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Experiences of a Deafblind Student at the University of Education, Winneba

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Abstract: Introduction: This study explored the lived experiences of the first and only deafblind university student in Ghana, with the aim of developing a critical understanding into her educational journey and assessing the system's readiness in meeting her needs. **Methods:** A phenomenological approach was adopted, using a census sampling technique that included one participant in the study. Data collection was conducted using semi-structured interviews and participant observation. **Results:** Findings revealed that the experiences of the deafblind student at the University of Education, Winneba (UEW) were multifaceted. While her admission into the university and progress marked a historic achievement, significant barriers – including limited communication support, inadequate access to resources, and mobility challenges – hampered her full participation. **Conclusion:** As the first deafblind university student in Ghana, Afi's experience functions as a stress test of institutional readiness. The study recommends that the Department of Special Education at UEW develop a comprehensive framework for the education of deafblind students at the tertiary level.

Keywords: Deafblind, accessibility, higher education, Ghana

I. Introduction

Ghana has enacted policies and conventions such as the Disability law (Act 715, 2006) and Inclusive Education Policy (Ministry of Education, 2015) in responding the United Nations Conventions of the Rights of Persons with Disabilities, the Sustainable Development Goals (4, 10 and 11 aimed at ensuring that all learners have a lifelong equitation, safe and inclusive learning experiences). This call for equitable quality education for all, has increased enrollment of students with disabilities in Ghana (over 188 deaf students and over 300 blind students, Appau 2025). Despite these advanced promotions of inclusion for deaf and blind students, they continue to face considerable challenges in the support they receive in the university classrooms and environments (Appau, 2025). These challenges could be exacerbated when a learner has both deafness and blindness as a condition and learns with support in the same classroom as their hearing and sighted colleagues. However, within the Ghanaian context where only on deafblind learner has successfully enrolled in an inclusive tertiary education, no evidence exists in the documentation of their experiences.

In this study, deafblindness is conceptualized as a heterogeneous condition on a learner characterized by varying degrees of combined visual and hearing loss. This condition may be congenital (present at birth) or acquired later in life, with profound effects on communication, learning, independence and social interaction. Congenital causes include hereditary syndromes such as Down syndrome, Trisomy 13 and Usher syndrome, as well as complications of prematurity, congenital abnormalities and prenatal infections; while acquired causes include infections, injuries, and postnatal complications (Jaiswal et al., 2018; Wolsey, 2017). Jaiswal et al. (2018) identifies three causes, namely; congenital/pre-lingual deafblindness, acquired/post-lingual deafblindness, and age-related dual sensory loss. Individuals with deafblindness represents an extremely low incidence population who are especially challenging to teach through conventional methods.

Omugur (2016) reported an estimated 10,000 children with deafblindness in the United States, 3-6 children per 100,000 in France, and about 182,350 in Uganda. In Ghana, however, there are no reliable statistics on the prevalence or educational opportunities of persons with deafblindness. Nonetheless, Ghana's 2020 Population and

Housing Census reported that 105, 548 people (3%) out of the population of 30.8 million live with disabilities (Ghana Statistical Service, 2021).

Policy-wise, Ghana's definition of 'learners with special needs' includes learners/children with disabilities such as deafblindness (Ministry of Education, 2015). In practice, however, the focus of educational interventions has been primarily on visual impairment, deafness and intellectual disabilities. This emphasis is reflected in the establishment of schools for the blind, school for the deaf, and schools for the intellectually disabled, with little attention to deafblind learners. However, efforts are made to include deafblind students in some schools for the deaf in Ghana such as Ashanti, Demonstration, and Cape Coast Schools for the Deaf. This study therefore, sought to critically examine the academic and social experiences of the first deafblind university student in Ghana, providing insights into her educational journey and the institutional response to her needs.

II. Conceptual framework

The conceptual model used in this study views the experiences of a deafblind student as shaped by five interrelated domains: communication and learning, mobility, daily functioning, social interaction, and emotional well-being **(**Jaiswal et al., 2018; Omugur, 2016). Each domain reflects a key aspect of the student's life, showing how access to information, movement around campus, participation in everyday activities, relationships with peers and feelings of inclusion all combine to influence her overall university experience.

