NORWEGIAN UNIVERSITY OF SCIENCE AND TECHNOLOGY

NORWEGIAN CENTRE FOR CHILD RESEARCH

"It's The Mind That Sees, Not The Eye"

THE PERSPECTIVES, EXPERIENCES AND COPING STRATEGIES OF THE VISUALLY IMPAIRED YOUTH IN A REGULAR SCHOOL IN GHANA

SARAH TARA SAM

TRONDHEIM

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DECLARATION

I do hereby declare that with the exception of references cited and duly acknowledged, this thesis
is a product of my own research.

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Sarah Tara Maame Esi Sam.

DEDICATION

To my creator and sustainer, Jehovah God, to all children with disability in Ghana especially my visually impaired research participants, my entire family especially my grandparents, Mr. and Mrs. Boakye, my niece Ayebea and all who have inspired my life and this research.

ACKNOWLEDGEMENT

ABSTRACT

Until recently, disabled children have been hidden from the lenses of research in both the social model of disability and the new sociology of childhood. In an attempt to give a voice to children with disability who are often objectified and silenced, this study aimed at exploring the experiences and coping strategies of visually impaired young people in a mainstream school in Ghana. The study further tried to explore views of children and young people with disability themselves who have been pushed to the background.

This study mainly aimed to gain insight into the experiences of visually impaired children in order to highlight its implications in a specific context; a mainstream or regular Ghanaian school context. In order to undertake this research, methods used included semi-participant observation; neighbourhood walks/guided tours, semi-structured interviews, joint interviews/ discussions and informal dialogues/conversations. The research was conducted with six main visually impaired participants while two other informants were only observed.

The study reveals that participants employed multiple perspectives of disability in nuanced ways and situations. These multiple disability perspectives include the medical model (disability as an illness, a defect); and disability as impairment (intellectual, physical and sensory impairments). Some participants employed the use of a local expression for persons with disability, thus revealing the social aspect of this view. Although alluding to the physical pain that accompanies their impairment (medical model), several participants emphasized that there were positive aspects to it such as sharpening of other senses. Most informants did not overtly subscribe to the notion that society 'disables' them, yet latently implied this by noting that they faced some preventable challenges (with mobility and dependence) due to lack of societal consideration or provision (unfriendly terrain and Braille textbooks). Hence, participants did not seem to support the strict divide between the medical and social models. The visually impaired also saw their impairment cause as bio-medical but also spiritually caused by witches or as a punishment for familial actions. Thus bio-medical and spiritual (faith-healing) treatments were combined. However, the visually impaired revealed a change in perspective by revealing that they will seek bio-medical treatment primary to personal prayers to God since healing by God is done through medical practitioners.

The experiences of the visually impaired was characterised by dependence, inter-dependence and collaboration. Most instances of dependence resulted from an interaction between the interaction and a lack of resource provision; however the visually impaired expressed their agency in dealing with such situations. Other coping strategies involved the use of humour, positive self-evaluation and their Christian faith.

The study thus shows that educational and societal inclusion of persons with disabilities should consider the interaction between individual and societal barriers to functioning.

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LIST OF ABBREVIATIONS

CT	Class Teacher
ESP	Education Strategic Plan
FCUBE	Free Compulsory Universal Basic Education
FGDs	Focus Group Discussions
GES	Ghana Education Service
GFD	Ghana Federation of the Disabled
GSB	Ghana Society for the Blind
GSPD	Ghana Society for the Physically Disabled
IE	Inclusive Education
ICT	Information Communication and Technology
JHS	Junior High School
LV	Low Vision
MoE	Ministry of Education
MoESS	Ministry of Education, Science and Sports
NGO	Non-governmental organisation
PC	Personal computer
PDA	Persons with Disability Act
PWDs	Persons with Disabilities
RT	Resource Teacher
SHS	Senior High School
SpEd	Special Education Division of the Ghana Education Service
UN	United Nations
UNCRC	United Nations Convention on the Rights of the Child
UNDP	UN Development Programme
UNESCO	United Nations Educational, Scientific and Cultural Organisation
UPIAS	Union of the Physically Impaired Against Segregation
USAID	United States Agency for International Development
VI	Visually Impaired

VSO   Voluntary Services Overseas

WHO   World Health Organisation

WHO IS DISABLED?

If you fail to See the Person but only his disability,

Then Who is Blind?

If you cannot Hear your brother's Cry for justice,

Who is Deaf?

If you do not Communicate with your sister But separate her from you,

Who is Disabled?

If your heart or mind Does not reach out to your neighbour,

Who has the Mental handicap?

If you do not Stand up for the Rights of all Persons,

Then Who is the Cripple?

(extract from Oliver Commey, 2001 :1)

Compilations from research participants

Ato: "*Once it has happened, it has happened. We just have to move on.*"

Ben: "*It is the mind that sees, not the eye. So what my eye can't see, my mind has seen it.*"

Christie: "*One day, my eyes will open.*"

Eduafuah: "*We just want people to respect us the way they respect their children and grand-children.*"

Erica: "*I only want to see. That's all*."

Kwaku: "*If we study to a high level, we can become what we want to become.*"

CHAPTER 1: INTRODUCTION

1.1 My Interest in Disability Studies (Visual Impairment)

My interest in disability studies was prompted by having a visually impaired colleague during my undergraduate studies. Prior to this, little or no interaction had occurred with persons with disabilities. My few encounters with 'disabled' persons included seeing them on television and on the street (commuting or sometimes begging). On a closer note, my grandfather had an accident on the job, and had to wear a leg cast and use crutches for about six months, rendering him temporarily 'disabled'. I also had a motor accident and had to wear an arm cast to school (something I found painful but cool), and so have some classmates and schoolmates. The closest prevalence of disability in my family is a visually impaired young relative abroad, whom I have only seen pictorially and via social media rather than in face to face interaction. I became more acquainted with disability when I met my visually impaired course mate on a bus from home to our former university and we had an in-depth conversation. We spent the entire day together and planned to go and see his friend, who is a dramatist and author that I admire. The journey to one of the crowded central business districts of Ghana (Kwame Nkrumah Circle) brought me face to face with the challenges of living with visual impairment. These challenges included open gutters, staircases and speeding traffic. I also observed the sometimes pitying but helpful, apathetic and inconsiderate attitude of people towards persons with disability. Hence, when I got the opportunity to work temporarily as a radio news reporter, I conducted interviews with two 'disabled' persons (visually and mobility impaired) and compiled a report about their challenges in my university. This interest was again rekindled when a lecture about possible topics for a master degree thesis mentioned the everyday lives of disabled children. This topic had not yet been explored by any research in my postgraduate institution (Norwegian Centre for Child Research). This development coupled with my ardent desire to delve into the personal/school experiences of the visually impaired prompted me to pursue this topic which has been marginally researched in Ghana.

There have been some studies in Ghana about the practice of inclusive education of visually impaired which mostly focus on teacher's attitudes and training (Agbenyega, 2005; Mamah, Deku & Darling, 2011). An exception is Yeboah & Dogbe (2008) which sought the views of visually impaired students on special provisions in Ghana's Senior High Schools. Hence my

desire to further probe from the perspective of visually impaired students, on how they experience regular schools, the constraints and support in such settings and how they cope.

1.2 Why Study Young Persons with Disability?

United Nations statistics indicates that around 10 percent of the world's population or 650 million people live with a disability. Out of the above number, an estimated 120 to 150 million of these are children (Hodkinson & Vickerman, 2009). According to Stalker (2012: 173), "disabled children are children first and foremost", and all children have rights to self-expression and involvement in decisions that affect their lives as enshrined in the United Nations Convention on the Rights of the Child (UNCRC). Disabled children and young people all over the world, have rights to equal treatment and inclusion embedded in national laws and international treaties such as the United Nations Convention of the Rights of Persons with Disabilities" (ibid). Article 12 of the UNCRC states that, "state parties must ensure that children with disabilities have the right to express their views freely on all matters affecting them, their views being given due weight in accordance with their age and maturity, on an equal basis with other children"(UNCRC,1989: 4). Yet, children with disabilities are often excluded from "generic children's research, from policy-making about children's services and, from inclusion in friendship groups and social and sporting activities" in their daily lives (Stalker, 2012: 173).

Child research focusing on disabled children and young people offers a vital opportunity to stress that they have similar needs, preferences, priorities and goals as any other young persons, though many of them may need more support to attain their goals (ibid). It may present increased knowledge of disabled children and young people's views and experiences, and several ways to seek their views; and to look at related theoretical frameworks and recent topics and policy level debates (ibid). According to Carpenter & McConkey (2012: 251), "the lives of disabled children and young people were often so segregated from mainstream society that their concerns and needs rarely impinge on public consciousness." Research on disabled children tended to focus on adult perspectives such as those of family and professional caregivers. This according to Watson (2012:193) has the "effect of objectifying and silencing disabled children". He further mentions an absence of analysis of the social experiences of disabled children, and a failure to explore fully the cultural context within which their lived experiences occur (ibid).

Until recently, disabled children have been hidden from the lenses of research in both the social model of disability and the new sociology of childhood (Connors & Stalker, 2007), both of which will be addressed in the theory chapter. My study thus seeks to contribute to the body of knowledge about the experiences of young people with disabilities, specifically those with visual impairment in regular school settings from their perspective. Such a study may result in giving such young people a voice, and portraying them as persons "to be studied in their own right" (Qvortrup, 2002: 65) rather than being silenced and objectified. The study also intends to shed more light on how the visually impaired cope in spite of inhibiting circumstances at the regular school. Disabled children's perspectives about disability and impairment, inclusive and special education are also briefly presented.

1.3 Aims of the Study and Research Questions

- To shed more light on what it means to be a visually impaired young person in a mainstream school setting by exploring their experiences (both positive and negative) in such settings.
- To examine the ways in which visually impaired young people deal with the experience of being visually impaired in a regular school setting.
- To explore visually impaired young people's perspectives of disability and impairment.

In order to achieve these aims the following guiding research questions were addressed:

- What are the experiences of visually impaired young persons in mainstream schools and how do they deal with their experiences?

- What are the perspectives of visually impaired youth on disability and impairment?

In order to achieve these aims, I chose to do a qualitative study using semi-participant observations, semi-structured interviews, joint discussions and neighbourhood walks. Analysis of the empirical data from the fieldwork will also be used to show how such young people exercised their agency amid prevailing and constraining barriers.

1.4 Structure of thesis

This thesis is structured into 8 chapters and sub-chapters as follows:

Chapter 1 is the introduction of the thesis which outlines my interest in the research topic, the need for the study and its aims, objectives and methods.

Chapter 2 presents a background of the study area namely the country profile and political administration of Ghana. It also presents the phenomenon of disability in Ghana as well as local and international legislations for persons with disability. The educational policies and rights for persons with disabilities are highlighted. Finally, a brief discussion is undertaken of the educational system in Ghana and the practice of inclusive education at my research site given.

Chapter 3 highlights the main theoretical framework underlying the study namely the Sociology of Childhood and its features and approaches to studying childhood. Key concepts employed in the study such as Agency, Children and Young People, Coping Strategies and Visually Impaired are briefly defined and contextualised. The medical and social models of disability are presented and discussed in the Ghanaian context.

Chapter 4 highlights the research methodology, methods of data collection and analysis of the study. It also discusses the research site, ethical issues, challenges and limitations of the research.

Chapters 5 to 7 present an analysis and discussion of the research questions and themes emerging from the study. Chapter 5 focuses on the disability perspectives of the visually impaired which encompass both the medical and social models of disability. Chapter 6 highlights the experiences of the visually impaired which are characterized by provision, non-provision, dependency and inter-dependency in school contexts and peer interactions. In chapter 7, the concept of agency is highlighted as a coping strategy of the visually impaired in a regular school.

Chapter 8 is the concluding chapter of the thesis which summarizes the study findings with concluding observations and recommendations for further study and practice.

In this chapter, I have outlined the need for the study; a general introduction to the topic of study; its aims and objectives and provided a general thesis outline. Next, I will try to situate my study within a particular background and context.

CHAPTER 2: BACKGROUND/CONTEXT OF THE STUDY AREA

2.1 Ghana Country Profile

The Republic of Ghana, formerly known as Gold Coast is a country located in West Africa. It is bounded in the north by Burkina Faso, Cote d'Ivoire to the west, and to the south by the Gulf of Guinea. Ghana was the first sub-Saharan country to gain independence from the British on 6th March, 1957. Thereafter, becoming a republic in 1960, and joined the Commonwealth of Nations. The Ghana Statistical Service (GSS) estimates the country's population to be 24.6 million (GSS, 2012). 38.3 % are below 14 years of age, signifying a youthful/economically dependent population (ibid). There are many ethnic and language groups numbering about 46 (GSS, 2012). The official language of the nation is English, although some people can only speak their local language for socio-economic reasons. Most of the people are Christian, followed by Muslims, traditional and other religious believers, and the non-religious (ibid).

2.1.1 Political Administration

There are 3 arms of government in Ghana; the Executive, Legislature and the Judiciary with a constitutionally elected President as the country's leader. Ghana is administratively divided into 10 regions, 170 districts (GSS, 2012), metropolitan and sub-metropolitan assemblies. According to the Ghana Federation of the Disabled (GFD, 2008), no special recognition has yet been given to the representation of persons with disabilities to any of these assemblies except for some persons with disabilities in a few districts, who have managed to be elected or appointed to the assemblies (ibid). Decentralization has been problematic as the District Assemblies who are taxed with the responsibility for decision-making; implementation and service provision for all persons [including the disabled] have failed to apply the 2007 guidelines on how the 2% of its 'Common Fund' or budget allocated to disability related issues should be disseminated (ibid).

2.2 The cultural construction of disability in Ghana

Ideas and notions about disability in Ghana are explained in terms of traditional belief which associates the causal factor of disability in terms of a divine one (Oliver-Commey, 2001). As a result, disability by birth or in one's lifetime is usually interpreted as a punishment from God or the gods for one's wrong doing, that of a family member or by the community (Avoke, 2002; Kassah, 1998). Disability may also be associated with other spiritual forces such as witchcraft

(ibid). As a result, "attitudes of many [people] towards those with disabilities [are] largely influenced by stereotypes" (Avoke, 2010: 771) and traditional practices may "portray disabilities as part of the individuals' or their family' destiny for offences against the gods" (ibid: 772). Persons with disabilities and relatives may be ridiculed, shunned and derogatorily labelled (Anum, 2011). Children may be considered as less than human (ibid). These beliefs and traditions also appear to influence whether disability-related symptoms are treated and how they are treated (Reynolds, 2010). Due to increased urbanisation and western influence, views about disability being the atonement for sins are becoming outdated, and Christianity in particular, has watered down the effect of traditional belief systems (Andin, 2008).

2.3 Disability Situation in Ghana

According to the UN Development Programme (UNDP), 80% of persons with disabilities live in developing countries, including Ghana. No accurate national survey has been carried out to determine the disability rate in Ghana (GFD, 2008). The World Health Organisation (WHO) estimates the disability rate of Ghana to be between 7 and 10 per cent (ibid). However, the 2010 Ghana Population and Housing Census estimate the country's disability rate to be 3% (GSS, 2012). Visual impairment is the most prevalent impairment type in Ghana with 1.2% (ibid). Ghana's Ministry of Education Sports and Science (MoESS) notes that "there is very limited information about the incidence of children with special needs around the country" (MoESS, 2008: 55). Estimates show that only 0.5 % of the population of children with disabilities get education in mainstream or segregated schools (Slikker, 2009).

However, article 24 of the UN Convention on the Rights of Persons with Disabilities identifies the disabled person's right to "education without discrimination and on the basis of equal opportunity" through "inclusive education system at all levels" (UN, 2006: 17). This inclusive education should be directed to the "development by persons with disabilities of their […] mental and physical abilities, to their fullest potential" (ibid).
The Ghana Education Service (GES) offers education for 'disabled' persons in three ways: segregated 'special schools,' segregated 'units' in mainstream schools, and inclusive education (Anthony, 2009). The main educational option for visually impaired children and other 'disabled' children) in Ghana had been the residential, segregated option (Mamah et al, 2011). Formal education of visually impaired children in Ghana was initiated by Reverend

Harker, a Scottish missionary in the year 1936 (ibid). He set up the first residential special school in West Africa with two students at Akropong Akwapim (in the Eastern Region of Ghana) with recognition from the British Colonial Government (ibid). A second school was established in 1958 by the Methodist Church at Wa, in the Upper West Region (ibid). This segregated school option for the visually impaired has been questioned by Human Rights Groups in recent times who argue that segregation in any form threatens the achievement of basic rights (Mittler, 2000). Inclusion of disabled students in which they attend public schools with their non-disabled counterparts has thus been suggested (Mamah et al, 2011). Inclusive schooling is relevant for educating visually impaired children in Ghana, as there are only two special schools for the visually impaired at the basic level (ibid). Thus, many visually impaired children in Ghana cannot access these special schools because of inadequate facilities amid a large population (Mamah et al, 2011). The GES (2004) has noted that negative attitude and persistent low regard for students with disabilities pose a major barrier to social and educational inclusion in Ghana. As a result, some disability organizations in Ghana; Ghana Society for the Physically Disabled (GSPD) and Ghana Society for the Blind (GSB) have advocated for inclusion of students with disabilities in society and regular schools (Agbenyega, 2007). These requests are crucial and necessitated by the notion that traditional representations and practices of special education do not offer persons with disabilities prospects for social and educational inclusion (ibid). The government of Ghana thus entered into an agreement in September 2003 with a British non-governmental organization, Voluntary Services Overseas (VSO) to pilot inclusive education in ten districts within three regions, and to extend it to other regions in due course. The Education Strategic Plan of the Special Education Unit of the Ghana Education Service' also aims at implementing inclusive education by 2015. As a result, several inclusive schools have been piloted especially for the visually impaired. Inclusive schooling provides an option for the educational success and social integration of persons with and without disabilities (Agbenyega, 2007).

2.4 International and National Laws

Articles in the UNCRC; African Charter on the Rights and Welfare of the Child; and Human Rights Conventions or treaties provide for the rights of persons with disabilities. However, the

following international legislation has been ratified or enacted specifically for persons with disabilities.

2.4.1 The United Nations Convention on the Rights of Persons with Disabilities

Ghana recently ratified the United Nations Convention on the Rights of Persons with Disabilities, an international treaty which has the mandate to promote and protect the rights of the over 1 billion persons with disabilities across the globe (Human Rights Watch, 2012). Although, Ghana was among the first countries to sign the Disability Rights Convention in March 2007, the ratification process was completed by its government five years later. This delay has resulted in human rights violations to persons with disabilities (ibid). Ghana has also ratified the optional protocol to the above convention in 2012.

2.4.2 Ghana's 1992 Constitution

The 1992 national constitution has eight provisions guaranteeing the rights of the disabled (ThinkAfricaPress, 2012). National constitutional provisions include the protection of persons with disabilities (PWDs) from discrimination and abusive treatment (Article 29), the enactment of appropriate laws by the legislature (Article 37) and article 38 mandates access to Free and Compulsory Universal Basic Education (FCUBE).

2.4.3 Persons with Disabilities Act (PDA 2006)

The PDA was enacted in 2006 for the protection and promotion of the social, cultural and civil rights of disabled persons. The stated rights have not been completely implemented as few of its provisions have been enacted (ThinkAfricaPress, 2012). The Act fulfils Ghana's constitutional requirements and includes suggestions from ratified human rights conferences (Anthony, 2009) and is made up of sixty sections of Act 715 (GFD, 2008). The PDA has eight main parts which among other things touches on the provisions of rights and education of persons with disability (GFD, 2008). The PDA has an overall provision guaranteeing dignity in social, political, cultural, recreational, and creative pursuits (ThinkAfricaPress, 2012). Other provisions guarantee an accessible built environment and transportation, free healthcare, protection from discrimination, and the setup of a National Council on Persons with Disability (ibid). According to Section 42 (1) of the PDA, the Council's aim is to advise and evolve policies and strategies to enable the

participation of persons with disability in mainstream national development process. The council thus aims to mainstream disability issues with the support of governmental agencies. A transitional 10-year period was set into the law with little chance of infrastructural changes in time (ibid). The GFD notes that few built environment have been altered, as only one governmental ministerial office in the capital is accessible to persons with disability (ibid). The World Health Organisation estimates that, 75 - 80% of Africa's approximately 81 million disabled live in rural areas which further compound accessibility issues (ibid).

Additional provisions for persons with disabilities include the Mental Health Act, National health insurance scheme, the national youth employment programme, tactile balloting (GFD, 2008). However, most of these provisions are not implemented and thus results in discrimination and marginalization of persons with disabilities (ibid). For example, the PDA (2006) ensures free education for persons with disabilities, but the lawmaking instrument is not ready so that no one can tell at what level free education will be accessed, and what it entails (ibid). The national health insurance scheme[1] does not include the additional needs of persons with disabilities, such as crutches, callipers, prostheses, lenses, hearing aids. However, some headway has been made with regards to rights and provisions for persons with disabilities. An example is the recent appointment and approval of Dr. Seidu Danaa as the first visually-impaired Minister of State in the Ministry of Chieftaincy and traditional affairs (Ghana News Agency, 2013). Various groups and persons including chiefs (traditional leaders) openly protested his nomination, but the National House of Chiefs approved it and pledged to support him. This development represents progress, as an impaired person who is traditionally barred from becoming a Chief[2], is now the government's coordinator and head of chieftaincy affairs. Dr Danaa's approval by the House of Chiefs (the custodians of Ghana's traditions and culture) may imply a gradual traditional change in perspective since tradition prevents an impaired person from having very close contact with a chief.

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[1] To provide free healthcare and medication for most ailments to persons enrolled with the scheme for an annual premium based on one's income.
[2] In the past, impaired persons were barred from chieftaincy as they could not lead their subjects/army to war as chiefs were expected to do, for expansion purposes.

2.5 Educational Policies for Persons with Disabilities- Education Strategy Policy (ESP 2003 – 2015)

The Education Strategic Plan (ESP) of Ghana's Education Ministry adopted inclusive education as the main policy for special education provision in Ghana (GES, 2004). Inclusive education is an educational system that emphasizes Education For All, such that every learner including persons with disabilities, are given equal access opportunities and participation in quality education (ibid). The goal of the ESP includes inclusive education which involves the need for "equitable educational opportunities. As such, all children with "non-severe special education needs" are to be incorporated into mainstream schools (which should be inclusive environments) by 2015 (GFD, 2008).The Special Education Division of GES has 29 districts implementing Inclusive Education in 129 schools (ibid). However, implementation of this policy is problematic as a result of insufficient funding (ibid). In 2008, for instance, governmental funding for special education needs was 0.3% of the total education budget (Anthony, 2009).

2.6 Rights Underlying Education of Children with Disability.

As earlier implied, underpinning the education of 'disabled' children in Ghana are the following principles: The Right to Education, Right to equality of education opportunity and Right to full participation in societal affairs. These rights are presented below.

Children with disability are entitled to the *right to education*. The 1961 Education Act mandates that "every child of school going age shall attend a course of instruction in a school recognised for that purpose" (GES, 2004: 2). This right ensures that all children and youth including those with sensory, physical impairments or intellectual disabilities are entitled to education (ibid). This right is stressed by mandating a program drawn for implementing free and compulsory universal basic education (FCUBE), a decade after the constitution's enforcement in Article 38 (2) of Ghana's constitution (Government of Ghana, 1992). Hence, a 10-year FCUBE Program began in 1996, to increase access to and participation in education for all children. To attract and retain children in schools, the free feeding program of children in deprived settings financed by a capitation grant was started. Other recent provisions include free exercise books, free school uniforms to pupils in deprived communities and laptops to selected basic schools.

As implied earlier, disabled children also have the Right to Equality of Education Opportunity. This right ensures that all children and youth with sensory, physical and intellectual impairments are entitled to equal and quality educational opportunities within a common curriculum (GES, 2004). As a result, the Ministry of Education has the goal of enrolling all students with 'non-severe' special education needs into mainstream schools by 2015 (Anthony, 2011). However, "what would constitute a 'severe' disability is not detailed" (ibid: 1081). Government reports show that inclusive education is mostly "tailored to students with visual and hearing impairment" (ibid: 8). Related to the above right is the right to full participation in societal affairs. This principle ensures that all children and youth with sensory, physical and intellectual impairments have the right to participate in activities, as far as possible, alongside their peers in mainstream schools. This right involves making educational environments accessible to all children/youth with disabilities (GES, 2004).

2.7 Educational/School System in Ghana

Basic education in Ghana starts at age 6 with pupils spending 6 years in the primary sector, 3 years in junior high schools (JHS), 3 years at senior high school (SHS) and 4 years in university (Avoke, 2010). Within this educational system, "all pupils of school age [are] to receive 9 years free schooling, to prepare for further education and vocational or skills training" (ibid: 770). The primary school curriculum consists of Mathematics; Integrated Science; Ghanaian Language and Culture; English Language; Religious and Moral Education; Information and Communication Technology; and French (in some schools) among others. The inclusion of the French Language in the school curriculum will be considered later in chapter six. Basic and Senior High Schools run a 40 week school year consisting of 3 school 'terms' or semesters. Terminal examinations are conducted after each school term as I will also discuss later in the sixth chapter. Schooling in Ghana is usually characterized by a morning to afternoon period of instruction in a classroom with intermittent breaks (Adjei, 2011). Students often attend schools in standardized uniforms, unlike their teachers. A school day including that of a kindergarten usually starts with cleaning up of the school and classrooms by pupils (ibid). Next is a general assembly of the entire school for prayer; reciting the national anthem; announcements; singing and marching to the classroom (ibid).

2.8 Practice of Inclusive Education in Ghana and at my research site

An inclusive school is a regular school in which all children regardless of their social, economical and physical or intellectual characteristics (impaired or not), study together in the same school and interact socially (UNESCO, 2003). The usual practice of inclusive education (IE) in Ghana involves the enrolling and daily commuting of impaired pupils from home to a regular school in or outside their community. In some cases, IE involves living in a residential school as was the case with my study site. According to a school official in my study, visually impaired students studied Braille[3] among other subjects for two years at a specialized school with a Unit for the Blind. They were then enrolled at the regular school to join sighted children for inclusive education although resident at the specialized school. They studied at the regular school with the help of Resource Persons who transcribe their Braille writing for other teachers to mark. The daily time table for the regular school which was used in my study was as follows:

8:00	Morning assembly	12:00-13:30	Lessons
8:30- 9:30	Lesson	13:30:	Closing Time
9:30-9:50	1st break	13:30-14:30	Extra classes after regular school time
9:50- 11:50	Lessons	8:00- 8:50 Wednesday:	School worship
11:50-12:00	2nd break	8:00- 8:50 Friday:	Farming/General Cleaning

This section has described the research context of Ghana: the disability situation; inclusive schooling in Ghana and my research site. In chapter 3, my research methodology will be outlined.

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[3] Braille is a special way of writing for the blind.

CHAPTER 3: THEORETICAL PERSPECTIVES

This chapter presents the theoretical framework of this study and the main concepts employed. A review of literature relevant to this research is further undertaken. The chapter begins with a presentation of the theoretical framework of the study namely the Sociology of childhood, and its tenets. Next is the definition and situating of concepts used in a particular context. These concepts include 'coping strategies', 'agency', and 'social constructionism' and 'disability'.

