

EXPLORING THE INTERSECTION OF RELIGION, HEALTH AND DISABILITY IN THE GHANAIAN EXPERIENCE

Godson Ahorator

***Abstract:** Notions of health and disability in the experience of indigenous societies in Africa are not straightforward as in Western thought, especially as formulated by the World Health Organisation (WHO). The WHO has formulated three fundamental concepts in disability policy namely impairment, disability and handicap. Scholars in disabilities studies, on the other hand, have formulated different models for disabilities. The two most popular of the models are the medical or functional model; and the second is the social or minority model. In Ghana, institutions have been established and laws and policies formulated to protect and ensure the progress of Persons with Disabilities (PWDs). The enforcement of these laws and policies relating to PWDs in Ghana, however, has often been undermined by traditional beliefs and attitudes towards disability. My claim is that both notions of disability and healthcare for PWDs are, to a very large extent grounded in religious and cultural beliefs. This presentation is based on research conducted among the Tongu Mafi Ewes of Ghana. Findings from the research reveal that the traditional worldviews underpinning notions of disability affect one of the core aspect of human life—healthcare, and in this case the healthcare of persons with disabilities.*

Key Words: Disability, Health, Religion, Attitudes, Legislation, Cultural Beliefs

Introduction

The issue of good health is important in all aspects of human life. In African indigenous societies where religion seems inseparable from culture, and in fact, notoriously linked up with almost every human endeavour, a good life cannot be conceptualised without reference to health. In African indigenous societies and their religions, issues of health are quite intertwined with notions of morality and salvation. Indigenous Africans notions of disability are equally intertwined with issues of health. It is also noted that in African indigenous societies, religion has such a conceptual influence on health

and disability so that persons responsible for the provision of good health are in the category of sacred persons including diviners, priests and priestesses, as well as other spiritual consultants. These claims about religion, health and disability are exemplified in the experience of the Tongu Mafi people of Ghana. The Tongu Mafi people form part of the Ewe ethnic group located in South-Eastern Ghana. The Ewe people are also found in the West African countries of Togo, Benin and Nigeria. The Tongu Mafi people's experience generally reflects the worldviews and practices of other ethnic groups in Ghana and indigenous societies in Africa.

Issues of disability have been studied from different perspectives. The United Nations (UN) and her sub-organisations have sponsored much of the research in issues of disabilities. These focus mainly on concepts and definitions, classification, prevention cure, rehabilitation and policy direction for nations around the world.¹ Disability studies have also been done from the perspective of sociology, history and education. Blaxter, a British sociologist, looked at the various definitions and hypotheses on disability. Her focus was on how the various definitions of disability influence people's views of what their problems were and how they might be solved. The study was about Britain. Blaxter based her research on 194 men and women who had suffered potentially disabling illness or accidents. The purpose of the book was to demonstrate and examine the way the individual perceived his or her place in society, and the relationship between the perception and the constraints posed by the structures that surround the handicapped.² Berry and Hardman looked at the socialization process of persons with disabilities in their family, school and community. They gave psychological and professional guidelines on the social integration of the disabled and how to improve upon relationships with the

¹ See WHO, *International Classification of Impairments, Disabilities, and Handicaps: Manual of Classification Relating to Consequences of Disease* (Geneva: World Health Organisation, 1980); United Nations, *The Standard Rules on the Equalization of Opportunities for Persons with Disabilities* (New York: United Nations, 1994); Bulletin of the World Health Organization 2002, 80 (12); Fatimatu Shah, *Disability, Self-Help and Social Change* (New York: UNESCO, 1990).

