ISSN: 2755-0281

Journal of Pediatrics Research Reviews & Reports

SCIENTIFIC Research and Community

Research Article

Open Access

Barriers and Facilitators with Accessing Healthcare Services among Children with Disabilities in Ghana: A Systematic Review

Ann Sena Fordie

University of Suffolk

ABSTRACT

Background: The primary objective of global health is universal health coverage, yet there are significant barriers preventing children in Ghana from accessing healthcare. The purpose of this systematic review is to identify the obstacles and enablers that children with disabilities in Ghana now face when trying to obtain healthcare and rehabilitation services.

Methods: We conducted a systematic review on the barriers and facilitators associated with accessing healthcare and rehabilitation services among children with disabilities in Ghana. Two databases (PubMed and ProQuest) were searched as well as on google scholar and University of Suffolk Online Library. Studies were included if the population looked at children less than 18 years. Different methods were included owing to paucity of research. A narrative approach was used to synthesize results.

Results: Ten studies were included in the review. Approximately 90% of studies were conducted in Ghana. Accessibility issues for CwDs in Ghana were mentioned in all ten articles. While two researches used just quantitative methodologies, three publications used only qualitative study designs. The remaining articles used a combination of methodologies and relied on questionnaires or interviews to pinpoint certain obstacles. The caregivers of CwDs, health- workers and stakeholders were interviewed for these researches, along with group sessions, and only one study included interviews with the children themselves.

Conclusions: This systematic review highlighted attitudinal issues, poverty, improperly qualified healthcare staff, and physical inaccessibility as key barriers to healthcare access for CwDs. While public awareness of disabilities, professional and family support, initiatives to improve physical accessibility, and policy creation are important facilitators. However, given the methodological limitations found in existing studies, the results of this review must be interpreted with caution.

***Corresponding author**
Ann Sena Fordie, University of Suffolk, Ghana.

Received: July 23, 2024; **Accepted:** July 26, 2024; **Published:** July 30, 2024

Introduction

It is commonly known that access to healthcare in Ghana is significantly worse than the demand for it. Access to quick and inexpensive interventions can avert more than half of infant deaths worldwide [1]. However, in LMIC, particularly for the most underprivileged people, coverage and access to these interventions remain low [2]. Ghana is a country located in West Africa with a population of about 30 million people with a disabled population of 5 million. 16% of the total population in Ghana are persons with disabilities including children [3].

Throughout this paper, the phrase "children with disabilities" will be utilized. A child may become disabled due to disease, injury, or poor nutrition, while some children are born with a crippling health condition or handicap. Children with disabilities can have hearing, visual, physical, communication, or intellectual impairments, as well as conditions like cerebral palsy, spina bifida, muscular dystrophy, traumatic spinal cord damage, or Down syndrome [2].

Numerous resolutions and goals have been supported since the 1978 Alma Ata statement stated the need for action to provide "Health for All" by the year 2000, with the ultimate goal of achieving what became known as Universal Health Coverage (UHC) [4]. The promotion of health is a key component of sustainable development strategies and one of their main beneficiaries. Sustainable development goal three is very wide and highlights healthy lifestyles and promotes well-being for people of all ages. The SDGs' integrated approach is seen in the numerous connections between SDG 3 and other objectives and goals.

One of the 13 SDG 3 targets, universal health coverage (UHC) thus SDG 3.8, offers a general framework for the implementation of a comprehensive and robust health agenda across all nations. SDG 3.8 emphasizes on achieving universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all. Evidence suggests that many children especially children with disabilities (CwDs) in Ghana are still not getting the necessary health care services, despite progress being made toward achieving UHC and its impressive health benefits over the years in Ghana [3].

The benefits of extending health care services go far beyond lowering child fatalities. Lack of access to care or a delay in receiving it can cause children's health to deteriorate, which can negatively impact their quality of life, social skills, and ability to go to school. The financial toll on the caregiver may also be severe as a result of lost wages and increased long-term healthcare costs, which eventually forces them into poverty [5].

