THE CHRISTIAN BELIEF SYSTEM AS EMPOWERING FACTOR IN COMMUNITY-BASED REHABILITATION (CBR)

The relationship between the Christian belief system and the experienced participation of people with physical disabilities in society (Kumasi Metropolis, Ghana)

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ABSTRACT

Disability is perceived as ‘a result of sin’ (Bowers, 2004) or as ‘must be healed’ (Möller, 2012) in several countries. Given that the cause of disability often is sought within the family or in God (Treloar, 1999), it could be very well that attitudes about disability are related and attributed to religious belief systems. Since many people with disabilities encounter barriers and inequalities in society (WHO, 2011), the level of participation of persons with disabilities in society could be related to religious belief systems.

Twenty persons with physical disabilities in the Kumasi Metropolis have been interviewed about their experiences with regard to physical disability, society, family, childhood and the Christian belief system. This study aimed to address the following research question: ‘how is the participation of persons with physical disabilities in society (Kumasi Metropolis, Ghana) related to the Christian belief system?’

It is found that negative and superstitious attitudes about disability are evident in society. Related to these attitudes, people with physical disabilities encounter barriers and inequalities in society. The Christian participants feel empowered by the Christian belief system and regard their disability as the decision of God. Based on these findings, recommendations are defined for community-based rehabilitation programs to optimize the inclusion of persons with disabilities in society.

Keywords: physical disabilities, community-based rehabilitation, Kumasi Metropolis, Christian belief system, Möller.
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1. INTRODUCTION

The World Report on Disability (2011) defines disability as “an umbrella term for impairments, activity limitations, and participation restrictions, denoting the negative aspects of the interaction between an individual (with a health condition) and that individual’s contextual factors (environmental and personal factors)” (World Health Organization, 2011).

1.2. Medical model of disability

Throughout the years, people with disabilities have been regarded as disabled by the own ‘imperfect’ body (Grant, 2009). This medical model of disability affected the lives of many people with disabilities: fewer opportunities were evident in several sectors of society. For instance, in obtaining information, accessing the public transportation system and accessing public buildings, people with disabilities encountered barriers (Grant, 2009). Inequalities have been evident in the educational sector, the political sector and the employment sector as well. Policy-makers and managers, who perceive disability from a ‘medical model of disability perspective’ and make decisions on the basis of these views, may easily discriminate people with disabilities. For example, services were not adjusted to the needs of persons with disabilities, but separate services were created to compensate for their physical ‘imperfections’ instead (Grant, 2009). Barton (1993) described clearly that citizens have showed “(...) fear, horror, anxiety, hostility, distrust, pity, over-protection and patronizing behavior” towards people with disabilities throughout history.
1.3. Social model of disability
During the 1960s, the medical model of disability changed into the ‘social model of disability’ in various countries. The social model of disability describes people with disabilities as ‘disabled by various barriers in society’ (WHO, 2011). For instance, people with disabilities encounter architectural barriers in society. Related to the social model of disability, several countries adopted their anti-discrimination legislation. As a result (more) political rights, civil rights, social rights, economical rights and cultural rights were realized for persons with disabilities (Quinn et al., 2002).

2. PROBLEM DEFINITION
In recent years, human rights have improved, legislation has been modified and the inclusion of persons with disabilities has been pursued (United Nations, 2006). It is evident that disability and rehabilitation are increasingly regarded as human right issues (WHO, 2011), since the first World Report on Disability is published (in 2011). Nevertheless, inequalities and barriers for persons with disabilities still are evident in various countries, including Ghana.

2.1. Educational attainment
Many Ghanaian children with disabilities encounter barriers to attain school. Children with disabilities receive fewer years of education (2.41 years) than children without disabilities (2.63 years) (Mitra, Posarac & Vick, 2011). Inequalities in primary education are evident as well: fewer people with disabilities (54 percent) complete primary education than persons without disabilities (65 percent) (Mitra, Posarac & Vick, 2011). As important skills are developed at school, it might be difficult for people with disabilities (if not attended education) to become employed later in life (Rioux & Pinto, 2010).

