (the district of this study). The findings of the pilot study were not included in the study. The purpose of the pilot study was to test the interview guide as well as my interviewing skills. Additionally, the pilot study enabled me to test the responses from the participants and the timing to ensure that I received responses relevant to addressing my research questions. The feedback from the pilot study allowed me to modify some of the questions for both the individual interviews and the FGDs. It also helped me to look for words in the local language (Dangme) that appropriately describe some of the English words used. For example, in Dangme, the word for ‘policy’ and ‘strategy’ is the same (blɔnyatomi), and so I used sentences to explain words such as these (that is, the same word is used for both in Dangme). The pilot study helped me to identify the timing and pacing needed for the individual interviews. This helped me to break down some of the questions to avoid repetition and ambiguity. Furthermore, I appreciated the challenges experienced, especially in relation to keeping the interview on topic, as well as building rapport with the participants. The experiences I had with capturing clear audio recordings of the discussions and having the battery run out also helped me to make provision for a powerpack as backup. After conducting the pilot study, the recruitment process followed.

4.11.1 Language

The predominant language spoken by the people of Ada East is Dangme. The in-depth interviews and FGDs with women with VI were conducted in Dangme. This language choice allowed a free

flow of expression and information from the women. as 36% of them had no formal education and 57% had only basic education (see Table 4.2). I speak Dangme but I am not very proficient in writing it. To avoid leaving out key terms used in English in the local language, I engaged the services of a professional Dangme teacher in the district to assist with the translation of information sheets and consent forms into Dangme. He also prepared the translated script for a media expert to produce the information in audio format for the women.

The in-depth interviews and the FGDs with the service providers were all conducted in English because all the service providers have at least one degree in education and were therefore proficient in English. I translated the recorded interviews from Dangme to English myself. However, I regularly consulted the Dangme teacher to verify some key terms and the accuracy of words and sentences if I was not sure. This was to ensure that all the information in Dangme was correctly captured in the English version especially because majority of the women used words that do not have direct English words because of their educational background.

4.12 Data Management

Data management and analysis are central to a qualitative research. Good data management and analysis guarantee a clear and understandable story that other researchers can rely on to test the strength of the outcome of the study. Data management is very useful, especially when dealing with multiple data sources in research such as this study. Next, I present how I managed the data.

All hard copy documents received from the service providers for the document analysis were photocopied and kept locked away in my study room. I created two separate folders of audio-recorded data from the in-depth interviews and FGDs for women with VI and their service providers. I saved the folders which contained the individual recordings as electronic files with a google drive backup.

4.12.1 Data analysis

Thematic analysis was chosen as the appropriate method to analyse the data collected for this study. By applying this method, the analysis focused on the identification and interpretation of

patterns and themes that emerged from the data through repetitive and careful reading (Clarke & Braun, 2013; Saldaña, 2015). The data corpus included transcripts from the in-depth interviews, FGDs, photocopies of pages from the document review and field notes. These were subjected to a laborious and thorough pattern identification process to organise the data into themes, sub-themes and categories to explain the data. The reasons for choosing thematic analysis for this study were that it is a very simple and flexible method of qualitative data analysis, it is independent of theory and so it suits different research questions and theoretical perspectives, and it can be applied to produce data-driven or theory-driven analyses (Clarke & Braun, 2013). It is also a very useful method to examine the different experiences and perspectives of the research participants and bring out the similarities and differences. Thematic analysis can be inductive or deductive. Inductive analysis starts with observing the data and from there a theory emerges. It allows the researcher to search for patterns as they unfold from the data and these are then used to develop an explanation to generate theories. In this study, I applied an inductive approach to allow the data to speak for itself in the analysis.

As noted by Saldaña (2015), qualitative research anticipates exposure to some information through informed instincts, perceptions and unforeseen happenings, which leads to a richer and more powerful description of the setting, context, and participants in any research. Based on this viewpoint, I adopted the six steps suggested by Braun and Clarke (2006) (depicted in table 4.2 below) for data analysis for this study.

Table 4.2 Phases of thematic analysis (Braun & Clarke, 2006)

Phase	Description of the process
Familiarising yourself with your data	Transcribing data by reading and re-reading the data to note down initial ideas
Generating initial codes	Coding interesting features of the data in a systematic manner across the entire data set to collate data relevant to each code
Searching for themes	The themes emerge from grouping together the sub-themes

Reviewing relationships of sub-themes and categories	The sub-themes emerged from grouping together the categories from the coded extracts and the entire data set
Defining and naming themes	Ongoing analysis to refine the specifics of each sub-theme that make up the overall theme
Producing the chapters	Selection of vivid, compelling extract examples; analysis of selected extracts; relating the analysis back to the research objectives, literature and theoretical frameworks

4.12.1.1 Familiarisation with the data

Familiarisation is the first phase of thematic analysis. At this stage, I listened to the audio-recorded data for the first time to get a general idea of the data and identify interesting features that were relevant to the phenomenon under study. For the audio-recorded files of the interviews with the women with VI, I firstly listened to each of them to get an understanding of the content. I then listened again and translated line by line from the local language (Dangme) into English in a notebook, and I typed the translation from the notebook into a Microsoft Word document. I took 25 days to complete the translation process for the women with VI, a task that I found to be time consuming and stressful but worth doing. Before I completed the translation, I was already up to date with the stories of each participant. During the transcription, I paid attention to the names of people and places that could pose ethical challenges and anonymised them. As noted by Braun & Clarke (2006), this level of detail is enough to generate rich analysis with rigour.

In the case of the service providers, the audio-recorded files were translated verbatim and typed directly into a Microsoft Word document without writing in a notebook first. This helped to save time. I took seven days to complete the process. Again, all the Microsoft Word document files were saved in two separate folders. Considering the volume of data and the desire to manage and analyse the data over a short period, I used NVivo data software to analyse the data.

I participated in a one-day course in NVivo data analysis organised by the continuing education unit at the University of Cape Town to enhance my skills in using the NVivo software. After the training, I imported all the transcripts into NVivo (NVivo Pro version 12) to help manage and analyse the data. To obtain a general idea about the participants' focus in the data, I explored the data by conducting several queries using the NVivo software. For example, I conducted a word frequency query to find out the common words used by the participants about their livelihood activities. The query results showed that the most used word was 'sell', as depicted in figure 4.1 below.



Figure 4.1 NVivo Output Word Cloud

After exploring the data in this manner, I read the transcripts participant-by-participant three times again, and highlighted interesting phrases, words, and ideas to identify the patterns in the data. Then I moved to the next stage, which is the generation of codes.

4.12.1.2 Generating initial codes

This is the stage where a thorough and systematic analysis is done through coding. Codes are the units that describe the participants' meanings in the data (Clarke & Braun, 2013). According to Braun & Clarke (2006), there are two ways of coding: semantic (descriptive) or latent

(interpretative). I applied both semantic and latent coding in the analysis of the data. This helped to reduce the raw data into smaller blocks and give meaning to the data. In NVivo, codes are referred to as nodes. For example, the words and phrases in figure 4.2 below illustrate samples of a reference print-out of initial codes related to Ameh's onset of blindness.

```
<Files\\Ameh SU02 Script 2 3 09 19 UCT 1> - § 11 references  
coded  
Reference 1 - 0.10% Coverage  
life became difficult  
Reference 2 - 0.10% Coverage  
No money to buy food  
Reference 4 - 0.08% Coverage  
No one advise me  
Reference 5 - 0.09% Coverage  
I beg before I eat  
Reference 6 - 0.09% Coverage  
I was not working  
Reference 7 - 0.10% Coverage  
What to eat was a challenge
```

Figure 4.2 Sample codes generated using NVivo for Ameh

After creating the initial codes using the words and phrases from the participants, a parent code (category) was created that assigned meaning to all the relevant codes. Next, I describe how the themes and categories were generated.

4.12.1.3 Searching for themes

A theme should “capture something important about the data in relation to the research question and represents some level of patterned meaning within the data set” (Braun & Clarke, 2006, p. 82). Sub-themes and categories are the specific ideas under the main theme that reflect the patterns of the data and give meanings to the findings. I gathered all the codes to build the categories and the sub-themes that share a common feature describing the coherent and meaningful patterns in the data. For example, using the initial codes in figure 4.2 above, categories such as *struggle for survival* and *life in misery*, which described the experience and feelings of the women during the onset of their blindness, were generated. I then grouped all the codes that described the same incidents and that had meanings related to these categories. Again, a sub-theme – *struggle between life and death*, which described the meanings of the categories – was created. All categories related to this sub-theme were then grouped.

In creating the categories and sub-themes, I ensured that they were comprehensive and mutually exclusive in order to discover the differences between the codes based on the meanings. The codes and the categories were named using direct words and phrases from the participants. The sub-themes and themes were identified from the meanings deduced from the data set that described the codes and categories. For example, the sub-theme *struggle between life and death* was deduced from the codes and categories *life was like a misery*, *no money to buy food*, and *suicide to end it all*. Other codes and categories such as *responsible life*, *engaging life* and *positive life* were generated from the data set extracted from the women’s experiences after they engaged in livelihood activities.

4.12.1.4 Reviewing the theme

This phase is a repetitive process which involves checking and reviewing the themes in relation to the coded data as well as the entire data set. I read the codes, categories, and sub-themes, and analysed them to ensure that they were distinct and coherent. For example, to create the theme ‘Transitioning from zero to hero’, which described the meaning of the two sub-themes *struggle between life and death* and *new life in the dark*, I read through the extracts of data on the women’s experiences during the onset of their blindness as well as their experiences when they were engaged in livelihood activities. I checked the codes, categories, and data set to ensure that the pattern adequately described and supported the themes. In the instances where not much data was

found in relation to the theme, it was merged and reviewed. Consequently, in the reviewing phase, some codes were relocated to other themes. This stage entails rigorous checking of codes, categories, and extracts from the entire data set to ensure that bias was not introduced and the voices of the participants were echoed.

I held discussions with my supervisors to explore alternative interpretations of the themes, sub-themes, and categories, and thus attained confirmability of all three of them. Additionally, I referred to my research journal regularly to check my biases and assumptions. I bracketed my opinion and viewpoints during the checking and researching process to ensure that the themes worked in relation to the coded extracts and the entire data set (Braun & Clarke, 2006).

4.12.1.5 Defining and naming themes to write findings chapters

At this stage, each theme was refined in relation to the specific data it conveyed and the research objectives to answer the research question. This process involved reviewing and re-checking the themes against the entire data set for relevance and coherence. Initially, four themes and 15 sub-themes which seemed to capture some important meanings that responded to the research questions were generated. These were reviewed in relation to the data set, codes, and research questions repetitively. Additionally, regular discussions were also held with my supervisors during the redefining process. As a result, themes one and two were redefined and renamed. Themes three and four were merged, redefined and renamed. See tables 5.1 and 6.1 and figure 7.1 for the final themes and sub-themes generated.

4.12.1.6 Writing up the findings

This final stage involved writing up the findings of this study. As noted by Braun and Clarke (2006), repetitive reading was done to choose rich, convincing and appropriate quotes from the participants to back the themes and the findings. I linked the findings to prior literature revolving around the content of the themes generated to show how the women with VI experienced livelihood development and to enable a holistic understanding of the phenomenon by readers. Next, I present the steps I took to ensure rigor and trustworthiness of this study.

4.13 Scientific rigor and trustworthiness

The strength of any qualitative research depends on its trustworthiness. I adopted Guba and Lincoln's (2001) criteria for qualitative research, namely, credibility, transferability, dependability, and confirmability.

4.13.1 Credibility

Credibility deals with the question of "How congruent are the findings with reality?" (Shenton, 2004, p. 64) or "how believable are the findings?" (Bryman, 2012, p. 49). Credibility was ensured through triangulation of the data collection methods and sources (Baxter & Jack, 2008, p. 556) and the use of "multiple sources of evidence" (Yin, 2013, p. 45). The multiple data sources I used were in-depth semi-structured interviews, FGDs, document review, and field notes to compare and contrast findings. Additionally, I used the PhD students' platform and the departmental monthly seminars to do peer debriefing and obtain feedback and additional ideas from my peers and supervisors. I also shared the themes with the participants to obtain feedback from them.

Another way of determining credibility is through reflexivity (Creswell, 2016), which refers to the process of continuous reflection on how the researcher's and participants' principles, values, beliefs, perceptions, behaviour, morals, or presence can affect the data collected. I kept a research journal in which I recorded my reflections, feelings, and reactions towards the participants during the data collection period and all of these were taken into account when writing the thesis. Moreover, I held regular debriefing sessions with my supervisors throughout the various stages of data collection and data analysis. The continued reflection and consideration of alternative views also contributed to the credibility of the research.

My personal reflexivity also contributed to maintaining credibility. Throughout the data collection and analysis process, one issue that dominated my reflections was '*what next after this study?*' I deduced this question from the feelings and emotional expressions of the women with VI throughout the data gathering and analysis process. I felt like the women had been waiting for a space to tell their stories for far too long. The enthusiasm and willingness of the women to participate in this study were demonstrated in their commitment to sharing their very sensitive stories freely. There were heavy emotions involved in the in-depth interviews with the women and

the staff of GBU. For instance, during the interview sessions with two of the women, I had to pause for about two minutes and four minutes respectively for them to compose themselves. I got worried and asked them if they wanted to continue with the interview. They agreed and we continued, ending the interviews on a good note. Although I had continued with these two interviews, I reflected on the situation throughout the day, asking myself the following questions: "What should I do differently to avert this situation? How should the questions be framed to minimise emotional triggers?" In the subsequent interview sessions, any moment I felt the women's emotions were rising, I paused for few minutes and, where necessary, I interjected with general comments to defuse the emotional tension before I continued. This strategy helped to move the interview sessions, especially the FGDs, beyond the heavy emotions experienced during the in-depth interview sessions. During the FGDs, the women's contributions and flow of information prompted reflection on team spirit among the women. The desire for a joint session between the service providers, the policy makers, and the women with VI so that the women could share their stories was strong during the FGDs. However, that demand was beyond the scope of this current study.

On a different note, I also reflected on the women's self-definition of disability and how it reflected in their actions during the data gathering process. For example, a definition such as "*disability is a fortune*" (Dede September, 2018) instilled hope and confidence in the women.

On the service providers' level, I reflected on their commitment to the participation in this study. Although their recruitment was easy and they consented to participate in this study, it was difficult for them to honour the scheduled dates and times for the interviews. For example, the interview with the RBank staff members was rescheduled six times. Upon reflection, I re-strategised and repetitively assured the staff that I was able to meet them on the weekend if that was convenient for them. This strategy helped. During the FGDs with the service providers, I felt like the participants were using the interviews as debriefing sessions and reflecting on their positionality as well as job commitment to service delivery for women with VI. For instance, statements such as, "*to be honest, we are not doing it right*" (GOV A₂) depicted deep and genuine reflective feedback from the service providers.

4.13.2 Transferability

Sufficient and detailed description of the methods of the research, the analytic process, the characteristics of the phenomenon, and the participants enable readers to have a proper understanding of the study and to determine to what extent they can transfer findings and conclusions presented to other situations (Guba & Lincoln, 2001; Shenton, 2004). I ensured transferability by providing a robust and detailed thick rich description of the methods used, study site, and participants' data gathering procedures. I also gave detailed descriptions of the participants' demographics (see Table 4.3 and Table 4.4) as well as the context of the study, which allows comparisons to be made. However, as noted by Yin (2016), the aim of a case study is not to provide empirical generalisations of the findings. The findings of this study will add to knowledge on livelihood development practices.

4.13.3 Dependability

Dependability considers whether the findings of the study would be consistent if the study were to be replicated under similar circumstances with the same subjects or within larger contexts. To ensure dependability, I gave an in-depth and detailed description of the research design, the methods used in the data gathering, the process of analysis, and the findings provided by direct quotations from the participants. This serves as an audit trail for the replication of this study (Guba & Lincoln, 2001). Additionally, I used multiple data sources to triangulate the findings, and I also reflectively appraised the effectiveness and appropriateness of all the research processes I undertook using my research journal. These enabled me to evaluate the extent to which the appropriate research practices had been undertaken (Shenton, 2004, p. 73).

4.13.4 Confirmability

Confirmability is the extent to which the study's findings are the result of the experiences and ideas of the informants rather than the views and preferences of the researcher. To ensure confirmability and minimise the effect of my bias, I shared the transcripts, the analysis processes, and the other data sources with my supervisors who counterchecked and confirmed the accuracy of the established themes, sub-themes, and categories. Furthermore, I declared and described my predispositions and beliefs before the data gathering commenced (Appendix 3). I also kept a

research journal that enabled me to reflect on every step of the study. In the next section, I present the ethical issues that were considered when conducting this study.

4.14 Reflection on data analysis

It was not easy to translate the audio recordings from Dangme to English. There were some keywords in Dangme that had no exact matching words or phrase in English. The only way to translate Dangme words such as “edai”, which is a proverb, was through description. In order not to risk words and meanings being lost in the translation process, I made notes of these words and phrases and continuously consulted the Dangme teacher to help with the exact translation of these words. I also put these words in quotes in some instances and gave the translations in English so as to preserve their originality. Although this delayed the translation process, it prevented the risk of missing out on the true meanings of these typical Dangme words in English.

4.15 Ethical considerations

Any research that includes human participation is required to make provision for special ethical considerations to ensure that the participants are protected from abuse and misuse, as well as participate in an informed and voluntary way. This study was guided by the Declaration of Helsinki, which upholds the principles of respect for the individual, their right to self-determination, and the right to make informed decisions with respect to their participation in any research study (World Medical Association, 2013).

I obtained ethical clearance to conduct this study from the University of Cape Town Human Research Ethics Committee of the Faculty of Health Sciences (reference number: 460/2018) (Appendix 1). As this study was conducted in Ghana about the livelihood development and participation of women with VI, I obtained permission from GBU (Appendix 2). I also obtained approval from the GOV A and the RBank to conduct this study. Additionally, I had meetings with the district executives and the women’s wing leadership of GBU in the Ada East district to inform them of the study and to share copies of the study permissions with them. The ethical considerations with respect to autonomy and informed consent, beneficence, justice, and non-maleficence for all the participants are presented in the next section.

4.15.1 Autonomy and informed consent

To ensure autonomy, all the participants were informed about the nature and structure of this study and what it would mean to participate in this study. The information sheet was put into accessible formats (audio, braille, and print). For example, women with VI aged 18 to 60 who participated in this study were given an audio-recorded version of the information sheet in Dangme, the local dialect. The staff of GBU who are braille literate were given braille copies of the information sheet while the staff of GOV A and RBank were given soft copies to read. All participants were given three days to listen to or read the information and understand the study before they were given consent forms to complete.

Before the data collection process began, I held a meeting with women with VI in the district to explain the study to them. Likewise, I explained the study to the service providers through meetings held with them separately followed by a telephone discussion. All questions raised by the participants about the study were addressed before starting the interviews. I explained the risks and benefits of this study to all the participants and emphasised that participation was voluntary and they could decide to stop at any point if they wished to do so. All the people who participated in this study expressed interest in participating voluntarily and signed the consent form.

4.15.2 Beneficence and non-maleficance

A research study should be a balance between the benefits and risks for participants (Fontes, 2010).

There was no direct monetary gain for participating in this study. However, the women with VI gained in-depth knowledge and information on the different livelihood strategies their colleagues are engaged in through the FGD sessions. These new lessons will help them to improve their livelihoods. Additionally, the knowledge and findings from this study will be shared with the women, OP VI, GOV A and RBank for the purposes of advocacy to enhance service delivery and policy decisions to the benefit of the entire disability community.

To minimise risk for participation in this study, all the participants were protected by anonymising their data using pseudonyms and serial numbers to ensure confidentiality. All the interviews were held in locations that were accessible to the participants and in enclosed rooms that guaranteed privacy and a safe space for the participants' comfort. Information was provided in the

participants' preferred formats (braille, print, audio) where possible. Considering the high sensitivity nature of this study, I made provision to refer any participant who may exhibit emotional instability during the interview process to a professional counsellor at the Ada East District Hospital. However, none of the participants exhibited emotional instability that required external support during the interview process.

4.15.3 Justice

The principle of justice ensures “equal share and fairness, and avoidance of exploitation and abuse of participants” (Ciuk & Latusek, 2017, p. 95). I upheld the principle of justice by ensuring equal treatment for all participants throughout the research process. I ensured that all participants were given snacks, water, and lunch during the interview process. Additionally, I refunded the transportation fares of the Ghanaian Cedi equivalent of \$8.00 to all participants. I kept a reflective journal in which I recorded and tracked the records of all the participants, and their views and salient points of reflection during the data gathering process. Each participant's data was treated with the same respect, attention and consideration, and will be discarded after five years.

4.16 Summary

In this chapter, I have presented the methodology I used to conduct this study which sought to explore how livelihood development strategies offered by GBU and its partners provide opportunities for economic empowerment and self-employment for women with VI in Ghana. The chapter presented a rationale for the choice of critical theory as the qualitative research paradigm, using an exploratory case study design. The participants, data gathering methods, and analysis process were described, along with the ethical considerations observed. Next, I present the findings of this study in three chapters, each of which focuses on a specific theme, followed by discussion which is integrated with the current literature. These three chapters are as follows:

Chapter 5: Theme 1 – *Our cloudy path*: Engaging in livelihood

Chapter 6: Theme 2 – *We are deprived because we are blind*

Chapter 7: Theme 3 – Transitioning from zero to hero

Chapter 8 then provides a synthesis of the three sections of the themes and discussion, and presents the new knowledge I have generated through the three levels of data analysis.

Chapter 9 gives a summary and conclusion with the limitations experienced and implications of this study.

CHAPTER 5: FINDINGS: THEME 1 – *OUR CLOUDY PATH:* ENGAGING IN LIVELIHOOD

5.1 Introduction

Livelihood development for women with VI in the informal sector presents a dynamic and complex experience depending on the availability of services, types of skills, interests and choices of the women in addition to the geographical location and funding (Robeyns, 2006). This chapter is comprised of two parts, both of which address objective 1 of this study, which is to describe the existing skills development opportunities for women with VI. In part one, I present a tabular representation of the demographics of the participants. I also present the theme, sub-themes and categories that emerged from the findings on the existing livelihood skills opportunities. In part two, I present a discussion on the theme compared with the current literature and my interpretations and reflections using my field notes. I begin with the demographic data of the participants.

5.2 Demographic data of participants

I present the demographic details of the research participants in Tables 5.1 and 5.2 below. In order to preserve the identity of the participants, I used pseudonyms. The women were given different local names. The organisations selected for this study, were represented as:

- The DPO that provides livelihood services for persons with VI – GBU
- Government agency that provides livelihood services for small and medium scale enterprises – GOV A
- A financial institution – RBank

Table 5.1 shows information on the women with VI: age, degree of impairments, age acquired, marital status, number of children, education level, type of livelihood, location of livelihood activity and number of years, they engaged in the current livelihood activities. The table 5.2 also depicts information on the service providers: age, gender, education level, position held in the organisation and the years served in the organisation.

Table 5.1 Demographic details of women with vision impairments

Pseudonym	Age	Degree of impairment	Age acquired	Marital Status	Number of children	Education	Type of Livelihoods	Location of livelihood activity	Number of years in current business
Dede	41	Totally blind	20	Married	4	Nil	Retailing of pepper, fish and vegetables in addition to vegetable farming	Market	9
Ameh	56	Totally blind	42	Widow	4	Nil	Retailing of feed, sponges & earthen ware	Home and market on market days	5
Padikie	49	Totally blind	>1	Widow	4	Nil	Retailing of rice, beans, groundnuts & millet	Home and market on market days	6
Enam	50	Totally blind	5	Never married	2	Basic	Retailing of water & weaving of doormats	Home	7
Ohui	51	Totally blind	26	Divorced	1	Basic	Retailing of rice, honey, & beads	Home, door-to-door	8
Flola	55	Totally blind	42	Divorced	5	Basic	Retailing of charcoal, firewood, & operating of grinding mill	Home	6
Baaba	40	Partially blind	15	Divorced	3	Basic	Weaving of camp beds, tables & chairs	Bus terminal	4

Adede	48	Totally blind	Congenital	Never married	Nil	Basic	Retailing of moringa soap & pomade	Home, door-to-door	5
Anna	38	Totally blind				Basic	Massage therapist	Home & at social events	8
Vivian	42	Totally blind	25	Never married	1	Nil	Retailing of cookware & plastic bowls	Market	4
Enyo	42	Totally blind	36	Divorced	1	Nil	Retailing of spices, kerosene & grocery	Home	4
Maku	27	Totally blind	2	Never married	Nil	Basic	Food vendor Waakye, water, popcorn	School canteen	5
Aluanyo	35	Partially sighted	6	Married	5	Senior High	Food vendor, noodles	Market	5
Ofosua	28	Totally blind	5	Never married	Nil	Basic	Retailing of groceries & water	Home	3

Table 5.2 Demographic details of service providers

Pseudonym	Age	Gender	Education	Position	Years of work experience
GBU₁	29	Male	First degree	Project officer	2
GBU₂	52	Male	Third degree	Executive director	19
RBank₁	50	Male	First degree	Head of Micro Finance	10
RBank₂	45	Male	First degree	Loan officer	5
GOV A₁	46	Female	Second degree	Assistant director	
GOV A₂	36	Female	First degree	Business advisor	11

5.3 Analysis of findings: Theme 1 – *Our cloudy path: Engaging in livelihood*

Theme 1 (*Our cloudy path: Engaging in livelihood*) consists of three sub-themes: 1) *what counts us in*, 2) *engaging activities*, and 3) *skills acquisition is a gamble*. Sub-theme 1 has two categories: *our world of possibilities* and *deeper knowledge for livelihood*. Sub-theme 2 has four categories: *petty trading*, *crafting and weaving*, *food processing*, and *farming*. Sub-theme 3 has three categories: *applied skills*, *essential skills*, and *redundant skills*. These sub-themes and categories are presented in Table 5.3. I then elaborate on the findings under the sub-themes and categories using direct quotes from the interviews, and corroborate them with findings from the document analysis.

Table 5.3 *Our cloudy path: Engaging in livelihood*

Theme 1: <i>Our cloudy path: Engaging in livelihood</i>	
Sub-theme	Categories
5.2.1 What counts us in	Our world of possibilities Deeper knowledge and skills
5.2.2 Engaging activities	Petty trading Crafting and weaving Processing Farming
5.2.3 Skills acquisition is a gamble	Applied skills Essential skills Redundant skills

Source: Field work 2019

Women with VI, like any group of people, choose their career path based on the stability of the livelihood activity and prevailing circumstances, but the gravity of challenging circumstances that surround livelihood development for women with VI cannot be ignored (Benz, 2002). The findings revealed that the livelihood choices of many of the women were made on a “trial and error” or gambling basis, which resulted in some of them acquiring skills which, they confessed, were not useful to their livelihood activities. *“Our career choices are uncertain; we have to do so many things before we finally settled on a suitable livelihood activity”* (Adede, February 2019).

The women's concern and experience with livelihood development made them believe their livelihood path was not straight. They kept trying until they were able to secure a more sustainable livelihood. Consequently, they needed to acquire more skills so they could apply the skill that would best fix their situation. As expressed by Ohui, their "*path is clouded*" (October 2018). The study, however, revealed that there were a few of the women who had clear livelihood choices, especially those who were late-blind and had already had livelihood skills before they went blind. Ameh explained:

Before I became blind, I was selling feed. So, I have the skills in trading already. I stopped trading because I could not cope. It was when I received counselling and encouragement from GBU that I decided to work again. The GBU gave me money to start livelihood activity then I decided to do the business I was engaged in before I became blind (September 2018).

Although some of the women had clear livelihood choices, they reiterated that they also relied on encouragement, counselling, and other skills from GBU to enhance their livelihood activities. As described by the women, these skills are needed as additional skills to perform better. "*These are the skills that counts us in, to gain confidence and focus on our world of possibilities*" (Ohui, October 2018). "What counts us in?" is the sub-theme that explains the women's experiences with livelihood development.

5.3.1 What counts us in?

"*We believe in ourselves; we see possibilities*" (Ohui, October 2018). The findings revealed that the livelihood development skills provided for women with VI were blindness- and business-related. The blindness-related skills and services were intended to "*restore hope and confidence in the women to accept their disabilities and move on in life*" (GBU₂, March 2019). Consequently, the hope and confidence inspired in the women allowed them to see the possibilities available to them and to take advantage of opportunities to progress in life. Ohui, for, example mentioned that they were able to move on in life and participate in livelihood activities because they had confidence and belief in themselves. If they did not believe in themselves and face up to the challenges in life, they would not have been able to excel in livelihood. She reiterated:

Though people try to break us, and the systems are not friendly, I believe in myself and that is the reason for my progress in business. Even if I fail, I try again, and again. I keep my focus and that is how I am able to move on (FGD Ohui, February 2019)

The business-related trainings and services provided deeper knowledge and skills for the women to engage in the livelihood activities of their choices. The findings showed that the majority of the trainings and services were provided by GBU. While some of the women noted that they had acquired business skills from their family members before they went blind, a few also mentioned that they had acquired deeper knowledge and skills from the trainings organised by GOV A, RBank, and private individuals. The deeper knowledge equipped them to succeed in business to prove that, with determination, engaging in livelihood is possible for women with VI.

5.3.1.1 Our world of possibilities

All the women mentioned that they had acquired blindness-related skills in different forms at different periods of their blindness. Thus, those who had acquired blindness in childhood received blindness-related skills training at the schools for the blind and those who had acquired blindness later in their lives received blindness-related skills training either at the rehabilitation centres or at home. Irrespective of where and when the women had acquired blindness-related skills or services, happiness and the restoration of hope were demonstrated in their expressions that they were confident and engaging in livelihood. They reiterated that blindness-related skills are “*the eyes that they behold*”, helping them to do things themselves and “*restoring their hopes*” (FGD Maku, January 2019).

The women received skills in mobility (how to use the white cane to walk both alone and with sighted persons) which enabled them to move independently in their known environments. Others also received skills on how to perform daily activities. These skills restored their confidence and independence. For the women, skills in mobility gave them the ability to “see” again. Maku explained her assertiveness:

The training helped to build my confidence. You know, before the training, I could not interact with people. I feel shy to go out so I was always indoors. But the training has built my confidence and self-image. It has given me eyes to move around. I have seen possibilities (FGD Maku January, 2019).

“The eyes that we behold”

Orientation and mobility (O&M) training equips “*blind persons with skills so they can move about in their known environment using white canes*” (GBU₂, March 2019). Thus, the training is designed to provide blind persons with skills to understand and appreciate the environment in which they live. Since most of the women lost their sight later in life, they needed to be equipped to deal with their new situation. GBU₂ reiterated:

Orientation and mobility training provide the women with the skill required to use their natural senses other than the sight which they had lost to assess their environment and function accordingly. It is the eyes they need to function (GBU₂ March, 2019).

According to GBU, O&M provides women with VI with skills on the “use of smell to determine items and their locations, the use of hearing or listening to interpret the location or personalities around them, the use of touch or feeling to access items, the use of taste where necessary as well as a combination of the various senses to make important judgments or decisions” (Ghana Association of the Blind CBR Training Manual, 2006, p. 21). Thus, the training addresses the mobility gap for persons with VI in achieving relative independence that could allow them to travel on their own, especially in known environments. This study revealed that the women with VI who could not travel for years because of fear for their safety could now travel and go about their livelihood activities because of the O&M training they had received. Enyo stressed:

For the first time in many years, I went to church alone with my white cane after I had O&M training. It was all joy (February, 2019).

It was also established that apart from providing basic skills in movement, the training also enabled the women to assess their environment with confidence and relative independence. Flola pointed out:

I could not come out of my room. I feared walking alone. Even when my children want to go out with me, I fear I would be injured. It was the GBU that gave me training on how to use white cane. This has given me independence. I now travel alone (October, 2018)

The above quotes reflect the despair and inactive state of the women before they acquired skills in O&M. This state of frustration is captured in the words of Enyo below:

I could not go out or do anything for myself. I was so sorry for myself. I never wanted to go out. I feared I will hurt myself. (Enyo February, 2019)

Thus, it was clear that the use of a mobility cane represents the first step towards independence for women with VI. As shared by GBU, independence is “*essential for the development of livelihood skills and subsequent economic empowerment of women with VI*” (GBU₂ March, 2019). As a result, it provides fundamental O&M skills to prepare persons with VI to gain their independence. Without skills in mobility and the use of a white cane, it would have been difficult for the women to move about and carry out their livelihood activities successfully. The fear of going out, as expressed by the women, was mainly due to “*fear of the unknown*” (Flola October, 2018). Since many of these women were previously sighted, they still had images of dangerous places such as gutters, fire, sharp rocks, and holes. This knowledge, and the fact that they could no longer see where such dangerous places might be, lowered their confidence levels in venturing outside or beyond their safe confines, which are mostly indoors. Enyo mentioned:

I could not go out or do anything for myself. When my sight was deteriorating at the early stages, I went out and bumped into someone and she insulted me. can't you see? I felt sorry for myself (February, 2019).

O&M training also includes techniques for sighted persons acting as guides for blind persons (called sighted guide techniques). This training is offered to blind persons together with their families. According to the GBU, sighted guide techniques are designed to allow a family member or acquaintance to help persons with VI to overcome fears, build their confidence levels, and support their mobility. The training process includes family members, friends, and trusted acquaintances. The CBR manual explains that persons with VI are introduced to “*techniques of walking and communicating with their guides by paying attention to body movements and other agreed upon signals*” (Ghana Association of the Blind, 2006, p. 22). The manual also revealed that sighted guide techniques are practiced when persons with VI have to travel to public events, crowded places that they may not be familiar with, or unfriendly terrain. The women who received mobility training in their homes confirmed that they were trained with their family members. As a

result, their family members were more informed, proactive and sensitive to their needs than before they received the training. For instance, since the training, they arranged items in their homes differently. Maku mentioned that her mother and siblings arranged things properly in the kitchen after they received the skills. She added:

They no longer display dangerous items like knife and stuff in the open. They don't put things on my walk way (February, 2019).

Similarly, Flola also expressed how her children's knowledge in sighted guide techniques improved their communication and provision of information to her when they go out. She explained:

My children were also trained in how they will guide me, and arrange things in the house. Since then, I could feel joy and happiness whenever I am walking with my children. They guide me and give me information on everything I need to know (Flola October, 2018).

Further, this study disclosed that the majority of the women with VI were trained by the GBU CBR officers in their homes with their family members or acquaintances. Free mobility canes were given to the women after the training to allow for practice immediately so they would not lose the knowledge. This assertion was affirmed by GBU₂ when he noted that GBU provides livelihood training to any person with VI, ensuring that they overcome the challenges associated with their blindness and learn to live with it before they are able to attend other trainings. He stressed:

Our trainings are in sequence. We provide counselling service, then training in the use of mobility cane so that the individual could move about at least in the known environment. Thereafter we link them to other livelihood services (GBU₂ March, 2019).

This revelation was confirmed in the GBU strategic plan, which states that “the GBU is the major provider of blindness skills and service in Ghana” (GBU, 2015b, p. 5). It also confirmed the women with VI's statements that skills in O&M and other blindness-related services give them confidence and hope to move on in life. As a result, they are able to take opportunity of other skills development programmes to engage in livelihood activities. When discussing the impact of counselling and O&M skills on their livelihood participation, the women and their service provider (GBU) narrated the following:

The training I had from GBU has really helped me. It was the training that built my confidence to start my own business. I travel alone to Accra to buy the items for retail. I don't have space in the market so I carry the items from house to house to sell. I do door to door delivery in the neighbourhood (Vivian February, 2019).

When I lost my sight initially, I was not doing anything I could not go out alone. This has changed when I was introduced to the GBU. I was given training in mobility and orientation. I felt my life came back to me. I sell chili pepper in the market. I am a very successful trader (Dede September, 2018).

Sometimes, if we realised that they have low confidants or they cannot move out independently, we give them counselling and mobility training. This is because these skills are necessary to bring back their confidence so they could run their businesses (GBU₁ September, 2018).

These assertions epitomise O&M skills as skills which enable the independent movement of the women, who refer to them as the skills that provide “eyes” for them to participate in livelihood. The GBU strategic plan priority area one, objective B confirmed the importance of counselling and O&M under rehabilitation services in the following statement:

GBU provides rehabilitation services for blind persons at various stages of their blindness. It will provide O&M services for at least 200 BPS persons per year for the 5-year period so that they will be empowered to overcome the blindness situation and lead dignify life (GBU strategic plan, 2015, p. 17).

Another critical skill that enables women with VI to have a livelihood is the performance of daily activities. For the women, both those who were late-blind and those who were blind from birth, this skill enables them to do things themselves. How this skill enables the women to do things for themselves is discussed in the next section.