There are roughly 150 million children worldwide who have disabilities, according to the United Nations International Children's Emergency Fund (UNICEF) [1]. CwDs are prevalent in Ghana, where many suffer from a lack of access to basic medical treatment [6].

According to the WHO, promoting disability is a key development issue and that supporting persons with disabilities is a human rights issue. However, almost all of the Sub-Saharan African nations like Ghana lack research, resources, and awareness of disabilities [2]. According to UNICEF, children with disabilities frequently do not survive childhood, or if they do, their impairments worsen as a result of a lack of access to essential primary healthcare services.

In comparison to children without disabilities, many CwDs and their families lack access to healthcare services, do not receive treatment or disability-related services, and are generally excluded from daily activities [3]. Basic healthcare services are those that are least necessary to preserve adequate health and safeguard against disease [6]. When there is a chance to acquire healthcare and when services are sufficiently plentiful, there is access to healthcare. When there are organizational, social, economic, or cultural tensions in the community, barriers to health services may develop [7].

If offered at all, healthcare and rehabilitation treatments for people with CwDs are typically only available in urban areas of Ghana [3]. In Sub-Saharan Africa, childhood disability and poverty are tightly related [8]. Poor healthcare for expectant moms and elementary healthcare for early children are common causes of impairment in underprivileged children [8]. The social, political, and cultural circumstances of a particular society remain and have an ongoing impact on disability [9].

The barriers and facilitators affecting CwD patients' access to healthcare in Ghana have not yet been the subject of systematic reviews in Ghana. In order to establish the next steps for intervention, it is crucial to research, evaluate, and gather the material in one place for simple access.

This systematic review is being conducted to determine existing barriers and facilitators associated with accessing healthcare and rehabilitation services in children with disabilities in Ghana. The PEO was used to deduce research questions.

The Research Question (S) Are

1. What are the barriers involved in accessing healthcare and rehabilitation services in Ghana among children with disabilities?
2. What are the facilitators involved in accessing healthcare and rehabilitation services in Ghana among children with disabilities?

The systematic review was performed according to the Preferred Reporting Items for Systematic Reviews and Meta-Analysis (PRISMA) statement [10].

Methodology

Children up to the age of 18 who have "long-term physical, mental, intellectual, or sensory impairments that in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others" are referred to as "children with disabilities" [2]. The review was open to peer-reviewed quantitative (such as randomised control trials, observational studies), qualitative (such as focus groups or interviews), and mixed approach studies published in English from any nation of origin. The requirements for inclusion were: Studies involving or focusing on children with disabilities who are up to age 18 (primary sample/discrete sub-sample), studies that provide a quantitative or qualitative description of the obstacles to rehabilitative healthcare access, or studies that highlight factors that facilitate or prevent healthcare access for children with disabilities. Studies that with population over 18 years of age were not included. Aside that nine of the studies included in systematic review were from Ghana and one was from an international organization (WHO).

Sources and Search for Data

Between June and July 2022, searches for applicable research were conducted across a number of electronic databases, including ProQuest and PubMed. Google Scholar and the University of Suffolk Library's search engines were used to do a manual search. Children with disabilities, barriers to healthcare access, healthcare access for Ghanaian children, facilitators of healthcare access, and barriers and facilitators of healthcare access, rehabilitation were some of the search phrases used. Duplicates of the chosen articles were removed before they were integrated in EndNote Basic.

Selection and Screening of Studies

In the search, 118 records were located. On the basis of their titles and abstracts, the articles were assessed for eligibility before being imported into EndNote Basic to filter out duplicates. The reviewer separately reviewed the remaining papers, assessing their abstracts, and removing any articles that did not match the inclusion criteria. The remaining studies were then further evaluated by the reviewer. A final full-text review and screening were performed on the remaining papers, and any papers that weren't relevant were removed. There were no publication date limitations because there wasn't much research on the issue. Finally, 10 peer- reviewed articles were included in the systematic review. Articles were taken into consideration if they discussed barriers to or facilitators of access to healthcare for children with disabilities in Ghana.