2.2. A vicious circle
Several people with physical disabilities use crutches, a wheelchair or other appliances to realize mobility. These appliances are expensive and affect the income of an individual. As result of social barriers (negative attitudes in society), it can be difficult for persons with disabilities to become employed. These examples show how disability affects income.

On the other hand, income influences disability. People living in poverty may encounter difficulties in affording education and health care. As a result, these people become physically more vulnerable, which may result into a disability. Income and disability work in a vicious circle.

2.3. Social circumstances
At a social level, inequalities are evident as well. People with disabilities encounter
harassing behavior of others, including ‘stereotyping’ and ‘othering’ (Möller, 2012; Watermeyer et al., 2006). ‘Stereotyping’ is regarding various persons with one common characteristic as ‘being the same’, without taking into account personal differences. ‘Othering’ is creating a self-defined norm about someone, to distinct that person from the self (Watermeyer, 2006). Attitudes and behavior of others can influence the quality of life of persons with disabilities. As Bond and Bunce (2003) explained, ‘not feeling accepted by others’ can affect the physiological sensations, health, and quality of life of an individual.

2.4. Religious belief systems
It is frequently thought, that someone is to blame for ‘disability’. In 1999, Treloar quoted a participant: “I see a lot of breakup in families because of the child who’s disabled. The mother will blame the man, too, sometimes. The blame has to be put somewhere. They either put it on each other, or they put it on God”. Reasons for disability are often found within the family or in God. Furthermore, disability is often regarded as ‘must be healed’ (Möller, 2012) or as ‘a result of sin’ (Bowers, 2004).

2.5. Community-based rehabilitation
Rehabilitation programs focus on the rehabilitation process of persons with disabilities. Rehabilitation is “a set of measures that assist individuals who experience, or are likely to experience, disability to achieve and maintain optimal functioning in interaction with their environments” (WHO, 2011). To realize full participation of persons with disabilities in society, CBR pursues cooperation between persons with disabilities, their families, communities, (non-)governmental organizations and other stakeholders (WHO, 2013). Even though religious belief systems play a major role in the lives of many citizens, the role of religious belief systems in CBR programs seems small or non-existent. Hardly any reference is made in CBR literature about the negative or positive role of religion in the acceptance and rehabilitation of people with disabilities.

3. RESEARCH QUESTION
To optimize rehabilitation of people with disabilities, it is important to clarify the relation between ‘the participation of persons with disabilities in society’ and ‘religious belief systems’. The focus of this study is on the Christian belief system, as most Ghanaian citizens (68 percent) follow this religious system. This study aimed to address the following research question: ‘How is the participation of persons with physical disabilities in society (the Kumasi Metropolis, Ghana) related to the Christian belief system?’
4. LITERATURE REVIEW
Throughout the years, perceptions of disability have been contradictory. In several tribes, disability was associated with evil. For instance, the Spartans, Masai Indians and the Junkan in Sudan killed children with disabilities, since their bodies were believed to be ‘possessed by evil’ (Buscaglia, 1975). During the Dark Ages, people with disabilities were brought to death, since these persons were perceived as witches (Buscaglia, 1975).

Contrarily, disability was regarded as a ‘blessing’ in other tribes. For instance, the Azand tribe worshipped people with disabilities (Buscaglia, 1975). In Russia, Cambodia and several other countries, persons with disabilities were regarded as having ‘high religious importance’ (Dovey & Graffam, 1987). The East-African Chagga perceived disability as ‘keeping evil at a distance’ and in Renaissance people with disabilities were treated with care, since these persons were perceived as ‘being unlucky’ (Selway & Ashman, 2010).