Doing it ourselves

The women with VI mentioned that the skills in daily living they acquired are essential skills which empowered them to do their daily and livelihood chores themselves. Training in activities of daily

living (ADL) enables persons with VI to gain fundamental skills essential to managing their basic human needs such as grooming and personal hygiene, cooking, dressing, eating, and sleeping. “These skills and functions are normally mastered early in life by all” (Mlinac & Feng, 2016, p. 506). However, in the case of children with disabilities, there may be a delay or decline in mastering these skills due to cognitive or sensory disabilities (Mlinac & Feng, 2016). In a situation where people become disabled later in life, they forget their ADL skills. For example, some of the women who knew how to dress, cook or iron before becoming blind were not able to utilise these skills immediately after the onset of their blindness. They lost the ability to perform such basic functions because of the psychological trauma and emotional stress they went through. According to GBU₁, some persons with VI who “*lost their ADL skills immediately they went blind, may regain their skills when they are taken through counselling*” (GBU₁ September, 2018). Others, however, may not be able to remember the skills so “*they train them to perform those functions*” which are critical to the successful management of their lives. The findings of this study showed that some of the women who were late-blind benefitted from training in ADL because it helped them to do things for themselves.

Although the women had skills in ADL before they went blind, they failed to perform tasks such as cooking, washing, and ironing afterwards because of a fear of being injured. Baaba mentioned:

I was a local caterer before I became blind. My previous knowledge on cooking and the danger of fire made me scared so I feared to cook because I felt I could be burnt (February, 2019).

In the case of Maku, who was partially sighted for years before she went totally blind, her parents did not allow her to perform any ADL tasks because they feared she would be injured. It was during the O&M training that the CBR officer identified she could not do anything for herself. Consequently, she was trained together with her mother to carry out those activities herself. Maku explained how the CBR officer ensured that she learnt the skills:

Anytime he enters the house, he will call out, Maku, what did you do today? I responded by telling him what I did. I swept my room, I washed and mother assisted me to cook plantain. Good, but you can pile the plantain yourself; Let me teach you how to do it. And gradually, he taught me all the basic skills. I am very happy. I can now do everything myself. I cook even for the whole family. (Maku February, 2019)

According to GBU₁,

Without these skills, the visually impaired women will end up not dressing properly to attract customers and this may lead to low patronage of their goods (GBU₁, September 2019).

However, GBU₂ emphasised that “*it is not all blind persons who need all these trainings. Some may require only O&M, some may also require only ADL whilst others may need only counselling*” (GBU₂ March, 2019). In the document review, it was revealed that although the GBU priority area one talks about rehabilitation services, it makes provision for O&M trainings, and specifically mentions that a minimum of 200 persons with VI will be given O&M training per year. The document is silent on ADL training. The fact that only a few women in this study received ADL training indicates that ADL may not be obligatory training for all persons with VI and that may be the reason why the GBU strategic plan does not mention it. This notwithstanding, women with VI confessed that ADL is one of the critical skills enabling their livelihood participation. These skills are classified by both women with VI and GBU as a fundamental and specialist skills that are provided by professionals (GBU). In addition to O&M and ADL, the women also stressed that counselling is the foremost service they require to overcome their impairment and gain confidence. They mentioned that counselling restores their hope and energises them to move on in life. How counselling restores the hope of women with VI who participated in this study is presented next.

Our hopes are restored

It was evident in this study that counselling is very important when it comes to participation in livelihood activities. In the case of women with VI, “*it forms a critical factor in preparing them for livelihood activities*” (GBU₂ March, 2019). Most of the women had experienced despair and hopelessness in their lives. Consequently, they suffered very low self-esteem and self-rejection. According to GBU, it provides counselling services for persons with VI in order to prepare them for the acquisition of O&M as well as ADL skills (Ghana Association of the Blind, 2006). However, the women explained that counselling services were not readily available for them immediately after they went blind. While some relied on religious leaders for motivation and inspirational talks, others struggled for years indoors with or without the support of their family members before they finally found GBU. Those who were blind from birth mentioned that they

had had no professional counselling growing up. They had relied only on inspiration and encouragement from their parents. The non-visibility of counselling services for newly blind persons contributed to a more devastating state of the women. Vivian and Baaba emphasised their frustration before locating the GBU:

When I went totally blind, in fact I nearly had mental problem. I was confused and always thinking. I have no idea of any counselling center or any counsellor to contact. My church members really helped me. Some church members will come home to encourage and inspire me with the word of God. I was managing for years until I was referred to the GBU by a friend. My life wouldn't have wasted for long if I knew of the GBU earlier. (Vivian February, 2019)

I felt it was a punishment from God. No family member was ready to help me. I was struggling, until one day when I went to prayers, a church member told me I could get help from the District Assembly. I went there and the Social Welfare Officer advised me to join the GBU. I starting attending meetings and that brought back my joy. I met other people in similar situation. they talked to me and my hope was restored. (Baaba February, 2019)

These revelations proved that churches play a key role in managing the counselling gap that exists between the time when newly blind persons require counselling services and the time they locate structured counselling organisations such as GBU. This study showed that all the women who received O&M training also received counselling and mentoring services on how to overcome their blindness. In some instances, counselling was administered by other women with VI who were in similar situations (peer counselling). They shared their experiences during GBU meetings to encourage the new members. As a result, the new members' hopes were restored and they experienced immediate social bonding because of the similarities in their situations. For instance, Dede indicated that her confidence came back during her first attendance of a GBU meeting. She explained:

I felt my life came back to me. I had the opportunity to talk to other women, young ladies in the same situation I found myself. They encouraged me and that was when I began a new life (September, 2018).

Again, it was evident in this study that counselling is part of all the training programmes of the GBU. All the women shared that they received counselling from the GBU whenever they needed it to restore their hopes and confidence in life.

In summary, O&M was viewed by both the women with VI and their service provider (GBU) as being a fundamental skill that gave the women confidence and made them feel that “their lives were back” to normalcy. O&M empowered the women to gain independence in moving around or making business trips on their own. The feeling of being able to move independently gave them joy not only to engage in livelihood activities but also to participate in social and religious activities. Their family members related to their situation properly and assisted them better as a result of their knowledge in sighted guide techniques. Similarly, counselling services provided by GBU (especially peer counselling) inspired the women and gave them hope and confidence to learn to live with their blindness situation and take part in livelihood development programmes to acquire livelihood skills.

5.3.1.2 Deeper knowledge and skills

“Acquisition of additional knowledge and skills armed women with VI to excel in livelihood” (GBU₁ September, 2018). The findings indicated that the women acquired skills in craft and handy work, business management and financial literacy, and these skills helped them to establish or manage their livelihood activities. The deeper knowledge and skills in creativity, business management, and financial literacy equipped the women to succeed in their livelihoods. The women confessed that without these skills, it would have been difficult for them to engage in livelihood activities. While some of the women acquired new skills after they went blind, several of them already had some skills, especially petty trading (buying and selling), from before they had gone blind. The skill in petty trading was acquired from family members such as mothers, siblings, and aunts. The women explained:

Before I became blind, I was selling feed. I have the skills already. It was when I received encouragement from GBU and they also gave me money to start livelihood then I decided to do the business I was engaged in before I went blind. (Ameh September, 2018)

I used to accompany my mother to the market to sell. So, I learnt the skills from my mother. But when I became totally blind, I lost focus. I did not even think I could do anything to earn living. It was when I attended GBU meeting that I was told I could work. (Vivian February, 2019)

I had my initial skills training from my mother and aunty who were petty traders. When I was growing up, I used to assist my mother to sell in the market on Saturdays, and after I closed from school. During vacations, I accompanied my aunty to various markets where she sells her goods. (Aluanyo, February 2019)

The women, however, shared that although they had some skills before they went blind, some of them were unable engage in or start their own livelihood activities immediately after going blind because of low confidence. Some of the women also stressed that they had had no capital to start their own business. Aluanyo emphasised:

I used to trade with my mother when I was partially sighted. When I became totally blind, I have to stay home for years. This was because I felt I could not identify the currency notes so selling was out. Secondary, I had no money then and also, I did not even know what to do for myself (Aluanyo, February 2019).

However, when the women had the opportunity to acquire specific skills such as beading or food processing, they were able to engage in livelihood activities. Some of the women who had no initial capital to start were assisted by their family members to start. Padikie reiterated:

It was when I joined the GBU that I was trained on how I could do my own business. My siblings gave me money to do petty trading. I sell cereals in the market (Padikie, September, 2018).

According to Dede, “engaging in livelihood should be a right for all persons with VI and training should be a must” (September, 2018). Although this study revealed that business skill acquisition enhances livelihood participation, the women lamented that the process of accessing the skills is complex. Notwithstanding, some of the women acquired some skills which were classified into crafts and handy work, business management, and financial literacy skills. Next, I discuss creativity skills.

Creativity at work

Practical hands-on skills for women with VI in specific trades or careers created livelihood opportunities for them to participate successfully in livelihood activities. The findings of this study revealed that the creativity skills acquired by the women were weaving (doormats, chairs, tables, ropes, and belts), massage/reflexology, and the production of soap, powder, pomade, furniture

polish and floor polish. Some of the women who were late-blind acquired creativity skills at the rehabilitation centres located in the schools for the blind. Additionally, few of the women also acquired creativity skills from their fellow women with VI and craft masters in the communities. Moreover, GBU also organised workshops for the women to learn these skills. For example, Baaba learnt weaving in her community from another person with VI. She stated:

During my first meeting at the GBU local branch, one of the ladies encouraged me to make up my mind and look for some skills that will help me engage in livelihood to earn income. I told her I want to learn weaving so she introduced me to one blind lady at Getorkwa. That was where I learnt how to weave local mat, mattress and fan (February, 2019).

Although the women who acquired skills in craft and handy work had employed these skills in their livelihood activities, they reiterated that they could not sustain their livelihood in craft because of competition. Some of them shared that they later changed to petty trading because of a lack of customers for their woven products and that they face stiff market competition. According to Enam, their woven products could not compete with other products such as plastic tables and chairs that serve the same purpose. The women further lamented:

It was very difficult to sell the doormat, basket and stuff I wove. It took months before I sold one or two items. When I started weaving initially, I met a white man who was interested in the items I produced. He purchased the items and sold in selected shops. It was when the white man left Ghana that the business collapsed. I could not get anyone to purchase the items again. I decided to retail sachet water and soap which are more patronised in the community (Enam, October 2018).

When I started weaving, I made sales up to a point where there were a lot of plastic baskets and chairs in the market. I realised there was no market for my items. Yes, a lot of plastic products have flooded the market and less prized. This has caused the patronage of my woven products to slow down. I stopped the weaving and changed the business to retailing of gari and sugar (Ohui October, 2018).

Similarly, Adede added that weaving is a very tedious job and takes many days to do, yet the profit margin is very small. She complained that the skill was rudimentary and the application of manual methods was time consuming. She stressed she could have continued in the weaving business if

she had a simple machine for weaving. The tedious and unprofitable nature of the craft and handy work is captured in the following statement of Adede:

I used about three to four days to weave one chair. The thread was very expensive. I used one week to make a table and a chair. After selling, I made profit of ten cedis (GHs 10.00). If I had simple machine that could weave 5 tables and 5 chairs in a week, I would have made profit that could have taken care of my basic needs. Now, I am selling Moringa soap, kerosene and perfume. This is better (February, 2019).

As put forward by the women, the marketing of craft products is a challenge. However, Baaba explained how she overcame the challenge with deeper knowledge of weaving and by selling more fashionable items.

I changed my strategy. I weave mat for those who do the salt business. they come to buy in larger quantities to store their salt. I also went to do a refresher training in camped bed weaving. So now I am on top. The market is good. I am now doing well (February 2019).

Some of the women acquired skills in massage and reflexology from a private health spa and a private reflexologist that collaborated with GBU to train persons with VI. Again, the women who acquired these skills also complained that they found it difficult getting clients. Anna, however, strategised to meet clients at home or at social events such as festivals and religious retreats:

People do not request for my services regularly these days. This has slowed down the patronage of the massage. Anyway, people do call occasionally for the service. I have all my equipment and machines at home, so I attend to people at their residence and sometimes I attend social events. (Anna, February 2019).

Flola used her skills in reflexology as an additional livelihood activity to her petty trading, whereas Adede did not use the skills at all. The statements below vividly capture the stories of the two women:

I do not have a convenient place to engage in the reflexology massage so I decided to do petty trading. I buy and retail kerosene and perfume. That is more convenient trade (Adede February, 2019).

I retail charcoal, firewood and I have grinding machine that I grind pepper, tomatoes and other vegetables for people on commercial basis. I also do reflexology occasionally on demand (Flola, October 2018).

Apart from the reflexology and creativity skills, many of the women shared that they acquired deeper knowledge and skills in different fields such as soap making, powder making, bead making, bee keeping, mushroom production, furniture polish production, floor polish production, snail rearing, and parazon (local detergent) making from GBU and its partners at different periods. This study revealed that the women acquired knowledge and skills in different fields yet not all of these skills were applicable in their livelihood activities. The majority of the women were engaged in petty trading (buying and selling). The reasons assigned for the non-application of skills they had acquired were market challenges such as competition, limited space to sell the items, a lack of capital, and limited skills in packaging and labelling. In a few cases, the women confirmed that some of the skills were more sight-dependent and so even though they had the skills, they could not use them. The excerpts from the women's stories below further explain their experiences:

I had different kinds of trainings from different organisations. I learnt mushroom production, snail rearing and bee keeping from GBU. All these skills are good. But I could not use them because engaging in such businesses required much capital and, in some cases, additional skills in packaging and labelling. It is difficult to break through in such businesses. Buying and selling is more convenient (Ohui October, 2018).

The first time we were trained, they gave us oil and soda to begin to start the production of soap. I tried it few weeks. I could not continue because I needed someone (sighted) to assist me. I needed. [Laughing]but no one was readily available to assist me. The soda we use to produce soap is very collusive and harmful to the skin. Blind person doing the mixture alone is not safe. It's difficult to get the colour mixture correctly sometimes. So, I stopped and now buying and selling soap, sachet water and soft drinks (Enam October, 2018).

As indicated by the women, the options for skill acquisition or choosing a career path for them are a gamble as they try so many skills. Ohui lamented:

I attended all the workshops and the training sessions I had the opportunity to attend. Now I have skills to do so many things (FGD February, 2019).

Some of the women also shared that they had acquired many skills in order to diversify their livelihood activities for more income. Others saw the acquisition of more knowledge and skills as a great benefit of the programmes being offered by the GBU they belonged to, and not necessarily as needed to engage in livelihood activities. Below are excerpts from the women:

If you have more skills, it will make diversifying your livelihood activities very easy. Example, I started selling, then I added grinding mill business and now reflexology. As a blind person, you need more skills to meet changing trends (FGD: Flola February, 2019).

More so, we belong to GBU so if there is training or something that everyone is to participate and benefit, I will not opt out. I will make sure I also benefit from it. (FDG: Adede February 2019).

These assertions were affirmed in the statement of service provider GBU₂, which shows that skills opportunities are offered based on membership criteria rather than considering the specific needs of the women. GBU₂ stressed:

The criteria are being membership of the organisation. We don't need any special criteria. With this one, we don't necessarily look at whether the person has worked before or is already in gainful employment. If the person hasn't worked before, we feel this is an opportunity for the person to work. If the person is already working, it is an opportunity to add on. So, we do not put any block or barrier to the person accessing support from the organisation (GBU₂, March 2019).

With regards to business management skills, GBU links up with the other service providers (GOV A and RBank) in the provision of these skills. How women with VI are able to access these skills is discussed next.

Business management skills: The trick that makes the difference

In addition to craft and handywork skills, women with VI confirmed that deeper knowledge and skills provided by GOV A in how to run their livelihood activities enhanced their performance in livelihoods. The knowledge acquired in customer relations, personal appearance, workplace cleanliness, and basic ideas on cost management enabled the women to excel in livelihoods.” *It is the trick that is making the difference in my business” (Fosua, February 2019).* Aluanyo, for instance, stated that she was taught how to relate to other business people, network, and link up

with banks to access credit facilities. She was also taught how to arrange her items for sale in the shop and how to treat her customers well so they would continuously patronise her shop. She further shared:

I set up my stuff early before the others do. Additionally, I arrange my commodities in a very attractive way. When customers see this, they come to me. I also implore customer service skills like being polite and nice to my customers. This makes them always want to come back whenever they need more. In most cases, when they are coming, they come with their friends. (Aluanyo February, 2019).

Other women also emphasised that they were equipped with knowledge on how to look out for business and investment opportunities. Dede and Ofosua explained:

Previously, I used to concentrate on the sale of one product at a time. Now this has changed. For example, if I go to the market and I find out that the price of fish is reasonable, I immediately see whether I can make a business opportunity out of the situation (Dede September, 2018).

The only training, I received was business management training given by the GOV A. It was very helpful. I learnt how to treat my customers, how to package my items to make it more attractive and how to diversify my business. This is helping me. Now I don't sell one item. My shop is one stop. my customer base has increased (Ofosua February, 2019).

As indicated by the women, business management skills are very helpful, however, not all the women had the opportunities to acquire these skills. The service providers (GOV A and GBU) admitted that training in business management is an important area that eluded the women with VI for years. Service provider GOV A₂ stressed that their services which were supposed to target vulnerable persons have excluded persons with VI. She further explained that it was when GBU contacted GOV A for partnership that they came to the realisation that they had excluded persons with VI from their training programmes. She further expounded:

I quite remember we have trained few persons with VI, especially women who were doing their own businesses. The challenge was monitoring and offering technical advises to them on regular basis. We do not target them in our routine monitoring (GOV A₂ March, 2019).

In addition to not targeting persons with VI in the training and monitoring programmes of GOV A, the national officer of GOV A at the policy level also admitted that the GOV A had a strategy of reaching out to vulnerable groups in its programmes at the grassroots level. However, it was left up to the district officers to choose which vulnerable groups to serve. Therefore, without allocating targets to specific groups, the officers serve either youth, women, or nomadic groups, and pay no attention to disability groups. *“This is a very big lapse; we will correct it when we review the strategic plan in 2021” (GOV A₁ March, 2019).* This assertion was further explained by the district officer in her narration on how they unconsciously overlooked persons with disabilities in their programmes:

Even with the youth programme, they specify that we add people with disability. Because there’s a column in the youth program application forms that people should tick whether they are disabled or not. And during the sensitisation, they told us to reach out more to people with disability. But because there is no policy, we are not obliged to reach out to them. Just that, when you have them attending a particular training session, there is a column on the form to indicate that they have attended the training session (GOV A₂ March, 2019).

She emphasised the need to review the GOV A policy as mentioned by GOV A₁:

The GOV A policy says the vulnerable. The vulnerable comprises of women, children, people with disability and the aged. But it is left with whoever is in charge to decide which vulnerable groups to target. If there is a policy that specify that a percent of the trainees should be people with disability then officers will adhere to it (GOV A₁ March, 2019).

In the content analysis, it was confirmed that GOV A had no policy on disability inclusion in any of its programmes. Although its training programmes covered vocational, business and craftsmanship, the methodology and approach of training was not inclusive. Apart from the non-inclusiveness of the needs of women with VI in GOV A training programmes, low confidence of the women was also identified as one of the challenges of their non-participation in GOV A training programmes.

They always want trainings in their comfort zones. When they patronise the programmes with other nondisabled persons, then GOV A will constantly be

reminded of their unique needs and make provision for them (GOV A₁ March, 2019).

GOV A₁ urged the GBU to run more programmes that would build the confidence level of the women to participate in the training programmes of GOV A and other government agencies (GOV A₁, March 2019).

Financial literacy: Knowledge applied differently

Another skill the women singled out as empowering them to succeed in their livelihoods is financial literacy. Financial literacy skills equip people to know “*how they should calculate their profits, how they should take stock, and proper bookkeeping*” (RBank₁ March, 2019). Some of the women acquired financial literacy knowledge and skills provided by RBank. While RBank aimed at equipping women with VI with this skill to access mainstream banking services, several of the women said that they applied the skills in non-banking activities to enhance their livelihoods. The women obtained a deeper knowledge about the importance of savings, accessing credit facilities to expand their livelihood activities, and the methods for the payment of loans. According to Dede, she opened an account with the bank and saved part of her profit on a regular basis. She obtained a loan three times from the bank to expand her business. She explained further:

I continue to save and create my own capital. At this point, I stopped taking loan because I have built my own capital. This helped me to successfully expand my business and even diversified my livelihood activities (Dede, September 2018).

The training course was designed by the RBank. based on APEX bank mandatory advice to reach out to the unbanked. Most small and medium scale entrepreneurs keep everything in their heads. They do not write down how much money comes in and goes out of their business” (RBank Training Manual, 2015).

Unlike Dede, some of her colleagues stressed that although the knowledge obtained from the financial training helped them as well as enlightened them on banking procedures, they could not use the banking services because of distance and time. Additionally, some of them said it cost them double transport fares to travel to the bank. Thus, they would pay transport fares for themselves

and their sighted guides which added additional costs to their businesses. As a result, they preferred the traditional way of saving in Ghana which is *susu*. Enyo and Padikie shared:

I do susu because I don't have much money now. Susu is easy to withdraw and I don't have to travel to anywhere before I get my money. Also, I need someone to assist me anytime I want to go to the bank. That is a problem. Even if you get someone to assist you, you have to pay extra cost double transport (Padikie, September 2018).

RBank gave me training on how to save, invest and access credit facility. I applied the knowledge but in a different way. I don't save at the bank regularly because of distance and the kind of business I do. I need money on daily and weekly basis to replenish my stock. If I save my money in the bank, it will inconvenient me going up and down to withdraw on weekly basis. I do "susu" and collect the money any time I need it. That is more convenient (Enyo February 2019).

I save using susu box, I drop my money into it every evening. Then count it when the month ends. What I get, I re-invest it into the business (Anna February 2019).

From the comments of the women, it was obvious that RBank provided skills in financial literacy but failed to include the unique needs of women with VI into their service provision. As a result, women with VI opted for *susu*, which is a more convenient way of saving and getting income to finance their businesses. While some of the women operate *susu* in groups with other women from the market or family members (they contribute money on daily or weekly basis and collect it in turns), others also operate their *susu* on an individual basis. With the individual *susu*, the box may be opened at a period convenient for the saver (Adusei & Appiah, 2012). The *susu* system of saving and mobilising capital was preferred by the women because they operated retail businesses that demanded a regular cash flow. This statement from the women was confirmed by RBank₁ in his explanation:

Some of them need money at shorter intervals. We thought it wise if credit officers could work in the communities to mobilise savings as well as collect loans disbursed to small and medium scale entrepreneurs. So, the same principle applies for all persons with VI (RBank₁, March 2019).

Like GOV A, RBank, which provides livelihood services, was aware that the types of services provided for women with VI did not fully include their needs in the mainstream financial services to save and access microcredits. As indicated by the women, financial literacy skills only equipped them with the skills for building capital to expand their livelihood activities and to invest in other business ventures.

Apart from concerns raised by the women about distance, cost, and the need to travel with assistance when they wanted to visit the bank, there were other concerns raised about high interest rates charged by the bank on loan facilities as well as collateral demanded before granting customers a loan. The same concerns were raised by the service providers (RBank) as being challenges for women with VI who wanted to access financial services. RBank₁ and RBank₂ opined:

Basically because of the nature of their businesses, the conditions for loans do not favour them. They will need collateral in some cases (RBank₁ March, 2019).

Because of the interest rate, a lot of them are not able to access credit facilities. For instance, madam Grace, the one at the public toilet who sells charcoal came to us. She needed some money to develop a shed at the place. When we gave her the calculation, out of GHC3000 within 6 months, she will pay GHC810 with interest. So, she looked at it and never came back. Their challenge is the interest rate (FGD: RBank₂, March 2019).

In recent times, the cost of funding keeps rising and interest rate is what keeps vulnerable groups out of the bank loans. The bank therefore has no control over keeping interest rates down. That will not be sustainable (FGD: RBank₂, March 2019).

Again, RBank₂ indicated that though the bank has “credit policy, it is not disability inclusive”. “We will review the policy soon and we will try to make it disability inclusive” (RBank₂ March, 2019).

In conclusion, deeper knowledge and skills in creativity, managing business, and financial literacy enabled the livelihood development of women with VI, as confirmed by all the services providers. However, because of the absence of disability inclusive policies, the service providers provided services to women with VI the same way they provided services to other clients. The unique needs of women with VI were not included in the service design and implementation. The service providers blamed their failure to include women with VI’s needs in their service provision on the women’s low confidence and the absence of disability inclusive policies in their institutions. Thus,

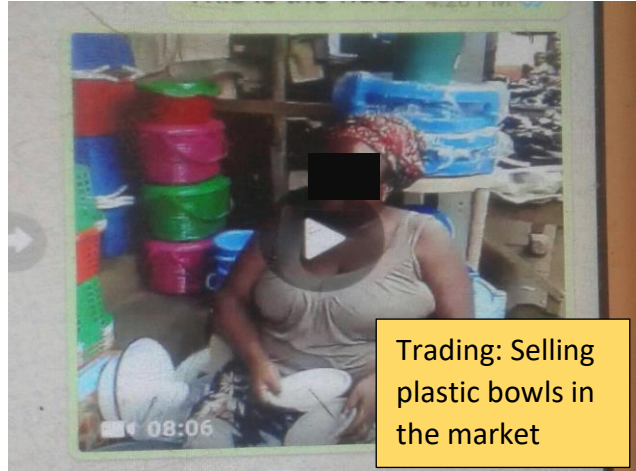
GOV A failed to address the unique needs of the women because of its programme design and method of delivery, and the women with VI failed to avail themselves of the training programmes because of low confidence. With regards to skills in creativity and other handy work, only a few of the women applied the skills in their livelihood because the methodology for production which they had learnt was obsolete. To this end, the majority of the women were engaged in petty trading, which was the most preferred and convenient livelihood activity of the women. In the next section, I discuss the livelihood activities that the women engaged in.

5.3.2 Engaging activities

This study revealed that women with VI who participated in this study basically engaged in four categories of livelihood activities, namely, petty trading, crafting and weaving, food processing, and farming. These livelihood activity choices were informed by their previous trades, family trades, and impairment constraints and convenience. It was evident in this study that several of the women were engaged in petty trading (buying and selling), which they confirmed as being most convenient to their impairment situation. Figure 5.1 below shows samples of the livelihood activities of the women.



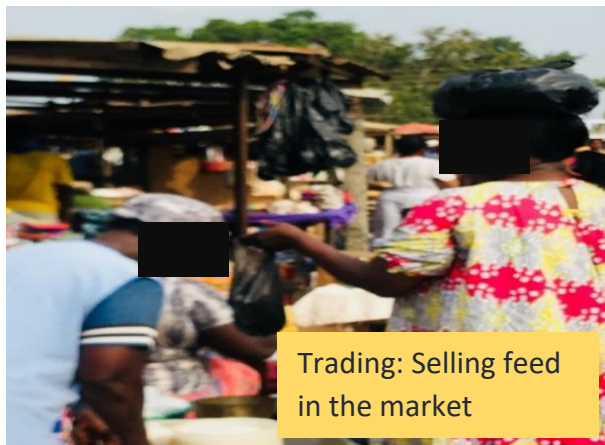
Trading: Selling in the market



Trading: Selling plastic bowls in the market



Trading: Selling ingredients at home



Trading: Selling feed in the market



Food processing: Processing gari

Figure 5.1 Sample pictures of livelihood activities of women with visual impairments

Petty trading

This study indicates that many of the women were engaged in petty trading. The items they sold include toiletries, detergents, spices, cereals, alligator pepper, kerosene, pomade, honey, plastic bowls, and varieties of cooked food. Buying and selling was the preferred choice of livelihood activity for women with VI because most of them had those skills before they went blind. Additionally, they stressed that buying and selling were convenient livelihood activities, especially if one had a specific and strategic location, such as the market or a shop, or very limited capital. The narrations below further explain the women's stories:

The water is my personal business. At times, I prepare popcorn and sell in addition. I think buying and selling is a very convenient trade for me because I do not stress myself. I already have the skill. I also have a location that I sell. ... a basic school just behind my residence. The school pupils always patronise the water and the popcorn (Maku, February 2019).

I was selling feed and cereals before I became totally blind. I am currently selling the same items. At times I feel like I should change the trade. But then hmm... I think I can't do anything else (Ameh, September 2018).



Buying and selling is part of the upbringing of any Ghanaian girl or woman in the traditional setting. It is therefore a skill eminent to any Ghanaian woman. The majority of the women with VI acquired the skills in petty trading from their family members. For instance, Ofosua assisted her mother and aunty in their retail businesses. She acquired the skill through practical lessons. This study revealed that some of the women sold at homes or locations not far from their homes because of their mobility situations. They sometimes relied on family members or neighbours to identify the notes of currency when they suspected customers wanted to cheat them. Enyo explained her strategy that overcame the tricks of customers who wanted to cheat her because of her impairment:

I had difficulty in identifying the notes. At the initial stages, customers were cheating on me. They could give me different note and mention different note. But when I identified that as a challenge, I adapted a strategy of putting the notes aside and confirm later when a sighted person I trusted is around. So, when you give me

the note and I cannot identify it, I will put it aside and when my son or other sighted person I trust comes, I will confirm it before I give you change. I normally ask them to come later for their change. At times people bring faded notes or a fake currency and that was how I dealt with that challenge (Ameh February, 2019).

In the content analysis, it was revealed that between 2008 and 2018, GBU supported 320 women with funds to set up their livelihood activities. Eighty-two percent (262) of the women supported were engaged in petty trading (GBU, 2015a). This confirmed the assertion that petty trading is a preferred livelihood activity for women with VI in Ghana.

Crafts and Weaving

Crafts and weaving were considered traditional livelihood activities for persons with VI for decades (GBU, 2015a). Weaving can be learnt from individuals in the communities as well as part of CBR activities. This study revealed that one of the women learnt weaving from a VI colleague in her community. The findings showed that some of the women learnt weaving and craft work at the school for the blind rehabilitation centres. They wove baskets, ropes, doormats, chairs, and tables, among other things, to sell and earn a living until *“they felt weaving and craft works were not attractive. People do not buy the woven items”* (GBU₂, March 2019).

Weaving and craft work became old and unattractive for most persons with VI. According to GBU₁ & Ohui, persons with VI have limited capacity to package and label the items to make them more appealing to customers. Additionally, the materials for weaving are very expensive. *“Buying in bits increased their cost of production thereby reducing their profit margin”* (GBU₂, March 2019). Enam, for example, lamented that people purchased her woven items out of sympathy. She explained:

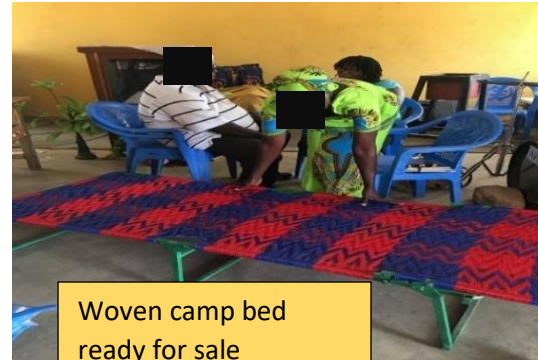
Anytime I took doormat to church, it was the catchiest and few members who purchased. The few people pay for the item sometimes but asked me to keep the item. This means they don't need it. I have to stop weaving because it was not bringing any income. (Enam, October 2018)

According to Enam, she could not use the weaving skills acquired from school for the blind because they were out-of-date. Baaba still weaved but experienced challenges with marketing. She attended a refresher training in beading and weaving organised by GOV A in the district. This additional skill she acquired from the refresher course gave her insight

into modern weaving, and was able to start weaving camp beds in addition to the mat. She explained further:

Though marketing is still a challenge, camped bed is more patronised. People buy more during dry season or when the weather is very hot. They prefer to sleep on camped beds outside (Baaba, February 2019).

According to women with VI, weaving and crafting could be a profitable livelihood venture for them if the state or private agencies would support them with funds to purchase raw materials in bulk and also create a ready market for their woven products. They mentioned regular attendance at refresher trainings as one of the measures that would equip them to face the competitive market for woven items.



The women lamented that although they had heard that

GOV A and other agencies ran numerous courses for small-scale enterprises in modern ways of weaving, the women were left out. As a result, their “*skill choices are very limited to traditional basketry and weaving*”, Baaba concluded (February 2019).

However, it was revealed that through determination, hard work and advocacy, some of the women were doing breakthrough livelihood activities, that is, ones which had not been previously done by women with VI because of social stigma. I discuss the breakthrough activity next.

The breakthrough activity

This study revealed that a few of the women were engaged in the sale of cooked food. One cooked and sold waakye (rice and beans) and popcorn while the other cooked and sold spaghetti. Generally, women with VI who sell food items are stigmatised by society. “*People have the perception that whatever blind persons produce is sub-standard or low quality. They also think blindness is contagious so when you buy food from blind person, you will become blind*” (Ohui October, 2018). This situation made most of the women with VI conclude that selling of cooked food was not a suitable livelihood activity for them. This study showed that the two women (Maku and Fosua) who sold cooked food as their livelihood activities were able to break social barriers and perceptions through the involvement of their family members in the trade, evidence-based

sensitisation, and strategic marketing. Maku and Fosua explained their business tricks in their respective stories:

There were few occasions I heard people argued whether I cooked the “Indomie” or my daughter did. One day I heard that Unilever Ghana Ltd. was organising cooking competition for women on mothers’ day. I got involved quickly. I participated and I won the 3rd position. Everyone was amazed. The judges were very impressed. The news was in the air for weeks. That was the breakthrough. Now, a lot of people patronise my food (Fosua February, 2019)



When I started preparing popcorn for sale, initially, the students were not patronising it. I don’t know whether they also hold that perception that when you buy from a blind person, you will also be blind. I quickly strategised. I put two toffees into a pack of popcorn. This makes my popcorn more attractive for the students. That was when my sales increased (Maku February, 2019)

The women were determined to break through the trade barrier put up by society, so they employed public sensitisation strategies and marketing tools to change the societal perceptions about women with VI who engaged in food vending as a livelihood. To the women, this ground-breaking trade added to their livelihood choices and areas.

Some of the women were engaged in farming as livelihood, which is what I discuss next.

Farming

Farming in the context of this study is comprised of crop production and animal rearing. One of the women was engaged in the rearing of pigs with skills she acquired through practical hands-on training from a man in her community. She does this livelihood activity in addition to cooking and selling indomie as well as a meat retail business. According to her, she learnt from the business management training that a good entrepreneur should make her shop a place where customers will find a number of items to purchase. As a result, she has tried to sell frozen meals, and her piggery serves as supply source for her pork meat. *“Inability is about the mind”* (Fosua, February 2019).

Fosua further explained:

I never think I am disabled. Never. I learnt how to diversify my business during the business training session organised by the GOV A, Any time there was left over of my cooked indomie, I sent it to a man rearing pigs in my neighbourhood. I took the opportunity to learn the skills from him. I now have close to 20 pigs. I sold about 8 during the Christmas. This year, I have added cold store business. I retail meat from my own farm. Let me say my husband has been very supportive especially in the piggery project (Fosua, February 2019)



Although Fosua was succeeding in farming, women with VI who practice farming as a livelihood rely on other businesses because farming in most parts of Ghana is seasonal.

This study also discovered that, apart from capital, women with VI need family and community support when they want to engage in farming. Service provider GBU₂ explained:

In communities where farming is predominant, we teach them to farm. We encourage the family and community to support them. The idea here is that we want the community to own the process of support (GBU₂, March 2019).

In summary, many of the women find petty trading to be the most convenient and easiest livelihood activity and which requires the least amount of capital to engage in. The women found weaving and craftwork to be livelihood activities that need a regular upgrade in knowledge and technology in order to stay abreast with changing trends in the market. Food vending was discovered to be a livelihood activity that the women could engage in with support from their family members. In the next section, I discuss the skills acquisition process and the relevance of the skills acquired for the livelihood development of women with VI.

5.3.3 Skills acquisition is a gamble

The women acknowledged that their livelihood path is explorative. Some of the skills and knowledge they acquired were beneficial to their livelihood activities while others were not relevant. The women opined that apart from stigma and negative attitudes, their inability to access

skills relevant to their livelihood activities was a challenge. Although GBU mentioned advocacy and lobbying as one of the skills given to the women to access resources in their communities, the women could not use the skill on its own. They also could not advocate for their inclusion into skills development programmes. They had limited space and little power to present their livelihood issues. In a very distinctive way, however, one of the women was able to advocate to change negative perceptions about women with VI in livelihood in her community. This woman was Fosua, who approached a man in her community to teach her skill in pig rearing. She also created awareness in her community to change their perception on blindness. Although the women acquired skills indiscriminately because they did not know which skills would enable their livelihood participation, they were able to differentiate between skills that were useful and those that were not. Figure 5.2 below shows the skills provided to the women with VI and how they utilised the skills in their livelihoods.