3.1 Sociology of Childhood

In conducting my research, the theoretical perspective of the Sociology of childhood is employed. James & Prout (1990) sets out the main tenets of this paradigm which first of all, include a view of childhood as socially constructed and context specific. Childhood, as distinguished from being physically or biologically immature, is not a "natural or universal feature of human groups but appears as a specific structural and cultural component of many societies" (James & Prout, 1990: 8). Thus, contrary to the seeming awareness and common placed notions of what childhood is, the term childhood can be a framework employed for the interpretation and context placement of the early years of human life (ibid). Though childhood exists in human societies, there are differences in its manifestations and understandings across time and place. For instance, the work of Aries in France has been used to show how the ideas of childhood and children have changed throughout history (Corsaro, 2011). Several studies have also shown how childhood in the global north is seen as a time of school and play while that of the global south is characterized by work, play and school (Punch, 2003; Robson, 2003). Mainstream primary schools and classrooms also serve as geographical spaces where multiple societal views of childhood and disability are manifested (Holt, 2004). Such time and place divergent ideas about children and childhood although external to the child, may somewhat influence his or her life (Wells, 2009). For that matter, childhood is neither a natural nor a universal feature of human groups but appears as a specific structural and cultural component of many societies (James & Prout, 1990). Children are not a homogenous group but are structural and cultural context specific. Hence an emphasis is placed on childhoods rather than a universal childhood. Children therefore experience childhood differently based on the social context within which it occurs. The view of childhood as a social and culturally construct was useful in my study which focused on 'disabled' children in a regular school setting, hence causing them to experience childhood in more or less different ways than children in another context.

Qvortrup (2002) further describes another feature of the sociology of childhood. He describes childhood as a variable of social analysis which cannot be completed separated from other variables such as gender. Thus childhood can be compared and analysed across gender, class and ethnicity to discover a multiplicity of childhoods. Children with disability may also differ across gender, age and individual preferences. Although there seemed to be some gender and class differences or similarities, I did not focus on these in my study.

Another tenet of sociology of childhood is to view children's social relationships and cultures as worthy of study in their own right and not from an adult or 'adult ethnocentric' perspective (Jenks, 1982). This view of children and childhood represents a paradigm shift from the mainstream disciplines such as psychology and sociology where children were conceptualized as incomplete adults whose lives as children were an indication of their development towards adulthood. These are well illustrated by Piaget's theories of development which focus on children's 'future orientation' and how their lives now were an indication of their future adult life as well developed social beings (Qvortrup, 2002). Thus, an emphasis should be placed on children's present lives in the 'here and now', their activities, cultures and actions. The study of all children including those with disability should not simply be hidden under larger social institutions such as the family or school. Children with disability should not only be studied from the perspectives of their care givers, family or teachers without taking their own views and concerns into account. My research took this into account and thereby focused on the children's own views and experiences, and not merely on those of their teachers or school authorities.

Another key feature of the sociology of childhood paradigm is the view that children are active in the construction and determination of their own social lives and that of those around them and their societies (James & Prout, 1990: 8). Children are not merely passive subjects or victims of social structures and processes (ibid). As Hardman (1973) rightly puts it (cited in James, 2009: 38), children may live in "a self-regulating, autonomous world which does not necessarily reflect early development of adult culture whereby they can be seen as social actors". Hardman (1973) further adds that children are "worthy of study in their own right and not as receptacles of adult teaching" (ibid). This is in contrast to the dominant theory where children are perceived as blank slates and must thus acquire the societal norms and values through the socialization process. Hence, my study aimed to shift from the dependent and passive status assigned to children with

disability to the interdependent and active role they play in their own and other people's (parents, peers and teachers) lives. Through this research, instances in which 'disabled' children reinforced and responded to school and societal circumstances are exemplified.

Sociology of childhood also views "ethnography" as a helpful methodological approach in studying children and childhood (Jenks, 2004: 78). It gives children a more active and participative role as well as a voice in the generation of sociological data (ibid). It allows researchers to observe children in their natural and everyday settings rather than an artificial or laboratory-styled one (ibid). In my study, this perspective resulted in the use of observations that brought children's views and actions to the fore.

3.1.1 Approaches to the study of childhood

In the sociology of childhood, four approaches have been identified to the study of childhood. These are the socially constructed child, the minority group child, the social structural child and the tribal child. In my research, I only employed the first three approaches which are hereby presented. The focus of social constructionists is to suspend or distance themselves from commonly held assumptions about childhood (Jenks, 2004: 88). They instead attempt to consciously analyze the phenomena and show how it is constituted. This approach thus favours multiple childhood constructions rather than a definite one. According to this approach, if there are plural childhoods, then there is not a sole right way to view childhood. It thus favours cultural relativism in which one society cannot pass judgment on another society's way of life using their own standards and norms. This approach to the study of childhood was used in this research as it tried to show how childhood and disability are viewed in the context of a regular school and in relation to the general society.

The minority group child situates children as a disadvantaged group in relation to adults. It thus seeks to question the adult-child relationship characterized by the power relations which favours adults, and sees children's value as no different from adults. As a consequence, this approach heralds the concerns and interests of children, viewing them as active subjects rather than objects. However by so doing, it also risks overlooking the inherent differences among children by classifying them as a homogeneous marginalized group. In my research, I have also attempted to highlight the concerns of visually impaired young people who may be marginalized by virtue

of their disability, rather than their adult carers. Nonetheless, I have sought not to homogenize young persons with disability by showing inherent differences in their experiences and views where these were found.

From the social structural child, childhood is seen as a structure which exists in every society at every given point in time. However, the form of childhood changes across time and place as different structures come to bear on children geographically and historically. However, children react and act to these societal factors which include the economic, political and educational structure thus actively co-constructing childhood and society (Qvortrup, 2002). Thus children form a group of active subjects whose subjectivity is influenced by their society (Jenks, 2004). They are also citizens who have rights and needs (James, Jenks & Prout, 1998) regardless of their 'disabled' status such as the right to education and participation.

3.2 Concept Definition and Contextualisation

I now define concepts used in my research, focusing on how they are employed in the study context.

3.2.1 Children and Young People

For the purpose of this research, the UNCRC's definition of a child was used. It defines children as persons eighteen years of age or below unless the legal age for adulthood is attained earlier under domestic law (article 1). A similar definition is given by Ghanaian law with the age limit of 18. This age specific definition of a child was applied to my study as majority of children at basic or primary school level including some of my potential research participants were within this age bracket. Thus, the ages of my research participants were 12 to 17. However, this definition of children by age is problematic as it encompasses a wide range of persons from infants to young children and teenagers. In my fieldwork, for example, most teenage participants regarded themselves as beyond play, which they viewed as a preserve of children. Hence, in the study the terms 'young people/persons' and youth rather than children are used more preferably, to encompass the wide range of age categories within the 18-year bracket and in line with participants' views. However, sometimes cited references make use of the term 'children' which is thus used interchangeably with 'young people/persons'.

3.2.2 Coping Strategies

Coping strategies refer to actions taken by individuals to address their own needs in difficult or challenging situations (Ansell & Van Blerk, 2004: 674). These actions may not necessarily be successful or cost free (ibid). Such strategies do not connote the implementation of a carefully prearranged plan (ibid) but are rather a 'spontaneous measure' rather than coordinated long term measures (Vincent & Sørensen, 2001). However, in my study context, coping strategies will refer to actions and thoughts employed by individual(s) to deal with situations or experiences they faced in their social and environmental school context.

3.2.3 Visually Impaired

In this study, visually impaired (VI) refers to both children with blindness and low vision. This term was used since my informants included persons with both categories of impairment. VI was also used to avoid offending participants' sensibilities as the term 'blind' has sometimes been used derogatively. Yet, in the field, participants referred to themselves as 'blind' while calling the non-visually impaired children 'sighted'. Participants with low vision often distinguished between those with blindness by calling them "total" or "blind" while the blind referred to the low vision as 'partial'.

3.2.4 Regular school

A regular or mainstream school as used in this research refers to the normative schools attended by most children of school-going age. The term may sometimes be interchanged with 'inclusive' school as my research school was generally referred to in the latter way. However, the terms 'regular' or 'mainstream' schools are preferred since a regular school accessed by 'disabled' children may not entirely adapt to the latter's needs as an inclusive school should.

3.2.5 Agency

The theoretical concept of 'Agency' emphasizes children not just as passive victims but as social actors. An actor is 'someone who does things' while an agent is 'someone who makes things happen' (Mayall, 2002). Children are thus seen as people who through their individual actions can make a difference "to a relationship, a decision, to the workings of a set of social assumptions or constraints" (ibid: 21). Children are therefore to be studied as "individual social

actors" (James, 2009: 35), active participants in the society and not merely passive social dopes. Describing children as agents is to view them as playing a role in their society, in the lives of persons around them, and forming their own "social relationships and cultures" (ibid: 41). Hence, children including visually impaired children in their actions and inactions, influence relationships and decisions of the people around them. They are not just helpless victims of their circumstances but persons who actively act in the society. However, as Strandell (2002 in Tingstad, 2007) argues, alluding to children's agency is not to tie them too strongly to the notion of competence as a clear dichotomy is usually drawn between competent and autonomous agents and incompetent and dependent subjects (Kjørholt, Moss & Clark, 2005). As Strandell (2002) further adds, considering children's agency "is not about defining children or childhood as being of a certain kind. It is about using knowledge of children's actions and interactions for a theoretical broadening of notions of agency" (Strandell, 2002 in Tingstad, 2007: 131). In this study therefore, the concept of agency was used not to merely and always portray children as agents, but to see instances in which their agency comes to the fore and how it is manifested amid differing situations.

3.2.5 Social Constructionism

Social constructionism involves consciously analyzing a phenomenon to show how it is constituted. Describing a phenomenon as socially constructed involves "suspending a belief in or a willing reception of its taken-for-granted meanings" (Jenks, 2004: 89). Social constructionism is based on the premise that knowledge about a phenomenon does not exist independently and objectively in the material world to be gathered by the researcher. Social constructionism is used in my study in view of the fact that there are several constructions or perspectives about the phenomenon disability and impairment.

3.2.6 Present lives Versus Future lives

The social studies of childhood also highlight the view of children not as incomplete human beings who are developing to become complete and competent adults (James, 2009). Sociological studies are thus focused on the life conditions, activities, relationships, knowledge and experiences of children (James, 2009). Thus, the focus is on studying, "concrete living

children as they are found acting and participating in their own particular social worlds" in the present (Alanen, 2001:12).

When applied in research, this present implies a shift in focus from 'who or how children are' or 'how childhood is' to 'what children do' (Solberg, 1996). The view of children's present lives is especially crucial for children with disabilities who are at risk of being considered incomplete human beings. It is also useful in this study as the 'disability' category tends to gain dominance over individual children's experiences, such that their similarities or differences are not accounted for (Davis & Watson, 2001).

3.3 Models of Disability

The different models of disability have resulted from the varying explanations given in an attempt to clarify and understand the phenomenon of disability over time. In the area of disability research, a divide has existed in the perceptions of disability (French & Swain, 2000). The most predominant models include the medical and social models of disability which employ different angles of perceiving disability: one from a societal but the other from an individual or biological angle.

3.3.1 Medical/Individual Model of Disability

The 'medical model' views disability as a 'personal tragedy', to be addressed by charities and voluntary organizations rather than a mainstream government concern (Alur, 2001 in Ansell, 2005). Disability is considered an individual as well as a biological problem (Oliver, 1996). This model is subsumed under the individual tragedy model whereby disability is seen as 'abnormal' and a random tragic event (ibid). Thus medical treatment is advocated in order to treat this 'abnormal' development in the disabled person's mind or body (Morris, 1991). Disability is thus equated to impairment and is portrayed as a biologically acquired trait, thereby failing to emphasize the role played by society in disabling persons with impairment (Holt, 2005). According to the medical model of disability, "a person's functional limitations (impairments) are the root cause of any disadvantages experienced and these disadvantages can therefore only be rectified by treatment or cure" (Crow, 1996: 55). "There is little distinction made between different people's experience of impairment or different aspects of a single impairment - or indeed, whether there may be positive aspects to some impairments" (ibid: 63). Instead,

resources are utilised generally to end impairment, notwithstanding the actual experience and interpretations of the persons involved (ibid). Persons with disability are thus portrayed as experiencing 'social death'(Morris, 1991) and living 'lives not worth living' (Shakespeare, 2008).

3.3.2 The social model of disability

In the social model, a shift is made to conceptualizing disability as a social problem rather than solely an individual one. Disability is seen from this model's perspective as a socially constructed form of exclusion in which society disables people with physical impairments through discrimination or failure to make reasonable adjustments for their needs (Ansell, 2005).The social model, unlike the medical model, advocates a shift in focus from impairment to disability, where disability refers to disabling social, environmental and attitudinal barriers rather than lack of ability (Crow, 1996). This separation of impairment from disability came to the fore when the Union of Physically Impaired against Segregation (UPIAS, 1976) defined impairment as "lacking all or part of a limb, or having a defective limb, organism or mechanism of the body" (Oliver, 1996: 22). UPIAS further defined disability as "the disadvantage or restriction of activity caused by a contemporary social organisation which takes little or no account of people who have physical impairments and thus excludes them from participation in the mainstream of social activities." (ibid: 22). Thus disability is defined to include the shortfall in society's provision for environmental and political structures that will aid normal living for disabled people (ibid). Therefore, in different societies or contexts, persons having similar impairments may undergo different levels and forms of disability. Hence, the removal of physical, attitudinal, institutional or legal barriers to the participation of disabled persons is advocated. Thus, while impairment is the functional limitation(s) which affects a person's body, disability is the loss or limitation of opportunities resulting from direct and indirect discrimination (Crow, 1996). The isolation of impairment from its social context implies the non-recognition of the social and economic causes of impairment. Social change which involves the removal of disabling barriers - is the solution to the disadvantages experienced by persons with disabilities. Thus the social model creates avenues for the eradication of prejudice and discrimination. It has also served to empower persons with disability by helping them see not their impairment or themselves as the problem but the society. However, this model has also been criticized for defining disability as

'all' thereby suppressing the role that impairment plays and the personal experience of pain and limitation in some disabled persons lives (Crow, 1996: 57). This tends to exclude some categories of persons with disabilities who face impairment related disadvantages (ibid). Thus by drawing a strict dichotomy between impairment and disability and situating disabled persons at the extreme end of the debate, impairment is completely ignored, neutralized and portrayed as irrelevant (Crow, 1996).

3.4 The medical and social models in the context of Ghana

The medical model of disability is evident in Ghana in situations when problems faced by persons with disability are squarely placed on their impairment or physical limitations. The medical model may be evident in the seeming pre-occupation of numerous NGOs and charities with assisting persons with disabilities. Traditional representations of persons with disabilities tend to focus on their abnormality and non-abled status (Avoke, 2002). For instance there is a proverb or saying among the Logba speaking people of Ghana which suggests that "individuals with disability, especially those of a physical nature do not sing war songs" (ibid). Such beliefs or sayings are based on the notion that people with physical disabilities, and also with other forms of disabilities, are not allowed to participate in wars due to their being considered neither healthy nor normal. Thus local military demands in the past led to the notion of healthy 'abled' individuals being regarded as an asset to communities, while many people with disabilities were *eliminated* as they were not considered healthy and normal (ibid). The labels or terms ascribed to persons with disabilities also lean towards the medical model as Avoke (2002) implies and illustrates below. In the Akan speaking group (the most dominant language group), people with 'mental retardation' are still referred to as 'Nea wanyin agya n'adwene ho', which means 'the one who is retarded' or 'the one who has outgrown his other brain' (ibid). Among the Ewes, people with 'mental retardation' are referred to as 'Susudidivi', meaning the child with reduced mental functioning, and 'Asovi', meaning a fool or an idiot, and descriptively as 'Tagbomadetowo' suggesting reduced intellectual abilities (ibid). The Gas, another tribal group simply calls them 'buluu', which means 'fools' (Avoke, 1997). The medical or individual model is also seen in the pre-dominance of 'segregated' schooling option for the 'disabled' and the view that inclusive education is not suitable for all 'disabled' persons (Anthony, 2011). The medical model is portrayed in the local practice of inclusive education where 'disabled' children

are merely physically placed in mainstream classrooms and required to adapt to the "expectations of a normative social and educational environment" (ibid: 1081).

Most disability organizations and activists in Ghana allude to the social model of disability. In a paper titled 'Mainstreaming Disability into National Development; the Role of the District, Municipal and Metropolitan Assemblies', the Ghana Federation of the Disabled (GFD, 2008), stated that an inclusive, barrier-free and rights based society will enable persons with disability enjoy greater freedom through economic and social participation. "These ideas and dreams cannot be realized if duty bearers, especially District Chief Executives and the assemblies do not aim and commit themselves" to change attitudes towards disability, promote the rights of persons with disabilities, and support them to become "independent and self-supporting." In its presentation, the GFD said persons with disabilities and activists in Ghana associate themselves with the social model of disability which demands a policy of inclusion. It went on to point out that mainstreaming, in the form that is being advocated, is based on the tenets of the social model. Thus, government appointees such as District Chief Executives should do well to "exhibit a profound sense of understanding, humanity and sensitivity towards disability issues by allowing them to be guided by the social model of disability". Such decentralized and localized governmental bodies "must appreciate a critical need for a social safety net for PWDs to serve their special needs." (GFD, 2008). All the sections of the Persons with Disability Act (1996) seem patterned along the lines of the social model of disability (ibid). Thus the social model seems to inform legislation and policy formulation of governmental agencies and also their acceptance of responsibility towards persons with disabilities However, as to whether these laws and policies are implemented in practice is yet to be seen.

3.5 Religious or moral model of disability

The perception of persons with disabilities as abnormal is also as a result of traditional beliefs that their impairments are caused by the gods usually as a punishment. This is based on the traditional belief that the gods have a hand in all earthly affairs and punish or reward for good or bad conduct. For instance among the Lobis in the Wa district of Ghana, blindness is still generally considered to be the result of an offence against the gods or ancestors (Avoke, 2002). Consequently, there is very little respect for people with visual impairments and other disabilities, and they tend to be ridiculed in local folklore and songs (ibid). The result is the

tendency to ostracise and exclude some persons with disabilities from mainstream community life and social gatherings (ibid). However, as stated earlier, although this view of disability as punishment for sins is still to some extent prevalent as will be discussed later, the advent of modernity and Christianity has watered down this view (Andin, 2008).

This chapter has presented the theoretical framework of this research namely, the Sociology of childhood and its tenets. Concepts employed in the research are also briefly defined and contextualised within the research site and study area. The next chapter presents the research methods and methodology.

CHAPTER 4: RESEARCH METHODOLOGY

This chapter discusses the various methodological perspectives and methods employed in my study about the 'experiences and coping strategies of visually impaired (VI) children in mainstream schools'. The research methodology employed was a qualitative approach in order to gain an in-depth understanding of the topic of study. In this chapter, I will briefly describe the research site and how it was accessed. This is followed by a description of my research participants and their sampling criteria. A discussion of my methods and study design is then followed by ethical considerations, limitations and data analysis. In conclusion, I spell out the challenges encountered in the study.

I spent the periods from June 15 to August 14 conducting my fieldwork at an inclusive school with 6 research participants. I conducted 2 weeks of participant observation complemented by informal dialogues/ conversations and guided walks. I then conducted 6 individual in-depth interviews. On the final week of my fieldwork, I conducted 2 joint discussions/interviews with paired children.

4.1 Access

Before going to the field, I had difficulties making contacts with the prospective schools as their contact details were either unavailable online, incorrect or unreachable. After several unsuccessful attempts to reach a prospective school, I decided to settle for other schools. This decision later proved advantageous as I later found out that age would have been problematic at the intended school even as it turned out at my research site. One prospective school had no visually impaired in the school during my fieldwork period. Another school had no contact information online so I electronically sent an information or consent letter (see appendix II) to them through my friend. He personally delivered it to the school principal for approval a month before my arrival to the research site. Upon arrival, I tried to find a nearby school for my research or a comparative study to avoid the long travel and accommodation issues at my prospective research site which was hundreds of kilometres from my home base. A visit to the Educational Office in my district revealed the unavailability of inclusive schools nearby, and an inability to reach the special education's officer in person and on phone for confirmation or further suggestions. Other issues involved bureaucratic and time-consuming procedures of seeking consent from the educational district head and the newfound school (making changes to

my official introductory letter with the District's name). After two weeks of no contact, I decided to go to my originally intended school. I booked a bus ticket, packed up some essential personal belongings, research equipments and travelled to the research site the day before fieldwork began.

4.2 Research Site

In order to gain insight into the lives of visually impaired children in regular schools, the study was done at a basic school in the southern part of Ghana whose identity will remain anonymous for ethical reasons. The school was among the selected schools in that district for the implementation of inclusive schooling on a pilot basis from the early 2000s. This move was in line with the ESP of the Special Education's Unit of the GES' which has the goal of implementing inclusive education by 2015. The school was established as its district's inclusive education unit in early 2000 and has a specialized school in its catchment area. This "presence of a specialized school" accounts for the school's selection for inclusive education (School Principal). The criterion for selecting this research site was based on its practice of inclusive education of the visually impaired. Also, by virtue of being a basic school, the selected school was more likely to have the required age range for my study participants. The school was among the only two inclusive schools I managed to establish contact with, which had visually impaired enrolled during the period of my fieldwork.

During my fieldwork, there were 10 visually impaired students ranging from 12 to 20 years at the regular school. There were four VIs in one class and two each in 3 other classes studying alongside their sighted peers. With the exception of a class which had two boys, all the other classes had an equal number of visually impaired boys and girls. There were about 30 pupils in each class. All the VIs resided at the specialized school and made a daily trek to the basic school which was in close proximity.

The school building consisted of non-storey blocks forming a rectangular shape with one width opened and an open space in the middle. There was a class teacher in each class in addition to a resource teacher (RT) for each class that had less than 3 VI pupils. These 6 resource teachers had special education training, particularly in Braille writing and transcription. Thus each sat close to the VIs in his/her assigned class when possible and transcribed their school exercises from Braille to 'regular' writing. The RTs also gave extra tuition of class lessons which the VIs failed

to understand. They also deliberated with them on how to go about certain exercises or tasks which were seemingly tricky to accomplish in Braille (such as a frequency distribution table).

4.3 Research Participants and Selection

In this research, I employed the purposive sampling method for the selection of my research participants. This technique involves the researcher making a criterion which serves as a basis for selecting potential participants. With this method, selection of my research participants was based on their age and the presence of a visual impairment. This age and impairment criteria were used since my study aimed to obtain the experiences of visually impaired children. Hence, I selected 6 out of the 10 visually impaired students from a specific mainstream school between the ages of 12 and 17. This below 18 age limit was informed by my 'child perspective' background and the similar age limit in the UNCRC's definition of a child. Before fieldwork, the minimum age for my potential participants had been 15 years old, in order to have a narrow age gap and avoid problems of inter-generational power relationships (Abebe, 2009). This choice was also due to my awareness that, late diagnosis of and changes from regular to special schools and vice versa change results in VIs delayed school enrolment. Hence, at my research site there were VIs above 18 years. Some VIs were unsure of their exact age[4]. Others were due to turn 18 soon, but were included in my research since they were less than 18 during my fieldwork. The youngest VI at the regular school was 12 years old and was included in my study in order to get a young child/non-teenager's perspective. This young child's perspective proved really insightful especially in relation to play and enriched my data with sometimes relatively different perspective from the older participants. For the 18 year olds and above, they were included in my observations in their interactions with participants, and in informal dialogues to prevent them from feeling excluded.

4.3.1 Participants

My 6 research participants were 3 boys and 3 girls aged 12-17 years (4 in primary and 2 in Junior High schools respectively). Their class distribution was as follows; 2 girls from two

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[4] A potential research participant claimed to be less than 18 the principal's records for her date of birth. But school records which she permitted me to consult showed that she was older than 18.

classes; 2 boys from one class; and a boy and girl from one class. The three male participants had low vision (LV) while the three female participants were blind. Two participants had been born with low vision while only one blind participant used a walking aid. The causes of their visual impairment ranged from genetic to disease caused. As stated earlier, all participants lived at the specialized school when school was in session but lived at home with one or both parents/guardians and siblings during school vacation. However, one participant lived with no siblings as they were all older and lived away from home. All except one participant had no family member who was visually impaired. Only two informants did not recall attending a regular non-inclusive school before. Each participant had been enrolled at the Blind unit of the specialized school before enrolment at their current regular school. All participants used a stylus and frame in writing with the exception of one who used a Perkins Braille typewriter[5] belonging to the school. Only one participant sat in the back row of his class with the RT nearby. Two of the five participants who sat in the front row had a VI (non-participant) seated behind them. All the VIs were seated beside a sighted classmate who helped them with reading from the blackboard and textbooks.

4.4 Methods and Study Design

This study mainly aimed to gain insight into the experiences of visually impaired children in order to highlight its implications in a specific context; a mainstream or regular Ghanaian school context. In order to undertake my research, methods used included semi-participant observation; neighbourhood walks/guided tours, semi-structured interviews, joint interviews/ discussions and informal dialogues/conversations. Audio and video or audio-visual[6] recordings and handwritten notes were used in recording all the data collected with the afore-mentioned methods.

4.4.1 Semi-participant Observation

Semi-participant observations were employed for this study. This was to observe participants' actions, interactions and constraints in school/classroom settings especially with their sighted peers. According to Ennew et al (2009: 9), "Observation is the basis of all good research" as it helps to understand data context; develop or/and refine research themes and/or questions; and

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[5] The stylus, writing frame and Braille typewriter are described in detail in chapter 7.
[6] Video recordings did not show participant's faces for the sake of anonymity.

writing an interesting and credible report. Observation (complemented by note-taking) was my initial research method and was used in all interactions with participants to "record people, surroundings, sounds and speech, events, overheard comments, noises, behaviour and body language" (ibid), actions, context, in and outside the classroom. Notes from observations were also used to record topics, ideas, reminders, questions/problems and possible answers/solutions, fieldwork comments and personal thoughts/feelings (ibid). In line with ethical research guidelines, I always sought participants' (including the class) consent whenever I wanted to observe them. When observing them in a classroom setting, I usually sat beside or in front of participants if there was only one to be observed. In the case of two students seated behind each other, I sat adjacent them in the front while moving back and forth from participants seated at different and distanced spots. I tried to be as quiet and non-distracting as possible but asked questions about participants' unclear statements/ actions and their meanings when I deemed it necessary and there were willing to answer. Brief or detailed field notes with fictitious initials (instead of names), sketches and symbols were recorded in a research diary discreetly but as soon as possible. This was complemented by audio recordings to capture details or speech that could not be documented immediately or went unnoticed or unheard. Such audio recordings proved very useful and practical as I would have missed many details especially when observing them outside the classroom (at break times), when I walked with them or participated in other activities with them (such as play). Although this method has the possible disadvantage of altering the natural behaviour of participants, this was hardly problematic as they appeared less inhibited, shy and self-conscious about my presence after the initial periods of observation. In the initial periods, some would hardly do or say anything other than class work unless asked by a teacher, classmate or me. But after a short while, informants said and did lots of things in my presence. The non-participant classmates (sometimes teachers) also appeared inhibited in the beginning. For instance, some classmates would start to ask or teach others (including my participants) something but would stop midway when they noticed my presence. This may have been due to their mistaken view of me as a teacher or education officer and resulted in little observational data during the initial research phase. However they were less inhibited and more spontaneous, after the first observation periods when I helped them realize that I was a researcher who was interested in the school experiences of the VI by failing to evaluate or correct their actions. Also, it was sometimes difficult to observe daily and "never be off duty" (Ennew et al,

2009: 9) as a researcher as I sometimes got distracted or did not have my diary handy but an audio recorder always came to my rescue. Notes were kept confidential by having the diary with me always when possible or in my zipped backpack.

4.4.2 Neighbourhood Walk/ Tours

As part of my study, neighbourhood walks were undertaken with research participants. According to Ennew et al (2009), this method involves following a consenting research participant who acts as a guide to his/ her environment. This method helped me explore their movement and familiarity with their environment and how they utilized spaces around them. I asked 3 research participants to take me around the school and immediate surroundings and identify places that they accessed or not. But in most instances, participants themselves offered to show me places or requested me to take them to one place or another. For instance, while discussing about their activities, one male participant talked about playing table tennis at the blind unit and offered to take me to see it. While there, he showed me the table tennis ball and demonstrated how they played table tennis. He also showed me their piano, Braille library or bookshelf and showed me specific books such as the collection of Bible books in Braille. This tour also gave him the chance to tell me about the school practice in which the visually impaired first studied Braille at the blind unit and upon mastery, moved to the regular school. Other instances included two or more participants who occasionally asked me to take them to see a visually impaired friend of theirs who had moved to a higher level of the school.

