'Are we men enough?' An intersectional analysis of lived experiences of men with physical disability in Accra-Ghana.
Masculinity & Disability

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List of Acronyms

B/A	Brong Ahafo
DACF	District Assembly Common Fund
DSW	Department of Social Welfare
G/A	Greater Accra
ICF	International Classification of Functioning, Disability & Health
ISS	Institute of Social Studies
NGOs	Non-Governmental Organisations
PWDs	Persons with Disability
UN	United Nations
UNDP	United Nations Development Programme
WHO	World Health Organisation

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Abstract

This research explored the ways physical disability impacts the lives of men, their immediate circle of family and friends and the Ghanaian society. The study sought to address the equalization of rights/opportunities and recognition to 'others' outside the 'normal' stipulated life where men are expected to be 'masculine' by possessing a body type with access to certain opportunities like work/employment to facilitate their stipulated masculine duties as providers. And women are expected to be caregivers who receive the provision from these men. Thus, men without most of these prescribed features tend to be tagged 'women' and vice versa.

Through interviews with men with disability, it is suggested that a man isn't a superior category (group) over a woman but an "empty overflowing" (Scott 1986, Lorber 1994) category with different multidimensional sub sections. Focusing on a hegemonic (binary) framework; that tends to ignore existing intersectional factors like class, etc. is likely to maintain the possible inequalities within each category. Thus, the need for reconstruction of certain dominant gender (masculine) norms that have been normalised over time; especially in relation to men with physical disability.

Relevance to Development Studies

Recent global realisation of instances of situations that have claimed "men as victims" (Bannon and Correia 2006) indicate the need for alternative conceptualisation of the male gender in development intervention. For a society void of any inequality and discrimination; necessary for an all-inclusive development, it is imperative to deconstruct certain socio-cultural perceptions about disability and gender norms that tend to place men with physical disability in a marginalised position.

This research thus traces the masculine norms of body and function to pre-colonial Asante and discusses possible implications on experiences of men with disability. Revealed struggles suggest the relevance of this study to the field of Development.

Keywords

Physical disability, masculinity, equal opportunities, socio-cultural perceptions, Accra-Ghana.

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Dedication

This paper is dedicated to my husband and younger sister.

Chapter 1 Introduction

I.   Introduction

Frequent sayings like "be a man" or "you are a man" especially during crisis in a man's life made me think about the implications for/of certain gender ideals and norms in our societies. Men are those who are supposed to exhibit "mastery over their emotions, fear and other people" (Addlakha 2009: 29). This expectation tends to be associated with a perceived 'normal' way of being a man, including the assumptions about the 'normal' male body.   Those assumptions and the expectations of the societies and social positions, tasks and roles assigned to women and men following them, tend to shape individual's gender identities (Donaldson 1993, Walsh 1998).

The social construction of gender has been discussed by many gender scholars as the basis for the historical and current unequal gender power relations associated with certain body images (Grogan and Richards 2002 : 219, De Beauvoir 1997, Jha 2012, Mohanty and Russo 1991), reinforced and maintained through constant socialisation (Donaldson 1993, Walsh 1998). It can thus be inferred that, one's gender is more than the biological differences but more of the relationships between men and women and the socially constructed identities and norms they are expected to conform to. The acceptance and maintenance of those ideals can be traced to history and cultures of specific communities.

My research intends to explore the ways social, historical and cultural context of Ghana shapes the ideals of gendered masculine body, by focusing specifically on the question how physical disability impacts the lives of the individual men, their immediate circle of family and friends and the society as a whole. It aims at exploring how the dominant norms of ideal masculine body and masculine functioning within society shape the lived experiences of men with physical disability within the urban setting of Accra, Ghana; with the assumed opportunities and infrastructures that are likely to facilitate quality of live and equal human rights of all.

I assume first, that different norms, practices and manifestations of masculine body and male functioning within society is related to differences among men based on age, ethnicity or class; and secondly, that social implication of cultural stereotypes and representations of disability impact the ways how men negotiate dominant masculine norms (Thorpe 2010).

II.   Background Information

Since the late 1980s when black feminists led the campaign for recognizing subjective identities within the feminists' movement, 'gender' has been seen as an important factor in the developmental process or intervention that would trigger a holistic transformation and ensure that all persons in the society are catered for and integrated towards a social transformation. The need for a rethink and a deconstruction of the "universal oppression" of women based on race, location, ethnicity, etc. (Mohanty and Russo 1991) exposed other subjectivities in the society; which included inequalities among men at the time.

Gender equality and social justice tend to be conceptualised within the premise that, women are always 'oppressed' by men and thus they require to be redeemed by special interventions. Women are mostly explicitly stated in some of these interventions to re-emphasize their subordination and recognition. Men are at times conceptualised as the winners and the perceived obstacles to women's empowerment and perpetrators of violence in the quest for gender equality and women's empowerment in development. Thus, as the masters, it is perceived that they lose (some) authority and power for women to be emancipated (Cleaver 2002, Cleaver 2003). Situating all men within this hegemonic model has presupposed and categorized all men under a single model. However, "perhaps there is one normative masculinity or male model, to which all men attempt to conform, but only those who reach or approximate this model can become the winning male" (Bannon and Correia 2006).

Conscious of the differences in the social locations of men, recent scholarly research has illustrated some of these identities and possible vulnerability of men in their relationships to men, women, and the society as a whole. Some of those debates have illustrated that "violence disproportionally claims men too as victims" (Bannon and Correia 2006) in wars, based on social class and at times sexual identity (Žarkov 2007, Silberschmidt 2001, Silberschmidt 2004, Barounis 2009). These debates tend to challenge the hegemonic masculine model and offer alternatives for the conceptualization and deconstruction of masculinity in development processes and interventions. Most of such debates also illustrate the realities that some men are likely to be confronted "in conforming to the normative versions of masculinity" (Bannon and Correia 2006). An interesting discussion point from these debates is the emphasis on a reconstruction of masculinities in development interventions based on empirical illustration of the various aspects of men's lives that make them "victims" as opposed to their universally assumed powerful position (ibid).

Some of those debates, especially around the 1980s, focused on how persons with disability tend to be a marginalised category of people based on dominant acceptance of certain masculine body types (Addlakha 2009). They discuss the various ways men with disability tend to be stigmatised by the society due to their 'disabled' body which is likely to limit their effort to live up to certain masculine norms. This observation formed the basis for developing alternative approaches around the 1980s and 1990s to discuss disability and interventions towards the integration of persons with disability into the society and development (Addlakha 2009). Thus, the 'social model' became an obvious alternative; especially by scholars who discussed disability as the socially constructed meanings assigned to "the individual body and its limitations" and the social responses towards them (ibid).

Certain discriminatory treatments meted out to persons with physical disability, based on the cultural and social meanings associated with disability tend to be normalised. Persons with disability are likely to be marginalised by society due to the visibility of their "discrediting attribute" and men tend to bear the brunt of this especially in a society where they are constructed within the hegemonic model (Addlakha 2009: 148).

Different authors have shown how; in many ways, persons with disability tend to be a marginalised group of people who require attention; thus the recent call to ensure their equal participation and opportunities with the rest of society. Naami and Hayashi showed how university students in Accra (Ghana) "felt uncomfortable" interacting with PWDs in schools; which invariably affect their integration and well-being in universities (Naami and Hayashi 2012). In his masters' thesis, Downing revealed persons with disability; generally in developing countries, were below the human development indicator usually based on "denial of basic rights" (Downing 2011). The World health Organisation (WHO) estimates that about 10-15% of the world's population has some kind of disability[1]. The National Analytical Report by the Ghana Statistical Service on the 2010 Population & Housing Census shows that 737,743 persons (about 3% of the total population) have some form of disability (Ghana Statistic Service 2013: 306)[2]. The report also indicates that, persons with disability in general tend to be marginalised, stigmatised and mostly unemployed. The unemployed rate of PWDs is about 11% higher than the national average and those employed are up to 90% in the private informal sector (Ghana Statistic Service 2013: 324). Disability which tends to be culturally expressed as a deviance from the 'normal ideal' body undermines certain initiatives towards integration and equal access to existing opportunities. Persons with disability tend to be seen as the other in relation to abled-bodied people and as a measure of one's ability to produce the body as "instrument of our wills"; thus their inability to work or be productive (Chapman and Rutherford 1988:26, Edwards and Imrie 2003).

Scholars on disability through the social model (to be discussed later) have indicated existing social barriers that literary 'disable' persons with disability through exclusion and stigmatisation within the larger society (Edwards and Imrie 2003, Addlakha 2009). There have been findings that have illustrated the difficulties PWDs are likely to face in trying to live a 'normal' life. With the assumption of male dominance and higher position of the male gender on the gender hierarchy as some of the dominant gender ideals, men with physical disability are likely to be neglected in the interventions for equal opportunities and social justice. Even their constant everyday struggle in negotiating their identity within the masculine gender tends to be ignored. Thus, the possible inequality among men within the social setting is likely to be ignored in certain interventions informed by some of these norms.

Despite the general acceptance and usage of the model by especially scholars in Disability Studies to shift the focus onto to the general structures that tend to "disable" persons with disability (Addlakha 2009), it is worth mentioning however that much of the literature tends to ignore or underestimate the implications/significance of intersectional factors like age, class, the type of one's disability and gender which have been constructed by that same society with specific interpretations. Thus, interventions for transformation are dependent on how persons with disability are conceptualised in both formal or informal institutions and documents; underlined by the socio-cultural constructions and

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[1] www.who.int/mediacentre/factsheets/fs352/en: accessed on October 13, 2013 @ 18:18

[2] This data is being contested by the Ghana Federation for the Disabled

traditions which form part of the daily lives of each person. For instance, in Ghana, there is a view that, within a *Ga*[3] community, children with disability might have a higher level of acceptance as opposed to acceptance within the Asante community, due to the different representations and meanings assigned to disability. The *Gas* supposedly believe that children with disability are deities (godly) and thus, should be treated with respect and care by the family and the community, while the Asantes may treat such children as outcast because they are believed to be a curse from the gods (Munyi 2012). Importantly, even today, the visually impaired people (irrespective of gender, class or age) are not allowed into the palaces or around the chief among the Asantes[4].