² M. Blaxter, *The Meaning of Disability: A Sociological Study of Impairment* (London: Heinemann, 1976).

disabled member in the community.³ Emerging fields of study in disability include ecology and theology. The eco-ability movement researches into the relationships between disability, earth and animals and projects liberations and mutual respect for all forms of life.⁴ Creamer makes a shift to religious perspectives of disability. Her focus is on Christian theology and how issues of disabilities should be given importance in theological reflections.⁵

The current study contributes to the foregoing research by examining how religious and cultural beliefs shape healthcare and attitudes towards persons with disabilities in south-eastern Ghana, inhabited by the Tongu Mafi people who form part of the Ewe ethnic group. The study indicates that in spite of modern healthcare facilities, spiritual healing still enjoys popularity among the citizens of Ghana and Africa as a whole. Given that Ewe people are also found in West African countries of Togo, Benin and Nigeria, the findings about the Tongu Mafi people's experience have implications for the worldviews and practices of other ethnic groups and indigenous societies in Africa.

Methods of Data Collection and Analysis

This was a phenomenological study of the Tongu Mafi people. Data were gathered between 1998 to 2000 and 2010 to 2014 as part of fieldworks for Masters and Doctoral Degrees in the Study of Religions at the University of Ghana, Legon.⁶ Techniques of data gathering included interviews and discussions with opinion leaders with in-depth knowledge about the beliefs, philosophy and practices of the Tongu Mafi people. Also, observation was made of practices of the people and this was not limited to the periods of the academic research stated above but also as an insider of the cultural entity studied. Related documents were reviewed. The foundation of this

³ J.O. Berry and M.L. Hardman, *Lifespan Perspectives on the Family and Disability*. (Boston: Allyn and Bacon, 1998).

⁴ Anthony J. Nocella II *et al*, eds., *Earth, Animal, and Disability: The Rise of the Eco-ability Movement* (New York: Peter Lang, 2012).

⁵ Deborah B. Creamer, *Disability and Christian Theology: Embodied Limits and Constructive Possibilities* (Oxford: Oxford University Press, 2009).

⁶ Godson Ahoritor "Traditional Beliefs and Attitudes towards Disability among the people of North Tongu" M. Phil Thesis (Department for the Study of Religions, University of Ghana, 2000). See also, Ahoritor, "Soteriological Beliefs and Ethical Values of the Tongu Mafi People," PhD Thesis (Department for the Study of Religions, University of Ghana, 2015).

study is therefore the analysis and interpretation of data gathered from across the length and breadth of the Tongu Mafi traditional area predominantly in the Central Tongu District in the Volta Region of Ghana. A cultural analysis of findings was employed. This revealed the confluences between religion, health and disability in the experience of the Tongu Mafi people.

Definitions and Models

This study seeks to examine the interconnectedness between religion, health and disability in the experience of the Mafi people in order to show how religion affects outlook on health and disability and how some negative attitudes towards disability are grounded in religion and culture. The conceptual framework is to analyse the conceptualisation of health and disability from the indigenous African perspectives. The paper thus looks at definitions and models of health and disability and the impact on contemporary Ghanaian experience or attempts to assimilate Western formulations of health and disability in contemporary society. It then follows up with the indigenous African conception of health and disability and concludes with the interconnectedness between religion, health and disability.

For the purposes of planning efforts towards cure, prevention and rehabilitation; statistics, scholarship in disability studies, development, guidance for policy-making, political action, and other administrative concerns, the World Health Organisation has formulated three fundamental concepts in disability. The three basic terms are “impairment”, “disability” and “handicap”. The definitions for these terms are interrelated and they are conceived from medical or scientific perspective. These are the definitions in the WHO Manual of Classifications and The Standard Rule:

Impairment: This is defined as “any loss or abnormality of psychological, or anatomical structure or function”.

Disability: This is defined as “any restriction or lack (resulting from an impairment) of ability to perform an activity in a manner or within the range considered normal for a human being”.

