Article

"Crawling Takes Away My Dignity": Effects of Inaccessible Environments on Persons with Mobility Disabilities in Ghana

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Abstract

Individuals with disabilities in Ghana continue to face barriers in the built environment, transportation, information and social spheres, despite local and international laws that promote their human rights and freedoms. These barriers have a negative impact on the education, employment, healthcare, safety, security and social life of persons with disabilities. Little attention is given to the way in which these barriers affect the dignity and self-determination of persons with mobility disabilities. Guided by the social relational model of disability and photovoice methodology, in this study, I sought to fill the gap. I used purposive and snowball sampling to recruit 10 persons with mobility disabilities who engaged in the data collection and analysis. The study outcome indicates that the dignity of persons with mobility disabilities was compromised while managing inaccessible environments requiring them to crawl, be carried, and rely on others for help. The findings indicate that self-determination was an issue for the participants because they either did not have opportunities or had limited opportunities to choose independently because of the restrictions posed by the environment. Education, religious and economic institutions and all other service providers should ensure that their environments are accessible and safer for persons with mobility disabilities. The government should ensure the enforcement of disability-related policies to promote accessibility for persons with disabilities. An accessible environment could promote the dignity, self-determination, health and overall well-being of persons with mobility disabilities.

Keywords: disability; environmental barriers; dignity; self-determination; autonomy; photovoice; Ghana

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Introduction

About 1 billion individuals worldwide live with disabilities (WHO 2011) and about 5 million of them live in Ghana (United States Department of State 2012). In this article, persons with disabilities refer to persons who are defined by the United Nations Convention on the Rights of Persons with Disabilities (CRPD) (United Nations 2006, 4) as "those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full-effective participation in society on an equal basis with others".

In this study, I use the term "persons with mobility disabilities" to include people with a physical impairment that affects their mobility including people who may or may not use wheelchairs or mobility aids. Article 9 of the CRPD emphasises the need for accessible environments, transportation and information to enable people with disabilities to live independently.

Similarly, the United Nations Sustainable Development Goals (SDGs) Agenda 2030, whose core principle is to "leave no one behind", recognises that an accessible environment is necessary for inclusion. SDG 11 (make cities and human settlements inclusive, safe, resilient and sustainable) provides for the inclusion and safety of people with disabilities in their communities.

Globally, people with disabilities continue to encounter barriers daily, which affect their effective participation and inclusion in society. The World Health Organization's (WHO) report on disability and other studies accounted for several of these barriers including inaccessible built environments, transportation and information barriers, negative attitudes, inadequate policies, rehabilitation services and assistive devices, which have a negative impact on people with disabilities globally (Scheer et al. 2003; Stevens 2007; Vergunst et al. 2015; WHO 2011).

Interactions of inaccessible environments and impairment can restrict the participation of people with mobility disabilities or impairments (Thomas 2004). Reeve (2004) emphasises that the experiences of people with disabilities relating to restricted participation are twofold: relation with the public space-restricted environment and people's reactions towards people with disabilities. Little attention is given to the effects of environmental barriers on the dignity and self-determination of people with mobility disabilities in Ghana. Lid (2013) stresses that the interactions of the individuals within their disabling environment could have an impact on their participation. She emphasises that personal experiences of people with mobility disabilities could help to develop knowledge of the way in which they experience the phenomenon.

The aim of this article is therefore to determine the way in which people with mobility disabilities in Ghana navigate their physical and transportation environment amid barriers and the way in which these barriers affect their dignity and self-determination. The study is innovative and unique because it employs a participatory approach –

photovoice – to enable the participants to reflect on the effects of physical and transportation barriers on their daily lives. The rest of the article will cover the literature review section, theoretical framework, methodology, and the findings and discussion sections. It concludes with recommendations.

Environmental and Transportation Barriers

Environmental and transportation barriers persist globally (WHO 2011). Preconceptions about the incapacity of people with disabilities, negative imagery and derogatory language used to refer to people with disabilities, and negative attitudes towards people with disabilities have an impact on their lives. Stigma and discrimination are perceived as a major source of exclusion of and discrimination against people with disabilities in all spheres of life (Heymann, Stein, and Moreno 2013; Mizunoya and Mitra 2012; WHO 2011).