Thus respective beliefs and stereotypes are likely to shape the implementation of national interventions or even its formulation; invariably leading to certain hostile environments and treatment (unequal opportunities in education, participation, assess to transportation/public offices, etc.). This cultural beliefs and norms are imbibed into the kinship systems which would consequently affect all spheres like their infrastructures and other general interventions; which is likely to differ based on certain expectations based on one's gender, age or even social status. Recognising such diversity is imperative towards ensuring (social) equality between PWDs and non-PWDs, especially in Ghana since one's socio-economic status and rights tends to be dependent on such stereotypes or constructions (Gedzi 2009, Gedzi 2012). And within the current existing gender relations and constructions; which have constructed women and men to be accepted within certain parameters which ascribe the most responsibility and role to men (Grogan and Richards 2002), men are likely to bear the brunt of such inequalities.

III.   Statement of research problem
 Persons with disability tend to be one of the marginalised groups that require special attention in developmental interventions (Addlakha 2009). Due to certain socio-cultural perceptions and stereotypes of disability, ensuring equal opportunities of PWDs to be undermined or totally ignored. This has accounted for unmet health and employment needs of PWDs[5] and the observed trend of donation by charitable individuals or organisations (Beitiks 2012). With the possibility of such interventions to be assesses through speculations, they tend to ignore certain significant issues like gender. The recognition of gender is likely to expose the diverse ways PWDs experience life with disability; thus the required needed assistance. The unexamined influence of intersectional issues like gender, age and class on the individual is likely to undermine certain initiatives that aim at improving the lives of PWDs; especially of the male gender. The absence of men with disability in existing interventions is likely to maintain recorded marginalisation of especially men with disability. Thus, in order to ensure equal rights/opportunities and a fulfilled life for all PWDs as stipu-

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[3] An ethnic group which was originally located in the greater Accra region of the country

[4] Information from personal and professional experience, as I used to work with a traditional council (court), confirmed through interviews.

[5] www.who.int/mediacentre/factsheets/fs352/en

lated in the Article 29[6] of 1992 Constitution of Ghana and the equal enjoyment of human rights per the UN Convention on Rights of Persons with Disability, it is imperative to recognise socio-cultural perceptions about gender and disability, to examine the institutional framework that shape interventions in the field of disability, and, especially, to understand the impact of those social and institutional practices on experiences of men with disabilities, and their immediate surroundings.

IV.   Research Objectives & Questions

The major research objective was to explore the ways physical disability impacts the lives of individuals, their immediate circle of family and friends and the society. It also aimed at exploring how certain socio-cultural perceptions and practices shape/affect those experiences and establishing individual and organisational knowledge on existing state support systems/structures available to persons with disability in Ghana. The main research question this research sort to answer is: How have the dominant masculine norms of the body shaped the lived experiences of men with physical disability in Accra, Ghana? This question guided two of the sub-questions:

- What are the social-cultural norms and perceptions of gender and disability (gendered-disability)?
- What are some of the institutional frameworks & interventions in this field and how are they engendered?

V.   Research Methodology & Scope

In order to answer my research question (s), I employed interviewing as my main method of data generation in addition to observation in the field. It was conducted in the Accra Metropolis and focused on individuals with physical disability and ways it impacts their lives, their immediate circle of family and friends and the society in general. I was also interested in finding out how the state and non-state actors organise support for individuals and their families. In total, I had twenty-five (25) interviews[7] comprising of eighteen (18) individuals with disability[8] (15 males, 3 females; 4 deaf & mute[9], 8 visually impaired and 6 physically challenged), two spouses and a friend to three of the respondents and four (4) institutional actors (a visually impaired state official and 3 representatives from Ghana Federation of the Disabled). Even though most of the individual respondents were selected upon recommendation by other interviewees, issues like gender, type of disability and class were considered. Ghana Federation of the Disabled (GFD) was identified and selected as a major non-state actor because it has over the years coordinated activities of PWDs in Ghana. The state official was considered based on the political objection by some chiefs to his nomination. Because he is blind, some chiefs objected to his

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[6] "Disabled persons have the right to live with their families….and to participate in social, creative or recreational activities"

[7] See Appendix 1

[9] A sign language interpreter was employed with 3 deaf & mute in addition to written/email with the fourth.

nomination because their tradition does not permit them to have anything to do with PWDs.

I had informal/structured interviews with all the organisational representatives and informal/semi-structured interviews were used with individuals and their family and friends. Two of the organisational representatives also doubled as individual respondents and a spouse as an individual respondent. The blend of both formal/structured and informal/semi-structured interviewing enabled me to gather relevant and interesting, expected and unexpected data (O'Leary 2009: 195). The blend also offered a challenge of managing allocated time and resisting an urge to ask leading questions (ibid). Newspaper articles and television programmes on persons with disability were critically followed and at times I contributed to the discussion on it with friends and media networks. The informal conversations I had with my family and friends have also informed my analysis to a great extent.

VI. Justification & Relevance
Most at times, scholarly research on disability tend to focus on the general marginalisation of persons with disability through social attitude, structures and gaps in available interventions towards integration (Abstract: Naami and Hayashi 2012). Even though, I have been inspired by some of these research, my research hopes to contribute to the generation of information through personal stories of men with physical disability conscious of other intersectional issues like age, gender and class of PWDs. Hopefully, this consciousness would inform future state policies/interventions and/or review of existing ones and also contribute to a change in attitudes of the society in relation to PWDs.

Theoretically, my research hopes to contribute to a better (de) construction of gender (masculinity) that would incorporate and accept certain visible and invisible subjectivities (Donaldson 1993); especially in relation to the male body and functions.

VII. Limitations of the research
My major initial challenge was getting basic data and information in relation to the scope of my research. In the beginning of the research, I had to rely on general information. Later I secured access to some national statistics and data from NGOs, and of course the interviews, which all helped me in forming opinion and building a data base for my research and analysis. The other practical limitation which I underestimated was the twists and turns in securing interviews with respondents during the field work. Once interviews were secured, I had to spend much or limited time with respondents due to their work or intense interest in the topic. For instance, after several attempts to talk to the state official, I was granted limited time due to his schedule. My interest in the topic and the prospective insight it promised saw me through the period of the research. The conclusions of this research are indicative of some power relationships in experiences of 'disabled' men in Accra, Ghana; and although they may be comparable to other places, I do not assume that they are universally relevant.

Chapter 2 Conceptual & Theoretical Framework

I.   Introduction

This chapter examines the major theories and concepts addressing disability, male body and gender that have been useful for this research. I also discuss Intersectionality as my main theoretical framework within which the interpretation of the findings and utilization of the concepts will be framed.

II.   Disability

The International Classification of Functioning, Disability and Health (ICF) by the World Health Organisation (WHO) define **disability** as an "impairment, activity limitations and participation restrictions"[10] This concept was deployed in my research to identify the various individual definition of disability which was reflected in their experiences. When asked the meaning of the term 'disability', Kwaku[11] responded that, it refers to a "deformed body or the state where one's senses are not all functional". In relation to my research, I will briefly discuss four fields within which disability is traditionally addressed, and which bring relevant issues to my own research. : Development, Conflict/War Studies, Disability Studies and Sports. I then turn to the social model of disability as the most appropriate framework for my analysis, and reflect on gender and masculinity as crucial social relations of power within which the male body – abled and disabled – acquires meanings.

A. Disability in Development Studies and Intervention

The United Nations Development Programme (UNDP) refers to development as an activity that entails efforts that aim at transforming society, drive and sustain "the kind of growth that improves the quality of life for everyone"[12] . As indicated earlier, about the 10-15% persons living with a disability tend to live in situations of low human development index; thus there is a section of society that does not enjoy the quality life per the UNDP's measure of 'development'. Scholars who discuss disability within the broader framework of development illustrate how PWDs tend to be denied certain opportunities and/or marginalised in certain interventions. Importantly, within development the state is perceived as the sole actor in addressing this development deficit. Most of the discussions that focus on the existing interventions towards equal opportunities and access of disabled persons in development processes in order to ensure their quality of life. With emphasis on marginalisation, injustice and discriminatory practices against persons with disability (Addlakha 2009), these scholars tend to focus on how national and international legal/constitutional instruments create new opportunities for persons with disability in claiming, especially, their rights in specific contexts; even though all rights are seemingly catered for in the general constitution of states. The 2006 Disability Act of

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[10] (www.who.int/mediacentre/factsheets/fs352/en assessed on October 13, 2013 @ 18:18).

[11] 31, Visually impaired (at age 4 through rashes), married & (formally) employed

[12] www.undp.org/content/undp/en/home/operations/about_us.html   Accessed on October 13, 2013 @19:02

Ghana and the UN Convention on the Rights of Persons with Disability are examples of national and international interventions to curb existing inequalities in relation to abled-bodied individuals and PWDs that will be discussed later.

Few authors have also incorporated the role of non-state actors and their collaboration with national and international agencies to derive change in the lives of persons with disability in their works (Master's Thesis by Downing in 2011, Harpur 2012). In the analytical report submitted by the Ghana Statistical Service, it is stated that "disability is now considered a societal development issue because of its direct relationship to poverty" (Ghana Statistic Service 2013: 305). Therefore in order to fulfil the fundamental rights of all persons, the state was requested to ensure effective interventions that would equip PWDs for personal and economic development. Situated within the issue of development deficit in the Ghanaian economy, Naami and Hayashi (2012) revealed the long term influence of the marginalisation of PWDs in some of Ghanaian universities and the need to consider the socio-cultural perceptions on disability in curbing the existing inequalities between PWDs and abled-bodied among selected cultural groups in Ghana (Munyi 2012). I take this suggestion on board and examine some historical and contemporary aspects of socio-cultural perceptions of disability in Ghana, in the next chapter.

However, I found that this body of literature tend to ignore the implications of assumed gender norms that shape the relationships in the society and the intersection of other issues that is likely to obstruct certain individuals with disability in accessing these state or international interventions.

Nevertheless, these discussions have informed my work to a larger extent, including my attention to the state and non-state actors, and by situating the discussions on disability within the general institutional framework that to a larger extent forms basis for implementing social and developmental interventions.