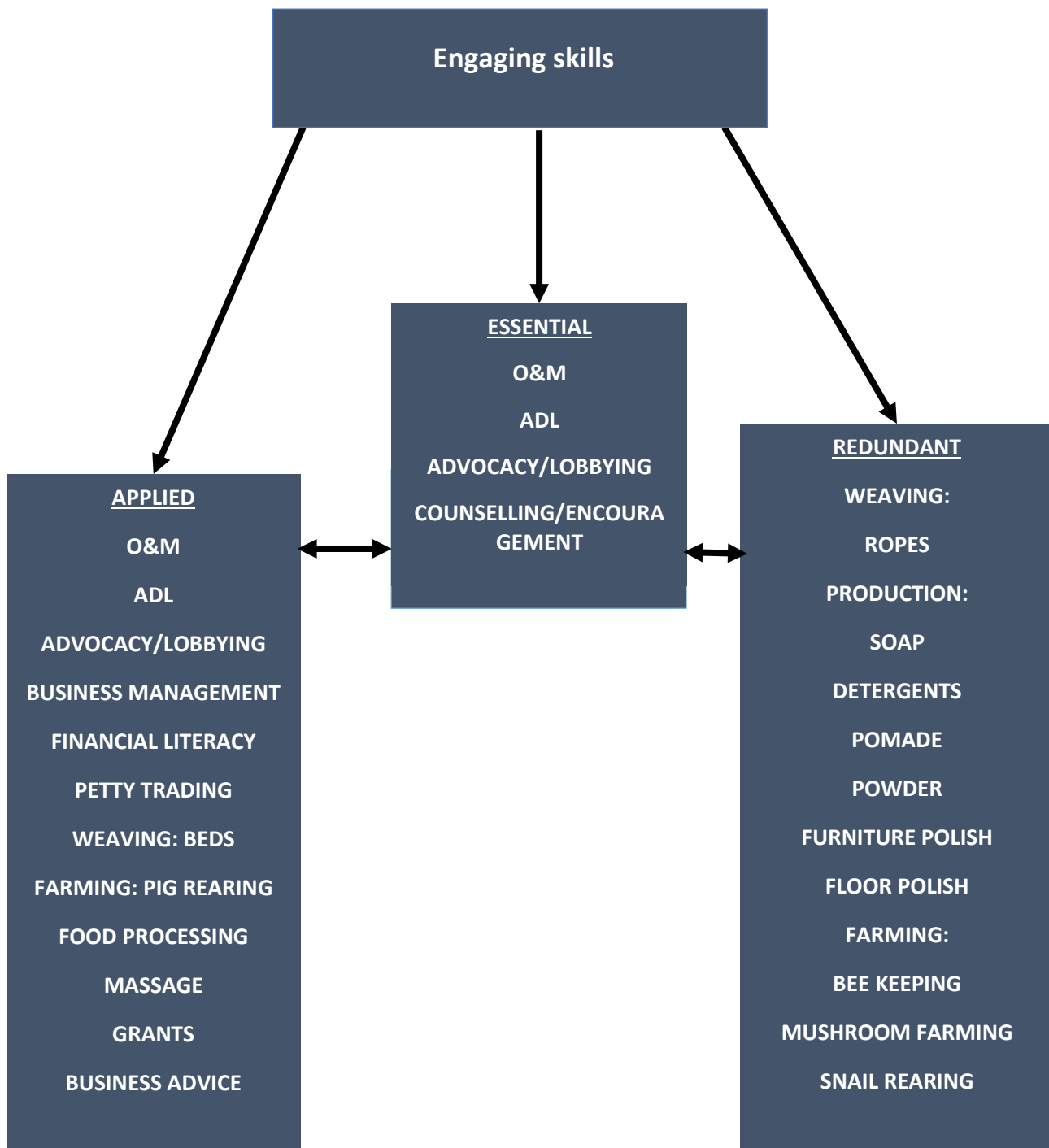


Figure 5.2 Skills and their relevance to women with VI's livelihood

Source: Created by Agbettor (2020)

Engaging skills

In figure 5.2, the engaging skills represent all the skills and knowledge provided to women with VI by the three service providers. These skills are classified as ‘applied’, ‘essential’ and ‘redundant’. The applied skills are those that the women applied in their livelihood activities. The essential skills are those that were crucial to their livelihood participation. Without those skills, they may not have been able to perform their livelihood activities successfully. There is an arrow that depicts the links between the essential and applied skills. Both essential and applied skills directly influence the livelihood activities of the women with VI. The redundant skills are the skills acquired by the women that were not utilised. The essential skills link to the redundant skills because the essential skills were the skills the women needed and acquired first before any other skills. As a result, the acquisition of the essentials such as O&M aided them to acquire redundant skills such as bee keeping that they did not utilise in their livelihood activities.

5.3.4 Summary

In sum, it is evident that the participation of women with VI in livelihood activities requires both blindness-related and business-related skills. Whereas all blindness-related skills were found to be critical and necessary to the successful participation of the women with VI in livelihood activities, the business-related skills were found to be skills that should be offered on demand. Some of the women received business skills that were not applied in their livelihood activities, while some of the women went in for business-related skills because they had no choice in which skills to learn.

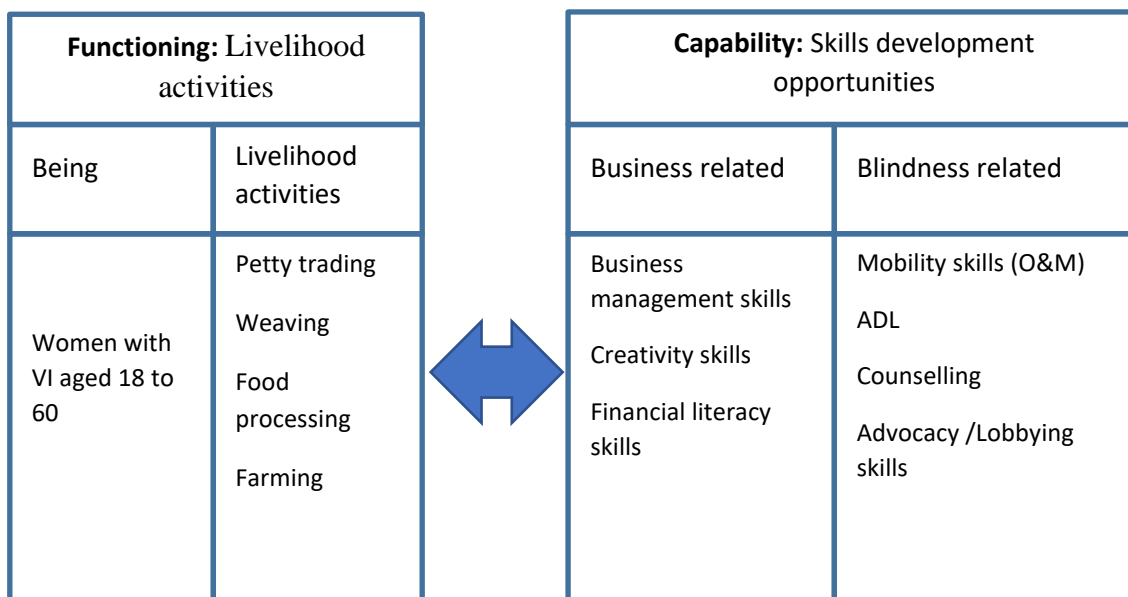
5.4 Discussion of Theme 1: Skills acquisition is a gamble

5.4.1 Introduction

Unemployment rate among persons with disabilities is high and women with disabilities suffer twice as much in accessing livelihood opportunities because of their gender and disability (Naami, et. al., 2012; Mizunoya & Mitra, 2012). Closely connected to the challenges of the intersectionality of gender and disability, including the limitations of livelihood opportunities for women with disabilities, is the burden of understanding the inherent challenges that persons with different disabilities experience in accessing livelihood opportunities. A study conducted in India and Cameroon on livelihood opportunities among adults with and without disabilities established that disability type is one of the key predictors of employment (Mactaggart et al., 2018). To further understand the impact of VI on the lives of women with VI, this study explores how livelihood development strategies offer opportunities for them in livelihood in the informal sector and how their participation in livelihood has enabled (or not) their economic empowerment. The findings of theme1 which address the existing livelihood development skills provided for the women and how the skills are enabling (or not) their livelihood participation were presented.

In this second part of the chapter, I present discussions on the findings in relation to the literature and connect it to my reflections. The findings of theme 1 are represented in the Capability Approach (CA) framework by Sen. The CA evaluates the wellbeing of individuals in terms of their functioning and capability (Sen, 2000) (see chapter 3). By applying the CA lens to the findings under theme 1, I classify the economic empowerment of women with VI in livelihoods as part of their wellbeing. The lens of “functioning” directs my gaze to the livelihood activities that the women engaged in (petty trading, weaving, food processing, and farming) and the opportunities which were available for them to engage in livelihood “capability”, that is, the skills. Using this lens, I also illuminated the barriers they encountered in converting the livelihood opportunities into their livelihood activities, known as the conversion handicap (Robeyns, 2006). Using Table 5.4, I discuss the findings on livelihood activities (functioning), skills development opportunities (capability), and barriers (conversion handicap) encountered by the women with VI in accessing the opportunities.

Table 5.4 Functioning and capability of women with VI in Ghana



Created by Agbettor, 2020

As shown in table 5.4 above, skills development opportunities have two categories: business-related skills and blindness-related skills. These skills development opportunities are linked by an arrow to livelihood activities. Likewise, the livelihood activities are also linked to the skills development opportunities. This arrow demonstrates that the skills acquired by the women influence their livelihood activities and, in the same manner, the livelihood activities that the women desire to do also influence their skills development. From this study, it was evident that livelihood opportunities existed for women with VI in the acquisition of business-related and blindness-related skills. The business-related and blindness-related skills opportunities (capability) are presented in section one while the livelihood activities the women engaged in (functioning) are presented in section two. Next, I discuss the skills development opportunities in terms of business-related and blindness-related skills.

5.4.2 Section one: Skills development opportunities

Skills refer to all the skills acquired by the women that were intended to provide opportunities for them to engage in livelihood activities. As evident in the findings, the service providers offered skills opportunities that were business -related as well as blindness-related. The business-related skills include business management skills, financial literacy skills, and creativity skills. The

blindness-related skills comprise counselling, O&M, ADL, and advocacy and lobbying. In the next section, I discuss the business management skills and how they provide livelihood opportunities for the women.

5.4.2.1 Business-related skills

Business management skills

Business management skills equip entrepreneurs with the requisite knowledge to run their businesses and enterprises successfully. It includes knowledge in customer care, market analysis, risk analysis, and planning, among other things (WHO, 2010). One's ability to grasp the knowledge and skills to manage business effectively depends on having at least a basic education, or skills in basic numeracy and literacy (WHO, 2010; Bell & Mino, 2015). Interestingly, this study established that many of the women with VI who had the opportunity to acquire business skills had no basic education. Nonetheless, they applied the business skills to enhance their livelihood activities. This could be due to the fact that, in Ghana, entrepreneurship or business management skills training is inherent in the traditional education and upbringing of the girl child. As established by this study, many of the women already had fundamental skills in entrepreneurship, specifically buying and selling. The business management skills training gave them additional knowledge to enhance their livelihood activities.

The findings of the current study confirm the findings of a global monitor survey on entrepreneurship, in which Reynolds (2016) showed that Ghanaian women learn entrepreneurial skills as part of their upbringing. As a result, Ghanaian women have experience in entrepreneurship, one of the reasons that may contribute to over 90% of the labour force in the informal sector being women. Further, this finding also agrees with the World Bank Group (2019), which opines that more African women are engaged in self-employment because they have low education and entrepreneurship is therefore the only option for them to survive.

Although there is no disaggregated data on women with VI in the informal sector, the current study shown that the majority of these women have no formal education. Access to business management skills would allow them to excel in their businesses. Contrarily, most of the women felt that business skills, which are crucial to managing their enterprises, were out of their reach (see

5.3.1.1). According to the women, the roadblocks to their livelihood opportunities in the acquisition of business management skills were inadequate information on the training programmes, the training design and course content being more sight dependent, and the cost of participation, a finding that agrees with Naami et al.'s (2012) findings on barriers that hinder the employment of women with physical disabilities.

In his background paper on entrepreneurship and self-employment by persons with disabilities compiled for an OECD policy review, Kitching (2014) said that access to information and training design are some of the barriers that limit persons with disabilities' access to entrepreneurial and business skills acquisition. Concomitantly, the findings of the current study align with Mactaggart et al.'s (2018) study on livelihood opportunities among persons with and without disabilities in Cameroon and India, which opined that persons with disabilities are excluded from trainings because the courses are not designed to include their specific needs. In the current study, the service providers were clear in their admission that their services failed to meet the unique needs of women with VI because of how they were designed and implemented (see 5.3.1.2).

Aside from the use of sight dependent methodologies in service delivery, women with VI have limited information on where to obtain specific services. The service providers admittedly apportion part of the blame to the women with VI's low confidence in seeking information about services. In the O'Reilly (2007) report on strategies for skills acquisition and work for persons with disabilities in South Africa, Zambia, and Malawi, it was established that the cost of training, inadequate access to information, and the absence of appropriate materials for persons with disabilities hinder their participation in business skills acquisition programmes. The general argument is that persons with disabilities have no information on training opportunities, as confirmed by the current study. Even if they are aware of the opportunities, they have no information on the programme outlines or agencies responsible for these trainings, as found in the case of the women with VI who participated in the current study. However, the current study disagrees with the argument that inadequate education and lack of transport are limitations to business skills acquisition for women with VI, as established by Bell and Mino (2015) and the O'Reilly (2007). According to the women in this study, their limitation was not a lack of literacy and numeracy skills or basic (formal) education but rather the programme design, content,

presentation, and learning materials that are sight dependent. As reiterated by some of the women, though they had received a basic education (before they went blind), they felt excluded because they could not read (braille) and presentations used pictures. They questioned the service providers' presentations that were mostly done using projectors. This information heightened the finding that *'not all blind literates are braille literates'*.

Furthermore, it was evident that the biggest travel limitation for women with VI was difficulty in getting sighted persons to assist them with getting to training venues. Even when they had sighted guides, their limitation was the extra cost of the transport they paid for both themselves and their guides to get to the training programmes. These limitations experienced by the women with VI in their quest to accessing business management skills prove that although skills training opportunities (capability) are available, women with VI have limitations to engaging in some livelihood activities (functioning) because of barriers (conversion handicap) they face in accessing business management skills to improve their performance and economic status (wellbeing). Next, I discuss creativity skills.

Creativity skills

Creativity skills equip people to undertake a specific livelihood activity such as soap making, weaving, or beading (WHO, 2010). This study unveiled that most of the women with VI acquired skills in petty trading from their family members. This revelation aligned with the CBR guidelines' recommendation on home-based skills acquisition within families (WHO, 2010) to increase access to livelihood for persons with disabilities.

This study discovered that the creativity skills training provided for the women was mostly predetermined by the service providers rather than the women's interests. According to the women, they were normally informed of a range of creativity skills to choose from. For example, a service provider may decide to provide skills in snail rearing for all women irrespective of whether they are interested in learning that particular skill or not. As much as the service providers may be working with their regulations and donor requirements, predetermining skills for the women unfortunately impedes on their rights to choose which livelihood activity to undertake and which type of creativity skills to acquire. People may question why the women would go in for creativity

skills they are not interested in, but, as explained by the women, they had limited choices when it came to skills acquisition. Their failure to accept what was being offered would mean that they had nothing at all. Consequently, in their desperation to break out of their present condition and anxiety to engage in livelihood activities, the women chose to learn the skills that were available to them rather than what they needed to enhance livelihood activities. They had no counselling service on their career paths because they had no options.

In a study on the livelihood experience of persons with disabilities in West Bengal, India, Sapra (2016) argued that because persons with disabilities desire to engage in livelihood, the absence of options for them, in addition to limited career goals, lead them to experimenting and exploring with skills acquisition opportunities and livelihood activities. Thus, their fear of the unknown future predisposes them to the acquisition of skills they may not utilise in their livelihood activities.

As noted in an ILO survey on skills development for persons with disabilities in selected African countries, over 70 percent of persons with disabilities trained in Malawi reported that the skills were not useful or relevant to their livelihood activities (O'Reilly, 2007). This revelation exposed the knowledge gap and limitation in career guidance and counselling as well as career choices of women with VI and persons with disabilities at large (Mactaggart et al., 2018; Sapra, 2016). In the state of confusion and ambiguity regarding their career path (see 5.3.1), the women with VI in this study accepted creativity skills as handouts from the service provider. This challenge limited their time and resources to access other skills opportunities that may have been useful to their livelihood activities. Another skill opportunity available for women with VI revealed in this study is financial literacy. In the next section, I discuss financial literacy skills acquisition and its influence on the livelihood activities of the women.

Financial literacy skills

The economic wellbeing of every individual is tied to the financial decisions and choices he/she makes at any point in life. Financial literacy empowers entrepreneurs with knowledge on financial concepts, financial decisions, and personal finances management to enhance their businesses (Lopus, Amidjono, & Grimes, 2019; Kimiyaghalam & Safari, 2015; Oseifuah, 2010). The effect of financial decisions on a business depends on the entrepreneur's financial literacy skills. A few

of the women with VI in the current study had the opportunity to obtain financial literacy skills as a training package offered by the financial institution, although the majority of the women were not aware of these training opportunities. This absence of awareness limited their knowledge about financial opportunities such as credit facilities, risk management, and investment opportunities. Additionally, the current study discovered that the women's financial operations were limited to informal financial institutions such as the susu scheme. The few women who had bank accounts complained of the cost of travel to banking institutions. This finding agrees with Zins & Weill (2016), Chowdhury (2015), and Abaluk (2012). According to Zins and Weill's (2016) study on the determinants of financial inclusion in Africa, they note Ghana to be one of the countries where informal financial institutions drive small and micro businesses because of excessive state interventions, problematic management, and limited and expensive credit facilities. The women with VI who used formal financial institutions did not access credit facilities because of complex banking procedures, difficult financial demands such as collateral or personal guarantees, the high cost of interest rates, and fear of being indebted to the banks, a finding which also resonates with the findings of Zins and Weil (2016) and Kusi et al. (2019).

As noted in previous studies (WHO, 2010), the informal sector creates livelihood opportunities for persons with disabilities in lower income countries such as Ghana. However, access to mainstream financial savings is out of their reach. The global call for financial inclusion in 2011, which aimed at bringing the unbanked population into the formal system, is non attainable if limitations and barriers to the acquisition of financial literacy and services continue to exclude persons with disabilities from mainstream financial services. As noted by Zins and Weil (2016), Chowdhury (2015) and Norwood (2005), financial inclusion empowers vulnerable persons such as women with VI to cope with economic instability and excel in business. Unfortunately, the women with VI who participated in this study had limitations in accessing credits to establish or expand their livelihood activities because of limited knowledge on the operations of the financial institutions. Even though Norwood (2006) advocates for access to financial services as a "safe haven" for women because it alleviates them from poverty, women with VI who participated in this study had limited knowledge on financial literacy and could not access microcredit services. Maybe the women's situation would have improved if service providers offered skills collaboratively. Thus, GBU should put a system in place to link women with VI to other skills opportunities, such as financial literacy and business management, after offering blindness-related skills so that the

women could learn all of these vital skills in one go. As confirmed by the women, blindness-related skills serve as a catalyst for carrying out their livelihood activities. In the next section, I discuss blindness-related skills and how they influenced the livelihood activities of the women.

5.4.2.2 Blindness-related skills

The current study established that the women's ability to carry out their livelihood activities was influenced by their knowledge and skills in blindness-related skills such as O&M, ADL, and counselling. I present how the women accessed skills in O&M and ADL next.

Orientation and mobility and activities of daily living

Orientation and mobility (O&M) activities of daily living (ADL) were found to be critical skills that influenced the livelihood participation of the women with VI who participated in this study. Blindness-related skills and techniques in movement, how to use the senses and touch to identify currency notes, and how to dress are fundamental skills which, according to the women and their service provider, assisted them to access other livelihood development skills opportunities.

As confirmed by Bell and Mino (2015) and Duquette and Baril (2013), blindness skills promote employment opportunities for persons with VI. Evidently, the women with VI in this study noted that O&M skills helped them to be mobile in their environments and to sell their items from door to door. Additionally, the O&M skills aided their travel outside their communities to purchase items for sale, sometimes with sighted assistants or alone. Ibrahim's (2019) study in Nigeria on the influence of O&M training on the social integration of persons with VI put forward that O&M skills are fundamental to the independence of persons with VI and should be a precursor to other skill opportunities for blind persons. The women with VI in this study gained enhanced mobility independence and were able to participate in other social network activities because of their O&M skills. Thus, they were able to network and increase both their customer base and supplier base.

Social capital is good for business growth. Brownett's (2018) study in South East England on social capital and participation opined that participation in social events stimulates the emotional stability and "personal wellbeing" of every individual (p. 1). Being equipped with O&M skills, the women with VI in this study could participate in religious (church) activities as well as social events such as funerals and wedding ceremonies, which assisted them to create networks that contributed to

the growth of their social and economic networks which in turn enhanced their livelihood activities. For example, some of the women used church events as avenues for the sale of their commodities. Moreover, the freedom of movement granted the women social acceptance that was an essential capital to their livelihood outcomes leading to an increase in their wellbeing (Srijuntrapun, 2018). However, this study revealed that counselling is a precursor to the acquisition of the other blindness-related skills. Next, I discuss how counselling services were accessed by the women.

Counselling services

For the purpose of this study, counselling is the education and encouragement given to women with VI to understand the disability and the experiences they are going through. Although the findings acknowledged that counselling was essential to the self-efficacy of the women, access to this service was delayed. The delay is attributed to the non-availability of rehabilitation services in the district, limited information on counselling services, and preferred attempts by most of the women to seek cure through medical or spiritual solutions for their visual impairment. Consequently, the delay in counselling affected skills acquisition in O&M. The absence of CBR services for persons with disabilities at the district level in Ghana (Kuyini et, al., 2011) contributes to the delay in counselling and other blindness-related services.

One glaring situation revealed in this study is the individual's difficulty in coping with emotional stress and being able to accept their current situation as normal and move forward in life. Thus, an individual's response to his/her impairment determines the timeframe for his/her acceptance and preparedness to move forward in life. For some of the women with VI in this study, the delay in obtaining blindness-related skills was caused by a delay in their accepting their new condition. Some of the women had strong religious faith, believing that they would regain their sight through a miracle. As a result, some of the women moved from prophetic church to prophetic church looking for a spiritual solution until their confidence and trust in the spiritual solution was exhausted, a phenomenon confirmed by Nseibo's (2020) study in Ghana.

In his study on faith and disability carried out in the United Kingdom, Allen (2010) noted that disability in the light of religion, especially the Christian faith, is viewed as a punishment from

God. Perhaps in the interest of satisfying the demands of their faith, the women with VI who participated in this study made countless efforts to seek spiritual healing to reverse their situation, which might have contributed to their delay in acquiring blindness-related skills. Counselling services are provided by GBU. However, what is not clear in this study is the capacity of GBU to locate the women early enough to avoid delay. Maybe the GBU's service in advocacy and lobbying for the women would enable them to advocate for their right to timely services in counselling and other blindness-related services. How the women access opportunities in advocacy and lobby skills are discussed in the next paragraph.

Advocacy and lobbying skills

Advocacy and lobbying skills empower persons with disabilities to access interventions that ensure their participation in the community. Advocacy and lobbying skills were some of the blindness-related skills provided by GBU, aimed at empowering the women to claim their rights. However, only a few women applied the skills to create public awareness and correct misperceptions about the sale of cooked food by women with VI. Although GBU acts as an agent of advocacy on behalf of persons with VI in Ghana, it is imperative for the women themselves to gain advocacy skills to articulate their issues pertaining to livelihood development. Earlier studies in Ghana (Ocran, 2019; Sackey, 2019; Grischow et al., 2018) identify prejudices against persons with disabilities as a deeply-rooted challenge in Ghanaian society that needs to be tackled through public awareness raising and advocacy by persons with disabilities and their organisations. To this end, when GBU increases access to advocacy and lobbying skills for the women, they can utilise the skills to influence service providers and the entire community to increase access to livelihood development (capability) which will in turn increase the range of livelihood activities they can engage in. In the next section, I present the livelihood activities that the women are engaged in.

5.4.3 Section two: Livelihood activities

Many of the women engaged in petty trading as their prime livelihood activity and a few had additional livelihood activities that were influenced by the creativity skills they acquired in production, weaving, farming, and massage. The trade choices of the women were influenced by their family trade history, previous career, creativity skills they acquired, and the convenience in

terms of their impairments. Additionally, some of the women chose a career path based on availability rather than interest and choice.

Petty trading was identified as a convenient trade for many of the women, especially those who sold at one location. These findings agree with the findings that, traditionally, the preferred livelihood choice of Ghanaian women is petty trading (Siun, Akinyoade, & Quaye, 2017; Amu, 2015). In Ghana, women take care of their family through the sale of surpluses from farm produce and girl children are used as unpaid labourers to support their mothers' trade activities in the informal sector. In his study on the role of women in the Ghanaian economy, Amu (2015) identified the burden on women to provide for the educational and material needs of their children, and women's inability to pay for hired labour as a factor that informed the use of girl children to supplement the women's labour in the farm and manufacturing industries. As a result, girls in the Ghanaian setting acquire trading skills through the traditional education system. Trading is therefore a preferred occupation for women in Ghana. The literature and findings of this study solidified the fact that the career choices of some of the women with VI were largely influenced by Ghanaian historical perspectives and their family trade history.

On another level, this study showed that the women with VI engaged in weaving, massage, and food processing as livelihood activities. These options were influenced by the creativity skills they acquired and perhaps also their lower level of education. Traditionally, because of the lower education levels of Ghanaian women, their economic activities are clustered around "food processing, soap making, traditional medicine, cosmetics and beadwork, textiles and garment production" (Amu, 2015, p. 3). The weaving of doormats, baskets, and garment chairs is also a notable trade that most women with disabilities are introduced to in Ghana because they have limited job opportunities (Naami et al., 2012).

Although a few of the women engaged in weaving, they were constrained by obsolete technology and a limited market to sell their products. Moreover, the women noted that weaving was one of the difficult livelihood activities that paid less, and yet service providers assumed that it was a suitable livelihood for persons with VI. Many of the women who had skills in weaving switched to petty trading, which was identified as the most convenient trade for them. Maybe an introduction to modern technology could have kept the women in the weaving business. Venkatesan's (2010) study in India on learning to weave exemplified that weaving is tedious and a trade carried out

mostly by women who have limited choice and power “but make the most of what they have without seeking to improve their lot” (p. 172). Limitations in modern technology restricted some of the women in the weaving industry.

5.4.4 Summary

In summary, livelihood opportunities (capability) in skills development existed for women with VI in business-related skills and blindness-related skills. While the blindness-related skills helped the women emotionally and psychologically through counselling, O&M and ADL gave the women mobility independence to carry out their livelihood activities (functioning). However, access to these skills was delayed for the majority of the women. In addition to the blindness skills, opportunities for business-related skills were accessed by some of the women, albeit with numerous challenges ranging from limited access to information on programmes, course design, course presentation, cost of participation, and scarcity of sighted guides. These challenges impeded the women’s right to access livelihood opportunities to enhance their livelihood activities (functioning) and subsequently improve their economic status (wellbeing).

CHAPTER 6: FINDINGS: THEME 2 – WE ARE DEPRIVED BECAUSE WE ARE BLIND

6.1 Introduction

This chapter is comprised of two parts that address the second objective, which explores factors that influence the livelihood development opportunities of women with VI in Ghana. In part one, I present the findings of factors that enable or limit the livelihood development opportunities for women with VI. The findings were captured in the theme *We are deprived because we are blind*. The theme has two sub-themes and eight categories. The categories were derived from direct quotes of the women and the service providers. I then elaborate on the findings under the sub-themes and categories with direct quotes from the interviews, as well as the findings obtained from the document analysis. Part two presents discussions on the findings and integrates them with the literature and my personal reflections. Table 6.1 below depicts the theme, sub-themes and categories generated.

Table 6.1 Factors influencing the livelihood opportunities of women with VI

We are deprived because we are blind	
Sub-theme	Categories
6.2. What enables us to do it?	<i>We all need it: we are not there yet</i> <i>The family dilemma: an angel or a demon</i> <i>Our vehicle of hope</i> <i>What we value matters</i>
6.3 What limits us?	<i>Limited and untimely help</i> <i>These things disturb us</i> <i>They are far from us</i> <i>Our burdens are compounded</i>

6.2 What enables us to do it?

This sub-theme gives further insight into factors that facilitate the livelihood development of the women with VI. As found in this study, few of the women who accessed skills and credit provided by GBU and partners, their families, and churches in some cases, were able to start, expand or sustain their livelihood activities. Therefore, skills which are relevant, timely, and regularly acquired, in addition to access to credit, are critical to the livelihood participation of women with VI. Two of the women explained:

I had an opportunity to learn additional skills from the then Ghana Society for the blind. I had advance level skills in powder making and parazon making. These skills enabled me to do different kinds of powdered soaps and parazon and floor polish. I do not depend on one livelihood activity anymore (Ohui October, 2018)

I had the opportunity to obtain loan from GBU to purchase a grinding machine. This opportunity enabled me to diversify my business. I am now counted among successful business persons (Flola February, 2019)

However, for the majority of the women, access to these skills and credit facilities was a tussle. Both the GBU and the women expressed their dissatisfaction with the service gap in the livelihood development opportunities for the women.

6.2.1 We all need it: we are not there yet

As noted by the GBU, women with VI, like “*their non-disabled counterparts, need livelihood skills to enhance their livelihood activities*” (GBU₂, March 2019). These may be trainings targeted at small, medium or micro enterprises, which “*all of the women need...*” (GBU₂ March, 2019). As noted in 5.2.1.2, knowledge in business management, financial literacy and advocacy and lobbying are all very crucial in facilitating livelihood participation of women with VI. Regrettably, despite the benefits of these skills to the livelihood participation of the women, only a few were able access to these skills opportunities,

To affirm the women’s statement that “*we all need it*”, GOV A₂ noted that women with VI performed the same in business as any other person when they accessed livelihood opportunities that were available to others. GBU, GOV A and RBank all recognised the importance of providing

refresher courses as critical livelihood opportunities that, when made available for the women, would enhance their livelihood activities. As reiterated by GBU₂,

We are not there yet. Some of the women still complain about exclusion in accessing the livelihood opportunities in their communities being it training opportunities, credit facilities and other marketing opportunities (GBU₂ March, 2019).

Many of the women could not access opportunities in refresher or advanced skills because of limited information on training opportunities, especially outside GBU (see 5.2.1.2). Some of the women mentioned that they had had the opportunity to join training and refresher courses, but it was not beneficial to them as the methods of delivery were sight dependent. They narrated:

We do not get opportunity to attend those short courses that will make us meet the changing trends in business. We don't have information on those courses. I remember those days when we produced powder soap in groups, we used solution tape to stick on the cover. It was not attractive. We stopped because people were not buying. We need training in modern skills in packaging and advertisement (FGD: Ohui February, 2019).

At times resource persons come to train the Women Ministry in my church in skills like gari processing, packaging, advertising and networking. I participated on few occasions but it was not helpful. Most of the sessions were sight dependent. Sometimes I feel the resource persons forget we are part of the sessions (Vivian February, 2019).

A service provider (GOV A₂) confirmed the women's concerns:

To be honest with you, our training services (especially the advance level) do not extend to women with VI. Sometimes, when we have programs, we do come across one or two who are disabled persons. It was when the GBU approached us for collaboration that through discussions, we realised we are not doing much to include the needs of persons with disabilities in our programmes. Now, I will score myself 50%. It is just average. We still have more to do (GOV A₂, March 2019).

As part of addressing the limitations of livelihood opportunities pertaining to advanced skills and refresher courses for the women, the women advised: “*the GBU should intensify its advocacy efforts in the area of creating networks on our behalf*” (Ohui FGD, March 2019). GBU affirmed the need to do more in its advocacy efforts to give the women access to inclusive livelihood opportunities, especially regular refresher courses. However, it expressed strong dissatisfaction

about service providers' inability to provide inclusive services, which it blames on policies. GBU₂ explained:

I think, there should be policy direction and commitment from service providers. They should make inclusion a priority. We in GBU, will not rest. We will continue advocacy and lobbying of state agencies, private institutions and individuals until we get there (March 2019.)

The government agency also reiterated the need for more commitment on their part to ensure the inclusion of the unique needs of women with VI in their programmes.

We need to have a plan for inclusion. So, for now, I will say we need to do more. We need to plan with them, get their needs, follow up on them in the communities. We have to look- out for them. It is when we do that, then we will be sure that they are not left out (GOV A₂).

Both the service users and the service providers admitted the importance of including women with VI in livelihood skills development opportunities, especially advanced and refresher courses, which the women confirmed they all need but which are currently out of their reach.

In summary, livelihood development opportunities pertaining to the acquisition of advanced knowledge and skills are available for all women, including women with VI, in Ghana. The few women with VI who accessed those opportunities attested that their livelihood activities were enhanced. Many of the women with VI, however, did not get regular and relevant opportunities to upgrade their skills and knowledge because of inappropriate methodologies for programme delivery, inappropriate content, insufficient information on the types of programmes, the periods during which courses were offered, and the respective service providers. The women expressed mixed reactions to whether their families could be of support to them in accessing livelihood opportunities by bridging the gap in the areas of inaccessible information and access to capital, among others. Whereas some women saw their families as angels, others likened them to demons.

6.2.2 The family dilemma: an angel, a demon, or both?

The family is “*an integral and very important part of the livelihood development process of persons with VI and they cannot be excluded in their trainings*” (GBU₁, September 2018). The families of women with VI are given training on how to “*assist the women in their livelihood ventures*” (GBU₁, September 2018). The role of the family in women with VI establishing,

managing, and sustaining their own livelihood activities is complex. While some family members gave capital and material resources to the women with VI to start their businesses and supported them in carrying out their livelihood activities, some family members blocked livelihood opportunities for the women. Some of the women expressed:

I have a very supportive family. My siblings help me to sell. They support my business (Maku February, 2019).

My family is wicked. Do they have [anything] themselves? Even if they have, they will not help. They rather borrowed money from me and never paid. They collapsed my business (Enyo February, 2019).

These sentiments showed that some families were very supportive (*angels*) and other families were unsupportive (*demons*). The women's stories show that some of them were able to manage their livelihood activities very well because their *angel* families are assisting them in the sales of their items at home and at the markets. While some *angel* family members helped in the identification of the currency notes, others helped the women to check their stocks after sales. They also assisted them by running business errands for them. The women further explained:

My aunt gave me space in her shade that has really helped me. It is a very strategic location. A lot of customers use that route to the market. She also sells her items close to me. Anytime I am confused with the identification of the currency notes, she helps (Dede, September 2018).

Now I have close to 20 pigs. I sold about 8 during the Christmas. This year, I have added cold store business. I retail pork from my own farm sometimes. Let me say my husband has been very supportive especially in the piggery business (Aluanyo, February 2019).

In addition to assisting women with VI to carry out their livelihood activities, some of the *angel* families also gave the women capital and material resources to start or expand their livelihood activities. The women reiterated:

If not for my mother's support, I believe no one would have helped me with capital to start my business. There were instances where my siblings also gave me money to re-invest into my business because I used some of my capital to pay my son's school fees (FGD: Padikie February, 2019).

I have very supportive family. My family still supports me even in business. My mother and sibling buy clothes and other personal effects for me though I am working. My brother bought popcorn machine for me. I now sell popcorn in addition to waakye (rice and beans) and water (Maku February, 2019).

Conversely, the *demon* families suppressed the businesses of the women with VI. Some of the women accused their *demon* families of maltreating them and wishing they were out of business so they could forever depend on them for survival. “When they buy food for you, they have power over you, and abuse you” (Vivian February, 2019). The *demon* families also borrowed money from the women with VI’s businesses and refused to pay it back:

I have never asked my family for anything because I know they will not give me. I don’t ask them because my sister will rather borrow money from me all the time. If I want her to pay back then there is trouble. (Vivian, February 2019).

Truth be told, my family is out of coverage area. It is my Christian family members that support me. Some of the church members give me money on regular basis. For my family, no, no, they don’t know where I stay. When I started my business initially in the family house, there were occasions where my own brother will communicate in sign/gestures to my customers that they should not buy my items. Some of my customer confided in me and told me latter. This demon...hmmmn. (FGD: Ohui March 2019).