For example, in Ghana, some cultures associate children who have disabilities with curses, evil, bad luck, sorcery, witchcraft, punishment from the gods, and magical powers "juju" (Agbenyega 2003, 2007; Avoke 2002; Kassah 2008; Ocloo, Morttey, and Boison 2005). "Return to the spiritual world" is a practice where children with disabilities are subject to infanticide, often with a spiritual leader in a community performing some rituals to return them to the gods (Ocloo, Morttey, and Boison 2005).

In Africa, the lack of or inaccessible sidewalks constitute barriers to navigating the surroundings of buildings and public areas (Naami 2019; Rapegno and Ravaud 2017; Vergunst et al. 2015). Studies also report barriers to entrances of buildings, such as the absence of or inactive elevators to multistorey buildings (Badu, Agyei-Baffour, and Opoku 2016; Naami 2019; Stevens 2007). Furthermore, some structures do not have ramps or have ramps that are inaccessible to people with disabilities (Badu, Agyei-Baffour, and Opoku 2016; Banda-Chalwe, Nitz, and De Jonge 2014; Naami 2019; Stevens 2007; Vergunst et al. 2015). Some structures have entrance doorways that are too narrow for wheelchairs (Badu, Agyei-Baffour, and Opoku 2016; Naami 2019) or heavy doors (Stevens 2007).

Transportation barriers include inaccessible transport and the environment of the transportation system. Modes of transportation such as buses can be disabling owing to inaccessible entrances and lack of equipment such as ramps or lifts (Naami 2019; Scheer et al 2003; Tijm, Cornielje, and Edusei 2011; Vergunst et al. 2015). Transportation environments such as bus stops and stations are inaccessible because they have no sidewalks, kerb cuts or ramps.

The WHO report on disability emphasises that barriers have a negative impact on opportunities for people with disabilities to access education, employment, social life, and healthcare services (WHO 2011). Other studies report on the effects of physical and transportation barriers on people with disabilities. Barriers affect employment (Aldred

and Woodcock 2008; Casner-Lotto and Sheard 2009; Lubin 2012), education, healthcare, safety and security (Banda-Chalwe, Nitz, and De Jonge 2014; Naami 2019; Soltani et al. 2012) and overall social inclusion of people with disabilities (Aldred and Woodcock 2008). There are virtually no studies about the effects of environmental barriers on the dignity and self-determination of persons with disabilities in Ghana.

Theoretical Framework

The study is informed by the social relational model of disability, which assumes that impairment and social and environmental barriers concurrently have an impact on the experiences of people with disabilities (Thomas 2004). Thomas argues that socially created barriers restrict the inclusion of people with disabilities. She recognises that other restrictions to participation of people with disabilities arise from their impairment but cautions that "of course, it remains of importance that one does not mistakenly identify impairment effects for what is in reality disability" (Thomas 2004, 29). The reality of disability is the way in which it is socially constructed, as argued by Thomas (2004, 28):

> As we have seen, this involved a conceptualisation of disability as a quality and product of the social relationships between those with and those without impairment in society, or more accurately, between those socially constructed as problematically different because of a significant bodily and/or cognitive variation from the norm and those who meet the cultural criteria of embodied normality.

Reeve (2004) introduces another dimension to the restricted participation of people with disabilities, aside from the limitation posed by the environment, through the psycho-emotional relations model. He emphasises that people's reactions towards people with disabilities have an impact on their participation experiences. Reeve (2004, 81) argues that the psycho-emotional relations model has implications for "oppressive social relationships". I established in this article that barriers to participation for people with disabilities persist. Little attention is given to the social construction of these barriers and the way in which they affect the dignity and self-determination of persons with mobility disabilities. The social relational model helps to unravel these complexities.