Handicap: This is defined as “a disadvantage for a given individual, resulting from an impairment or a disability, that limits or prevents

the fulfilment of a role that is normal (depending on age, sex, and social and cultural factors) for that individual.”⁷

Medical or Functional-limitation Model

As the label for the model suggests, the medical or functional-limitation model centres on what one can or cannot do physically or functionally. The model conceives disability from the medical perspective of the body parts that cannot function or have defects. The disabled in this category therefore includes persons with all sorts of bodily defects which lack normal function. This model also emphasizes the need for medical correction of the disability if possible, or adopting rehabilitation as a process of restoring the disabled to normality and mainstreaming into cultural and social life. This model rests on the notion that disability is an individual condition and a deviance from the expectation, morals and values of the society. The medical or functional-limitation model relates well with the terms “impairment” and “disability” as a fundamental concept in disability policy and builds on the notions derived from these two terms.⁸

Social or Minority Group Model

The social or minority group model is based on the notion that persons with disabilities have common or shared experiences mainly of discrimination and oppression. Proponents of the minority group model do not conceive of disability in terms of what one can or cannot do but rather how society inhibits their functioning through discrimination and exclusion. In other words, the barriers posed by society should rather be the perspective for disability but not “impairment”. In this case, lack of access to employment or architectural edifice, for instance, is a disability rather than the physiological or cognitive impairment. Thus, disability is about how individuals are treated in the society and the bottom line is that there is social injustice. Proponents of the minority group model regard disability as a socio-political category where a section of society is discriminated against and excluded from mainstream social activities.⁹ This has been the driving force behind the formation of many associations *of*

⁷ WHO, *International Classification*, 207

⁸ Creamer, *Disability and Christian Theology*, 22-25.

⁹ Creamer, *Disability and Christian Theology*, 25-31.

or *for* the disabled. The model well-captures the notion in the term “handicap” as defined in the fundamental concepts of disability in policy. The notion of disability as expressed by the minority group model is also captured in the *Standard Rule*:

The term “handicap” means the loss or limitation of opportunities to take part in the life of the community on an equal level with others. It describes the encounter between the person with a disability and the environment. The purpose of this term is to emphasize the focus on the shortcomings in the environment and in many organised activities in society, for example, information, communication and education, which prevent persons with disabilities from participating in equal terms.¹⁰

Health

The term “impairment” as a concept of disability and the medical or functional-limitation model could be first indicator of the relationship between health and disability. The WHO defined health as “a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity”.¹¹ By this definition, the most obvious evidence of ill-health can point to disabilities and the presence of good health can, on the other hand, point to absence of disability. But whatever the definitions, labels and models as formulated from the medical or scientific perspective, the concepts of disability in indigenous African philosophy and experience are not straightforward. African indigenous worldview and practices reveal interconnectedness between religion, health and disability and these altogether conceptually influence outlooks and attitude towards persons with disabilities.

The Ghanaian Experience

The occurrence of disability in traditional societies, like a chronic condition of ill-health, is generally considered an anomaly. This normally informs the explanations and choice of remedies against disabilities. In traditional worldview, cosmological explanations are given for the occurrence of disabilities and these revolve around the philosophy of abundant life in African traditional societies. The

¹⁰ United Nations, *The Standard Rules*, 9

¹¹ Bulletin of the World Health Organization 2002, 80 (12), 984

abundant life philosophy finds expression and explanation in holistic worldviews of life and good health. Holistic worldviews emphasize total well-being and good health in the physical, mental, social and spiritual dimensions. The focal concern for ill-health and disabilities is the causal agent of the anomaly. The question to answer is: “*Who* or *what* caused the disability or ill-health? The holistic approach to the challenges of disabilities entails both physical and spiritual diagnosis of the causes and remedies.

In traditional African thought, disability is not good health. In spite of the specific terms for disability in Ghanaian languages, for instance, persons with disabilities are often referred to as ‘sick persons’. This attitude in the use of language is borne out of the fact that the occasion of both disability and ill-health are considered an anomaly in traditional thought. This affects outlook on the potential and capabilities of persons with disabilities. The resilience of this negative attitude on outlook on disability, even in contemporary Ghana, has engendered the use of legislations and other policies to redress the challenge and to bring persons with disabilities into the mainstream, especially, their potentials and capabilities to contribute to the development of society.