I was able to observe firsthand the architectural and environmental constraints informants faced from the rough and undulating terrain, the open gutters or waterways, the nearby bushes. During such walks, I would ask for informants to tell me where we were and they will give me some details about the place such as *"the building where the cocks crows"* (an uncompleted building)…*"the building over there"*. Participants also made fun of each other as one retorted when her friend tries to hold her hand, *"are you the one to show me the way?"* and the other girl jokingly replies *"let me hold your hand so you don't fall into water and blame me"*. Again, one replies when the other asks her if she should take her to a place, *"do you even know the place?"*The two girls also giggle and seem embarrassed when I tell them that a male student (at a

higher school level) is bathing outside beside the route we are taking. One shyly replies, 'Ebei oh[7]. According to the above informants, they sometimes come to this higher school from their residential unit and try to show that they know the terrain when they do. All this vital information or details (some of which are explored in the analysis) will have been overlooked or not have been vivid enough if guided tours had not been employed. I also sometimes accompanied them from school to their residential unit either upon their request or mine.

Guided tours were also used for building rapport with participants; playing an unusual adult role; showing respect for and acknowledging their agency/competence; and generating relevant data. With respect to playing an "atypical adult" role, (Corsaro, 2005: 6), Eduafuah, one of the two girls mentioned earlier indicated that asking adults to take them for a walk was somehow unusual. When her friend, Christie asks me to take them to a place Eduafuah had suggested, the latter says with a hint of shyness, *"It is an adult you are sending on errands like that!"* Guided tours were complemented by unstructured observation/interview during the walk as I could observe firsthand and ask questions about how my research participants navigate; pros and cons of such navigation and how they enhanced and overcame them. When possible and consented to, I audio and video recorded some of these walks although for the sake of anonymity, their faces were concealed with the data to be destroyed soon after their analysis.

4.4.3 Joint discussions

Joint discussions were used to discuss the experiences and coping strategies of the visually impaired in the context of inclusive education. Each joint discussion included 2 participants of the same gender in line with participant's preference. Discussions were done instead of the initially planned focus group discussions (FGDs) with three or four participants in each focus group. As stated earlier, groups were gender based in line with the preference of most participants. This change from FGDs was necessitated by the difficulty in finding a convenient time for all participants within school hours as the primary and junior high schools had different timetables and break times. Participants also had regulated time after school and some were unavailable on weekends such that the last resort was to have a dual interview/discussion each

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[7] An exclamation of surprise in the local language.

with informants at the primary school level. These discussions were conducted based on the notion of FGDs. FGD is a formal, facilitated discussion with a 'focus' on specific topics, (Ennew et al, 2009) where the researcher facilitates the smooth flow of the group's discussion. However, the joint discussions were more informal and with less participants. Joint discussions allowed me to gain knowledge not only from what participants said but also from their back and forth interactions and discussions. For instance, in the joint discussion with 2 female participants, they deliberated on and challenged their interpretations of questions, views and experiences. This also helped identify similar or contrasting experiences and coping strategies they employed individually. Participants also shared their stories, identified themes or questions relevant to them and sometimes challenged view of other participant or a concept. For instance, one participant reasoned that the Unit for the Blind where they resided was not 'specialized' because it accommodated people with two different disabilities. This was a contrasting unconsidered opinion when framing my research questions prior to research/discussions. However, the danger existed of one participant dominating, induced consensus, reluctance to express certain views or experiences in a group. To minimize this, I would ask questions individually and asked a silent participant about their thoughts/views about a question/idea. Among questions posed were several from prior semi-structured interviews undertaken with individual informants to get an individual perspective and explore details. Finding discussion spaces was no mean task as it was difficult to find quiet private venues, hence we often settled for an uncompleted and unutilized classroom. However, on one occasion, we were disturbed by some kids who entered to play, but some played outside and minimized the noise when I asked them politely to do so.

4.4.4 Semi-Structured Interviews

Semi-structured interviews were conducted with all 6 participants. According to Kvale (1996), with qualitative research interviews, we try to understand something from the subjects' point of view and to uncover the meaning of their experiences. Interviews allow participants to communicate a situation from their own perspective and in their own words to a researcher. The aim of interviewing is to invite children to present their own perspectives, rather than from the perspectives of the adults making interpretations on their behalf (Eder & Fingerson, 2001). Research interviews are based on daily conversations but have a structure and purpose that are defined and controlled by the researcher. They attempt to grasp many of the subject's views on

something. Semi-structured interviews are relatively informal interviews with a list of guiding questions/themes (see appendix I) which the researcher is free to phrase and order provided they follow the broad research themes (Ennew et al, 2009). Participants are able to tell their story their own way and have more control over the direction of the interview (ibid). For instance, participants were able to answer questions as they understood them which were sometimes different from the intended question. After some silence or attempt to evade a question (by laughing), I had to rephrase the said question, postpone it to a later time and move on to another question. My informants would sometimes focus on a topic or an aspect of a question that interested them. My role was thus to invite the children to present their perspectives, take their views seriously and to seek to elicit these understandings and to present them in a way that recognizes child agency (Christensen, 2004; Eder & Fingerson, 2001). Interviews were based on questions or pertinent issues that participants identify as important to them. Questions were also based on topics arising from the observations and informal dialogues. Themes related to their personal experiences, coping strategies, relationships with peers and their environment, concerns and merits of inclusive education from their perspectives were explored. The choice of this method was to allow participants to express views or experiences that they felt unable to discuss in a group. It further allowed in-depth exploration of the experiences of individual participants with regards to inclusive education from their perspective and explored issues that were of particular interest to the said participant. The choice of open ended questions was intended to increase the likelihood of narrative accounts, (Krahenbuhl & Blades, 2006) which it did. However, interviews could result in selective information dissemination and the resulting narratives are dependent on both the interviewing skills of the interviewer and the narrative abilities of the interviewee (Gudsmunsdottir, 1996). I tried to counteract this by making it as conversational and informal as possible and complementing it with other methods such as observation. I also asked participants for any relevant questions or topics which were unexplored and to clarify their earlier statements and my observations.

4.5 Ethical Considerations

Ethics from my researcher perspective implies preventing harm from occurring to persons (more so, children including the 'disabled') as a result of their research participation. Ethical issues

which include seeking participants' informed consent, confidentiality, privacy and reciprocity will now be presented.

4.5.1 Informed Consent

Informed consent is necessary for any research which meets ethical standards. It concerns how a researcher gains entry to a participant and/or community. It involves ensuring that participants understand what you are doing and to seek their approved participation. Consent is the informed permission of participants who understand the nature and purpose of research, the methods to be used and how results obtained will be utilized. It implies respecting the right of respondents to accept or refuse involvement. Patton (1990) recommends full disclosure of the purpose of the study when doing participant observation. He claims that false or partial explanations are too risky and add unnecessary stress. I informed all stakeholders about my research aims, objectives, methods and use. Upon arrival at my research site, my contact person and I personally met the school principal to deliver the introductory/information letter (see appendix III) from my institution and brief her about my research aims, methods. The principal who was the "professional gate-keeper" gave me the school's consent verbally and assured me that with the school's official consent, participants' and their parents' would also consent (Cree et al, 2005: 50). I asked to meet my informants individually for their informed consent and that of their parents. Parental consent was sought on the telephone and they all agreed to the school consent.

I was introduced and spoke to some of the resource and class teachers for the visually impaired about my research intentions. One of them then took me to the classrooms of prospective participants, introduced me and asked them if I could talk to them. Informed consent requires 'making a reasonable balance between over-informing and under-informing' (Kvale, 1996). I informed them individually about my research aims, methods and use, after which I asked for their concerns, questions and how they understood the information given. I further talked about ethical issues such as seeking ongoing consent, privacy, confidentiality, anonymity and reciprocity. I ensured that this was not misunderstood by allowing participants to repeat to me what they were informed about my research in their own words. This allowed me to clarify any misconceptions about the research and especially about my role as a researcher as some participants mistook me for a teacher, educational officer or aid worker.

A participant asked if the questions will be similar to their school or teacher's work. I assured him that the questions were not like school work so there were no right and wrong answers (Solberg, 1996), and that only his thoughts and ideas were needed. Another informant asked me about other issues outside the research which I tried to answer to the best of my knowledge. I further assured all participants that in the course of the research they could ask me further questions and tell me anything they wanted me to know. After this interaction, participants gave me their verbal consent which I electronically recorded. Informed consent involves a negotiation of trust and requires continuous renegotiation since the aim of the research may be unclear to participants prior to giving consent. I thus continued to seek ongoing consent before applying any research method as the research progressed.

4.5.2 Privacy, Confidentiality, Anonymity

To ensure that information disclosed by participants were not overhead by others (in breach of privacy), interviews were conducted in empty classrooms and a teacher's make-shift office whenever possible. In the event of near intrusions, I politely asked to be excused or had to move away if necessary. This was problematic as there were few private spaces in the school. Hence, a "degree of planning and preparedness in terms of being ready to take opportunities as they arose" (Leyshon, 2002: 183) and conducting interviews as less private events were required (Abebe, 2009). Spontaneous situations used for interview purposes included instances when informants sat alone; during informal dialogues/conversations and guided tours if informants obliged. Participants may have likely narrated experiences that may compromise their privacy or that of people around them. Hence, I tried to avoid this by informing them beforehand that they did not have to name other people or say anything they did not wish to talk about. However, I assured them that whatever information they shared with me in confidence will be kept as such unless their lives or someone else's was in danger. In that case, we would jointly decide on an appropriate course of action. Informants were told that they did not have to share or narrate experiences which they perceived to be too emotional for them. However, relating some negative experiences did not seem to trigger any trauma to my informants as I feared, and consequently took some prior control measures. I was at risk of breaking down but was helped by the humorous way in which informants told their stories. Hence, it helped me realize that some participants may not be unhesitant and as emotionally affected by negative experiences as

researchers may fear. Anonymity involves ensuring that the identities of research participants are undisclosed by research. The school's identity was undisclosed in this entire report and all attached letters were edited to remove the school's identity and location. Anonymity was ensured by the use of fictional initials in making notes and the report write-up. All notes and recordings were kept out of the reach of others to be destroyed after the analysis and write-up. Participants and authorities were informed of the confidential nature of what we discussed. Hence, teachers and school authorities did not sit in on our discussions.

4.5.3 Reciprocity

Reciprocity can be in the short-term in the form of service, material and/or monetary compensation to offset participants' time and labour; or long-term by disseminating findings to participants and policymakers and subsequent use of it to improve participants lives (McDowell, 2001; Abebe 2009:461). It is a very dicey issue in research (Abebe, 2009) as some researchers prescribe giving no money to research participants (Mikkelsen, 1995, Ennew and Plateau, 2004) since it results in divisions and maintains power differentials. Some also consider it as information buying with a potential for generating inaccurate data (Aptekar and Heinonen, 2003). However, Abebe (2009: 461) argues for (Langevang 2007) that monetary and or material gift (meals and stationery) encourages informants' participation and sufficiently compensate them for their time and labour. As Abebe (2009) argues on reciprocity that he experienced in Ethiopia, Ghanaian culture equally encourages this norm or value in Ghana. As such, gifts are given in appreciation of a beneficial performance and to express heartfelt thanks without expecting anything in return although cultural reciprocity may be required. Thus, respondents were reciprocated in the short term by sharing meals with them as is customary in Ghana. This was done especially for those who did not eat or buy any lunch at break time as this would facilitate their effective participation in school activities and in my study. On their school vacation day (called 'Our day' in Ghana), when most pupils brought lots of food and drinks from home, I did likewise for my participants as they did not reside at home; and bought candy and some cookies for the other students.

During the course of the research, I tried to identify some practical needs of the participants that I could provide to assist with their educational or social life. For instance, I gave two footballs to the male participants (particularly for the youngest) as theirs had been damaged and they needed

one to play with during breaks and leisure time. Female participants who did not need any special play equipment were instead allowed to use my cell phone to call their parents to pick them up; while one was provided with a body lotion which she urgently needed. I never gave them cash in order not to give the impression that I was paying them for information given, and since other researchers may be unable to provide such monetary assistance. Reciprocity was however not one-sided as participants taught me to write Braille and invited me to their music and dance programs. The school also gave me a gift (a meal) on vacation day.

My research site, particularly participants, lacked many logistical and infrastructural resources such as a conducive school terrain, Braille typewriters and textbooks among others. Although, I reciprocated them in the form of food and other stuff, I felt quite uncomfortable to be unable to help them logistically since it was beyond my research role and economic capacity. This was especially due to my previous journalistic experience in which respondents were usually allowed to conclude with an appeal for assistance; and my position as a scholarship student from Norway who was perceived to be at an economic advantage. In spite of their knowledge that I was not an aid worker, my informants would also tell me the equipments they needed as if they expected me to get them through a non-governmental organization or the government. However, trying to solicit some assistance for the school seemed questionable then, as the anonymity of my research site and participants may be compromised. Fortunately, the principal agreed with me that writing about my research topic in itself, could go a long way to provide some future assistance for all inclusive schools.

4.6 Study Limitation

My study was conducted in a school setting. I realized that it would have been insightful to observe my participants at their residential setting but could not, since this would have too broad or encompassing and would have required more bureaucratic and time-consuming procedures. However, I was able to gain some insight into their relationship with the other 'disabled' children at the specialized school through our dialogues and when I sometimes accompanied them after school.

4.7 Data Analysis and Transcription

Data analysis is not a separate process but began during the fieldwork when observations and speech were categorized into themes, questions and topics. As I observed and interviewed informants, I noted emerging themes and questions that required follow-up. After fieldwork, raw data (audio, visual and written) were first transcribed as accurately as possible from the local language into English. I transcribed myself as I perceived it as constituting a key part of the data analysis process. Transcribing verbatim also helped me to familiarize myself with the research contexts, atmosphere and nonverbal cues; and categorize my data co-currently. This took considerable amount of time than intended as audio recordings were sometimes unclear and had to be replayed several times and translation had to be as accurate as possible. The accuracy of translation was enhanced by having other fluent native speakers review problematic terms and phrases. Transcripts were read many times in order to identify recurrent themes and concepts; and how my data related to my research questions and aims. These transcripts were analyzed based on relevant theories, literature and the research context. Thus, the top-down approach was employed in which data was analyzed according to an existing framework (Nilsen, 2005).

4.8 Challenges

4.8.1 Atypical adult

In order to minimize my authority and adopt the "atypical adult role' (Corsaro, 2003: 16), I asked my participants to call me by my English or local name without the titles 'madam' (used to address their teachers) or 'sister' (used to address an older person). In spite of this, my informants and their peers still continued to refer to me as *"Madam"* or *"Sister"*. When I reminded them that I could be addressed without titles, they would apologetically smile but still use the title 'Sister' in addition to my name. In an informal discussion, one participant told me that they considered it disrespectful and traditionally inappropriate to refer to me only by my first name without the title 'Sister'. For them, it was just enough that they could talk, play and joke with me regardless of the title. For instance, one non-participant would playfully tap my shoulder and slowly call me *"Madam, Madam"* while smiling so broadly that I could not help but smile back. Other male non-participants would playfully say, *"Madam, you look very nice today"*. Thus, we jointly arrived at the conclusion that they could address me in this manner. This

development helped me to realize that minimizing adult or researcher authority is not necessarily indicated by how participants address the researcher, but also the ability of the researcher to respect participants' values and preferences contrary to his or her personal or academic expectations.

4.8.2 Research role

As Tingstad (2007:129) argues, good research is not only about "methods" but also "how the researcher perceives the phenomenon to be studied, the role and position of the researcher and how the researcher positions the research subject(s)". During my fieldwork, there were times when I saw myself to be more of a confidante and friend than a researcher. For instance, ladies at the school canteen asked me *"Are you a relative of these kids* (research participants) *since you are always with them and they seem to enjoy your company?"* This made me wonder if I was playing my researcher role as there did not seem to be a separate 'Sarah, as a friend' from 'Sarah, as a researcher'. My participants will sometimes ask me to accompany them on strolls or to read for them; and often liked to chat about other issues and entertainment. I obliged to these tasks which did not seem to be directly related to my research role, and focused on listening to informants' perspectives rather than preaching to them. This development helped me to build rapport with my participants who then felt comfortable to communicate with me. Thus, I realized that research is a fluid event (Abebe, 2009) which may not have to be entirely distinct periods of social interaction, and then research. However, I still inwardly struggled with balancing building rapport with my participants but not getting too attached during the short fieldwork period only to part afterwards. To illustrate, a lady at the school canteen told me how my participants will miss me when I left because of all the attention I gave them which they were somehow not used to. But then again, how close was too close? Would I not be playing an adult paternalistic role if participants wanted to build a close relationship with me in spite of the brief nature of our contact; however I arbitrarily decided that this was a bad idea? But, I kept on sadly reminding participants that I would not be with them for the next school term anytime they would start to include me in their future plans. Sometimes, in the absence or inability of their sighted desk mate to read for them, I would volunteer to read for my participants. This gave me further opportunity to experience the challenges they faced without Braille textbooks and how they got around it. However, this was problematic sometimes as a few teachers would ask me to read for a

participant while I was doing observations in that class. I obliged or politely declined depending on when I had definite plans and appointments or not. However it felt somehow impolite and culturally inappropriate to decline especially when asked by a teacher who was much older than me, but they always understood. In few instances I had little option to decide as the class teacher of a class I was observing, left to have an urgent school meeting during a class test or examinations. This was slightly unnerving for me as I always played an 'atypical adult' with both participants and their peers, so I initially pretended not to see as some non-participants whispered and cheated. However, when they were practically talking and copying, I had to intervene by telling them that schooling was not just about grades hence by copying, they could not evaluate what they really knew and what they did not. At this point, I felt compelled to intervene because by cheating, they gained an unfair advantage over others including my participants who already had to spend more time writing in Braille. Fortunately, this happened during the final days of fieldwork, after I had built rapport with both participants and non-participants and conducted all interviews and discussions.

4.8.3 Research Site

My research site was hundreds of miles from my home base such that I attempted to find a nearby site. This attempt however proved bureaucratic and unfruitful such that I had to travel long distance and find accommodation at my research locality. Movement to and from my research site was challenging as the school terrain was rough and undulating. Hence it was often difficult to find less costly public transport to the site. I further had to take a tiring and sweaty 10 minute walk to the school from the junction on the first day. This walk was reduced to 3minutes by a shorter route. But, this route involved using more harsh and bushy terrain. I always arrived at my research site breathless and a little tired but I took it as a good source of exercise and well worth the effort of meeting my research participants and other school members who were always very welcoming. There were also few private spaces at the research site.

4.9 Validity and Reliability of Data/Findings

Throughout the fieldwork, I was conscious of the fact that children like adults may lie or be evasive in research for several reasons (Punch, 2002). As a result, I tried to "build a relationship of trust" to minimise such "lies and evasions" (ibid: 325). I also used different research methods to make them confirm or clarify their responses. Validity of informants' responses was also seen from the perspective that their statements were from the young people's own point of view (ibid). In order to ensure the trustworthiness of my data, I transcribed all audio interviews word for word. I would listen and re-listen to catch faint or unclear words. However, in a few instances, some utterances were not clear such that I had to listen several times and if still unclear, I consulted my field notes to verify. I also employed the use of second and third party individuals to confirm or provide alternative translation alternatives when I was unsure of my translation.

This chapter has spelt out the research methods used in my study; the issues faced and how ethical issues were addressed. Next is an analysis and discussion of my study findings.

CHAPTER 5: ANALYSIS AND DISCUSSION
PERSPECTIVES OR CONSTRUCTIONS OF DISABILITY

In line with chapter one, this research aims at exploring the experiences of the visually impaired in a mainstream school in Ghana and how they cope with such experiences. The research also seeks to discuss perspectives of the visually impaired on disability and their visual impairment. As stated earlier, the following guiding research questions were used:

- What Are The Experiences Of Visually Impaired Young Persons In Mainstream Schools And How Do They Deal With These Experiences?

- What are the Perspectives of Visually Impaired Youth on Disability and Impairment?

This chapter therefore, presents and discusses young visually impaired persons' views and perspectives of disability and impairment. This section is in line with the research aim or objective of exploring participant's understandings and constructions of disability and impairment. The subsequent discussion may provide a background of the disability perspective in Ghana and will serve as a backdrop to exploring the school experiences of the visually impaired in the next chapter.

5.1 Causes of Participant Impairment

Participants had varying views about what causes impairment in general or specifically, their own visual impairment. Only two participants ascribed their impairment to genetic causes such as a parent being impaired or being born with their impairment. When asked about the cause of his impairment, Ato a 15 year old boy attributed it to one of his parents having the same impairment. *"I was born with* low vision *because a member of my family has it*." A 12 year old boy Kwaku also said his low vision was an impairment he has had from birth. *"I was born with it"*.

Most informants became blind or partially sighted later in life as a result of an illness or some other happening. Two of such young people (Ben and Erica) who were very young when they became blind and partially sighted respectively, got knowledge about the cause of their impairment from their parents, specifically their mothers. As a result, they lacked knowledge about some details concerning their impairment such as the age at which it started. For instance, concerning the age at which her impairment began, Erica (a 17 year old girl) remarked, *"when it started, I was still small so my mum didn't tell me and I didn't ask her how it happened."* Ben

gave a similar answer to the same question, "w*hen I was told this story* (about his impairment)*, I didn't ask how old I was.*"

This appears to support Connors and Stalkers' (2007) findings that children's main source of information about the cause of their impairment is their parents. However, they also assert that there appears to be little discussion about it in family circles with children dropping the subject after enquiring about it once, possibly conscious about the resulting parental distress. In the context of my research however, only young persons whose impairment happened at a very tender age informed me about the cause of their impairment as told by their parents (Erica at kindergarten age possibly under 3 years; and Ben "*when he was little*"). Erica gave a very brief account which included that "*when my eye problem started, I was taken to the hospital then to prayers and again to another hospital after which I was brought to the specialized and inclusive school*" However, Ben gave a more detailed account as follows:.

> *"I fell ill when I was little, and was taken to a hospital recommended by a lady to my mum. The daily intake of the hospital medication (4 injections after breakfast) given, resulted in my long hours of sleep until the next dosage. After 2 days, my mum noticed and informed lady (who recommended hospital) about an infection I was developing from the medication. The lady assured her that my weakness was the effect of the medication attacking the illness. I developed some side effects (sore and watery eye, hair and nail loss) and subsequent low vision."*

Ben and Erica's use of the phrases 'being told' and 'failure to question' (about their impairment story) may also be as a result of the seniority and authority in the family bordering on age and gender such that, children are expected to respect and obey adults or their elders (Salm and Falola, 2002). Such respect may sometimes involve a tendency not to question what adults say.

5.2 Dust blew onto my eyes

The two other female participants (with blindness) who acquired their impairment at an age when they were aware of happenings around them, narrate their experiences of how their visual impairment started and its aftermath as follows:

> *Christie: Dust made me blind. I was playing when it became windy and blew dust into my eyes. My eyes or sight were darkened after which I was taken to many places. They used me for shopping. (Smiles). I was taken to doctors and pastors. They took me everywhere. All that while (from age 3), I was partial but when I was taken to A (a charismatic church healer), then I became total at age 9... I went for admission forms for a specialized school but I didn't go because 2 weeks later, I completely broke down in illness. I was taken to a private hospital for 3months but I was still unwell... It was as though my whole body had been invaded by something so when you held me, I couldn't stand it and started screaming. I was taken... to a nearby*

hospital. My dad's sister (a nurse) said I should be taken to Y (district) hospital for an abdominal examination surgery….The thing had become hardened in my stomach. My mum took me to the hospital and said that considering the situation, I might die if I went to Y for the surgery so she won't take me there. …So she took me to a pastor. Honestly, the pastor healed me …he restricted my diet… I was there for 3 months and got well. Before I could get baptized, the pastor went to visit his wife in another city to return later. Three days after he left, 5 birds began crying noisily under a tree we were seated. My sickness returned the next day, and the pastor was recalled. I'd have died if he hadn't come when recalled that day. I stayed there for another 3months and recovered… After which we came home and then to the specialized school/Unit where a relative worked for admission forms. I started schooling there and saw visually impaired and other impaired category together. The VI schooled with the sighted which encouraged me to quit being sad.

Eduafuah: I went outside for 1st break the day before a new academic year began and I was due to start in class 5…I descended a veranda in front of our class, and the wind blew dust into my eyes. It irritated/hurt very well. The teacher put some medication on it. My eye swelled and I was taken home. The next day, my mum took me to an eye clinic at A…I was often taken there. Then I was taken to prayers. I was then transferred from the eye clinic to another…We were buying drugs, 200 and 300gh (about 675 and 1000 NOK). I was transferred to a teaching hospital in the capital where they decided to operate… There was a power outage on the surgery date and again on the rescheduled date afterwards. So I was transferred to another town hospital where my mum's dad works. He said he won't allow me to have the surgery because it won't cure me but rather prayers will, so they should take me for prayers… So we were going around prayer camps. We went to E's church, where my mum donated 100gh (about 345NOK). Then we went to A (another faith healer) who strained red dust, oil and lime, and told my mum to apply it onto my eyes. He kept applying it until I eventually became totally blind…Before then, I could partially see with the unaffected eye… A certain lady, who I'm not sure whether she was a conjurer/witch-doctor or a pastor, was giving my mum medication when I was partial… She told my mum that she'd been threatened with death if she didn't stop. She disobeyed but after the third threat, we couldn't find her anymore…Even in the town where she claimed to live, they didn't know her.

Both Christie and Eduafuah (15 and 14 year old respectively) experienced the onset and aftermath of their visual impairment as characterized by some physical discomfort; being transferred from one hospital to another which does not resolve the impairment. They were then taken from one faith healer to another or "*shopping*" as one participant describes it. A detailed discussion of this phenomenon is undertaken in a subsequent section. These events also appear to result in an interruption in their schooling for a while.

5.3 Perceptions about Disability

Many participants had different views about visual impairment or disability in general. Participants employed multiple constructions of disability encompassing the medical, social and religious model. When asked about what disability was in general, participants response included disability as *'having a defect'*, as an *'illness'* and *'a natural condition from birth'*. Some participants equated disability in general to having an impairment (physical and/or mental),

which implied having a defect. When asked how she saw disability in general and hers in particular, Christie replied "*It's a flaw or defect[8]*".

However, some participants appeared to adopt a multiple conception of disability as the extract below shows:

> *Me: How do you see disability[9] in general?*
>
> *Ato: Disability... my mind tells me that it's like visual impairment, deaf, 'clepe[10]' (or whatever) when you have it, or those whose mind is a little... I know that it is said that they have a defect, flaw (we de d3m[11]) not sick people. I don't hear them say that they are sick but they have a defect.*
>
> *Me: What does 'having a defect' mean?*
>
> *Ato: It means that like his entire being or body is not ok. Some part of him is not ok.*

Ato appears to describe disability above as a defect or flaw. He further talks about how others describe or label the phenomenon to support his view. On one hand, Ato does not appear to view disability (both physical and intellectual) as a sickness or a medical condition. However, his perspective on disability as 'a defect', which is that a person with disability's "*entire being or body is not ok"*, appears to resonate with the individual model of locating the problem with the individual and his biological makeup (Oliver, 1996). His use of the phrases, *"it is said that…"* or *"I don't hear them say…*, may imply that this 'view of disability as a defect' that he has just expressed, may reflect the local expression or the way persons with disabilities are described or spoken about. Although Ato does not indicate who he heard this view from, and it is possible that it is just his style of expression, I choose to assume that in this context, he is referring to the local expression. One reason for this assumption is because he previously mentioned that before coming to the inclusive school, he felt disrespected and disregarded by some community members and neighbours who pointed fingers, laughed and whispered when he approached and asked him not to bump into them even though this was unlikely as he had partial sight. Note worthily, I was oblivious beforehand to the use of the local term (we de d3m) with regard to disability; having lived in a cosmopolitan city where language adulterations and the use of different dialects had limited my proficiency in the local language. However, I have heard the

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[8] She uses the local Twi word 'd3m' which an online dictionary translates as flaw or defect.
[9] I use the English word 'disability' in my question to prevent any misunderstanding or mistranslation.
[10] Likely referring to cleft lips.
[11] The local term used by Ato which I translate using an online Twi-English dictionary and 3rd party input.

phrase used with regards to a person who has been in an accident and lost a limb or other body part or function which seems to be what the participant described. A colleague who is proficient in English-Twi and is researching disability, also confirmed the participant's phrase and its translation which I further confirmed with an online Twi to English dictionary (ghanaweb.com).