4.1 Current situation
Today, perceptions of disability still are connected to religious belief systems. In various church services, people pray for the (miraculous) healing of the disability of church members. As Möller (2012) cited one of her participants: “They prayed for me, without asking my permission, took off the footrests of my wheelchair and started pushing and shouted at me, WALK!”.

5. THEORETICAL FRAMEWORK OF MÖLLER (2012)
During 2009 and 2010, Möller (2012) interviewed persons with physical disabilities and church leaders in Pietermaritzburg (South Africa). The participants were asked about their experiences with regard to the exclusion of people with disabilities in faith communities. As a result, Möller (2012) developed two categories to describe her findings:

1. The experiences of exclusion of people with disabilities in faith communities.
2. Suggestions to enhance the inclusion of people with disabilities in faith communities.

5.1. Subthemes of Möller (2012)
Möller (2012) described persons with disabilities to encounter challenges in life (table 1, figure 1 and figure 2). For instance, people with disabilities frequently encounter difficulties in giving meaning to the own life journey (subtheme 1.1). In feeling included, people with disabilities value the perceptions of significant others (subtheme 1.2). For instance, participants value the way in which parents experience – and adapt themselves to – the disability of their child (Möller, 2012). As a result of attitudes in society, various children with disability
are kept inside the house (Möller, 2012). Furthermore, the physical environment of buildings is often physically inaccessible for persons with disabilities (subtheme 1.3). The attitudes and behavior of others (persons *without* disabilities) affects the inclusion of persons with disabilities (subtheme 1.4). For instance, feelings of inclusion are affected when disability is regarded as ‘a result of sin’.

The categories of Möller (2012) provide a solid foundation for research in the Kumasi Metropolis.

<table>
<thead>
<tr>
<th>Möller’s subthemes</th>
<th>Category 1: Experiences of people with disabilities in faith communities with regard to exclusion</th>
<th>Category 2: Suggestions to enhance the inclusion of people with disabilities in faith communities</th>
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<td>1.3 The experiences of the person with a disability with regard to the physical environment of the church.</td>
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<td>1.4 The way in which a person with a disability experiences the perceptions of others with regard to disability.</td>
<td>2.4 Change beliefs and practices regarding disability.</td>
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Table 1: Table composed of research findings of Möller (2012)
Möller’s first category: Experiences of exclusion by persons with disabilities

Subtheme 1.1
Facing the lived experience of having a disability
Challenge giving meaning to own life journey with disability

Subtheme 1.2
The experiences of significant others in relation to living with a person with disability
The experiences of some significant others in making adaptations and additional responsibilities
Cultural beliefs result into 'persons with disabilities' being kept inside the house

Subtheme 1.3
The experience of a person with disability about the physical environment of the church
The physical environment of churches and the physical environment of worship services is experienced as inaccessible and not user friendly

Subtheme 1.4
The way in which persons with disabilities in faith communities, experience others' perceptions of disability
Biblical interpretation influences perception and behavior
Others want to 'fix' disability
Disability is sometimes perceived as 'sin'
Few persons with disabilities have experiences of liberation and inclusion because of the church not accepting them for who they are

Figure 1: composed schedule of Möller’s first category.
Möller's second category: Suggestions to enhance inclusion

**Subtheme 2.1**
Person with disability is feeling unconditionally accepted in faith communities under certain conditions

Persons with disabilities are allowed to be involved according to the own spiritual needs

Persons with disabilities have self-determination

**Subtheme 2.2**
Relate to persons with disabilities as persons with abilities. Not as (entirely) disabled or helpless persons

Cultivate relationships between person with disability and non-disabled people. Built on each person's unique ability to contribute to the relationship

Work for a balance where the person with disability is not the perpetual receivers of services, but also have a chance to serve others

**Subtheme 2.3**
Provide practical support to persons with disabilities without being condescending

Support of persons with disabilities should be respectful, based on the dignity of the other. When offering help to PWD it is important to bear in mind their other abilities