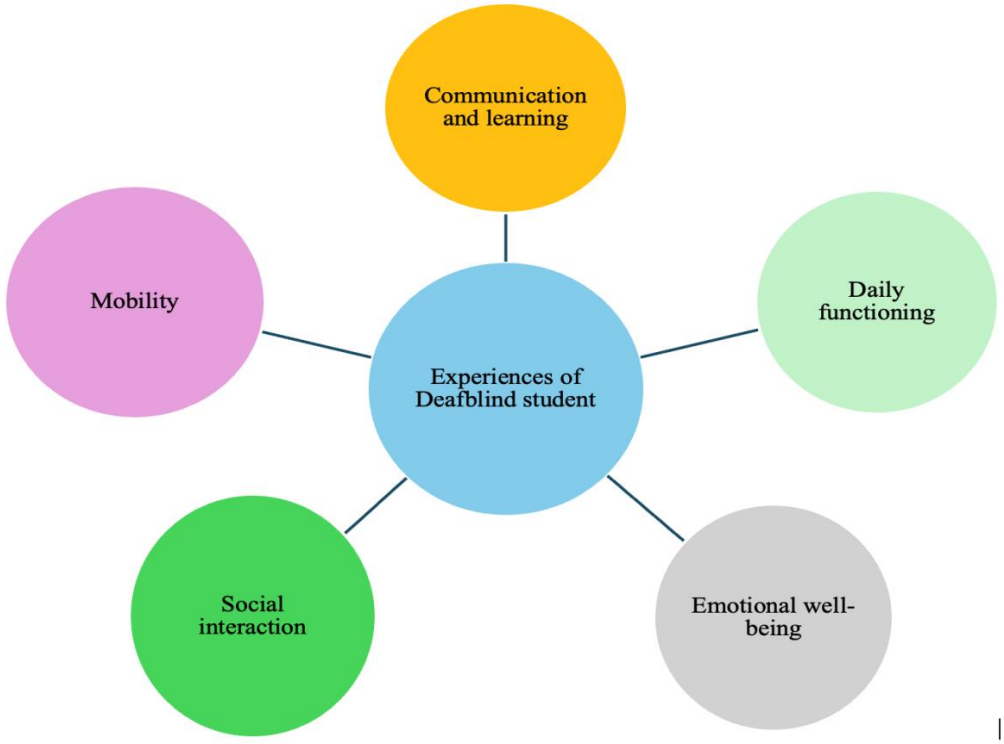

Figure 1: Experiences of Deafblind individual
(Adapted from Jaiswal et al., 2018 and Omugur, 2016)

In relation to this study, the model helped organise and interpret Afi's lived experiences (Afi is the pseudonym for the participant). For example, her learning was hindered by limited interpreter support and lack of braille resources, her mobility was restricted by inaccessible infrastructure, and her social interactions were affected by communication barriers. These challenges also shaped her emotional responses, ranging from pride in her achievements to frustration with systemic barriers. The model therefore provided a holistic framework for understanding how the university environment supported or constrained her education as Ghana's first deafblind student in higher education.

III. Methodology

The study adopted a phenomenological design to capture the lived experiences of Afi (Fobi, 2023). The only deafblind student (Afi) in Ghana's university was censused and interviewed using semi-structured on-to-one interview. Afi had bilateral profound hearing loss and was also totally blind in both eyes. At the university, she enrolled as s post diploma student. She was the only deafblind student class, studying alongside 105 hearing colleagues in the same lecture space. Afi received support from a tactile Ghanaian Sign Language (GhSL) interpreter and a note taker during her classes.

Participant observation was also used to augment the data collection on her experiences in the university classrooms. The semi-structured interview was conducted at her agreed office space in the university using tactile Ghanaian Sign Language, lasting about 50 minutes. Informed consent was obtained, with the purpose and procedures explained in accessible formats. The interview questions focused on etiology, communication, academic and social experiences. The session was video recorded, reviewed and transcribed. Afi was assured of confidentiality, voluntary participation, and the right to withdraw at any stage. Interview transcripts were later shared in braille for verification.