In relation to the disappointing statements from women with VI on how their *demon* families maltreated them, some of the service providers also confirmed their sentiments. GOV A₁ noted that some families simply do not want women with VI to work. They want them to beg and bring the money home. GOV A₂ added that interference of the *demon* families sometimes collapsed the women’s businesses. GOV A₂ narrated:

Some families see opportunity in making money out of their disability. They send them out to beg so they could get their share. I know a blind woman who begs to feed the whole family and the family is very happy about that (GOV A₂, March 2019).

Some of them are doing very well on their own. But others, with influence from their families, they are not performing. For instance, some get money but their families are also depending on them. Some family members take money from them and refuse to pay them. So, for me, that is what is not working well for them. Some, too, their families will want to control their businesses (FGD: GOV A₁ March, 2019).

In summary, this category revealed two distinct natures of the families of the women with VI. The *angel* families played a vital role in the livelihood activities of the women with VI while the *demon* families limited the livelihood opportunities of the women with VI. The statements from both the women with VI and their service providers were indicative of the fact that some of the women felt more secure in their livelihood activities with family support while others felt insecure with their families. GBU is encouraged to sensitise and encourage family members to support women with VI in their livelihood activities because, according to the women, GBU is the “*hope for the blind*”. The findings on how GBU is viewed as hope for the women is presented next.

6.2.3 Our vehicle of hope

All the women appreciated the key role GBU played in ensuring that they could establish, expand and manage their livelihood activities. Apart from skills provision, the role of GBU includes identifying newly blind persons and where possible referring them for medical treatment (GBU 2015b, p. 8). The findings showed that GBU served as a vehicle to guide the women to their expected futures. Thus, GBU created safe space for the women to share information to inspire and encourage each other. Flola, for example, mentioned that it was when she was introduced to GBU that she realised there was hope for blind persons (Flola October, 2018). Like Flola, many of the women also applauded GBU. Fosua said:

Our leaders at times disseminate information from the national office anytime they attended meetings. Some of the information relate to our business activities. We also invite people to give us talk on our livelihood activities at the GBU women's wing meeting (Fosua February, 2019).

Some of the women noted that the GBU meetings inspired their confidence to believe in themselves and to engage in livelihood activities. For example, Baaba said that at her first GBU meeting, she was encouraged to take advantage of skills development so she could start livelihood activities to earn an income (*Baaba February, 2019*). The encouragement gave her the urge to acquire skills and establish her own livelihood activity. The GBU advocacy at both national and district levels created livelihood opportunities for the women. GBU₁ and GBU₂ reiterated:

We link the individual to already existing institutions like the RBank, GOV A to access their services. We also link our clients up with other bodies like opinion leaders, business leaders like market queens and other people who have influence in the business cycle within the communities to take advantage of facilities that will enhance their livelihood activities (GBU₁, March 2019).

We organise dialogue meetings which give women with visual impairments platform to interact with other persons who run similar business ventures. These individuals may be non- disabled persons. Such interactions develop into linkage or partnership where the visually impaired women may learn or vis versa from their counterparts and subsequently improve their businesses (GBU₂, September 2018).

As part of GBU's policy to ensure all its members lead dignified lives, *"It values economic empowerment of its members as an integral part of its advocacy strategy"* (GBU₁, March 2019). The content analysis confirmed the GBU strategy of increasing livelihood opportunities for its members by 30% by 2018 (GBU, 2015b, p. 19).

Aside from GBU, the churches also played a role in creating livelihood opportunities for some of the women. Ohui explained that she sold her items during church events:

I send the items to event grounds like church programs to sell. That is helping a lot. You know at church, the members are religious; they will not steal your items (Ohui October, 2018).

The church also serves as a platform for some of the women to advertise their products. Baaba confessed that her church pastor normally advertised her product in church and she got a lot more sales during church activities. *"People who are God fearing will always want to support us"* (Baaba February, 2019).

Although the church was acknowledged by some of the women as playing a role that enabled their livelihood opportunities, it was also found that the church sometimes contributed to some of the women's inability to overcome the challenges of their blindness and learn to live with it within a short period. As established by the findings, some of the women relied on the church for a miracle.

The only option for livelihood for most of them at that stage was dependence on churches, families or friends. GBU₂ stressed:

There are instances where some even reject counselling to disapprove the condition. This happens mostly to those who have strong faith and belief that they will regain their sight through miracle from God. In such cases, they rely on the church for a miracle...especially those spiritual churches. That stage is really a terrible stage. The only option for livelihood for most of them at that stage is dependence on churches or friends. At that stage most friends, church members will want to show their sympathy by donating money and other stuff for their upkeep. That situation is unfortunate (GBU₂, March 2019).

From this study, it was apparent that the role of the church was mixed. Although some church activities promoted the livelihood participation of the women, other activities were seen as delaying livelihood opportunities for the women. The issue of accessing livelihood opportunities therefore may depend on the personal principles and values of the women.

6.2.4 What we value matters

As indicated by this study, strict adherence to good business practices and principles enabled some of the women to take advantage of livelihood opportunities to expand their livelihood activities. The key practices some of the women used which enhanced their livelihood opportunities are: the commitment to separating their working capital from their profits, the commitment to saving on a regular basis, and being faithful to customers. Dede mentioned how her knowledge in financial literacy entrenched her value and commitment to saving regularly to build her own capital and re-invest in her business:

I always keep that in mine. I never touched my business capital. whatever the situation I never compromise. I try to discipline myself even if I'm hard pressed, no matter how difficult the situation may be, I stick to only the profit. This principle helps me to save and build my own capital to expand my business (Dede September, 2018).

Ohui also demonstrated how her commitment to not selling on credit helped her to sustain her business:

I was running at loss, so I stopped giving the rice on credit. Currently, I sell the rice and also add honey but to households in smaller quantities. I go to offices, then to church events to sell. At times you need to take bold decisions in business. If you don't do that, you won't succeed (Ohui October, 2018).

Some of the women also mentioned that they operated on the principle of trust.

We trust the sighted persons who are our customers and they also trust us. I have all my equipment and machines at home. So, I attend to people both men and women anytime they need massage and they call me to their homes. I don't fear. You know as a woman with VI, the only way you could operate is to build trust, value trust and sustain trust. They trust me because they know I will not steal anything of theirs. I also trust them because I know they are my customers. They will not harm me (Anna February, 2019).

The principle of trust was not taken lightly by the women with VI in livelihood activities. Service provider RBank₂ confirmed this in his interactions with a few of the women who visited RBank to make business transactions:

Sometimes, they come in with assistance to help them but sometimes they come alone. I have studied few of them for some time. If they trust you, they rely on you to do everything. I think that is one of their trump cards in business. Anytime madam Dede comes to the banking hall, she will always look for me to assist her. She will never give her cheque book to any bank staff apart from me. It is a good practice (RBank₂ March, 2019).

The value women with VI placed on trust, their self-business principles, and other disciplines was revealed as one of the factors that they saw as enabling their successful participation in livelihood activities.

In summary, opportunities in advanced and refresher courses, access to credit and material resources, access to information, support from *angel* families, GBU support, and church support were identified as factors that facilitated livelihood development and participation for the women. Additionally, the women's personal values, self-principles and commitment also enhanced their development process. However, this study revealed some complexities with some of the factors, such as family support and access to credit. For example, although families facilitated the livelihood process for some of the women, other women mentioned that their families let them down in their businesses. Next, I present factors that impede livelihood activities of the women.

6.3 What limits us?

This sub-theme reveals a range of factors that limited the women with VI's access to livelihood development opportunities. The sub-theme *what limits us* has been divided into four categories, namely: *no one is willing to help us, these things disturb us, they are far from us, and our burdens are compounded.*

6.3.1 Limited help

With regards to accessing livelihood opportunities in the form of grants, loan facilities, and material equipment, the women mentioned that they had limited help. Although some of the women shared that they had received small grants and equipment from GBU, their families, and churches to start their livelihood activities, they reiterated that those grants and materials were received mostly late in the process. Opportunities to access working capital loans and credits to expand businesses were very limited for the women with VI who participated in this study. However, some of them managed to save to start up their livelihood activities.

I have my machines. especially the portable machine for hand and feet massage. I acquired these machines from my own savings. I use to do susu when I was doing the advance level training. I saved all the money (tips) people gave me (Anna February, 2019).

The women reiterated that capital in form of money or material equipment was key to the commencement of their livelihood activities. “*Without money it will be difficult for us to work*” (Ameh September, 2019). Many of the women already had skills but they could not start any livelihood activities until they had received their grants or materials. They expressed:

Though I knew how to buy and sell, I was not able to do anything until GBU gave me small grant to start selling. Yeah. Before I became blind, I was selling feed and so I have skills in trading already but I could not start livelihood because there was nowhere to turn to for capital (Ameh September, 2018).

I have a son. But it took him longer time to give me money to start my business. You know, anytime I go to the GBU's meetings, they advise that everyone should work. I took that advise and told my son to help me start selling those items. Buying and selling was part of my upbringing (Enyo February, 2019)

I spoke to my church member, Brother Bismark to assist me. He gave me transport every day for the three months I learnt the weaving. But starting took long time

because I could not get help. My pastor made appealed to other church members and they contributed GHs 500.00 cedis and presented to me as a gift. I used it to purchase the materials to start the weaving (Baaba February, 2019).

Opportunities to access grants or microcredit loans to expand one's business is very limited for the women. This study revealed that only a few of the women acquired capital loans to expand or grow their businesses. According to RBank, loans help small and micro businesses to expand, yet women with VI could not access microcredit opportunities. The women lamented that the interest rate on the bank loans was too high. This claim was confirmed by RBank₂ in his narration as follows:

Basically, because of the nature of the businesses that women with VI engage in, the conditions for loans do not favour them. Their businesses are small and they will need collateral in some cases" (RBank₂ March, 2019).

Undoubtedly, access to loans enabled the women to buy in bulk, lower costs, and increase their customer base. They were able to add more items which would in turn give them more income.

The women explained:

I took loan once from RBank to expand my business. I use the money to purchase alligator pepper (red chili) and stored it for six months. I sold it during the dry season and that gave me additional income. Though I paid interest on the loan, I was able to make good profit (Dede September 2018).

I was given interest free loan by GBU to expand my business. Now I have expanded. My shop is one shop. I sell a lot of items. Loan is good, just that it is difficult for us to access loan (Ohui October, 2018).

As evident in the quotes above, the women who had access to interest free loans and loans with interest were able to expand their businesses. GBU₂ stressed:

Loans and credit facilities help them to expand, and recover from difficult situations. These are part of the financial strategies that we employ as GBU to help our members. The banks are tutored on how they could help and teach the women how to access bank services (GBU₂, March 2019).

While some of the women were able to access loans to expand their livelihood activities, the majority of them complained that accessing loans had always been a challenge for them. One of

the challenges was people's perceptions about the women's ability to pay back the capital loans. *"Obtaining capital loans from banks, friends and private persons is very difficult. No one is willing to help us because I am blind"* (Ameh September, 2018). Ameh further explained:

Previously, when I could see and was trading, I was able to get loan from the bank and private individuals. Now when I go to the bank or people to give me money, with this situation, they turn me down with excuses. No one is willing to help. My own friends disappointed me on several occasions. It's like[paused] making mockery of me. It is very embarrassing (Ameh September, 2019).

The shame of being turned down made some of the women feel reluctant to apply for loans from banks, friends, families or private people who could be of help to them. Their inability to secure working loans and material resources to start livelihood activities limited their livelihood opportunities and added to their worries. Adede lamented:

If I received skills in powder making and I do not have capital to purchase the equipment or items to produce the powder, then the training has not served its purpose. I have gone back home doing nothing. This gave me more worries and thinking. Capital is a challenge a big problem (Adede, February 2019).

In addition to limited capital and materials to start their own livelihood activities after skills trainings, the women emphasised that a few training agencies such as GBU gave them start-up capital but it was not sufficient to set them up in business immediately. *"You need to solicit help from somewhere to top-up. By the time you are ready, you may have loss some of the skills and the initial capital because that is what you feed on"* (FGD: Vivian February, 2019). For instance, Ohui shared:

I don't have family to support me. So, when I was not given the needed tools or capital to set-up my livelihood activities immediately, I got more frustrated because that was the same money I was feeding on. Limited access to capital and materials prevented most of us from engaging in livelihood activities (FGD: Ohui February, 2019).

Many of the women shared that obtaining a loan from the bank was very difficult for them and the bank process was very complex. Because their businesses were small scale, they feared they would be indebted to the banks.

I save with a community Bank, I tried once to take [out a] loan but I stopped in the process. The process is very complex. They ask for collateral; guarantor and the interest are very high. My business is a small business; I feared I would not be able to pay (Adede February, 2019).

Oh no. I did not consider applying for loan. Infact, I fear that I will be indebted to the bank and they may arrest me. My business is small scale and the interest on the loans are very high. (Padikie September, 2018).

The service provider RBank₂ (March,2019) affirmed that the bank did not discriminate against its customers or persons with disabilities. “*We are in to serve everybody who comes and wants to do business with us. But some of them fear to approach the bank for loan because of the interest rate*”.

RBank₂ stressed further:

Nowadays, the cost of funding keeps rising and interest rate is what keep vulnerable groups out of the bank loans. Because their businesses are low income in nature. The interest rate does not favour them. The bank on its own will try to do something to break the interest rate down but that will not be sustainable (FGD: RBank₂ March, 2019).

In summary, access to capital and materials to start or expand business was a challenge for the women with VI. They were not able to access loans from banks or private individuals because of high interest rates, peoples’ perceptions about their ability to pay back loans, and the nature and size of the businesses they engaged in. Some of them also reiterated that the process of obtaining a loan from the bank was complex and some feared they would be indebted to the bank. Consequently, women with VI who participated in this study stressed that limited access to capital loans and materials to start or expand their businesses limited their livelihood development. Other factors that disturbed the women in livelihood are presented next.

6.3.2 *These things disturb us*

The attitudes and perceptions of some individuals in the communities and the society at large were of great concern to the women with VI. All the women shared their livelihood experiences regarding negative comments, attitudes and misconceptions about them in different forms and said that “*these things disturb us*” (Flola February, 2019). The women lamented that because they were visually impaired, people thought they produced substandard or low-quality goods. “*People also think when they purchase items from us, they will be blind*” (Flola February, 2019). As a

result, “we do not make [many] sales like our sighted colleagues in some cases”. Flola explained further:

As a blind person, you don't make sales much like the sighted person because of discrimination. You know, there is a perception that if you are blind and people buy from you especially cooked food items, they will also become blind. They will not speak to your hearing but they will say it among themselves. These things disturb us (Flola February, 2019).

The women also reported negative attitudes of some sighted persons. Some example of how these attitudes play out are through the use of gestures or signs to re-direct the women's customers to other shops, the use of abusive and derogatory language towards the women, and deliberate attempts by some sighted persons to purchase the women's goods on credit and then refusing to pay them. The women saw these attitudes as limiting their livelihood opportunities and their participation in livelihood activities.

When a customer is approaching your shop to buy your items, sighted persons close by would sign to the customer and tell him/her not to buy from you because you are blind, this is very common, at times, sighted persons could bring their items close to yours and even sell the same items you are selling to frustrate you (Enam February, 2019).

My major challenge is people who buy on credit. They will not pay you on time. At times, they run away with your money because they think you are blind and you can't chase them. At times they will around but they will tell their children to tell that they are not around. It is worrying. That is my biggest challenge (Ohui October, 2018).

Additionally, some of the women mentioned that sighted persons deliberately cheated them and disregarded them:

People at times bring fake currencies to buy. Others will also want to cheat in different ways. They will give you different currency note and mention different note and then claim change (Baaba February, 2019).

At times, a sighted person will be sitting close to you and you will be calling him/her but he/she will not respond. This is also a worry to most of us (Enyo February, 2019)

People's negative attitudes and deliberate attempts to frustrate the women with VI added a lot of limitations to the women's livelihood opportunities and their participation in livelihood activities.

Ohui shared:

Sometimes, people monitor my movement and steal the charcoal with the sack. Hmm just because they know I cannot see. A very deliberate attempt to bring you down (Ohui October, 2018).

Service providers also shared their experiences with negative attitudes towards the women:

Hmmm, I think stigmatisation. Some people deliberately buy from them and refuse to pay. Other people too, when they see them selling, instead of buying from them, they bypass them to buy elsewhere. People think their goods are not wholesome. I will say stigmatisation is a challenge (GOV A₂ March, 2019).

We have few staff that may not relate to them so well. People sometimes misbehave towards them. We have individual differences and attitudes may be different (RBank₂ March, 2019).

The combination of all these negative attitudes and misconceptions from the general public did not only disturb the women emotionally but also limited their livelihood opportunities, especially in terms of making good sales. When the women were asked about policies that protect their rights, they shared that "they are far from [them]". Next, I present findings on how the policies are far removed from the women.

6.3.3 They are far from us

This study has revealed that most women with VI hold the view that "there are injustices in the system and unfortunately, the laws in Ghana do not favour them, is like we have different laws for persons without disabilities and different laws for persons with disabilities" (Flola, October 2018). This has given rise to a feeling of isolation. They expressed a sense of dejection regarding the treatment they received any time they attempted to access the DACF, the only government intervention that makes funds available for all persons with disabilities to establish their livelihood activities. In a bold statement, Baaba accused the officers of the fund management committee in the district of misappropriating their fund. This added limitations to the women's livelihood opportunities.

I will not mince words; I will say it. the people managing the fund are not correct. They give the money meant for disabled persons to their families and friends and no one questions them (Baaba, February 2019).

The women expressed their dissatisfaction about the long and loud silence of the Disability Council, a governing body mandated with the responsibility to oversee disability issues and to monitor the implementation of DACF guidelines and other disability policies, in the following statement: ‘they are far from us’. Dede shared:

As for the government officials, they are far from us. Where are they? Do they care about us? They only sit in their big offices. They don’t care about what happens to us in the district (Dede September, 2018).

Policies and social interventions pertaining to employment are enacted to create equal opportunities for vulnerable groups such as women with VI to engage in livelihood activities in the same way as any other person. There are laws and conventions such as the National Disability Act, the UNCRPD, and the Sustainable Development Goals that emphasise the rights of persons with disabilities to work. These findings showed that the women were aware of the government social intervention (DACF), two percent of which is given to persons with disabilities to establish livelihood activities. A few of them were also aware of the National Disability Act and/or the UNCRPD. However, none of them were aware of the Sustainable Development Goals (SDGs) or any other policy that protects their rights to employment. On the part of the service providers, apart from GBU, none of the service providers were aware of the UNCRPD, the National Disability Act or the SDGs, yet they were all aware of the DACF. A few of the women testified that they had received DACF funding to expand their livelihood activities, but with difficulties ranging from the complexity of the application process to the reduction of the amount requested and the misplacement of application forms. The women who were yet to receive DACF funding complained that the complexities in the process were beyond imagination.

I have received the DACF only once. It is very difficult to get the fund. Any time you apply, they tell you stories. Some of our leaders are not transparent in the short-listing process (Ofosua February, 2019).

The social welfare officers and the district assembly officers that are managing the fund are cheating us. They at times disburse funds to non-disable persons. I suggest that the government should hand over the management of the fund to the Ghana federation of disability organisations (Vivian February, 2019).

Many of the women attributed their inability to access the DACF funding to a deliberate attempt by the fund management committee to side-line them. The absence of monitoring on the part of the disability council also made the women feel as if the officers were far away. This feeling nurtured a mistrust of the system and loss of confidence in the governing council. Consequently, the women complained that there were injustices in the system heightened by the non-implementation of the national disability law and the UNCRPD, which were supposed to support their right to livelihood opportunities. Flola reiterated: “*In Ghana, the laws do not favour persons with disabilities*”. Ohui stressed:

There is a policy from government that no one should discriminate against persons with disabilities when they are hiring workers. But people discriminate against us; in the market, at homes and go freely because the laws are not working. Accessibility is very bad. What is helping is that, sometimes, people are sympathetic. Some drivers will help you to cross the road (October, 2018).

They should ensure that all policies are implemented so persons with disabilities’ rights are respected. Equal justice for all persons. When that is done, people will not infringe on our right to work. When we are selling, people will respect us (Flola, October 2018)

The service providers also confirmed that the Government needed to commit to implementing the national disability law and other legislation to ensure equal rights for women with VI in livelihoods.

Not much has been achieved in terms of the implementation of the National Disability ACT. In the case of persons with visual impairments, there are a lot of issues pertaining to access to information and physical accessible (GBU₁, September 2018).

Service provider GBU₁ mentioned that the government should enforce the implementation of the National Disability Act, especially the provisions on tax exemptions for private industries which

hire persons with disabilities. It should also explore other areas, such as the provision of facilities and equipment to the women with VI to enhance their livelihood opportunities. GBU₁ continued:

We need to see more demonstration in that area from the ministries, district assemblies, various private companies and some of the government institution” (GBU₁, March 2019.)

As reiterated by the women, the enforcement of laws and policies compound their burdens in livelihood. How their burdens are compounded is presented next.

6.3.4 Our burdens are compounded

Women with VI have mobility limitations. The convenient way to market their goods was selling at a stationary point such as a shop or some shade at the market. The findings showed that the women found it difficult to acquire space in the market or shop space to sell their goods. The option of door-to-door sales made trading very difficult for the women. Sometimes, there was a scarcity of sighted guides to take them around. If a woman got an unfaithful sighted guide, they would cheat on the woman. If they chose to go alone, the inaccessible nature of the roads and the general physical environment in the communities posed challenges to them and compounded their impairment situation. Flola explained:

As blind persons, to carry our goods door to door for sale, most often, it is difficult. Even to get a sighted guide to take you round (door to door) is a challenge. We sometimes try to go alone, but the roads are not good. There are a lot of opened gutters around. If you are not careful, you will fall. These make our burdens compounded (FGD: Flola February, 2019).

We are blind and we cannot do door to door sales as it is the normal practice in our part of the world. We have to rely on people to help us sell our goods. Sometimes, the sighted guides cheat us. Because we mostly sell from the house, the sales do not move fast, it moves slowly and what happens is that we also feed on what we sell daily (FGD: Ohui February, 2019).

The women attributed the challenges they faced in the acquisition of shop space and market space to discrimination and unfair treatment by officials who hold power. They felt that people who are supposed to protect their interests instead discriminate against them because the policies are not being implemented and monitored.

For the market space, it is very difficult to acquire. The officials in charge ...hmmn., they take money from people. If they know you are a person with disability, they

will not attend to you. I think the district assembly should step in and locate some portion to us. We also pay tax (FGD: Enyo February, 2019).

If you do not have someone to assist you as a visually impaired person, you cannot make it. We need to get space in the market or shops to sell our goods, if we get a location; it is very convenient for us. We do not have to move from place to place or door to door but getting a store is very expensive. Sometimes, store owners also discriminate. If they know you are a blind person, they will not give you store even if you have your money to rent. These are some of the challenges we face (FGD: Adede February, 2019).

Aside from selling locations, the women also mentioned advertising and limited access to information modern technologies as other challenges they faced in marketing their goods. They competed with sighted persons in the market. Information is helpful, especially pertaining to the specific trades, but sometimes the women did not get information. The women mentioned that doing things the same way without following modern trends also affected the marketing of their goods.

What I have observed is our packaging. We are given skills to produce the items but we lack skills to package and make it attractive for customers. (FGD: Ohui February, 2019).

For me, because I sell food, which is perishable, it disturbs me. How to keep the market at least the sale level constant is my problem. We need skills in advertisement. But we do not have the capacity to advertise so when the sale slows down, we sometimes feed on the working capital (FGD: Aluanyo February, 2019).

In summary, women with VI in livelihoods felt their burdens were compounded by various factors. When they had no location to market their goods and were left with the only option of doing door-to-door sales in unfriendly and physically inaccessible environments, it was very challenging for them. Additionally, limited information, especially pertaining to their trades, coupled with their low capacity to use modern technology advertise their goods, created marketing challenges for them. These limited their livelihood opportunities and successful participation in livelihood activities. In part two, I discuss the findings in relation to the literature and my personal reflections.

6.4 Discussion of Theme 2: *We Are Not There Yet*

6.4.1 Introduction

Women with VI's participation in livelihood activities is a right enshrined in Article 27 of the UNCRPD and the Sustainable Development Goal 8 of the Agenda 2030 (UN, 2006). The findings of objective two of the current study presented in part one uncovered factors that facilitated or limited the women's right to participate in livelihood development: *what enables us and what limits us*. What enabled the women to access their legal right to participate in livelihood development was their personal characteristics and institutional (family and organisation) roles, which aided their access to participating successfully in livelihood development opportunities. What limited the women's livelihood development were stigma and discriminatory attitudes from the public, limited access to credit, non-enforcement of laws and policies, and inaccessible physical and market environments. In order to examine what opportunities for self-employment women with vision impairments accessed (or not) in practical terms, the findings under theme two are placed in Robeyns' (2005) CA extension framework. By applying this theoretical lens to the current study, I measured the economic empowerment (wellbeing) of the women with VI through the livelihoods development opportunities (capability) they accessed to engage in their livelihood activities (functioning). Through the lens of "conversion factors", I examined the factors that enabled or limited the livelihood participation of the women with VI in Ghana. I then interpreted the findings using the existing literature and my personal reflections. In Figure 5.1, I discussed the livelihood activities (functioning) and the skills opportunities (capabilities). Figure 6.1 illustrates the livelihood development opportunities (capability), the livelihood activities (functioning), and the factors that enabled or limited the women's livelihood participation (conversion factors) to attain economic empowerment (wellbeing). Since the livelihood activities (functioning) and skills opportunities (capability) were discussed in Chapter 5, I proceed to discuss the factors that enabled or limited (conversion factors) the women with VI's livelihood development next.

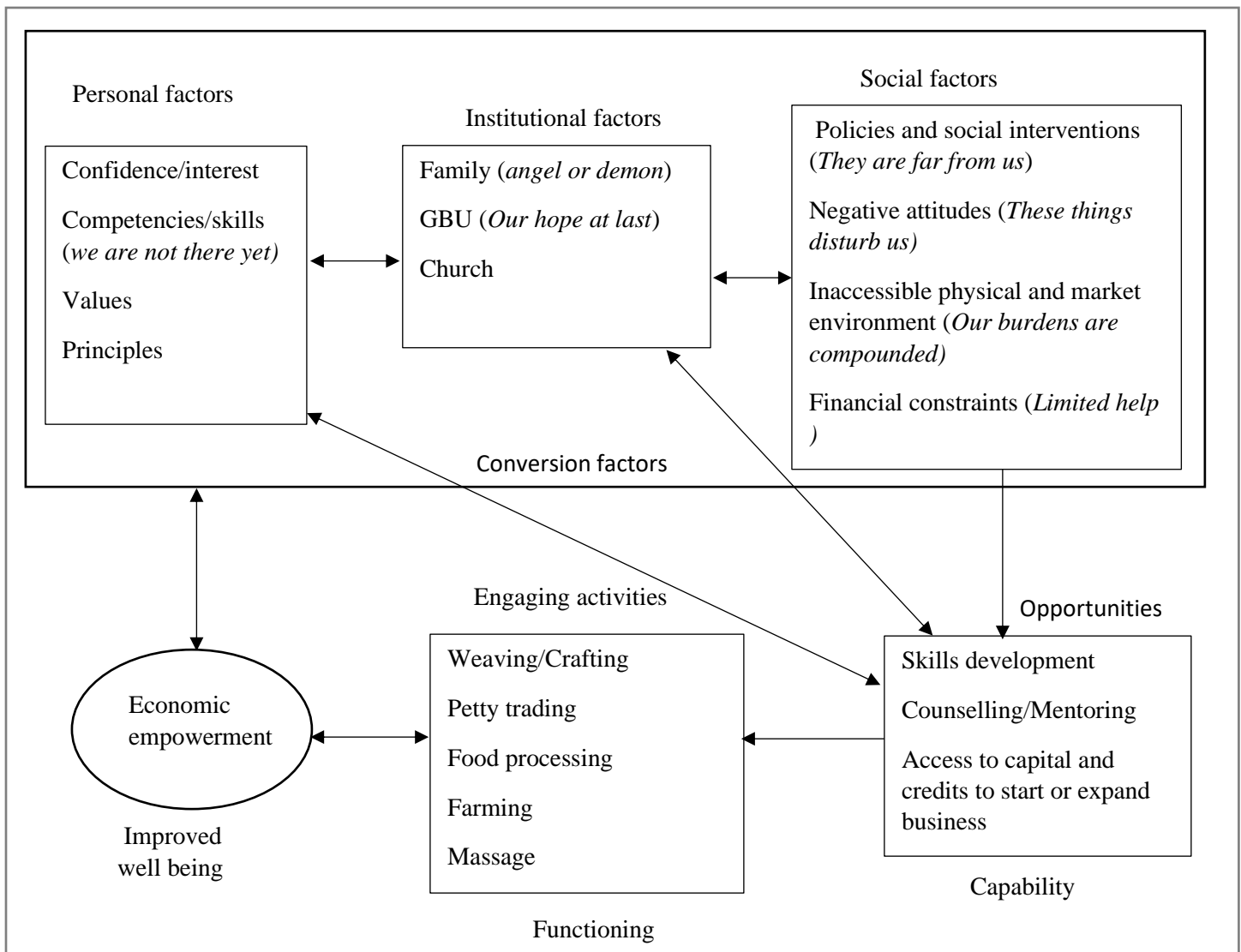


Figure 6.1 *The enabling and limiting factors of women with VI's livelihood*

Source: *Created by Agbetor (2020) for this study*

Figure 6.1 shows how the three conversion factors (personal, institutional, and social) influence the availability of livelihood opportunities (capability) and how they are accessed by the women with VI. When women with VI are able to access livelihood opportunities and engage in livelihood activities (engaging activities), they are economically empowered (improved wellbeing). As a result, their personal factors such as confidence level, values, and competencies are enhanced. They are able to participate in family, GBU and church activities, and decision-making at all levels. Additionally, they are able to influence social factors such as policies and negative attitudes, and

also access credit facilities because they are creditworthy. The connections between the conversion factors, capability, functioning, and improved wellbeing are demonstrated with the two-edged arrows to indicate the relational influence among the items.

I discuss the personal, institutional and social factors distinctively, to give insight into how they enabled or limited the livelihood opportunities as well as livelihood activities of the women to attain economic empower. Next, I discuss the personal factors.

6.4.2 Personal

The personal factors as depicted in figure 6.1 include the confidence levels of the women, their competencies (skills) and values, and their self-principles that informed their livelihood interests and their ability to take advantage of livelihood opportunities and engage in livelihood activities to economically empower themselves.

If you do not see business as your strength, it will be difficult to excel as an entrepreneur (Zwilling, 2016). Personal factors such as the women's self-confidence, their eagerness and interest to engage in livelihood, and the counselling and skills opportunities they received built their competence level to excel in livelihood. Thus, the competence and skills of the women enabled them to engage in livelihood and made them fully committed to engaging in activities with a rewarding feeling of economic empowerment, self-fulfilment and achievement.

When people do jobs that they truly desire to do, they are committed and they achieve success. As noted by Pink, an American author, in his book titled "Drive, the surprising truth about what motivates us", doing work that you do not desire, or do not have competencies or skills for, impacts on your physical, mental and emotional health, and doing business that you have skills for and interest in allows you to achieve more success than you could imagine (Pink, 2011), an argument which the findings of this study confirmed. The women with basic skills and interest in petty trading showed commitment to carrying out their livelihood activities. While some moved door to door to sell their items, others exhibited their items for sale at social and religious events. Thus, the women succeeded in livelihood because of their interest, skills, and commitment to their businesses.

Fallis' (2013) study on livelihood opportunities for persons with disabilities in India aligned with the findings that jobs suited to persons with disabilities' interests, abilities and skills promote their

performance in the jobs. The women's success in livelihood activities was also facilitated by the self-principles and values they exhibited in their businesses. As women with VI, they valued trust as an essential commodity and this enhanced their performance in their livelihoods. As noted by Soualhia (2018), trust has a positive effect on a person's interactions with people and intention to share knowledge and information with people. The principle of trust eliminated the women's fear and doubt and made them resilient in dealing with their customers. Consequently, they were able to build stronger relationships with their customers and suppliers.

According to Zwilling's (2016) article on principles for personal and business success, honesty in practicing what you want others to practice will make you succeed in business (Zwilling, 2016). The women exhibited a high level of trust for their customers and their customers likewise trusted the women and were loyal to them even though they were vision impaired. This enhanced the women's relationships with their customers and boosted their livelihood performance.

Another principle that enabled the successful livelihood participation of the women was their strict adherence and commitment to regular savings (*susu*) and reinvestment of their business profits and returns. The women who regularly saved and reinvested their profits into their businesses and other ventures were able to build capital and worth which enabled them to expand their livelihood activities. As noted by Syed, Nigar and Ullah (2017), the success of small-scale businesses depends on the entrepreneur's commitment to savings and reinvestment into their businesses.

In Syed et al.'s (2017) study, which was an analysis of saving and investment behaviours among different income groups in Peshawar, it was noted that saving is important for higher level income earning and the promotion of growth of livelihood activities, the economic status of businesses, and entrepreneurs respectively. The women who adhered to strict self-principles of saving and investments expanded their livelihood activities and increased their income size. Consequently, they could purchase goods in bulk at local cost and, increasing their profit margin and income. They obtained good economic status and respect on both the family and community levels.

On another level, the women with VI who demonstrated low interest, competencies, skills, values and principles have low possibility of accessing livelihood opportunities to engage in livelihood. Halabisky's (2014) study on entrepreneurship for persons with disabilities in Europe noted that persons with disabilities who have low confidence and aspirations for livelihood are unable to

identify and access livelihood opportunities. However, the current study demonstrated that women with VI, even with limited livelihood development opportunities, showed high interest, determination and ‘can-do’ spirit in engaging in livelihood activities. The women reiterated that the programmes and services fell short of their unique needs but they managed to utilise the slim opportunities to benefit their livelihood activities. In some instances, some changed their livelihood activities while others added some to ensure that they stayed in business. The level of interest and commitment exhibited by the women with VI could be attributed to the fact that, in Ghana, women are the primary care givers. The responsibility of taking care of themselves and their families could be a motivation factor for their high commitment and resilient spirit to work (Amu, 2015).

Another complexity may be due to the fact that the women’s desperation to work may have emanated from the non-implementation of welfare packages and systems for the regular provision of basic necessities, such as food and shelter for persons with disabilities in Ghana. Earlier studies in Ghana (Grischow, 2015; Ocran, 2019) mentioned that the low capacity of persons with disabilities to demand services that should be within their legal rights denied them of welfare services. Sometimes persons with disabilities accept services on a sympathy basis and in the absence of services to meet their basic needs, they choose begging as an alternative means for survival (Opoku et al., 2019; Mfoafo-M’Carthy et al., 2020). In the Ghanaian society, some people push the persons with disabilities in their families to beg for a living on the street. However, some families and institutions such as GBU and churches support persons with disabilities to get off of the streets.

6.4.3 Institutional factors

As demonstrated by this study, family, GBU and the church have influence on the livelihood development of the women with VI. For the purposes of this study, the family, GBU and church are classified under institutional factors.

6.4.3.1 Family

The family is an anchor in the upbringing and support of its members to achieve wellbeing in society (Opoku et al., 2017). In the case of persons with disabilities, the family serves as a link between them and society. This study showed that the family serves as the first institution that

teaches the women with VI about emotional and physical wellbeing and models it for them . It also guarantees their participation in public services, including economic activities (Opoku et al., 2017). The family's role in the findings of this study was mixed. While some family activities enabled the women to take livelihood opportunities and engage in livelihood successfully, other family members acted as barriers to the women's livelihood participation. The families whose activities or roles enabled the women's livelihood participation served as enablers and catalysts for the women in livelihood. They were dubbed as *angel* families in this study, and they provided livelihood skills such as petty trading and basic techniques in managing their livelihood activities and tracking their profits. Many of the women's families enabled them to engage in petty trading to attain economic empowerment, as confirmed by earlier studies conducted in Ghana (Siun et al., 2017; Bawakyillenuo, Akoto, Ahiadeke, Aryeetey, & Agbe, 2013). As noted in the CBR guidelines on livelihood, many of the women acquired their livelihood skills through home-based traditional education offered by their families, and this enabled them to engage in livelihood activities (WHO, 2010).

The *angel* families who could not provide direct skills to the women supported their skills development by accompanying them to skills training programmes and sometimes paying the cost of their skills trainings. This is the expected role of families of persons with disabilities in creating a link between them and society to increase their access to livelihood participation and therefore attain enhanced economic and social status (Opoku et al., 2017).

In their study on family and disability, Opoku et al. (2017) noted that persons with disabilities depend on their families for education. In the case where persons with disabilities have no formal education and "have limited or no skills to engage in productive economic activities" (p. 42), they may depend on their families for a living. As a result, persons with disabilities may be supported by their families so they can earn a decent living and not be burden to them.