Try to include persons with disabilities in natural support systems as opposed to creating separate services to them (Carter, 2007)

**Subtheme 2.4**
Change beliefs and practices regarding disability

Change the belief that disability is 'abnormal and unacceptable'. Disability should be seen as part of the variety of life

The unfounded, retributive perceptions of the causes of disability can rather become a more accommodating approach, that does not blame the person with disability

Figure 2: composed schedule of Möller’s second category.
6. METHOD
In Ghana (the Kumasi Metropolis), participants were selected in cooperation with the ‘Centre for Disability and Rehabilitation Studies (CEDRES)’ and the ‘Edwenase Rehabilitation Centre (ERC)’. As a result, people of diverse backgrounds (and most likely to have diverse opinions), have been included. Twenty persons (of whom thirteen male and seven female participants) have been interviewed face-to-face. All participants have a minimum age of eighteen years and resident in urban or rural areas. Participants differ in type of physical disability. Ten interviews have been conducted by the researcher in English. The other ten interviews (with Twi-speaking participants) have been conducted in cooperation with a local translator. The translator translated the conversation between the participant and the researcher. As a result, persons who have not attended English education could be included in the research as well.

6.1. Interview structure
Participants have been interviewed with topic-structured interviews (qualitative research). This interview approach allowed the researcher to stay open to the input of the participant: the development of the conversation depended on the participant’s story. Five predefined topics have been discussed with each participant: physical disability, society, family, childhood and the Christian belief system. Prior to the interview, the participants have been informed about their rights and the research goals (by means of an ethical clearance form and informed consent form). Interviews were audio-recorded if agreed upon by the participants. Audio-recording allowed the researcher to re-listen the conversation during analysis. If the participant preferred otherwise, the researcher took notes during the conversation. In both options, participants stayed anonymous. After the interview, participants were offered a reimbursement to compensate for the invested time in the interview.

7. RESULTS
On the basis of the predefined topics (physical disability, society, family, childhood and the Christian belief system), the results are described.

7.1. PHYSICAL DISABILITY
Participants differ in type of physical disability. Several participants use appliances to move, like crutches, a wheelchair or other appliances. The causes of physical disability differ among the participants. Some participants are born with a physical disability. Other participants have physical disabilities as a result of life events, like Poliomyelitis. For some
participants the cause of their disability is unknown. One of these participants explained: “one day, when waking up, I suddenly was not able to move”.

7.2. SOCIETY
Participants experience superstitious and negative attitudes about disability in society. Related to these attitudes, inequalities and barriers are evident in society. Ramps often are not constructed in buildings and ramps are too steep for persons using a wheelchair. Several participants indicate feeling ‘unwanted’ when only staircases are available. Sometimes assistance is needed by people with disabilities to enter a church. Getting such assistance can be a challenge, since negative attitudes about disability are evident. Nevertheless, most participants indicate receiving necessary assistance by their church members.

7.2.1. Social barriers
Frequently, people with disabilities are regarded as ‘bringing bad luck’. As a result, various bus-drivers do not stop for persons with disabilities. Another ‘reason’ not to stop, is the belief that people with disabilities will take more time to get into the bus, and: ‘time means money’. Superstitious beliefs are evident in the market-sector as well. A participant explained that several shopkeepers lie to blind customers about the availability of products, because of existing beliefs about – and negative feelings towards – people with disabilities.

7.2.2. Architectural barriers
Various offices and other workplaces are inaccessible for persons with physical disabilities, as ramps are too steep or not constructed at all. It is difficult for persons with disabilities to become employed, as social barriers (negative attitudes) are highly prevalent in society. Even though equality-legislation exists in the employment sector, people with disabilities continually encounter challenges. Even graduated students with a physical disability encounter barriers in realizing employment.