The quest for legislation to recognize and address the needs of persons with disabilities and implementation of policies seemed to have been realised with the passing of the Persons with Disability Bill to Act on 23rd June 2006 and the President of the Republic assenting it on 9th August 2006 in Ghana. The Persons with Disability Act, (Act 715) was preceded by the National Disability Policy Document published in June 2000 by the Ministry of Employment and Social Welfare. Both the Persons with Disability Act and National Disability Policy Document emphasize the establishment of the National Council on Persons with Disability with a supportive secretariat to work with existing government agencies and ensure an effective co-ordination and implementation of disability-related policies. The Council was established in April 2009 and made up of representatives of recognised organisations or associations *of* or *for* persons with disabilities, government ministries, departments and agencies as well as distinguished individuals with disabilities.

The promulgation of the National Disability Policy Document, enactment of the Persons with Disability Act and establishment of the National Council on Persons with Disability brought new excitement and hope for persons living with disabilities and other well-meaning Ghanaians. The objective of the Persons with Disability Act is clear: “AN ACT to provide for persons with disability, to establish a National Council on Persons with Disability and to provide for related matters”. Also, the main objective for the establishment of the Council is “to propose and evolve policies and strategies to enable persons with disability to enter and participate in the mainstream of the national development process”.¹² It seems, however, that the hopes and expectations of many, particularly, persons with disabilities were short-lived. It was realised that the legislations, policies and institutions for the creation of equalisation of opportunities and adaptation into mainstream communal life notwithstanding there is a real challenge—how to overcome traditional attitudes inhibiting the progress of persons with disabilities. It had then been realised that legislations and legal injunctions could not easily dislodge attitudes borne out of traditional beliefs and worldviews. Traditional attitudes towards disability are well captured often in attitudes towards persons with disabilities in their quest for employment. In both public and private sectors of the economy, employers are reluctant to offer equal opportunities to persons with disabilities. Apart from employers, some people would simply not work with or co-operate with persons with disability appointed to higher authority. A case in point is the vetting of persons appointed by the President of the Republic for ministerial positions in the 6th Parliament of the Fourth Republic of Ghana.¹³

African Indigenous Conception of Health and Disability

In African traditional or indigenous societies, notions of good life are not explained without reference to good health. A good life in African traditional philosophy equally emphasises both the spiritual

¹² See Persons with Disability Act, 2006 (Act 715) ss. 42 (1)

¹³ In 2012, President John Dramani Mahama nominated Dr Seidu Danaa, a visually impaired Lawyer, to be vetted and approved by Ghana’s Parliament as the Minister for Chieftaincy and Traditional Affairs. Before the vetting, some traditional chiefs protested against the nomination. They argued that the nominee’s disability could pollute their sacral position. Dr Seidu Danaa was however vetted and approved by Parliament and consequently appointed the Minister for Chieftaincy and Traditional Affairs by the President.

and physical dimensions of health. For definition of health, Mwaura posited:

In Africa, health is defined in terms of the fulfilment of a person's expected roles in society. The implication is that when a person is healthy, she/he will show it by active participation and involvement in the society. Health is therefore a holistic state that entails mental, physical, spiritual, social and environmental (cosmic) harmony. Having health implies equilibrium in all these dimensions. It is associated with all that is positively valued in life. It is also a sign of correct relationship between people and their environment, with one another and with God.¹⁴