We first need to understand dignity and self-determination. The Universal Declaration of Human Rights emphasises the inherent dignity of everyone because they are human beings (United Nations 1948). This does not exclude people with disabilities. Dignity relates to the value placed on every person and people's perceptions of others' worth (Johnston, Goodwin, and Leo 2015). Wadensten and Ahlström (2009) emphasised that people with disabilities struggled to maintain dignity owing to the constant invasion of their private spaces by the individuals who support them. Although people with disabilities sometimes need help, other times, help is imposed on them (Johnston, Goodwin, and Leo 2015; Wadensten and Ahlström 2009). Johnston, Goodwin and Leo (2015) argue that such actions could have an impact on their autonomy.

Self-determination is defined as the ability to make independent choices (Schloss, Alper, and Jayne 1993). Making independent choices requires access to information about options to enable informed decision-making. Self-determination could therefore promote autonomy, independence and dignity. The right to dignity and respect for persons with disabilities is affirmed in the first article of the CRPD: "The purpose of the present Convention is to promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities, and to promote respect for their inherent dignity" (United Nations 2006, 4).

Promoting respect for the dignity of people with disabilities is essential, as affirmed in the CRPD. Negative sociocultural beliefs and practices regarding disability could have a negative impact on the self-worth and self-esteem of people with disabilities in Ghana. This article helps our understanding of the way in which dignity and self-esteem were constructed by people with mobility disabilities amid environmental barriers.

Method

In this study, I employed a qualitative research design, specifically photovoice methodology. The photovoice methodology uses a blend of photographs and narratives to enable participants to share their unique stories about social problems. It is a tool that helps to communicate community needs and triggers social action to deal with concerns (Wang and Burris 1997). Under this methodology, the participants are given cameras to take pictures to tell their stories from their perspectives. They communicate their experiences and feelings through photos. I employed the photovoice approach to understand the daily experiences of people with mobility disabilities relating to accessibility challenges in the transportation and built environment and the way in which they have an impact on their lives. I used this approach because it is participatory, empowering, and gives a voice to the chosen population, people with disabilities, specifically those with mobility disabilities, who usually have little or no voice in policy decisions (Wang and Burris 1997). The method also allowed for knowledge creation differently, through photos and narratives other than words.

In this study, the photovoice methodology presented diverse perspectives and fostered a deeper understanding of the research topic. In addition, photovoice aims at social change, therefore it could inform appropriate social actions to reduce barriers for people with mobility disabilities.

For data collection, I collaborated with three disability organisations to purposively recruit 10 participants with mobility disabilities from the Accra Metropolitan Assembly, using purposive and snowball sampling. The sample size allowed for in-depth discussions and exploration of each participant's experience (Palibroda et al. 2009). There was one attrition owing to ill health. This person was replaced by another of the same gender. The ages of the participants ranged from 26 to 47 years, SD 7.6 years. The mean age was 36.5 years. Nine of the participants used mobility aids, four used

wheelchairs, four used pairs of crutches and one had a below-knee artificial leg. All the participants lived in the Accra Metropolis. Out of the 10 persons recruited, four were females and six were males. Two of the female participants had no formal education. Four participants (two males and two females) had basic education, one male participant had Senior Secondary School education, one female participant had a diploma, and two male participants were studying towards a Higher National diploma and a Bachelor of Arts degree. At the time of the study, two of the participants were students, four were self-employed, two worked for the government and one was a paralympic coach and advocate.

The study implemented two half-day workshops. The first workshop was used to train the participants in basic photography, ethics, photo captioning, narration and analysis of the content of the photos. The participants were given examples of places and items that they could take pictures of. The examples were buildings, physical and transportation environments. They were also instructed about what to look out for when taking pictures to enable them to tell stories about their daily experiences with access barrier – for example, what is the problem with an object or place they want to capture and who do they want to see it or hear about it and why?

After this workshop, the participants were given cameras for two months to take pictures. They were asked to collect photos of places that they cannot easily access or have difficulties navigating. They were told to journal their experiences and to give captions to their photos, the meanings and messages they want to communicate. A total of 431 pictures were taken of which 153 were selected for the study.

The second workshop was used for data analysis. The participants were grouped into three groups to discuss their pictures, the content and context of their photographs, meanings and messages attached to the pictures, which were then related to their collective experiences and the messages they wanted to communicate to the public. This process was repeated at a plenary section, where issues discussed were codified into themes. The themes were later rearranged by me based on the study's theoretical frameworks and the participants' narratives. The SHOWeD framework by Wang (1999) was used in the analysis and comprised questions such as: What do you see here? What is really happening here? In which way does this relate to our lives? Why does this strength or problem/concern exist? What can we do about it?