Data Charting and Abstraction

A PRISMA chart and a common data extraction form were used. A two-step charting process was finished using Excel. The authors/researchers, publication year, study objectives, whether the article was about Ghana, whether it included children 0–18 years old, whether it included children with disabilities, and whether it gathered data on healthcare service access were all extracted from the abstracts of the identified articles in the first step. This step also involved creating a table and entering the data into it.

Authors/researchers, publication date, aims of the paper, inclusion criteria, sample size, age and setting of the study, study technique, outcome of the paper, results, and conclusions were all retrieved from the remaining papers during the charting process by reading the full articles.
Data analysis

The method then moved on to the next stage, which involved topic coding, reading, and iterative independent article screening. Up until the researcher came to an understanding and main themes emerged, conversations about the methodology and newly developing concerns were ongoing. To identify overarching themes and categories present in all evaluated publications and to summarize the findings from examined studies, a card system method was employed [11]. The main topics that emerged from the data on the enablers and impediments to CwDs patients' access to healthcare and rehabilitation in Ghana were then outlined and debated.

Results

90 articles in all, including those found through manual searches, were imported into EndNote. After 54 article abstracts were screened and 27 articles were left for full-text analysis, papers were eliminated by looking at the titles. 17 further articles were dropped after the final review. Due to the paucity in literature, the review encompassed all study designs, and a total of 10 publications were considered in the systematic review. After extraction of data and comparing and contrasting the results, several themes emerged regarding barriers and facilitators to health care access for CwDs in Ghana.

Qualitative and Quantitative Study Trends

Accessibility issues for CwDs in Ghana were mentioned in all ten articles. While two research used just quantitative methodologies, three publications used only qualitative study designs. The remaining articles used a combination of methodologies and relied on questionnaires or interviews to pinpoint certain obstacles. The caregivers of CwDs thus parents or any other person who was primarily responsible for caring for the child or service providers were interviewed for these researches, along with group sessions, and only one study included interviews with the children themselves.

First Theme is Attitudes, Beliefs, and Disability Awareness.

Stigmatization

Six publications recognized stigma as a barrier, including actual stigma and fear of stigmatization. Many families of disabled children reported experiencing high levels of stigma, which prevented them from allowing their children to get health care and appropriate medical care [1-8]. In several studies, parents discussed their worries about being mistreated by others and how this led them to choose to hide their child's condition rather than seek help [2,3]. In one of the studies, a health extension worker observed that parents frequently worried about being treated differently, felt guilty or embarrassed about their child's condition, and made an effort to keep it a secret [7].

Individual and Community Attitudes

Access to healthcare services and facilities may be hampered by negative attitudes of health- workers toward CwDs [7]. For instance, a study revealed that certain Ghanaians' unfavourable attitudes on disability led to a lack of support from the community and the relatives of the children, which reduced the motivation of health extension workers [7]. Another instance of the detrimental effect of attitude on health access is seen in Ghana, where parents refused to seek medical attention for their child because they felt "nothing can be done" for their child [3-7]. Despite the fact that there were challenges and barriers that prevented accessing healthcare by CwDs, a positive attitude among family and community members can encourage caregivers to seek treatment for their children. Family members were more likely to encourage parents to seek treatment for their children when they noticed an improvement in the child's health as this gave them a sense of hope. It was found in one of the selected articles that when a child showed visible and observable health improvements, such as surgery recovery or significant rehabilitation progress, the community's attitudes changed and became more positive and supportive [10].