Of great concern to many entrepreneurs is the crucial need for funds or capital to start their livelihood activities to make them credit-worthy and therefore to qualify for credit or loans which are granted based on financial security or collateral (Ackah & Vuvor, 2010; Boateng & Poku, 2019). This study revealed that some *angel* families provided funds for the women to start up their livelihood activities. This gave them access to other livelihood opportunities such as credit facilities to expand their livelihood activities which would otherwise have been out of their reach.

As noted by Kallio (2019) and Sarker (2015), access to capital or credit to start up livelihood activities is a major factor in livelihood participation for persons with disabilities, especially women.

Sarker (2015)'s study on the inclusion of persons with disabilities in financial services in Bangladesh showed that most persons with disabilities have business skills and knowledge similar to their non-disabled counterparts, yet persons with disabilities have difficulties in obtaining credit and capital to start up their businesses. They are perceived as high-risk persons incapable of doing anything for themselves. In the current study, the women with VI who gained financial support from their families to start up their livelihood activities hailed their families as angels. The family support enabled them to engage in livelihood activities to attain economic empowerment and lead dignified lives. In the case of some *angel* families who could not get credit, they provided resources in the form of equipment, land, and market spaces for the women to market their items. These enabled the women to undertake their livelihood activities successfully because they had secured locations for the sale of their items.

This study aligned with Burns and Franco's (2016) study on work and livelihoods of persons with disabilities in Uganda. According to them, family support through the provision of capital, land, and skills builds confidence and self-worth in persons with disabilities. It also enhances the quality of life of persons with disabilities. In addition to the provision of resources, this study revealed that the *angel* families supported the women to carry out the day-to-day running of their livelihood activities, such as assisting them with the accounting and record-keeping in their daily business transactions. Moreover, the family members they trusted helped them to identify the currency notes in some instances. In agreement with the findings of this study, in his study on improving the livelihood of persons with disabilities through income-generating activities in Sierra Leone, Kallio noted that immediate family members are most the trustworthy and important source of support to persons with disabilities in livelihood (Kallio, 2019).

Furthermore, in this study, some family members who were trusted by women with VI served as their assistants or sighted guides whenever they wanted to travel. The family members accompanied them to supermarkets and shops to purchase goods for sale. All this unpaid family support enabled the women to build their competencies, take advantage of livelihood opportunities, and establish their livelihood activities and run them effectively. Thus, the family

factor in the form of the provision of skills, start-up funding, and other resources enabled the women to successfully engage in livelihood activities to attain economic empowerment.

On the other hand, this study showed that the activities of some family members limited the livelihood activities of the women with VI. The attitudes and behaviours of these families (called *demon* families) towards the women with VI limited the women's participation in livelihood activities. As confirmed in this study, the *demon* family members failed to show love, support and care for the women. According to some of the women, they suffered rejection and isolation from the *demon* family members who saw them as a curse on or misfortune for the family. While some of the *demon* family members felt shy to associate themselves with their members who are disabled because of the stigma associated with disability in Ghana, other *demon* family members did not only reject them but also maltreat them. They failed to provide basic needs such as food and clothes for the women.

Maybe genuinely, the *demon* families did not have resources to support the needs of their members with disabilities. As noted by Mfoafo-M'Carthy et al. (2020), Ocran (2019) and Naami et al., (2012), disability has the potential for predisposing families of persons with disabilities to poverty. Some families may fail to provide for their members with disabilities because the impairments of their members come with extra costs and therefore a depletion of their finances for years. Caring for persons with disabilities in developing countries such as Ghana where cultural and social systems are rigid for persons with disabilities can be very frustrating for families of persons with disabilities. Some parents may quit their regular employment to stay at home or take part-time jobs so they can get extra time to care for their disabled family members. As a result, they may lose hold of their financial positions to continually provide persons with disabilities the needed support.

In an earlier study on family and disability in Ghana, Opoku et al., 2017 reiterated that even in situations where parents of persons with disabilities have no resources to take care of them, the extended families refuse to provide needed support for persons with disabilities. Evidently, women with VI out of pain and agony, labelled their non-supportive families as demons. They mentioned that their demon families failed to support their effort in business and always wish they were out of business so they could continue to suppress them without giving them food and basic needs.

Even though the women regretted their *demon* family's inability to provide food, it was evident from this study that some of the *demon* families were able to provide some food for the women, irrespective of whether it was to their taste or only one meal in a day (see Chapter 7). Moreover, the *demon* families may have been doing their best to meet the needs of their persons with disabilities but because of the frustrations the women were going through, they expected more from their family and, as a result, they may not have appreciated the little support that their families were able to provide. All these complexities and stress may also have also contributed to the *demon* family's inability to continually support persons with disabilities and leave them to their destiny.

However, the hostile behaviours and negative attitudes of some of the *demon* families against the women in livelihood detracted from their livelihood activities. Issues such as some family members regularly stealing the women's money/items for sale or borrowing money from them without paying it back were raised. To avoid this unwarranted maltreatment from family members, some of the women had to leave their family premises to stay elsewhere for safety.

Burns and Franco (2016), in their study in Uganda on the work and livelihood of persons with disabilities, noted that persons with disabilities who are rejected by their families suffer abusive, self-isolation and a high risk of poverty unless community members provide support (Burns & Franco, 2016). Similarly, in this study, some of the women confirmed that they received support and affection from institutions such as GBU and the church. Again, although a study conducted on family and disability in Ghana established that persons with disabilities who had no family support suffer negative consequences such as isolation, exclusion and low participation in social and economic activities (Opoku et al., 2017), this study showed that the women who experienced family rejection received support from GBU and the church, who served as family for them. The women mentioned that they shared, inspired and supported each other on both personal and business issues during GBU meetings. The GBU's role is discussed next.

6.4.3.2 Ghana Blind Union (GBU)

Disabled people's organisations (DPOs), whether working with a single-disability or cross-disability group, promote the rights of persons with disabilities through advocacy, public awareness raising and the provision of services and support that advance the wellbeing of persons

with disabilities (WHO, 2011). This study showed that GBU promotes the livelihood participation of the women with VI in three ways: the provision of direct services, the facilitation of access to mainstream services for its members, and the creation of space for peer mentoring and knowledge sharing.

With respect to the provision of direct services, the findings established that GBU directly provided home-based blindness and advocacy skills trainings for the women, and this enhanced their personal competencies and confidence and enabled them to access livelihood opportunities to engage in livelihood. As a result of having been equipped with advocacy skills, the women gained a voice and expressed their opinions on negative perceptions that affected their participation in livelihood.

Bell and Mino's (2015) study on factors influencing work participation for people with VI in Canada noted that blindness skills is one of the factors that promote the livelihood participation of VI. Geiser, Ziegler and Zurmühl (2011) also mentioned that skills such as advocacy and lobbying give a voice to persons with disabilities to express their sentiments and evaluate services and systems that influence their livelihood activities. Evidently, GBU served as a catalyst for creating skills training opportunities for the women and it partnered with other service providers to offer these opportunities for the women. GBU also sensitised and monitored the skills provision opportunities for the women, and its GBU's continuous vigilance and sensitisation of skills development agencies resulted in some of the agencies' efforts in including the women in their skills training opportunities.

According to Young et al.'s (2016) study on the functions of DPOs in low-and middle-income countries, "DPOs produce significant, positive outcomes for persons with disability in terms of factors such as employment rates, access to microfinance and bank loans" (p. 47). In the same way, the women with VI's livelihood participations were enhanced by GBU's provision of interest-free loans for the women to start up and expand their engaging activities. This enabled them to diversify their livelihood activities for more income and attain economic empowerment.

Furthermore, GBU provided space for the women to learn and share information about their livelihood activities and general welfare. Some of the women used district meetings to mentor and counsel other women, especially those who were newly blind, to also engage in livelihood

activities. Through the GBU space, the women nurtured social relationships among each other and learned livelihood skills and knowledge from each other. Peer counselling and tutorials are more effective than teacher-learner interactions (Bett, 2013), and, as is evident in this study, the women served as counsellors, mentors and coaches for each other. This promoted positive change in their lives because they discussed their problems amicably and understood each other at their own level.

6.4.3.3 Churches

The church is the centre for the provision of social and material support for persons with disabilities (Asamoah, 2015). The principle of the church to support vulnerable persons, including persons with disabilities, is deeply rooted in the Christian religion and outlined in the Bible. The New Living Translation Version, 2004, Mathew 25:40). Many persons with disabilities value the relationship with their faith communities because they receive inspiration and encouragement from the leaders that strengthen their faith and spiritual growth, enabling them to accept their conditions and move on with life (Ault, Collins, & Carter, 2013). Many of the women, especially those who were late-blind, relied on the church for emotional support immediately after they went blind as they had no knowledge of any services to improve their psychological situation. According to Liu, Carter, Boehm, Annandale, and Taylor (2014), who researched faith in the lives of young people with autism and intellectual disability in the United States, spirituality is a central factor in promoting the adjustment and wellbeing of persons with disabilities. In this study, the women noted that their interactions with the church had grown their faith and shaped their expectations in life from hopelessness to hopefulness. This influenced their personal factors to become assertive, confident and take advantage of livelihood opportunities (capability) to engage in livelihood activities and improve their economic status and wellbeing.

Additionally, the church enabled livelihood opportunities for the women by raising funds for some of them to set up their livelihood activities and advertising the women's items or products on church platforms. Some of the women used church events to market their goods and they always relied on church services and events as avenues for the sale of their items. As noted by Samuel (2018), advertising attracts new customers, increases the loyalty of existing customers, and expands the customer base for goods and services. This helps to promote marketing of the goods

and maintain the brand. The church promoted the livelihood activities of the women through its role in advertising and serving as a marketing platform.

As noted by some of the women, they felt secure and safe to sell at church events because the church members were loyal, truthful and faithful and would therefore not steal their items. The findings of this study confirmed the role of the church beyond meeting just the spiritual needs of individuals to also meeting their emotional, social and economic needs.

This notwithstanding, the role of the church as an enabler of the women with VI's livelihood was emulated on the charity model of disability. The church viewed the women as people who were victims that needed to be pitied and shown mercy (Retief & Letšosa, 2018; The New Living Translation Version, 2004, Matthew 5:7). Subsequently, the support granted to the women was structured in line with the church principles on mission and reaching out to poor and vulnerable people, as commissioned by Jesus. The women lamented that some church members bought their items because they wanted to support them and not because they needed the items.

The giving of alms demonstrated by some religious groups such as Christians is not aimed at elevating the poverty status of the receivers but rather at drawing the givers closer to their God(s) (The New Living Translation Version, 2004, Luke 6:38). Additionally, the church's contribution in offering prayers and counselling to the women with VI for longer periods led to the delay of some of the women's livelihood skills acquisition. Obviously, the church's role and principle of giving support to the women with VI limited some of the women's interest in acquiring livelihood development skills because they were comfortably provided for by the church. Until the women found GBU, some of them were not aware that they could engage in livelihood activities. This delay in locating GBU for blindness-related or rehabilitation services in the districts has raised the issue of how social factors such as policies, systems, and the attitudes of service providers enable or limit the livelihood activities of women with VI. In the next section, I discuss the social factors.

6.4.4 Social factors

When women with VI participate in livelihood, they are able to care for themselves and their families like their sighted counterparts. However, as demonstrated by this study, women with VI's livelihood activities are limited by barriers such as the non-implementation and monitoring of policies and social protection interventions (*they are far from us*), negative attitudes (*these things*

disturb us), inaccessible physical and market environments (*our burdens are compounded*), and financial constraints (*no one is willing to help*). These barriers are classified as social factors under the conversion factors of Robeyns' (2005) extension of the CA. I begin the discussion with the ways in which the policies and social protection interventions arrangements in Ghana limit the livelihood participation of women with VI.

6.4.4.1 Policies and social interventions: They are far from us

Policies are enacted to address pertinent issues and enforce acceptable behaviours in society (Claridge, 2020). Ghana has a National Disability Act 715 in addition to other human rights and labour policies that ensure the rights of persons with disabilities to employment in both the formal and informal sectors of the economy. In addition to the National Disability Act 715, Ghana has both ratified the UNCRPD and aligned the country's development to the Sustainable Development Goals, which all aim at bridging the inequality gaps in development as well as ensuring the rights of persons with disabilities to employment (UN, 2006; Republic of Ghana, 2006).

Furthermore, Ghana has reserved up to two percent of the DACF for the promotion of livelihood activities of persons with disabilities (District Assembly Act 455). However, this study uncovered that many of the women with VI were not aware of the policies that protect their right to employment, even though some mentioned a few phrases in the policies that protect their fundamental human rights. To this end, the women could not demand accountability on policy implementation and the creation of equal livelihood opportunities for themselves. They saw the few livelihood opportunities provided by the service providers as favours and benefits of being part of the GBU rather than their right (see 5.2.1.2).

Laws and policies regulating livelihood development in many countries, including Ghana, still have minimum protection for persons with disabilities (Clark, 2013). In his study on the livelihood experiences of persons with disabilities in West Bengal, Sapra (2016) blamed the non-implementation of laws and policies that promote livelihood development for persons with disabilities on the lack of questioning of state institutions mandated to oversee the implementation of such laws and policies. He also mentioned the low capacity of persons with disabilities to demand accountability as another hindrance.

Likewise, Ocran's (2019) and Opoku et al.'s (2019) studies in Ghana also attribute the non-implementation of policies and services to the low capacity of persons with disabilities and DPOs to demand accountability from the state institutions. This study uncovered that both women with VI and GBU have low capacity to hold the institutions mandated to enforce the implementation of policies accountable.

With respect to the social intervention (DACF), all the women with VI were aware of the DACF yet they could not access the fund to either develop their skills or start up their livelihood activities. There were feelings of powerlessness in the women's sharing about the unfair treated they received any time they attempted to apply for DACF. They questioned the responsibility of the state institutions that are mandated to oversee the implementation of the DACF. The women emphasised that the process and procedure of accessing the DACF is complex and complicated. As a result, they are not able to access it to develop their livelihood activities.

Sapra (2016) mentioned the complex processes and procedures involved in accessing disability intervention as the first step to persons with disabilities' limitations in livelihood participation. In addition to these, the current study also identified discrimination, stigmatisation and the negative attitudes of some officials as limiting factors to the women with VI's livelihood participation. Next, I discuss the negative attitudes and discrimination that limited the livelihood activities of the women with VI in Ghana.

6.4.4.2 Negative attitudes: These things disturb us

Discrimination, marginalisation and stigmatisation are pervasive negative societal attitudes that hinder persons with disabilities' (especially women's) livelihood participation (Naami et al., 2012). Persons with disabilities are perceived differently by society and this is used as an excuse to exclude them from livelihood opportunities (Maclachlan et al., 2014). The ability of the women with VI to access livelihood opportunities (skills, capital or credit) and participate and excel in livelihood was characterised by negative societal attitudes on the one hand and the resilient spirit of the women on the other. According to the women, people's comments and perceptions about them as being different or impure posed barriers to their access to opportunities to engage in livelihood activities. As put forward by the women, those comments disturbed their emotions and

subsequently their livelihood participation. The women's feeling of not belonging was uncovered in their expressions about how some customers and suppliers deliberately and openly discriminated against them at the marketplace. They reiterated that sometimes customers decided not to patronise their goods or items because of negative perceptions they had about them. Further, they mentioned that some suppliers deliberately cheat on them by giving them goods of sub standards because they cannot see. These normally happens to those who retail food items.

The findings of the current study agree with Maritz and Laferriere's (2016) study on entrepreneurship and self-employment for persons with disabilities, which found that suppliers sometimes discriminate against customers with disabilities. Even beyond discrimination and cheating experiences, some of the women who participated in the current study expressed their frustrations regarding the pilfering of their items by some of their customers and suppliers.

On a different level, some customers used fake currency notes to purchase items from the women or gave currency notes with lesser values and then asked for change in higher value notes. These negative and heartless attitudes from some customers and suppliers caused the women to incur losses and limited their livelihood participation. The women emphasised that their failure in livelihood participation was sometimes not because they had no competencies but because of the negative social attitudes and stigma they experience. The women's situation became burdensome and compounded, especially when the physical environment and market systems were inaccessible to them. Next, I discuss how inaccessible physical infrastructure and market systems limited the livelihood activities of women with VI in Ghana.

6.4.4.3 Inaccessible physical and market environment: Our burdens are compounded

In addition to the negative attitudes, the women lamented about the inaccessible physical and market environment which also limited their opportunities for skills trainings and carrying out their day-to-day activities. The limitations imposed by inaccessible physical environments, according to the women, affected not only their livelihood participation but also their health conditions. Some of the women sold their goods door-to-door, and inaccessible roads exposed uncovered gutters and posed mobility difficulties to the women. As revealed by the current study, sometimes some of the women fall into gutters in the communities and the marketplaces when

they carried out their livelihood activities. Consequently, they injured themselves which compounded their burdens. Earlier studies in Ghana identified inaccessibility to the workplace, marketplace and transport terminals as one of the factors that limit opportunities for persons with disabilities in livelihood (Clark, 2013; Naami et al., 2012).

Although this study found the inaccessibility to marketplaces and the general physical environment to be a limiting factor to the livelihood participation of the women with VI, accessible transportation was not a barrier to the women. Rather, they mentioned the cost of travel and limited sighted guides as barriers to their livelihood. According to the women, transport is accessible for persons with VI in Ghana. They mentioned the extra cost they incurred when they travelled with sighted assistants as well as the non-availability of sighted assistants in some instances as factors that limited their livelihood activities.

Further, the women mentioned inaccessible market environments and the stiffer competition they face in the market as additional barriers. Because the women had less knowledge on modern technology and business skills, their businesses were unable to compete in the market. Earlier studies (Maritz & Laferriere, 2016; Yamamoto & Alverson, 2013) noted that service providers fail to link business support programmes to the unique needs of persons with disabilities. As a result, persons with disabilities have limited chances to access support programmes that will equip them with modern skills to face competition in the market. The women with VI also had limited access to funding to meet the costs of acquiring skills and modern technology to upgrade their businesses. They reiterated that when it came to the acquisition of additional funding and skills, service providers were not willing to help them by accommodating their uniqueness. How limitations in accessing credit and other funding opportunities affected the women's livelihood is discussed next.

6.4.4.4 Financial constraints: Limited help

Limited access to capital to start or expand livelihood is a great challenge to most entrepreneurs, but persons with disabilities' situation is more grievous because of their inability to create personal savings (Maritz & Laferriere, 2016; Halabisky, 2014). The women with VI's desire to engage in livelihood was hindered because they were not able to save with the financial institutions in order to access loans and credit facilities to commence their livelihood activities. The women attributed the absence of financial help to negative perceptions about their competencies and their ability to

engage in livelihood activities. Financial institutions could not see the potential of the women, classifying the women as high-risk clients whose loan repayment default rates could be high. According to the women, financial institutions and friends who granted them loans when they were sighted sadly now classified them as incapable people since becoming blind.

Kitching (2014) associated the inability of persons with disabilities to access capital or credit for livelihood activities with discrimination from financial institutions. He also noted that low the educational levels of persons with disabilities place them at low wage income levels, a category that looks unattractive for business for financial institutions. According to Kitching (2014), financial institutions are business-minded and look for businesses that meet their loan criteria and interest rates. The women feared accessing financial loans with high interest rates because they operated small businesses. They felt that financial institutions are meant for rich people and big businesses.

Additionally, the failure of service providers to include funds or equipment for start-up livelihood activities, as well as the failure of the service providers to connect the women to relevant institutions for support, contributed to the delays and limitations to their livelihood activities. As noted by Maritz and Laferriere (2016), programme design fails to address the unique needs of persons with disabilities in livelihood. They noted that if programmes were designed to include the provision of specialised devices and other needs of persons with disabilities, their livelihood participation would be enhanced.

6.4.5 Summary

In summary, this chapter presented and discussed the factors that influenced the livelihood development of the women with VI. These factors were classified into three categories: personal, institutional, and social. While family and church were revealed to have been both enabling and limiting factors, personal factors and GBU enabled the livelihood development of the women. Social factors such as policies, access to credit facilities, and negative societal attitudes were viewed as factors that limited the women with VI's livelihood.

CHAPTER 7: FINDINGS: THEME 3 – TRANSITIONING FROM ZERO TO HERO

7.1 Introduction

This chapter is comprised of two parts which address objective three of this study, namely, to describe the women with VI's trajectories in terms of their participation in livelihood development and their experience in self-employment and economic empowerment. Part one presents the findings on the third theme of the study: transitioning from zero to hero. The findings are presented as a constructed conversation between eight of the women who were engaged in livelihood before they went blind. Part two presents the interpretation of the findings in relation to the relevant literature.

7.2 Transitioning from zero to hero

The theme *transitioning from zero to hero* gives a broader understanding of the experiences of the women with VI's livelihood journey. It illustrates how the women struggled to secure their basic necessities in life from the onset of their blindness through to the point where they had sustainable livelihoods and were able to care for themselves and their families. From the evidence gathered, two sub-themes and six categories that speak to the theme were generated. In order to bring out the women's stories on their livelihood journey to depict all the emotional and psychological feelings and sentiments embedded in the women's experience, the findings under theme 3 are presented in a constructed, conversational form. I constructed the conversation from the stories of eight of the women who were engaged in livelihood before they went blind. In constructing the conversation, I pulled out the specific details from the stories of the women that responded to the specific sub-themes and categories. I then added connecting words such as *painfully*, *bitterly* and *tearfully* to reflect what was captured through their emotional expressions and what I had recorded in the field notes. The theme, sub-themes, and categories are presented in Figure 7.1 below.

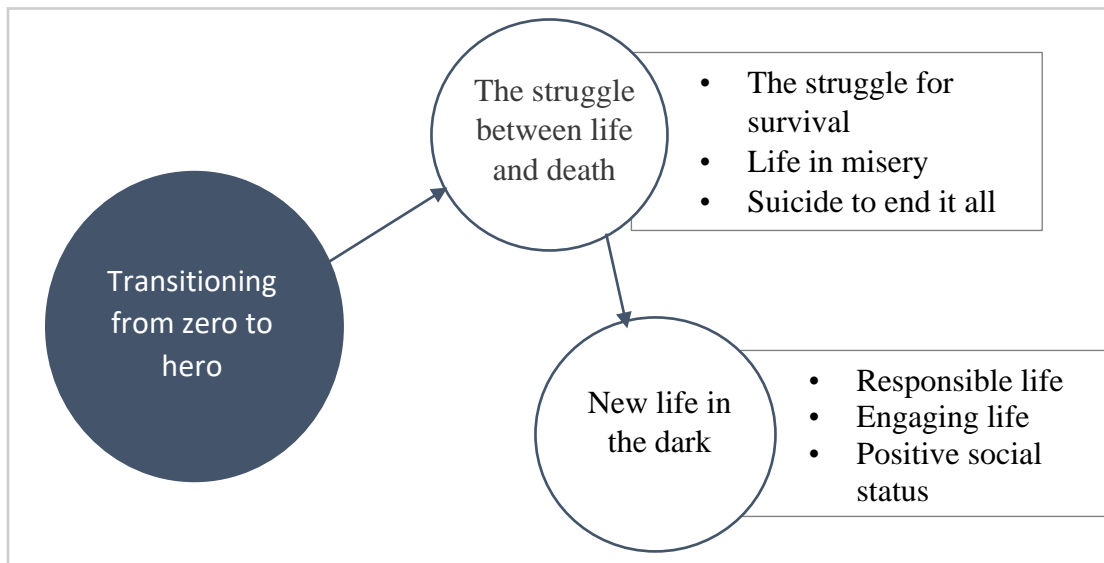


Figure 7.1 Transitioning from zero to hero

Source: Created by Agbettor (2020)

7.2.1 A constructed conversation: The struggle between life and death

The constructed conversation under the sub-theme *The struggle between life and death* began with the category *The struggle for survival*. I have named the eight women Ohui, Flola, Vivian, Baaba, Ameh, Aluanyo, Dede, and Enyo, and their words are captured under this category presented in the constructed conversation below. The livelihood journey of the eight women began with struggle because they could not continue with their livelihood activities immediately after they went blind. They went through trauma, psychological stress, and frequent visits to the church and hospital to seek spiritual and medical help. Their conversation began with the sharing of their painful experiences at the onset of their impairments and how they struggled to overcome their impairments amidst survival. The conversation commenced with the description of their general experience at the onset of blindness:

Ohui started painfully: *That stage was a real struggle between life and death* (October, 2018)

Flola continued: *Life was tough and unbearable* (October, 2018).

Vivian said with emotion in her words: *I found it as a stage of helplessness. I thought nothing good could come out of my stay in life again. I was helpless and my children were also helpless* (February 2019).

Baaba wept openly as she recollected: *For me, it was like a demotion in life. I felt it was a punishment from God. It was loss of glory. The grace of God has departed from me. I had so many thoughts* (February, 2019).

Ameh sobbed as she disclosed: *Hmmn, I think it was the saddest stage in my life. I recall I could not go out or do anything for myself* (February, 2019).

Aluanyo recalled tearfully: *Yeah, I don't even know how to describe it* (February 2019).

Dede concluded sadly: *I will say it was a real struggle in life. You have no say, you have no choice, and you have no right to decide what to eat* (September 2018).

At this point, the women moved their conversation to how they survived being treated like second class citizens without rights and the option to choose what food to eat by their family and friends. They described it as the struggle for survival.

7.2.1.1 The struggle for survival

The women emphasised that life was difficult. They had no stake in decisions about what they would eat because they lost financial capacity and they had to receive whatever was given to them.

Flola recalled with pain: *Money to buy even food was a big problem. I only ate when people have mercy on me and gave me money or food. The day I don't get anything from people, I slept on an empty stomach* (October, 2018).

Ohui agreed bitterly: *Yes, what to eat was a big problem. You need to always ask people to buy food for you. It was like you were a burden on them. They will not say it in words but their actions shown glare* (October, 2018)

Vivian stressed as she recalled her misery: *I had the same challenge. What to eat was rarely a problem. I cried all day and all night. I had no idea of who to contact for counselling or help* (February, 2019).

Dede emphasised as she remembered painfully: *Because I don't have money then, sometimes I stayed all day without food especially if they gave me food that I don't like, I don't eat at all* (September 2018).

Baaba reiterated sadly: *Yeah, either you eat what you are given or you stay hungry. The time they will give you food is when you will eat. I remember very well, some occasions I ate only one meal* (February 2019).

Aluanyo disclosed: *I normally get two meal a day but most often, it wasn't my choice. It was "oye, oloo oyi" in local language meaning you rather eat or you starve* (February 2019).

Ameh questioned with irony: *Hmmmn, which family member will ask you what to eat and time to eat when you are not working to contribute anything for the upkeep of yourself, let alone any family member?* (September, 2018)

To this end, the women drove their conversation towards their families, narrating their powerlessness when they had no money to contribute to the family pot and were excluded from decisions on the choice of food they were served. The feelings of the women were captured in figure 7.2, which depicts a family pot on a fire containing a meal for the family but without their financial contribution. The women with VI were not served any food of their choice. This situation made them feel that their right to choose as well as their right to eat the meal of their choice eluded them.



Figure 7.2 A family pot on the fire cooking a meal

Source: Created by Agbettor (2020)

Ameh continued: *They will not ask you anything. What they will give you is what you will eat. I have no choice, I have no taste. Sometimes, I had only one meal in a day as said* (September, 2018).

Baaba interjected: *Yeah, there were instances where I made request for specific food and drink from my own brother and he told me there was no money to buy food or drink for me. He bought me what he felt I should eat or wear and not what I wanted to eat or wear. It was like you were a beggar so you had no choice* (February, 2019).

Dede spiked: *My family did not support me either. No, not at all. I received gifts from other people. Sometimes, they wonder how I was making it. They never care* (September, 2018).

Ohui relived that aspect of her misery: *Hmmn, mine was double agony. My siblings neglected me entirely because they wanted me to give them the money I received from my employers as compensation and I refused. They hated me and they never spoke to me. It was double pain. [hmmn] I stayed in the church house for years. I depended on my own and on the generosity of my church members, friends and sympathisers in the community. Just like your situation Dede, I also survived on gifts. The day I had no gift, I slept on an empty stomach* (October, 2018).

Vivian said through tears: *Truth be told, my family was out of coverage. I have never asked my family for anything because I know they will not give me. It was my Christian family members that supported me. Some of the church members gave me money on regular basis to buy food and they paid my rent. For my family, no, no they don't know where I live or what I eat till now. Whether I survive or died. [Paused and sobbing]. Very emotional* (February, 2019).

Aluanyo wept as she recollected emotionally: *Hmmnn, I don't even know what to say. Sometimes, it was like they wanted to punish me for being a burden on them* (February, 2019)

Enyo explained in a voice laden with irony: *Well, I think they also have their problems. I can say what my sister provided me was what she had. She also had her own problem to deal with so she saw me as addition problem. At that point, I was praying for God to take my life because I did not want to be additional burden to her. Sometimes, her action portrayed that though she never said it* (February, 2019).

It was evident that although the women were living with their family members, they struggled. They were reliant on their family members whose care and support were dissatisfactory. As described by the women in their conversation, their lives at that stage were miserable.

7.2.1.2 Life in misery

The women described their experience as “*life in misery*” (Ameh, September 2018). The struggle to overcome their impairments, coupled with family neglect and rejection, made them sorrowful and miserable. They recounted their experiences in two phases: their own rejection and the rejection and loss of affection from their families and loved ones. Their conversation shifted into lamentation at this point.

Ohui grieved: *It was a very sad situation one could find herself. Life was like wilderness. When I wanted to visit people, immediately they saw me, they thought I was coming to beg for money. They never gave me warm reception. Sometimes, I wasn't even going to ask for food or money but immediately they saw me, they gave me food. My life was full of miseries and sorrows. No one to talk to... it was sad moments* (October, 2018).

Dede mourned: *I always stayed indoors because I feel shy to go out. Even if I decided to go out, it was very difficult to find sighted person to guide me. Because I lost my sight, my husband divorced me. He wasted my life. He left me at the moment I needed him most. It was the saddest period in my life* (September, 2018).

Flola said with tears streaming down her face: *I also locked myself in the room always. I thought life was over for me. I lost all friends and acquaintance. My husband also deserted me. He said I was sick so he stopped having sex with me. There were few occasions I could feel he came home with other women maybe to have sex with them, I don't know...hmmm...very sad memories [paused for 2 minutes, sobbing]* (October, 2018).

Enyo said with difficulty: *I was very pitiful. I found it hard to converse and socially mix with people. If I needed to go somewhere, no matter the distance, I walked because I had no money to pay for transport* (March, 2019).

Baaba recalled her misery: *Hmmn, without a word* (February, 2019)

Aluanyo sobbed, finding it difficult to speak: *So terrible [shaking her head]* (February 2019).

Vivian cried: *It was so sad. My life was full of regret. My church member who showed sympathy and had been supporting me died suddenly through accident. It was double blow for me. I remembered asking God so many questions. What have I done wrong? Why has God not taken my life rather? Hmmn... [sobbing] ... I felt it was better I never existed* (February, 2019)

The women's experiences ranged from self-pity to neglect and rejection by loved ones. While they struggled to come to terms with the pains and challenges associated with their new situation, they also struggled to overcome the loss of affection from their loved ones. For example, in Africa, where women take pride in marriage, losing a marriage at this point can be very traumatising. These painful experiences and feelings led to three of the women sharing their stories on suicide attempts.

7.2.1.3 Suicide to end it all

The pain, agony and rejection combined with the psychological trauma suffered culminated in a suicide attempt by Vivian, Dede and Flola to end it all.

Vivian continued: *The thought of blindness, the struggle and rejection made me sick. I nearly had mental problem. I was confused even more when my Christian brother died. I was always thinking. What have I done wrong? Was it a cure or what? I felt my whole world was raid. I attempted taking my life to end it all. I took half litter of kerosene to end my life but death narrowly escaped me* (February, 2019).

Flola lamented remembering the hurt: *On various occasions, the thought of killing myself resurfaced. My children suspected it. I attempted to get drown in a well behind my house but I could not succeed. Anytime I visited the well, there were people around* (October, 2018).

Dede wept as she disclosed: *I ground and took 50 tablets of paracetamol on a spot thinking I will die. Hmmn... but God saved me. I knew it was a miracle* (September 2018).

The general feelings and sentiments expressed by the women at the onset of their blindness when they were not in livelihood revealed their vulnerability, impoverishment and powerlessness in their family and entire social systems. Without any capacity to generate income, the women were living miserable lives and labelled as liabilities because they were mainly dependent on the benevolence of others as the ultimate source of livelihood. Consequently, they were viewed as only fit for

sympathy or charity. They were subjected to periods of social isolation and rejection by their families and loved ones. This phenomenon of isolation was even self-imposed by the women themselves because of the drastic change in their social status, from asset to liability, and the loss of control of economic resources or perceived incapacity to generate income due to the onset of VI. This situation in turn led to self-rejection, loneliness, and self-pity. The women, however, had a turnaround in their lives when they finally located blindness services, including counselling and trainings, to build their confidence and began engaging in livelihood activities to earn a regular income. Their lives returned to normalcy and they experienced new waves of life. At this point, they moved their conversation to their new lives where they had opportunities to care for themselves and others and had regained their social status.

7.2.2 The new life in the dark

When women with VI engaged in livelihood activities, their “*disability los[t] prominence in the social array of life issues*” (GBU₂, 2019). Family and friends noticed and focused more on the potentials and capabilities of the women rather than their disabilities. The sub-theme, *new life in the dark*, described the women’s experiences after they learnt to live with the blindness and engaged in livelihood activities. The categories *responsible life*, *engaging life*, and *positive social status* were generated from direct quotes from the women that described their new experiences after they struggled to overcome the initial challenges they faced and learned to live with the blindness and participate in livelihood. The excitement that fed the women’s conversation at this point was the feeling of fulfilment and achievement characterised by what they described as responsible and engaging lives that transformed their social status from being a liability to a family and community asset.

7.2.2.1 Responsible life

The joy of being independent and being able to take control of their own affairs in life was a breakthrough in the lives of the women. As a result of their engagement in livelihood activities and earning a regular income, they were able to care for themselves and their children. They had choices and were able to make decisions pertaining to what to eat and wear. Additionally, some of

them supported other women in similar situations to also engage in livelihood activities. The women shifted their conversation at this point to the joyous moments.

Flola stated triumphantly: *I always wish I could taste Malta Guinness but I never asked anyone to buy for me because I knew they will not buy it. It was when I started getting my own money that I bought and tasted Malta Guinness for the first time in my life. That day was my happiest day* (February, 2019).

Aluanyo mentioned with a sense of confidence: *I have specific needs and taste. But you see, if people are providing for you, they will not necessarily give you what you want. What is available is what they will provide. I always wish I could have my own money to dress the way I wanted. So immediately I started earning income, my dressing has changed. I bought the types of dresses I love to wear. Now I look good and I feel good. People admire me and comment* (February, 2019).

Vivian said with pride: *Now I am able to care for myself and my son, buy my own cloths and pay for my medical bills. I am taking care of my son in the university. My family now respects me and I am also well respected in my community* (February, 2019).

Baaba stated joyfully: *Yes, I am able to buy my own food, pay my rent, and I feel responsible in life. My family has now seen my worth and respects me* (February, 2019).

Dede declared happily: *For me, when I was not working, no one in my family recognised me as part of the family or as a human being. They never invited me to participate in any family gathering. But now that I do not depend on them for anything, they respect me* (September, 2018).

Ohui disclosed victoriously: *I am now respected in my community too. I assisted two young ladies with visual impairments from my personal savings to learn soap making. And those girls after learning the skills were able to access funding from the District Assembly Common Fund (DACF) to start their own income generating ventures. I am always happy when I see these young visually impaired ladies I supported* (October, 2018)

Ameh added: *I met Aliza during the GBU zonal meeting. After interrogating her, I found out that she had no one to pay her fees to continue her education. I visited her severally and encouraged her. At a point, she said she would learn massage. I supported her with two hundred cedis (GHs200.00). She just graduated* (February, 2019).

As shown in the women's conversation, being in control of income-generating processes through livelihood activities enabled the women to be responsible for themselves and their children, and

even support others. Their ability to provide their basic needs earned them the respect of their families and society. They were able to fulfil their roles as family members and fulfil their social obligations by helping other women with similar impairments. Their new role in their families and communities enhanced their social status. These women, who had been regarded as liabilities, were now respected members in their families and societies at large. In tandem with this situation, family and friends moved from the point of making decisions for the women to the point where they now sought their advice and input when serious decisions were to be taken. At this point, the women spoke about how they engaged with others in their communities and the respect and honour they gained from contributing knowledge and resources to supporting society.

7.2.2.2 Engaging Life

The women now engaged in family and social activities and contributed to others in society. They were given space in decision-making at all levels. Some were invited on specific occasions to join family meetings and their opinions were sought in decision-making processes in the family and community. Other persons with VI looked up to them as mentors and inspirers. The women's conversation emphasised their involvement in family and social activities.