B. Disability in Conflict/War Studies

Disability has been an important issue in Conflict/War studies, addressed by scholars to illustrate how some men are also victims to certain economic and social situations (Bannon and Correia 2006) and victims of wars/conflicts ((Silberschmidt 2001, Silberschmidt 2004, Zarkov 2001, Žarkov 2007), rather than only oppressors of women (as they tend to be perceived in some feminist theorizing of development). In these works, a focus on the male body and its assigned social functions, and as a gender ideal, is interrogated in relation to the 'disabled body' of men. The assumed perceptions of male's superiority and as perpetrators of violence are thus interrogated for possible existing alternatives. In her account, Bourke (1996) illustrated Scott's (1986) assertion that gender is actually an empty and overflowing category which is "determined in different ways and contexts" (Chapman and Rutherford 1988). She illustrated the need to recognise history about certain socio-cultural representations in assessing PWDs. (Bourke 1996)

Bourke discussed the overflowing category of masculinities during the 19th century in Britain (Bourke 1996). According to her, British ex-service men who lost a part of their body in the 1st World War were hailed by the state and the society based on the "corporeal politics of absence". The absence of a part of

their body was represented and translated as "patriotic" which became the envy of most young men in Britain; thus ex-service men who acquired disability were celebrated as the ideal men, sacrificing for their country (ibid: 242). She also discussed the various state interventions in their favour as against other abled-bodied ex-service men and other PWDs. Thus, within what she termed "the corporeal politics of absence", these ex-service men were placed on the higher hierarchy within the masculine category. Young men in the quest to assume this powerful position applied into the military to exhibit such patriotism since their masculinity was measured through patriotic sacrifice. However, during the mid-1930s, a new vision and ideal of a man was framed, that of a complete, strong, muscular body, through a massive body building movements (ibid: 247). This new masculine identity and body ideal became basis against which men were measured, and became embedded in formal and informal institutions. For the disabled war veterans this new body image marked the end of their elevated social status. In addition to the loss of their social position of authority and respect, certain state interventions were withdrawn; hence leaving these ex-service men who had acquired disability in the 1st World War economically and social vulnerable. Similarly, some writers have illustrated ways in which wars in Sub-Sahara Africa had shaped some of the dominant masculine ideals (like being violent, aggressive); through shifting the social and economic lives of the people (Barker and Ricardo 2005, Lindsay and Miescher 2003). These authors showed how against certain historical happenings certain masculine ideals had been shaped and transformed through colonisation and wars.

Even though these authors do not offer significant information on how these men (in the case of the ex-service men with disability) were able to negotiate their masculine identity within the new masculine vision (especially within the private arena), they offer significant insights for shaping my research questions and analysis. It was imperative to identify the differences within my respondents based on how one acquired his/her disability, to understand his/her interpretations of it and how the modes and/type of disability have been culturally represented.

C. Disability in Sports

Disability is a significant field within the study of Sports. Scholars and researchers have used this field to prove and illustrate alternative spaces, practices and ideals, especially for men with disability. Much of this literature focuses on how 'disabled' men overcome perceived barriers to their disabled bodies and negotiated dominant masculine norms of the ideal male body (Thorpe 2010). This literature contributes to the interrogation of certain gender norms by examining how PWDs been able to negotiate and create alternative ways of being. Beitiks discusses intensively the use of techno-maker in the US to facilitate a 'disabled' body part (Beitiks 2012) all triggered by the appropriation of the body within which the disabled bodies do not fit. Within the context of the masculine ideal of the body and bodily and social functions, Thorpe offers an account on the existence of different masculinities within the snowboarding field (Thorpe 2010). He discusses the four different groups in the field: 'grommets', 'bros', 'real men' and 'old guys', and illustrates the dynamic and at times conflicting relationships among these men. This confirms the need for going beyond the hegemonic masculine model to identify the possible ignored alternative forms of masculinity. Thus, sports become a field where men with

disability have been able to use their bodies as "instruments to their wills", and create alternative ways by which men can exhibit certain masculine ideals in different context (Beitiks 2012, (Chapman and Rutherford 1988 : 26, Thorpe 2010 : 177).

Dr. Ludwig Guttman initiated Paralympic sport in Britain as an extension of the rehabilitation process for the World War II veterans[13] in the 1940s. Subsequently, it evolved into a broader field of Sports with different classifications based on specific diagnosis of the type disability. Paralympic Sports thus became an important component of the international Olympic Games; which offered PWDs opportunity to "achieve sporting excellence" and "touch the heart of all people for a more equitable society"[14]. The Paralympic Committee of Ghana is the national actor that oversees the Paralympic sports in Ghana[15] and the Association of the Sports for the Disabled is the national group of PWDs actively involved in the Paralympic Sports. Despite challenges in obtaining statistics on athletes and criteria for selection, the Paralympics Sports appears to be a male-dominated avenue which tends to place successful athletes on a different level among PWDs in Ghana. A male respondent[16] mentioned that he is an active member of the national association since "sports gives me the strength and fame other men have". Since sport tends to be branded a masculine domain in Ghana "we prove that we are also men and get our lost image back" by participating in sports, he said. Has sports thus created the significant alternative for 'disabled' men to negotiate their masculine identity and offer them the desired economic independence of manhood? Can it also inform a new masculine vision in relation to men with disability?

Even though there was limited scholarly literature in the field of sports and disability concerning Ghana (as it tends to focus, geographically, on the West/North and most developed countries), existing literature informed my research, especially in relation to the alternatives of manhood available to 'disabled' men and how they are explored by individuals. Exploring the experiences of men with disability within their immediate circles of life entailed the recognition of the other/various ways 'disabled' men deal with their deformed bodies; especially, the interrogation of hegemonic masculinity by Thorpe in snowboarding sport (Thorpe 2010) was significant in my overall argument that there isn't just a one fixed coherent masculine identity (Chapman and Rutherford 1988).

D. Disability Studies: The Social Model

The Disability Studies expanded in social science during the 1980s-1990s when scholars from the West begun to discuss possible alternatives to the then dominant medical approach that discussed disability as a medical (individual) issue (Addlakha 2009). This new perspective informed the development of the

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[13] www.paralympic.org/classification/history Accessed on Nov. 7, 2013 @ 11:23

[14]   http://www.olympic.org/content/olympic-games/paralympic-games, http://www.paralympic.org/TheIPC/HWA/AboutUs Accessed on Nov. 8, 2013 @ 15:44

[15] http://www.paralympic.org/npc/ghana Accessed on Nov. 8, 2013 @ 15:58

[16] Atongo, 41, Physically challenged (through polio at 5), married and (formally) employed

social model which defined disability as a state created by "social, cultural, architectural and economic barriers set up by a society designed for non-disabled people that forgets people with impairments" (ibid).

Biomedical conceptions of disability translated one's disability as being caused by a medical situation and focused on one's individual body and its limitations (Addlakha 2009). The social model was thus developed as an alternative framework to discuss, assess and generate new information informed by "narratives and life histories produced by disabled people themselves" (ibid). These scholars were convinced that, even though the biomedical model focused on the individual, it neglected the lived experiences of the individual in relation to the general social structures. The 'social model' also challenged the underlying principle of the biomedical model which limited disability "as an incurable chronic illness…an object for medical diagnosis". It thus shifted the focus of disability to certain social barriers that impede the development of PWDs and not necessarily their impairment.

The 'social model' was thus generally accepted as an alternative by most authors within the Disability field. Through this model, disability is discussed as a political and social issue that interrogate oppressive and inequalities in relationships present in the society; shaped by various social and cultural constructions of disability (Addlakha 2009). Hence, curbing inequalities and marginalisation of persons with disability require a social and cultural transformation of society. Even though it was not specifically mentioned, some of the individuals I had interviews with, confirmed that what bothers them is not really their disability, but certain "unfriendly" attitudes and environment that affect their daily lives.

Even though this model offered a better alternative to the biomedical model, literature reviewed within this model were silent on the intimate, personal experiences of PWDs, and especially the intersectional issues like gender, age, class, ethnicity or social status of the affected persons. Using the model to generally discuss how certain structures are not friendly to PWDs in general is likely to ignore the different issues they have been based on; for instance, the type of disability one has. Despite these gaps, the social model was relevant during my research to situate some of the issues discussed and revealed by the respondents. It confirmed the statement made by one of the non-state actors I spoke with. He noted that, the state's political unwillingness to deal with issues of persons with disability in Ghana has accounted to their current state (without effective policies and lack of implementation of the few, issues not given priority in deliberations). The model offered insight into some of the official parameters set by the Ghanaian state; especially during the 2010 Population and Housing census. Finally, this model is relevant because it allows for the examination of gender relationships, and especially issues of masculinity and the male body, as relevant for the social and cultural attitudes, practices and norms that inform general assumptions about disability. I turn now to those issues.

III.   Gender
Most of the definitions associated with 'gender' denote its usage as a grammatical unit or category where males or females are differentiated. This definition

was challenged during the 1980s by; especially, feminists scholars. Some of the basis was the neglect of existing power relations within gender and the exclusion of other individuals who do not fit within the two dominant binary gender categories (Scott 1986: 1053). The term was used historically by feminists to replace the word 'woman' as a step towards a transformation of existing women disciplinary paradigms during the late 1980s (ibid: 1054). The term offered the political acceptance required by feminists to legitimise women's issues and scholarships; since the notion of women's issue, theoretically, was broadened to include men. Meaning, the relationship between men and women especially at the family and household levels has affected women the most. Heterosexuality can be said to be a gendered term since it tends to be universally accepted as the normal way of social relationship (sexual orientation) between men and women.

However, the symbolic ways these men and women were represented in connection with the other social systems was neglected; thus, ignoring the basic underlying factor of power present in the economic and political spheres. Gender as a concept, is thus currently used more analytically to analyse the social constructions of one's biological sex and to examine the systems of social and sexual relations that tend to place a higher value on manhood; especially by feminists writers.

I will limit my discussion and analyses on the ways gender has been deployed as a concept by exploring Scott's (1986) work, and then narrow my discussion on masculinity and the male body.

As the men I talked to discussed their lives with disability with me, Scott's definition of gender as a "primary way of signifying relationships of power" and the "constituent element of social relationship based on perceived sex differences" proved essential to my research. I observed that, both men and women were compelled to conform to certain gender norms in order to maintain that "natural" (Shields 2008) sex differences and assume the power associated with it. Scott discussed four ways social relationships are shaped by gender: the culturally available symbols, normative concepts, subjective identity and institutions. My discussion and analysis will be limited to the first three aspects of gendered relations, as they are significantly present in my research.

Gender norms/ideals tend to be reinforced and maintained through the use of "culturally available symbols" which at times evoke multiple and/or conflicting representations (Scott 1986). Gender norms like the man being the head of the family and thus the provider was traced back to the biblical illustration of God creating man "in his own image" prior to creating woman from the man's rib (Easthope 1990). These norms have been culturally translated as man incorporating women; thus accounting for the use of 'man' or 'he' to represent man and women in most official documents in Ghana. One interesting aspect to the existence of such symbols is the "normative concepts" that set forth how these symbols are interpreted (Scott 1986). The subjective identity as discussed by Scott is thus shaped by these factors. The process of constructing one's own individual gender identity tends to depend on the available cultural symbols and interpretations assigned to them. Therefore, one's conviction of manhood or womanhood becomes dependant on what is social accepted and assigned to

each of these genders. Since one identity can only be defined in relation to another (Easthope 1990:167), the tendency is to have a hegemonic binary gender classification and normalisation of heterosexuality.