The literature recommended making therapy sessions more appealing to caregivers in order to change the mind-set of caregivers. In one study, extended therapy sessions were found to be a facilitator for going to therapy sessions [6]. The study also discovered that group therapy sessions rather than individual ones made it less likely for caregivers to miss their child's therapy appointments.

Inadequate Disability Awareness

Disability awareness refers to elements that go along with having knowledge of and an understanding of disability. As opposed to awareness, which is tied to knowledge, attitudes were thought to be based on personal or cultural ideas. A community that is knowledgeable about impairments and how to spot children with disabilities (i.e., one that is more aware) would offer a supportive environment for kids who need services.

The literature revealed that a significant deterrent to receiving treatment in the community was a lack of disability awareness. In Ghana, many carers were unaware of their CwDs. They failed to recognise the fact that their children had disabilities or the necessity for them to receive medical care [7]. Some parents thought their child's disability was the result of a concussion, problems after childbirth, epilepsy, or a religious belief. As a result, many caregivers chose traditional settings for care as opposed to seeking medical attention [7].

Lack of awareness affected health care professionals as well. For example, health workers in Ghana expressed the need for in-service training to identify causes, prevention, and treatment for children experiencing mental health and developmental disorders [7]. They described having poor knowledge on child developmental disorders and reported that this lack of skills and knowledge lowered their confidence when working with the children and their families

There was evidence that educating caregivers about the child's condition can also positively impact access to health services [6]. CwDs were often neglected by caregivers and not taken to healthcare facilities and rehabilitation appointments [3-7]. Found that caregivers were less likely to neglect their children when they were educated about their condition. This awareness allowed parents to be more informed, understanding, and accepting, which increased their likelihood of seeking and continuing treatment for their children.

Cultural Beliefs

Cultural stereotypes also made it difficult for CwDs to get medical care (Inclusion Ghana According to studies, communities in Ghana believed that having a disabled child was a punishment from God or that the child was possessed by the devil According to several participants in these research, disabilities were the cause of witchcraft, curses, and poor luck [3-9]. The parents were discouraged from visiting the hospital with their infant and from doing important behaviours like nursing. In order to break the curse, families were urged to send their kids to traditional healers [9].

Second Theme: Accessible Systems and Healthcare Services

Available healthcare services, clinical routes, and trained medical personnel.

According to the information that is currently available, CwDs in Ghana have a difficult time accessing community and hospital treatments in densely populated locations [6-13]. Therefore, instead of taking their children to the doctor, parents would have them treated by traditional healers [7].

The quality of healthcare services was significantly impacted by a lack of qualified healthcare workers, which may discourage carers from using those services. Due to a lack of awareness, education, and training among medical workers and experts in Accra, for instance, a sizable percentage of children with autism and intellectual disability continued to go unofficially and validly undiagnosed [6]. The majority of rehabilitation strategies for neurological disorders, according to study, focused on the physical aspects rather than the cognitive, sensory, or communicative aspects. This is largely because occupational therapists or speech therapists were less common than physiotherapists in these settings. According to the majority of healthcare professionals in Ghana did not know sign language, which made it difficult for deaf youth to get healthcare services. Teens with impairments were unable to speak with healthcare professionals due to a lack of training for the staff, which prohibited them from getting treatment [13].

Healthcare professionals frequently lacked communication skills and were unaware about referral procedures. Consequently, these kids' healthcare needs weren't effectively met when it was needed [5,6]. What these services and standardized assessment procedures should be was not made apparent in the papers. Additionally, in some areas of Accra, parents voiced anxiety over not being able to locate therapies for their children's particular disability. They also mentioned how there were no health facilities in their neighbourhood, which made it impossible to even get a service. Although physiotherapy was available in Ghana's health-based rehabilitation services, children with impairments received insufficient care while adults with disabilities received priority [13].