Flola proudly explained: I take part in every activity in the community. I am also invited to attend meetings and I take part in decision-making at family and church levels. I am seen as a mentor and an inspirer in the community. They respect me a lot. I am consulted on issues in the community. People with disabled children seek advice from me concerning issues bothering their children. My children also hold me in high esteem (October, 2018).

Ohui stated contentedly: Working and being independent earn me much respect. I am respected in my family and even at church. When there is funeral or social event, I also contribute money. I pay tithe at church so they respect me. No one sees my disability. They rather see the contributions I make towards developmental projects in the church. Everyone is willing to assist me now whenever I needed a sighted person to guide me (October, 2018).

Baaba reiterated with a high sense of achievement: Immediately I started my business, I started contributing towards family events like funeral and marriage and I attend such events anytime I am available. This made me earn admiration from some family members. Though some of my family members were ashamed of how they maltreated me, some of them call me anytime there is family gathering.

At church, a lot of people respect me. I pay tithe at church and pay welfare dues. I am a member of the singing band (February, 2019).

Vivian added triumphantly: Yes, now people who hitherto were not regarding me in my family now call me (Onyengua, Yaya) you in the local language meaning mother, aunty. Some even come borrow money from me. Others bring their issues for my advice especially my church members. But I can say there are few others who still discriminate against me in the community (February, 2019).

Aluanyo grinned with pleasure: In the eyes of my community, I am not a disabled person anymore. People even make such statement at my presence just to show their admiration to my hard work. I am respected as any other trader in the market. I pay my market toll and also contribute towards development in the community (February, 2019).

Dede smiled with pride: Yes, my views are well respected in the community now. On appointed days, I sit with the community elders (Asafoatseme) under the big tree. Here people bring issues of concern for advice and even judgements. The matters range from marital issues to conflicts between neighbours or suggestions that will improve the general welfare of the community. This is a place of honour since not everyone gets to sit there (September, 2018).

Ameh disclosed: For me, I don't open up but I attend community meetings, out doorings/naming ceremonies and weddings anytime I am invited. I am respected in my family and the community. Now, they know my worth (February, 2019).

Involvement in activities such as funerals, child naming ceremonies/outdoorings, weddings and traditional marriages are essential requirements for social acceptance. Because of their economic empowerment from engaging in livelihood activities, the women with VI were able to perform their roles as vibrant members in society. This was reflected in their involvement in church and other social activities. Additionally, payment of dues and other financial contributions are essential ingredients in the proper performance of these social roles. With their capacity to generate income, the women were able to step into this space. It was apparent that their ownership of the “*economic processes led to self and social acceptance*” (GBU₂ March, 2019) and a sense of fulfilment of family and social obligations and responsibilities in life.

7.2.2.3 Positive social status

The women's engagement in livelihood activities led them to re-discover their potential and become very assertive in life. This was evidenced in their conversation on the way they dressed or presented themselves in public and how they participated in social and church events. For many of them, access to livelihood activities gave them a voice and power to be part of decision-making processes at both the family and society levels. The women's conversation was clouded with happiness and a surging sense of self-confidence as they shared their experiences about their general appearance in public and their leadership positions.

Valued for leadership

Social acceptability of the women contributed to their elevation in social status. As a result, some were appointed as political, social and organisational leaders in their communities. The women redirected their conversation to how they were able to regain total control of their lives and ascend to leadership roles.

Baaba bragged: Now I have a purpose in life. I feel dignified. I am capable of doing anything I want to do and as well dress the way I feel like dressing. I am the vice president of the women's ministry of my church (September, 2018).

Floa emphasised with pride: I am also much empowered. I speak my mind freely and I am well respected. No one looks down on me. No one sees my disability. They rather see the contributions I make towards developmental projects in the church and the community. I contested for a unit community member and I won. I am now part of decision-making at the local governance level. My achievements won admiration by most people. (October, 2018).

Ohui echoed: Yes, I also see myself as a very successful blind lady, independent and well respected by the family and society. I am proud of myself. People always admire my dressing. I do make up and people wonder how I could do that. I was even appointed to be part of welfare committees in the church so I can advise on disability issues (October, 2018).

Dede smiled happily: Now I have a purpose in life. I feel dignified. I am capable of doing anything I want to do and as well dress the way I feel like dressing. Anytime, I go to the banking hall, people comment on my dressing. I am well respected. The bank staff gave me a special name...Ayefro... the bride. I feel good. They tell me they are proud of my achievements (September, 2018).

Vivian declared proudly: I contested for assembly member position but lost narrowly. It was a very keen competition that was monetised. I did my best with

the little financial resources I had. Though I did not win, I was happy that I contested (February, 2019)

Aluanyo stated excitedly: *I am also much empowered. Maybe I will also try to contest for a position in my church. I know people will vote for me* (February, 2019).

Ameh smiled: *Yes, I am also empowered and very happy in life. I move with confidence because (i ba ye zo no) in the local language meaning I am back on track* (September, 2018).

The social acceptance of the women made them attractive to the opposite sex as marriage partners. Some had their marriages restored while others received countless marriage proposals from men. They could not hide their excitement when talking about how they were treasured as marriageable women.

Treasured for marriage

The cumulative effect of these changes was that the women found their foothold once more in society. As a result, many of them exuded a magnetic pull which made them attractive to men. For example, one of the women who was previously abandoned by her husband reconciled with him, while one woman who had experienced severe marriage disappointments with men finally got married. The women continued with their different stories in conversation with their colleagues.

Dede disclosed with joy: *My husband came back after he had seen that I am working and earning income. Yes, I am telling you the fact. Men are unpredictable. I have forgiven him. So, we have reunited as husband and wife. Initially, I did not want to accept his proposal to re-marry me. I tossed him for two years but he never gave up. Finally, our children step in to plead that I reconsider my decision. He compensated me and we are together as husband and wife* (September, 2019).

Aluanyo stressed contentedly: *Now there is no reference to my disability from guys like I experienced previously. Previously when I was not working, I was not dressing well and I thought my beauty was not out [smiled.] Now guys who are not disabled propose to me. I am married now and, my husband loves me. My children love me. I am consulted on issues and my contributions are considered in the family. My husband consults me in any decision that he takes in the family* (February, 2019).

The women's conversation revealed that their participation in livelihood gave them economic empowerment and positive self-image that broke social barriers, which was evident in some of them assuming leadership roles and marriage roles. Thus, the women experienced new waves of responsibility that had previously eluded them because they were not economically empowered. In Ghana, the ability to keep a relationship and marriage is one of the cherished traditional and religious values that every family desire for their daughters. Marriage brings honour and respect to women and their families. Although the women's focus on engaging in livelihood was to gain economic empowerment, the change in their identities and social roles eventually accorded them respect in their families and communities at large.

7.2.3 Summary

In summary, the women with VI's engagement in livelihood activities empowered them economically, which enabled them to care for themselves and their families as well as contribute to developmental programmes in their communities. Additionally, they were involved in decision-making at the family and community levels. Some of them also assumed leadership roles in political and social groups. As a result, they were respected in their families and the communities. The women's bold decision to engage in livelihood and contribute to community development earned them dignity and respect in their entire social collective. To this end, it is evident that their disabilities became invisible when they gained economic empowerment. The society saw their contributions and worth rather than their disabilities. In the next section, I discuss the findings in relation to the prior literature.

7.3 Discussion of Theme 3: Disability loses prominence in the social array of life issues

“Vulnerability is the birthplace of innovation, creativity and change” (Brown, 2015).

7.3.1 Introduction

The statement, “vulnerability is the birthplace of innovation, creativity and change”, is a quote from research professor, Dr Brené Brown, who works at the University of Houston. Brown took two decades to study courage, vulnerability, shame and empathy. In her book titled “Daring Greatly”, she argues that vulnerability is not weakness but rather the strongest path to bravery, engagement, and the creation of meaningful networks and connections that inspire confidence and bring transformation and the desire to change into the lives of individuals who are vulnerable (Brown, 2015).

Relating this statement to the situation of the women with VI in this study, the women who had been engaged in livelihood before they went blind confirmed that their livelihood participation after becoming blind was characterised by bravery, encouragement, and building/inspiring confidence and trust in each other through their disability and social networks such as GBU and churches. These nurtured their business ideas and innovations that enhanced their livelihood activities and economic status, which changed their self-image and social status positively. Consequently, some of them were on the frontlines of decision-making at the family and society levels where their disabilities lost prominence in the social array of life issues. Society now saw their potential exhibited in their contributions toward developments at the family and community levels.

Meanwhile, the livelihood path of these women was flooded with struggles and hurdles from the onset of blindness, as inferred from their conversation. As shown in Pietromonaco and Markus's (2005) study on the nature of negative thoughts in depression and how to overturn negative thoughts, these women, from the onset of their blindness, heard negative voices which made them believe that *life was over*. However, they persevered to overcome their life obstacles and move forward, attaining the change they desired in their lives.

The insights gained from the women’s conversation on their livelihood journey is discussed in this second part of this chapter, together with the related literature and the researcher’s interpretations. From the findings, the women’s livelihood participation journey was captured in three stages (*the struggle stage, the transitional stage, and the transformed stage*). Figure 7.3 depicts the women’s livelihood development journey.

In figure 7.3, the two circles in gray (*the struggle between life and death and new life in the dark*) demonstrate two parts of the livelihood journey of the women. The circles representing *struggle for survival* and *life in misery* described the women’s experience in the *struggle between life and death* stage, which were all captured as *the struggle stage* of their livelihood development journey. The livelihood development journey circle, captioned *acceptance of new identity*, demonstrated the women’s experience when they accepted their new situation and moved on in life. This change was captured as *the transitional stage* of their livelihood journey in which they gradually moved from struggle to new experiences that changed their life situations from negative to positive. In the second part of the women’s livelihood experience, *new life in the dark*, the women had transformed lives that were characterised by taking responsibility and engaging in other social activities that led to a positive self- and social image for them. This stage captured *the transformed stage* of their livelihood development journey. Next, I describe the struggle stage.

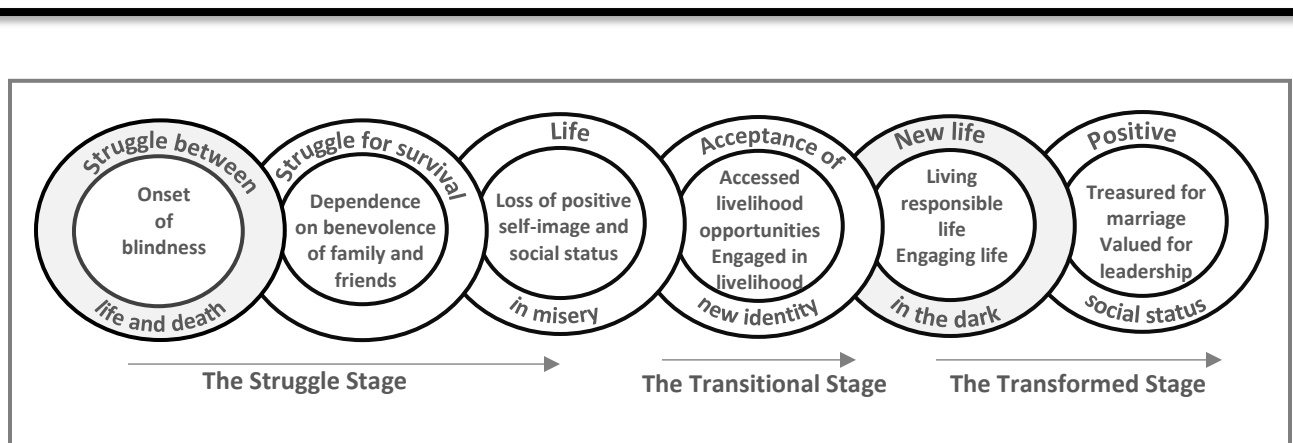


Figure 7.3 Livelihood journey of women with vision impairments

Source: Created by Agbettor for the study

7.3.2 The struggle stage: The struggle between life and death

As noted by Radovan (2019), the conflict between life and death entails an ongoing struggle. It is a state where people feel they are in a difficult position or they are oppressed and powerless because of the dominant hostility by humanity. The women's conversation focused on their livelihood journey starting from a point they classified as "*the struggle between life and death*". At this point, the women mentioned that they lost financial capacity because of their frequent visits to hospitals and other healing centres coupled with the loss of their livelihoods and the psychological trauma and stress they experienced as a result of the blindness. Consequently, their only means of survival or livelihood then was dependence on the benevolence of their family and friends who they claimed treated them as inferior people with no right to make decisions on what to eat or wear.

Article 12 (2) of the UNCRPD guarantees persons with disabilities the right to make decisions on an equal basis with others in all aspects of life (UN, 2006). This right, however, eluded the women because they lost their livelihood and consequently experienced a loss of economic power. In the women's conversation, they described their living condition at this particular stage as *the struggle for survival*. The experience of the women at the struggle stage demonstrated the real state of powerless and injustice associated with poverty.

According to Sen (2000), people's development cannot be satisfactory when their basic needs are unmet or they are denied the right and freedom to make choices about what concerns them in life. Although the women were surviving on the benevolence of their families, friends, and churches, they were not living full and satisfactorily lives because they had no freedom to choose what to eat, which is a basic necessity.

The findings of this theme resonate with the findings of a multidimensional study on disability and poverty in thirteen developing countries, that is, that the onset of disability leads to the lowering of living standards and quality of life because of the loss of livelihood and increased expenditure associated with the disability (Mitra, Posarac, & Vick, 2013). The resultant effect sometimes leads to the abuse of persons with disabilities by some families and care givers.

Hesla and Kennedy (2008), in their handbook on human rights for persons with developmental disabilities, recorded that the human rights of some persons with disabilities were secretly abused by people they lived with. While some persons with disabilities were deprived of food and water, others were neglected by their families because of social stigma. The women emphasised in their conversation that their frustrations were aggravated by the neglect by their families and friends. The thought of such loss of affection and family warmth put them in a sorrowful state. This family neglect could be attributed to the losses incurred by family members who were burdened with the responsibilities of providing attention and care for the women.

A study conducted in India on discrimination against persons with disabilities established that families sometimes discriminate against their members with disabilities because of the stigma and disgrace they themselves face in the communities that sometimes lead to a loss of status or acceptance (Janardhana, Muralidhar, Naidu, & Raghevendra, 2015). The study mentioned that some families with members with intellectual disability feel reluctant to associate themselves with them and sometimes withdrew their affection and love from them. In extreme cases, they hid their members with disabilities at home and ultimately socially isolated and restricted them.

The women with VI in this study expressed that their families restricted their feeding and withdrew their love and affection from them. While this study did not extend to family members, some of the women confirmed that their families restricted their food choices and care in general because of poverty. They were also neglected because their families felt they were burdens on them (see chapter 6). Such restrictions and neglect caused the women to be self-isolated and limited their capabilities, which compounded their pains and agonies. They lived lonely and self-pitiful lives, a situation that made them conclude that nothing good could come out of life. Gradually, they lost their dignity and were not recognised in their own families and society because they had lost their economic status.

It was evident that the first stage of the women's livelihood development journey was a real struggle between life and death. It is possible that some women with VI who were not part of the current study could have remained stuck at this stage or even have died. However, they had a turnaround in life when they accepted their current situation and were able to move on in life. This transition is explored in the next section.

7.3.3 The transitional stage: Acceptance of new identity

Smith, a disability advocate in Australia, states that “adjusting to life with a disability can be a difficult transition” in life because during the onset of disability, persons with disabilities feel that accepting their disability means accepting a shutdown in their lives and future (Smith, 2019, p. 2). The findings of this theme confirmed that the women with VI who were engaged in livelihoods before they went blind had a tough time in accepting their new life situation. They grieved and went through emotional stress, a situation Smith referred to as a “roller coaster of emotion” from anger to sadness to disbelief (Smith, 2019, p. 2). The women, however, had a turnaround in life when they joined GBU. They realised there was hope for them to continue with a positive life after they had fraternised with their colleagues with VI (see 6.2.1).

The women’s acceptance of their current situation or new identity was fuelled by their association with other colleagues in GBU who were in a similar situation. Gradually, they overcame the challenges of self-rejection and built confidence in themselves. The first stage of their livelihood development journey, which was characterised by their dependence on family and friends for survival, slowly faded away. They progressively moved towards a new life of hope and confidence.

Kurawa's (2010) study on the impact of disability on self and society carried out in Nigeria noted that when persons with disabilities accept their new identity and improve their moral and emotional feelings, their wellbeing is enhanced. Evidently, the women with VI’s acceptance of their current situation encouraged them to move on life, and they desired to access and utilise the available resources and facilities to improve their productivity. As a result, they took advantage of livelihood development opportunities and engaged in livelihood activities to earn a regular income to take care of themselves and their families. Even though the women mentioned that the livelihood service provisions did not address their unique needs, both the women who were not engaged in livelihood and those who were before they lost their sight worked with enthusiasm and zeal. Their determination to engage in livelihood propelled them to strive for success in their livelihood development and participation processes.

Having engaged in livelihood, the women’s living conditions gradually improved and this translated into their lives and social status. Smith (2019) confirmed that when persons with disabilities accept their conditions and take advantage of what they can do and focus on their

potential, they experience change in their lives. The women with VI's livelihood development journey progressed to their *new life in the dark*.

7.3.4 The transformed stage: *New life in the dark*

Economic and social stability are achieved when persons with disabilities are able to maintain their expenditure level over time and minimise social exclusion by participating in social and family activities (Kallio, 2019). In resonance with the study of Kallio (2019) on improving the livelihoods of persons with disabilities through income-generating activities in Sierra Leone, the women's livelihood path in their new lives progressively transformed their self-image and social status. In their "new life", the women in livelihood earned a regular income from their livelihood activities and sustained their expenditure on basic needs over time.

Kallio (2019) noted that women are able to provide basic needs for themselves and their families when they are in employment. Concomitantly, the women who participated this study were able to provide for themselves and their families, including providing financial assistance to other people in their families and communities as a whole when they were engaged in livelihood. As a result, their economic status improved and improved the negative self-image and social stigma they experienced during the struggle stage of their livelihood journey. They were accorded respect and their views were respected at both the family and community levels.

The findings of this theme align with Storey and Roncarati's (2012) study on disability, livelihood and poverty conducted in Asia-Pacific which showed that when persons with disabilities engage in livelihood, apart from meeting their basic needs, they are able to participate in mainstream activities to remove the stigma they experience. The women with VI's participation in livelihood increased their opportunities to enhance their capabilities for decision-making, leading to an improvement in their financial, political and socio-cultural spheres of life.

At the "*new life*" stage of the women's livelihood development journey, their lives were transformed from a negative to a positive self-image and social status. These gave them the impetus to be involved in decision-making at the family and community levels. Some of the women took up leadership roles in their families and others in social groups. In their study on women with disabilities in leadership carried out in Zimbabwe, Majiet and Africa (2015) noted that women with disabilities have the capacity to take up leadership roles, but they are under-represented in

leadership and decision-making at all levels because of cultural oppression and social stigma. The findings of this study aligned economic empowerment to a shift in the identity and social role of the women. As soon as the women gained economic independence, they became attractive to their families and communities. Their new self-image and positive social status demystified the rejection and social stigma they experienced at the onset of their disabilities. Contrary to Majiet and Africa's (2015) findings, the women with VI's leadership path was strongly influenced by their economic status and capacity. It was evident that the women's capacity to hold leadership positions had previously been overshadowed by their poverty status, and not even their family members had recognised their potential.

Closely linked to leadership position is relation and marriage. Although some of the women's husbands left when they went blind, the shift in their identify and social roles led to their reconciliation with their former husbands. Earlier study (Swegman, 2016) revealed that women with disabilities suffer double the amount of discrimination than women without disabilities when it comes to marriage. This study, however, revealed that the women with VI experienced new marriages because their positive economic status and self-image added value to them. They either attracted new men or re-married their former husbands. The findings in this chapter revealed that the women's livelihood development journey led to a new life with hope and a future filled with family and community life that culminated in respect for the women. The changes in their social status allowed them to overcome the social stigma and social barriers they encountered at the struggle stage. Subsequently, their participation in family and social activities increased, paving way for the women to feel fulfilled in life.

7.3.5 Summary

In summary, the livelihood development journey of the women was clustered into three stages. The first stage was the struggle stage where the women were solely dependent on others' benevolence for survival. This stage heightened the women's vulnerability and powerlessness in their own families and society at large. The second stage gave birth to the women's new identity with a shift in their life focus. They took advantage of the livelihood opportunities available to them, which enhanced their capacities and allowed them to engage in livelihood activities to earn a regular income and care for themselves and others. The third stage transformed the women's lives from not having financial resources to gaining resources and recognition in society. They

were able to increase their positive self-image and social status as a result of their improved economic status. This change increased their participation in family and community activities as well as decision-making processes at the family and community levels. Consequently, their disabilities were invisible in the social array of life issues. Having discussed the findings under this last theme of this study, in the next chapter, I discuss the five propositions extrapolated from all the themes to build my thesis.

CHAPTER 8: SYNTHESIS OF FINDINGS – TOTAL INCLUSION FOR CHANGE IN LIVELIHOOD DEVELOPMENT OF WOMEN WITH VISION IMPAIRMENTS

“Yo hu pee ɔ e nɔ nya. Nɔ nɛ nyumu ma nye nɛ e pee ɔ, yo hu ma nye nɛ e pee ke a ha lɛ blɔ nya”.

“Women can play their part in building the society when they are given the opportunity.”

8.1 Introduction

The citation above is a Dangme idiom. Relating the idiom to the women with VI means that women with VI can contribute to societal development if they are given opportunities. The women with VI can contribute to social and economic development if they are given the same opportunities to participate in livelihoods as non-disabled women. However, the idiom raises some questions: why does it seem slow or difficult for women with VI to develop livelihood or participate in livelihood? Is there something that might have gone wrong in service provision, policy implementation, or societal attitude? Are there some practices that ought to have been done that have been overlooked? As the idiom implies, it is time for us to realise that it remains our duty to ensure that livelihood development creates opportunities for women with VI so they can also contribute to economic and social development.

This study is set out to answer one broad and four sub-research questions. At a descriptive level, the research questions and their related objectives have been addressed by the findings and discussions presented in Chapters 5, 6 and 7. In this chapter, I reflect on the findings in a more analytical way for a more holistic understanding of the current study. This chapter is presented in two sections. The first section begins with a picture story from Ghanaian culture that unveils the livelihoods development experience of women with VI. Next, I build the thesis on four propositions that emerged in the three themes presented in the findings and discussions. The four propositions draw out the significance of this study by focusing on the nature of service provision and the effect of the socio-cultural, physical, and policy environment on the participation and inclusion in the livelihood development of the women with VI. It also illuminates the impact of the livelihood participation of women with VI on their economic and social status. See Table 8.1 at the end of section 1 for the themes and their related propositions that respond to the research questions.

In the next section, I use the insights from the findings and discussion to conceptualise an inclusive livelihood development framework that will transform livelihood development for women with VI in Ghana. I begin with the presentation of the picture story in figure 8.1.

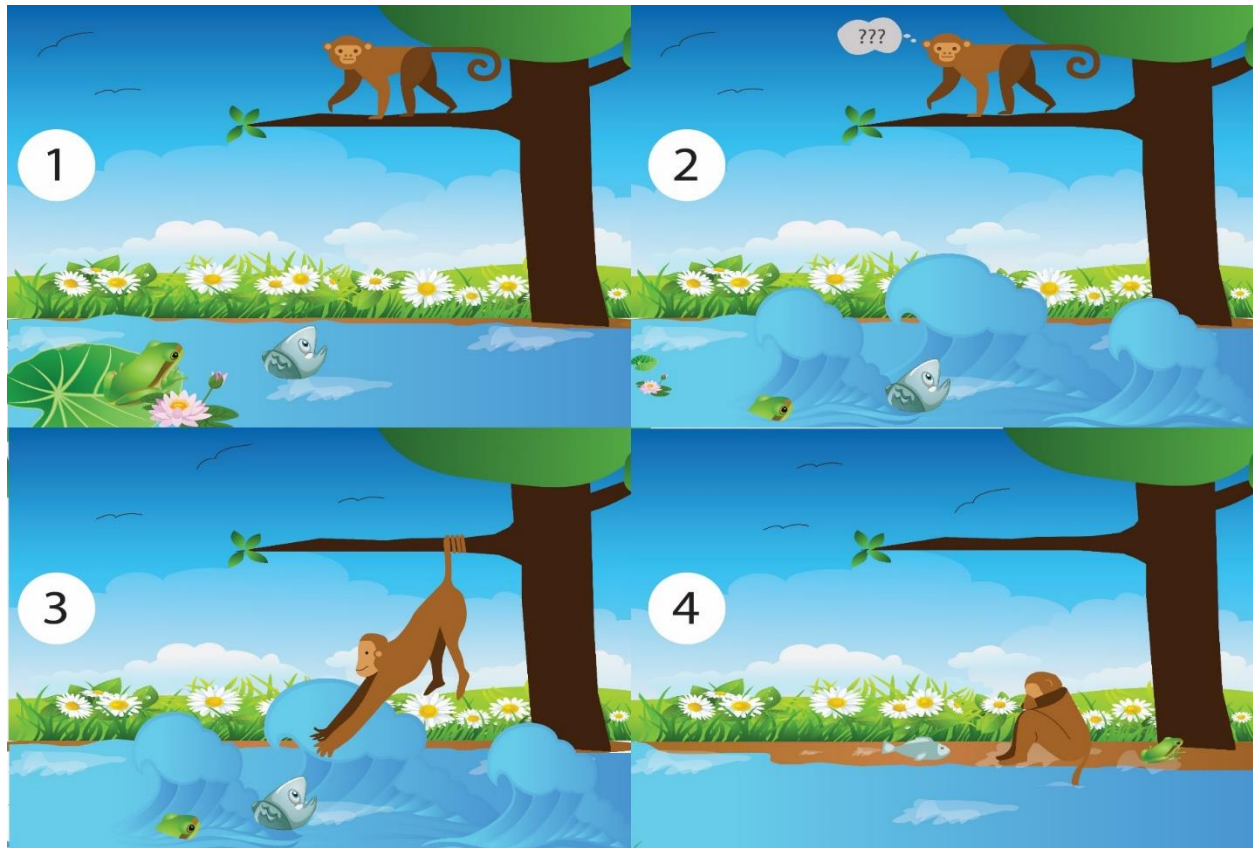


Figure 8.1 When the strategy is problematic, the solution becomes problematic

Source: Created by Agbettor (2021)

8.2 Section one: Picture story on livelihood development service provision for women with VI

Figure 8.1 above presents a picture with four scenes. In each scene, there is a monkey, a fish, a frog, a river, and a tree next to the river. In Ghana, the monkey is recognised as a noble and wise animal full of wisdom. For example, the Bono and Anloga clans in Ghana reverence monkey because monkey through its wisdom, led the ancestors of the two clans to escape attacks from their enemies (Attuquayefio & Gyampoh, 2010). As a result, the two clans reverence monkey to

the extent that they perform funerals for monkeys when they die. For the purposes of the current study, the monkey represents the service providers who assumed they have all the wisdom to make decisions on behalf of the women. The fish represents the women with VI, the frog represents persons without disabilities, and the river represents the economic environment of people, including women with VI, in society.

In the first scene, the picture depicts the monkey on a branch of the tree next to the river observing the fish and the frog as they move in their environment. In the second scene, there is an approaching high tide on the river which the monkey assumes will drown the frog and the fish. The monkey presumes they are in danger and develops a strategy to save them. In the third scene, the monkey stretches out its arms and uses the same process to rescue both the fish and the frog from the supposed danger of the approaching tidal wave on the river. In the fourth scene, the monkey attempts to rescue both the frog and the fish by placing them both on the riverbank. The frog, which can live on both land and water, survives the change of environment. Unfortunately, the fish cannot survive under the same conditions and subsequently dies. The monkey looks at the fish with regret as its best intentions have caused unintended awful results, with the fish ending up worse off than when it had been in the river.

Relating the scenes to livelihood development strategies provided for women with VI, the first scene dramatises the service providers in the comfort of their offices studying the economic situations of people, including women with VI in society. The second scene, which shows an approaching tidal wave, illustrates the economic crisis in the lives of people in society, including women with VI. Additionally, it depicts the situation where service providers, without consultation with women with VI, assume what the problems and solutions of the women with VI are. The three question marks above the monkey's head illustrate the three service providers in this study (GBU, GOV A, and RBank) as they go through the thinking and planning process of developing an appropriate livelihood strategy that will economically empower all people, including women with VI. Unfortunately, these service providers formulate strategies without properly understanding or considering the peculiar needs of women with VI. The third scene depicts the situation where the service providers then move on to develop and implement blanket livelihood policies and implementation strategies. These strategies consequently are not shaped to meet the peculiar livelihood training needs of women with VI and as a result fail to improve their lives. The

fourth scene illustrates that, while blanket livelihood strategies may work for sighted persons, these same strategies may have adverse results on women with VI and even aggravate their economic and social circumstances. Thus, the same results cannot be expected to work for both sighted and women with VI. With this picture story serving as an introduction to the nature of livelihood development service provision for women with VI. The picture analogy typifies that the non-involvement of women with VI in the planning, implementation, and monitoring of livelihood development programmes limits their inclusion and full participation in livelihood activities. It was evident that even though the women were aware that the trainings and services being provided were not meeting their needs fully, they had limited power and capacity to challenge the service provision systems or claim space to dialogue with service providers and policy makers on the nature of service delivery. The women unequivocally accepted the livelihood development services being provided because rejecting it means there will be nothing for them.

8.2.1 Proposition 1

Services that enable women with VI's livelihoods are available, yet they gamble with skills acquisition because of the nature of service delivery

Relating the proposition 1 to the picture story emphasises the service provision gap for women with VI in Ghana. The desire of the women to acquire specific skills could not be achieved because of the strategies employed by the service providers in the training programmes. The third and fourth scenes in the picture where the service providers employ the same strategies to rescue the frog and the fish demonstrate the gravity of exclusion of women with VI in the livelihood service delivery. The women's participation in skills training programmes was mostly about showing up physically. They emphasised that what matters to the service providers was not the competencies in the skills they acquired but rather satisfying their own interests. One reason for this situation is that, in most cases, the service providers have their planned programmes and agenda because they were more concerned about meeting the requirements of the political or donors' interests. Since governments and donors are more interested in statistics, the service providers' concentration was on meeting their goals. In order to achieve this, service providers sometimes overlooked consultation with the women with VI to enable them to identify the adequate strategies that would

address the women's unique needs in livelihood development. Instead, the service providers relied on their own experiences and conceptions of donor or political requirements to conceive what they purported to be the ideal strategy for the women with VI. Since the visible manifestation of services influences political outcomes to a large extent (Batley & McLoughlin, 2015), the livelihood service provision for women with VI was sometimes dependent on the politics of government or donor requirements rather than those of the women as established in the literature. For example, Kuyini et. al., (2011) mentioned that CBR services in Ghana ended when the external funding ended.

On political level, Batley and McLoughlin's (2015) study on politics and service delivery carried out in the United Kingdom noted that service provision by state agencies creates practical evidence of states' commitment to fulfilling their social obligations. Consequently, services in key areas such as livelihood development have "powerful effects" on the political fortunes of governments, especially in lower income countries (Batley & McLoughlin, 2015, p. 5).

In the Ghana situation, winning and maintaining political power depends on the politician's response to the delivery of key services and social programmes (Ayee, 2008; Abdulai & Hickey, 2016). Thus, politicians see service provision as an avenue to control and monitor provider organisations so that they can remain in power (Ayee, 2008; Batley & McLoughlin, 2015).

The issue of livelihood development and job creation has proven to be one of the political weapons for successive governments in the fourth republic of Ghana. Ayee (2008) and Abdulai and Hickey (2016) established that evidence of service provision in livelihood and employment influences political outcomes or elections. According to Ayee (2008), the National Democratic Congress Party's promise to create jobs gave them a massive number of votes which won them the election in 2008. Additionally, in 2010, the pressure from disability groups on the same government to create job opportunities for persons with disabilities led to a promise by the government to create 20,000 jobs in ICT for persons with disabilities within a year (Okudzeto, 2011). It is possible that this promise, which was not delivered fully, was made in order to secure votes from persons with disabilities. Although there is limited evidence to suggest why successive governments in Ghana could not target or deliver their promises on job creation for persons with disabilities, this study found that the women with VI felt because they are a minority group and government therefore ignored their unique needs in livelihood development. This may be why the government regimes

in Ghana failed to resource the IRC programmes or fund the CBR programmes to provide livelihood skills for persons with disabilities (Kuyini et al., 2011)

The service providers also underrate the potential and capabilities of women with VI to engaging in livelihood activities. Although the women with VI identified that service providers offered livelihood development services based on heterogeneity rather than homogeneity, they were not able to challenge the systems or the service providers. This may be because persons with disabilities access services on the “magnanimity of the officials who reach out to them on their own discretion” (Ocran, 2019, p. 665). Sadly, the women with VI were aware that livelihood development programmes being implemented by the service providers were not addressing their unique needs, but they were unable to negotiate for change. They continued to access these services irrespective of the challenges they faced. This may be because the women with VI had low capacity to engage with service providers, or they feared that if they challenged the system and strategies, the service providers would not listen to their grievances or they may end up not providing any service to them. That is the fear to lose the limited opportunity available in skills development. Moreover, as revealed in this study, the women themselves had inadequate knowledge on their rights pertaining to livelihood participation. They also had limited space to address their livelihood development challenges. As a result, they accepted the livelihood development opportunities from service providers as an honour and a privilege.

Kidd's (2017) study on social exclusion and access to social protection carried out using data from Indonesia, Kenya, Uganda and South Africa concluded that persons with disabilities are excluded from services because of unequal power relations between service providers and persons with disabilities. The women with VI in this study had limited space and power to influence the service providers to include their needs.

On another level, this study revealed that, because the service providers had limited knowledge on disability issues and the capabilities of the women with VI, they assumed that the women all had the same needs, interests, and choices. Accordingly, the service providers formulated strategies and implemented their livelihood programmes using a same approach which invariably had unintended adverse effects on the skills acquisition of women with VI. For example, the majority of the women received training in soap making, pomade making and powder making, and all those who went to the rehabilitation centres also learnt weaving, a finding that confirmed a literature

reviewed on the IRC and CBR livelihood skills development programmes (Hasan & Aljunid, 2019; Kuyini et al., 2011). This unfortunate situation occurred because the service providers overlooked the fact that women with VI are not homogeneous in their skills, abilities, and aspirations. Not all women with VI are good at weaving or soap making. Ocran (2019) concluded that the service providers ignore the diversity in the skills and interests of women with VI because they want to satisfy their own interests and the interests of their donors. They simply “dance to the donors’ tune” rather than that of the women with VI.

In a study conducted by Devkota, Murray, Kett, and Groce (2017) in Nepal on health care provision for persons with disabilities, they confirmed that service providers need more knowledge on disability before they can provide adequate knowledge and skills to persons with disabilities. Because service providers have limited knowledge on disability, they are not able to address the unique needs of persons with disabilities (Devkota et al., 2017). Service providers sometimes deny persons with disabilities the opportunity to participate in skills development with simple excuses such as some skills are not meant for them. This practice led the women in this study to believe that service providers gambled with their livelihood skills provision and acquisition.

In as much as this study proved that the women with VI struggled through the livelihood development process because of the nature of service delivery, it was also confirmed that some of the women gained some level of skills and livelihood competencies but with a lot of struggle through the generic service provision process. The women confirmed that they had benefited immensely from the provision of other related skills such as O&M, ADL, and counselling sessions, which sharpened their social skills and built their confidence. These related skills and services contributed to their social rejuvenation and hence facilitated their progress towards their acceptance of their own situation and by their family and community.

In resonance with this finding, a few studies (Bell & Mino, 2015; Duquettee & Barill, 2013) also confirmed the significant role of counselling, O&M, and other blindness-related skills in the livelihood development and employment of persons with VI. Unequivocally, Duquettee and Barill (2013) argued that the key factors that promote the livelihood participation of persons with VI, which are fundamental to their livelihood development choices, are counselling, O&M, and practice in ADL skills.

In Ghana, these skills, which are supposed to be acquired by persons with disabilities in the rehabilitation centres in the sixteen regional capitals, are limited in space and scope (Kuyini et al., 2011). Although the National Disability Act 715 made provision for the establishment of one rehabilitation centre in each region and even in some districts in Ghana, these centres are not available in most of the districts. This situation might have contributed to the limitations of blindness-related services in the districts. As evident in the current study, although the majority of the women received O&M skills and counselling, the timing was inappropriate. The women who participated in this study declared that they were referred to the GBU in the district at later stages of their impairments by a few individuals and some social welfare officials in the district. This supposes that the services of the GBU, which is a membership-based organisation for the women, are also not visible in the district, a finding that confirms Kuyini et al.'s (2011) report on CBR. However, it was emphasised that when the women finally located the GBU, they received these crucial services and skills because the provision of such skills remains in the power and authority of the GBU.