According to Scott, the use of gender coding during the 19th century was important for symbolic meanings of the concept of class (Scott 1986). The assertion of the working class by reformers in France as "feminine" symbolizing a weak, subordinated and exploited group of people which was challenged by the socialists who insisted that the workers are actually in the 'masculine position' signifying "producers, strong and protectors". Those assumptions of masculinity are an indication of the gendered coding of economic relationships that are still relevant today, and recognizable in the concept of 'male breadwinner'. Lorber illustrated this through the division of labour based on class with gender coding during the late 1990s (Lorber 1994), when women became a symbol of devaluation associated with the work they do as opposed to 'men' who symbolised the few privileged white men. These interpretations have formed basis for the association of the masculine gender to economic power and authority that the men I interview often referred to. The interpretations of these symbolic and actual power relations and actions are usually set off by certain normative concepts through existing institutions and are likely be focus on dominant trends, displaying the tendency to "repress alternative possibilities" (Scott 1986). Such dominant constructions and interpretations over time have been accepted as a means of articulating rules of social relationships through socialisation (Scott) and "built into the sense of worth and identity of both men and women" that it becomes legitimate (Lorber 1994: 35). One's gender identity was thus influenced by available cultural symbols and the normative that set forth for the interpretations of these symbols.

Even though gender practices and ideals may differ within certain geo-political and cultural contexts, gender ideals have been transmitted through the globalizing processes of colonization and imperialism, and have shaped the general expectations of both genders in many different places. Ideals like submission, passivity, innocence, weakness, calm and obedience has been largely universalized feminine attributes; while been brave, powerful, violent, provider, etc. have become universalized attributes of the male gender (Ampofo 2001, Ampofo and Boateng 2007, Ampofo et al. 2009, Adinkrah 2012, Lindsay and Miescher 2003). One can also observe the patterns of these norms in daily lives of Ghana today, as well as in its pre-colonial and colonial past. Ampofo discusses how certain gender ideals have been sustained and normalised through the socialization in the homes in Ghana (Ampofo 2001). According to her, through the allocation of certain domestic tasks/chores, the masculine ideal of being "brave and in-charge, decision makers and tough" has been maintained as men had been socialised into taking risky adventures outside the home. She explains that, this may account for the few women in certain political positions in Ghana today since their position has historically been conceived as the home-markers, submissive and those to refrain from decision making. Even though this has a historical underlying (to be discussed in chapter 3), it tends to shape the respective expectations of both men and women which makes more men present in the political and decision making positions in Ghana and Africa.

This means that the concept of masculinity – and masculine relations as part of gender power relations – need to be discussed.

A. **Hegemonic Masculinity**

Being a part of the male gender tends to be associated with "power, agency, and control" which are at times represented by one's physical, corporeal features (Andersen 2008:27-28). These ideals tend to form basis for observed behavioural patterns exhibited by men and thus as a measure of manhood. However, Anderson illustrated the existence of other masculinities shaped by factors like age, sexuality and class among gay men in Norway (Anderson 2009, Anderson and McGuire 2010). He interrogates the historical binary classification of the "oppressed" and "oppressor" (in relation to men and women) by illustrating how abused gay men assume the position of the "oppressed" which has been traditionally attributed to the female gender.

I observed that, some scholars use the term 'hegemonic masculinity' interchangeably with 'masculinity' in their analysis. Even though their arguments are likely to be distorted, it theoretically expresses the political and social dominance of 'hegemonic masculinity' as the natural way of being a man (masculinity). Masculinities can be defined as "configurations of practices that are constructed, unfolded and change through time" whereas 'hegemonic masculinity' is a specific (dominant) pattern of these configurations that "presumes the subordination of all non-hegemonic masculinities" (Connell and Messerschmidt 2005). Masculinities are thus those aspects of the social structure (referred to in the discussion on gender) that normatively indicate what the male gender ought to be in relation to others (Connell 2001: 70) and assume that one's behaviour results from the type of person one is (Connell 2001: 67) while hegemonic masculinity could be a framework deployed to explain and analyse the domination of a type/form of masculinity. Below, I will explore the main aspects of hegemonic masculinity and some dominant ideals it imposes as relevant for my research.

Hegemonic masculinity combines the notion of 'hegemony'[17] with masculinity and illustrate how in any point in time one form of masculinity is "culturally exalted" while others are repressed (Connell 2001: 76-77, Scott 1986). For instance, the tendency and idea of heterosexuality being treated and accepted as an "absolute sexual identity" is an indication of 'hegemonic masculinity' in relation to men (with current existence of homosexual men) (Chapman and Rutherford 1988: 22). Thus other sexual orientations are assumed a deviant and not normal; therefore forming basis for exclusion and denied opportunities. Consequently, certain dominant behavioural patterns of *some* men – and most often of socially most powerful group of men - historically have formed standard for judging and accepting *all* men.

Ideals like bravery, independent, resilient, strength, aggressiveness, protector have been a historical attribute of most men by the gender classification. Even certain kinds of employment, tasks and ways of life have been prescribed to

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[17] 'the cultural dynamic by which a group claims and sustains a leading position in the social life" (Connell 2001: 77)

the masculine gender. The male gender is mostly associated with skilled labour, taking risk in business ventures, emotional reserve and physical endurance (Carlson and Hall 2011, Donaldson 1993, Connell 2001); which can be placed within the larger hegemonic notion of embodiment of the male gender (Connell and Messerschmidt 2005). Men thus become "objects of social practice and agents in social practice" through the hegemonic masculinity of embodiment (Cited in Connell and Messerschmidt 2005), which would later be discussed as one of the reasons for some of the major finding of this research and my initial observation. Even though these ideals have been influenced by specific historical events, they tend to be employed external to these histories and maintained through "culture, institutions and persuasion" (Connell and Messerschmidt 2005: 833) of individuals. Within the context of power relation, the privileged individuals within each gender thus ensure a continuity and legitimisation through socialisation and other means (Scott 1986).

During the pre-colonial Asante society, one's ability to exercise authority over women, younger males and the demonstration of courage and bravery in warfare were some of the dominant accepted expression of masculinity (Adinkrah 2012: 475). There were some aspects of their oration that expressed this and thus constantly exhorted the need for males to possess and publicly exhibit these ideals (ibid: 480). Due to the socio-cultural interpretations associated with compliance (respect, power and authority), men at the time accepted and projected them as a "legitimate and honoured way of being a man" (Connell and Messerschmidt 2005: 832). It is interesting to observe how women who possessed and exhibited some of these ideals were not given the same recognition assumed by the men but rather treated as 'abnormal' (Addei and Addei 2010).

In Ghana, ideals like exhibition of power (direct, indirect, physical, emotional, etc.), bravery/courage, domineering and skilled bodily activities tend to be traditionally associated with the male gender and Ghanaian men are expected to exhibit these (Adinkrah 2012, Ampofo 2001, Ampofo and Boateng 2007, Barker and Ricardo 2005, Carlson and Hall 2011, Connell 1987, Connell 1985, Donaldson 1993). The existence of cultural symbols to evoke such masculine ideals (the warrior, the protector/provider) and the normative concepts that set the interpretation of these symbols can be said to have influence the subjective identities constructed by individual men in Accra. This thus maintains hegemonic masculinity and suppresses possible alternatives. Despite current trends like economic instability, urbanization and globalization that make it ever more difficult for men to achieve the prescribed hegemonic masculine norms, those still seem to be relevant. In their research on Ireland, Connell and Messerschmidt (2005:835) indicate that contemporary social changes have accounted for the transformation of "celibate priest and the hardworking family man" into "modernized and market oriented" men (Connell and Messerschmidt 2005: 835), but the male gender is still perceived and measured within the past models. It is thus imperative to identify alternative frameworks of masculinity to recognise all the changes and new possibilities they might engender.

In his contribution to the debates on gender ideals and practices in Ghana, Adinkrah also reflects on the dominant assumption of male social and economic prowess and functioning as the family provider. He shows how those have accounted for the suicide patterns in Ghana from 2006-2008 (Adinkrah 2012). He revealed that about 95% of the total suicidal cases involved men

with "low socioeconomic status". This can be translated into the social expectations assigned to the male gender in which suicide becomes an alternative to avoid dishonour, humiliation and shame from one's inability to leave up to that (Adinkrah 2012: 477). Adinkrah (2012) illustrates how men prefer to die rather than be dishonoured within economic and social hardship (Adinkrah 2012). His discussion of "chop money" - historically, money given to wives for running the home - as a cultural attribute of masculinity ties in with Scott's use of gender to indicate a relationship of power (Adinkrah 2012). The ability of a man to give "chop money" to his wife is interpreted in the society as an economic success of a man, and also, as an element of subjective identity, is part of the male sub-consciousness (Easthope, 1990) and his own measure of his success as a man. Even though there have been changes in current gender practices, there are still observed trends of these gender norms/expectations in urban Accra. Adinkrah further exposes those existing contradictions through certain proverbial sayings that tend to hail/justify men for committing suicide; '*Better to be dead than to live in shame, and 'Only the real man takes the bitter medicine*' (Adinkrah 2012). How can one expected to exhibit "control and bravery over his emotions, fear and others" (Chapman and Rutherford 1988: 27) when those same ideals can be used to justify suicide?

This denotes the existing of multiple, complex and, at times, conflicting masculine identities and expectations (Lindsay and Miescher 2003). It also interrogates the political and theoretical stance of hegemonic masculinity as a hegemonic framework for analysing men (Connell 2001).

Consequently the concept was criticised in the 1990s as a narrow framework for theorising men and masculinities (Connell and Messerschmidt 2005), even though it is still employed by scholars in identifying and explaining inequalities among men and between men and women. The concept of hegemonic masculinity remains relevant in research and interventions in education, international relation, prevention of violence and health (Connell and Messerschmidt 2005: 853). It is also still deployed as a sub-set of the "ideology of supremacy" which was usually used to justify the use of violence by some men on women and exclusion of other men in enjoying their existence as "biological males" (Connell 2001, chapter 11 in Lindsay and Miescher 2003). The notions of hegemonic masculinity and social relations of gender are also crucial for the shaping of social ideals of the male body.