The study was given ethical approval by the Ethics Committee of the College of Humanities at the University of Ghana (ECH 027/17-18). Consent was sought from all the participants before the start of the first workshop. I read out the consent form to six participants who had less or no education and took their thumbprints after they agreed to participate in the study. Four other participants read the consent forms and consented to the study by signing the consent forms. The data collected were kept on a passworded computer, to which only I had access. The research was minimal risk and no participant

showed signs of distress during the study period. However, a list of resources was compiled before the study for any eventuality.

Findings

Two major themes emerged from the study, namely, dignity and self-worth and self-determination. Dignity and self-worth had three subthemes, namely, crawling, carrying, and holdings hands. Self-determination had four subthemes, namely, options communicated, lack of options, help refused, and the only option is to quit.

Dignity and Self-Worth

The participants expected and desired to be treated with human respect and dignity. However, the findings indicated that their dignity was sometimes compromised while managing environmental barriers as they had to resort to crawling or being carried or helped.

Crawling

The study revealed that the participants who used wheelchairs, crutches and artificial legs at some point in time crawled to access diverse environments including the building of the ministry responsible for persons with disabilities (see Figure 1). The participants said: "We are unhappy because we crawl to climb to offices to see officials . . . How do you go for job interviews at places not accessible, you will crawl – you will be dirty? What will you do?" (Group G2)

Figure 1: Entrances to the ministry responsible for people with disabilities

Participant 1 (female, uses a wheelchair, aged 26) spoke about inaccessible transportation (see Figure 2):

> I cannot go wherever I want to go due to inaccessible transport. I always have to crawl into buses. The buses are usually dirty especially, when it rains, because the dust/mud accumulated from the passengers' feet makes the entrances as well as the insides dirty.

> I usually have to leave my wheelchair behind and crawl into buses. I feel so embarrassed because I get dirty by the end of my trip.

Figure 2: Inaccessible bus

Regardless of the limitation posed by the built environment for people with mobility disabilities, the participants who had to meet public officials could have accessed their social environment without having to crawl if alternative meeting arrangements had been made. Alternative meeting arrangements include meeting on the ground floor of multistorey buildings. The participants said:

> I am unemployed because I am tired of going there to find people to talk to. But when I stay downstairs and ask for them, I am always told they are not around but how can I challenge that when I am prevented [by barriers] from seeing and knowing what is happening there. (Participant 2, male, uses a wheelchair, aged 45)

> Most times we are told they are not there when we request to see them since they don't want to come down to meet us. (Group 1)

Crawling, the participants claimed, took away their dignity. They expressed their experience with crawling with words such as looking "dirty," "messy," and "unkept". Also, they indicated that crawling caused shame and embarrassment because of their appearance after crawling:

> When we got back downstairs, I felt so ashamed and embarrassed because I went there well-dressed, but I looked dirty and messy by that time. Thankfully, our next meeting was held on the ground floor, but even that, there were a few steps to get there and we had to wait several hours for the original occupants of the office to close before we could hold our meeting. (Participant 3, male, uses crutches, aged 26)

Some of participants lamented about the societal perception which associates people with disabilities with "being dirty" regardless of the fact that the inaccessibility of the social and physical environment and transportation necessitate crawling. Participant 2 (male, uses a wheelchair, aged 45) had the following to say:

> Crawling takes away my dignity. It makes me dirty before I get to my destination. It makes society see me as a dirty person. How can we work with you when you are up there, and we are down here?

To circumvent being stereotyped as "dirty" and to preserve their dignity, some of the participants refused to crawl. This action means they declined to use inaccessible physical spaces, especially washrooms and toilet facilities (see Figure 3 taken by Participant 3). Such a decision boosted their dignity but at a cost. For instance, they waited longer to find accessible washrooms as indicated in the narratives below. This decision could also have a health impact on their bladder.