Observation. Informal participant observation was conducted during class sessions and Afi's general social life at the University of Education, Winneba. During this process, an observation chart was used to guide the observation and field notes were made and used to document what was observed during at least two undergraduate class sessions and the social life of Afi on campus.

IV. Findings of the study

Analysis of the data was guided by the question "What are the academic and social experiences of the deafblind at the University of Education, Winneba?" The analysis was shaped by themes identified in the conceptual framework. These themes included communication, mobility, functioning in daily life, social interactions, and feelings.

V. Communication and learning experience

The first theme focused on academic development and access to information**.** Afi reported that few lecturers could communicate with her directly using tactile GhSL. Most were unable to sign, leaving her dependent on interpreters when available. Reflecting on peer communication, she noted:

'Only a handful of the lecturers are able to communicate with me directly through the use of sign language. A large number of them cannot really sign so, and when there is an interpreter, then I am able to reach them'.

'I can see a lot of students would have loved to communicate with me, but their inability to sign effectively has kept them away. Hence, only a selected few come close to me'.

Group work and study sessions were particularly difficult, as she was excluded from discussions due to both communication barriers and mobility challenges. She explained:

'*During lecture sessions, I participate in class discussions. However, I do not have a group where I participate in group discussions after lectures. Additionally, due to mobility challenges, I am at my hall of residence, and I can hardly come back to the faculty for group studies.'*

Access to academic resources was also limited. Regarding the library, she remarked:

'I have used the library only twice. Even on those occasions, my interpreter had to read the books and explain the contents to me since they were not in braille.'

Observations further confirmed that she spent most of her time alone in the resource room, occasionally interacting with classmates for discussions.

VI. Mobility

The second theme, mobility**,** addressed challenges in navigating the campus environment. Afi relied heavily on guides and peers, stating:

'I rely on my guide and other colleagues to help me move around campus. Without them, I can only sit at one location for my private studies or wait for someone to help. The lecture venues are full of staircases making movement difficult and tiring.'

The prevalence of staircases in lecture venues made movement particularly difficult and exhausting

VII. Functioning in daily life

The third theme, examined her routine and leisure activities. She reported engaging in activities such as texting friends, chatting with visitors, cooking, and reading her Bible.

''*Sometimes, I text my friends. Other times, I invite them over to chat and catch up. At times also, I cook for leisure and also read my Bible.*'
Observations confirmed that she adhered to her lecture schedules, was punctual, and actively participated in class activities.

VIII. Social interaction

The fourth theme, social interaction, showed that Afi maintained friendships and integrated relatively well into university life. She affirmed:
'Oh yes, I have many friends with whom I communicate using sign language and braille.'
'I also attend social gatherings such as durbars, week celebrations and even funerals with an interpreter'.

She also attended social events such as durbars, week celebrations, and funerals with interpreter support. However, she highlighted the absence of a designated interpreters in those events:
'I do not have one designated sign language interpreter. It is so challenging to get an interpreter as we have only a few who are also interpreting for other deaf students. I feel very bad and frustrated when I sometimes need an interpreter, and there is none available to help me during or after lectures.'

IX. Feelings

The fifth theme, revealed her emotional struggles with studying alone and the lack of academic support outside lecture hours. She explained:
'I do not have anyone to study with or to help me with my studies after lectures or when I leave campus for the hostel. Not having even one person to help me with schoolwork after school is very challenging.'
'Another challenge is that I do not have a laptop that supports the deafblind although I have learned how to use it.'

She also noted the absence of a laptop adapted for deafblind use, despite her knowledge of how to operate one.

X. Coping strategies

Finally, when asked about her coping strategies within the university**,** Afi described persistence and resource-seeking behaviours:
'Sometimes when I read, I do not understand some words. When that happens, I read the passage again and again. If I still do not understand, I keep some keywords, and I ask some of my interpreters for the meaning. I again seek a lot of support with words and meanings from one lady lecturer who supports me with learning. I also seek help from the resource center for students with special needs.'

XI. Discussion

The study shows that the educational experiences of Ghana's first deafblind university student is both pioneering and constrained by systemic barriers. This aligns with Omugur (2016), who opined that deafblind persons have diverse challenges, including communication, mobility, and social participation – illustrating the multidimensional nature of the deafblindness in higher education.