This definition establishes the relationship between religion and health. Flowing from this conceptualisation of good life, notions of health, either good or bad, have physical and spiritual dimensions. Therefore, the distinction between ill-health and disability is often fraught with ambiguity. In traditional definitions and explanations of disability, the emphasis tends to focus on defects in body parts or deformities that are not easily reversible. What comes to the fore is defect in body parts and this includes the eyes, ears, arms and legs. Ill-health is defined and explained in the context of what brings about agony and pain and could be temporal and reversible. It may be chronic or persistent but with the hope that it could be reversed or cured. It is in this sense that mental disabilities are considered ill-health. Even in the context of ill-health, there is sub-classification in the Tongu Mafi people's cosmological worldview: some kinds of ill-health are considered abominable or *busud4* (meaning "abominable sickness") and these are dreaded than disability. These include affliction of leprosy, epilepsy, insanity and yaws. These definitions and explanations of health and disability usually affect the conception of disability and attitudes towards the disabled in both indigenous and contemporary societies generally in Africa and in particularly in Ghana. The conceptualisation of ill-health and disability is normally intertwined with the believed or alleged causes

One main conception of both ill-health and disability is their attribution to spiritual causation whether these afflictions are congenital

¹⁴ Philomena Njeri Mwaura, "Religion, Health and Healing: The Role of Women Healers in African Instituted Churches with Particular Reference to Jerusalem Church of Christ" in *Journal of Constructive Theology* 7, no. 1 (2001), 75

or developed. This conception is borne out of the cosmological belief in the duality of existence in African indigenous philosophy. This belief postulates that there are physical and spiritual worlds and activities in the physical world are merely a reflection of what pertains in the spirit world. The conceptualisation of the physical world *Kodzogbe* and the spiritual world *Tsiefe* in Ewe metaphysics thus becomes “mirror images of each other”¹⁵ In spite of the pain and agony persons with disabilities and those afflicted with abominable ill-health or *busud* encounter in life, there is that strong conception that their predicaments are sometimes a deserving divine punishment. As a divine retribution, PWDs develop or are congenially afflicted with disabilities and abominable ill-health for evil deeds committed by themselves or others in their society, especially, their relatives. In African indigenous societies where the concept of destiny is a fundamental cosmological belief, attempts are often made to explain some occurrences of disabilities and ill-health as divine approved destiny.

In the Tongu Mafi people’s conception of disability and ill-health, the first assumption of causation is often traced to evil forces. These inimical forces include evil divinities that respond to evil demands from their evil and wicked clients; sorcerers and witchcraft. Because these are spirit entities, their human victims are usually helpless in their inimical attacks or otherwise the victims are protected by the good and favourable spirit entities. It is believed that some ill-health conditions and disabilities are retributions for wickedness to others with disabilities and some animals. Two of these notorious creatures are goats and cats.

In course of my fieldwork, some disabilities and ill-health situations were traced to alleged brutality or wickedness to goats. In one instance, a woman was alleged to have hit a goat in a gestation period maiming the hind legs. It was observed that all the three daughters of the woman born after the incident were crippled. It is popularly rumoured that an oracle affirmed the allegation. Generally, the forms of disabilities traced to these atrocities include paralysis, inability to talk, unconsciously making bestial noise and defects in the

¹⁵ Birgit Meyer, *Translating the Devil: Religion and Modernity among the Ewe in Ghana* (Edinburgh: Edinburgh University Press, 1999), 63

anatomical structure of the perpetrator or his or her siblings. At Mafi-Tove Wukpo, a village in Mafi Traditional area, there was a woman who was about fifty-five years old. She suffered from mental disorders at certain times, especially, during full moon. According to the elders of the village, the grandfather of this woman one day slashed a madman to death with a cutlass at night when the moon was bright, for making noise and disturbing the peace of the night. A year after the death of the grandfather, one of his children became mad. After the death of the mad son, the grandchild too became mad. Thus, the woman till her death was mentally imbalanced because her grandfather killed a madman. From another perspective, persons who act atrociously to other persons, especially, the vulnerable in society including pregnant women, the aged, infants and persons with disabilities, and in the past, cruelty to these categories of people at war time, have these kinds of vulnerable born into their families. These are considered immoral commissions..