> I was pressed to urinate but due to the lack of access, I had to lean against the wall, slowing down my trip to the urinary. And by the time I got there, I was at the verge of doing it on myself. I felt ashamed. Because when you urinate on yourself, it would be more disgraceful than when a person without disability does so. People would say you did so because of your disability. It is just like when we fall. Everybody falls but when a person with a disability falls, it seems strange to people. They will make all sorts of comments, expressing pity. (Participant 4, female, walks with crutches, aged 40)

> It was a very dire situation because if I hadn't taken care, anything could have happened to me between the time I was pressed and the time that I actually got access to a toilet. And when that happens, people would say, 'That is why we don't employ persons with disabilities; they are not neat.' (Participant 3, male, uses a wheelchair, aged 26)

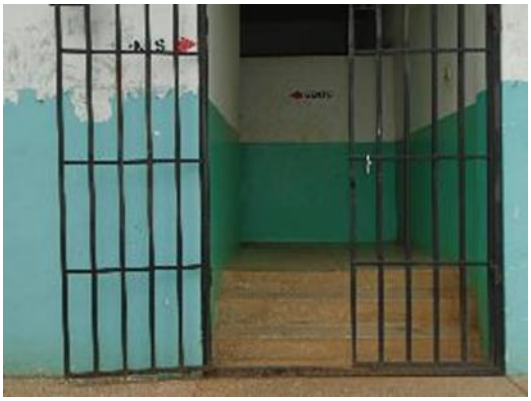

Figure 3: Inaccessible toilet

Carrying: "Carried Like a Dead Person"

While some participants crawled or refused to crawl, others were carried. These participants noted that being carried affected their dignity by describing their experiences with phrases such as "carried like a commodity", "carried like a sick person", and "carried like a dead person", which caused disappointment and embarrassment because they could not do things that they could have done with dignity without access barriers as asserted in the plenary discussion. A comment from Group 3 stated: "It is very embarrassing and disheartening to be carried as an object to access an inaccessible building." Participant 3 (male, uses crutches, aged 38) communicated a similar sentiment with his photo in Figure 4 and his narration:

> The Senior Pastor and founder is one of my bosom friends so he invited me for the service. But when I got there, I had to be carried into the church like a sick person due to the slippery tiles and the huge stairway with no rails. I felt very embarrassed given that I was one of the many clergymen invited for the programme and each one of them walked in with dignity and respect but I had to be carried while everyone starred at me.

Figure 4: Inaccessible entrance to a church building

Another feeling associated with being carried described by Participant 5 (male, uses a wheelchair, aged 26) was the "devaluation" of self-worth. He claimed he felt less than a human being because he was carried when attending a programme (see Figure 5, which shows the inaccessible entrance to the building):

> I was supposed to go there for an award on behalf of my group . . . When I got to the entrance, I encountered challenges with the stairways and I said, 'Eeeiiiii!!' The security men at post carried me in and out of the programme. When I got there, I felt so devalued to be carried into a programme when I personally could have easily entered with access. Although I was there in person, I did not really enjoy the programme.

Figure 5: Inaccessible entrance to a building

Holding Hands: "Feeling Infantilised"

Another breach of dignity discovered in this study is infantilisation. Assistance to enter inaccessible buildings (see the photo in Figure 6 by Participant 6) and vehicles was the source of infantilisation. To hold someone's hand to accomplish a task means the person is immature to complete the assignment, as stated in the following narratives:

> Phone and laptop repair shop at bus station. This is where I go to when I have issues with my laptop. Whenever I visit the shop, people have to hold my hands and help me climb the stairs to the shop . . . I felt ashamed whenever they held my hands like a child although I am an adult. (Participant 6, male, walking with difficulty, aged 26)

> [XYZ] is a church I go to for weddings and other events. The floor of this church is entirely covered with smooth tiles which are very slippery. There are also four wide steps without rails to support me to get in and out. Each time I go to the church, someone has to help me to enter. And when there is no one around or if I don't find a stronger person, due to my weight, I have to wait till I find someone strong enough to help me up the steps. It is almost impossible for me to get into the church by myself. It is so sad that I don't have free movement to and from the house of God. It makes me feel sad that I cannot easily and freely worship God because the anxiety becomes a huge hindrance. I feel embarrassed and dependent on others. (Participant 7, female, uses one artificial limb, aged 48)

Figure 6: Inaccessible phone/computer repairs shop

According to this study, refusal to accept help by hand-holding resulted in third-party communication, which is noted to be dehumanising. Participant 6 (male, walks with difficulty, aged 26) had the following to say:

> At times, they have to take the laptop from me and ask me to wait downstairs. This means I cannot communicate with the repairer personally . . . But if they don't hold my hands, I cannot climb or descend the stairs.