According to the literature, there are three approaches to alter the care delivery process to increase patient access. First, make caregivers and CwDs active participants in the care process rather than just recipients. Parents and children were more likely to use the services when they were involved in the therapy process [1,2]. Utilizing an interdisciplinary approach throughout the delivery of care is the second way to increase health access. Collaboration among professionals from many fields increased the likelihood that the child would receive the best care available, which in turn encourages caregivers to bring their children to such healthcare facilities [3]. Finally, a holistic strategy that offers all rehabilitation interventions in one location, such as the same clinic, can help to increase access to healthcare. In a research, caregivers remarked that this encouraged them to use those services [7].

Available Funding, Resources and Equipment

According to research, the care for CwDs was significantly impacted by low funds and resources. The access of people with disabilities was hampered by the underfunding of many healthcare services [6-11]. For instance, health-workers in Accra highlighted how a lack of funding resulted in CwDs having restricted access to competent treatments due to a lack of staff, poor supplies, and outdated equipment [6]. Access to services was made easier because of enough funding. The majority of parents thought that giving their children access to tools like wheel-chairs, bicycles, crutches, walking-aids, and glasses would assist in their rehabilitation and increase their access to services [6].

Third Theme: The Physical Environment

Transport and Climate Conditions

Caregivers may find it challenging to travel with a disabled child, especially if the child required a wheelchair or other bulky assistance gear, or if the family resided in a rural region far from the medical facility. This may make it more difficult for families to use those services or to bring their children with them to hospital visits [6]. Because they would have to carry their disabled children on their backs, parents said it was difficult to travel with them [6]. Families in Ghana had to travel a great distance to the city for healthcare and rehabilitation services, incurring enormous transportation expenditures. Additionally, many of the rural roads were unpaved, making them particularly hazardous during rainstorms.

Inaccessible Physical Health Structures

Access to healthcare for CwDs may also be hampered by physical obstacles [6]. Discovered that because the facilities were physically challenging to access, children with physical disabilities in Ghana were unable to attend therapy sessions. However, these authors omitted to mention what rendered the place inaccessible physically [7]. Physical inaccessibility is more than just entering and exiting a building; it is also concerned making use of the facilities' resources. Research revealed that CwDs could not access resources like brochures, flyers, and print materials. This restricted their access to services because they were unable to obtain the info being communicated.

Theme 4: Social Factors

Poverty

According to reports, poverty frequently presents a challenge for CwDs and their families. Taking care of a person with a disability can be costly since they may need specialized diet, assistive technology, and transportation to doctor's visits [6-8]. A major unmet need was a lack of financial assistance. Without assistance from their families, the government, or other groups, CwDs found it challenging to obtain healthcare treatments [3].

Attending medical appointments could jeopardize the family breadwinner's job as they may not be able to take time off work to attend therapy sessions and when they did they spent a long time waiting for their turn [7]. A study indicated that providing incentives such toys, money for transportation, food, clothing, and assistive gadgets at the rehabilitation department increased the motivation of parents to bring their congenitally ill children to therapy sessions [7]. Due to these rewards, the child was able to become more financially independent and functionally independent.

Peer Support

If CwD's received emotional and psychosocial support from friends and family, parents and caregivers were more likely to use healthcare services and continue their children's treatments [8].

Discussion

The current analysis found 10 articles that talked about children under the age of 18 having access to healthcare for CwDs in Ghana. The purpose of this systematic study is to identify obstacles to and enablers of CwDs in Ghana's access to healthcare. Following the identification of these variables, suggestions can be made for creating intervention strategies.

According to the review's results, there are recurring issues that impede caregivers in Ghana from getting their children the medical care they need. These criteria were discovered in various communities throughout the country where the examined investigations were carried out. The low level of intervention in these nations and the paucity of scholarly publications on the topic may be the reason why enabling variables for access to healthcare were less clear in the literature than barriers.