Ato's observation is similar to what Avoke (2002) has noted, that traditional representations of 'disabled' persons tend to focus on them as abnormal and not healthy. For instance, the Logba-speaking people of Ghana have a saying that "individuals with disability, especially those of a a physical nature, do not sing war songs" (ibid: 771). This was to highlight that they are neither healthy, normal nor 'abled' (ibid). This non-participation in war was however disabling since wars were in local demand in past times and warriors were an asset to the community. Thus, although Ato's explanation of *'defect' as 'a person's body not being ok'* leans towards the individual or medical model, his use of an expression employed by the wider society for the 'disabled', may also be explained in line with the social model. By the use of such expressions as "it is said" or "I don't hear them say", he is addressing a societal expression which may indicate or prompt low regard for persons with disability and imply a view of them as 'non-enabled' and 'abnormal'.

Hence, a possible interpretation of the expression "*it is said*" is that, "the perception of impairment as personal tragedy is merely a social construction; it is not an inevitable way of thinking about impairment" (Crow, 1996: 60). However, as Crow further adds, "it is a fact that impairment basically means the non-function or difficulty in functioning of aspects of a person's body, but to consequently imply that the person's body, and ultimately the person, is inferior is an interpretation" (ibid:60). This reasoning is a possible interpretation of Ato's simultaneous reference to the functional limitation of impairment but also indicating that, people likely construct these views through their speech among other things. This may be an indication that for some persons with disability, multiple models of disability may explain or describe their experiences of disability. They may simultaneously subscribe to the notion that they have an impairment which limits their bodily function, as well as express their 'disability from a social/ societal point of view. Individuals may "selectively draw upon components of apparently conflicting discourses rather than uncritically accepting a model (of childhood) in its entirety" (Holt, 2004: 224). Although Holt relates the above to childhood, this argument may also be

applied to the models of disability. As Shakespeare (2006: 55) argues, "disability is always an interaction between individual and structural factors". Such an approach recognizes that people are disabled by society *and* by their bodies, but this multi-faceted view of impairment may imply that oppression need not necessarily be a must and gives some room for individual agency (Nind et al, 2010; Shakespeare, 2006).

As earlier mentioned, most participants appeared not to subscribe to the strict dichotomy of "disability as all" (Crow, 1996: 57) or "impairment as the full explanation" (ibid: 63) associated with the social and medical models of disability respectively. For instance, Ato (15 year old male participant with low vision) who had earlier described disability as '*having a defect',* later refutes the view that as a result of this defect, they cannot do certain things. He then admits that, "s*ome say blindness hurts and I know it does.* Hence while refuting that they are 'disabled' by their impairment (as the medical model argues), he admits that there is some physical hurt associated with his impairment. The latter statement appears to be in line with a critical evaluation of the social model by one of its proponents that: by downplaying impairment, the model excludes or ignores the physical pain that sometimes accompanies it (Crow, 1996).

Recognizing the importance of impairment for persons with disability does not mean that they have to adopt the non-disabled world's ways of interpreting their experience of their bodies (ibid). As Ben, another participant (17year old male with low vision) appears to point out in line with the above, impairment is not all negative as perceived by some 'non-disabled' but has some advantages. "*I'm blind so it's just my eye that can't see but my mind is faster than some of them* (sighted colleagues). *I know that my eye hurts so my mind isn't like theirs. He, his mind tells him that I can see this thing, so I'll look at it with my eyes. So what the mind has seen, maybe/sometimes they haven't seen it* (with their eyes). *But me my mind, it's like while we're here, we use the eye to perceive or visualize but it's the mind that sees. So, there are some things that they will see first before they think about it while I'll have already thought about it before I perceive or visualize it".* The participant appears to indicate that his visual impairment results in the sharpening of his other senses particularly his other perceptive and thinking abilities. As a result, while his sighted colleague will often see something physically before thinking about it (and thereby may not need to employ other perceptive abilities or senses), he thinks about something in order to perceive and visualize it. He exemplifies this by showing that his mind

often helps him to perceive a familiar person he wants to speak to through their voice, smell and other non-visual characteristics which the sighted may overlook or downplay because he can see the person. Ben appears to indicate here that disability is not a tragedy as the medical model subscribes. As earlier quoted, "the perception of impairment as tragedy… is not an inevitable way of thinking about impairment." Crow (1996: 60)

5.4 Multiple Causes of Impairment

In some instances, some research participants appeared to allude to multiple causes of impairment that included medical and spiritual or religious factors. To illustrate, in the following extract from a joint interview, two female participants seemed to attribute their impairment to a medical/scientific cause, however they introduced a religious element to it.

> *Me: You both said that in your free time, you think about what made you blind. What do you think made you blind?*
>
> *Christie: Mine. It was dust that made me blind. I was playing when it became windy and blew dust into my eyes. Then my eyes or sight were darkened.*
>
> *Eduafuah: The wind blew and dust entered my eyes. It irritated/hurt very well and my eye got swollen. So I could see but not properly with the one which got dust blown into it.*
>
> *Me: So do you feel that it was this irritation from the dust and the resulting illness which caused your impairment?*
>
> *Eduafuah and Christie: Mine was not an illness.*
>
> *Christie: Mine, they have seen who caused it but haven't mentioned his/her name.*
>
> *Eduafuah: As for mine, I've seen and what I've seen is a long story.*
>
> *Me: So the person who caused it can restore it?*
>
> *Eduafuah: Witches ruin things, they don't restore things.*

From the extract above, participant initially attribute their impairment to a medical or environmental effect of having dust blown into their eyes. However, they consider or regard both incidents not as a medical, environmental or a random event but rather as being caused by someone in the spiritual realm. Eduafuah identifies the culprits as "*witches* who *do not restore things but ruin them*", hence introducing a spiritual element to their cause of impairment. Similarly, according to Nukunya (2003: 59), witches are persons (of both genders) believed to possess inherent supernatural powers which they use (deliberately or not) to harm others or to benefit themselves. He further shows that this evil ascription to witchcraft is caused by the need

to explain unexpected or undeserved misfortune where there is lack of recognition of their natural or random occurrence (ibid). For instance, in both participants' case, a failure to explain or understand why dust was blown into no one else but both participants' eyes at that point in time and subsequently resulted in their blindness may result in attributing it to witches. Other unexpected happenings such as in Eduafuah's case, a power outage on both dates of her scheduled eye surgery further seem to strengthen their 'witch theory' conviction as Christie explains: "*the witches have caused a compulsory light off*". Christie also talks about how after being healed by a pastor for a stomach ailment developed after her impairment (which prevents her from enrolling in a specialized school), "*5 birds come and sing or cry on top of a tree she's seated under and her illness fatally worsens the next day*" As Dei (2004 in Anthony, 2011: 1077), a Ghanaian author observes, spirituality (or religiosity) is the medium by which Ghanaians understand and make sense of their world such that spiritual beliefs appear to provide a lens for filtering daily experiences. Religion is defined as "the beliefs and practices associated with the supernatural" (Nukunya, 2003:55) or beliefs and acts aimed at the "propitiation or conciliation of powers superior to man which are believed to direct and control the course of nature and of human life" (Frazer, 1890 in ibid). Such traditional beliefs include belief in the Supreme Being or God who is the Creator and sustainer of life and is the most powerful belief in other supernatural forces (lesser gods, ancestors, witchcraft and divinity/magic/sorcery). Eduafuah thus seems to filter her experiences through the lens of the belief in one such religious belief (witchcraft/witches) which is briefly discussed above.

5.5 Consequence of Belief in Spiritual Cause of Impairment

Whether authentic or not, belief in spiritual forces (witchcraft) tends to influence people's behaviour (Nukunya, 2003) such that when medical consultation fails to resolve their ailments, people resort to spiritual or religious healing. Traditional healers such as witch-doctors or sorcerers may be consulted as they are believed to perform rituals to free victims from the spell of other witches and sorcerers (ibid). However due to change in traditional social structure and order, much more importance is now placed on the prophet and medical doctor as opposed to magicians and witch-doctors (Assimeng, 1999). In both instances, when their impairment worsens in spite of medical treatment, they are taken from one faith healing pastor or prayer camp to another or *"I was used for shopping"* as Christie lightly puts it. Interestingly, de-Graft Aikins (2005), in her study of diabetes-related impairments employs a similar phrase, "healer

shopping (going from one healer to another without referral)". Eduafuah is further taken to a traditional healing lady whose identity she's uncertain about *"I'm not sure whether she's a conjurer, sorcerer or a pastor who was giving my mum medication for my eyes while still partial"*. However, a threat on this healer lady's life by the supposed culprits of her impairment resulted in the healer's disappearance which led to a deterioration of her condition. Christie notes that the stomach ailment which developed after her impairment, and prevented her from going to school, was healed by a pastor. However, in both participants' cases, their partial sight deteriorates to blindness while supposedly being treated by a Christian faith healer. According to Christie, "*I was 9 years old when I was taken to A (pastor's name) and my partial sight became total"*. Eduafuah also adds, "A (same pastor) *strained red dust, oil, lime, for my mum to apply onto my eyes. He kept applying it until I eventually became totally blind*".

Hence in addition to being sent for orthodox medical treatment, the two girls are also sent for spiritual healing including faith or traditional healing. According to de-Graft Aikins (2005: 757), "studies suggest that healer shopping within ethno medical systems is the primary and dominant response to chronically ill people in Africa." It is motivated by a belief in the spiritual causes of chronic illness (such as witchcraft and sorcery), the need for cures, and faith in the powers of traditional religious healers resulting in the desertion of modern medicine in search of spiritual cures (ibid). These spiritual cures may also include, as in the case of my participants, faith 'healing', Christian pastors or prophets who may resort to prayers and the use of anointing oil and other mixtures.

Although writing about diabetes (a major cause of disability among adults), de-Graft Aikins (2005: 757) also notes that treatment choices in addition to biomedical treatment include: "spiritual action in response to the disease, including traditional religious healing, Christian faith healing and Christian prayer; cure seeking, both intermittent and persistent, the latter often driven by strong Christian faith; and medical inaction" (passive withdrawal from medication). Her findings suggest that: "healer shopping is a secondary practice in Ghana, co-existing with biomedical management, spiritual action and medical inaction"; and "belief in the spiritual causes of chronic conditions (which may include physical impairment) is secondary to belief in biological causes" (ibid: 757).

5.4.1 The Parental or Familial Action Cause of Impairment

Some participants also appeared to relate their impairment to some past actions by their parents. For instance, in discussing her free time activities, Christie mentions that she thinks about her impairment cause: "*I wasn't born blind so how did I become blind or what did my parents do that I'm (has made me) blind.*" From Christie's comment, it may be deduced that in thinking about her impairment cause, she considers the possibility that her parents' actions may have caused her impairment. These actions may be physical, social or spiritual and both positive or negative.

When I asked Ato what he thinks about the view that it is the society or people around him who disable persons with disability, he replies as follows:

> *Ato: At times, it can be those who are close...because maybe like for instance, your grandparent did something and it was said, maybe he/she was cursed that maybe your son will get this. So it's possible that all the children in your family will get it. So it happens that you are born, you whose mum did something wrong, you're born blind or deaf. When you also give birth, they are also blind or deaf. At times, if God is not gracious to you, then you the grandchild also has a blind or deaf child.*
>
> *Me: So do you feel that it's something someone did in your family that caused it.*
>
> *Ato: Hmm. At times, I hear things like that. But because I'm a child, at times when they say it... Hmmm. Because the world that we live in if good and bad don't exist, it won't work. So I feel that it's just an illness/defect that has occurred.*

In the above, Ato describes the possibility that the actions and a resultant curse upon your immediate family (such as parents) or even to extended family members (grandparents and great-grandparents) can result in having an impaired child. For instance, among the Akpafus, who live in the Volta Region of Ghana, cataract[12] is considered a result of sins committed by an ancestor and the development of a cataract is a way by which living relatives can atone for the sins of their ancestors (Dogbe, 1995 in Avoke, 2002). A similar pattern is found among the Lobis in the Wa district of Ghana, where blindness is still generally considered to be the result of an offence against the gods or ancestors (Avoke, 2002: 773). This belief may also explain why there may be certain sanctions or taboos for expectant mothers such as not being cruel to certain animals (Agbenyega, 2003: 4) and not making fun of persons with disability. As Nukunya (2003)

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[12] A clouding of the lens in one's eye resulting in vision challenges.

postulates, these beliefs served as social control and regulation of the populace behaviour to motivate them to exhibit 'desirable' behaviour and desist from 'undesirable ones. Ato appears to analyze that in line with what he is sometimes told, familial action may be a possible cause of his own impairment. However, he concludes that being a child (such that he likely cannot or may not refute adults claim[13]), he analyzes his own situation and concludes that his impairment is an illness or a defect which is a normal part of life in the world in which a phenomena may co-exist with its antithesis.

5.6 Impairment As Divinely Caused For a Collective Good

It has been suggested that some explain their impairments as the will of God (Connors & Stalker, 2003), however none of my respondents made this ascription. Only Aba Linda, (a 19 year old[14]) appeared to bring up a slightly similar reason. When asked together with Erica about the cause of her impairment by her sighted classmate, Aba Linda replies as follows. *"When God created me, he said I'll be an evangelist so I should be blind so that many will look upon it and serve God.* Here, she appears to attribute her impairment to a divine cause for a collective good or benefit. Hence to Aba Linda, her impairment was considered as something with a positive outcome for many thereby highlighting the communal/collectivistic merit of her impairment.

Ghanaians are generally religious and their shared religious beliefs constitute the fundamental basis of their sense of social identity, values, and destiny. (Anthony, 2011). With the introduction of Christianity, Islam and other organised religions, spirituality has had a broader meaning and understanding (ibid). One possible interpretation of her statement is that by being a 'blind' evangelist (preacher or church leader), many will see the vast abilities and potentials that God has given to his human creation including persons with impairments. This knowledge will prompt people to devote themselves to God, seeing that he brings a good outcome out of a perceived misfortune or undesirable situation (or with God, all things are possible). Another

[13] The 'hmm' sound he makes in that context may be interpreted as a sigh usually employed by a person who is rendered speechless and has no expectations of being listened to.

[14] This participant's age was uncertain as she informs/permits me to confer with the school record of her age when I ask about it. School records show that she is above 18 although she said otherwise. Hence she was initially included in my informal interactions and observations but later in observations only due to her frequent interaction with research participants. This decision was made in order not to exclude her after receiving her informed consent and involving her in the initial fieldwork phase.

possible interpretation of the quoted statement is that since many Christians view faith or belief in God as an evident demonstration of his visible handiwork or creation, her belief will move others to also believe. They might reason that if a person who cannot visibly see has such strong faith or belief in God that she willingly shares it with others, then what further reason does a person who can visibly see God's creation have for not believing. An evangelist is someone who preaches about God and by so doing, draws people to serve God. Hence if a person with a visual impairment evangelizes to people, he or she may draw a large following since he or she will be an example of God's sustenance of all persons including those with impairments.

5.7 Change toward a Different Perspective?

Although several scholars have argued that the traditional Ghanaian perspective is still widely predominant (Anthony, 2011; Avoke, 2002), others have argued that there is some change in the social structure and belief system (Andin, 2008; Assimeng, 1999; Nukunya, 2003). Informants appeared to reflect some of these changes in their thinking when I ask them whether they will resort to bio-medical or spiritual consultation in the event of a similar impairment occurring to themselves or their acquaintances. Three of the four young people (2 blind girls and 1 partially sighted boy) to whom I posed this question, indicated that they will seek bio-medical attention. The two girls (Eduafuah and Christie) then added that personal prayers will be combined with medical attention. Eduafuah explains the reason for her choice as, the possibility of deception by these faith healing pastors and the wisdom in combining hospital visits with direct personal prayers to God (without a human mediator). "*In my case for instance, there are some* (faith healing pastors) *who can deceive you that tomorrow you'll be fine. By tomorrow, you'll even be worse than your previous condition. God says that where 2 or 3 are gathered in his name, He's there. So while going to the hospital, then you'll be praying alongside.*" According to the participant, her reason for this biomedical and spiritual combination is that the doctor's healing is a physical manifestation of divine healing by God. As she notes, "*before doctors can cure, God will have healed in the spirit realm before it is made manifest in the physical.* In other words, divine healing does not occur out of nowhere but is manifested through tangible or physical agents (a medical doctor in this instance)

Christie further indicates that, "*First, I'll go to the hospital and if they are unable to fix it, then I'll go to the pastor. But before I go to the hospital, I'll pray too.*" However to decide at what

point she will opt for consulting a pastor she added that "*Everyone who's a doctor or nurse sees into the spiritual realm. So when you consult them and they see that at this point, I can't fix it, they'll tell you and ask you to go for prayers.*

Both appeared to view bio-medical practice as a physical manifestation of divine healing by God. Only one male participant born with low vision admitted that he does not like going to the hospital because his impairment is a birth condition but believes that through prayers, his eyesight will be restored. He explains that at the hospitals, sometimes medical personnel fail to take good care of one's condition such that it deteriorates, so he does not consider it good for him. His observation about the medical attention received at the hospital may be one of the reasons why impaired persons may opt for other alternatives other than bio-medical.

> *Ato: I go for prayers but don't go to the hospital because I know I was born with it. But I've been to the hospital twice."*
>
> *Me: So do you feel that through prayers, your eyesight can be restored?*
>
> *Ato: yes.*
>
> *Me: how about the hospital?*
>
> *Ato: the hospital is not good, at times when you go to the hospital, the nurses don't take good care of your eyes and can make you total (blind). So I say that the hospital is not good for me.*

The above extracts from all four respondents seem to support de-Graft Aikins' (2005) finding that there is a co-existence of biomedical management, spiritual action (prayer in respondent's instance) and medical inaction (passivity in Ato's case) which is primary to the practice of 'healer shopping' in Ghana. However, in Ato's case, his passivity to medical attention rather than inaction may be based on his belief in the natural or genetic cause of his impairment and the not-so-pleasant perception of medical treatment at the hospital. Interestingly, all three participants were confident that they would regain their eyesight indicating that regardless of the mode of treatment participants believed in (biomedical and prayer; or solely prayer), their belief in its efficacy boosted their conviction of an eventual cure. The above views and slight variation from the traditional perspective of disability and its treatment may suggest a change in the traditional Ghanaian perspective to a more nuanced one. The causes of these changes in the worldview of the Ghanaian community may be explained mainly by the "advent of Christianity, education and the fact that persons with disabilities have become role models for coming

generations" (Andin, 2008: 19). For instance, a Bible text acknowledges the physician's function in treating ailments[15]. It may also indicate that there are several intricacies involved in the ways such beliefs are invoked and employed based on individual circumstance (Anthony, 2011). However, it does not appear to support his suggestion that "these highly valued and intertwined cultural belief systems permeate all other aspects of life and may be deeply engrained such that other ways of thought are actively, or intuitively, resisted"(ibid: 1079).

In this chapter, visually impaired young persons' perspectives on disability and visual impairment have been presented and discussed. This will now serve as a background to a discussion of the experiences of the visually impaired at the regular school and how they deal with such experiences.

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[15] Jesus who himself cured sick people acknowledged this function as a domain of physicians. "Those who are healthy do not need a physician, but those who are ailing do" (Luke 5:31)

CHAPTER 6: ANALYSIS AND DISCUSSION II
EXPERIENCES AND COPING STRATEGIES

In this chapter, I present and discuss visually impaired young persons' experiences at the mainstream school, and how they cope or deal with such experiences. This is to highlight both positive and negative situations that respondents experienced in their school lives and to provide a glimpse of the enabling and disenabling situations children experienced. As indicated in the theory chapter, coping strategies encompass the actions and thoughts employed by participants in order to deal with situations or experiences they faced in their social, environmental and school contexts. I therefore begin by first presenting their non-school experiences as a background or context to their regular school experiences.

6.1 Non-School Experiences - Family

Although my study focused on the experiences of visually impaired youth in their mainstream school setting, participants also mentioned their experiences from other social settings such as within the family and communal relationships. Hence, a presentation of such experiences, some of which serve as both experiences and coping strategies will be undertaken below.

The family appeared to play a key role in participants' lives and experiences. Participants relate the role of the family in supporting them in varying ways. Such support includes involvement and interest in their education, visits at school, doing house chores together, making similar provisions for them as their siblings, provision of assistive technology, patient and loving attention.

6.1.1 Involvement and interest in participants' education

Some parents appear to play an active role in their children's education. For example, while picking up Christie from school on vacation day, Christie's dad comes to the regular school to meet her resource teacher and get feedback on her school activities and the consequent assistive role he can play as a parent. Christie's father avails himself to come to the regular school and initiate an interaction with his daughter's resource teacher without the teacher's prompt. Aba Linda's mother also consults her resource teachers while visiting her at the regular school. By so doing both parents seem to portray their active interest in their children's education. Parents who themselves have an impairment also seem actively interested in their children's education. For

example, a male participant (with low vision) talks about his visually impaired father's regular attendance of Parent Teacher Association (PTA)[16] meetings.

Ato: "*Some parents do not come here* (to the school) *for PTA meetings until vacation. But as for my dad, because he himself is blind, he knows how it is and the environment. So…he comes for every PTA meeting. Also on school vacation he comes.*"

Ato indicates that his father attends all PTA meetings since he is also impaired and has awareness about the experience of visual impairment and the environment. Hence, he reveals his father's commitment in spite of Ato's perception about the non-involvement or passivity of other pupils' guardians.

6.1.2 Family visits

Family support may also be seen by visiting the young people at school. As Christie remarks, *"I miss my family when I am in school. But they come to visit, my mum and dad plus my siblings in K come to visit."* Christie's parents and siblings (who live outside the family home) show their support by visiting her from a town about 4 kilometers away. According to Christie above, such visits helps her deal with her separation from them. Participants appeared to be happy simply at the thought of a family visit and seem disappointed when they discover otherwise. For example, Aba Linda (a VI who was observed but not formally interviewed) once mistook me for her mother, at some distance and my occupied hands stops her from recognizing me by touch. She approaches me with a smile until she realizes that I'm not her mum. Her smile quickly fades as she tells me, *"You've fooled me. Don't do that again."* (Field notes). However, participants seem pleased when their relatives visit and confident of such visits. For example, after a while of awaiting Christie's sister's visit, Eduafuah teases Christie saying, *"Your sis did not come ehh."* However, Christie undoubtedly and confidently replies that, *"she will. If I call her, she will"*. The visit of Christie's sister is subsequently discussed below.

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[16] PTA is a collaboration of all parents/guardians and teachers (school authorities) in a school which meets regularly to discuss and decide on school development and student/teacher welfare. It is often chaired by a parent elected by the group with other executives made up of parents and teachers/school authorities. Democratically decided PTA levies are paid by parents thrice in the academic year. Sometimes other levies are also jointly decided and billed for school-related projects undertaken by the PTA.

Christie and I are almost at the Unit. She jumps and smiles upon hearing her visiting sister's voice, says her name and walks briskly towards her. After talking for a while, Christie calls me over to meet her relative. Enroute, I see Christie's relative hand her a money note (large in size and value), tell her the amount, allow her to feel it (with her fingers and face) and asks her how much she's been given. Christie mentions the amount which her relative confirms. The latter then hands her another note and tells her that it is a smaller money note (in size and amount). Christie repeats the procedure above and describes the note's features and rightly identifies the amount before she folds the money (smallest amount on top) and pockets it. She introduces me to her sister. We shake hands and she thanks me for spending lots of time with her sister, for my attention and concern. "My sis said very nice things about you", she says while Christie smiles. They hug and we bid Christie's relative farewell. Christie's smile fades as her sister leaves. After a while, with admonition from Eduafuah and others, I see the glimpse of a smile on her face. (Observation)

The above extract portrays the monetary and social support that some participants appear to receive from their family. Christie's smile may imply her pleasure at seeing and interacting with her relative. Christie's relative gives her the room to make out the currency notes given her. This enables Christie to identify currency notes, a necessary skill in a cash-based economy. She helps Christie to develop an ability to handle currency notes by giving the money directly to her rather than keep it in the custody of a teacher, thereby likely implying her confidence in Christie's ability to handle her own finances. She further allows Christie the time needed to make out the currency notes systematically rather than simply telling her the amount of money she has just been given in order for Christie to be able to do so independently. This exemplifies the supportive role that family members can play in helping participants to be self-reliant. However, it also indicates how the self-reliance of persons with disability can be enhanced if the necessary provisions are made for them such as including unique features on the different currency denominations for easy identification. Likely due to the significance of such family visits, participants often complement family visits by placing calls to their parents and siblings on their teachers and others (including myself) mobile phones whenever possible and allowed[17]. I observed most participants make such calls to their family, and smiling during and after their phone conversation. In one instance, Ben even asks me to talk to his parents who thank me profusely for the concern and time spent with their son.

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[17] The use of personal mobile phones are prohibited in basic and senior high schools

6.1.3 Providing Education Opportunities and Resource Access

From informants' comments, it appeared that their parents attempted to provide similar access to resources or assistive technology for themselves and their siblings. For instance, *Kwaku (the only VI in his nuclear family) tells me about a computer that his dad purchased for his siblings and him that they all use to play music, watch movies and study.* From the above statement, it may be deduced that the participant's father provided assistive technology (the computer) for all his children regardless of their impaired or non-impaired status. The fact that Kwaku could use the computer implies that it had been adapted to his needs as a partially sighted person. Another participant, Christie often links her inclusive school attendance to, her parents' source of joy that she attends a similar school as her siblings thereby receiving similar educational opportunities.

> *"I like attending an inclusive school so that when my parents see me going to the sighted school, they'll be happy. Else my parents will be sad about why all my siblings attend a sighted school and I, a blind school."*

The above statement appears to reveal Christie's perception about her parents' desire and effort to ensure that she receive a similar mainstream or regular education as her siblings rather than a specialized one. Hence, a likely indication that her parents desired that her impairment will not prevent her from accessing similar educational opportunities and knowledge as her siblings. Both participants thus appear to indicate that they were not overlooked or looked down upon in relation to their sighted siblings. This finding appears to contrast with earlier findings about a failure to provide similar education for persons with disability and their non-impaired siblings (Nortey, 2009: 42). However, the difference in impairment category in that study (hearing impaired) may account for the different treatment; as well as the reasonable educational level and employment of few of my informants' parents[18].

6.1.4 Pleased to return home

Note worthily, all participants seem very keen on the prospect of going home when school vacates. For instance, during one break time, Eduafuah and Christie first discuss what they will

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[18] A possible reason is parental investment in participants' education regardless of their income status as some parents are agriculturists and traders. All but one participant earlier attended a private basic school which is more costly than free public basic education.

do at home (i.e. to sleep) and how they will not sleep the night before they are due to go home. Christie starts by saying, *"On Wednesday, I'll carry my bed and yours and walk around in the dormitory.* Eduafuah responds, *"Yes we will not sleep… it is vacation."* From the above conversation, participants seem excited about the prospect of vacation which could be due to being free from school work while at home. However, this may also reveal that the above participants were satisfied with their conditions and treatment at home such that they were not apprehensive about going home for the school vacation. Another participant, Erica also appears very happy when her mother comes to take her home when school vacates.

> *Erica smiles broadly, walking hand in hand with her mum who carts Erica's bags with her free hand. Smiling, Erica introduces me to her mum and we exchange pleasantries and appreciation. They then walk away with Erica chatting eagerly with her mum.*

The above extract also seems to indicate Erica's delight at seeing her mother. In addition, on vacation day, most participants do not fully participate in vacation day (Our day) festivities at the regular school. Participants briefly come to the regular school for their school reports and return to the Unit awaiting their parents with their belongings packed. All the above appear to indicate participants delight about returning home from school.