Self-Determination

Self-determination was an issue for the participants because they either did not have opportunities or had limited opportunities to decide and choose independently because of the restrictions posed by social and environmental barriers. This theme presents four subthemes: (1) options communicated; (2) lack of options; (3) help refused; and (4) the only option is to quit.

Options Communicated

This subtheme discusses the challenges the participants faced when making informed decisions because they were not aware of the full range of options available as the information is communicated to them. This happened in several environments, including business engagements, social gatherings such as marriage ceremonies and hospitality activities. But, the question is, how accurate is the information given to the participants and how much insight does it present about the available options? The participants claimed they would have made different choices if they had been informed about the options. For example, at a phone shop, one participant narrated how she wanted to buy a phone of her choice by examining the variety of phones. However, she ended up buying a phone that was chosen by someone else because she could not access the shop. She captioned the picture as "No opportunity to make my own decisions" (Participant 4, female, walks with crutches, aged 40).

Another example is the case of Participant 2 (male, uses a wheelchair, aged 45). Although the preparations for getting married can be tedious, they also come with excitement. But for him, part of the preparations was traumatising because he could see none of the rings to choose from owing to the inaccessible shop. He was compelled to ask someone to buy the rings for him. He captioned his picture, "You think I cannot marry?"

Similarly, Participant 4 (female, walking with crutches, aged 40) claimed she stopped going out with friends to her favourite restaurant for fufu, a Ghanaian delicacy, owing to the inaccessible entrance to the restaurant:

> However, the construction of the road raised the building as well as the steps, preventing me from getting access to buy my favourite dish. If I really want to eat fufu, then I would stand in front of the restaurant and tell the waitresses what I want and they would bring it to me. But they usually wouldn't give me what exactly I want so I stopped going there. How, could I get what I want, given that I couldn't see what exactly was available? I can't go there with my friends anymore.

Lack of Options

There were instances where the participants were compelled to make decisions without information about the available options. Participant 2 (male, uses a wheelchair, aged 45) was on the verge of getting a school uniform for his daughter, but the caption of his

picture (Figure 7) tells the rest of the story: “Stuck in the middle of the road.” He had to ask an older woman of his mother’s age to buy the uniform for him, which was frustrating:

> When I got to the gutter, people around me saw the shock on my face because I didn’t expect that there would be such a big gutter in the middle of the road. There was an old lady there, so I begged her to go and buy the uniform for me. I didn’t want to go back home without it. Why should I send that old lady who is my mother’s age?

Figure 7: Gutter in the middle of the road in a market

In other instances, the participants knew what was available, but social and physical barriers restricted their options. The comment by Participant 7 (female, uses an artificial limb, aged 48) explains this barrier (see also Figure 8):

> The drying line in my house is too high and I am unable to use it. Someone has to help me hang my clothes on the line as well as take them off from the line when they are dried. Even able-bodied people in my house have to climb tables to dry their things. I usually ask myself, ’What if it is raining or if I am washing and there is nobody around to assist me, how will I hang my clothes or remove them from the drying line?’

Figure 8: Inaccessible drying line

Help Refused

There were instances where some of the participants made independent choices to boost their dignity by refusing help, but they experienced negative consequences. An example

was Participant 5 (male, uses a wheelchair, aged 26) who decided not to be carried like a "commodity" to the classroom (see Figure 9) and nearly failed that course. He said he had a "bad grade":

> When I got there the very first time, I didn't know what to do. My heart jumped. While I was waiting downstairs trying to figure out what to, some of my classmates passed by and they asked me if I wanted to go inside. When I said yes, they carried me upstairs. But after that day, I didn't go to that class again. I had to depend on my friends' notes. So, I almost failed that course; I had a very bad grade. I don't want to be carried always, like an object. It demeans me.

