

Summary of study on stigma and discrimination

About this summary

Stigma and discrimination related to disability, and mental health conditions, are widespread in Ghana. They present a major barrier which prevent people with disabilities, including people with mental health conditions, from equitably accessing health and social opportunities.

This briefing is a summary of a study conducted in November 2020 by Ghana Somubi Dwumadie. The overall objective of the formative study was to provide a contextual understanding of the prevailing drivers and manifestations of stigma related to disability, including mental health conditions, both before and during the COVID-19 pandemic. It includes manifestations of both experiences and practices.

Data was collected through a literature review, key informant interviews (KIIs), focus group discussions (FGDs) and a questionnaire-based survey of study participants.

The full report is available from Ghana Somubi Dwumadie.

About Ghana Somubi Dwumadie

Ghana Somubi Dwumadie (Ghana Participation Programme) is a four-year disability programme with a specific focus on mental health. This programme is funded with UK aid from the UK government, and run by an Options-led consortium which consists of BasicNeeds-Ghana, King's College London, Sightsavers International and Tropical Health. It focuses on:

1. Promoting stronger policies and systems that respect the rights of people with disabilities, including people with mental health disabilities
2. Scaling up high quality and accessible mental health services
3. Reducing stigma and discrimination against people with disabilities, including mental health disabilities
4. Generating evidence to inform policy and practice on the effectiveness of disability and mental health programmes and interventions

About stigma and discrimination

Stigma is a complex and culturally diverse concept. The Cambridge English Dictionary defines stigma as a bad opinion of a person or a group of people, arising from a strong feeling of social disapproval. Discrimination is the unjust or prejudicial treatment of specific groups of people, often on the grounds of their individual characteristics, such as race, age, sex, or presence of an impairment.

Key findings

Lived experiences of stigma and discrimination

The findings show that stigma and discrimination of people with disabilities, including people with mental health conditions, is widespread in the study locations. It was experienced in a range of forms, including neglect and abandonment, abuse, mockery, and discrimination in marriage and relationships. People with mental health conditions experienced more stigma and discrimination due to the common belief that they were aggressive and could harm people.

Stigma and discrimination were experienced at home, in workplaces, public places and places of worship. These lived experiences of stigma were reported to have profound effects on the self-esteem and confidence of people with disabilities, including people with mental health conditions. Study participants reported that these experiences had made them feel unwanted, shy and isolated, as well as hesitant to attend large gatherings or meetings.

Associative stigma and discrimination were experienced by family members and caregivers of people with disabilities, including of people with mental health conditions. They reported that people often used derogatory terms to refer to them, and also identified them with the disability or mental health condition of their family members or clients.

For COVID-19 survivors, stigma and discrimination were experienced in the form of fear of association, which was fuelled by the perception that these survivors were still contagious and could transmit the disease. COVID-19 stigma was largely driven by low levels of understanding, and misconceptions of the disease by the general population.

Factors influencing stigma and discrimination

The major drivers of stigma and discrimination identified, included the use of negative language, limited understanding of mental health, religion, cultural factors, availability of family support, and poor implementation and enforcement of existing laws and policies on disability and mental health.

It was reported that both communities and the media often used negative and derogatory terms when referring to disability and mental health conditions. Local words like 'abodamfuo' (mad person), 'oyarifuo' (sick person) and 'mumu' (deaf person) were reported to be frequently used alongside portraying people with disabilities, including people mental health conditions, as weak, dirty, and unimportant.

Religion was reported to play a dual role as a driver of negative social attitudes and a protective factor against experienced and internalised (self) stigma. On the one hand, people with disabilities and their families reportedly found solace in religion, and this helped them to accept their health conditions and cope with difficult social environments and situations. On the other hand, in many communities, disability and mental health was often associated with sins and wrongdoings of people themselves or their ancestors, which led to negative social attitudes, social distancing and abusive practices.

The attitudes of families of people with disabilities were thought to be very important, as these often determined how local communities treated people with disabilities, including people with mental health conditions. Those who were looked after by their families were more likely to be accepted and supported by their wider communities.

The enforcement of laws and policies was also thought to be a critical factor in addressing stigma and discrimination. Many participants agreed that while there were good laws to deal with disability discrimination in Ghana, perpetrators were rarely punished, and so the practice continued.

Discussion and recommendations

Study findings identified ten behaviours that were considered central to addressing stigma and discrimination against people with disabilities, including people with mental health conditions, in Ghana. These ten behaviours have been grouped into three main categories:

1. Create a positive culture of support to allow people with disabilities, including people with mental health conditions, to reach their full potential
2. Increase the use of positive disability and mental health language in Ghana
3. Ensure duty bearers enforce and abide by Ghana's policies and laws related to disability and mental health

Based on the study findings, a detailed analysis was carried out on each of the behaviours to identify **Capabilities, Opportunities, and Motivations** that are enabling or preventing people from practicing those behaviours. Key stakeholders working in the fields of mental health and disability prioritised the following behaviours that need to be changed to address the problems of stigma and discrimination:

- Language around disability and mental health conditions
- Community and family support
- Culture and religion
- Enforcement of laws

These prioritised areas were developed into the objectives of the Social Behaviour Change (SBC) strategy; and the key behaviours to be addressed by the SBC strategy, which formed the basis of a call for proposals for grants applications in January 2021. Based on all these findings, and a validation workshop, the main approaches suggested to influence behaviours are listed below:

Capability – physical and psychological capability

- Knowledge and understanding of the causes of disability and mental health issues, and the effects of stigma on the lives of people with disabilities, including people with mental health conditions, and their families
- Knowledge and understanding of COVID-19
- Recognition of each stakeholder's role in changing local language and actions towards people with disabilities, including people with mental health conditions
- The capability to negotiate with others and to deal with any negative implications of changing language, giving resources, positions of power and increased attention to people with disabilities, including people with mental health conditions
- Understanding of laws and policies related to stigma and discrimination, and how to enact them in real-life situations

Opportunity – physical and social opportunity

- Availability of new and appropriate positive disability and mental health language
- Environmental prompting and cues for the use of new language and the role modelling of supportive behaviours towards people with disabilities, including people with mental health conditions
- Creating a new socio-cultural norm around local language towards people with disabilities, including people with mental health conditions
- Creating socio-cultural and religious norm of family and community support towards people with disabilities, including people with mental health conditions, helping them to achieve their ambitions and potential
- Enacting by-laws and other regulations restricting inappropriate and negative language, behaviours, norms and practices
- Designing appropriate frameworks and directives from paramount chiefs and the national house of chiefs and national headquarters of religious leaders

Motivation – reflective and automatic motivation

- Emotional recognition of the impact of stigma on people with disabilities, including people with mental health conditions, and their families
- Creating positive emotions and pride when positive language and actions are being used towards people with disabilities, including people with mental health conditions, and their families
- Encouraging social consequences of performing stigmatising behaviour towards people with disabilities, including people with mental health conditions, and their families



For the full report including sources for further information:

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For further information, visit our website:

<https://options.co.uk/work/ghana-participation-programme>

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