IV. Male Body
The body is an important aspect of a person's identity which tends to be subjected to the socio-cultural values and norms of specific societies (Edwards and Imrie 2003:240). There are ideal types associated with femininity and masculinity; being muscular has been traditionally appropriated to men, thus a woman with this kind of body is perceived a deviant to the feminine category (Addei and Addei 2010, Grogan and Richards 2002). The man without a masculine body is also seen as a woman; the deviant of the masculine order (Easthope 1990). In order to maintain the power and authority associated with the masculine identity t men without the 'ideal body' may be dissatisfied and undertake body building to make up for it (Frederick et al. 2007). Embodiment of the male body tends to be a foundation of most masculine norms as the body is the first visible measure to one's manhood. Expected masculine norms like strength, prowess, superiority and ability to endure pain and be able to provide

for the family (Carlson and Hall 2011, Donaldson 1993) are symbolically represented in the possession of a muscular body (Grogan and Richards 2002). Thus, most of the masculine norms are dependent on, or reflected through the possession of the ideal body.

Men are thus compelled and indirectly struggle to conform to those ideals, in order to enjoy the respect and self-esteem that come with it (Edwards and Imrie 2003). Embodiment (particular ways of representing and using men's body culturally and socially), thus become an underlying factor in masculinity (Connell and Messerschmidt 2005). Men without the conceived masculine body are socially representative of loss of power, weakness, and lack of self-confidence, which is traditionally associated with women. Thus, possessing the ideal male body tends to be a requisite to attaining the normal masculine identity; which will invariably facilitate one's performance and social function as a man in the society (Coles 2009, Frederick et al. 2007, Gagen 2007, Grogan and Richards 2002). It thus becomes an important aspect of the masculine identity and becomes the bearer of values associated with masculinity (to be discussed later); which underscores the significance of this concept in my research.

The male body indirectly becomes a premise where power and knowledge are realised since the men without the presumably 'proper' male body tend to be marginalised (Edwards and Imrie 2003: 240), faced with the possible silence this marginalisation may impose.

In Ghana, ideal – meaning muscular, proportional, strong - male body is required to ensure a man's satisfaction, boost self-esteem and attract women (Frederick et al. 2007). Most media representation of manhood also reflects this ideal model, suggesting that majority of men will comply with it, and thus subverting other possible identities. Adinkrah discussed this in his research that revealed that about 40% of the suicidal cases involving men in Ghana from 2006-2008 were triggered by the desire to possess the ideal muscular body (Adinkrah 2012). The body is perceived as the facilitator of the other prescribed masculine norms of bravery, protection and economic provision (Donaldson 1993).

Embodiment as assumed in masculinity therefore implies that men possess this ideal masculine body to facilitate the performance of other assigned roles in the society. According to Turner (1992) it is the "understanding of the body as biological or corporeal and as simultaneously entwined with society (cited in Edwards and Imrie 2003: 242) by incorporating how the male body is understood through certain cultural representations and expected to conform to these dominant broader socio-cultural rules and practices (ibid). The body thus becomes subjected to these measures and people without the desired or expected body become compromised by the broader societal structures.

Those ideals about male embodiment and the related gendered social structures can be said to account for the denied opportunities to PWDs in the able-bodied world, as noted by my respondents (to be discussed later). Their 'disabled' bodies were translated as social and personal incapability, a symbol of unproductive bodies in the working environments (Edwards and Imrie 2003: 247). In cases when they are offered work opportunity, the unfriendly social and physical environment and systems obstruct their productivity.

In recognition of the relevance of different social relations of power – such as class, age, gender and sexuality - in shaping men's experience, intersectionality as a concept would be deployed as the major theoretical framework in this research. It promises to reveal how identified factors (to be discussed later) mutually influence the lived experiences of men with disability in Accra.

V.   Intersectionality.

Intersectionality is an analytical framework that focuses on the interaction between gender and other social relations of power and different categories in the lives of an individual, "social practice, institutional arrangement, cultural ideologies and the outcome (s) of these interactions in terms of power" (Davis 2008: 2; see also (Mohanty and Russo 1991, Crenshaw 1989, Lutz et al. 2011). Its coinage has been attributed to Kimberle Crenshaw who used it as an alternative framework to analyse the various interactions of especially race and gender as underlying factors that had influenced the experiences of women of colour in the US at the time (Crenshaw 1991, Davis 2008). The concept became relevant for feminists who wanted to explore or expose the various factors that made experiences of black women different from that of others. In her article that explored violence against women in relation to the experiences of black women in the US, Crenshaw illustrated how at times ignoring the poverty or citizenship status of most black women who have been battered was likely to distort the analysis and thus result in an ineffective interventions (Crenshaw 1991: 1245).

Intersectionality thus becomes the best tool for my research on how social identities ('disabled-body' and abled-bodied, masculine and feminine) are mutually constitutive within the context of embedded power relations (Shields 2008). Broadly, this framework reveals the different ways individuals experiences differ based on their complex social location but it will be deployed to argue that even though all persons with disability (as discussed earlier) require specific attention in developmental interventions, men with physical impairment ought to be offered equal recognition because of the specific social expectation assigned to their gender. Factors like gender, age, class (employment, education, etc.), type of one's disability and the mode of acquisition were some identified factors that had shaped the experiences of the respondents for this research.

As they negotiate their masculine identity, men with disabilities feel obligated to live up to the different masculine expectations: within the group of persons with disability, as well as in relation to the able-bodied men.

I have discussed in this chapter the main concepts deployed in my research; disability (as analysed in different disciplines and fields of intervention), gender with specific attention to hegemonic masculinity and the male body. The strong, muscular, complete male body was discussed as one of the symbols of manhood and the masculine ideal men were expected to possess and display as they are initiated into manhood; with the social expectation of possessing other qualities like bravery to facilitate their performance of certain tasks like protecting and providing for the family (specially the women). Lastly intersectionality was discussed as an analytical tool and theoretical framework to be used to reveal the different experiences of men, in relation to their social loca-

tion, such as class, sexuality and age, as significant for the discussion of the marginalised position of men with physical impairment.

In relation to disability, I elaborated on the '*Social Model*' of disability as the most suitable framework within which disability can be discussed in relation to the general social and cultural structures, norms, expectations and assumptions, as well as institutional frameworks of intervention. I now turn to those socio-cultural and institutional frameworks within which experiences of PWDs are situated.

Chapter 3 Socio-Cultural & Institutional Contexts

I. Introduction

This chapter begins by o examining the norms and ideals on disability and gender, especially in relation to men and masculinity in Ghana. First a historical background is given, and then the contemporary situation examined, with an attention to the implication of the specific socio-cultural assumptions and practices for the lives of the men with disabilities. I interrogate gender norms in the past and present in order to understand masculinities of those who are socially perceived not as men (Lindsay and Miescher 2003). The chapter then turns to the state and non-state actors and interventions regarding disability in general, and regarding disabled men in particular.

II. Brief historical background

During the late 17th century, in pre-colonial times, Asante men, as members of the dominant ethnic group in the region, were expected to exhibit their prowess and "prove their masculinity and tame of physical fear" (Chapman and Rutherford 1988) through warfare. Warfare became the preoccupation of the male gender; based on certain assumed features like strength, prowess and bravery (Lindsay and Miescher 2003: 27). Valour thus became a masculine ideal culturally represented by wearing of a special battle dress (McCaskie 2007). With an assumed innate weakness of women, they were expected to stay back, cook, take care of others (the sick, aged, PWDs, children) and welcome the warriors with victory songs (Lindsay and Miescher 2003: Chapter 11). Women like Yaa Asantewaa, a queen mother who led Asantes fight the British in 1900, who expressed openly their bravery, valour and ability to take decisions were perceived as a deviance to the society (McCaskie 2007, Addei and Addei 2010).

During the 19th Century, when missionaries arrived in pre-colonial Asante, young males were modelled into "a different kind of men" by the missionaries of the Presbyterian Church (Lindsay and Miescher 2003: 90). They were trained as teachers and converted into Christianity with different form of masculine expectation. As teachers with improved salaries they climbed up and changed the masculine hierarchy based on age/seniority and blood-lines (royalty and chieftaincy) as well as the economic powers symbolized by numbers of wives. As Christians they became "the monogamous husbands who showed primary allegiance to the wife and children" before others (ibid). While this new masculine hierarchy existed especially with privileged young men in the major towns, the elderly successful traders/farmers still maintained their powerful position within the rural settings. These young male Christian teachers remained Asantes, even in the urban settings; but their new identity did not yield respect in the rural setting. Thus, despite the assumption of "patriarchal dividend"[18] (Connell 2001: 79) in relation to women, subjective identities of

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[18] "the advantage men in general gain from the overall subordination of women" (Connell 2001: 79)

men based on social location and class tend to place some men in a marginal-ised position.

Some of those contradictions remained during the 20th century, in which three different social domains became main sites of expression of dominant mascu-linity: household/family, broader society and trading/farming (Lindsay and Miescher 2003: Chapter 5). Manhood was measured in one's ability to take care of his wife, "rear" kids and provide for his extended family, have a reputation and respect in the society (providing advice and decision making) or be a suc-cessful trader or cocoa farmer. Success in those three domains secured political and military leadership and positions (Lindsay and Miescher 2003). Men with more than one wife occupied top positions as they exhibited an ultimate capac-ity to undertake responsibilities (wives, children, extended families and com-munity). These social constructions of manhood tended to marginalise some biological males based on class; thus young males who were not married or successful traders/farmers were below in the masculine hierarchy. Gender thus becomes the "primary way of signifying relationships of power" (Scott 1986) not only between men and women but among men.

III. Contemporary Socio-cultural perceptions & Stereotypes of disa-bility

Desiring certain gender ideals tend to be underlined by the fear of being branded a deviant within the society one is embedded (Addei and Addei 2010); thus men and women tend to construct their identities through existing socio-cultural norms. Historically, PWDs were among the people left behind during warfare, as their "disabled body" (Edwards and Imrie 2003) prevented their participation as warriors. Disability was thus perceived as a "bodily or cogni-tive anomaly in terms of function" (Downing 2011). This cultural representa-tion of disability thus affected the social position of men with disability. Identi-fied negative attitudes to PWDs currently can be related to this historical representation of PWDs. In a research conducted in selected Ghanaian uni-versities, it was revealed that, even though respondents agreed to integration of PWDs to end identified stigmatisation and marginalisation, they also indicated that they felt "uncomfortable" interacting with PWDs (Naami and Hayashi 2012).