The most often mentioned barrier preventing CwDs and their caregivers from getting healthcare services was financial hurdles; this topic was covered in six of the chosen studies [3-13]. For instance, the most important individual factor influencing the usage of healthcare services by mothers and children with disabilities in one of the chosen studies was poverty [6]. Even in missionary hospitals where it used to be free, the majority of healthcare services were not provided for free [7]. The hospitals had terrible conditions since they were frequently crowded and filthy, lacked money, and had insufficient medical staff, therefore much of the work was done by overworked nurses. Families may not prioritize taking their CwDs to therapy when they are struggling to make ends meet [3]. Proposed that giving carers incentives like toys, money for transportation, and equipment for people with disabilities would persuade them to bring their CwDs to medical facilities.

It is clear that attitudes toward the causes, management, and treatment of disabilities can be influenced by religious and superstitious beliefs. This was possibly one of the biggest obstacles to accessing healthcare in Ghana. For example, witchcraft, curses, religious punishment, and possession by demonic powers were mentioned in the majority of the papers in this study
[3-13].

Five separate studies reported hearing about these ideas. There was a clear association between these views and obtaining healthcare services, even if not all studies found a direct connection. No matter how capable the medical professionals were, a family may never seek medical attention if they thought their child's sickness had a supernatural explanation. Many families who adhered to these cultural ideals sought out conventional therapies rather than medical care, such as prayer or ritualistic practices.

Families in Ghana were more likely to seek medical care for their children if they believed that intellectual and developmental problems were caused by biological factors, according to [7].'s research. Families who thought their child's ailment had supernatural reasons frequently turned to conventional healers or forwent medical care altogether. These myths also significantly increased stigma, which might discourage families from discussing their children's issues and from getting help.

Stigma was consistently found in the literature to cause households to hide their children, cover up their children's illnesses, and keep them from leaving their homes to receive essential medical care [7]. Discovered that some families with developmental disabilities kept their children hidden at home and out of sight to dispel rumours that the handicap was the family's just reward for engaging in paranormal activities.

Access to healthcare services might be impacted by additional factors in addition to the previously mentioned ones. The interaction of cultural and social settings, physical inaccessibility, communication hurdles, and a lack of training for health providers are some of these problems. Because policymakers and experts are unaware of their needs as a minority population, their exclusion from the mainstream health care is exacerbated.

Some publications also emphasized the significance of coping mechanisms for parents and households with disabled children. To find significance and hope, many caregivers in Ghana turned to sociocultural and spiritual coping mechanisms [3]. By being aware of and understanding their patients' social and cultural environments and including this into the goal-setting process, rehabilitation and other health professionals can play a vital role in helping families manage the care demands of a child with a disability [7].

Strengths and Limitations

For the purpose of including all sorts of studies from Ghana, a thorough literature search was done using a variety of sources and databases, including grey literature. There were several restrictions in this research study, nevertheless. Some of the articles have restricted access since they couldn't be found online. In a similar vein, some authors just provided the abstract of their work or did not publish any of their research, which reduced the total value of the systematic review. There hasn't been any investigation into how CwDs can receive healthcare in Ghana. This might have limited the study's findings. Studies were not omitted based on publication date because there was insufficient research, hence the review included articles from all years. This makes obsolete information another potential restriction. However, more current studies also contained the same ideas as the older pieces.

Implications for Childhood Disability Policy and Practice

It is clear that Ghana lacks scientific knowledge regarding CwDs and patients' access to healthcare treatments. This can be a result of the paucity of research on and therapies for childhood disabilities. Government attention to CwDs is similarly low, which has an impact on the availability of healthcare services for CwDs. The World Health Organization (WHO) has suggested finding solutions to overcome financial constraints on the provision of healthcare and rehabilitation services for children with impairments. This study's findings on variations in barriers and facilitators can help guide future actions or suggestions for disability awareness and policy, as well as intervention techniques for children with disabilities and healthcare options. Additionally, the study's findings will enable the creation of long-lasting initiatives like CBR interventions, which are required in Ghana to lower obstacles and raise facilitators for CwD patients' access to treatment.