Figure 9: Inaccessible entrance to a classroom

In other instances, some of the participants boldly chose not to accept help when accessing the inaccessible environment. An example is the venue of the wedding reception shown in Figure 10. Participant 8 (male, uses a wheelchair, aged 33) had this to say:

> This is a place that wedding receptions are held. I went there for a friend's wedding reception. But the stairway leading to the reception was inaccessible. When event planners saw that I couldn't go upstairs and wanted to go home, they asked me to wait so that they could bring me food. But, I didn't wait for them. I felt rejected at the place so I left without the food.

Figure 10: Venue of wedding reception

The Only Option is to Quit

Some participants rarely had options, especially in instances such as work, school, banking and healthcare. An example is Participant 9 (male, uses crutches, aged 32), a musician who continuously have to mount inaccessible platforms for performances (see Figure 11). His needs are constantly ignored. The only choice he has is to quit, but that would mean losing his only source of livelihood. He had this to say:

> I encounter several challenges doing music which bother me a lot. Most of the platforms that I perform on have high built stages where the artists perform. When the stages are being installed, the organisers do not make provisions for persons with disabilities because they don't believe that persons with disabilities can perform at such events. There is also some sort of perception that a person with a disability should stay home. 'Why would they bother themselves to attend such events?' So, I always struggle to get on stage but I have no choice. I can refuse to mount the stage but if I do so, who cares? I may end up not having any means of livelihood.

Figure 11: Inaccessible performance stage

Another example is Participant 5 (male, uses a wheelchair, aged 26) who was a student. He claimed that his choice of a course of study was changed by the school's administration. The reason was to enable him to complete his education. According to him, the school's administration alleged that his primary choice of department was not accessible. The only option for him in that situation was to refuse the admission, but that also means he would not have had access to tertiary education. He had this to say:

> This was supposed to be my primary department, but because the building is not disability friendly, changes were made for me. The lecture halls have staircases which are not accessible for a wheelchair user. In view of the architectural design of the department, my courses . . . Some of my classes for these new courses were also held in inaccessible buildings. One of them, interestingly, was held in the department [referring to the department of his first choice]. Anytime I see the Department . . . my heart jumps. I feel I have been denied the opportunity to read the course of my choice.

A third example of an instance where the participants had no choice was the case of Participant 8 (male, uses a wheelchair, aged 33). He lamented how he was always carried into the bank to access the banking services because he had no choice:

> This is where I do my banking transactions, but it is not a facility that I can independently access with my wheelchair. Anytime I go there, people around carry me into the bank. Sometimes, you get people who do not even know how to handle someone in a wheelchair. One day I nearly fell off my wheelchair as I was carried upstairs. It is a big company and they are supposed to know they have to make provisions for persons with disabilities but they don't care.

Discussion

In this study, I sought to highlight the effects of inaccessible environments and transportation on people with mobility disabilities. The outcome of the study indicates that barriers affect the dignity, autonomy and self-determination of people with mobility disabilities. The findings of the study indicate that the participants were conscious of their rights and freedoms (for example, their inherent dignity and their right to dignity and freedom) affirmed in the CRPD and the Persons with Disability Act (Government of Ghana 2006). But the self-worth and self-determination of the participants were compromised through discriminatory and exclusionary practices that led to a reliance on crawling, being carried or being helped.

Crawling in this study was linked to the loss of dignity because it was making people with mobility disabilities "dirty", "messy", and "unkept". Although crawling may lead to health issues such as hurt, falls, infection, fatigue and pain, these were not serious issues for the participants. Instead, the participants highlighted the way in which crawling had a negative impact on their self-esteem (Cornwell and Schmitt 1990), and reinforced their experience of stereotypes, stigma and discrimination. They therefore painstakingly lived within the confines of social norms by refusing to crawl or allowing others to carry or help them to access their environment that was not accessible. These findings are consistent with the social relational model (Thomas 2004) and supporting psycho-emotional effects (Reeve 2004). To be carried and assisted somehow eliminate the fears associated with crawling, including hurts, falls and infections. These practices, however, also negatively affected the dignity of the study participants (Rosenberg 1979).