7.3. FAMILY
During childhood, several participants traveled through Ghana with their mother. The aim of this journey was to find a cure to their disability. However, disability often cannot be healed and attending school is impossible when traveling. Therefore, participants are positive about the moment (the incurability of) their disability was accepted by family members. A participant explained his father to be remarried when they returned home after months of traveling. His stepmother frequently shows negative attitudes with regard to his disability. However, in spite of such examples, participants only speak positive
words about their parents. Feeling and being accepted by the own parents is important for the participants. A participant explained his mother to object the negative attitudes of many others (with regard to his disability). This participant experiences this fact, and his educational achievements, as very positive.

7.3.1. Educational achievement
Many children with disabilities are not able to go to school, which regularly is a result of attitudes about disability. Various families think that children with physical disabilities are less intelligent than children without disabilities. As a result, various families keep children with disabilities inside the house. A participant explained his parents kept him inside the house for years (as a result of partial paralysis).

7.4. CHILDHOOD
Many children with physical disabilities encounter negative attitudes of others during childhood. As some participants used crutches during childhood, they were teased: peers did not understand the reason of these appliances.

7.4.1. Unsuitable environment
In most families, parents are at work during daytime. As various children with disabilities do not attend school, someone has to take care of the child. Often, the grandmother nurtures the child during daytime, but the grandmother often needs assistance herself. A participant explained that various (grand)-mothers take their child with a disability to work (to the fields or the market), where the child is placed on the floor during daytime.

7.5. CHRISTIAN BELIEF SYSTEM
Worshipping God in church means a lot to the participants. Various persons with physical disabilities encounter difficulties affording transport to church. A participant explained that he is currently not able to visit church, even though worshipping God in church means a lot to him. Therefore, this participant experiences his current situation to be very difficult. Participants indicate God is providing them with strength. Furthermore, participants have full faith in the decisions of God.

A participant explained God is the reason she is alive today: during childhood, doctors thought she passed away. Her parents were advised to pray in church. After having prayed in church, it appeared their child was still alive: she woke up from a coma. This example indicates that participants perceive their disability to be related to choices made by (their) God. Participants are grateful for the role of Jesus Christ in their life and feel empowered by their Christian belief system.
7.5.1. **Church members**

Participants indicate their church members to be kind and helpful. Assistance is usually provided when climbing the staircase to church. Sometimes, the church collects – and donates money to church members with disabilities. However, several participants are less positive about attitudes (with regard to disability) in other churches. Participants explain that chairs next to persons with disabilities stay unoccupied in other churches. The pews are too small for: sometimes, people using a wheelchair are placed in front of the church, were space is available. As these persons sit with their eyes towards the public, they cannot enjoy church services the same as persons without disabilities.

8. **COMPARISON: RESULTS KUMASI METROPOLIS AND SUBTHEMES OF MÖLLER (2012)**

A comparison is made between the findings in the Kumasi Metropolis and the subthemes of Möller (2012).

8.1. **Subtheme 1.1 of Möller (2012)**

As Möller (2012) described, participants in Pietermaritzburg (South Africa) encounter challenges in life. For instance, persons with disabilities encounter difficulties in giving meaning to their own life journey. Difficulties are faced in the lived experience of having a disability (Möller, 2012).

The participants in the Kumasi Metropolis encounter challenges as well: superstitious beliefs about disability are evident in society. As a result of these beliefs, inequalities are encountered. The Christian participants feel empowered by their Christian belief system. Participants perceive their disability to be God’s choice.

It can be stated that the findings in the Kumasi Metropolis are comparable to subtheme 1.1 of Möller (2012). Participants in both countries experience challenges in society. An additional finding in the Kumasi Metropolis is the fact that Christian participants feel empowered by their Christian belief system.

8.2. **Subtheme 1.2 of Möller (2012)**

People with disabilities value the perceptions of significant others in feeling included (Möller, 2012). Furthermore, subtheme 1.2 states that various children with disabilities are kept inside the house as a result of existing beliefs.