Conclusion

In Ghana, attitudinal issues, poverty, improperly qualified healthcare staff, and physical inaccessibility are regularly cited as key obstacles to healthcare access for CwDs. While public awareness of disabilities, professional and family support, initiatives to improve physical accessibility, and policy creation are important facilitators. To create efficient assessments and intervention strategies, healthcare professionals should be aware of these obstacles and enablers. More healthcare personnel, resources, and changes to healthcare systems are required in order to incorporate these children in the healthcare process. For the purpose of improving evidence-based practice in Ghana, additional research on pediatric health and childhood impairment is required. From the perspectives of a variety of stakeholders, including children themselves, parents or carers, and healthcare professionals, further study is required to fully explore access to healthcare for CwDs in Ghana. Thus, in order to develop and implement action plans and treatments, future study should look into suggestions for improving CwD patients' access to healthcare services in these nations.

References

1. UNICEF (2013) Report on Inclusive education policy Ghana. Available at: https://www.unicef.org/ghana/media/1351/file/UN257287.pdf.
2. WHO (2012) Early Childhood Disability: A discussion paper. Available at: https://apps.who.int/iris/bitstream/handle/10665/75355/9789241504065_eng.pdf;sequence=1.
3. Inclusion Ghana (2013) Access to health care for persons with intellectual disabilities in Ghana: mapping the issues and reviewing the evidence. Available at: Access to Health Care for Persons with ID in Ghana.pdf (inclusion-ghana.org) https://www.researchgate.net/publication/343767491_Accessing_Healthcare_in_Ghana_Challenges_Encountered_and_Strategies_Adopted_by_Persons_with_Disabilities_in_Accra/fulltext/5f3e783d92851cd30208dd29/Accessing-Healthcare-in-Ghana-Challenges-Encountered-and-Strategies-Adopted-by-Persons-with-Disabilities-in-Accra.pdf .
4. UN SDGs (2015) Good health and well-being. Available at: Sustainable Development Goals (SDG 3) | United Nations Western Europe (unric.org) (Accessed 20 June 2022).
5. Abrokwah R, Efua Mantey, Augustina Naami (2020) 'accessing healthcare in Ghana: challenges of and strategies adopted by persons with physical disability in Accra'. Disability CBR & Inclusive Development 31: 120-141.
6. Opeyemi RL (2017) Access to Healthcare for Children with Disabilities in the Greater Accra Region. UG Space, http://ugspace.ug.edu.gh/handle/123456789/23708.
7. Abodey E (2018) Access to Healthcare Services Among Students with Disabilities in Ghana.https://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-020-05138-0.
8. Grischow J, Magnus Mfoafo M'Carthy, Anne Elizabeth Vermeyden, Jessica Cammaert (2019) 'Physical Disability, Rights and Stigma in Ghana: A Review of Literature'. Disability, CBR & Inclusive Development 29: 5-24.
9. Mills A (2020) 'Inclusive Education for Children with Intellectual Disability (ID) in Ghana: Challenges and Implications for Social Work. Advances in Social Work 19: 329-348.
10. Adin, S (2019) A Guide for Systematic Reviews: PRISMA. Turkish Archives of Otorhinolaryngology 57: 57-58.
11. GU (2022) The Note Card System Available at: The Note Card System – Gallaudet University (Accessed 12 June 2022).
12. Senayah EA, Wisdom Kwadwo Mprah, Maxwell Peprah Opoku, Anthony Kweku Edusei, Eric Lawer Torgbenu (2019) The accessibility of health services to young deaf adolescents in Ghana. The International journal of health planning and management, 34: 634-645.
13. Asare C, Jacob Bentley, Richmond Aryeetey, Dzifa Ackuaku, Robert Samuel Mayer (2016) Assessment of Rehabilitation Capacity in Ghana. Disability, CDR, and Inclusive Development. 27. 33-59.