From all the above social experiences related to family, it appears to be in line with similar findings that the family was a powerful influence on each child with disability's social experiences (Baker & Donelly, 2001).

6.2 School Experiences

In this section, participants' experiences at school are outlined. These experiences include both perceived positive and negative experiences in non-inclusive schools, at the regular inclusive school and the Unit/Specialized school.

6.2.1 Previous regular school experiences

Most participants spoke about how they attended regular schools prior to attending their current school. However they either had difficulty with reading and writing or could not do so at all since they could not see the alphabets. An excerpt below which echoes similar experiences by three other informants exemplifies this experience of non-participation in all class and school activities.

Ben: I was going to a private school. I sat in front so I could read. But the Madam (Principal/Teacher*) said if an* (education) *officer* (or school inspector) *came and saw that I was paying school fees, they'll worry them... She asked us to go and get spectacles again. At the hospital, they'll make you do eye checks and give you medications before you're given the specs. So it was taking a long time. Before I realized, my classmates were ahead of me so even if I returned, I'd repeat the class. I didn't want that and quit.*

In the above narrative, Ben (like Kwaku) had difficulties or complete inability to read and write from the blackboard except when sitting in front. There seemed to be little provision for him except listening and verbal participation[19]; sitting in front[20]; and soliciting teacher's help (in the case of Kwaku). The consequence of the above situation for Ben was interruption of school work due to school pressure to resolve his impairment. For Aba, the result was sadness as she recounts, *"It had become a big deal. It wasn't easy. There was some sadness"*. The result for Kwaku was parental concern as he notes, *"My mum said the school won't help me because I didn't write when they were writing"*. Owing to the above challenges, they all quit these regular schools.

From the above experiences, the regular schools involved appear to view the respondent's impairment as a personal limitation they need to deal with themselves, hence making little or no provision for them to read and write. Particularly in Ben's case, the school seems to locate the problem with him and consequently pressurize him to resolve it. The above instances appear to concur with Anthony (2011: 1080) argument that, "conceptualization of disability consistent with an individual model influences Ghanaian educational policy and provision for students with disabilities, even if only at a latent and subconscious level." Thus, the practice and provisions of the regular schools above seemed to be based on an individual or 'medical' model view of disability. As a result of the 'individual' view of disability, the schools fail to make adjustments for informants' needs and exhibit an unaccommodating attitude toward most (especially Ben). For example, most schools made little or no adjustments (such as seating arrangements and teacher's assistance). School practices were also problematic for the visually impaired, such as writing notes and exercises on the blackboard without reading them out; and using textbooks with large font size. By such actions and inactions, these schools 'disabled' respondents by

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[19] Three other informants (Ato, Aba, and Kwaku) recounted similar provisions.
[20] Kwaku recounted a similar provision for him.

limiting their ability. Herein lay a demerit of failing to consider different needs of children, and using rules and practices made for the majority which do not always suit the minority (Connors & Stalker, 2007).

The above experiences may also illustrate a case in point where badly managed difference possibly results in hurt feelings and children feeling excluded (Connors & Stalker, 2007). Aba Linda particularly expressed this when she said, *"it wasn't easy…there was some sadness"*. Ato also uses the exclamation *"Aah"* which in that context has the possible Ghanaian connotation of a sigh which expresses regret, sadness or hurt. The above experiences also seem to indicate some shortcomings of the previous practice of non-inclusive regular schools. First, their failure to make permanent adjustments for the divergent needs of some impaired children. A second failure particularly evident in Ben's case is, 'locating the problem with the individual' (Oliver, 1996), and thereby requiring his rehabilitation and consequently making all respondents pay (both economically and emotionally) for a deficient education. These experiences seem to make a strong case for why the need arose for inclusive schools and adjustments in school policies and practice towards inclusion. However, according to participants and from my observations, informants faced somewhat similar situations in the inclusive mainstream school which will be subsequently presented and discussed as part of their experiences at the regular inclusive school.

6.3 Classroom Experiences at Inclusive School

6.3.1 Seating arrangements

As noted in the methodology chapter, in class most participants sit in the front rows which are usually close to the blackboard and to the class or resource teacher. Only one participant (male and with low vision) sat in the back row near both the class and resource teachers who were seated at the back corner, while his other VI colleague (male and low vision) sat in front close to the blackboard but still not far from the two teachers. Most informants indicated their satisfaction with their seating positions, a sentiment that Ben echoes as follows.

> "*I like my seat because I sit in front so when the teacher teaches, maybe for example while teaching in class, he makes a sign. So while he's doing it, I can see that this is what he's doing so still my mind won't tell me that I'm blind. I see that whatever they do, I can also see it. So that helps.*

Ben indicates his satisfaction with his seating position as it enables him to catch glimpses of some gestures made by the teacher[21]. This appears to support the "apparently successful 'inclusive' approach of increasing the proximity of the child with disability to the teacher" (Baker & Donelly, 2001: 75). However, one male informant was not comfortable with the size of his desk although he indicated his satisfaction with his seating position.

> *"Where I sit is fine. Only the desk is a little small. But that's not the class I'm supposed to be in now. And even if the desk is small, it suits those of the same size as the desk and doesn't suit those who are not".*

In the above extract, the informant finds his desk too small because he is older and bigger than an average pupil in his class. In most Ghanaian schools, desks in each class are often similar in size possibly based on the assumption that, pupils of a similar age range will use them due to the age-specific organization of classrooms. However, the above participant's example appears to indicate that this standardized desk provision based on age specification, although necessitated by practical and resource provision reasons, fails to adjust to individual children's needs and situations. In his case, interruption in his education and change from one school to another likely result in his being above the average class age by almost 6 years. However, other visually impaired young people did not indicate having problems with their desk, although they were also above the average class age likely for similar reasons as above.

Participants sat in rows on a desk for two with a 'sighted' peer like everyone else in class. This seating arrangement seemed to facilitate interaction and collaboration between the visually impaired and their desk mates and immediate neighbours (seated in front or behind them). Often, I observed participants confer or collaborate with their class neighbours on class tasks; and chat or interact both in and outside class. Participants' sighted desk mate were of the same or opposite gender and often read for the visually impaired and interacted with them most often in class and sometimes outside class (during breaks). For instance, all but 2 participants engaged with their desk mates in most class activities and tasks as well as other outside class activities (including buying food, eating, chatting or playing together at break times). This observation appears to support the observation that "classroom seating arrangement, such as rows or squares of tables, may promote fruitful interaction between children with and without disability" (Baker & Donelly

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[21] Most teachers in basic schools often stand in front of the class while teaching although some may also walk back and forth between the rows of pupils' desks. Teachers may stand in front of the class for easy writing and reference to writings on the blackboard in front of the class, or for easy grasp of all pupils' attention.

2001: 75). This observation may seem not to support the "apparently successful 'inclusive' approach of increasing the proximity of the child with disability to the teacher" (ibid). From my research however, I find that both strategies serve varying and useful purposes in different circumstances and for different participants. However, as several informants point out and I observe, any classmate who volunteers is welcome to sit by them and read especially if the informant is comfortable with their reading style (and their desk mate is willing to swap seats). Ato notes that detail as follows.

> *"Anyone can come and sit by me. But everyone has different ways of reading. So the one whose reading is fine for you, is the one that you often want to read for you. Because some read fast, others read a little and get up to play a little, then you get overwhelmed. So the one whose reading is fine, that's fine."*

6.3.2 Resource Provision and its results

Participants were faced with a lack of or insufficient school resources and provisions needed for their studies. Such provisions include textbooks in Braille, an embosser (at the regular school) and Perkins Braillewriter (only 2 for the 10 VI students) (see Appendix V). As a result, one Resource Teacher tells me that "*the school is not well-resourced for inclusive education".* First of all, the School did not have a resource centre for the blind with an embosser and other teaching and learning material for the visually impaired. Most participants lacked textbooks for school subjects in Braille due to the lack of an embosser at the regular school and a faulty embosser at the specialized school/Unit for the blind. As a result, informants were often compelled to solicit assistance from their 'sighted' peers or resource teachers. The only exception was one participant who had most textbooks because her RT had the possibility to emboss at another resource centre. Her situation contrasts that of most other participants described by Kwaku as the following. *"We don't have someone to Braille all the textbooks for us to read, so we don't have them.* Most VIs were thus compelled to seek reading assistance from their resource teachers and most often 'sighted' peers, who read from the textbooks for the VIs. A participant describes the situation below and contrasts it with the situation in a specialized school.

> Christie*: "At K (a specialized school), they have textbooks in Braille. But here we don't. So while they read from the textbooks, we sit and listen to the reading."*

Kwaku's preference for an inclusive school also involves this reading assistance as he reasons that reading assistance by the 'sighted' is an option at the regular school, unlike the specialized school where they are all visually impaired.

> *Kwaku*: W*hen there are writings on the blackboard... although I cannot read, they (sighted) can read for me."*
>
> *Me: If you had your own Braille textbooks, would you need help from the sighted with reading?*
>
> *Kwaku: No. Then you can read it for yourself and do your schoolwork.*

Note worthily, Kwaku points out that with the provision of school textbooks in Braille, this reading assistance may not be necessary. Kwaku's assertion seems to illustrate a situation in line with the 'social model' whereby the visually impaired appear to be 'disabled' by a lack of resource provision (Oliver, 1996). Besides, finding a 'sighted' peer reader to read for them instead of their Resource Teachers (RT) was not without its challenges. According to the Principal, the responsibility of reading for the visually impaired is shared by RTs, class teachers, and 'sighted' students. Although the primary responsibility lay with the RTs, this shared responsibility is in response to the often overloaded nature of the resource teachers' tasks (especially transcribing their pupils' class exercises from Braille to written text). However, this shared responsibility mostly fall on 'sighted' peers as the class teachers also have to mark the class exercises of all students. Thus, I seldom observed class teachers read for the visually impaired. This reading situation often leads to difficulties in finding a colleague reader when resource teachers are unavailable as a male informant states below.

> *"Sometimes, our transcribing (resource) teacher attends training programs. She's also the one who reads for us. So now the girl currently sitting by me, has returned so she can read for me. But there ought to be students at all times who read well to read for me and my VI peer. But some of the students do not do it. They do not come to sit beside us to read for us. And because I'm a little older (than them) so....Aah. Some do not read for you so sometimes I feel like quitting school."*

This reluctance to read as described by the informant above could be as a result of several factors. One of such factors is the pre-occupation by the 'sighted' with their own class exercises. For instance, I observe several instances whereby 'sighted' peers are too pre-occupied with their own tasks, thereby finding it difficult to combine it with reading for participants. In such instances, 'sighted' peers often read for my informants after completing their own class assignments or tasks. Class teachers try to assist by prioritizing the marking of 'sighted' readers'

exercises while resource teachers were sometimes compelled to leave their transcribing duties to read for their pupils.

Kwaku reasons below that a possible reason for such reluctance to read on the part of their sighted peers is, if they perceive a lack of input by the visually impaired.

> Kwaku: "If you're hardworking, then they (sighted) don't mind reading for you. But if you want them to do everything for you, then they don't want to read for you. If there're some spellings that you can spell, then you spell it yourself. But if you want them to spell even 'is' for you then they may not be willing to read for you.

Ben also reveals that the chances of sighted peers other than a VI's desk mate volunteering to read may be dependent on their inter-personal relations. Ben admits that *"some of the sighted are not so close to the blind but I'm on good terms with everyone. So whoever I call to read, they come. Or if the person on their own feels like reading for me, they come."*

The regular school lacked a computer to be used to demonstrate all the theoretical knowledge they are taught in Information, Communication and Technology (ICT). Neither was there a computer that had an audio program that would enable the visually impaired to make practical sense of ICT lessons. Hence, most participants inform me they find ICT lessons at the regular school challenging. During my fieldwork, the teachers and administration purchased a desktop computer for the school to be kept in the principal's office[22]. This computer was to replace the often necessitated use of any available laptop as a teaching and learning aid. However, at the Unit for the Blind, there were about four computers with an audio program. As a likely result, some participants knew about the practical use of computer technology and seemed eager to use them. This was seen in instances where several (blind) participants joined me while I was using my laptop computer. They were able to identify the alphabet and number keys, and were able to use my PC when I activated the audio program. In another instance, a female informant (blind) makes a Brailed drawing of a computer with its keys and a mouse (field or observation notes). These instances further illustrate that impaired persons may be knowledgeable and utilize requisite resources upon their provision, thus enabling rather than 'disabling' them. Hence, the

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[22] This PC purchased with a farewell monetary donation by some volunteer students was recently stolen when there was an overnight break-in of the Principal's office (Principal). This shows security issues faced by the school.

visually impaired appear to be 'enabled' for ICT by the provision of suitable computers at the Unit/Specialized school, yet 'disabled' by lack of computers at the regular school.

6.3.3 Curriculum

Some research participants did not have access to the entire school curriculum. For instance, some informants were not being taught the French language which is often taught to most Ghanaian students in the basic and junior high school level[23], although their 'sighted' peers were. According to a resource teacher and some participants, a lack of knowledge of French alphabets in Braille which participants were untutored in accounted for this curriculum deficit. This may be due to the lack of a tutor in French Braille alphabets or lack of the requisite resources. This appears to support a similar research finding that in some schools "young people with disabilities did not have access to the entire curriculum" (Curtin and Clarke, 2005: 197). As stated under the examination section, all or most participants did not participate in drawing lessons and tasks. Apart from their eyesight problems and individual attributes which made it challenging to draw, my informants also ascribed their failure to draw on the absence of drawing assistive tools. My participants dealt with this situation in several ways, some of which will be discussed in the next chapter on agency. As stated in chapter 3, coping strategies refer to both actions and thoughts employed in a situation as the next extract reveals.

> *Eduafuah: Not all schools teach French so it doesn't bother me a lot. Since not all schools teach French, I assume or take it that I'm in one of those schools. So while French is being taught, I read whatever notes I have.*

The above extract reveals a strategic thought in which Eduafuah assumes that she attends one of the schools that do not study French[24] such that she does not feel a sense of worry as she reads other lesson notes in her possession. This strategic thought is employed in addition to the strategic action of reading other lesson notes in her possession. Another participant also employs a similar strategy with regards to drawing as he narrates below.

> *Ben: We've not been doing it (drawing) for a long time so I don't focus on it. When I see a drawing exercise, I know that I won't do it so I don't focus on it.*

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[23] Ghana has 3 French –speaking countries as geographic neighbours possibly necessitating the commonplace and nearly compulsory learning of the French language in basic school to reduce linguistic barriers with neighbours.
[24] This is sometimes the case in some basic schools (both private and public) usually some public and rural schools.

Ben reveals that he tries not to focus on the drawing tasks he cannot do but rather goes elsewhere to study something else. This strategy was an option employed by most participants whiles the low vision additionally, peered closely at drawings from just below their eyes to try and make out the object, or got a near accurate description of objects from their peers in order to draw them.

6.3.4 Examination Time

One participant noted that his source of displeasure (worst experience) being in an inclusive school was some challenges in the conducting of examination. This is described by a male informant below.

> *"Sometimes when we've exams, our questions won't be brought early. After the delay, maybe they want our teachers to go and Braille it for us, so the sighted start before us. That is distressing or worrying. If everything was being done equally then I'll be happy."*

In the above extract, the informant notes that during examinations, there is sometimes a delay in the arrival of general questions. Such delay may often result in delayed examination for the visually impaired who may have to wait for the questions to be embossed (Brailed) for them while the 'sighted' commence the examinations. This development appears to be worrying for him, although the visually impaired always got extra time during examinations and more so during such instances. He reasons that in a 'blind' or specialized school, the teacher will be aware that they do not perform a certain task, so he will not include such a task or question in examinations. However, in the regular school, teachers may sometimes include questions they cannot answer, only to inform them that they will be given a new or different question or may answer certain questions which he perceives that they can. According to the informant, in such instances the teacher may be mistaken about their ability to answer certain questions or otherwise. The above informant reasons that if drawing tasks which they may be unable to do are excluded, he could opt for other questions he can answer, rather than being compelled to do the non-drawing alternative. He appears to be concerned about the inclusion of some examination questions which may be untailored towards their needs, only for the teacher to decide based on his own discretion whether an alternative should be given or such a question should go unanswered or not. In other words, why include questions the visually impaired cannot do in the first place and rectify the situation later? This dissatisfaction appears to support the social model

view that society or people (in this instance, the teacher) 'disable' people by failing to consider their needs and abilities.

An observation of their terminal examinations during my fieldwork also reveals other challenges or experiences. During their examinations near the end of my fieldwork period, the examination questions are read to the visually impaired pupils in the absence of brailed or embossed question papers. My informants, three resource teachers and the principal tell me that the questions are usually embossed or brailed. However due to delayed submission of examination questions to the resource teachers by class or subject teachers, there was little or no time to emboss questions on this occasion. Further compounding the possibility to Braille the examination questions was the embosser at the unit for the blind which *"had malfunctioned"* (Principal) on this occasion. The school also lacked any governmental provision of monetary resources in order to emboss examination questions at the nearest facility or institution. Failure to provide governmental grant in time was problematic as it was unlawful to bill visually impaired pupils in relation to examination unlike their peers who paid examination fees[25]. This is indicated in the subsequent dialogue between a resource teacher (RT) and a class teacher/school administrator (CT). This dialogue occurs when the latter tells the former that the other students are listening to his translation of examination terms or concepts into the local language for the visually impaired students he's reading for.

> *RT: Let them listen or eavesdrop. Examinations should have been embossed for them (i.e. VI). Embossing should be done at the Unit. If their machines are faulty, then they should be given resources to go and emboss at a tertiary institution nearby. But the school administration says there is no money for the visually impaired because they pay no exams fee. If the government wants to practice inclusive education, then would it not avail resources so they (VI) feel included? The visually impaired also have the right to embossed questions so they can read through and make corrections…. You give us questions at the 7th hour. Even in some schools, where inclusive education is not practiced they've a resource centre. How much more here where it's been practiced for several years.*
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> *CT: the sighted pay but the visually impaired don't pay exams fees and their grant hasn't arrived. They (possibly the government) say it is unlawful to bill them.*

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[25] Examination fees are some of the hidden costs of the free public education. According to the Principal, the cost of printing examination questions is about 1000 Ghana cedis (about 350 NOK) whereas yearly grants per child is 4.50 cedis (15NOK) and inadequate for examinations and other spending.

The above conversation seems to indicate a lack of monetary and material resources to enhance the practice of inclusion; and free public and basic education (FCUBE). The extract also reveals that due to hidden levies, public basic education is not truly free (Ghana NGO Report to UNCRC, 2005). This is exemplified by the payment of examination fees by 'sighted' pupils for printing their examination questions; and the non-provision of embossed questions for VIs due to their strict exemption from such fees. This failure to emboss examination questions on this occasion had several implications for the visually impaired. Although this seemed to favour the visually impaired as they sometimes had unfamiliar words spelt and translated for them upon request since VIs did not have an embossed copy to read for themselves. However as the resource teacher comments below, in such a situation, the visually impaired would hardly gain more knowledge.

> "*If they could read embossed questions for themselves, they won't have to ask us to spell because they can read it themselves and learn from it.*"

The above situation thereby tends not to utilize and enhance the abilities (spelling and reading) of the visually impaired, thereby 'disabling' them. This also tends to exclude them from the normal examination practice and its merit as an evaluation system that enables one to gain more knowledge and learn from their mistakes. Also, during the English Comprehension examinations, the resource teacher had to employ extra resources; helping them grasp the essay contents and reading the questions and the essay parts where the answers can be found. On the other hand, when students did not get an entire question and wanted it repeated, some teachers considered that an undue advantage over their 'sighted' peers who had to read and answer questions by themselves. This is exemplified in a statement by a resource teacher below when one of 2 visually impaired students ask for a question to be repeated.

> "*I can't repeat it. It's examination time. You're supposed to read yourself but because we couldn't emboss questions. So you've an advantage over your peers because they have to read themselves and answer.*"

It was also time-consuming for both teachers and visually impaired students who had to listen and copy examination questions with a stylus and frame (with the exception of one student) (see Appendix IV). After writing the questions, participants will then proceed to answer them. This was especially frustrating when one student was slow and others had to wait for him or her. A resource teacher expressed this frustration below when one visually impaired had to wait for his

peer who was still reading through the questions in order to answer. *Student A[26] is too slow. He makes examination time difficult for all of us. Our time is far spent.*

Although this instance of reading appeared to assist those who had problems with reading, spelling and comprehension, this was not the case for all of them. As the resource teacher above further responds to my question about whether the entire examination will be read to my informants. "*Yes, but usually we don't. But even with the embossed one, I'll still have to read to student A, but that's not the case for student B.*" The above statement is further supported by student A's revelation of his preference for having examination questions read to him for spelling assistance as opposed to reading an embossed copy. Similarly, in an earlier discussion, student A tells student B about jointly asking their resource teacher to read the local language examination questions to them. According to the former, "*if I ask by myself, the teacher will think it is because I can't read*" while "*if you (B) ask alone, the teacher will think it is because you can read*". The above comments seems to suggest the informant's reluctance to ask for reading assistance alone, likely due to his perception of a likely reluctance by the RT to adjust to his individual needs (for time constraint reasons). Hence, while this reading assisted some, it also inhibited other informant's competence and made them appear dependent although they were most likely not. This exemplifies another instance in which some participants with disability appear to be 'disabled' by a failure to consider their individual needs.

6.4 Peer interactions

As noted earlier, the visually impaired interacted with their 'sighted' desk mate in and out of class. The frequency or intensity of their outside class interactions appeared to depend on the gender of their desk mates as I observed that participants with same gendered desk mates more likely interacted outside class than those with different gendered desk mates. For instance, one male participant told me that his same gendered desk mate is his closest friend since they often have hearty chats and collaborate on class activities. I also observed this trend on several occasions where I often saw Ben and his desk mate walking today in school and at break times, chatting or collaborating in classroom tasks. A similar finding by Connors & Stalker (2007: 26) is that, his 'disabled' participants "saw themselves as good friends and helpful classmates to their

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[26] The use student A and B here for my participants to protect their pseudonym identities in this instance.

peers. Other factors such as individual personalities or bonding rather than gender could explain the VI—desk mate interaction. I observe other participants and their opposite gendered desk mate interact a lot in and often outside class. For instance, I sometimes observe a development that Ato discloses to me that he sometimes goes out for break time with his female desk mate. They sometimes chat, or he simply stays in close proximity while she plays with other girls and likely finds a boy(s) to play or talk to.

These seemingly smooth interactions at the regular school contrasts a male participant's treatment by some neighbours. Ato tells me about how his impaired family member and him were neither regarded nor respected by some neighbours and family before they started the mainstream school. He describes this experience in the excerpt below when I ask about how he is treated and if he is bothered or teased about his impairment.

> *Me: do others bother or tease you about it* (your impairment)*?*
>
> *Ato: No, not at school. But at first, in my hometown… when we were kids and maybe couldn't do certain things, then they used to talk. Even at first, when we hadn't come to school, many didn't regard us. They thought that being blind; we couldn't go to any school. So when someone showed us this school and we came and could do some reading, then they saw that there was a difference. So now, when everyone sees us, when you're in their midst, it's not like at first. Now it's better than at first. At first, when they saw you coming, then they start to point fingers because they think you can't see. But me I can see a little, so I see it. Then they start to laugh. Sometimes, when they see you coming, they start to say, "He's the one coming oh." Stuff like that. Then they act funny. Some of them while passing by, although you're passing by, they say, "Don't bump into me". Because you can't see, he says, "don't bump into me".*

In the above extract, Ato describes the reaction from some neighbours due to their inability to do certain things and their initial non-attendance of school. Actions such as whispering, laughing, finger pointing and outright verbal confrontation characterized some neighbours' interaction with him, leading him to conclude that they neither respected nor regarded them. Ato's experience as well as subsequent treatment experiences at the Unit recounted by other informants appear to concur with similar findings that many young people with disability come across hurtful or hostile reactions from other people (Baker & Donelly, 2001; Worth 2013). Such "unsupportive and sometimes harsh words (inappropriate comments) and actions (staring, inappropriate behaviour) of strangers or familiar people could result in children being made to feel different and of lesser value" (Connors & Stalker, 2007: 28).

Interestingly, such behaviour was also displayed by the other category of impaired people that the visually impaired resided with at the specialized school. Most informants complained about the tendency of the other impaired group to steal their items (food, monies) although reportedly asked by school authorities to desist from this behaviour. A female participant summed it up this way, "*The other impaired group steal our things and deliberately bump into us and laugh when we trip*". However, the informant further reasons that the VIs inability to communicate with the other impaired group likely compounds this treatment. A male participant also talks about how some visually impaired older peers excluded him from their singing choir such that he did not want to join the group later when invited by another older peer. A female participant narrates how she was talked about among the visually impaired when she was chosen to represent the school for a competition and subsequently dropped. These complaints appear to reveal that unpleasant treatment of the 'disabled' was not always external but sometimes occurred among impaired persons including the visually impaired themselves.

6.4.1 Mutual benefit from VI/NVI interactions

Participants and their non-impaired peers depend on one another on varying occasions and in different circumstances. Participants relate experiences (some of which I also observe), relating to interdependent and independent interactions with their sighted colleagues. The visually impaired often rely on the sighted to read from the textbook and blackboard for them and take them to inaccessible places when necessary. However, participants also inter-depend and provide some assistance to the 'sighted'. Since participants independent interactions will be discussed extensively in chapter 7, I will now focus on their mutual interdependence and assistance to their sighted peers.

Some participants taught their non-visually impaired peers to write Braille. For instance, while talking about the merits of inclusive school from his perspective, Ben talks about a prospective benefit his non-impaired peers may gain from interacting with them and gives an example.

> "*So living with us, some of them (sighted) are able to learn Braille. I've a friend who can write Braille and at the Specialized School/Unit who can read the entire Bible in Braille. So if he didn't associate with me, how will he also know?*"

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From the above, Ben appears to imply that some of the 'sighted' learn Braille by associating with them as his friend had, and could now read books in Braille. I also observe Erica and Aba Linda scrutinize their peers Braille writing after teaching them to write Braille as described below.

> *Aba Linda is teaching and demonstrating to 3 non-VI peers how to type or emboss Braille alphabets. Afterwards, one of them, Enoch writes sentences which Aba and Erica scrutinize and commend him after reading sentences while verbally correcting his errors (class observation). Erica's desk mate teases Aba Linda's desk mate that Enoch can write in Braille while she can't. I ask Erica's desk mate if he can write in Braille and he affirms (field notes).*

This observation well demonstrates the assistance that participants' peers could reciprocally receive from them in learning and writing Braille.

Ben reveals that play is another way that the 'sighted' benefit from VI interactions. When asked about ways in which the visually impaired and sighted help one another, Ben says as follows.

> *"When the sighted play with us, they are also happy. Because, there are some things that he is sighted so doesn't know but I'm blind so it's just my eye that I can't see with but my mind is faster than his. So what the mind has seen, maybe/sometimes they haven't seen it. So they'll always like to sit beside me to converse or if there's something, I can also teach him/her."*

According to Ben, the sighted are pleased to play with them and may gain some knowledge from him due to his reliance and use of a different perceptual ability. Play is discussed later in this chapter. Ato inadvertently suggests a give and take situation when I asked him about an instance when I saw him with a sighted classmate on his back, playing around during break time. He replies, *"I've to entertain them in that way else they will not read for me".* This seemed to suggest that there was a mutual contribution such that the visually impaired had to take some action in order to be reciprocated. The visually impaired also help the sighted with spellings and collaborate in group assignments and tasks. Kwaku describes this collaboration below.

> *Kwaku: If we're doing spelling and for instance, T can't spell, then we all come together and I spell. Then if it's wrong, then another person spells and if it's right, then madam comes to give us the marks.*

This mutual interdependence between persons with disabilities and their non-impaired peers is worth emphasizing. As Tisdall (2011:6) asserts, "children and disabled people have been treated as 'lesser' because they are positioned as dependent on adults or carers/ able-bodied people respectively". However, by ascribing dependent role to persons with disability, this has the tendency to obscure the usual interdependence people experience in their everyday lives

(Corbett, 1997). Such dependent ascription of the 'disabled' "ignores the realities of people's interdependencies and the different types of 'work' done (whether paid or unpaid)" (Lewis, 2003 in Tisdall, 2011: 6).