The 2010 Population & Housing Census in Ghana revealed that about 42.0% of PWDs were not literate in any language as opposed to 25.9% of the total population (Ghana Statistic Service 2013: 311). Respondents confirmed that, PWDs tend to be "denied certain opportunities based on these historic cultural perceptions"; even in an urban setting like Accra. One of my interviewees, Akwasi[19] lamented that, he had to drop out of school because he "was not happy within the others who thought I had an evil disease". In other cases, the abled-bodied siblings were preferred over the disabled child whose education is considered "waste of money" by the family. Integration thus became problem-atic, and this tends to make PWDs comfortable 'with their kind' (Shields 2008)

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[19] 45, physically challenged(at age 13), married with 3 children & self-employed

i.e. other disabled persons, based on what has generally been accepted as 'normal'.

In Ghana today religion – and the many different interpretations of religious teachings by different communities - is also a relevant factor in perceptions of disability. Disability seems to be perceived both as "evil, darkness" and as "Allah's/God's diversity" among Muslims and Christians in Ghana. These perceptions influence the individual' experience differently. A female informant, Charity (visually impaired), shared that, she "feels uncomfortable because being blind is like be in darkness" per her Christian religious belief, thus affecting her self-esteem and interpersonal relationship with others. Given the symbolic relevance of 'light' in Christian teaching of revelation, and the importance of her faith in her life, Charity has undergone numerous surgeries to restore her sight. On the other hand, Jnr[20] has no problem in relating to others in his community because his religion teaches that, PWDs "are the manifestation" of God's mightiness to create diversity.

Another identified perception about disability is its connotation of weakness, vulnerability, a transferable disease and dependency. It is assumed that PWDs require continuous assistance by others to live a 'normal' life. Philip[21] shared his experience of been offered money from people in a public transport, i.e. being seen as a beggar. Even though "gainfully employed and self-sufficient" he was perceived as one who needs financial assistance simply because of his physical disability. Akwasi shared that, even though he "could feed and take good care" of women, he feels that "they find me unattractive". Ama[22] lamented that, her family did not agree to her marriage with a disabled man. She does not remember "the last time I spoke with my father". Even though her "mum has come around" after she has given birth, "they haven't still accepted us". Atongo refuses to answer people who "ask me if my children are also disabled".

PWDs in general tend to be perceived as people who are sick and vulnerable; thus requiring assistance in terms of making decisions, moving around, etc. Interestingly, their sickness is perceived as airborne/transferable through childbirth and associating with them. This creates an attitude of resistance to any close unions with disabled persons, making especially unacceptable family unions. The fear of one being "infected" with disability makes the public reluctant and "uncomfortable" in interacting with PWDs (Naami and Hayashi 2012). Some respondents claimed that they "had lost their marriages because of disability". Atongo, for example, lamented how he was "refused two marriage proposals due to disability".

These stereotypes tend to have influenced the corporate domain where people are offered (formal) employment based on an ideal corporate image (Edwards and Imrie 2003). PWDs are seen as not capable "of doing normal work" due to their visible disabled body (ibid); thus many are refused or denied such em-

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[20] 36, Physically challenged (through polio at 4), student & married
[21] 35, visually impaired (detected at age 7), married, educated & (formally) employed
[22] Wife to a respondent

ployments opportunities. When offered such spaces, their efforts and productivity tend to be undermined by the unfriendly environmental and attitudinal factors (ibid) therefore limiting them to certain types of work. The Ghana Statistical Service (2010) revealed that employment rate of PWDs in Ghana stands at 57% as against 72% for non-PWDs (Ghana Statistic Service 2013).

Given the above, in Ghana, traditional gender relations and assumptions of femininity and masculinity were organized in such a way that women were expected to perform tasks within the home, while men were expected to undertake skilled labour to fulfil family obligations, take up political/leadership positions, participate in warfare and other social obligations (Lindsay and Miescher 2003) which, assumedly, required certain masculine physique. Thus through socialisation, the male gender has been expected and conceptualised to exhibit specific innate qualities, (Grogan and Richards 2002: 220), to attract certain types of employment and even women (Frederick et al. 2007); especially since heterosexuality has become the "absolute sexual identity" (Chapman and Rutherford 1988: 22) in Ghana. In addition, functioning as a man becomes dependant on the possession of a "well-muscled chest and arm" (Grogan and Richards 2002: 221) which would attract 'others' and allow men to claim the ideal masculine authority/power.

Those traditional gender relations and assumptions of masculinity pose a number of problems to men with physical disabilities. As a perceived dependant and vulnerable due to disability, how do men with disability reconcile their current gender status? How are their bodies valued since they don't meet the dominant norm of the   masculine body and its function with their 'disabled' body which is translated as "incapable of doing normal work" (Edwards and Imrie 2003)? The denial of certain types of employment consequently denies disabled men the symbolic power and manhood status among men. On the other hand, in the private sphere, they may be seen as unable to function as "the man of the house" which may render them powerless and valueless in relation to women, their immediate family and the society in general. How then can one reconcile these conflicting identities of men with disability? How have they negotiated their masculine identity in relation to body and function? Experiences shared by respondents interrogated some of the existing constructions of gender and disability which tend to affect disabled men, and were especially concentrated on the loss of power among both men and women (Buchholz 2006, Donaldson 1993, Addlakha 2009). With universalised hegemonic masculine norms of body and gendered corporeal and social functions (Downing 2011), which tend to have influenced observed trends in urban Accra, many of the disabled men had been denied employments and lost publicly their dominant male positions in the society and the family. But some have also actively struggled against the negative social perceptions, for recognition, respect, dignity and acceptance.

With the co-exiting, conflicting identities of being masculine, disabled and unemployed, many men tend also to struggle with ideas of hegemonic masculinity. For example,   Philip confirmed that, "as the man", he took certain "crucial decisions in the house", he felt his position as the "head of the family" is at times "compromised" due to his disability. He felt his wife could "challenge"

his decisions at times "because of disability". Akwasi shared that, even though "disabled, I still need to be a man" so have to "work extra hard" to provide for the family and "be able to go where men go". Ama, a wife of a 'disabled' man noted that, as a wife, she doesn't "see his disability; after all he is a man who has been able to take care of the family even more than those who are not blind". A friend of Akwasi confirmed that, "he amazingly succeeded as a person with disability". Atongo, after providing for the family, undertakes sporty activities "to look good as a man". He derives the expected "physique and strength" of a man from such activities. It thus becomes relevant to know as to how disabled men channel their 'alliances': in terms of gendered social functioning of masculinity and prescribed social norms (such as providing for the family), in terms of expending and overcoming limits of the capacities and symbolic meanings of the body (such as engaging in the sports), and in terms of struggling against negative socio-cultural stereotypes through building positive internal subjective identities and constructions (Easthope 1990).

While answers to those questions have been given through the interviews with the 'disabled' men and their families, it is important to examine whether, and how the state and non-state actors assist disabled men in those struggles.

IV.   **Institutional Frameworks, Actors and Interventions**

The 1948 Universal Declaration of Human Rights by the UN affirms that 'all human beings are born free and equal in dignity and rights' (van Banning et al. 2004). The UN Convention on the Rights of Persons with Disability (CRPD) adopted in December 13, 2006 is a global intervention that states the liberties and rights of PWDs. Ghana became signatory to this convention on May 30, 2007 and ratified on July 31, 2012[23]. Policy wise, Ghana enacted the Disability Act which functions as the legal policy (constitution) for PWDs in August 2006. Interventions like the Disability Act stipulated areas of concern of PWDs but did not offer practical measures to ensure implementation and compliance. The Act furthermore seems focused towards women and children; which on the one hand understandably underscores the need to focus on the "traditionally oppressed" population (Mohanty and Russo 1991) but on the other hand lacks insights into the gendered aspects of social expectation and well-being of men with disability. It thus reinforces the "strict binary dichotomy" (Lober 1994) which assumes the domination of men over women, without considering hierarchies among men and vulnerabilities of specific groups of men.

State actors like the National Council on Persons with Disability, Department of Social Welfare (DSW) and Ghana Federation of the Disabled (GFD)[24] facilitate equal opportunities of all PWDs. Interventions like existing of special schools, District Assembly Common Fund (DACF)[25] and the special data collection in the 2010 Population and Housing Census were also identified as

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[23] www.ohcr.org/en/HRbodies/CRPD , www.treaties.un.org Accessed March 1, 2013 @ 23:33

[24] Even though an NGO, it has been recognized as the national group of all PWDs

[25] 5% of total revenue to the districts for development

laudable state interventions. Financial assistance is given through the DACF to PWDs who are successful in the applications.

However even though most of the interviewees were aware of some of these interventions, few had benefited from them. Kwame[26] shared that he knows PWDs who have benefited from existing policies but he hasn't since he is "not part of any organisation". Akwasi also lamented that he couldn't go through the required bureaucracy and prefers to "enjoy the small money" he gets from his current work as a cobbler. Philip noted existing support systems/interventions are limited and it indicates "governments' unwillingness to support us". A representative of GFD also indicated the need for a review of the Disability Act to be in consonant with the UNCRPD.

Another representative from the Ghana Federation for the Disabled (GFD) shared that, the District Assembly Common Fund is meant to ensure the "economic independence" of PWDs towards alleviating poverty. He shared that, the Constitution mandated that, 2% of the DACF be allocated for PWDs in the respective districts. According to him, all PWDs are entitled to the Fund and expected to apply through their respective district. This Fund is nationally administered by the National Council on Persons with Disability. Support through the Fund is given towards health, education, training and other business endeavours by PWDs. It was however revealed that, due to different reasons most of the PWDs do not apply for the funds, do not have access to them or are unsuccessful when applying.

During the interviews it was revealed that non-state actors were preferred by the PWDs in terms of initiatives, since they seem to be more flexible than the state actors. Individual citizens at times also organized charity actions for PWDs, especially through organised bodies like GFD. The Ghana Federation of the Disabled (GFD) was the most popular non-sate actor identified by the interviewees. It comprises of individual organisations of PWDs; like the Ghana Blind Union, Association of the Physically Challenged, etc. GFD undertakes activities like advocacy for policies, collaboration with other (human rights) CSOs, and capacity building of its own members and government officials on issues concerning disability, sensitisation and employment opportunities for the members.