The breaking of taboos and omission of certain rituals are also established as causes of ill-health and disabilities. Among the Tongu Mafi people, certain deeds are considered abominable and evil or *busu* and it is a taboo to indulge in those deeds. People who break the taboos consequently suffer misfortunes which include disabilities and ill-health. For instance, it is a taboo to eat human flesh among the Tongu Mafi people of Ghana. During data collection, the example was cited of a half-demented man who was alleged to have eaten human flesh with some gangs as part of a process of acquiring *juju* for armed-robbery. He became insane. Considering the conception of ill-health and disability and the spiritual dimension to their believed causes, it becomes obvious that the restoration and cure for these predicaments in the human society will emphasise spiritual solutions.

The bases of spiritual healing are quite intertwined with the restoration and cure for ill-health. The spiritual dimensions of the conception, bases, healing and restoration of good health and cure for disabilities underscore the religious elements and their influence on the conceptualisation of health and disability. This also reveals the interconnectedness between religion, health and disability. The bases of the spiritual healing in African traditional societies flow from the cosmological belief in the duality of life and the ever-required balanced and harmonious relationship between the physical and spirit

worlds. To ensure and sustain the balance and harmony in the two spheres of life, African traditional ethics tends to be life-centred and stresses the abundant life philosophy.¹⁶ The religious remedies also stem from the fact that holistic healing and total well-being are considered the best approach to deal with the spiritual causations of ill-health and disabilities. Indeed, at times, spiritual remedies are tapped into to deal with physical but chronic and persistent ill-health. Within the broad categorisation of who and what affects good health are the individual or group deeds of immoral acts, the machinations of evil spirits and powers, and breaching supernatural injunctions approved by ancestors and society. In the experience of the Tongu Mafi people, suppression of ill-feeling against neighbours, particularly, against the immediate family members, can have very disastrous health implications.

The Mafi people also affirm that ill-health and disabilities can emanate from curses pronounced against individuals or a corporate body. The most dreaded forms of curses are those with explicit supernatural backing and the consequences could be ill-health, disabilities or death. It must also be stated that omissions and commissions of certain duties by the individual or corporate body in the society can have the negative consequences as an evoked curse. These duties include the obedience to elders, tradition, norms and practices approved by the ancestors and society. In Tongu Mafi people's metaphysics, some spiritual attacks and pollution can lead to disharmony of the spirit components of the individual. When there is disharmony in the components of the human body, inimical forces take advantage of the disintegration and the consequences could lead to ill-health, disabilities and in extreme cases to death.

The use of herbs and other physical properties to cure basic physical ailments is clearly evident in the experience of West African people. Some food or diet may be regulated and recommended for the

¹⁶ See, Laurenti Magesa, *African Religion: The Moral Traditions of Abundant Life* (Maryknoll: Orbis Books, 1997); Christian Gaba, "Man's Salvation: Its Nature and Meaning in African Traditional Religion" in *Christianity in independent Africa*, ed. E. Fashole-Luke, R. Gray, A. Hastings and G. Tasié (London: Rex Collins, 1978), 389-401; Christian Gaba, "Total well-being: Salvation and God in the experience of an African people" in *God: The Contemporary Discussion*, ed. F. Sontag and D. Bryant (New York: The Rose of Sharon Press, 1982), 131-150 and C. W. Bansah, *Salvation at the Crossroad: Christianity and Ewe Indigenous Religion in West Africa* (Accra: SonLife Press 2013).

treatment of some sicknesses or for the restoration of good health. However, persistent ailment could trigger a search for spiritual cause and remedies for such otherwise ordinary or physical ailments. The emphasis on spiritual healing buttresses the essence of holistic approach to healing in African thought. Health issues then becomes a religious problem. Restoration of good health and the maintenance of human well-being taps deep into religious sphere. For health restoration then, as a holistic approach, spiritual healing intertwines with the physical healing. As such, spiritual healing may require confession and reconciliation for an effective holistic restoration of health. Also, preventive measures are taken to ward-off possible spiritual attacks and ill-health. Whatever the approach to the healing of abominable ill-health and disabilities, the attitudes generated out of traditional religious and cultural beliefs are very difficult to dislocate and their persistence affects the well-being of the victims.