6.5 Resource Teachers, Class Teachers and the Principal

In the primary school (1st-6th grade), each class had only one class teacher who teaches all the school subjects (except French, Information and Communication Technology) and had a table and chair in the classroom. While in the Junior High School (7th-9th grade), there were different subject teachers for the various school subjects taught therein. However, all participants had a constant presence in class of the Resource Teacher for their class. This adult presence appeared to echo similar findings elsewhere (Holt, 2004). According to most participants, their RTs performed many tasks for them including transcribing their Brailed exercises; giving extra tuition, feedback and corrections. Christie admits RTs teaching facilitative role by saying, "*if we can't see stuff, they help us to imagine it".* In relation to their provision of extra tuition, Eduafuah observes, *"...the RTs help us a lot."* During observation, I also notice several instances where RTs explain class lessons that their students do not understand and give them group/private class revision lessons prior to examinations. Most participants also appeared to be pleased with the efforts of their RTs. For instance, the following quote from interviews with Ato reveals a concession that his RT makes for them. "*And sometimes when our Madam attends programs, because of us she goes for one day and skips the next. So my teacher is doing a great job."* From the above quote, the participant considers his RT as playing her role well by making concessions by skipping some program days in order to be available to assist her pupils. Some RTs also made some personal input in order to assist students. For instance, Eduafuah observes that "*her RT embosses textbooks for them.*" This embossing by her RT is done at the RTs own will when she goes to a resource centre other than the unreliable one at the Unit. I also observed such an instance during examination time when the aforementioned RT was able to emboss some of her students' examination questions in spite of the fact that the Unit embosser has broken down.

These comments and observations appear to counter findings made elsewhere on several reported instances of children in mainstream schools feeling unhappy with their special needs assistants (SNAs), who were to facilitate inclusion. (Connors & Stalker, 2007). This may be due to the fact that the work of the RTs in my research was and seemed more focused on academic

rather than social inclusion. However, there were also challenges where RTs had a lot to transcribe such that they could not read for their pupils, or had to stand in for sick or absent teachers and had little time for personalized attention to their pupils. RTs appeared to cope well with the inadequate resource provision except on rare instances when few seemed negatively affected by their stressful and deficient working conditions. Class teachers were also supportive of visually impaired students. They included them in class lessons by calling on them to express their views and answer questions in class, after which they were applauded or 'shined'[27]. An example is outlined below.

> *In the absence of the lesson teacher, Yaw Sammy, (a visually impaired research non-participant) stands in front of his class and explains their General Science notes to his classmates in the local language. He goes to his seat when the teacher arrives. The teacher is told about Yaw Sammy's initiative (despite Yaw's attempt to hush his classmates) and calls him back with a smile to continue. Class claps for him when he's done and teacher's smiling and looks pleased. She calls Erica to continue where Yaw ended. (field notes)*

Likely due to such positive interactions with most class teachers, a male participant tells me that when asked to write about their favourite teacher, he wrote about a subject teacher who is very jovial and outgoing with all students including the visually impaired. However, some class teachers also expected and left the marking of class exercises of the visually impaired to the RTs after transcription, although that was not the RTs responsibility. However, this tendency may be due to the class teachers' duty of marking class exercises of many (not less than 40) students per subject. In spite of this, I observed what seems to be collaboration between class and resource teachers which was also facilitated by the Principal. Informants noted how both groups of teachers made concessions for them such as prioritizing their seating over that of their 'sighted' peers at worship, in order not to *"sadden the blind for coming to school"*. The Principal seemed to use every opportunity to advocate and lobby for provisions and practices for the enhancement of inclusive education. As one participant noted, "*when we meet at every program, our Principal talks about how IE here should be improved*". The Principal further seemed to take personal

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[27] A term that one class teacher used to refer to commending a pupil who had just answered rightly to a question. This was done by rubbing their palms together, saying 'shine' and giving a clap. She often varied it to include drumming on their desks and other fun activities which the pupils seemed to enjoy.

interest in the VI's welfare. For example, on one occasion, an iron was provided for a visually impaired boy upon noticing that he often comes to school with crumpled clothes. This section indicates the role that teachers and school Principals can play in children's social experiences at school (Baker and Donelly, 2001).

6.6 Mobility

Movement on the school compound and its surroundings was generally not an issue for participants with low vision. Ato notes, *"If I'm walking somewhere and something's in the way, I can see and avoid it. So I can walk everywhere/anywhere."* This observation is reflected by all my informants with low vision (who were all males coincidentally). Consequently, all of them note that they often help their other colleagues who had total loss of sight to move within and around the school, particularly to and from school (when they faced difficulty). One informant sums it up this way, *"if some of the blind are in difficulty, those who can't come and are in difficulty, then I help them to come here* (to regular school)." Movement in school was sometimes challenging and frustrating as the school terrain and structures sometimes prevented participants with total blindness from going to certain places. The bad terrain thus serves as an obstacle to their freedom and independent movement. This is exemplified by the observations below of participants trek from school.

> *Eduafuah and Christie walk to the specialized institute and unit after school. Christie is in front and takes short cautious steps downhill. The route consists of sandy unleveled ground some of which have been overlayed with sacks of sand to level the route and serve as improvised stairways or walking platform. The walking route has brushes of vegetation on both sides of it. Christie walks closer to the bushy edge while Eduafuah walks slightly away from the bushy edge and the sacks of sand in the middle of the path. At this point, my camcorder can only focus on one participant namely Eduafuah since Christie is slightly ahead of us. Eduafuah walks in the centre now on a few sacks of sands, stepping on them carefully and then steps away from them unto the sandy ground. She encounters some more sacks of sand close to the bushy edges this time. She tries to avoid them by walking very close to the bushy edge this time. Her feet kick away an empty flattened plastic water bottle dumped on the ground. She exclaims, "Ajeii"(a local term to express hurt or pain). She continues walking on the edge where there are sacks of sand this time around. She walks cautiously over the sacks of sand for a while and then moves over to the other edge where it is level again. A sighted schoolmate passes by and says goodbye. She starts calling out Christie who is slightly ahead of us. She asks Christie, "are you still on the route or crossing the gutter?" There's a gutter a few metres ahead of us. Christie replies that she's crossing the gutter. At this juncture I get closer to Christie who is now walking hand in hand with the sighted girl who walked past Eduafuah and I. (Recorded Walk)*

In the preceding extract, both participants encounter an unfriendly terrain consisting of undulating slopes, brushes and impediments in their way (plastic bottle). Their seeming

competent mobility in such terrain is discussed in the next chapter on agency. However, in instances when they encountered impediments such as the plastic bottle, the participant expresses her pain and moves on. They also appear to know where landmarks such as gutters are located as indicated by Eduafuah's question to Christie. Christie's acceptance of the assistance provided by her 'sighted' peer appears to point to a tendency of some visually impaired to accept unsolicited or unneeded help from others in order that they and others may get such help when it was necessary (Macpherson, 2008; Worth 2013). Christie's eventual assistance from her peer may further appear to illustrate that peer relations are constrained by dependency relations when participants encounter difficulty in movement for academic and social purposes (Shevlin, 2000).

In one walk with Erica and Christie from the regular school to the Unit for the Blind, Erica negotiates the bad terrain by the use of the white cane while Christie holds on to her in order for both of them to be guided by the white cane. However, Christie reveals her active spatial negotiation abilities in that she is able to steady Erica when the latter loses her balance despite using a white cane. After I start a sentence about the nature of their route, "*As for this route*", Christie reveals the bad nature of the terrain. *"It's not good at all…they are always putting sacks of sand on it."* Christie then suggests that it should be levelled so they can walk on it with ease, rather than suggesting that they need assistance to use it. "*They have to use something to level it. So that it will be fine and we can walk on it fine".* Hence, Christie appears to suggest that an improved terrain will facilitate their movement and her independent mobility. The unfriendly terrain seems to illustrate a case in point in which society appears to 'disable' participants by failing to make structural provisions for them. For example, Erica's mobility is impeded when debris of mown grass left on the path nearly entangles her legs. She then remarks, *"Who weeded and didn't bother to clear the debris afterwards?"*The resulting difficulty and her remark likely show that her difficulty in negotiating this space is compounded by the environment created by others rather than her impairment as she negotiated other spaces with less difficulty. However, in addition to practical measures such as the use of the white cane in negotiating such spaces, participants also employ light-hearted talk and laughs to deal with such situations. For example, Erica teases *"when it rains, you may slip and fall in B (a town which is some kilometres away)* and they laugh when she slips thereafter and nearly falls. Ben (who has Low vision) runs across the same route, exemplifying that the disability or visually impaired category was truly a disparate group with different abilities and needs. His voluntary mobility assistance to the two participants appears to

confirm claims by participants with low vision that they assisted their peers who had complete loss of sight in their mobility when moving to and from school. However, this assistance does not entirely stop Erica from using her cane and this strategy proves useful when she encounters a person and a gutter in front of her. Hence, she appears to reveal her awareness and use of potentially helpful aids which was the white cane in this instance.

6.7 Break time activities and play

All participants have two break times at school which differ from the primary school to the Junior high school (JHS). Some of the activities participants undertake during break time include going to the canteen (a make-shift open but roofed structure) to buy food or sending a 'sighted' peer to buy them food. Participants considered play to include games such as table tennis, football, ampe[28]. Kwaku, the youngest informant is observed playing the most with his 'sighted' peers including his desk mate. He is often seen playing with crown corks with his peers and once with Eduafuah. Soon after receiving two footballs, Kwaku is observed playing soccer with his seniors at school, unlike on a previous occasion when he wanted to join his 'sighted' peers (including his desk mate) to play but was told they had the required number of players. It appears that informants had categorized these games by gender in line with societal expectations or categorizations. For instance, Ato laughs when I ask him if he plays ampe with his female desk mate and her friends during break time. He remarks as follows.

> "*I know that only girls play ampe. The football is played very fast tempo so I don't go and play it. It's the girl's ampe that I stand beside them, but I don't play.*

Most participants also considered play to be other social activities such as laughing and chatting, For example, at break times, Eduafuah, Christie and Kwaku meet from their various classrooms and often walk together to buy food and chat afterwards. The two girls had a usual platform spot behind the principal's office where they often sat to chat or lie down. Some older participants (14 years and above) express various sentiments indicating that they consider play to be an activity for children. However, further subsequent comments and observations reveal that they engage in play when they have the opportunity. For example, Ato who earlier tells me that he *"plays a lot with his sighted peers"* identifies this play as laughing, but not football and running. This may

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[28] A game often played by two girls who both jump simultaneously and thrust a foot forward upon landing.

indicate that he didn't like to engage in games or play that involved being hyperactive. One reason given by participants for not engaging in playing games during break time was because they considered themselves to be beyond play. For instance, Eduafuah (a 14 year old blind girl), when asked about playing during break time, mentioned that *"I'm beyond play"*. She adds that *"Only children"* play and provides the age of play to be *"below 13 years"* when I ask for the age range of those who can play. She repeats the above statement to me in a joint interview possibly to reaffirm that she meant what she said, *"the day we talked, I mentioned that those who play are infants up until 12 years."* Yet, on one occasion, I observe Eduafuah play a game with Christie and both of them reveal later in a joint discussion that Eduafuah plays games at the Unit for the Blind. Two participants identified another reason for their non-play as a non-desire to play as the only visually impaired persons among their 'sighted' peers. Eduafuah states, *"If Christie's included, I'll go and play but I won't do so by myself….Because when she does, then we'll be two VIs among them."*

During a joint interview, both Eduafuah and Christie again reiterate that they don't like to join the sighted to play. *"We don't like to join the sighted to play."* Eduafuah then explains the reason for her unwillingness to play alone with the sighted even if the sighted allow her to. *"Sometimes, I am embarrassed to go and play among the sighted. If I go, they'll let me play. They won't say anything. But I myself it kind of feels awkward for me".* In spite of their unwillingness to play with the sighted by themselves, both participants each identify a pre-condition for such play: personal attraction to the game being played; and non-involvement of running. Christie admits that her attraction to the game may prompt her to play with the sighted. *"I don't like to join but sometimes if the game they're playing seems attractive and nice to play, and then I'll play."* However, Eduafuah mentions a factor that is external to her. She identifies that *"if it's a game that doesn't involve running, I'll play".* Eduafuah elaborates when Christie questions her about all the games she plays at the Unit which likely involves running. *"I know the compound at the Unit".* Christie explains the conducive terrain as what accounts for their running at the Unit but not at the regular school.

> *Christie: There, the terrain is flatter than here. There are no holes in front of our class where we play. There's also a cemented place where we can stand and play."But here wherever you pass, it's like hills and slopes that you've to descend. At the Institute, the front of the class is not like that, that's why we can run around there. You see that here (regular school) was built as a sighted school but IN (the Unit) was built to include the blind. So I can say that the compound there is quite better than here.*

Eduafuah asserts that the friendlier terrain at the Unit which was built to include the 'blind' unlike the regular school's initial non-inclusive intent reflected in its terrain. She thus indicates how school terrain which considers the needs of 'disabled' children can foster or prevent their participation in play activities.

6.8 Duties of Participants

I observe a phenomenon which participants later confirm that, they seem to be often exempted from certain activities which their 'sighted' peers are required or expected to perform. For example, they are exempted from sweeping at the regular school and are not required to partake in school farm[29] activities. These exemptions or non-compulsory participation could be for practical reasons. For instance, the Principal cites concern for VIs safety and prevention of an accident as the reason for their exemption. Such concerns seemed less crucial for the partially sighted which may explain why two boys with low vision (a research participant and a non-participant) once mention that they engage in school farm activities and also show me their maize farm at the Unit. It could also be as a result of individual participant's preferences or non-desire to engage in such activities. However, one informant gives a possible reason for the exemption from these activities as follows.

> "*I see it that the reason why they don't like or allow the blind to farm is because they don't want to do something that will sadden the blind. So sweeping and farming they don't give us any to do. Like when we come during worship[30], there will be sighted who are standing but the teacher let's them get a bench for us who sometimes come late, to sit down. So they don't want to do anything to make us sad about coming to school. That maybe you shouldn't have come or something.*"

From her perspective above, Eduafuah cites the likely reason for their non-required participation in sweeping and farming as the school authority's non-desire to cause them any sadness about being in school. In other words, this was done in order to provide a happy schooling environment for them. She indicates that for likely similar reasoning, on arriving late at the worship premises,

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[29] The school has a nearby farm classes and colour sections/groups within each class. On Friday mornings, pupils sometimes work on the farm. They plant various crops (maize, cassava and some vegetables) which are sold and the monies used to benefit various classes and the school. The purpose may be to teach pupils to be self-sufficient (to grow their own food) and to practise the theoretical study of Agricultural Science in basic school. It also serves as a source of school achievement which is *"officially honoured for its agricultural contribution"* and also "*makes good use of the school land*" (Principal).

[30] A school period in most basic schools in Ghana and the first lesson period on a specific weekday. Students and teachers meet for a Bible sermon, sing and pray to God. It is led by a student or teacher.

their 'sighted' peers are asked by their teachers to give the VI seats, although some of their 'sighted' peers are also unseated. This '*non-desire to cause them sadness*' however appears to be the participant's impression that they are perceived to be in a state of sadness or as objects of pity such that no further action should be taken to worsen their sadness. This may suggest that seemingly practical and considerate provisions towards the 'disabled' may sometimes be construed as resulting from pity.

Participants were also punished to a lesser degree than their sighted peers for the same offense (such as lateness or being unruly and noisy in class). An informant, "*if I'm late coming to school from the Unit, I'm not caned because the teachers know that we go for dining beforehand.*" Hence, she is not punished for lateness as the teacher is aware that they could be delayed at dining (at the Unit) which is just prior to the start of the regular school. Another informant also explains that when her name is noted down as being noisy in class (during lessons or in the absence of the teacher), she may be punished. According to her, "even if my name[31] appears, I won't be caned as the sighted." which possibly means getting fewer strokes than the 'sighted as another informant notes in the proceeding statement. "T*hey don't even cane much. Only 2 strokes or canes in your palms, that's it*", notes an informant who describes the punishment for returning home from school late when school resumes after school vacation. The informant subsequently adds that "*as for the sighted, the stroke each one gets differs.*" Yet, as both informants revealed, the practice differed from class to class as in some classes, there was general punishment and in other classes individual punishment when the class had been noisy with no culprits' names noted down.

On the other hand, most participants revealed their participation in sweeping activities at their Unit dormitories (except those who shared dormitories with the other impaired group) and unit classrooms. According to two female participants however, scrubbing of gutters and the bathroom was done by the other impaired group who can see. The two girls also disclosed their participation in house chores at home when we discussed the above tasks they are exempted

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[31] Names of pupils who make noise in class are usually noted down by the class prefect (a student elected by the class or appointed by the teacher) or by another student selected by the class teacher secretly or openly. The resulting list (names of talkative) are subsequently but not mandatorily used to punish culprits.

from doing at the regular school. For instance Christie and Eduafuah disclosed that they collaborated with their family in doing house work as Christie explains below.

> *Christie: When I wake up in the morning, I sweep. Our house is like a compound house, so I sweep and my brothers throw the debris away. Then I cook for us to eat. I do lots of chores at home, I do everything. In the morning, my mum is not there so my dad will wash clothes while I dry them. Or we all wash together after which I dry them…When we go to the farm too, while they plant the maize/corn, I put the corn in the holes or they count it for me or tell me to plant three or four and I do that.*

Thus, Christie indicates that her family collaborated with her in performing household tasks and does not consider her incapable of performing such tasks. Both experiences at the Unit and home may emphasize the local ideal of child participation in reproductive activities. In contrast, Ato reveals that *"as a visually impaired at home, I can't help my parents with housework as the sighted.* Hence, the extent of participation may be gender-based and vary across individuals and families.

6.9 Coping strategies

In this section, the coping strategies that participants adapt to their experiences as visually impaired in regular schools are highlighted. In chapter 7, several coping strategies will be discussed in relation to how participants exercised their agency. Additionally, chapter 7 will also incorporate some coping strategies adopted by participants in dealing with experiences and situations encountered. In addition to the afore-mentioned, several coping strategies (particularly mental) including strategies relating to how participants deal with their impairment and what it entails will be subsequently discussed.

6.9.1 School and Educational Opportunities

Most participants mentioned their attendance of school (both the regular school and Unit) as one development that helped them to deal with their impairment in general. For instance, several of them mentioned how they were sad until they came to the regular school where they are able to study with their 'sighted' peers. This helps them to see the commonalities between themselves and their 'sighted' peers. According to participants, meeting other 'impaired' persons (both visually, hearing and other multiple impairments) at the Unit results in their realization that there were other similarly or relatively more 'impaired' persons than themselves. Realizing that they

are not the only impaired persons helps them to minimize their impairment and what it entails. In a joint discussion, two participants noted the above in this way.

> *Eduafuah: Since I've been here (at school), I've seen many things. Sometimes, a person is brought who is deaf and blind, or sometimes a blind, deaf and crippled.*
>
> *Christie: Two or three impairments.*
>
> *Eduafuah: So when I hear those things, I encourage myself that*
>
> *Christie: Mine is even good.*
>
> *Eduafuah: If someone with all those impairments can be in the world and be encouraged. Then why can't I, who has only one impairment, be strengthened or encouraged. And when you watch TV, there's a white pastor who has no legs and arms but he baths/swims in a swimming pool.*

In the preceding conversation, informants are able to minimize their impairment by comparing themselves favourably to other relatively more impaired persons. A similar finding is echoed in Connors & Stalker (2007: 25) whereby an 'impaired' informant "compared herself favourably to other children". This comparison also occurs by identifying themselves with the visually impaired group and looking up to other visually impaired who they perceive to have successful careers such that they can also achieve such success.

> *"What helps me fortify myself is the fact that I'm not the only blind person. There are many blind persons. I know a blind person who's a Methodist and a priest. He can play the organ and others. There are other blind like M, he's a pastor. So I can see that I'm not the only blind person. And many of the blind are lawyers, judges and others. Like the VI man who came to the Principal's office the other day. He can travel overseas whenever he wants and even funds some of our VIs in high school. Just as they've been able to do that, in a similar way, I can also become the same. So it doesn't make me too sad. I can be sad but not like at first when I hadn't come to this school. When I thought that I was the only blind person.*

Some participants in Connors & Stalker (2007: 26) also felt a "sense of achievement through school" and viewed themselves as "active beings with opportunities to mould at least some aspects of their lives".

As a result, some 'impaired' children reveal similar aspirations as other youngsters about what they would do at their parents' age (Connors & Stalker, 2007). Two of my female participants wanted to be journalists, while two boys wanted to be a teacher and judge respectively. A blind 17year old female participant wanted to make doormats or be a business woman while another boy of the same age had not thought about what he wanted to do in future. However, in deciding on a future career, some participants had considered careers they felt they could pursue

regardless of their impairment and the subjects it allowed them to study in high school. Below is an extract from a joint interview or discussion in which two female participants explain their choice of future career.

> *Christie: What makes me want to pursue journalism now is that before I became partial, the 2 careers that I'd in mind had been medicine and journalism. But since I got blind and I can't be a doctor, I wanted to be a journalist.*

> *Eduafuah: When I was sighted, I wanted to be a nurse. But since I became blind and came here, after JHS and entry into SHS, the blind don't study Science (as their elective studies). And without science, you cannot be a nurse. They (VIs) study General Art and with that, one of the careers I can pursue is journalism.*

The above analysis of her impairment situation and the career options it availed to her could also be viewed as a practical and down-to earth attitude to her impairment. According to Stalker and Connor (2007: 25), "most children appeared to have a practical, pragmatic attitude to their impairment" as they seemed "happy with themselves and were not looking for a cure"**.** In my opinion, in addition to the above expression of practicality and pragmatism by the authors above, children with disability may also show this attitude in varying ways. For the research participants in the above quote, this practicality and pragmatism may be evidenced in their acceptance of the career and study options available to them due to their impairment. Hence, although Christie and Eduafuah expressed the conviction that they will be cured, in considering what options were available to them in the 'here and now' and forecasting into the foreseeable future, they factored in their impairment and its implications. However, there was also an element of personal choice and attraction to the desired career. Participants thus reveal that their impairment influences some career prospects to some extent but not entirely. For instance, as Christie pointed out in extract above, journalism was a career she had already considered together with medicine before she lost her eyesight, likely indicating an element of personal interest. Eduafuah pointed out the 'attraction' factor as the possible reason for her intended career choice.

> *"When I see many who are journalists, it looks attractive to me so it strengthens or encourages me that I can also do it too".*

6.9.2 Christian Faith and humour

Most participants appeared to rely on their Christian faith and its associated belief in divine healing power. As a result, some participants were confident about being cured of their

impairment. One participant reflects this view as follows. "*My eyes will open oh*". Another participant even quotes an instance in the Bible when a blind person was cured.

"When you even look in the Bible, there was a man who was blind. So it is by prayer such that the way God cured the man in the Bible's eyes, he can open yours as well.

De-Graft Aikins (2005) echoes similar findings in relation to her study of persons with diabetes; however her study's commonality with 'impaired' persons is the resulting impairment they experience as a result. According to her, **"**people draw heavily on their Christian faith to cope with diabetes and broader life circumstances" (ibid: 357).

Humour plays a crucial part in the lives of my participants in that they tease, make fun and joke about their impairment. I identify it as one of the ways they deal with their impairment and its related experiences at the regular school. For instance, in a conversation with a 'sighted' peer, Erica laughs and jokingly says that her peer had locked her eye with a padlock. When a 'sighted' peer asks Aba Linda what caused her visual impairment. Erica starts to laugh and jokes that it was measles. Aba Linda, on the other hand also starts to tell a story that when God created her into her mother's womb, he said that she'll be blind so that many who hear her will serve God.

Some participants also downplay and make fun of considerably unpleasant and frustrating situations they encounter due to their impairment. The above was exemplified on a walk with Christie and Eduafuah to another part of the school during their exam break. This was the conversation that ensued when Christie jokingly remarked that she was taking or leading Eduafuah to our destination.

> *Eduafuah: Leave me alone. Are you the one showing me the way?*
>
> *Christie: Come and let me hold your hand so that you don't fall into water and blame me. (Laughs).*
>
> *Eduafuah: Laughs. Look who's talking.*

Later during the walk, when Eduafuah almost stumbles against a stone in her way, Christie again makes fun of the situation, *"Eduafuah does not see oh.* Christie laughs and Eduafuah tells me, *"Sis Sarah, let go of my friend's hand or arm and let her come by herself.* After which both girls laugh.

This humour is also extended to their relatively higher age in comparison to some of their peers. For instance, Erica keeps joking about her 'fallen in water' status that is being old or matured.

She also jokes that a male visually impaired colleague in another class is almost 40 years old, which is a humorous exaggeration of his relatively advanced age of being more than 18years old. These situations seem to support research by Macpherson (2008). She also identifies humour and laughter as a coping strategy adopted by some visually impaired whom she researches with by going on walks in nature. She observes that laughter would occur in response to "embarrassment, jokes, the out of place, and the ironic, stereotypes, trips and slips, at self-mocking tales and in-jokes" (ibid: 1081). For example, Aba Linda and Eduafuah laugh at Erica when she stumbles on their walk from the Unit to the school. They remark that *"even with her (*Erica's*) third eye (*the white cane*), they can see better than her."* Thus participants seem to focus on the lighter side of the slip, and lightly refer to the white cane as a "*third eye"*

6.9.3 Moving on

Most participants also employed what I will describe as a 'getting by' or 'no quitter attitude' to their regular school experiences. This attitude is especially employed towards unpleasant situations they may encounter. For instance, after revealing that difficulties in finding peer readers made him feel like quitting school, Ato added, *"But I say to myself. ' No, I will continue anyways'."* In spite of the situation he faces above and its effect of making him want to quit school, the participant expresses the determination of not quitting. A similar attitude or mentality is adopted when participants lack someone to read for them. Ato shows that he asks others to read for him and doesn't give up until he finds a reader. *"When I have no one to read for me, no matter what happens, I get someone to read for me. Since we are many, so likely not all of them have the same thinking/mentality. If one refuses to read for me, if I tell another, he or she will read for me."*

The 'no quitter' attitude is also employed towards their impairment effects or influence on their lives. This sentiment is expressed by a participant as follows.

> *Me: So do you feel that your VI affects your prospects or your study and life opportunities?*
>
> *Ato: It's good. Me, I say that everything that happens is good. So whatever has happened, we'll take it like that. And we'll study little by little. Little by little, we'll get where we can.*

6.9.4 Positive self-evaluation

Most participants evaluate themselves positively and highlight their abilities and competence. Most participants describe and portray themselves as capable of engaging and participating in

activities involving self-care, their academic and social life. For instance, several participants note they do all self-care activities by themselves except for those they are not required to perform. Some participants also seem to get a sense of satisfaction from their academic performance. One male participant tells a 'sighted' peer who commends him for his competence in Mathematics. *"We're better in Maths than all of you. It's only that we can't see"*.

This chapter has presented and discussed the experiences of the visually impaired in mainstream schools and their coping strategies. The next chapter highlights how participants express their agency in dealing with their regular school experiences.

CHAPTER 7: ANALYSIS AND DISCUSSION III
CHILDREN'S AGENCY AND SOCIAL ACTOR PERSPECTIVE

This research seeks to highlight the social actor and agency of the visually impaired young people who by virtue of being in the 'children' category, are viewed as being helpless, dependent and passive victims. An actor is someone who does things while an agent is someone who makes things happen things (Mayall, 2002 in James, 2000: 41 cites). It is also clear that children are social actors as they take part in family relationships, express their wishes, demonstrate strong attachments, jealousy and delight and seek justice (ibid: 21). The study therefore tried to identify how the visually impaired expressed their agency or ability to act especially amid constraining or inhibiting structures. Such agency was expressed both in their classroom or school settings as well as in their family and social settings.