The participants highlighted feelings of devaluation of self, expressed in phrases such as "carried like a commodity", "carried like a sick person", "carried like a dead person" and "infantilised". They also highlighted feeling embarrassed about their interaction with their inaccessible environment, which they had no control over regardless of the fact that they recognised their limitations as persons with disabilities. These findings are in line with the psycho-emotional effects (Reeve 2004).

The participants were also aware of their rights, but they did not have a strong voice to navigate the social and political space to have their needs dealt with (Garland-Thomson 2014). The photovoice methodology empowers the participants as demonstrated in their sample pictures, captions and narratives; they communicated their concerns. This study, therefore, adds to existing advocacy measures towards disability inclusion being carried out in Ghana by the Ghana Federation of Disability Organisations and other civil society organisations.

The stares of bystanders further affected the feelings of people with mobility disabilities about their self-worth and exacerbated self-devaluation. The feelings and expressions relating to devaluation of self are in line with social relational psycho-emotional models (Reeve 2004; Thomas 2004)

The concept of self-worth is closely linked with self-determination. Self-determination relates to the ability to make independent choices, which also presupposes that alternatives are available. When allowed to express a preference among alternatives, the ability to choose will depend on the individual. This study revealed that, although the participants could make their own decisions, they rarely had opportunities to make informed decisions about their needs because of restrictions posed by the environment and the lack of access to adequate support information about the full range of options. An example is the case of Participant 4 who could not choose a phone independently.

The concepts of dignity and autonomy constructed in this study are associated with dilemmas mainly because options are communicated by third parties. The question that arises from this scenario is, “How accurate is the information communicated, and how much insight does it present about options?” Another question is, “Would the participants have made different choices should they have had access to all options?” The study discovered that people with mobility disabilities could not independently make simple decisions about what to eat or buy owing to environmental barriers. Furthermore, the study suggests that third-party information-based decision-making could be dehumanising and affects the dignity, autonomy and freedom of people with mobility disabilities.

The study discovered that there were instances when the participants chose to manoeuvre the inaccessible environment, with or without help, because failure to do so could have dire consequences on their livelihoods. This is illustrated by Participant 9, a musician who continuously had to mount inaccessible platforms for performances. These environments included workplaces, schools and healthcare facilities. These acts of agency show that people with mobility disabilities have autonomy and can make independent decisions amid barriers but often at great effort and at risk of experiencing transgressions in a disabling society.

Furthermore, the study revealed that some of the participants made independent choices to boost their dignity by refusing help, but that they paid for their decisions. An example

was Participant 5 who decided not to be carried like a “commodity” to the classroom and then earned a “bad grade”.

Conclusions

Dignity and self-determination are essential qualities for everyone. The ability to decide, express preferences and make choices is pivotal to autonomy and independent living. However, social, physical and transportation barriers affected the rights of people with mobility disabilities who took part in this study. They crawled, were carried and were assisted to access their social and physical environment in ways that affected their dignity and self-determination. A barrier-free environment is imperative for the full enjoyment of the rights of people with disabilities. A barrier-free environment could also foster their inclusion and effective participation and speed up achieving the SDGs and the CRPD.

Recommendations

Educational, religious and economic institutions and other service providers should ensure that their environments are accessible and safer for people with mobility disabilities. The Ghana Accessible Standard for the Built Environment 2016 and the Building Code 2018 should guide all developers of public buildings to ensure that their surroundings, entrances and arrangements of the inside are accessible to people with disabilities. Monitoring mechanisms should be developed and implemented to ensure that the build environment is accessible to people with disabilities. The ministry responsible for transportation should procure buses that are accessible for people with disabilities and ensure that other transportation systems are also accessible for people with disabilities.

The government should develop the political will to ensure the enforcement of disability and related policies and legislation (such as the Persons with Disability Act). This could eliminate stigma and discrimination against people with disabilities, promote accessibility and restore their dignity and self-determination. It is noteworthy that the SDGs could only be achieved if no one is left behind.

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