A representative from GFD shared that he is encouraged by the current collaboration with state agencies and other CSOs to advocate for policies in support of general acceptance of PWDs by majority especially by families and colleagues. He also noted the recent confirmation of a visually impaired person as the Minister for Chieftaincy and Traditional Affairs adds to their vision of ensuring a society of equal opportunities for all. A state official[27] confirmed that even though some negative socio-cultural perceptions still exist and are undermining the progress and acceptance of PWDs, constant education and sensitization are required to reverse the trend; and he was happy to have been in a position to contribute.

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[26] 35, physically challenged (from birth), divorced, a beggar)
[27] visually impaired

It was observed that, even though some respondents have benefited from these interventions, the (national) institutional frameworks were not strong enough to ensure effective benefit of the majority. It was also revealed that, at times PWDs tend to ignore the existing possibilities and benefits due to lack of proper information, low self-image, involved bureaucracy and complex set of criteria required for the access to the benefits.

Chapter 4 Struggles of Manhood

I.   Introduction

In this section, my major research findings will be discussed and analysed within earlier discussed concepts. The research questions will be explored in this section with experiences of 18 individuals (15 males, 3 females), 3 family members and insights from 4 institutional actors. I will specifically address a set of issues that came up as the most pertinent in the interviews: the issues of interpersonal relationships, including romantic relationships, sex and marriage and the family; and issues pertaining to education and employment. In some interviews those issues are interwoven and directly related, but in others they appear separate. I will reflect on all of them from the perspective of gendered intersectionalities that mark the lives of interviewees.

II.   "You won't understand unless you experience it…"[28]

As discussed earlier, disability has been discussed and researched within specific contexts by different authors. The need for recognition and integration of persons with disability into the society without social, cultural or architectural obstacle (Addlakha 2009) tend to be a recurrent issue. Contextualised within these distinct settings, it is imperative to situate one's research findings within social context marked by gendered relations of power, as they intersect with other relevant social identities and structures

It was generally revealed that, experiences of persons with physical disability differed through class, age, the mode of acquisition, type of disability and the general construction of one's gender. Ages of respondents ranged between19-45. Eleven (11) of my respondents had acquired their type of disability at an earlier stage in their life while seven (7) acquired it from birth. It is worth noting however, that different issues were relevant for different individuals. PWDs like Kudjo who acquired his disability through birth are seen as being "used to" living with disability, in contrast to those who acquired it later in life. Adam (34, visually impaired at age 4, educated, single and unemployed) lamented that, "it's not easy to accept yourself when you can't see again" while Duah (33, visually impaired from birth, single, self-employed) "is ok now" even though he was "not sure what I can do". Adam continued that, "especially if you have to depend on others for survival…Ata[29] is ok since he can afford to purchase recent technology" to facilitate his movement and communication. He thus felt, his position as a man among other men was "compromised"; not due to disability but the class difference among men with disability. On the other hand, Adam and Duah seemingly, didn't feel pressurised to look "a better secured job" like Atongo and Philip who felt they "have to take care of the family"[30]. Apparently their age differences and marital status accounted for this. "At a certain age, you are expected to get married and start a family", Atongo mentioned; thus much gender expectations come with certain age.

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[28] Quote from Seth (35, deaf & mute at age 12, married & (formally) employed)
[29] A friend who is visually impaired
[30] Nuclear and extended

These issues will be further explored below. I will first discuss the experiences shared by respondents about intimate inter-personal relationships, and then turn to issues of education and employment.

A. *Interpersonal Relationships*

Association between/among PWDs and other people in their daily lives was shared by respondents. It was general observed and revealed that, PWDs tend to be comfortable with other PWDs as compared with abled-bodied persons. This trend can be attributed to the socio-cultural perceptions about disability which tend to lower their self-esteem. Those experiences were especially relevant when interviewees discussed romantic relationships, marriage and family issues, in the context of the larger community and dominant socio-cultural stereotypes discussed earlier.

In Ghana, one is expected to get married and start his/her own family at certain age. As men and women, each has a vision of the 'normal' – meaning able-bodied - partner that "would make me proud". Due to the earlier discussed socio-cultural perceptions about disability, association of PWDs and non-PWDs are not usually encouraged or accepted by families of the latter. Atongo lamented that, the family of the woman he had wanted to marry refused, after "seeing me like this". He also shared the number of times "women think I cannot be a man enough" and his earlier divorce due to his disability. Male respondents who are married shared the insecurities they face "as head of the family" with an abled-bodied spouse. Philip shared that, his position "as the man of the house" is at times compromised due to his disability. "How can she revert and question my decision", he retorted.

It was revealed that, marriages among PWDs were more accepted than marriages between a PWD and an 'abled-bodied'. A visually impaired woman, Akua[31] noted that, "everybody is ok with me marrying another blind person". But Ama who is able-bodied does not "remember the last time I spoke to my dad" because she defiled "the family by marrying a blind man". According to her, her mum "has come around when I gave birth". This is indicative of the significance family places on what is 'normal' and 'abnormal'. Due to the existing perceptions about disability, families are likely to be split up due to deviations from these accepted norms.

Individual respondents noted that, they had limited choices in choosing romantic or marriage partners. The visually impaired shared that, they usually "rely on women who would approach them" since they cannot see and choose while the others mentioned that, they are limited to inferences and "a woman who will love me as I am; which tends to be difficult". It was interesting to observe that, apparently, the women look at men beyond their physical disabilities. Ama shared that she has never seen her spouse's disability because, as she said, "he is human and is able to take good care of me"[32]. Even though such statement may reinforces gender ideals of femininity as emotional and concerned with being well provided, it also interrogates the dominant ideal of a

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[31] 35, acquired at age 8, married, unemployed

[32] ")y3 nipa na)tumi hw3 me

masculine image and contradicts the existing perception of disability being equated with inability.

Still, I observed that, even though some respondents mentioned that, divorces could be triggered "when they cannot take the pressure anymore", insecurities in marriages were triggered by the assumption that disabled persons were not able to live up to the social, and their own, expectation as a man or woman.

Within the larger family, while Philip did not experience any discrimination "because my mum ensured I got the best I could have", Rogers[33] shared that, "my extended family thinks there is no need to educate me" and thus finds it difficult to enjoy the quality education he hopes for. Family attitudes are crucial for the quality of lives of many disabled persons. As Kwame begs for alms on the street due to neglect and unsupportive family, Duah[34] is a self-employed who enjoyed "contributions to start up this studio".

The interpersonal relationship of PWDs within the larger community was thus dependent on different factors, from the general attitudes to the perceptions of the family and significant individuals, such as spouse. It was easy for friends and the public to "accept you if you have a supporting family", Jnr noted. Better family relations shaped one's self-image and esteem which would facilitate relationships outside the home.

I observed the comfort PWDs enjoyed while associating with other PWDs as opposed to their discomfort among others, especially in public. Public transports and buildings are not easily accessible by PWDs, thus limiting their efforts to be independent, and to integrate with the larger community.

I observed a visually impaired struggling to get down from an inadequately designed public transport. Osei[35] shared that, his "deformed body" prevented from joining friends who migrated to Nigeria in 1983. He felt that, the "unfriendly transport and buildings ended the relationship I had with them" since he could not "do the running around they were capable of". Other respondents also shared that, due to "the fear of being rejected", they preferred relationships with other PWDs rather than non-PWDs. The limited opportunity for integration of PWDs in the larger community tends to affect their social and economic status and access to information.

The existing perceptions about disability have significantly shaped the interpersonal relationships of PWDs within the family/marriage and the larger community. Their relationships tend to be limited to themselves due to the earlier discussed perceptions, which affect their self-esteem and limit their accessing certain public facilities to enhance their economic and social status. Despite the gradual acceptance of PWDs in the Ghanaian community[36], shared experiences

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[33] 19, student, single, visually impaired (at 9 from appollo),
[34] A sound engineer (visually impaired)
[35] 47, physically challenged(at age 4 through measles), married with children, self-employed
[36] As shared by GFD

of PWDs in relation to interpersonal relationship had been shaped by existing socio-cultural perceptions and stereotypes of disability and gender.

B. Education & Training

Education was suggested as key by majority of the respondents as a means of "equipping PWDs to access available opportunities" for their well-being. Generally, the educational attainment of PWDs is low; the 2010 Population and Housing Census stated that, "less than 5% of all PWDs nationally have an education beyond secondary school" (Ghana Statistic Service 2013: 334).

Even though, some shared that, the education of others was "preferred" by their family, most of them had acquired formal education to a limited level. Most of them had informal trainings which made them self-employed. Akwasi mentioned that, "I had to drop out from school to learn a trade to be self-employed" while Jnr persisted even when his "family wanted to limit my education to a certain level". It was revealed that facilities to promote learning of PWDs are not adequately available in the regular schools that lack physical and technological features needed to turn them into the 'integrated schools'- i.e. schools that are equally catering to disabled and able-bodied. Existing special schools for PWDs have limited infrastructure thus are unable to take more students (Spectator[37], February 18, 2012: pg. 33). Academic subjects for PWDs are also limited especially in the secondary and tertiary levels. Rogers shared that, his dream of becoming an engineer was shattered "since I cannot do certain related subjects due to my disability". He stated that, "even in the special schools, we are limited to few subjects" because of the lack of the required infrastructure. Accessing and enjoying existing educational/training opportunities in the country is thus limited due to unfriendly infrastructure and other unavailable resources.

Some of the respondents who have been educated shared that, they at times "felt intimidated by the others" who saw them as "an abnormally". Akwasi mentioned that, "I had to drop out from school because I could not cope" and Rogers lamented that, "it is not easy…they can't accept that, I can also excel". Rogers' lamentation can be translated into the invisible power relation within constructed social identities (Scott 1986). The shared stigmatisation of respondents in formal educational settings tends to be triggered by their deviance of the status quo prescribed by the socio-cultural perception of disability and PWDs in general in relation to abled-bodied. Philip shared that, he could not have "attained this Masters in Ghana"; attitudes of people and "lack of infrastructure would make it impossible".

Informal trainings were the most accessed opportunities and respondents who had had formal education to a level, still acquired this to enable PWDs "be self-employed". The experience of respondents in relation to education/training was thus revealed to be dependent on educational facilities, and the general acceptance of PWDs in accessing them, as well as on the economic/ financial resourced within the family, and the level of family support. Perceptions about disability tend to limit PWDs to informal training that makes

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[37] A local newspaper noted for reporting on issues of PWDs

them "self-employed". Despite the existence of special schools for PWDs, they still have limited choices in academic subjects, attaining education to a certain level and problem of integrating in the integrated schools.