7.1 Agency in Classroom or Teaching Settings

As stated in the theory chapter, the concept of agency tries to position children as social actors rather than passive victims. An actor is someone who does things while an agent is one who makes things happen (Mayall, 2002). Describing children as agents is to view them as playing a role in their society, in the lives of persons around them, and forming their own "social relationships and cultures" (ibid: 41). Hence, through their individual actions, children can make a difference 'to a relationship, a decision, to the workings of a set of social assumptions or constraints' (ibid: 21). Yet children especially those with disability run the risk of being portrayed as passive and dependent victims who lack agency. In the subsequent section, by the use of field data and literature references, an attempt will be made to position my visually impaired participants as persons expressing agency in the classroom and other teaching settings.

7.1.1 Agency in Devising Learning Materials (A makeshift learning material)

Participants reveal their agency and ability to act or do things in social contexts including the classroom especially in the face of inhibiting structures. For instance, participants devise strategies to assist them with their learning and perception in spite of a lack of assistive teaching materials. In the example below, a Ben (17 year old with low vision) develops his own way of learning about and perceiving a mathematical instrument after being made to touch and feel it by the subject teacher.

In Mathematics class, the teacher asks Ben to feel a 45° set square[32] and identify it. Ben feels and identifies instrument after a failed attempt. The teacher explains the names and functions of set squares to the class. Afterwards, Ben picks up some Braille sheets from the top of the cupboard in front of the class. He drops some papers which he picks up and calls his sighted desk mate and best friend to help him do so. Ben goes to his seat and makes a dotted outline of the set square and a protractor onto a Braille sheet and cardboard. He uses the pointed tips of a pair of dividers[33] to make the dotted outline (like Braille embossments) along the edges of both instruments. He repeats the same action to outline a protractor[34]. The resultant product is a dotted outline of both instruments on the Braille sheet and cardboard which he and his colleagues can feel with the tip of their fingers and perceive how both instruments are. Afterwards, he gives it to a sighted colleague to go and show it to his other visually impaired colleagues on the other side of the class.

In the above example, Ben takes an action to make up for the lack of brailed picture or aids of the two mathematical devices instead of simply accepting the situation hopelessly. He utilizes the available resources(Braille sheets, cardboard, a pair of dividers) to create an improvised mathematical instrument not only for himself but for the benefit of his visually impaired peers; rather than solely rely on his teacher or sighted peers to help him imagine what it looks like. This ability to act is used spontaneously by Ben to emboss or outline the instrument for the perceptual benefit of his colleagues and himself without his teacher instructing him to do so. The action of the participant is voluntary since he is able to perceive objects in very close proximity due to his low vision and could have settled merely for feeling the mathematical instrument in question upon his teacher's instruction. However, he takes further action to help his other visually impaired colleagues to perceive it too by outlining both instruments although he is under no obligation to do so. In the face of the inhibiting constraints of a lack of Braille teaching materials, Ben reveals his agency, that is, his "ability to act creatively and to make things happen" (James, 2009: 42). His agency is further demonstrated by his ability to "put aside his own immediate interests with the aim of helping others" (Mayall, 2002: 110)

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[32] *A triangulated mathematical instrument made from a transparent plastic and used to draw accurate angles*
[33] *Dividers are a mathematical instrument with two parts joined at one end and sharp needlelike edges at the other end used for measuring lines, angles, for marking positions along lines and transferring measurements.*
[34] A *semi-circular transparent plastic and mathematical instrument used for measuring angles*

7.1.2 Agency in the Use of School Resources

Ben further reveals his agency in his use of the school's resources. The school has two typewriters which the students are allowed to borrow when necessary and return it so others can also have access. Ben has one of these typewriters and is the only one I observe using this typewriter as opposed to the writing frame and stylus which the other participants use.

> When I ask Ben why he's using a Perkin's braillewriter[35] instead of a frame, he explains that there are only 2 typewriters for the entire school. Hence he borrowed and hasn't returned it, because once the basic school has both, the Junior High School (JHS) will have none. To use a frame and stylus[36], the participant opens the slate, places a Braille sheet over the lower strip, closes the upper strip and clicks or presses it into place. The tip of the stylus is then used to punch holes unto the paper by pressing the stylus down through the small rectangular hole to make Braille dots or cells. In writing with the use of a frame and stylus, participants had to punch the Braille dots from right to left in order to read from left to right.

These typewriters have embossed Braille letters such that he can feel the letters or characters as he types. Although a little noisy as every letter typed is followed by a clicking sound, the typewriters are faster to use in relation to the stylus and frame which the others use. The stylus and frame requires that participants first feel the small cubes in the frame with their fingers before they can punch in the necessary holes representing the Braille character or letter they want to type. Correcting errors with the typewriter was also relatively easier as he could proof-read each line while or after typing to correct mistakes. However, correcting errors with the frame is no mean task as participants would usually finish writing a considerable amount before proof-reading. This is due to the fact that it required removing the Braille sheet from the frame to proof-read and continuing at the same place on the sheet where they stopped to prevent overlapping or double writing. He knows that there are insufficient numbers of typewriters so he borrows it and doesn't return it, since returning it will mean that neither the JHS nor he will have any. Rather than sit down and complain about the situation, he takes an action. He uses the laid down procedure to acquire the typewriter but hasn't returned it to prevent a total lack of a typewriter for his JHS colleagues and him. As an actor with agency, he takes an action to resolve

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[35] *The standard Perkins braillewriter has six keys (one for each dot in a Braille cell), a space bar, a backspace key, a carriage return (to move to another line), and a line feed key.*

[36]A stylus is a writing device with a plastic rounded edge which serves as the handle, and the other edge is a metal pointed tip for punching holes. The frame or slate is a plastic rectangular tool with two plastic strips of cube like holes joined together on one side such that it can be opened and closed.

the difficulty resulting from this resource deficiency (James, 2000: 41). This he does by reinforcing the school rule of obtaining the typewriter; but reproducing the school rule by failing to return it afterwards (ibid).

In another instance, during a frequency distribution exercise in Maths class, the visually impaired have difficulties with writing the tally which involves making strokes. This difficulty results from the inability to write a stroke symbol with both the Perkins Brailler, and the stylus/frame. Hence, Ben uses the number '1' instead of a stroke and underlines it instead of striking through (when the frequency is 5). On the other hand, Erica and Aba Linda simply write the number representing the frequency of each variable without making any strokes to represent a tally. Thus all the above informants make use of the resources and options available to them in performing the assigned task rather than simply quit due to the associated challenges. Such creative use of the available resources and options seems to express the agency of the visually impaired.

7.1.3 Agency in the Absence of a Reader

It is a common practice in Ghanaian school classrooms for students to copy subject notes and class exercises from a blackboard (often affixed to the wall in front of the class) where teachers write such information. Another common practice is to read from government provided subject textbooks which contain detailed subject notes and test exercises for pupils. Due to the predominant lack of textbooks in Braille and the need to copy some exercises and notes from textbooks and the blackboard, my participants often ask their desk mate or another sighted colleague and in extreme cases their resource teachers read for them. However, there are times when participants lack such a reader when they were unavailable or occupied. Participants exhibit their agency when their sighted desk mate who reads for them leaves them on their own or is taking a nap, and their Resource Teacher is also occupied. Two examples are outlined below. In the first instance, Ato tells me about how after asking others to read for him when his sighted desk mate moves away, he finally asks her to come back to her place beside him. In the next example, I observe Ben's actions when his sighted desk mate who reads for him takes a nap during a group exercise in class.

> Ato: since I came in 3*rd* term, Baaba Jane, the girl sitting by me was reading for me. She read for me until the end of the term, and then she left to sit somewhere else. So when there's something on the board and Madam (RT) had no time to read, then I went to Fiifi, a sighted boy to read for

me. Sometimes, while pacing, somebody will call me to come so they will read for me. So when we were about to write exams, about 2 weeks before exam, we were doing a Maths exercise and nobody said they'd read for me. So I went back to Aba Jane and called her to come and read for me. She returned to her seat and did. (interview)

In the above excerpt, the participant takes an action to resolve his difficulty in finding someone to read for him. In Ato's case, he does so by asking someone else to read for him. He also acts in that when he has no reader, he expresses a non-verbal cue by pacing to draw attention to his situation thereby prompting a colleague to decide to read for him. Through his actions of asking for a reader or pacing, he "makes a difference to a decision and the workings of a set of social constraints" thereby demonstrating his agency (Mayall, 2002: 21). He finally asks his desk mate to read for him when all the above interventions are exhausted, thereby acting by "expressing his wishes" (ibid). His actions or request results in his desk mate decision to return to her seat and read for him hence once again demonstrating his agency.

> *Ben's class are doing a group word exercise whereby they think of smaller words that can be derived from a bigger word suggested by the class teacher. Students in each large group are to suggest words to be noted by a few selected group members who are standing in front of the blackboard. However, Ben's sighted desk mate, Tim has his head on the table and can neither tell Ben the words on the board nor note his suggestions for his group members who are writing on the board. Ben calls another sighted classmate several times until she hears and comes to him. He then suggests some words to be written on the blackboard, spells his suggested words and corrects their spelling (class observation).*

Ben also employs the same solution of asking someone else to read out words from the blackboard and note his suggestions when his desk mate and reader is napping during a group exercise in class. He also takes further actions of suggesting, spelling and correcting words to be noted. By so doing, Ben shows that he actively takes actions to partake in class activities rather than passively resigning himself to non-participation due to his desk mate's inactivity. In both instances, participants took resolute actions by thinking about and implementing an alternative solution. By so doing, he makes a "difference to a set of workings" (Mayall, 2002: 21) and "make things happen" (James, 2009: 42)

Agency was further exhibited when some of my participants had their sighted mates occupied with something else as the example below indicates.

> *In Erica's class, the entire class is doing a class exercise. She asks her sighted desk mate to read out the first question for her. "Hold on, he tells her", as he writes something else. Erica eavesdrops or listens in as Aba Linda's sighted desk mate reads to Aba Linda (another visually*

*impaired girl who sits behind her) Lin. When her desk mate is ready to read for her, Erica has
already written some of the questions and tells him to move on to the next (observation).*

In the above example, Erica finds an alternative solution to her desk mate and reader's pre-
occupation. She takes action by eavesdropping as a 'sighted' classmate seated behind her reads
for another visually impaired colleague. By so doing, she 'makes things happen' (Mayall, 2002)
in that she is enabled to note the exercises in spite of her usual reader's pre-occupation. She
further reveals her "ability to act creatively" (James, 2009: 42) by devising another ingenious
way to have her notes copied without her usual reader. On other occasions, I also observe
participants using the break time to complete their class exercises since their sighted desk mate
reader will have to move on with the next class exercise. All these instances may be considered
as a demonstration of their agency or ability to act especially in the face of constraining
situations.

7.1.4 Agency in the use of their time

Several studies have revealed how the time of young people with disability are regulated and
spent in places under adults or institutional control (Holt, 2004; Worth 2013). During my study I
observed that by virtue of being resident at a special institution or a unit for the blind,
participants' time was regulated right from their rising up time, eating times, study time and
sleeping times. A similar situation existed at the regular school whereby virtually all the time
spent at school was accounted for except for their break times. Yet, in few instances at break
times, participants were compelled to stay in and finish up a class exercise, as their peer reader or
resource teacher will have to move on to another class exercise or subject after the break. Amid
such external time regulation however, participants still made active decisions and choices about
the use of their time. Although there was a study bell that was rung at the unit to signify when
students had to be in class for evening studies(at 6pm after evening dining but with some free
time in-between), several participants(Ato and Kwaku) mention how the bell did not determine
what time they came to class for evening studies. Although, their time was structured in terms of
their time for study, the two boys express their agency by going to the class way before they are
scheduled to. During a unit tour with Ato, I ask him if he comes to class for evening studies
when the bell is rung. He replies as follows. "*For instance, I'm right here (in class) after we go
for evening dining. So when we are asked to come inside to start prep, we are already here.*"

Hence although Ato has a designated time (characterized by bell ringing) to be in class for evening study, he goes to class voluntarily soon after evening dining. By so doing, he actively takes decisions about the use of his own time and demonstrates his ability to self-regulate rather than be regulated by a bell. Ato has the choice to stay out and await the bell to signal to him that it is time to go to class for evening study. Yet, he opts to do so by himself without any prompts. Ato also has the choice to use that free time for other activities as other participants (Eduafuah and Christie) use theirs to go for a group prayer activity until it is time to go to class. Thus, he reveals his agency or 'ability to act' without the need for prompts or regulation. Ato thus alters the social structure of evening prep by going at an earlier time while simultaneously "reinforcing" it by being present for prep (Corsaro, 1985 in James 2000: 42).

Participants also show agency in the use of their time by using some of their break times to do a class exercise or homework. In addition, some participants also used time for French lessons (which they did not study) for studying other subjects. This was noted by two female participants, Eduafuah and Christie during a joint interview when we discussed what they did during French class.

> *Eduafuah: While French is being taught, I read whatever notes I've.*

> *Christie: We take our notes and read. Maybe our English or Science notes so that we don't feel sleepy and fall asleep.*

In the above quote, the participants deal with the above situation by using the French lesson time for reading other subjects in order not to fall asleep (an alternative option). In another example, Ben also describes what he does when they have a drawing exercise which they usually do not partake in. "*In class when there's an exercise on drawing and I see that I can't do anything about, I won't even sit down. I go out. I just take my book and sit elsewhere to study*". I also observe Ben take similar action by using the French class period to review his class exercises in other subjects.

> *During French class, I observe Ben standing in front of the cupboard where their Brailed class exercises are kept. He takes out his class exercises from other subjects in order to review them. (Observation).*

In all the above situations, participants take a self-determined course of action when confronted with the constraint of non-involvement in a class lesson or activity. Although there are no scheduled activities for them during these class periods and no guidelines as to what to do, they

act creatively and thereby cause some difference to the social constraints of non-involvement in or inability to participate in certain class activities and lessons.

Participants also express their agency in the use of their time by using certain scheduled times for purposes other than what school authorities intended. An example of this agency was evidenced during a joint interview with Eduafuah and Christie. While giving her account of their daily schedule, Christie reveals one such use of the Unit schedule for an unscheduled activity and explains the reasoning behind it when Eduafuah disagrees. Christie reveals the tendency to use some of the time for rising and bathing to wash their clothes. Eduafuah disagrees by saying that there is a scheduled *"time for washing"*. Christie then reasons that maybe the person wants to wash their clothes before the scheduled time or cannot wake up at the scheduled time.

Christie uses some of the time scheduled for bathing to wash her clothes. She 'creates' her own time for doing her laundry when she wants to wash before the scheduled time for laundry (on Saturday morning at 6.30am) or is unable to wake up at that time. By so doing she acts creatively by buying out time from other scheduled activities to perform another activity she could not perform but deems it necessary to. Amid all the adult/institutional regulation of their time, in some instances such as the above, participants actively negotiate and make decisions about the use of their time, thereby demonstrating that they were not passive individuals but social actors with agency.

Some participants express agency in the use of their time by reworking or reinterpreting the time they are required to come to the inclusive school from their residential unit. For example, while discussing if they got punished for coming to school late during a joint interview, Eduafuah says the following about the time she comes to school on Friday mornings when they have the school farm. The school farm is a school period whereby groups of pupils in an assigned section or group (based on colours) plant or cultivate a small plot of land with a crop of their choice.

> *Eduafuah: I'm usually late on Fridays because the first period is 'farm' so I won't come because I know this. I know the time that the farm is over so I make sure I get here at that time.*

Eduafuah notes that she comes late on Friday because of her knowledge of the first class activity, which she is not expected to partake in. However, she ensures that she is in class as soon as that activity is over and lessons are about to start. Therefore, in line with (Corsaro, 1985 in James,

2000), she finds a way to "reinforce" the school schedule (by being at school for the start of lessons) and "reproducing" it (by skipping the first class period).

7.3 Agency and social actors in family settings or social relationships

Participants actively interpreted their social world. They try to make meaning and interpret the situations around them after which they decided on and implemented a suitable line of action. For instance during an interview, Christie, (a 15 year old female participant who is blind) the youngest in her family and thus the only female child living at home, makes the following remark in talking about how encouraging and supportive her parents are.

My parents are supportive and advice me all the time. When my dad comes to stand there while I'm cooking, and he is quiet then I know he's sad. So I tell him not to be because one day, my eyes will open. Then he forgets his sorrow and becomes happy again.

Christie interprets her dad's silence as an indication that he is sad about her impairment which she perceives as a situation that she must change or do something about. She thus decides on and implements what she believes to be the appropriate action to reverse this situation, that is the caring action of consoling him about the temporal nature of her impairment, rather than passively look on or become sad too. She also concludes that this has a positive and consoling effect on her father. Thus, in her view, silence in this context can be interpreted as sadness which calls for consolation or comfort in order to remedy the situation. The above statement also shows the "dependency and interdependency that are coexistent between young people (including visually impaired ones) and their parents" (Mayall, 2002:48). While the informant receives advice from her parents, she also gives emotional support and comfort to her parents. In fact, one would think that the parent particularly the father would be the sole provider of emotional support for his visually impaired child. However, she reveals that she's also capable of providing support and not only be at the receiving end. Her agency is thus revealed in that, through her actions (or words), she makes a difference to a relationship.

Participants also show such ability to make a difference to a 'set of workings'. For instance, while Ato explains the facilitating role of their resource teacher, he tells me about how his teacher can always tell when he does not understand what has been taught in class by his use of non-verbal language and cues.

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Ato: While the exercise hasn't started, she'll try to explain what we don't understand. Because she can see it if I don't understand.

Me: How does she know or see that you don't understand?

Ato: If I don't understand something, I sit down quietly and act as if I'm revising. I'll be sitting down quietly and recollecting it in my head. So she'll see that I don't really understand this work so she'll call me and explain it to me

In the above extract, by the use of non-verbal cues, Ato communicates his lack of understanding to his resource teacher. This initiative to communicate non-verbally by sitting silently and looking thoughtful enables his teacher to then play her role as a resource teacher. The resource teacher's role (from their perspective and that of their students) is to "*give extra tuition and help them understand class lessons better*" (RT, and participant interview). This teaching role comes with the expectation that when a student does not understand class lessons, the resource teacher (RT) will clarify things. With Ato's knowledge about the RT's role and its accompanying expectations, he acts through the use of non-verbal language. By so doing, he allows both his RT and himself to "fulfil their role expectations" (Bluebond Langner,1979 in James, 2000: 40).

7.3.1 Claiming 'disability' role

Participants also demonstrated that they actively interpreted their own lives and situation and were aware of the role and expectations that came with it. In the extract below, a 17 year old female participant demonstrates her knowledge of her status as an 'impaired' status and the privileges that come with it.

> *Erica walks arm in arm from the bathroom with a sighted female classmate to her seat. Her Resource Teacher (RT) asks her why she's clutching her classmates' arm. He also asks if she can't go to her seat by herself. She confirms that she can and RT remarks that Erica feels very pampered.*

Erica tries to play the 'disabled' role ascribed to her and this allows her to fulfil the role expectations ascribed to her. This role sometimes involves getting pampered and getting her colleagues help with activities that she can do by herself. By so doing, the participant appears to be "performing the 'disabled role' of submissive dependency" even though she has the possibility to be self-sufficient (Worth, 2013: 578). Furthermore, the status as 'disabled' student further entails being exempted from or getting less corporal punishment. Hence when a teacher asks pupils why they did not mention taking class attendance to her, Erica reacts, *"Madam, cane them."* Aba Linda, another VI retorts: *"If you were also caned, you'll know how painful it is."*

Erica's statement above and use of *"them"* appears to indicate her awareness that as a visually impaired, she will not be caned in this instance. However, participants do not only play this role but also claim it. For instance when a resource teacher (RT) tells Erica to hurry up with a class test and go for her cane, she smiles and laughs. When her RT asks her why she is laughing, Erica replies, "*What you said sounds funny to me.*"

Thus Erica not only subtly implies her awareness of the fact that she may not be caned, but further interprets it as a joke or something to be taken lightly. By so doing, she subtly seems to question the RT's ability to go against the social workings at the school (of disciplining VIs). Hence, Erica shows her ability to claim the expectations or privileges that come with her status and subtly prompts her school teacher to facilitate this provision.

7.3.2 Shying away from 'disability' category

However at other times, some participants shy away from the 'disabled' category. For instance while walking with Christie, Eduafuah, Erica, Kwaku to another part of the school for higher graders, the following interaction ensues between Eduafuah and Erica. Eduafuah tells Erica (who uses a walking aid), *"you're making noise with your walking aid. Everyone will know that blind people are coming. Erica subsequently folds away her walking aid.* (Group walk and observation)

In line with Worth (2013), the above statement suggests that participants often want to keep their visual impairment to themselves. Worth (2013: 579) further cites Hahn's (1986) argument that "disability is created as a result of its visibility to others". Thus a common strategy for shying away from the 'disabled' category and what it entails is to make their visual impairment less visible. Hence, most participants who were totally blind would walk arm in arm with their low vision or sighted friends. Ato also notes that, "the only time I'll like to use a white cane is when I need to cross the street". Eduafuah's last statement (*everyone will know that blind people are coming*) reveals that this strategy of concealing the white cane is in order not to "announce" their impairment to others (Worth, 2013: 579). However, in my participants' case, making their impairments less visible was not employed in familiar or everyday surroundings such as at their regular school or at the special school. For example, after a program at the special school, Christie, Aba Linda return to the regular school, arm in arm with Erica who uses her walking aid

to look out for bad terrain or an impediment. The likely reason for this was that they spent a lot of time there and likely did not see the need to disguise their impairment as their colleagues and teachers were not strangers to them. Thus, participants were not completely hiding their visual impairment but simply positioning it as an aspect of themselves that people only find out about when their relationship is more than casual (ibid). By her question, the participant also appears to allude to the view that "when VI young people meet others for the first time, or partake in daily activities in public space, their visual impairment often takes centre stage, becoming an unwanted focus" that may often be perceived as a negative other "that must always be contested" Worth (2013: 580).

7.3.3 Agency in resisting dominant adult discourses

Participants had similar as well as different views from school authorities of what inclusive education entailed. School authorities viewed inclusive education as 'bringing the visually impaired together with sighted children to learn'. For instance, in the extract below, the Principal of the special institution and Unit for the Blind explains what inclusive education involved.

> *"The visually impaired learn Braille here (at the Unit) for two(2) years. When they are competent with the Braille, they are taken to SN basic school to join sighted children and that's the inclusive education. They're there to learn with the sighted children but with the help of Resource Persons who transcribe the Braille for other teachers to mark."*

Some participants expressed a similar view of inclusive education being the education of the visually and non-visually impaired together. However, they also viewed their special institution where two categories of impaired people had been brought together as inclusive too. This was expressed in several varying ways. One way was by defining a special school as "one with only visually impaired students" referring to it as *"blind school"* or "*School for the blind*" as exemplified in the excerpt below.

> *Me: So if you are asked to choose between being here (regular school) and a special school?*
>
> *Erica: School for the Blind.*
>
> *Me: What about it makes it your preference?*
>
> *Erica: Laughs. Because, we can hear but the deaf can't hear anything.*

From Erica's response above, it may be deduced that she referred to or conceptualized a special school in terms of a "school for the blind". She further explains her reason for preferring a school

for the blind over a regular school as due to differences between the deaf and blind with regards to their ability to hear. In other words, a school with a single impairment category such as visually impaired only or solely hearing impaired was a special school while one with both categories was not. It could also be inferred that in spite of the different names and administration for the regular school as opposed to the special institution/Unit for the Blind, the participant in this instance considers them to be the same since she attends both simultaneously (one with sighted and the other with the hearing impaired). Hence, some participants expressed the view that the special institution where they were resident (which had two categories of impaired students) was an inclusive school rather than a special one. Thus most participants it appeared considered persons with a different category of impairment from theirs as different. Erica earlier expressed the difference this "*We can hear but the deaf cannot hear anything*". Hence they considered any educational institution that brought together these two categories of 'disabled' or 'disabled and sighted' together to study as an inclusive one as the extract below shows.

Eduafuah: "I see inclusive education to be a school bringing sighted and visually impaired together or bringing visually impaired and deaf together.

Me: What makes you happy to be in an inclusive school or not?

T: What makes me happy is that like the deaf, all of us being disabled and coming together to go to school fine, that makes me happy.

This appears to be in contrast with the adult and institutional view of inclusive school as the Principal of the Unit earlier described it. For the Principal, the Institute/Unit is a special school since they viewed it as school for children with disability or special needs regardless of the merger of more than one category of such impairment. This may exemplify an instance whereby the 'disability' category tends to gain dominance … such that children's similarities or differences are not accounted for (Davis & Watson, 2001). However, disability is a very diverse category, particularly with regards to children and while there is some merit in aggregating the disability experience, there can be a danger of missing the nuance through lumping a disparate group together (Nick & Watson, 2001). The young people above appeared to look beyond the 'disabled' category and see the sub-categories within this category and recognizing the diversity across such sub-categories even of physically impaired (hearing, speech and visually impaired). Thus although adults often control educational discourses within schools and in this case

appeared to indicate a sameness among the disabled, however pupils have the ability to resist these discourses (Davis & Watson, 2001).

7.4 Competence

Competence may be defined as the "ability, capacity... to perform a task, fulfill a function or meet the requirements of a role to an accepted standard" (James & James, 2008: 34). Put simply, it is the 'ability to do something' and not necessarily the quality since it met the required standard (ibid). Competence may be considered as a "dynamic concept that refers to specific and varied forms of practices and skills" and is "constituted by engaging in specific social practices" (Kjørholt et al, 2005: 178). Hence competencies may depend on personal and social experiences and the performance of certain actions in a particular context (Kjørholt et al, 2005). In the subsequent paragraphs, an attempt will be made to show how research participants revealed their competence across specific practices and social contexts.

7.4.1 Competence in classroom and school settings

The competence of the visually impaired came to the fore when they helped the sighted with spellings and collaborated in group assignments and tasks as is exemplified below.

> *Ato and Kwaku are having a group spelling competition in class. His class teacher asks them to spell 'subtraction'. Ato verbally spells it for his 'sighted' group members to write. But the 'sighted' group member verbally spells the word with 'tione'. Ato corrects her, "its 'tion". Ato asks her to spell what she's written. NVI starts spelling the word with 'cu'. Ato says "no, it's 'subtraction'. Write it well." Class teacher checks and approves the spelling of Ato's group. The class applauds for them by drumming on their desk.*

Ato seems to show his competence in spelling and by rightly spelling the given word. He also shows competence in collaboration by following up and checking to ensure that the word is spelt right. The visually impaired also seem to have competence in some subject areas. In the extract below, Ben notes this competence when a sighted classmate tells Ben that Yaw Sammy is better at Mathematics than Ben.

> *Ben: "We know Maths & Science more than everyone in class. It's only because we don't have the textbook.*

Ben thus indicates the competence of Yaw Sammy and him in Mathematics. However, this competence is somehow limited by the lack of textbooks which serves as an inhibitive circumstance. Yet, Ben later informs me that *"During the first term for instance, I came first in*

Maths class." Hence, textbook limitation does not completely do away with his 'ability to do well' or excel in Mathematics.

The visually impaired also show competence in certain activities such as playing musical instruments and games. For example, Ben plays a percussion instrument in the Unit's choir which performs for audiences and is invited to play for external programs. Kwaku also plays a piano at the Unit for the Blind as observed below.

> *Kwaku (a boy with low vision) plays a piano at the Unit for the Blind. He plays it for almost five minutes, moving his fingers back and forth over the piano keys to create melody which seems like an existent one. I ask him what song he just played and he tells me that he just made up his own tune.*

The visually impaired also showed competence in playing games such as football among others. These instances are observed below during break times and noted from my field notes.