Attitudes towards Ill-health and Disability

The attitudes towards persons with disabilities generally tend to be negative. The positive attitudes include the sympathy and generosity shown by some family members or relatives and at times by concerned citizens in the community. The segregation of persons with certain abominable ill-health and disabilities from mainstream communal activities was not uncommon among the Tongu Mafi people. The main practice is to create a new habitation for such persons at the outskirts of the town, and under strict surveillance of the elders of the town after such abominable ill-health and disabilities had been detected. Personal contacts with the family or the rest of the family are severed and, where necessary, it is limited to the herbalist, medicinemen or the diviner who will be responsible for the possible cure of the ill-health and disabilities. Persons segregated mainly for their ill-health and disabilities were the lepers, persons afflicted with yaws, the hunchbacks and the lunatics. In recent times, however, segregation of these handicapped persons is rare, with the exception of the psychotic, the rest are almost eradicated through improved healthcare. However, the attitude remains that they are conceived of as sick persons.

The reasons for the segregation of handicapped persons are explained in the context of the beliefs about the causes of the disabilities. The disabilities that called for segregation were normally

considered abominations and the victims regarded as accursed persons doomed by supernatural affliction. The segregation of the handicapped persons was therefore seen as responding to demands of tradition to forestall the recurrence of such misfortunes. Segregation was therefore regarded as the most potent attempt to protect the rest of the community from the spread of the disability and other abominable diseases even after the death of the victims.

There are other categories of handicapped persons who were not strictly segregated but confined to their family homes. They were strictly kept indoors so that a visitor or stranger could not know of their presence in the homes. These are normally persons with disabilities such as blindness or physical deformities; for instance, cripples and hunchbacks. The popular understanding for this attitude is that the families regard such handicapped conditions as a disgrace and would like to prevent their exposure to the public. Such disabled persons live in that confinement and isolation from people with the exception of contacts with the family and occasionally, the extended family. The handicapped persons in confinement, it seemed, were ignorant of the vibrant social and cultural dynamics around them. One blind man from Gidikpui in the Central Tongu District of Ghana recounted how he was confined indoors until an uncle came and took him away secretly. He was rehabilitated and became a craft instructor in a Basic School of the Ghana Education Service. When he was asked to describe his experience in confinement, he commented that he never realised anything was wrong until he was taken away.¹⁷

On the other hand, the attitude of cruelty from peers of persons with disabilities and many others in society may affirm the fears of parents of persons with disabilities to expose their children to the public. This cruelty comes in the form of taunting, insults and physical abuse. Some parents fear that their disabled children could be victims of attack, kidnapping and sacrificial objects for wicked persons. The least they can therefore do is to keep them out of sight. It is also an attitude generally in traditional societies to regard persons with disabilities as a source of pollution. Apart from individuals trying to avoid seeing them and coming into physical contact with them, the disabled are also considered a source of pollution to persons and

¹⁷ Ahorator, "Traditional Beliefs," 60-68.

things considered sacred. In the Tongu Mafi people's traditional worldview and experience, persons with disabilities do not qualify for leadership positions. A disabled person then cannot be a chief, queenmother, priest, linguist and a head of family. All these feed into the dominance of the spiritual dimensions of the conception, causes, healing and restoration of good health and attempts for cure for disabilities. Out of these, one can establish the confluences of religion, health and disability.

Intersections of Religion, Health and Disability

Performance of religious rituals serves as an intersection of notions of religion, health and disability. The nexus of this intersection is often captured in libatory prayers. The core supplication in libation is the request for good health, abundant life and salvation. At the same time, ritual celebrants on the occasion of libation request for protection and remedies against evil forces and their manifestations in the human society. The manifestations include ill-health, disabilities, and in fact, whatever is counter-productive against good health, good life and well-being of humans in the society.¹⁸ In libatory prayers therefore, religion becomes the conduit for the request for good health and remedies for ill-health and disabilities. What is often requested over and over again in libatory prayers is the nipping of evil and all its forms of manifestation in the bud.