Considering the fact that O&M, counselling, and other blindness-related services are fundamental to the acceptance of a person's impairment condition, and that these services also serve as an entry point to livelihood development, one would expect these crucial services to have been made available to the women with VI through a formal referral system in the districts. Unfortunately, there is no system that links or harmonises the services of the GBU, the GOV A, and other institutions that provide certain aspects of counselling and psychosocial services to persons with VI during the onset of their impairment. This finding again agrees with Kuyini et. al. (2011) and the WHO (2002).

Even though it came out strongly in the current study that the church was the first point of call for counselling and inspiration for the women with VI during the onset of their blindness, there was no connecting point or link between the services of the church and GBU. This study discovered that both the church and GBU offered counselling and livelihood services to the women with VI, yet their services were disjointed.

Culturally and religiously, disability is linked to the spiritual world (Snider & McPhedran, 2014). Several studies have established that persons with disabilities draw their emotional strength and

wellness from their spirituality and faith. In the current study, it was established that the women with VI went through three stages of life (see 7.4).

During the struggle stage, most of the women tried to seek spiritual help from the church. They prayed tirelessly to seek miraculous healing and restoration of their sight. Perhaps at that point, some of the women were far from accepting their current condition, and battling between their emotions and their spiritual being and faith to reverse the impairment. The church served as an inspiration, encouragement, and hope restorer for the women. The church's principle of charity, which is mostly demonstrated through the giving of alms to people in need, was extended to the women. While some churches offered shelter to the women, other churches offered livelihood skills and funding for them to start livelihood activities (see chapter 6).

Perhaps if GBU links up with the church, the women would have received blindness-related, and business-related services in more timely ways. This collaboration could also be extended to the other partners so as to resolve the skill development gap for women with VI in the districts.

Clearly, GBU's activism towards the right to inclusion and participation of women with VI in the livelihood skills development and participation could be attained through a collaborative effort, and implementation of all policies and laws that promote the right of persons with disabilities to livelihood. However, both the service providers and service users affirmed that the policies were not being implemented. The women who could not hide their frustrations felt that policies in Ghana work differently for persons with disabilities and persons without disabilities. The question is who has the responsibility to ensure that the laws and policies that promote the rights of women with VI to employment are working? In the next section, I discuss how the gap in policy implementation limited the inclusion and participation of the women with VI in the livelihood development process.

8.2.2 Proposition 2

The non-implementation of policies and social protection programmes hinder women with VI's livelihood participation.

Sub-theme 3.3 in Chapter 6 captured the feelings and opinions of the women with VI in this study about the implementation and enforcement of laws and legislations that protected their

fundamental human rights as well as their right to employment. For the women, the laws in Ghana protected only the rights of persons without disabilities.

Although international legislation, such as the CRPD (UN, 2006) and the Sustainable Development Goal 8 (UNDP, 2015), and local legislation, such as the National Disability Act 715 (Republic of Ghana, 2006) and the Ghana Labour Act 2003 (Republic of Ghana, 2003), promote the rights of persons with disabilities to employment, some of the women and their service providers (GOV A and RBank) were ignorant about the existence of such laws and policies. The two service providers (GOV A and RBank) indicated that they relied on their organisational policies to provide livelihood development services to the women with VI. Consequently, their services were extended to the women with VI on a contractual term with GBU (see MOU, appendix 16) and not on legal provisions by any policy. The ignorance of the laws displayed by the service providers implies that not even GOV A, which is a government agency, had instituted disability requirements into its livelihood development service provision as required by SDG8, the National Disability Act, and the UNCRPD.

The financial institution (RBank), on the other hand, indicated that it had begun rendering livelihood development services to the women only when it was engaged by GBU to do so. GBU contracted GOV A and RBank to offer livelihood development services to the women with VI based on its project terms to meet its donor requirements (see Appendix 16). Immediately after GBU's contract with its partners expired, its partners service provision to the women with VI declined. Perhaps, as an advocacy organisation, the GBU should have done further work to engage its partners to provide livelihood services that meet the needs of the women with VI using the UNCRPD, SDG 8, ACT 715 and the Labour Act as advocacy tools. However, as revealed in this study, GBU had limited power and capacity to influence GOV A and RBank to provide services to the women as per the women's rights. If GBU, which is the mouthpiece of the women, has little power to influence GOV A and RBank to provide livelihood development programmes based on legal provisions, then the legal rights and power of inclusion of the women with VI in the livelihood development process is far from being achieved.

According to Grischow's (2015) study on legal empowerment and struggle for disability rights in Ghana:

“Rights-based instruments like the UN Convention on the Rights of Persons with Disabilities can provide a framework for disability rights, but cannot in themselves produce entitlements or achieve social justice for disabled individuals” (p. 101)

In relation to this argument, the women with VI who participated in this study wished that the laws did not exist because they felt the laws were not protecting their rights. The laws are good on paper but not in practice. According to the women, the government had not demonstrated any political will to implement the laws and policies that protect their right to inclusion in the livelihood development process. Additionally, both the women with VI and GBU had limited legal power to claim their rights to inclusion in livelihood development. As established by this study, the women with VI had limited knowledge on policies and laws that protect their rights to livelihood. They also had limited knowledge on processes to access justice pertaining to their right to livelihood. Even worse, both the women with VI and GBU had no financial power to challenge the government or any of the service providers on the exclusion of the women with VI's unique needs from the livelihood development services.

According to Oduro (2009), the Ghana Disability Act is supposed to empower DPOs to claim rights and entitlements for individual persons with disabilities to be included in service provision. This study revealed that the presence of the National Disability Act and other policies could not empower GBU. The non-commitment from the government to enforce the implementation of policies and laws limited the women with VI's access to livelihood development services. Perhaps GBU's low capacity and powers to enforce livelihood provision for the women with VI as a legal entitlement were a result of political interference and nuances from government and the executive boards of service providers. These political interferences sometimes dictate the policy directions of the service providers, instead of the legal provisions in the policies and laws.

As emphasised by GOV A and RBank, their organisational policies and operational guidelines target vulnerable people in general without a specific focus on persons with disabilities and women with VI. Consequently, they reach out to any vulnerable group, for example women, youth, and persons with disabilities in general. They reiterated that unless their organisational policies and strategic guidelines are modified to include the specific needs of women with VI, their needs could not be properly addressed. If the service providers (GOV A and RBank) claimed that their organisational policies were yet to be formulated to align with the laws that protect the rights of

women with VI, then there is a policy implementation gap that needs to be addressed. Perhaps the legal empowerment of GBU and women with VI alongside awareness raising on the laws among service providers could bring a change.

In studies carried out by Maru (2010) and Grandjean (2010) in Uganda and Nigeria respectively, it was affirmed that when individual persons with disabilities and their DPOs are given legal empowerment, they are in a better position to claim their rights pertaining to access to services and social justice. Perhaps the government's non-commitment to the enforcement of the implementation of policies and laws could also be attributed to GBU's inability to exert force on the government. According to Grischow (2015), sometimes persons with disabilities in Ghana access their rights when they align with "big men" or higher personalities who can present the issues of persons with disabilities on their behalf. GBU could influence the government and service providers if it identifies and aligns with big legal brains and personalities who could support it to enforce the implementation of policies that promote the rights of women with VI to inclusion in the livelihood development process.

As noted by Sen (2000), governments have some powers to enforce laws and legislations that promote the inclusion of persons with disabilities in all facets of life, including their participation in livelihood development. However, the Ghanaian government continues to show non-commitment to the implementation of the laws and policies that would compel its agencies and other service providers to implement inclusive livelihood programmes. Undesirably, the government's failure to prioritise disability issues and enforce the implementation of policies and laws led the women with VI to believe that it has no interest in their livelihood development. Consequently, GOV A and RBank believed that the responsibility of ensuring the implementation of laws and policies lies with GBU rather than the government.

Evidently, there is a gap between policies developed and their implementation to promote the inclusion of women with VI in the livelihood development process. This gap caused the women with VI to lose trust and confidence in the policies and the systems that are supposed to protect their rights to inclusion in livelihood participation. They felt that the policies were not being implemented, and that some officials who were supposed to enforce the laws were perpetrators of the social injustices the women experienced in livelihood development. One way to fight such circumstances and barriers is to "construct their own voice" (Gaventa, 2006, p. 28), which would

enable them to exercise a range of “measures such as complaints, organised protest, lobbying and participation in decision-making” (Gaventa, 2006, p. 5) to draw the attention of government and state actors to their plight. Regrettably, both the women with VI and GBU had not employed any of these means to demand the enforcement of the implementation of laws and policies that protect the women’s rights. Their failure to exert force and lobbying strategies to enforce the implementation of the policies and laws may have been due to fear, low capacity, and lack of confidence in the system.

Previous studies (Ocran, 2019; Sackey, 2015; Asante & Sasu, 2015; Srem-Sai, 2015) also attributed the non-implementation of the National Disability Act 715 to its weakness. Asante and Sasu (2015) argued that Act 715 in its current state had no provision for children and women with disabilities. Additionally, they stated that the right to vote, which is a fundamental right of persons with disabilities to participate in governance and decision-making at all levels, was not captured in the Act. Concomitantly, this study also revealed that issues on the employment of persons with disabilities in the Act 715 were focused on formal employment. The only provision for employment in the informal sector was the mention of the establishment of rehabilitation centres in the regional capital (Republic of Ghana, 2006). The law was silent on the skills development and inclusion of persons with disabilities in livelihood. According to Naami et al.’s (2012) study on the employment of women with physical disabilities in Ghana, economic opportunities for women with physical disabilities are limited because of slow commitment by the state in setting up institutions and structures to implement policies that remove barriers for women with physical disabilities in employment.

Perhaps the government’s failure to establish institutions and structures to enforce the implementation of Act 715 is due to the identified gaps and omissions observed. Although Act 715 was developed in 2006, to date the government has not developed the legislative instrument for its implementation. This ill-fated situation continuously limits the livelihood development and participation of women with VI. As a result, women with VI suffer discrimination, exclusion and stigma in their livelihood development and participation because gaps in policy implementation are obstructing the correction of obsolete socio-cultural practices that block the livelihood development and participation of women with VI.

8.2.3 Proposition 3

Negative societal attitudes and misconceptions about blindness compound the burdens of women with VI in livelihood

The biblical book of John 9:2 says, “And his disciples asked him, saying, Rabbi, who sinned, this man or his parents, that he was born blind?”(The New Living Translation Version, 2004)

I use this verse in the Bible to substantiate the experiences of the women with VI in Ghana. There are myths and misconceptions about blindness that informed the way society perceived persons with VI in Ghana. Although the verse primarily depicts the Christian concept of the origin of disability being sin, it bears striking similarities to the cultural situation of most Ghanaian cultures which also attribute a spiritual cause for any ailment that seemingly does not have a physical or mundane cure (Grischow et al., 2018). This quotation from the Bible reflects the notion of some people linking disability to a punishment for wrongdoing.

As such, blindness is seen in Ghanaian society as a manifestation of the consequence of sin, an attack from an evil spirit under a wicked or envious individual or even witchcraft and its attendant mystical forces (Mfoafo-M’Carthy et al., 2020). Such negative connotations attached to blindness, both Christian and traditional/cultural alike, align women with VI to uncleanness and bad fortune. These misconceptions regrettably contribute to shaping and informing the way society perceives persons with VI in Ghana.

Even though Christianity and traditional beliefs have evolved, there are perceptions and practices which still inform societal negative attitudes towards persons with VI. For example, the perception that blindness is sinful, an abomination, and unclean has contributed to people not buying cooked food from women with VI (see chapter 5). Additionally, the traditional and religious belief of giving to poor and disadvantaged people in society places women with VI at the receiving end in society. This has also downplayed the women’s dignity. According to Warner and Kılınç (2016), the church and other religions offer support to persons with disabilities with “positive emotions” (p. 2). However, they argued that the intension of giving by most religious persons is to obtain self-reward and good standing with God rather than offering true help to elevate persons with disabilities from poverty.

Consequently, the act of giving as demonstrated by religious and traditional faiths is contributing to making persons with disabilities dependent on alms. There are persons with disabilities who beg in the streets of Accra. As put forward by Mfoafo-M'Carthy et al. (2020) and Opoku et al. (2019), persons with disabilities in Ghana, especially women, consider begging as a livelihood and source of obtaining income. Opoku et al. (2019) reiterated that some persons with disabilities claim they earn more money through begging.

As much as this current study aligned with earlier studies on traditional and religious practices that influence societal negative attitudes towards persons with disabilities, it departed from the view that giving alms makes persons with disabilities dependent on begging for livelihood. This current study established that charity and alms provided by the church enabled women with VI to save and set up their own livelihood activities. To some extent, some of the women used the church as a platform to promote the sale of their items (see chapter 6). The women with VI were motivated to engage in livelihood perhaps because they viewed the gifts from the church as a temporary and insufficient means to sustain themselves and their families. Perhaps the women viewed begging as a non-dignifying job. As a result, none of the women in the current study reported that begging was a source of livelihood for them. The women were more concerned with the negative attitudes of society against them in the marketplaces and retail shops.

Ghana is a religious country, with over 71% of the population being Christians, 15% being Muslims, and 14% being of traditional and other religions (Ghana Statistical Service, 2012). Presumably, the same religious people who show sympathy to persons with disabilities are the same religious people they interact with at the marketplaces and retail shops. What is not clear is whether religious people demonstrate different attitudes towards women with VI in the church and outside the church or they only show empathy to persons with disabilities who are members of their church but discriminate against persons with disabilities who are not members of their church.

The negative attitudes of society against women with VI in livelihood brings into question the extent to which society is committed to including women with VI in the livelihood process. Admittedly, the role of tradition and church in shaping societal attitudes becomes more complex when it comes to the inclusion of women with VI in livelihood.

This study showed that the women with VI encountered discrimination and negative public attitudes against them in their day-to-day activities. However, the church always provided a welcoming environment for the women with VI. As recounted by the women, negative societal attitudes were pervasive during their travels, especially on public transports or at the marketplaces and shops where they carried out their livelihood activities. Moreover, the women experienced negative attitudes and discrimination against them from officials who were in charge of resource allocations and social protection interventions in the districts. All of these negative attitudes and discriminatory malpractices limited the inclusive participation of the women with VI in the livelihoods process. This finding confirms Jerry et al.'s (2015) findings on the stigma experience by deaf women traders in the market in Nigeria.

According to Grischow et al. (2018), negative societal attitudes and discrimination against persons with disabilities marginalise and limit their experience in social, economic and political spheres of life. The misconception about blindness being contagious caused the women with VI to experience stigma while travelling to conduct their day-to-day business transactions. The women, however, did not allow the stigma and stereotypes they faced to discourage them from carrying out their livelihood activities. To minimise the effects of such stigma, such as name calling and derogatory remarks such as “le hu je a yaa” (meaning ‘this person too, where is she going?’), they adopted strategies to cope with the situation but this increased their cost of doing business. For example, some of the women shared their experiences about how people failed to sit close to them in public transport (see 6.4.4). To avoid such embarrassments, they mostly travelled with taxis which take fewer passengers but at a higher cost compared to the public transport. The women also preferred travelling with sighted guides to minimise their need to seek help from the general public who stigmatised them. Some of them also relied on the supply of goods to their homes by sale agents. These practical strategies employed by the women with VI to overcome the stigma and discrimination demonstrated their desire and commitment to engage in livelihood at all costs and lead dignified lives.

As noted by Bell and Mino (2015), persons with VI incur higher costs in carrying out business transactions than their sighted counterparts. The extra cost of doing business affected the women with VI's operational capital and limited their profit margins. As a result, the women operate with small capital and found it difficult to access credit from financial institutions to expand their

business because they could not meet the requirements for obtaining credit or the cost of the interest rate.

Closely linked to the stigma related to some people not sitting close to the women in vehicles is the negative attitudes of some customers in the market. People used fake currency to purchase items from the women with VI and asked for incorrect change because “they do not fear God” (6.4.4). Other customers stole the women’s items from the shelves or warehouses. Sometimes, the women experienced pilfering and discrimination directly from the suppliers. In a similar fashion, the women recounted negative attitudes against them from their sighted colleagues at the market. Some used derogatory names such as “hengme yulo sito” (meaning ‘the blind woman’s shop’) to refer to them. Although use of derogatory language against persons with disabilities is forbidden in the National Disability Act 715 Section 16, women with VI experienced this on a daily basis because the law was not being implemented.

As noted by Grischow et al. (2018) and Ocran (2019), persons with disabilities suffer stigma mostly from people such as officers, friends, and family members, who are supposed to protect their rights. In a study by Maritz and Laferriere (2016) in Australia, with some evidence from the United States, United Kingdom, other European countries, and South Korea, it was observed that although more women with disabilities are engaged in their own businesses, they face unfair discrimination from customers, suppliers and their fellow entrepreneurs. This unfortunate situation hinders their livelihood participation. Concomitantly, the women with VI in the current study reiterated that customers and supplier sometimes cheated them because of their impairments. They experienced pilfering and theft by both their customers and suppliers. Even more worrying was how their sighted colleagues turned away customers from the women’s shops. This situation, according to the women, made them more vulnerable. If state officials also joined in the chorus of discrimination by limiting resources such as the DACF and market space setup, which boost the economic activities of the women, then the women’s struggle in livelihood participation is particularly hard. As noted by the women, the negative attitudes of the state officials towards them were perpetuated openly and they felt powerless to seek redress (6.4.3). They rather blamed the negative attitudes on social, cultural and political powers and influences that disadvantaged them as women with VI in society.

In line with the feelings of the women with VI in this study, several findings of studies done in Ghana and other African countries (Ocran, 2019; Rohwerder, 2018; Aley, 2016) also established that social, cultural and religious beliefs and misconceptions about blindness are contributing factors to stigma, stereotypes and discriminatory attitudes which persons with disabilities face in carrying out their day-to-day livelihood activities.

Even worse was the stigma attached to women with VI who sold food items. For example, livelihood activities such as operating a local restaurant and food joints were out of the question for women with VI. Some of them recounted instances where even friends had visited them at home but failed to eat the food they had prepared for them. This particular stigma, according to the women, really upset and demoralised them. Could it be that because they could not see, they could not prepare a wholesome and hygienic meal? Or could it be because people believed that blindness is contagious and could be spread by eating meals prepared by blind persons? These questions, although not answered, uncovered the fact that persons with different disabilities experience specific stigma and discriminatory acts that are specific to their different types of impairment (Rohwerder, 2018).

Bravely, one of the women in the current study broke ground in her livelihood by overcoming the stigma attached to selling cooked food through self-advocacy. This study proved that although incorrect perceptions and beliefs about women with VI are deeply rooted in socio-cultural and religious beliefs and may often be difficult to overturn, there can be change in public attitude over time. This can be done through self-confidence and capacity building of the women to take up advocacy and awareness-raising roles themselves. As put forward by Ocran (2019), when women with VI are knowledgeable in policies and laws that protect their rights, they are able to educate the general public against discrimination and take punitive actions against people who discriminate against them.

In summary, just like the people asked about the cause of blindness in John 9:2, the misbeliefs and perceptions of society about blindness limited the women with VI's livelihood participation. This notwithstanding, the women with VI, realising the social and biblical expectations that everyone should feed from his/her work (The New Living Translation Version, 2004, 2 Thessalonians 3:10), tried to work hard to navigate their livelihood path amidst the socio-cultural misconceptions. Thus,

when the women with VI struggled through all these negative societal attitudes to engage in livelihood, they were able to earn a regular income and thus improve their social status.

8.2.4 Proposition 4

Women with VI's livelihood path is clouded, yet when they engage in livelihood activities and earn a regular income, their social status is enhanced and they serve as peer educators and mentors to other women with VI

A story from Dede (See 7.2.2.1), one of the women with VI, expressing her social status before and after she engaged in livelihood activities. Dede was not respected when she was dependent on her family but respected when she was providing for her family and others in the community. Her views were well respected in the community and she was now fully integrated into the community, participating in community activities and decision-making.

It is apparent that with economic empowerment, the stigma and negative social focus about her VI were relegated to the background, and the focus was now on her role and status as a contributing member of the society. Her recognition went beyond her family and disability community to the entire community. This revelation suggests that the livelihood development and participation of women with VI is necessary not only for the women but also for their families and the entire social collective. Evidently, the women's participation in livelihood activities changed their life stories from dependent lives to independent lives. Their participation in livelihood activities earned them dignity and respect to the extent that they were now involved in decision-making at all levels in their communities.

In Ghana, economic freedom is tied in with disability rights (Opoku et al., 2019). When the women with VI were not engaged in livelihood activities, their right to basic necessities such as food was taken from them, but as soon as they gained economic empowerment, their rights were restored (see 7.2).

Kallio (2019), in a similar study on improving the income-generating activities of persons with disabilities in Sierra Leone, argued that persons with disabilities with a stable income and expenditure are able to feed themselves and their families. They are also able to accumulate assets

and participate in social and political life, which eventually grants them community recognition and respect.

In the current study, the women who had previously been rejected by their families when they were not working, suddenly gained recognition and respect because of the change in their economic status. They were able to take up leadership positions in their families and other social and religious groups. Thus, the women were able to suddenly overcome the shackles of poverty and political limitations of the society because of their new economic status. Some of the women were even able to provide financial assistance to other women with VI to also engage in livelihood activities (see 7.2.2.2).

Although there is limited research on the direct benefits derived from persons with disabilities in livelihood in Ghana, studies from other African countries mention peer training as one of the direct benefits. In a study conducted by Norris (2017) in Kenya and Malawi, he advocates peer training as one of the most effective way of increasing knowledge and skills for persons with disabilities. Norris (2017) argued that peer training allows persons with disabilities to learn at their own pace and relate to issues within their own confines and uniqueness. In this study, the women with VI who had skills and engaged in livelihood activities shared their knowledge and skills with their fellow women with VI (see 7.2.2).

By transferring skills and knowledge to their colleagues, the women were contributing towards the economic development of individuals and society as a whole. The women's skills in training and mentoring were an amazing resource that could be explored and utilised by service providers. Because they had knowledge and experience in disability and livelihood, their unique skills when utilised would improve the livelihood development services for other women with VI. Furthermore, their skills in peer support and tutoring after training programmes would contribute to increasing the confidence and skills among women who are newly blind and require counselling and encouragement to come to terms with their new situation.

Although there is limited research on training and peer support of persons with disabilities in Ghana, previous studies (Cmar, 2015; Bell & Mino, 2015; Duquettee & Barill, 2013) confirmed that peer training is very useful in skills provision for persons with disabilities. Additionally, a study by RTC:Rural (2011) on peer support in centres for independent living in the United States

advocates for peer support and mentoring as a powerful tool in bridging the knowledge gap for persons with disabilities. The peer support offered by the women with VI in this study went beyond sharing intimate knowledge and assets to support each other to form and nurture each other's potential. This peer support and mentorship provided by the women helped in building a communal spirit to present a unified voice in the community using the GBU space. Obviously, the women with VI were able to minimise the social isolation and stigma which confronted them during the struggle stage of their livelihood journey (see 7.2). Furthermore, the women's coming together to share experiences and challenges regularly helped them to build their strengths and confidence in their struggles through skills acquisition and other livelihood participation challenges that confronted them. They were able to reduce their psychological and emotional stress faster when they shared their experiences and coping strategies with each other, especially with their newly blind colleagues. What is not clear in this study is whether the women were also able to look out for newly blind colleagues in the community as part of their social and collective responsibility.

One of the challenges of the women with VI found in this study was a delay in accessing blindness-related services such as counselling and O&M services. The delay in the provision of these services aggravated their trauma and agony in the struggle stage. Consequently, they remained in the struggle stage for years and delayed in the decision to take up livelihood activities. Despite this, this study has uncovered the potentiality of the women in skills, their never-dying spirit of unity, and their willpower which could be harnessed to improve inclusive livelihood development for women with VI by practitioners and policy makers in Ghana. Although it is obvious from this study that the livelihood path for women with VI is not straight forward, and clouded with challenges including social isolation, rejection and neglect, and exclusion by service design and implementation, they are able to engage in livelihood to contribute to society. What has been left out is how service provision could be reviewed to remove the challenges from the livelihood path of women with VI. The table 8.1 below depicts propositions that respond to the research questions.

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Table 8.1 Themes and their related propositions that respond to the research questions

<p>RQ: What are the existing livelihood skills development strategies of women with vision impairments in Ghana?</p>
<p>Theme: <i>Our cloudy path: Engaging in livelihood</i> 1: Services that enable women with VI’s livelihood are available, yet they gamble with skills acquisition because of the nature of service provision.</p>
<p>RQ Why are livelihoods development strategies of women with vision impairments enabling or hindering their self-employment and economic empowerment</p>
<p>Theme: <i>We are deprived because we are blind</i> 2: The non-implementation of policies and social protection programmes hinder women with VI’s livelihood development 3: Negative societal attitudes and misconceptions about blindness compound the burdens of women with VI in livelihood</p>
<p>RQ: What opportunities for self-employment do women with vision impairments access (or not)</p>
<p>Theme: <i>Transitioning from zero to hero</i> 4: Women with VI’s livelihood path is clouded, yet when they engage in livelihood activities and earn a regular income, their social status is enhanced and they serve as peer educators and mentors to other women with VI.</p>

In the next section, I discuss a proposed inclusive livelihood development framework that will serve as a guideline for service providers, policy makers and practitioners based on the findings of the current study. Figure 8.2 below shows an inclusive livelihood development framework.

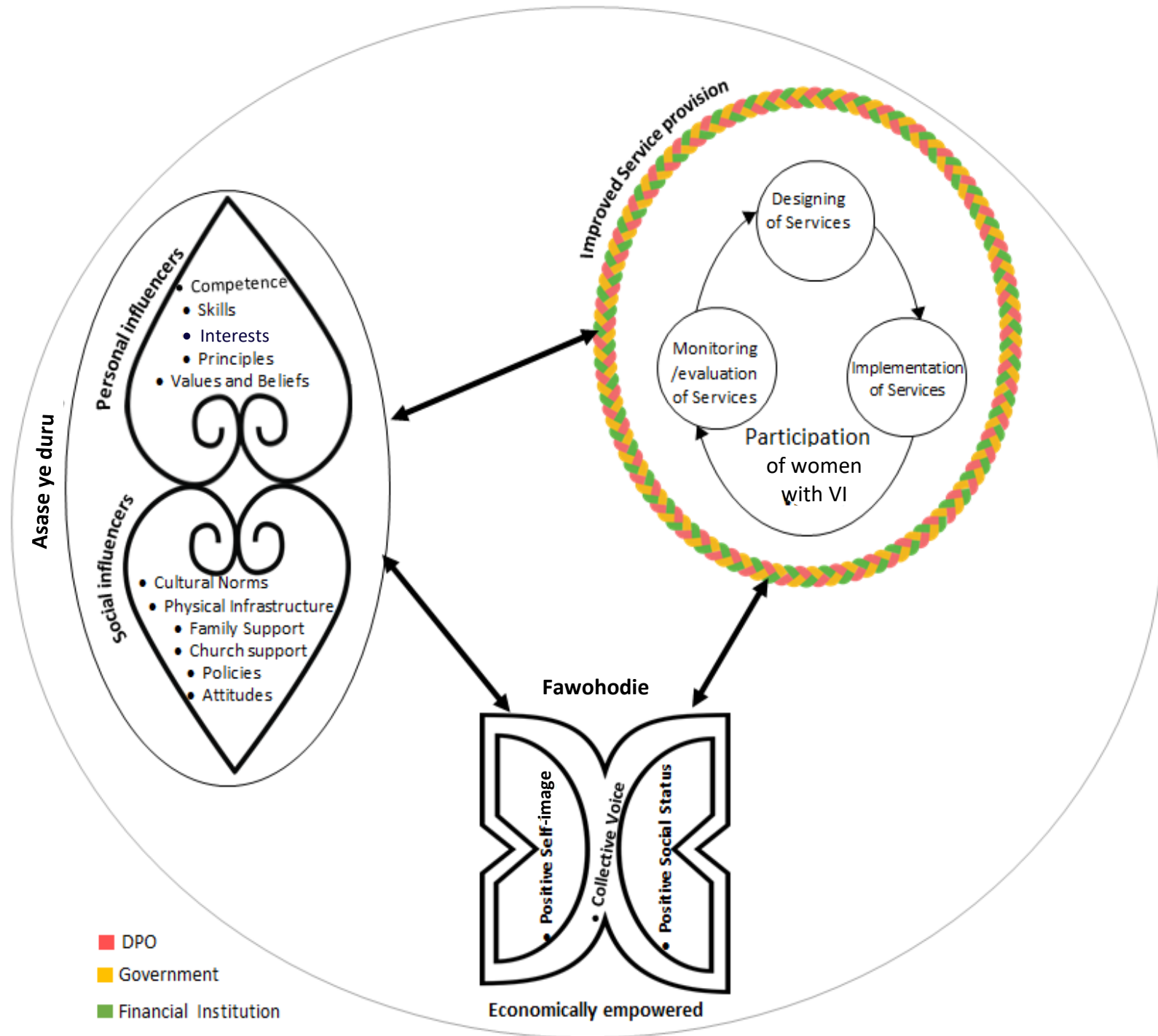


Figure 8.2 Inclusive Livelihood Development framework
 Source: Developed by Agbetor, 2020

8.3 Section two: Inclusive livelihood development framework

The inclusive livelihood development framework I propose is modelled on the ideology of inclusive development which is rooted in social justice. Inclusive development sees the equal participation of vulnerable people in development as a fundamental human right and social demand that will necessitate a holistic development for all in society (Pouw & Gupta, 2017). Leaning on this ideology, the findings of this study identified a gap in livelihood development service provision for women with VI. In order to bridge this gap, there is an urgent need to relook at livelihood development that embraces the knowledge and ideas of key stakeholders. In line with this, it is crucial to employ an inclusive livelihood development approach that sees the participation of women with VI as a fundamental human right and essential to socio-economic justice. Tackling livelihood development inclusively and on the principle of rights will change livelihood development practice and increase access to livelihood participation for women with VI in Ghana.

In figure 8.2 above, there is a big circle labelled ‘inclusive livelihood development’ that contains an inner circle on the top right side, an oval-shaped figure on the left side, and a butterfly-shaped figure at the bottom. All three shapes are connected by arrows. The circle labelled ‘improved service provision’ on the top right side contains three connected circles labelled ‘designing of services’, ‘implementation of services’ and ‘monitoring/evaluation’ of service’ and the text ‘participation of women with VI’ inside the three connected circles. The oval-shaped figure on the left side contains a symbol with two parts, namely, ‘personal influencers’ and ‘social influencers’. The butterfly-shaped figure, labelled ‘economically empowered’, also contains three sections labelled ‘positive self-image’, ‘collective voice’, and ‘positive social status’. Next, I discuss improved service provision.

8.3.1 Improved service provision

Improved service provision involves complementary service delivery is represented by the circle with three intertwined ropes and the inner revolving circle that depicts the participation of women with VI in the designing, implementation, monitoring and evaluation of services. The three intertwined ropes represent the three service providers: the GBU, the government (GOV A) and the financial institution (RBank). GBU is represented by red while GOV A is represented by gold and RBank by green. Colours are visual presentations of art that signify people’s “culture,

ethnicity, ideology and emotions”(Kwakye-Opong, 2014, p. 113). In Ghana, the colours red, gold and green used in the national flag have meanings that are traceable to the history of Ghanaians. Red represents the blood shed by the Ghanaian great warriors who fought for the independence of the country, gold represents the “mineral wealth” of the country, and green represents the country’s rich forest. For the purposes of this study, red is used for GBU. It represents the fire, energy and power that GBU needs to ignite other service providers to render inclusive services to women with VI. Green is used for RBank which provides financial services to the women and, for the purposes of this study, represents money, growth, fruitfulness and healing power for the stability and endurance of the livelihood activities of women with VI. Gold is glamorous and sparkling, and it is used for the government to signify the unflinching role expected of the government in livelihood provision for women with VI.

The inner circle proposes a service provision that promotes the participation of women with VI in the designing, implementation, monitoring and evaluation of livelihood services and programmes. By doing so, the unique needs of women with VI will be included in the livelihood service provision, and consequently, there will be provision for the specific materials and communication and physical infrastructural needs of women with VI in livelihood development services and programmes. Improved service delivery will, in turn, influence personal and social factors as demonstrated by the arrows. For example, when women with VI with competent skills are included in the implementation of livelihood development services and programmes, they will not only serve as trainers but also as inspirers and mentors to other women with VI.

When women with VI are included in the monitoring and evaluation of livelihood programmes and services, they are able to identify gaps in service implementation and advocate for redress which will inform policy decisions and other social factors that will, in turn, improve livelihood development service delivery for women with VI. As a result, women with VI will gain a positive social status and collective voice to participate in stakeholder discourse on livelihood development practice. As demonstrated in the figure, the economic empowerment symbol influences service provision as well as social and personal factors. Likewise, the service provision and social and personal factors also influence economic empowerment.

8.3.2 Embracing social factors and personal factors

According to Robeyns' (2006) extension of the Capability Approach (CA), people's ability (capability) to achieve what they want, such as livelihood activities (functioning), is influenced by a) social factors, such as "public policies, social norms, discriminatory practices, gender roles, power relations", and b) personal factors, such as "physical condition, skills, intelligence, [and] interest" (Robeyns, 2006, p. 99). Using the CA as a lens in the data collection and analysis, social and personal factors that influenced the livelihood development and participation of the women with VI were presented in chapter 6. Based on the findings of this study, the inclusive livelihood development framework proposed included the enhancement of social factors such as policies and legislations that protect women with VI's right to employment, modification of cultural norms, physical infrastructure, promotion of family support, church support, networking and all relevant support systems that facilitate their livelihood development. Additionally, personal factors such as the skills and competencies, interests, beliefs, and values of women with VI should be strengthened to enhance their livelihood participation.

The social and personal factors are presented in a Ghanaian "adikra" symbol, called "Asase ye duru" in the Akan language, meaning 'the earth has weight'. This traditional symbol signifies the importance of earth to the sustainability of human life (Adom, Opoku, Newton, & Yeboah, 2018). The earth supports the growth of plants and animals, and provides all the nutrients and nourishment that is needed for survival. In the current study, the "Asase ye duru" symbol contains the social and personal factors to signify the importance of these factors in promoting and sustaining the livelihood activities of women with VI. Policies, cultural practices, societal attitudes, and personal competence, among others, are critical to inclusive livelihood development practice. When service provision improves, in addition to enhanced social and personal factors, women with VI will engage in more competitive and stable livelihood activities to earn a regular income. As a result, they will be economically empowered.

8.3.3 Becoming economically empowered

The economically empowered symbol is represented by the traditional Ghanaian adikro symbol, called "Fawohodie" in the Akan language, meaning 'independence'. This symbol in the Ghanaian

tradition signifies the freedom and emancipation from oppression. The current study applies this symbol to typify the economic independence and emancipation of women with VI in society. Economic freedom is attained when women with VI engage in livelihood and earn a regular income to support themselves and their families. As demonstrated in this study, when women with VI are liberated or emancipated from their livelihood development challenges and oppressors, they are recognised by their families and the entire society. As a result, they gain positive self-image and social status. Consequently, women with VI gain a collective voice and participate in stakeholder discourse to influence decisions that affect social and personal factors as well as service provision.

8.4 Conclusion

In this chapter, I have described a conceptualisation of the inclusive livelihood development and participation of women with VI in Ghana. I have shown how the non-involvement of women with VI in livelihood development programmes limits their livelihood participation in the competitive business world. I also emphasised how socio-cultural and religious misconceptions and beliefs construct stigma and inform discrimination, rejection and barriers suffered by women with VI in livelihood. I discussed how livelihood participation enabled women with VI to gain positive self-image and social status, and how the non-implementation of laws and non-collaborative services of institutions limit the livelihood development of women with VI in Ghana. I also discussed a proposed inclusive livelihood development framework that will serve as a guide for both policy makers and practitioners in the field of livelihood development. Next, I turn to the final chapter of the thesis, which presents the contributions of this study to policy and practice, the limitations of the study, and the recommendations for further research. I have also included my final reflections on the livelihood participation experience of the women in this study in the form of a poem, titled “From Zero to Hero”, which I constructed from the women’s livelihood journey.