> *After I provide Kwaku (low vision) with a football before vacation, I observe him play it soon after with his 'sighted' seniors. He kicks and passes the ball to his team-mates, dribbling other players in the process. He stops an opponent from scoring a goal by kicking the ball away from him. He passes the ball to a team-mate who then scores a winning goal. In the next game, Kwaku is the goalkeeper and stops the ball from entering the goalpost. His team wins by 3 goals to one.*

> *During break time, Kweku and Eduafuah play with crown corks. With their fingers, they each push their crown corks forward in turns, and try to make their crown cork (the open end) fall on top of the others crown cork in order to win. When it's one's turn to play, he turns the crown corks towards him in order to turn over the corks with ease. The winner keeps both corks.*

> *Christie tells me how to play 'alike alike (a game) and calls a 'sighted' peer so they can demonstrate it to me. Her peer remarks, "Only two people can't play alike-alike". Christie replies "yes, they can". Christie and her peer show me how to play the game. They each place one of their palms facing upwards and the other downwards. Then Christie lays both palms flat on her peer's palms or vice versa. They start to move their palms, first horizontal, then vertical and then clap a number of times (2,4,6,1 and 1).*

In all the above examples, participants show that they are able to play games such as football and 'alike-alike'. In the first example, Kwaku shows his competence in soccer by kicking and passing the ball, and keeping away from opponents and later, his goalpost.

7.4.2 Competence in mobility and movement in their surroundings

Participants exhibited in-depth knowledge and familiarity of their surroundings. One of the means by which participants familiarized themselves with their surroundings was by noting

sounds peculiar to the particular location. To illustrate, I asked Eduafuah and Christie for their destination when I spot them walking in a certain direction; and Christie replies, "*to the building where the cock crows."* This was the sound which she associated with an uncompleted building near the school. As a result of her association of sounds with places, she realizes without being told and remarks that we have arrived at her intended destination. Similarly, Worth (2013:576 cites Cook 1991) as identifying the movement of visually impaired as a ''fluid combination of direct perception, familiarity and visualization". Although, in this particular instance, the participants involved were totally blind such that they could not directly perceive, the other factors namely familiarity and visualization held true.

For instance, Christie revealed their familiarity with and visualization of our current location, *"on Saturdays, we come here from the Unit…We come to observe the compound".* This statement and the use of the word 'observe' may be an indicator that they went to this location on Saturdays in order to familiarize themselves with and visualize the surrounding. The intuitive bodily knowledge that results from this leads to a strong sense of agency, making participants highly confident of their awareness of familiar and local spaces (ibid). Even when Eduafuah deliberately tells Christie that we are not at our destination, she replies, *"Sis Sarah, I know we are there".* When I confirm that we are, Christie tells Eduafuah, *"I told you we are at the cock place.* Later while we are returning, Eduafuah also calls it a *"hen house"* and Christie explains that it is *"the big building" and "there's always a hen crowing there".* Eduafuah also adds that *"no one lives there."*

All the above descriptions by participants were apt descriptions about a nearby unoccupied building (which thus has hens[37] freely roaming within). Hence they revealed that they were knowledgeable about their surroundings through visualizing it from what they heard and perceived non-visually. Consequently, when I admitted that I was not familiar with this part of the school, they promised to show me around and walked me to other student residential buildings, naming them as we approached. They also mentioned other landmarks such as a roundabout and a dining hall. When talking about their Saturday treks to our current location, Eduafuah remarks, *when we get or arrive at this place, then we show that we know the place or*

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[37] Most fowls are not often kept in coops except in poultry farms. They freely roam around the owner's compound.

terrain. Hence, by walking this environment by themselves, they were exhibiting their competence with regards to movement. This line of though appears to concur with Worth (2013: 75) that "within VI young people's discussion of physical mobility is a goal to be recognized as a competent spatial actor". The need to show this competence may be prompted by the tendency of others (including myself) to question the competence of visually impaired young people with regards to mobility as I was often tempted to guide them or lead the way. As Worth (2013: 575) also admitted, the spatial competence of her VI research participants was often undermined by social perceptions of their identity as both visually impaired and young. She further cites Lee (2001) that although young people are common users of public spaces, when young people have a disability their age often adds the perceptions of double dependency (ibid). However, participants appear to refute this perception.

In another instance, I accompany a female participant (14year old and blind) on her walk from the regular school to the special institute and unit for the blind. She is walking by herself and with no assistance or aid from anyone including myself (who is only with her to observe, record and question her if possible).

> *Eduafuah walks cautiously from school to the Unit. Red soil and sacks of sand have been used to fill up gullies and holes and serve as improvised stairs or platform on the route. Eduafuah steps on each sack carefully and step by step. Where there's level ground, she walks at the edge of the route and away from the sacks. She gets to an empty field and level ground. This field often serves as a playing ground for students of the special school. I ask Eduafuah where we are now and she replies that we are at the 'park'. She laughs when I ask her how she realizes our current locations and replies, "I don't know how". She keeps walking and then down. At a small open gutter, she uses her feet to feel its boundaries and then crosses it. After crossing the gutter she stops and stamps one foot against the ground to brush off dust from it. She now walks along an exposed plastic pipe for water transmission. She steps on pipe once after which she steps away from it. She keeps walking and gets to another small gutter. The gutter has a small cemented platform on a part of it for walking across. She feels for the small platform or bridge with her feet and walks on it. She continues to walk on a narrower walking path now as there is grass on both sides of it. A visually impaired boy standing in her way moves away. She turns away from the direction of the movement sound she just heard. She walks to an access ramp besides a flight of stairs and walks across it until she gets to the Unit classrooms for the blind at the special institute. (Walk with participant)*

In the above example, the participant shows her familiarity with the route between her school and residential unit. She is able to tell when we are at the school park and also slows down when we approach a gutter. She demonstrates her ability to negotiate the terrain by avoiding impediments (sand sacks, plastic pipe, gutters and stairs); and feeling the edge of the gutter to

know its boundary before crossing it. Eduafuah also shows an awareness of the sounds around her and reacts by moving away from the direction of a sound indicating the presence of another person in her way). Last but not least, she avails herself of structures or provisions that enhance her mobility by using the access ramp instead of the stairway. Worth (2013: 575) suggests that "within young people's discussions of physical mobility there is a goal to be recognised as a competent spatial actor". In Eduafuah's case, through her physical movement and not just discussion, she seems to show her competence in negotiating familiar spaces.

7.4.3 Self-care

The visually impaired also show competence in caring for themselves. They noted that all self-care activities such as bathing, hand washing their clothes, sweeping their dormitories and laying their beds were done without assistance. For instance, Eduafuah who is totally blind notes that she does all self-care activities by herself and laughed when I ask her how she lays her bed. *"I just do it",* she says. In the following extract, Ato describes his morning activities which he undertakes by himself.

> *Ato: I brush my teeth, and go to the toilet. From there, we (he and Ben) sweep our sleeping room. I take a shower and wear my school uniform. After wearing my uniform, then I'm finished so I wear my shoes and lay my bed. Then we go to class for morning studies.*
>
> *Me: so do you do all these, by yourself or with others?*
>
> *Ato: Only the sweeping is done with another VI. I do the rest by myself.*

In this chapter, I have attempted to position visually impaired young people, specifically my research participants as social actors who exercise agency. Their agency has been highlighted against the constraint and barriers they encounter in order to show the interplay between agency and their challenging experiences. The aim of this chapter has not been to romanticize their agency, but to show that in spite of constraints faced, the visually impaired have the ability to exercise agency and competence.

CHAPTER 8: SUMMARY, CONCLUSION AND RECOMMENDATIONS

This concluding chapter outlines a summary of the study. The chapter first presents some fieldwork surprises and the main findings of the study in relation to the research aims, objectives and questions. I will also spell out some recommendations from my participants and recommendations based on my fieldwork experience and study findings.

8.1 Fieldwork surprises

My first surprise from my fieldwork period and study were that visually impaired young people were very forthcoming about narrating their impairment experiences and perspectives. They did not appear reluctant or traumatized when they discussed their impairment and its aftermath. Before fieldwork, I feared and made provisions for some support for me my informants in the event of emotional breakdown during the study. However, there were instances when I would have become emotional as participants narrated their impairment stories and its aftermath. Interestingly, my participants provided me with needed support throughout the study and in such instances. Informants narrated their stories with light-hearted humour and laughter such that I would laugh at utterances that will often make me cry. Even when discussing negative impairment effects and experiences without the humour element, participants did not speak as powerless victims who lead tragic lives due to their impairment. They had this 'move on' and 'get on with it' attitude which was best summed up by Ato, *"Once it has happened, it has happened. We just have to move on"*. Such utterances highlighted the commendable optimism and agency of the visually impaired young people rather than focus on their limitations.

8.2 Study Findings

8.2.1 Participant's Perspectives on Disability and Impairment

The study reveals that participants employed multiple perspectives of disability. These multiple disability perspectives include the medical model (disability as an illness, a defect); and disability as impairment (intellectual, physical and sensory impairments). Two participants revealed disability perspectives of an 'individual with the flaw of a defective body' that resonated with the medical model of disability. However, in doing so, one of the above informants employed a local expression for persons with disability (which connotes having a flaw, defect or to be incomplete); likely highlighting how others in the society construct

disability through speech. Thereby, pointing out the 'social' aspect or source of this view of disability as a defect.

Although alluding to the physical pain that accompanies disability (medical model), several participants emphasized that there were positive aspects to it such as sharpening of other senses. Most informants did not overtly subscribe to the notion that society 'disables' them, yet latently implied this when they admit that they faced some preventable challenges (with mobility and dependence) due to lack of societal consideration or provision (unfriendly terrain and Braille textbooks). Hence, participants did not seem to support the strict dichotomy of "impairment as the full explanation with no recognition of disability" (Crow, 1996: 63) associated with the medical model; nor the view of "disability as all" (ibid: 57) associated with the social model. Participants thus employed both or several models of disability in nuanced ways and situations. Hence, in line with Shakespeare (2006: 5), disability is always an interaction between individual and structural factors".

8.2.2 Causes of impairment

Informants attributed their impairment to genetic, natural or bio-medical factors (eye infection caused by dust). Some participants further perceived that some physical, spiritual, positive but likely negative actions of their parents and/or extended family members; was also a likely cause of impairments. This 'familial action' cause of impairments has also been echoed by several scholars (Anthony, 2008, Avoke, 2010, Reynolds, 2010). However, an informant was reflexive about this 'familial action' view of his impairment which others tell him. He reflected that in his view, impairments are a normal occurrence in a world where every phenomenon coexists with its antithesis. Two participants introduced a spiritual or religious factor to the bio-medical cause by attributing their impairment first to bio-medical reasons but thereafter to witches. As a result, bio-medical treatment was combined with spiritual healing (from faith healers and a traditional healer) in the aftermath of their impairment. Similar findings have been made by several scholars based on their study context of Ghana (Andin, 2008, Anthony, 2011, Avoke, 2010, Reynolds 2010) who have also written about the perceived spiritual cause of disability that co-exists with bio-medical and genetic causes. De-Graft Aikins (2005) also writes about the combination of bio-medical treatment of diabetes-related impairment with spiritual healing or "healer shopping".

However, most informants revealed a more nuanced and changing perspective to the traditional and spiritual view noted above. They revealed that in the event of an impairment occurrence around them, bio-medical treatment will be sought primary to personal prayers since spiritual healers (pastors) may be deceptive. For two of such informants, bio-medical healing is a physical manifestation of healing by God. Implying that in spite of belief in divine healing, they pragmatically realize that such healing occurs through medical doctors. This change in perspective is in line with several scholars (Andin, 2008; Reynolds, 2010) who suggest that Christianity and high education seem to tone down the traditional perspective but may be slightly disparate from a suggestion by Anthony (2011). She suggests that "these highly valued and intertwined cultural beliefs {in spiritual cause of impairment}…may be deeply ingrained such that other ways of thought are actively, or intuitively, resisted" (ibid: 1079). Only one informant was passive about bio-medical treatment due to a negative previous experience with hospitals resulting in his perception that, impairments may be worsened by bad hospital treatment.

8.3 Experiences and Coping Strategies of Visually Impaired in Regular Schools

8.3.1 Classroom experiences

In class, there were collaborations with their sighted peers particularly their desk mate who read for them and is often interacted with in class. The visually impaired also interacted and collaborated with their peers seated in front or behind them on the same row of desks. Thus, implying that classroom seating arrangements, such as rows may promote fruitful interaction between children with and without disability (Baker and Donelly, 2001). Participants also experienced the constant presence of and interaction with resource teachers who transcribe their Braille exercises and give extra tuition and conferred with them in seemingly challenging tasks. Most informants were pleased with their resource teachers, some of who made concessions for them such as embossing textbooks in Braille at another resource centre, or skipping some training programs to assist them in class. An indication therefore that proximity of the 'disabled' child to the teacher as a successful inclusive approach and proximity to their sighted peers do not have to be mutually exclusive but can be complementary. Class and subject teachers also included VIs in class lessons and commended them for class participation. However, the visually impaired young people experienced a lack of or inadequate resource provision (of Braille

textbooks, Braille typewriters) which resulted in their dependence on sighted peers especially their desk mate instead of their over-burdened resource teachers to provide reading assistance. This situation often resulted in changing readers or the use of multiple readers when the 'sighted' were reluctant to do so or were too pre-occupied with their own classroom and other tasks. Such situations appeared to portray that the visually impaired were often 'disabled' by a lack of resource provision or failure to consider their needs.

8.3.2 Peer interactions

Participants' interactions with sighted peers were characterized by inter-dependence and dependence. The visually impaired actively contributed to group and academic tasks which were characterized by collaborations between them and their sighted peers. Informants also taught their 'sighted' peers to write in Braille; played with and engaged in a mutual give and take with their 'sighted' peers. This finding supports the view that ascribing dependent role to persons with disability tends to ignore the realities of people's interdependencies in daily life and the different types of work done (Tisdall, 2011).

8.3.3 Curriculum, Examination and Treatment

Most participants did not study French and partake in drawing activities. VIs coped with this curriculum deficit by learning other lesson notes during French lessons, and thinking that they attended a non-French teaching school. During my fieldwork, their examinations were not brailed but read out due to: malfunctioned embosser at their Unit, late submission of examination questions by some class teachers, and lack of funds to emboss questions elsewhere. This resulted in a lack of individual adjustment and difficulties for both participants and their resource teachers. Visually impaired young people were not required to partake in certain activities at the regular school (farm, sweeping) for safety and practical reasons. They were not physically caned as much as their 'sighted' peers and were given priority seating at school worship.

8.3.4 Mobility
Participants with blindness faced mobility challenges due to bad and unfriendly terrain (slopes, gutters) and physical structures (stairs, platforms). Participants with low vision and 'sighted' peers often assisted the 'blind' with mobility, although the 'blind' usually navigated

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independently or with other blind peers to demonstrate their agency and competence. They employed measures such as the use of the white cane and mutual guidance. However, when moving in another part of the school environment, a participant reveals her perception that their impairment is made more visible by the use of the white cane and thereby influenced her peer to put it away. This observation appears to support the assertion that the visually impaired try to minimise their visibility unless in more than casual relationships (Worth, 2013) such as with their teachers and 'sighted' peers in the regular school and Unit.

8.4 Agency, Social actors and competence

Participants positioned themselves as active persons with agency by employing several measures of dealing with their experiences as visually impaired in regular schools. The visually impaired showed agency in several situations involving a lack of or inadequate resources such as absence of textbooks in Braille, Braille typewriters and learning materials by devising alternative solutions. For instance, informants devised improvised learning materials in Braille in the absence of such a provision. An informant used non-verbal cues (pacing and silence) to tell their sighted peers and RTs: when they lacked a peer reader, and did not understand a class lesson respectively. The VIs also expressed their wishes by asking their peer reader to read for them when he/she failed to do so, or asking another peer to read for them; or acted by eavesdropping on a nearby VIs peer reader. Participants also showed agency by shying away from or claiming the 'disability' category in varying situations as they deemed it necessary. VIs acted in school and family settings by reworking and reinterpreting school schedules, and providing emotional support for their parents. Participants also showed their competence in their movement (Worth, 2013) in and around school and in some school and self-care activities. Hence, the visually impaired revealed that they were not passive victims of their circumstances and limitations but actively took some resolute or coping actions. Other coping strategies employed included humour, positive self-evaluation and their Christian faith.

8.5 Inclusive School

It was noteworthy that by virtue of studying in the same classroom, both the visually impaired and 'sighted' were able to see the similarities among them and more easily overlooked the impairment differences. Their relationship and interactions seemed to be marked by acceptance and interdependence rather than by pity, abnormality and complete dependence. Most instances

of participants' dependence (for reading assistance and navigation) had been created or necessitated by a lack of resource provision (monetary, textbooks, Braille teaching and learning aids) and the unsuitable physical structures or terrain. Persons who had little or no interaction with the visually impaired (such as students from non-inclusive schools or classes and some food vendors) were the ones who sometimes appeared to view them with pity. This was exemplified on few occasions by pitiful stares from some non-class mates; non-school mates; food vendors; and comments such as *"This is not easy at all"* upon sighting my research participants. Similarly, at the start of my fieldwork, when I had very minimal interaction with the visually impaired, I had to fight this tendency to pity and assist them with activities I perceived them incapable of performing. However, after frequent interactions, I was so struck by their competence and abilities that I often forgot about their impairment until I was reminded by the challenges of bad terrain or lack of resources.

Participants also noted that studying with the sighted and living with another category of impaired persons helped them to readjust any perceived notions of superiority or normality of others over them. It also helped them to sometimes overlook group categorizations and see individual differences, abilities and competencies. These assertions and observations seem to indicate that mainstreaming of children with disability is a means of promoting integration. Participants made the same observation about the integration potential of inclusive schools although they thought both special and inclusive schools were good. Special schools were preferred by participants for their make-up of solely impaired persons such that they could engage in the same activities and play. Unlike at the regular school where some participants noted they could not play due to unsuitable terrain and there was sometimes lack of adjustment in setting their examination questions. This appears to echo findings by Connors & Stalker (2007) that some of their child respondents believed that their needs relating to their impairment were better met in special schools than it would be in mainstream schools. However, my research participants found themselves in both schools or environments and felt that both were good for their differing merits and demerits. Some participants liked their current practice of inclusive schooling where they were converged at the residential unit as their convergence encouraged and comforted them. Initially, they were to attend a nearby school from home with their RT residing with them and accompanying them to school. Participants identified some merits of attending an inclusive school as promoting integration or future living with others; and getting needed help

from their 'sighted' peers. It has been argued that placement in a mainstream school provides an opportunity for all young people to interact with a diverse range of peers; just as in everyday life (Curtin and Clarke, 2005). After the human rights argument, a key reason given for attending a mainstream school has been that young people with disabilities have a better opportunity to form friendships with a variety of peers (ibid). Other merits identified by informants included a smooth transition to high school (which were predominantly mainstream) and proximity of regular schools to home. It is thus a laudable and worth pursuing goal to make all schools inclusive. Inclusion of 'disabled' young people in mainstream schools should not only be a matter of school labelling and in theory; lip service and policies or legislation. According to Anthony (2011: 1080), some authors have suggested that successful inclusive education *requires* conceptualization of disability to be based on a social model of disability. This social model conceptualization should not solely influence school and personnel policies, but most importantly practices and provision. Inclusion will only be successful if accompanied by the requisite resource and physical structural provisions; considerate and accepting attitude. Hence, "meaningful educational opportunities for children with disabilities in Ghana are limited by" this divergence of thought which, at a practical level, "must be re-conceptualised to account for both the interaction between individual and societal barriers to functioning and the cultural context in which they are being implemented." (Anthony, 2011: 1083). Thus both social and individual factors and differences should be considered in the educational provision for disabled children.

8.6 Recommendations

Participants' recommendations focused mainly on resource provision and changes in physical structures and terrain. For instance, several suggested provision of textbooks in Braille, embossers, Braille typewriters; levelling of bumps and slopes; and removal of potential impediments. Hence, "most problems the children identified were in the here and now" (Connors & Stalker 2003: 26). School authorities and their resource teachers also advocated for similar provisions in addition to a well equipped resource centre for the blind at the school; timely and adequate provision of financial (capitation) grants for all students (especially the visually impaired). In terms of attitudinal changes, participants suggested that *"they* (VIs) *should be treated in the same way as the general populace would treat their relatives: with dignity and*

respect". Another encouraged others not to view "*disability as inability[38]*" but encouraged other parents to educate their impaired children and recognize their academic and career potential. Participants also encouraged their teachers and peers to promote consideration, patience and teamwork that should characterize attitudes and practices of inclusive education. Informants identified their own role as studying hard to make good grades in order to boost the morale of fellow students.

From my fieldwork experience and study findings, I observed some governmental support and resource provision (yearly grants, Braille papers, 2 embossers, frames and stylus) in the inclusive school which are commendable. However, more can be done in this regard. Teachers (class and resource teachers) and school authorities should be provided with incentives, regular training and resource provisions to enhance inclusive education practices. Children with disabilities and their guardians should be assisted with financial support as well as resource (assistive technology) when these are lacking. There should be support groups for children with disabilities and their parents where they can interact with one another for mutual support and encouragement. The government appeared to lack the resources for all the above provision and successful inclusive education. Hence, private sector investment and sponsorship of inclusive education with governmental support for equity, affordability and accessibility should also be considered. For instance, local and international celebrities and philanthropists should invest in the infrastructure and resources of inclusive schools for long-term and direct benefit to children with disabilities, to supplement their common practice of donating food and other material items to specialized schools. External donor support and efforts by international agencies such as the Norwegian Association of the Disabled, Canadian International Development Agency, Danish International Development Agency, Swedish International Development Cooperation Agency, VSO and United States Agency for International Development are worth commending and should be sustained, regularly evaluated and adapted to suit beneficiaries' needs.

Educational inclusion of the 'disabled' appeared to promote cordial relations and acceptance (integration) by their sighted peers and should be replicated in the general society. Hence, inclusion of persons with impairment should also be extended to all facets of society such as in

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[38] The slogan of the Ghana Federation of the Disabled and another disability-related institution.

workplaces (both public and private), religious and traditional groups in collaboration with the Ghana Federation of the Disabled. The appointment of a visually impaired person as 'Minister of Chieftaincy and Culture' is a step in the right direction and should be replicated in governmental and other institutions. Prominent persons in the Ghanaian society such as politicians, chiefs, religious leaders, academics, entertainers and professionals should be lobbied to portray, and encourage an inclusive attitude toward impaired persons among the general populace. Platforms at activities of interest to the Ghanaian society in general such as religious and traditional events (festivals); political rallies; sporting activities (especially football); entertainment programs (movies, music and dance) may be good arenas for 'disability' sensitization programs. Such sensitization and awareness programs should also be featured in the media[39] (public, private, print, electronic) and highlight their agency by portraying impaired persons going about 'normal' activities; as well as highlighting impaired persons who have excelled in their field and may be perceived as societal role models. Such programs should aim at and may likely result in a societal shift from impaired persons' "being" (who persons with disability are) to what they do or their "doing" (Solberg, 1996). There should also be mentoring programs for 'disabled' children whereby they interact with 'disabled' persons who have excelled in their field, and can serve as positive role models. Such programs will boost participants' conviction that in spite of impairment limitations, there is "room for individual agency" (Nind et al, 2010).

Due to time limitation and practical considerations, my study did not focus on home experiences of visually impaired, nor did it incorporate parents, teachers, school authorities and other stakeholders' perspectives. Hence, further research may be conducted in the above areas as well as the everyday lives of 'disabled' children in Ghana. A comparative study of specialized school and inclusive school in the context of Ghana may also be undertaken.

See a[39] Several media houses are worthy of commendation for their efforts: The Ghana Broadcasting Corporation for its employment of persons with disability as journalists and simultaneous sign language translation of their TV news. All local TV stations, radio stations (notably Joy FM) and Ghana News Agency are commended for their media coverage and reportage on persons with disabilities and specialized schools.

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INTERVIEW GUIDE

EXPERIENCES AND COPING STRATEGIES

Can you tell me about your typical school day (actions, with whom and where)?

I will like to know more about what you do during class, break times and if you do them with others.

How will you describe your interaction with your peers (both visually impaired or otherwise)?

What are some of the things you are allowed to do or not at school and in class?

Do you feel a part of activities done in school and class?

Are there some things you will like to do but cannot? If yes, any reasons?

Are there any things you need help to do?

Are there some things you're good at?

Are there some things that are not easy for you to do?

How has schooling in a regular school been like?

What are your best and worst things in school if any?

What do you do when you experience the above situations?

What helps you deal with being a visually impaired in a regular school?

What are the challenges and strengths of being a visually impaired in a regular school, if any?

MOVEMENT

How do you come to school and return from school?

Are there places in and around school that you go to or stay away from? If yes/no, any reasons?

How easy or difficult is your movement within, to and from school? What makes this the case?

DISABILITY/IMPAIRMENT.

What do you understand by disability in general?

Do you have an idea about what caused your impairment?

Do you think people around you make life as a visually impaired person easier or more difficult?

How are you treated by others and how will you like to be treated?

SUGGESTIONS

If you could change or keep something about your regular school, what would it be?

APPENDIX II

ACCESS LETTER

The Headteacher

Dear Sir/Madam,

PERMISSION TO CONDUCT RESEARCH WITH VISUALLY IMPAIRED STUDENTS IN YOUR SCHOOL.

I am a Ghanaian MPhil Childhood Studies student of the Norwegian University of Science and Technology who will like to conduct her research with visually impaired pupils from your school for my master's thesis. My thesis is about the 'Experiences and coping strategies of visually impaired students in mainstream schools'. Its aims are to explore how visually impaired students experience life with their sighted peers and in mainstream settings; how they negotiate their movement to and within the school environment and their surroundings; and the pros and cons of inclusive education from their experiences and viewpoint. Since your school is among the selected schools for inclusive education of the visually impaired and have successfully implemented this pilot project since 2003, I believe that it is an ideal choice for my fieldwork. Having also read the

convinces me that your school is the best choice for my objective of exploring the experiences and views of visually impaired students in mainstream schools. I would like to conduct my research which involves Focus Group Discussions, Interviews, Guided tours and observation of my research participants from 14th June to 14th August, 2012. It would be my pleasure if I am granted permission to conduct my fieldwork in

your esteemed school. I would be glad to comply with any formalities or ethical procedures for my research purposes and to seek informed consent from research participants and their parents. Please do not hesitate to convey any concerns or enquiries about my research to me. Hope my request for permission will be granted.

Thank you for your time and attention. In anticipation of a favourable response, I thank you.

Yours sincerely,

SARAH TARA SAM (MS.)

Moholt Alle 12, H0202, 7050, Trondheim, Norway

sarahts@stud.ntnu.no

+47 40472055

Cc:

Prof. Randi Dyblie Nilsen (Research Supervisor)

APPENDIX III

INTRODUCTORY LETTER

NORSK SENTER FOR BARNEFORSKNING
THE NORWEGIAN CENTRE FOR CHILD RESEARCH

To whom it may concern

Our consultant:
Line Hellem
Higher Executive Officer
Telephone no.: +4773596357
E-mail: line.hellem@svt.ntnu.no

| Dated:
2012-06-01 | Our ref.: | Your letter dated: | Your ref.: |

LETTER OF INTRODUCTION

We hereby confirm that Sarah Tara Sam, born 17 January 1988, is a student in the programme *Master of Philosophy in Childhood Studies* at Norwegian Centre for Child Research, Norwegian University of Science and Technology, Norway. She will undertake her fieldwork and data collection from 15th June to 14th August 2012, on the topic;

The Experiences and coping strategies of the visually impaired in mainstream schools

We would be grateful for any assistance given to her during this process. This includes granting interviews, assisting her in making appointments, handing out materials and making information accessible to her. We ensure that the information collected is treated confidentially, and that the fieldwork bears no costs on the institutions and persons visited.

Yours sincerely,

Randi Dyblie Nilsen
Randi Dyblie Nilsen
Supervisor/Professor

Line Hellem
Line Hellem
Higher Executive Officer

NORWEGIAN CENTRE FOR
CHILD RESEARCH
NTNU, N-7491 TRONDHEIM

APPENDIX IV

Pictures showing the visually impaired writing and reading with stylus and frame

APPENDIX V

A picture showing a visually impaired pupil taking examination using Perkins Braile writer.