Various participants in the Kumasi Metropolis traveled through Ghana with their mother during childhood. The traveling is an example of an adaptation made by significant others. Participants are positive about the moment (the incurability of) their disability was accepted by family members.

The participants in both studies value the experiences of significant others, but
participants in Pietermaritzburg seem to have focused more on experiences of significant others (subtheme 1.2). Participants in the Kumasi Metropolis seem to have focused more on their own experiences with regard to the opinions and adaptations of significant others.

8.3. **Subtheme 1.3 of Möller (2012)**
As Möller (2012) described, churches are often physically inaccessible for people with physical disabilities.

In the Kumasi Metropolis, people with disabilities experience inaccessible buildings as well.

Thus, in both studies the participants encounter physically inaccessible (church)-buildings. Participants in the Kumasi Metropolis experience their church members to be kind and helpful. When climbing the staircase to church, assistance is provided. About attitudes and behavior in other churches (with regard to disability), participants in the Kumasi Metropolis are less positive.

8.4. **Subtheme 1.4 of Möller (2012)**
As Möller (2012) described, participants value the attitudes of others in society. Several participants do not feel accepted for who they are.

The attitudes of others are important for participants in the Kumasi Metropolis as well. For instance, in the public transportation system: bus-drivers stop less for persons with disabilities than for persons without disabilities.

It is found in both studies, that attitudes of others can affect the lives of persons with disabilities.

9. **DISCUSSION**
It is found that people with disabilities experience barriers and inequalities in society, related touperstitious attitudes. As Möller (2012) stated, people with disabilities value the way in which significant others experience adaptations. Participants in the Kumasi Metropolis value the experiences of significant others as well, but focus more on the influence of these adaptations on their own life journey. This difference can be a result of different questions asked by the researchers. Otherwise, this difference can be a cultural difference between participants in Pietermaritzburg and the Kumasi Metropolis.

9.1. **The physical environment**
It has become clear that (church)-buildings are physically inaccessible for persons with disabilities.

9.2. **Church members**
Participants in the Kumasi Metropolis experience church members to be kind and helpful. However, participants are less positive about attitudes in other churches.
9.3. Christian belief system empowers
The study in the Kumasi Metropolis focused on the relation between ‘the participation of persons with disabilities in society’ and ‘the Christian belief system’. It is found that participants feel empowered by their Christian belief system. This empowering role of the Christian belief system is not included in Möller’s subthemes, which may be a result of different research questions.

10. DISCUSSION OF RESEARCH STRUCTURE
As a result of the topic-structured interview, the researcher stayed open to the participant’s story. Predetermined questions were not asked by the researcher. Instead, five predefined topics (physical disability, society, family, childhood and the Christian belief system) were discussed with each participant. As a result, participants were not driven into a specific direction during the interview. Nevertheless, some risks are attached to the topic-structured interview approach. As the interviews depend on the participant’s story, some subjects could easily be forgotten or ignored by participants. As a result, interview stories might not be fully comparable to each other.

10.1. Selection of participants
During the selection of participants, a gender-balance was pursued. However, more men than women were interested in being interviewed. This gender imbalance has to be taken into account during analysis, as men might have different perceptions of participation than woman. Given that the predefined topics are gender-independent, the results are likely to be valid and reliable.

10.2. Translator
Ten of the interviews (fifty percent) have been conducted in cooperation with a local translator. As a result, persons who are not proficient in English could be included as well. Persons of diverse backgrounds create the opportunity to answer the research question in its full context, increasing the validity and reliability of the results.

However, some risks are associated with including a translator. Participants interviewed by the researcher only (in English) might feel more comfortable sharing personal experiences, than the participants that are interviewed by the researcher and translator. The participant might feel less anonymous when a local translator is present during the interview. Furthermore, a translator might interpret the experiences of the participant in a different way than the researcher would do. It may be that the answers of these participants are interpreted differently than participants who were interviewed by the researcher only.
10.3. Advantages of cooperation with a local translator

A lot of benefits are associated with including a translator as well. In the first place, participants of diverse backgrounds could be included in the research. In the second place, the translator has a physical disability, which increases the acceptance of the translator. Finally, participants might feel comfortable sharing personal experiences with this translator, as he understands what it is like to live with a disability. Therefore, validity and reliability of this research are most likely improved by involving this particular translator.