CHAPTER 9: IMPLICATIONS – ON THE ROAD FOR CHANGE: INCLUSIVE LIVELIHOOD DEVELOPMENT

*“A bend in the road is not the end of the road. unless you fail to make the turn.”
(Helen Keller)*

9.1 Introduction

Helen Keller’s inspiration for change as a woman with deaf-blindness cannot be overlooked in seeking an inclusive livelihood development practice that is empowering and places women with VI at the centre. Among the general concerns raised by this study is the generic approach to service delivery which excludes the unique needs of women with VI. Additionally, much concern was also raised about the socio-cultural practices, policy gaps, and inaccessible physical and market environments that impeded the livelihood participation of the women with VI. Undoubtedly, this study established that although the women’s livelihood path was cloudy (see 5.2), a number of them who remained resilient and determined to participate in livelihood gained economic empowerment. This implies that livelihood participation is the surest means to economic empowerment for women with VI in Ghana. To this end, there is a need to “make a turn” off the cloudy livelihood path onto an inclusive livelihood path (the desire change). In this chapter, I discuss lessons drawn from the proposed inclusive livelihood development framework presented in Chapter 8 (see 8.3) to draw implications of the findings of the current study on practices and policy that will promote inclusive livelihood development. I then describe the limitations of the study and give recommendations for future research. I end with a conclusion of the whole study and my final reflections on the livelihood journey of women with VI in Ghana.

9.2 Implications for practice

As established by this study and proposed in the inclusive livelihood development framework, women with VI’s livelihood development pivots on service provision and social and personal factors (see 8.3). Based on these three pillars, I propose the following recommendations for livelihood development practice.

9.2.1 Implications for service providers

- Service provision in livelihood development for women with VI should be a collaborative effort of the government, the DPOs, financial institutions, and all relevant practitioners

whose role contributes to the inclusion of women with VI in livelihood. As demonstrated in figure 8.1, although service providers may be masters in their field of service delivery, women with VI are masters of their own livelihood development. As a result, a consultative and inclusive approach that ensures the needs of women with VI are captured in the designing, implementation, monitoring and evaluation of livelihood development programmes will enhance the livelihood participation of women with VI.

- In order to harmonise service provision for women with VI in livelihood, there should be a developed training manual modelled on universal design which takes into account the unique needs of women with VI. This will ensure inclusivity.
- To ensure that women with VI are included in service delivery, state institutions responsible for the national monitoring of small/medium scale enterprises should domesticate national performance indicators, for example, SDG indicators to capture disaggregated data on disability and gender specific livelihood development services and the performance of women with VI. This will not only exhibit statistics on livelihood performance of women with VI but also showcase information on service provision for women with VI by the service providers. It will also create public awareness of service provision for women with VI.
- By doing this, service providers could self-evaluate their performance in the area of livelihood development implementation for women with VI. The availability of disaggregated data will serve as an advocacy tool for DPOs to engage service providers and government for better and inclusive livelihood development services.
- Service providers should attend awareness and training programmes at DPOs to enhance their knowledge on disability issues

9.2.2 Implications for GBU

- The GBU has a mandate to engage state institutions and the general public about and advocate for disability and the right of women with VI to participate in livelihood. In line with this, GBU needs to build its capacity to effectively carry out its mandate. It should create greater awareness by educating the general public about disability, employment and other human rights policies through diverse means such as media, network meetings, and national and international events such as International Disability Day. The public

awareness programmes will correct social and cultural practices that limit the livelihood participation of women with VI.

- The GBU should sensitise and train service providers on disability inclusive and universal design service delivery. This would help to shape perceptions of society and ensure that service providers are knowledgeable about the needs of women with VI and incorporate their needs into livelihood development strategies.
- GBU should also form alliances with other disability organisations to monitor service providers' compliance with disability policies in service delivery. It should also liaise with non-governmental legal networks such as International Federation of Women Lawyers (FIDA) and the Network for Women's Rights in Ghana (NETRIGHT) to create a legal space for women with VI to report the discriminatory and abusive conduct of officers and individuals who discriminate against them. In doing this, women with VI will feel empowered and confident to report cases of abuse at all levels against them.
- GBU should collaborate with the church and other relevant institutions to identify women with VI timely for livelihood services. Thus, there should be a system in place to facilitate the referral of newly blind women who visit churches to GBU services.

9.2.3 Implications for women with VI

- Women with VI should be given opportunities to enhance their knowledge on disability, employment and other human rights policies, and take up the role to educate people in the communities (families, churches, social groups) to correct negative perceptions and attitudes towards them in society.
- Women with VI should take a keen interest in sensitising service providers on their livelihood development needs. They should constantly demand their inclusion in livelihood opportunities offered by both state and private institutions. They should make their voices heard by ensuring their representation in the designing, implementation, and monitoring and evaluation of livelihood development strategies at all levels. Failure to take control of their livelihood development process and demand their right to inclusion in the implementation of livelihood development strategies will lead to their continual neglect and exclusion from livelihood development opportunities and consequently limit their participation in livelihood.

- Women with VI should enhance their capacity to serve as peer counsellors and peer trainers. This will ensure that livelihood development programmes are delivered based on impairment specific methodologies.

9.3 Implications for policy

The implementation of disability and employment policies in addition to social protection programmes is critical to the realisation of economic freedom for women with VI. I propose the following policy recommendations in relation to the implementation of the UNCRPD (UN, 2006), National Disability Act 715 (Republic of Ghana, 2006), Ghana Labour Act 2003 (Republic of Ghana, 2003), Sustainable Development Goals (UNDP, 2015), and the social intervention (Republic of Ghana, 2009).

- Government agencies responsible for the enforcement of disability and employment policies should institute practical measures that will compel all state and private service providers of livelihood development strategies to include the unique needs of women with VI into their livelihood development policies, operational guidelines and implementation designs to mandate the inclusion of women with VI in their service delivery.
- With regards to the implementation of social interventions and thus the 2% common fund for persons with disabilities, government should institute systems to enforce the timely release of the fund by the District Assemblies.
- A monitoring system should be put in place to ensure that officers and authorities in charge of disbursing the fund adhere to the implementation guidelines of the fund and eliminate bottlenecks to facilitate the livelihood participation of women with VI.

9.4 Recommendations for future research

Because this study was limited to women with VI in a district on the coastal belt of Ghana, I recommend that similar studies be focused on districts in the savanna and forest belts for theoretical generalisation. Additionally, as the opinions of women with VI in this study represent women with VI in livelihood, studies on women with VI without livelihoods could supplement the findings of this study. Further, mapping of the level of living and engagement in livelihood could

also contribute to awareness building and evidence needed for advocacy. Moreover, studies on livelihood development of women with VI that involves policy makers could also supplement the findings of this study. Moreover, because this study focused on women with VI, future studies on men with VI could supplement the findings of this study by providing insight into gender perceptions on livelihood development for persons with VI.

9.5 Limitations of the study

- I recognise the fact that there are some weaknesses to this study. To begin, this study was a case study that focused on selected women with VI in one district located on the coastal belt. This limits the claim of generalisation. Nevertheless, although the study examined the opinions only of the women with VI who participated, it has the potential to contribute to the scarce literature on women with VI's livelihood development experience in the African context. Additionally, with the focus of this study being on women with VI (one disability group), this study contributes to disability specific literature on livelihood development that provides an alternative narrative to women with disabilities as a generic group.
- Another limitation in this study was the conducting of interviews and FGDs in Dangme and then transcribing into English, as there may be loss of some information in the transcription process.
- Only women with VI engaged in livelihood activities participated in this study, and this study focused on women with VI and service providers without input from policy makers. Based on the limitations, future research could address some of the weaknesses in the areas as mentioned below.

9.6 Conclusion

The idea for this study came from the daily questions that confront me as an advocate for and a worker with persons with VI on how to equalise livelihood development opportunities for women with VI to gain a stable and sustainable livelihood. Although several studies had been carried out on the employment experiences of women with disabilities, research on this topic has been limited, especially in the African context. This study adds significant knowledge to the understanding of

the livelihood development experiences of women with VI in the African context. The involvement of women with VI and service providers to talk about livelihood development created a space for the women with VI to tell their untold stories and contribute to the prevailing discourse on livelihood development practice. The service providers, on the other hand, had an opportunity to self-evaluate their service delivery to women with VI.

The livelihood development journey of women with VI in this study presented as a cloudy path with limited opportunities for the women. Factors limiting the opportunities for the women included service design and implementation, socio-cultural practices and societal attitudes as well as the non-implementation of policies that protect the right of women with VI to participate in livelihood. However, with resilience, the women with VI who engaged in livelihood were able to change their self-identity and social status through economic empowerment. To this end, the call for a change in service delivery, socio-cultural practices, societal attitudes, and the enforcement of policy implementation will equalise livelihood development opportunities for woman with VI. I end with my final reflections on the livelihood participation journey of the women in a poem titled “From Zero to Hero”, which I wrote after writing the final chapter of this thesis.

Poem

From Zero to Hero

*The day starts early at dawn before the sun rises
High into the sky to unleash its sizzling rays of heat.
Actually, the light from the sun does not really matter to us
As we find our way with a panoply of skills
Which are hedged with memory, feeling, touch, sound, smell and instinct.*

*Without sight, we prepare to navigate our livelihood pathway
Through the daily trials of societal rejection, discrimination, poverty, exclusion and despair.
We struggled, ascending and descending in the quest for livelihood development
Over the rugged social terrain groping in the darkness of uncertainty,
Dependence and self-pity for a future which does not seem to exist for us
A real struggle between life and death*

*Suddenly! In the darkness, there is a light
That grows gradually into a beacon of hope.
A hand offers skills and opportunities.
With a lift of spirits, relief, determination and gratitude, we seize it
With eagerness and readiness.*

*Indeed, this reflects our undaunted spirit and the desire to succeed
Whatever the odds.*

*Finally, we shrug off the garments of dependence and despair.
With newly acquired confidence and determination,
We take on the challenges of livelihoods.
And we are not only economically empowered*

but also socially included.

*With diligence and effort,
we slide up the ladder from zero to hero
and find our places in society.*

We are the resilient Ghanaian women with vision impairments!

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APPENDICES

Appendix 1: Ethical clearance from the University of Cape Town



UNIVERSITY OF CAPE TOWN
Faculty of Health
Sciences Human
Research Ethics
Committee



Room E53-46
Old Main Building Groote Schuur
Hospital Observatory 7925
Telephone [021] 406 6626
Email: shuretta.thomas@uct.ac.za

Website: www.health.uct.ac.za/fhs/research/humanethics/forms

23 August 2018

HREC REF: 460/2018

Prof T Lorenzo

Health & Rehab F-floor, OMB

Dear Prof Lorenzo

PROJECT TITLE: LIVELIHOOD DEVELOPMENT IN THE INFORMAL SECTOR OF GHANA; THE EXPERIENCE OF WOMEN WITH VISUAL IMPAIRMENTS (PhD Candidate - Ms E. L. B. Agbetor)

Thank you for submitting your response to the Faculty of Health Sciences Human Research Ethics Committee.

It is a pleasure to inform you that the HREC has **formally approved** the above-mentioned study.

Approval is granted for one year until the 30 August 2019.

Please submit a progress form, using the standardised Annual Report Form if the study continues beyond the approval period. Please submit a Standard Closure form if the study is completed within the approval period.

(Forms can be found on our website: www.health.uct.ac.za/fhs/research/humanethics/forms)

Please quote the HREC REF in all your correspondence.

Please note that the ongoing ethical conduct of the study remains the responsibility of the principal investigator.

Please note that for all studies approved by the HREC, the principal investigator obtain appropriate institutional approval, where necessary, before the research may occur.

The HREC acknowledge that the student, Elizabeth Ladjer Bibi Agbettor will also be involved in this study.

Yours sincerely

Signature Removed

PROFESSOR M BLOCKMAN

CHAIRPERSON, FHS HUMAN RESEARCH ETHICS COMMITTEE

Federal Wide Assurance Number:
FWA00001637. Institutional Review Board
(IRB) number: IRB00001938

This serves to confirm that the University of Cape Town Human Research Committee complies to the Ethics Standards for Clinical Research with a new drug in patients, based on the Medical Research Council (MRC-SA), Food and Drug Administration (FDA-USA), International Convention on Harmonisation Good Clinical Practice (ICH GCP), South African Good Clinical Practice Guidelines (DOH 2006), based on the Association of the British Pharmaceutical Industry Guidelines (ABPI), and Declaration of Helsinki (2013) guidelines.

The Human Research Ethics Committee granting this approval is in compliance with the ICH Harmonised Tripartite Guidelines E6: Note for Guidance on Good Clinical Practice (CPMP/ICH/135/95) and FDA Code Federal Regulation Part 50, 56 and 312.

Appendix 2: Approval letter from Ghana Blind Union



GBU

GHANA BLIND UNION

Dignity And Progress

P.O. AC 496, Accra - Ghana

Tel: +233 (0) 55 844 4565

GA-050-1794

email: infoghanablind@gmail.com

30th October, 2018.

Elizabeth Ladjer Bibi Agbetteor
Department of Health and Rehabilitation Services
Faculty of Health Science
F45 Old-Main Building Groots Schuur Hospital
Observatory 7925
Tel: +27 (0) 21 650 5350

Dear Elizabeth,

RE: REQUEST FOR PERMISSION TO CONDUCT RESEARCH ON LIVELIHOOD DEVELOPMENT IN THE INFORMAL SECTOR OF GHANA: THE EXPERIENCE OF WOMEN WITH VISION IMPAIRMENTS.

With reference to your letter dated September 28, 2018, I wish to inform you that permission has been granted to you to conduct an academic research on LIVELIHOOD DEVELOPMENT IN THE INFORMAL SECTOR OF GHANA: THE EXPERIENCE OF WOMEN WITH VISION IMPAIRMENTS.

The Ghana Blind Union (GBU) is a not-for-profit, non-religious, non-partisan, nationwide non- governmental organisation. Our mission is to advocate the full inclusion of blind and partially sighted persons into all facet of society, through awareness raising, education and training. Employment forms a major service component of the organisation and this is mainly achieved through advocacy and training.

In view of this, the GBU unreservedly grant you permission to undertake this academic research. GBU will cooperate fully. Finally, we also grant permission for the researcher to use the name of the organization and make such references where appropriate without any legal implications.

Thank you for your interest in issues pertaining to livelihoods development of blind and partially sighted women in Ghana.

Yours sincerely

Signature Removed

Dr. Peter Obeng-Asamoah
(Executive Director)

Facebook Address: Ghana Blind Union - Info

Appendix 3: Information sheet for women with vision impairments

Information sheet

Participants – Women with vision impairments



UNIVERSITY OF CAPE TOWN

Faculty of Health Sciences

Department of Health and Rehabilitation

Science Divisions of Disability Studies

F45 Old Main Building, Groote Schuur

Hospital, Observatory 7925

Tel: +27 21 406 6401

March 7, 2018

Dear Madam,

My name is Elizabeth Ladjer Bibi Agbettor. I am a PhD student at the University of Cape Town and a staff of the Ghana Blind Union. I invite you to join my study and I would highly appreciate your contributions. The title of this study is “Livelihood development in the informal sector of Ghana: The experience of women with visual impairments”. I wish to state that I am a member of staff of the Ghana Blind Union but my role as a staff has no implication whatsoever on the study.

What is the reason for the study?

Unemployment rates are high for persons with disabilities in Ghana. Though a number of livelihood development strategies are being implemented, there is limited knowledge on how these strategies are creating opportunities for employment for persons with disabilities. This study is being conducted to explore how the livelihood development strategies are creating opportunities for livelihoods for women with visual impairments in the informal sector. The knowledge gained will be useful to the disability sector, persons with disabilities, the government and other Non-Governmental Organizations.

What is the reason for the study?

My name is Elizabeth Ladjer Bibi Agbettor. I am a PhD student at the University of Cape Town and also a staff of the Ghana Blind Union. I am conducting the study under the supervision of Prof Theresa Lorenzo in the Disability Studies Division, Department of Health and Rehabilitation Sciences, Health Faculty, University of Cape Town and Prof Lynn Cockburn in the Department of Occupational Science and Occupational Therapy, University of Toronto

Who is participating in the study?

Women with visual impairments aged 18 to 60 years who have participated in livelihood development programmes in the Ada East district from 2008 to 2018. National and district officers of GBU, [GOV A] and [RBank] who are directly involved in the implementation of livelihood development programmes.

Why have you been chosen for the study?

You have been chosen for this study because you have participated in livelihood development programmes and you have lived experience. Additionally, you have been chosen because you are a woman with visual impairment aged 18 to 60 years in the Ada East district. Your input will enable the researcher to make recommendations that will inform policy direction on implementation of livelihood programmes for persons with visual impairments in Ghana.

What are you expected to do in participating in this study?

You are invited to have 2 interview sessions with the researcher. The first session will be held with you alone. The second session which will take place a day after the first session will be a group discussion. With your permission, the researcher will take notes and the interviews will be recorded for the researcher to conduct an analysis. You will make a joint decision with the researcher, on the most accessible, private and comfortable area where the interviews will be conducted. Discussion will focus on your experience in livelihood. You are- encouraged to be honest in your response to the issue from the beginning to the end. You are kindly requested to respect the views of others during the group discussion. The researcher will return to you in two months after the data collection and analysis to engage with you and add to the interview or interpreted data of the study (Shenton, 2004, p. 68). The interview being conducted is not to victimize anyone but to contribute to

knowledge in the sector so please should feel free to express your opinions.

How much of your time will the study take?

The first session will be a duration of 45minutes to 50minutes. The second session will take between 60 minutes to 90 minutes. I will however, come back to you for additional 40 minutes or 1 hour to cross check the information given on a different day

Can you withdraw from the study?

Participation in this study is voluntary. You are not under any obligation to consent and if you consent, you can withdraw at any time. Your withdrawal will not affect your relationship with the researcher, GBU or the University of Cape Town, South Africa. You have the liberty to stop the interview at any time if you do not wish to continue. The audio recording will be erased and the information provided will not be included in the study.

Will anyone else know the results?

Everything about the research, including results, will be strictly confidential. Only the researchers and the research assistant in addition to the two supervisors will have access to your information. You will not be identified in the study by your name. Your information will be presented under a different name. A report of the study may be submitted for publication within a Disability Studies Journal, but no participant will be identified in such publication.

Will the study benefit me?

There is no monetary gain for participating in this study. However, you will receive one hundred and fifty Rands (R150.00) as a refund for your transport costs incurred as a result of travelling to the interview venue will be reimbursed by the researcher. Lunch and snacks will also be provided by the researcher. The findings of the study will be shared with you and you will gain a clear perspective on your personal experiences. Again, during group discussions, you will gain knowledge from your colleagues on how they run their businesses which will help you to improve in areas you need improvement.

Can I tell other people about the study?

You are free to discuss the study with your family or other persons you wish to talk to.

What if I require further information about the study or my involvement in it?

I am willing to discuss with you and provide any further information that you may require regarding the study. You are free to contact me at any time. You can also contact my supervisors on contact details given below.

What if I have a complaint or any concerns about your personal welfare?

If you have any concerns or complaints about the research study you can contact me, my supervisors or the chairperson of the ethical committee through the under listed, contact address

Thank you.

Signature Removed

Elizabeth L.B. Agbettor
Tel: +233244704266,
Email: lizbetty@gmail.com.

Supervisor

1. Prof. Theresa Lorenzo
Tel: +27 214066326
Email: theresa.lorenzo@uct.ac.za

2. Prof. Lynn Cockburn
[Tel:+14167120761](tel:+14167120761)
Email: l.cockburn@utoronto.ca

3. Chairperson,
Prof Marc Blockman
Tel: +27 214066496
Email: Marc.blockman@uct.ac.za

Appendix 4: Information sheet for service providers

Information sheet

Participants – Officers of GBU, GOV A & RBank



UNIVERSITY OF CAPE TOWN
Faculty of Health Sciences
Department of Health and Rehabilitation
Science Divisions of Disability Studies

F45 Old Main Building, Groote Schuur
Hospital, Observatory 7925
Tel: +27 21 406 6401

March 7, 2018

Dear Sir/ Madam,

My name is Elizabeth Ladjer Bibi Agbetor. I am a PhD student at the University of Cape Town and a staff of the Ghana Blind Union. I invite you to join my study and I would highly appreciate your contributions. The title of this study is “**Livelihood development in the informal sector of Ghana; The experience of women with visual impairments**”. I wish to state that I am a member of staff of the Ghana Blind Union but my role as a staff has no implication whatsoever on the study.

What is the reason for the study?

Unemployment rates are high for persons with disabilities in Ghana. Though a number of livelihood development strategies are being implemented, there is limited knowledge on how these strategies are creating opportunities for employment for persons with disabilities. This study is being conducted to explore how the livelihood development strategies are creating opportunities for livelihoods for women with visual impairments in the informal sector. The knowledge gained

will be useful to the disability sector, persons with disabilities, the government, financial institutions and other Non-Governmental Organizations

Who is carrying out the study?

I am conducting the study under the supervision of Prof Theresa Lorenzo in the Disability Studies Division of the Department of Health and Rehabilitation Sciences under the Health Faculty in the University of Cape Town and Prof Lynn Cockburn in the Department of Occupational Science and Occupational Therapy in the University of Toronto.

Who is participating in the study?

Women with visual impairments aged 18 to 60 years who have participated in livelihood development programmes in the Ada East district from 2008 to 2018. National and district officers of GBU, [GOV A] and [RBank] who are directly involved in the implementation of livelihood development programmes.

What is the study about?

The study is about livelihood development in the informal sector and the focus will be on how the existing strategies are enabling or hindering opportunities for self-employment and economic empowerment of women with visual impairments. This study is needed to expand knowledge on policy based implementation of livelihood programmes.

Why have you been chosen for the study?

Your organization and you have been chosen because you have the lived experiences in livelihood development implementation for persons with disabilities in Ghana. Additionally, you have been chosen because you are an officer that is part of the implementation of livelihood programmes for persons with disabilities. Your input will enable the researcher to make recommendations that will inform policy direction on implementation of livelihood programmes for persons with visual impairments in Ghana.

What are you expected to do in participating in this study?

You are invited to have 2 interview sessions with the researcher. The first sessions will be held with you alone. The second session which will take place a day after the first session will be a group discussion. With your permission, documents containing information on your interventions will be reviewed. Secret information will be kept secretly. The researcher will take note and the interviews will be recorded for the researcher to conduct her analysis. You will make a joint

decision with the researcher, on the most accessible, private and comfortable areas where the interviews will be conducted. Discussions will focus on your experiences in the implementation of livelihood programmes.

How much of your time will the study take?

The first session will be a duration of 45minutes to 50minutes. The second session will take between 60 minutes to 90 minutes. I will however, come back to you for additional minutes to cross check the information given if the need arises.

Can you withdraw from the study?

Participation in this study is voluntary. You are not under any obligation to consent and if you consent, you can withdraw at any time. Your withdrawal will not affect your relationship with the researcher, GBU or the University of Cape Town, South Africa. You have the liberty to stop the interview at any time if you do not wish to continue. The audio recording will be erased and the information provided will not be included in the study.

Will anyone else know the results?

Everything about the research, including results, will be strictly confidential. Only the researchers and the research assistant in addition to the two supervisors will have access to your information. You will not be identified in the study by your name. Your information will be presented under a different name. A report of the study may be submitted for publication within a Disability Studies Journal, but no participant will be identifying in such publication.

Will the study benefit me?

There is no monetary gain for participating in this study. However, an average of one hundred and fifty rands (R150) will be given as reimbursement for transportation cost to all participants who will be interviewed outside their homes or offices during personal and focus group interviews. Lunch and snacks will also be provided by the researcher to all who will participate in the interviews. The findings of the study will be shared with you and your organization in order to enhance your service delivery in livelihood programmes for persons with disabilities

Can I tell other people about the study?

You are free to discuss the study with your family or other persons you wish to talk to.

What if I require further information about the study or my involvement in it?

I am willing to discuss with you and provide any further information that you may require regarding the study. You are free to contact me at any time. You can also contact my supervisors on contact details given below.

What if I have a complaint or any concerns?

If you have any concerns or complaints about the research study you can contact me, my supervisors or the chairperson of the ethical committee through the under listed addresses

Thank you.

If you agree to participate in this study, please fill in the consent form on the following page.

Yours sincerely,

Signature Removed

Elizabeth L.B. Agbettor

Tel: +233244704266,

Email: lizbetty@gmail.com.

Supervisor

1. Prof. Theresa Lorenzo

Tel: +27 21 406 6326,

Email: theresa.lorenzo@uct.ac.za

2. Prof. Lynn Cockburn

Tel: [+14167120761](tel:+14167120761)

Email: l.cockburn@utoronto.ca

3. Chairperson,

Prof Marc Blockman

Tel: +27 214066496

Email: Marc.blockman@uct.ac.za

Appendix 5: Information sheet in braille for service providers who are vision impaired

APPENDIX 5: INFORMATION SHEET IN BRAILLE FOR SERVICE PROVIDERS WHO ARE VISION IMPAIRED

THE INFORMATION SHEET IS A GUIDE TO THE SERVICES PROVIDED BY THE NATIONAL DISABILITY SERVICES COMMISSION (NDSC) TO SERVICE PROVIDERS WHO ARE VISION IMPAIRED. THE INFORMATION SHEET IS A GUIDE TO THE SERVICES PROVIDED BY THE NDSC TO SERVICE PROVIDERS WHO ARE VISION IMPAIRED. THE INFORMATION SHEET IS A GUIDE TO THE SERVICES PROVIDED BY THE NDSC TO SERVICE PROVIDERS WHO ARE VISION IMPAIRED.

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הוא מציג את המידע בצורה ברורה וקלה להבנה, ומאפשר לנו להבין את המצב הכלכלי של החברה. המידע המוצג הוא מפורט ומאפשר לנו להבין את המצב הכלכלי של החברה.

ד"ר ג.

המידע המוצג הוא מפורט ומאפשר לנו להבין את המצב הכלכלי של החברה.

המידע המוצג הוא מפורט ומאפשר לנו להבין את המצב הכלכלי של החברה.

המידע המוצג הוא מפורט ומאפשר לנו להבין את המצב הכלכלי של החברה.

המידע המוצג הוא מפורט ומאפשר לנו להבין את המצב הכלכלי של החברה.

המידע המוצג הוא מפורט ומאפשר לנו להבין את המצב הכלכלי של החברה.

המידע המוצג הוא מפורט ומאפשר לנו להבין את המצב הכלכלי של החברה.

Appendix 6: Consent form for individual interviews and focus group discussions

Consent form



UNIVERSITY OF CAPE TOWN

Faculty of Health Sciences

Department of Health and Rehabilitation Science

Divisions of Disability Studies

F45 Old Main Building, Groote Schuur Hospital,

Consent Form

I agree to participate in the research study “**Livelihood development in the informal sector of Ghana; The experience of women with visual impairment.**”

I have read the previous information letter and I understand what is required of me. I understand that I have the right to leave the study at any stage and that it will have no negative consequences for me. I understand that my name or any other identifying characteristics will not be used in any reporting of the research. I acknowledge that the researcher has offered to cover necessary transport costs that arise as a result of the interviews. I have had the chance to have all my questions answered and I understand that I will not receive any remuneration for participating in the study.

Please tick if you agree with the following statements:

	Agree (X)	Disagree (X)
I am aware that there will be document review to get information my organization’s participation in livelihood programmes		
I am aware that the interviews will be audio-digitally recorded		

I have discussed my participation in the research with the researcher		
All questions that I had about the study were answered to my satisfaction.		
I have not been forced to participate in this research. I have decided to take part on my own free will.		
I know that I can choose to stop participating in this study at any time, if I am not happy with anything and any information that I could have given that is audio recorded will be erased and will not be used in the study.		
I understand that all of my identity information will be used in a way that only the researcher, research Assistant and supervisor will identify me, and not any other person.		

Signed:

Participant's Name

Participant's Signature

Date & Place

Milicent Akpaglo (Research Assistant)

Signature

Date & Place

Appendix 7: Individual interview guide for women with vision impairments

Interview guide

Section A: Women with visual impairment	
Demographic	
Age?	
Name?	
Education background?	
Individual interview (45minutes – 60minutes)	Probe
Describe what you do for a living	1.Opportunities for networking, investment, savings, support systems
Mention/describe livelihood development services you received from GBU/[GOV A]/[RBank]	
What are your challenges in participating in livelihood development programmes?	
Describe how those services are providing opportunities /or (not) for your self-employment	2.Participation in family/social activities, ability to negotiate, contribute to personal/family growth
Mention/describe how your livelihoods are providing /(not) benefits to improve your status in family, society and the entire community	
Mention/describe challenges you encounter before/during/after receiving the livelihood development service	3. Barriers, support system, methodology for service delivery, sustainability strategies,
What in your opinion is disability?	
Please were you born blind? If not describe how you transitioned	

Mention/describe legislation that protect your right to employment and how those rights are	
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creating enabling environment for your livelihoods	
What in your opinion will provide/sustain/ and grow your livelihoods	

Appendix 8: Individual interview guide for service providers

Interview guide for service providers	
Section B: Staff of GBU, Individual Interview (45minutes – 60minutes)	Probe
<p>Demographic</p> <p>Age?</p> <p>Gender?</p> <p>Position?</p> <p>Educational background?</p> <p>Name?</p>	
Mention/describe the livelihood strategies your organization is providing for women with visual impairment?	
What is your personal role in the implementation of the livelihood programmes?	
How long have you been serving on the programmes?	
What are the challenges you/your organization encounter in the implementation of the livelihood strategies?	Criteria for selection, organizational policy & strategic plan, disability policies, employment policies training manual, Monitoring system.
What principles guide the implementation of your livelihood strategies?	Access to microcredit, networks, family support, market
How are the livelihoods strategies creating opportunities for self-employment of women with visual impairment?	
What in your opinion is disability?	

What makes difference /or no difference between persons with disability and persons without disabilities? If you provide services for both persons with disabilities and persons without disabilities?	
Mention/describe what should be done differently by you/your organization to increase/sustain/grow livelihoods for women with visual impairment	

Section B: Staff of RBank, Individual interview (45minutes – 60minutes)	Probe
Demographic Age? Gender? Position? Educational background?	
Name?	
Mention/describe the livelihood strategies your organization is providing for women with vision impairment?	Criteria for selection, organizational policy &strategic plan, disability
What is your personal role in the implementation of the livelihood programmes?	
How long have you been serving on the programmes?	
What are the successes / challenges you/your organization encounter in the implementation of the livelihood strategies?	

<p>What principles guide the implementation of your livelihood strategies?</p>	<p>policies, employment policies training manual, Monitoring system.</p>
<p>How are the livelihoods strategies creating opportunities for self-employment of women with visual impairment?</p>	<p>Access to microcredit, networks, family support, market</p>
<p>What in your opinion is disability?</p>	

What makes difference /or no difference between persons with disability and persons without disabilities? If you provide services for both persons with disabilities and persons without disabilities?	
Mention/describe what should be done differently by you/your organization to increase/sustain/grow livelihoods for women with visual impairment	
Section C: Staff of GOV A, Individual Interview (45minutes – 60minutes)	Probe
Demographic Age? Gender? Position? Educational background? Name?	
Mention/describe the livelihood strategies your organization is providing for women with visual impairment?	
What is your personal role in the implementation of the livelihood programmes?	
How long have you been serving on the programmes?	Criteria for selection, organizational policy &strategic plan, disability policies, employment policies training manual, Monitoring system.
What are the challenges you/your organization encounter in the implementation of the livelihood strategies?	
What principles guide the implementation of your livelihood strategies?	

	Access to microcredit, networks, family support, market
How are the livelihoods strategies creating opportunities for self-employment of women with visual impairment?	
What in your opinion is disability?	
What makes difference /or no difference between persons with disability and persons without disabilities? If you provide services for both persons with disabilities and persons without disabilities?	
Mention/describe what should be done differently by you /your to increase/sustain/grow livelihoods for women with visual impairment	

Appendix 9: Interview guide for focus group discussion – women with vision impairments

Section E: Interview guide for focus group discussion for women with vision impairment (60minutes- 90minutes)	Probe
Introduction; Name and current livelihood activities	<p>Successes/challenges</p> <p>Investment, contribution to personal and family growth, addressing barriers</p>
Mention/describe livelihood strategies received from GBU/[GOV A]/[RBank] and the period	
What are your successes /challenges in participating in the livelihood development programmes?	
How were you able/or not able to overcome the challenges encountered during the programme?	
How are the strategies creating opportunities for your livelihoods, sustainability and growth?	
How are your livelihoods creating economic empowerment for you?	
What are your challenges in gaining livelihoods, maintaining livelihoods and growing your livelihoods?	
How are you able to overcome the challenges?	
What should be done differently to increase access to livelihood for women with visual impairment?	

Appendix 10: Interview guide for focus group discussion – service providers

<p>Section F: Focus group discussion – interview guide for staff of GBU, GOV A & RBank (60 minutes -90 minutes)</p>	<p>Probe</p>
<p>Introduction: Names, position, livelihood programmes?</p>	<p>Criteria for selection, methodology, monitoring systems, support systems, polices, resources</p> <p>Probe for opportunities/constraints/barriers</p>
<p>How are the livelihood strategies provided?</p>	
<p>How are the specific strategies providing opportunities /or not for self -employment of women with visual impairment</p>	
<p>What are your challenges in implementing livelihood development programmes for women with visual impairment?</p>	
<p>What is you/your organization’s understanding of disability?</p>	
<p>What makes difference /or no difference between persons with disability and persons without disabilities? If you provide services for both persons with disabilities and persons without disabilities?</p>	
<p>What should be done differently /modified to increase access to livelihoods for women with visual impairments?</p>	

Appendix 11: Documents reviewed

GOV A DOCUMENTS REQUIRED FOR REVIEW				
Document	Dated	Aim of Document	Type of Document	(Key focus)
GOV A-ACT 434	1981	<ul style="list-style-type: none"> • To contribute to the creation of an enabling environment for the small-scale enterprises' development. • To contribute to the development of an enterprise culture in Ghana. • Facilitate MSEs access to substantial and high-quality Business Development Services for their development • To Promote MSE sector Associations. • To facilitate access to credit for small enterprises • The Board provides financial and non-financial service to potential and practicing entrepreneurs in the manufacturing and services sector. 	ACT	<ul style="list-style-type: none"> • Substantial and high-quality Business Development Services • Facilitation of access to credit for small enterprises • Provision financial and non-financial service to potential and practicing entrepreneurs

Annual Report	2008-2018	<ul style="list-style-type: none"> To provide the public with information on the operations and financial activities of GOV A over the past year 	Report	<ul style="list-style-type: none"> Types of livelihood programmes provide between 2008 - 2018 Target groups reached Criteria for selection , Number of women with visual impairments reach
Training manual	2015	<ul style="list-style-type: none"> To guide skill training programmes 	Manual	<ul style="list-style-type: none"> Content of livelihood programmes Methodology for training Duration for programmes Responsibilities of trainees and trainers

GBU- DOCUMENTS REVIEWED

Document	Date	Aim	Type of Document	Key focus
Strategic plan	2015-2020	<ul style="list-style-type: none"> To organise the company's activities and resource based on priorities 	Plan	<ul style="list-style-type: none"> Organization's focus Activities and priorities Livelihood programmes

Annual Report	2008-2018	<ul style="list-style-type: none"> To provide the public with information on the operations and financial activities of GBU over the past years 	Report	<ul style="list-style-type: none"> Livelihood programmes Number of women with visual impairments reached
Employment project Evaluation report	2016	<ul style="list-style-type: none"> Assess the results achieved and as much as possible, the impact of the project on the project beneficiaries, their immediate family members, and the community. Assess the effect of the project on the operations of the key partners (RBank and GOV A) Analyse the project interventions and capture lessons learnt to inform the project design in the next phase using case studies 	Report	<ul style="list-style-type: none"> The impact of livelihood projects on women with visual impairments and their families Project interventions
Memorandum of understanding between GBU & RBank	2014	To enable blind and partially sighted persons in the selected districts to access financial services provided by RBank.	MOU	<ul style="list-style-type: none"> Access to financial services Types of financial service

RBANK - DOCUMENTS REVIEWED

Document	Date	Aim	Type of Document	Key focus
Micro Clients Training Manual	2015	<ul style="list-style-type: none"> To guide skill training programmes 	Manual	Content of livelihood programmes <ul style="list-style-type: none"> • Methodology for training • Duration for programmes • Responsibilities of trainees and trainers
Annual report	2018	<ul style="list-style-type: none"> To provide the public with information on the operations and financial activities of GOV A over the past year 	Report	<ul style="list-style-type: none"> • Target groups reached • Criteria for selection • Number of women with visual impairments who accessed credit facilities
General Document				
DACF-ACT 455	1993	<ul style="list-style-type: none"> To establish a developmental fund that ensures equitable distribution of national resources for development in every part of the country. Strengthen decentralization and promote self –help development communities Support the development of activities of persons with disabilities 		<ul style="list-style-type: none"> • Livelihood development for persons with disabilities Promotion of self- help development for women with visual impairments