It was observed that, the male respondents appeared to be more concerned about the issue of education/training which is indicative of the influence of gender norms on their experiences. The greater social expectation of the 'male breadwinner' creates responsibility for men to be trained or educated to acquire economic independence to provide for the family.

C. *Work & Employment*

Gaining economic independence was identified by almost all interviewees as an imperative to ensure a better self-image to translate into better interpersonal relationships. One has to be gainfully employed to be able to achieve this, while PWDs tend to be denied certain (formal) employment opportunities. The National Analytical Report by the Ghana Statistical Service reported that, about 90% of employed PWDs "were in the private informal sector" with about 5% engaged in the public (governmental) sector (Ghana Statistic Service 2013: 334). Respondents shared that, they are time after time denied (formal) employment opportunities due to "our disability". The earlier discussed dominant assumptions about the male body are thus inferred, as men's "disabled bodies are seen as inability and incapable of doing normal work" (Edwards and Imrie 2003). They are thus limited to certain types of jobs or are undermined in terms of productivity due to unavailable facilities to assist them be at pace with the others.

Adam's plea for PWDs to be given "the chance to prove ourselves" reemphasises the definition of disability created by barriers "set up by a society designed for non-disabled people" per the Social Model (Addlakha 2009).

An interesting observation during the interviews was the kind of employment aspired by the males and females. Even though all agreed to the significance of being employed, female respondents were "ok with petty trading" while the males aspired for "better secured employments". Can this be underlined by the influence of their specific gender? Atongo reemphasised that, a better secured job "is likely to reduce one's disability; because he can take good care of wife and family". He also revealed that, since most PWDs have been limited to "certain kinds of jobs, a better secured" one can boost their "self-image as men". Thus men with disability required "better secured" employment to boost their self-image and position as providers in the family (Donaldson 1993, Walsh 1998). Unemployment was seen as the results of their disability "since no one will employ us like this", thus PWDs "should be given special procedures" in employment opportunities.

The experience of accessing formal work among the interviewed PWDs was similar as most of them (regardless of the kind of disability) did not measure up to the dominant corporal image. The socio-cultural perception and encoding of PWDs as "diseased, inferior and lacking mental capacities and capabilities" (Cited in Edwards and Imrie 2003) tended to prevent their successfully competing with the abled-body for employment. They are perceived as not qualified for 'normal work' since they do not have the 'normal' body. The few

who were 'privileged' to be employed in formal settings shared that, accessing buildings, transport and communication, tend to be difficult which is likely to undermine their productivity.

Chapter 5 Conclusion & Recommendations

I.   Introduction
This chapter summarises the main arguments in the paper and offers an analysis of major findings in relation to research questions within an intersectional approach. It also offers some recommendations for policies and future research.

II.   Conclusions
This research explored the ways social, historical and cultural context of Ghana has shaped the ideals of gendered masculine body, by focusing specifically on the question how physical disability impacts the lives of the individual men, their immediate circle of family and friends and the society as a whole. It aimed at exploring how the dominant norms of ideal masculine body and masculine functioning within society shape the lived experiences of men with physical disability within the urban setting of Accra, Ghana; with the assumed opportunities and infrastructures that are likely to facilitate quality of live and equal human rights of all.

Through interviews, relevant and interesting data was gathered despite the challenge of managing allocated time and resisting the urge to ask leading questions (O'Leary 2009: 195). Gathered data was relevant for answering the research questions; 'how have dominant masculine norms of body shaped experiences of men with disability, what are the socio-cultural norms and perceptions about gender and disability, what are some of the institutional frameworks?' The research revealed that, certain socio-cultural stereotypes of gender underlined the shared struggles of 'disabled' men as they aspire for "better secured jobs" to assume the economic power and authority in the family and society as a whole as opposed to the females who were "ok with petty trading". However, perceptions of disability as "evil", "dependant" and "incapable" were identified as some of the existing socio-cultural perceptions of disability underlying the revealed challenges of PWDs in Accra. Gathered data revealed that, the impact of these challenges varied due to identified factors like gender, age, marital status, type of disability/mode of acquisition and class (education, employment). 'Disabled' men were identified to bear the brunt of these perceptions; especially as they desired the traditional masculine position of "breadwinners" (Donaldson 1993) expected to exhibit control and "mastery over others" (Chapman and Rutherford 1988: 29) in the family and society as a whole. Their 'disabled' bodies denied them access to certain desired masculine jobs based on dominant norms of body and its appropriation; which invariably place them in a marginalised situation in relation to men and women.

Being a person with physical disability, irrespective of gender and class, could create a sense of otherness in relation to the general society. This was identified as a basis for observed stigmatisation, low self-esteem, limited interpersonal relationships that result in limited networking and personal opportunities that affect disabled persons privately and publicly. Gathered data indicated that social-cultural norms of gender; the masculine position in the family/marriage and the society as the breadwinner (Donaldson 1993), has influenced signifi-

cantly the experiences of 'disabled' men in Accra. The (absence of) institutional support creates important context within which 'disabled' men experience themselves and their place in the immediate family and larger society.

Involved bureaucracy and institutional requirements demanded by existing state and non-state interventions tend to deter most PWDs from accessing them, thus the likelihood of maintaining the observed and shared low quality of life of PWDs. Lack of critical gender analysis as observed in the Disability Act and other interventions, becomes a prospect to maintain discussed gender stereotypes of the male gender as always powerful oppressors of women (Andersen 2008), thus ignoring the vulnerabilities, struggles and inequalities faced by men with disability. Subjective identity of disability as a "disease or deformed body" (Edwards and Imrie 2003), shaped by the existing cultural symbols and their interpretations is also likely to prevent the success of these interventions.

Consequently, the gendered position of men- as traditionally expected to "be in charge" socially, financially and politically- is likely to be undermined by disability. Thus men with disability bear the brunt of conforming to gendered norms of masculinity that prescribe 'normality' of the body shapes and social manly functions. Disability thus becomes a gender coded concept like the concept of class workers in the 19th Century France (Scott 1986: 1073). The visible "deformed body" deny men the power that comes with gender conformity, and destabilizes their position among other men and in relation to women. Men become the unprivileged individuals within a strict dichotomy of gendered social identities (Scott 1986, Lorber 1994). They are not 'men enough' due to their visible "deformed body" in relation to abled-bodied men and assumed inability to perform the gender expectation of providing and exhibiting "control and mastery over others" (Edwards and Imrie 2003, Chapman and Rutherford 1988: 27) in the family and society.

However, I observed that, some of the 'disabled' men were more privileged than the others (Lorber 1994). Despite general shared limitations in accessing employment, information, etc., there were identified differences based on the type of disability, age, marital status, mode of acquisition of disability and especially class - issues like education and employment. Even though gender expectation propelled the men to aspire for "better secured jobs" in order to provide for the family, some of them felt the highest pressure due to marital status and expectation to provide for the family.

Mensah[38] confirmed he is "ok currently" despite shared challenges as a PWD; because he has "no family obligations" since he is still in school and "not married". On the other hand, even though employed, Kwaku hopes for "a better secured job" as a married man expected "to take care of the family and others". As physically challenged, Akwasi and Kwame shared similar challenges but Akwasi had to "find alternative ways of coping" as compared to Kwame because he acquired his disability at the age of 13 whereas Kwame "has always been like this".

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[38] 30, student/single, visually impaired (at age 8 through appollo)

This research thus revealed that, dominant norms of masculinity in terms of men's position within the family/marriage and the society (as breadwinners) had influenced the experiences of 'disabled' men in Accra significantly. Experiences of 'disabled' men in this regards were thus expressed as struggles/challenges as they strive to live up to the stipulated/accepted masculine expectations. Their desire to be able to "take care of the family", "be a man" and "make crucial decisions" were influenced by the discussed socio-cultural gender stereotypes which created a sense of insecurity in the family and society; especially with the believe that their masculine position is "compromised" due to their disability. However, shared struggles in this regards differed based on identified factors like age, marital status, type of disability, mode of acquisition and class. Thus, despite similar shared experiences of stigmatisation in relation to the "deformed bodies" as men, there were variations based on identified factors like age/family obligations, marriage, type of disability and even the mode of acquisition. While some experienced higher pressure due to family obligations informed by their age or marital status, others had to find ways of "coping" whiles others were "ok" because they had "always been like this". The recognition of how these factors mutually shape an individual' experience underscores Seth's response to the major interview question[39]; "you won't understand unless you experience it". 'Disabled men' may wonder if 'they are men enough' in relation to others, but based on identified factors like employment, etc., this questioning was relevant even among male PWDs in Accra; as some seemed more privileged than others (Lorber 1994).

How can state and non-state institutions create interventions for equal opportunities for all, and stop ignoring the discussed intersectional factors that shape the individual experiences of PWDs? Gathered data suggests that, even though PWDs tend to be generally ignored and marginalised due to certain socio-cultural perceptions about disability, individuals still struggle for recognition, acceptance and dignity, and can use more institutional support. That support can certainly go in direction of providing better education facilities and employment opportunities. But probably more important is attention to social stereotypes about disability, as well as to the hegemonic notions of masculinity that pose additional burden to both women and men who live with disabilities.

III.   Recommendations
In order to ensure equal opportunities and access for all individuals; including persons with disability, existing state interventions should recognise the socio-cultural perceptions of gender and disability to ensure compliance by all. It is also recommended that, certain socio-cultural perceptions about disability are deconstructed for easy integration and equal recognition of especially PWDs.

In relation to men with disability, since masculinity isn't a "fixed coherent identity" but one determined in different contexts (Chapman and Rutherford 1988), intersectional factors should be considered in certain interventions to incorporate the different aspects these men tend to be differently affected; "perhaps there is one normative masculinity or male model to which all men

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[39] 'How is life with disability'?

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attempt to conform, but only those who reach or approximate this model can become the winning males" (Bannon and Correia 2006).

For future research on PWDs, a focus on how the Paralympic Sports can/has or will contribute to alternatives for representing and/or presenting/labelling disability in Ghana can be explored.

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Appendixes

Appendix 1: Questionnaire & List of Interviewees/summarized data

Questionaire.docx   List of interviewees
and summarized data

Appendix 2: Relevant Statistics on PWDs in Ghana

Statistics on PWDs in
Ghana.docx

Appendix 3: Pictures from the field

Newspaper
article.JPG   premises of GFD.JPG   Respondent 5.jpg

Appendix 4: Map of Ghana: www.mapsofworld.com Accessed on Nov. 5, 2013 @ 19:11

Map of Ghana.jpg