Mortuary rites among the Tongu Mafi people also bring out the interconnections between religion, health and disability. The post-mortem rituals and the conceptualisation of the ancestral home tend to be in the religious sphere despite their cultural uniqueness. Post-mortem rituals in traditional societies, in this case, the experience of the Tongu Mafi people, is meant to facilitate smooth transition of the souls of the dead to their appropriated designated sections in the spirit world. As part of the ritual process, the ritualist would admonish persons afflicted with abominable ill-health and disabilities to settle calmly at their designated section in the hereafter and desist from intruding into the world of the living. The ancestral home is the ideal place in the hereafter and any person who becomes an ancestor or at least join the ancestors in the hereafter are considered to

¹⁸ Meyer, *Translating the Devil*, 86

have attained *dagbe* or “a redeemed life” or salvation. Persons afflicted with abominable ill-health and disabilities do not qualify to be ancestors or join the ancestors in the hereafter. This has been the main thrust of the post-mortem rituals for persons with disabilities and abominable ill-health.¹⁹

The flair for spiritual healing in all the major religion in Ghana cannot be overlooked. The major religions are Christianity, Islam and Traditional Religion. There is the acknowledgement of the spiritual dimensions to the conceptualisation of ill-health and disability all these religions. In the case of Christianity, for instance, the Bible in Leviticus 21:16-23 indicated the ill-health and disabilities that can prevent the victims from religious leadership roles and how they can pollute sacred office. In John 9:1-3, however, there is an indication of a new dispensation and a glorification of the disabled. Based on this, Christians have sought to change perceptions of the disabled as outcast through the championing of healthcare centres and schools for the disabled. In terms of healing and restoration of good health, just as in Traditional Religion and Christianity, Islam also focuses on the importance of holistic approaches to healing and restoration of good health.²⁰ It could also be established that in spite of the distinct religious traditions, the individual may be an embodiment of different religious beliefs and values. These beliefs are also expressed in search for healing and restoration of health.

Conclusion

There has been remarkable improvement in scientific healthcare in Ghana and West Africa as a whole. These healthcare centres or institutions have been extended to the doorsteps even at the remote and rural parts of the country thus making healthcare accessible to many. However, religious influence on healthcare is still very strong. The centre of thinking is focusing on the spiritual dimensions of diseases, ill-health and disability in order to effect holistic healing and restoration of good health. Therefore, healing in African societies is very much of a religious activity than a scientific process. For this reason, there is still the flair for spiritual healing at religious

¹⁹ Ahorator, “Soteriological Beliefs,” 83-85.

²⁰ Osman B. Bari, *A Comprehensive History of Muslims and Religion in Ghana* (Accra: Dazine Focus, Printing and Publication Co., 2009), 2: 705-716.

centres and institutions. Social dimensions of health are linked up with religion and morals of the community. Some African traditional worldviews support Christian and Islamic conception and attitudes towards disability and healthcare but generally some negative attitudes towards disability are grounded in religion and culture. A phenomenological study reveals the intersections of religion, health, and disability and these altogether shape outlooks on ill-health and disability. Addressing the challenge of the Ghanaian traditional attitudes towards PWDs from the perspective of correcting the negative traditional notions of disability could be an effective approach to integrating the disabled into mainstream communal life and laying the foundation for their maximum participation in national development. Legislative impositions and legal injunctions are necessary but may not be in the position to dislocate negative traditional beliefs, norms and practices that hinder the progress of persons with disabilities.

Dr. Godson Ahorator

Dept. for the Study of Religions
University of Ghana, Legon
(gahortor@ug.edu.gh)