10.4. Interview environment

The interview was scheduled in consultation with the participant. As a result, the most comfortable interview-ambiance was realized for participants. On the one hand, this consultation most likely increases the reliability and validity of the participant’s answers, as the most comfortable interview-environment was realized. On the other hand, the researcher encountered challenges as a result of the consultation. In various audio-recordings of the interviews, disruptive sounds overrule the story of the participant which made it at times difficult to clearly listen to the recordings.

11. CONCLUSION

Based on the results and discussion, the following conclusions are defined.

11.1. Attitudes and barriers in society

People with physical disabilities experience superstitious beliefs of others in the Kumasi Metropolis. These attitudes affect the participation of people with disabilities in society. The interviewed persons indicate feeling ‘unwanted’, when few ramps are constructed. Architectural – and social barriers are evident in various sectors of life: in the employment sector, the market-sector and the public transportation system.

11.2. Church members

Persons with physical disabilities experience their church members to be kind and helpful. Most participants receive the necessary assistance of church members. Sometimes, money is collected and donated by their church, to support their living. Participants are less positive about attitudes and behavior in other churches with regard to disability.

11.3. Christian belief system

The Christian participants feel empowered by their Christian belief system. The participants are grateful for the role of Jesus Christ in their life. Participants perceive their disability to be the decision of God. The Christian belief system empowers the Christian participants in giving meaning to the own life journey.
11.4. Follow-up research
The expectation that ‘the participation of persons with disabilities in society’ and ‘religious belief systems’ are related, is strengthened. This study has shown that the Christian belief system empowers Christian persons with physical disabilities in the Kumasi Metropolis. It is expected that paying attention to (Christian) belief systems in CBR programs will empower the rehabilitation process of (Christian) persons with disabilities. Follow-up research is needed to validate this statement.

12. RECOMMENDATIONS FOR CBR PROGRAMS
Recommendations are defined for CBR programs, to optimize the inclusion of persons with disabilities in society.

12.1. Uniting persons with disabilities
Participants are interested in sharing their experiences with regard to disability. In particular, participants are interested in sharing their experiences with other people with disabilities (in various cities). Participants like to provide knowledge about the participation of people with disabilities in society. Furthermore, participants are interested in improving their levels of participation. By giving people with disabilities the opportunity to discuss their thoughts with other persons with disabilities, feelings of ‘being understood’ and ‘feeling accepted’ may increase.

12.2. Uniting persons with – and without disabilities
Persons with disabilities are interested in sharing their experiences with persons without disabilities as well. It is recommended to realize this interest, as discussions will improve the knowledge and awareness of many citizens. Furthermore, these conversations between persons with - and without disabilities, are expected to lead to increased participation of persons with disabilities in society. CBR programs should therefore not only focus on the development of Disabled Peoples Organizations, but also realize that people with disabilities meet people without disability and vice versa.

12.3. Employment support
Realizing employment is difficult for persons with disabilities, even though legislation exists to realize equal opportunities. It is important to ensure that legislation becomes implemented, as legislation only is not going to realize the necessary changes. Furthermore, the belief that persons with physical disabilities are less intelligent than persons without disabilities, has to be changed. Role models in particular may play an important role to do so.
12.4. Religious belief systems
To really be meaningful to persons with a disability, it is recommended to pay attention to religious values in CBR programs. It is important to focus on the positive and negative effects of religious values on the lives of people (with disabilities). Furthermore, it is recommended to pay attention to the opinion of society at large, and to pay attention to the role that religious leaders could play in the acceptance of people with disabilities.

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