Communication support emerged as the most decisive factor shaping academic participation. Afi's reliance on intermittent interpreter services and the scarcity of braille/accessible formats limited lecture comprehension, group work and independent study. Prior research identifies access to information and communication as the core determinant of academic success and autonomy for deafblind learners (Wolsey, 2017). The absence of trained tactile/sign interpreters and accessible materials mirrors broader international findings that deafblind students require specialized communication supports, including tactile sign, braille, refreshable braille displays, and captioned/alt-text resources, to participate equitably in tertiary settings (Jaiswal et al., 2018). In line with the World Report on Disability, accessible curricular materials are foundational to inclusion and achievement (World Health Organization [WHO] & World Bank, 2011).

Afi's dependence on peers and guides and her difficulty navigating stair-dominated lecture venues align with work showing that physical accessibility and wayfinding are prerequisite conditions for participation and persistence in higher education (Aldersey, 2012; WHO & World Bank, 2011). Orientation and mobility training, tactile maps, and accessible routes reduce fatigue, increase attendance, and support self-efficacy among learners with combined sensory loss (Jaiswal et al., 2018). Where campuses adopt universal design principles - clear signage, lifts/ramps, and minimized travel distances, this could result in better academic engagement and reduced reliance on ad hoc support.

Despite barriers, Afi maintained stable routines (punctuality, class engagement), demonstrating resilience and self-management. Yet limited access to assistive technology (e.g., a deafblind-friendly laptop with screen reader/braille display) constrained independent learning after class. Evidence indicates that mainstream and specialized technologies (screen readers, braille notetakers) are strongly associated with improved study efficiency, information access, and academic outcomes among students with dual sensory loss (Jaiswal et al., 2018). Institutional lending programs and Assistive Technology training have been recommended as cost-effective supports in low-resource settings (WHO & World Bank, 2011).

Afi was socially active when interpreter support was available but faced exclusion when it was not. Prior studies show that peer interaction for deafblind students depends on the communicative competence of peers and on reliable interpreter mediation; without these, students experience isolation and reduced belonging (Wolsey, 2017). Structured peer-mentoring, basic sign-language training for classmates, and disability-aware scheduling of group work increase inclusion and persistence.

Emotional responses - pride in achievement alongside frustration at inconsistent support - reflect the literature linking dependable access and participation with psychological well-being for deafblind students (Wolsey, 2017). Belonging is strengthened when institutions commit to predictable supports (designated interpreters, accessible materials, and orientation and mobility services) and when faculty receive disability-responsive pedagogy training. Such systemic measures reduce stress and contribute to retention.

However, it was also evident that access to information and interaction with peers was not fully realized. In the sense that Afi had challenges with group discussions, access to library books, access to lecturers, and other colleagues. These challenges could go a long way to impact the academic performance of the deafblind student negatively. As posited by Wolsey (2017), access has a significant impact on the academic performance experiences of the deafblind college student. Wolsey (2017) stressed that access to information and communication by the deafblind is the defining core category to survival and personal independence, not only academics.

Being the first-ever deafblind student to attain a tertiary institution in Ghana, she, therefore, became the test of the system's readiness for Deafblind education at the tertiary. The University of Education, Winneba, has coped well with its rich experiences in Special Education and handling persons with disabilities. However, additional support services are needed in access to books in the library, dedicated interpreter(s), facilitation of mobility challenges and her general academic development. The school community became more and more receptive to her.

XII. Conclusion

As the first deafblind university student in Ghana, Afi's experience functions as a stress test of institutional readiness. The University of Education, Winneba's strong special education legacy is a clear asset; however, the findings point to targeted improvements: (a) guaranteed communication access (designated interpreters trained in tactile sign and adequate interpreter staffing), (b) accessible learning resources (braille, digital accessible formats, and assistive technology provisioning), (c) mobility solutions (UD - informed infrastructure and O&M supports), and (d) structured peer and faculty development. These recommendations align with inclusive education guidance that emphasizes coordinated, cross-unit responsibility rather than ad hoc accommodations (UNESCO, 2020; WHO & World Bank, 2011). Encouragingly, the community's increasing receptivity observed in this case suggests that once enabling structures are in place, inclusive practices can normalize quickly.

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