



We are able!

Policy brief: The role of religious norms and religious actors in disability inclusion



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Introduction

Project framework

This research project was carried out as part of an internship at ZOA. ZOA is an international non-governmental organization focused on relief and recovery, operating in fourteen countries in Africa, Asia and South America. ZOA provides emergency relief in case of conflicts or natural disasters, especially for those who are displaced. However, ZOA also supports recovery after a crisis, by providing assistance in improving food security, education and sanitation, amongst other things.¹ ZOA has Christian roots, which is core to its identity and is reflected in its mission, vision and values.² However, ZOA also emphasizes that the organization seeks to serve people regardless of their ethnic or religious background. This means that ZOA does not primarily target churches or Christian communities.

The internship focused on the We are Able! program. This program is carried out by six organizations: See You Foundation, The Leprosy Mission, African Disability Forum, VNG international, The Hague Academy and ZOA. ZOA takes the lead on this program, which is subsidized by the Ministry of Foreign Affairs as part of the Power of Voices partnerships. We are Able! aims to 'co-create inclusive governance for access to basic resources that leaves no-one behind'.³ The program does this by engaging with public authorities through strengthening Civil Society Organizations (CSOs) and Disabled People's Organizations (DPOs) to influence laws, policies, practices and norms to improve food security for people with a disability. While the program is primarily aimed at people with disabilities, it also targets other marginalized groups, such as vulnerable women, excluded ethnic groups or displaced persons.⁴ The program is implemented in six African countries: Burundi, Democratic Republic of the Congo, Ethiopia, South Sudan, Sudan and Uganda.

The program follows three pathways to bring about the desired change:

- ❖ Pathway 1: Mobilizing people with disabilities and their communities, and linking them with DPOs and CSOs
- ❖ Pathway 2: Strengthening DPOs and CSOs to improve their lobby and advocacy capabilities
- ❖ Pathway 3: Linking local public authorities with DPOs and CSOs to develop laws and practices for inclusive governance.⁵

Research problem

Religion is currently not a central theme within the We are Able! program. Alongside people with disabilities themselves and their communities, the program primarily targets Civil Society

¹ "About ZOA", ZOA, accessed 19 May 2022, <https://www.zoa-international.com/about>.

² *Every Life Matters: ZOA Strategic Plan 2019-2022*, ZOA, accessed 19 May 2022, <https://www.zoa-international.com/sites/default/files/assets/files/-ZOA-strategic-plan-2019-2022.pdf>.

³ *We are Able! Full Program Proposal 2021-2025*, October 2020, 1.

⁴ *Ibid.*, 9-11.

⁵ *Ibid.*, 11-12.



Organizations (CSOs) and Disabled People Organizations (DPOs) as central actors. However, religion is mentioned a number of times as a relevant factor in key We are Able! policy documents. For example, the proposal lists traditional leaders and local community leaders (including churches) among 'key supportive stakeholders'. Mobilizing these role models is one of the steps to promote inclusion.⁶ However, religious actors are also mentioned as a potential risk factor for the implementation of the program.⁷

The proposal and the baseline studies also mention the role that religion plays in shaping norms about disability.⁸ In the program countries, disability is often considered to be a curse or a divine punishment. It is also associated with witchcraft.⁹ One of the insights from the scoping study, which was carried out in 2021, was that there is a need for analysis of the ways in which social norms leading to stigmatization can be changed. In some cases, religious communities or organizations such as churches are contributing to this stigmatization, by approaching people with disabilities as people needing help (needs-based approach) instead of focusing on their rights (rights-based approach).¹⁰

Although the scoping study points to the need of an analysis of the ways social behaviour can be changed, this is currently not a priority within the program. Furthermore, there are signs that religious norms influence the ways in which people with disabilities are perceived, but the factor of religion is not explicitly integrated into the program. Despite the fact that religion is not central in We are Able! policies, it might be the case that We are Able! consortium partners are working together with religious actors in the field, or that they are addressing religious norms. However, this is currently not clear. It is also unclear how the different consortium partners view the importance of religion and the potential of engaging with religious actors. The consortium partners have different backgrounds: while some have a strong religious (Christian) identity, others do not. This might influence the way in which they approach the topic of religion. Finally, there is the question in which ways paying attention to religious norms and engaging religious actors could contribute to the prevention of the stigmatization of people with disabilities and the promotion of disability inclusion.

The policy cycle

The We are Able! program runs from 2021 to 2025, which means that the program has entered its second year. At this point, the results from the first year are being gathered and analyzed, after which decisions can be made about the ways in which the program and budget should be adjusted for the coming years. In terms of the policy cycle, this means that the program is currently at the 'start' of a new cycle, where conclusions from the analysis lead to a number of points that are put on the policy agenda for next year, and that existing policies are being reformulated.

This research is part of the policy (re)formulation phase. It focuses specifically on the third step within this phase: the analysis of the causes and effects of the problem situation.¹¹ The problem that We are Able! seeks to address is the exclusion of people with disabilities from basic resources, especially

⁶ *We are Able! Full Program Proposal 2021-2025*, October 2020, 16, 43.

⁷ *We are Able! Annual Plan 2022*, October 2021, 22.

⁸ E.g. *We are Able! Full Program Proposal 2021-2025*, October 2020, 33.

⁹ *We are Able! Baseline Report, Part II*, October 2021, 24.

¹⁰ *We are Able! Policy Brief: Perceptions, Capacity & Law*, 10, <https://weareable.ngo/wp-content/uploads/2022/02/Policy-Brief-Scoping-Studies-Full-Version.pdf>.

¹¹ A. Hoogerwerf and M. Herweijer (eds.), *Overheidsbeleid: Een inleiding in de beleidswetenschap*, 8th ed. (Alphen aan den Rijn: Kluwer, 2008), 88.



from food and land. Exclusion is linked to the stigmatization of people with disabilities. This research focuses on one of the root causes of stigmatization: the religious/cultural norms that shape the way in which people with disabilities are viewed by the community. Religious actors play a central role in shaping these norms, and are also important in the process of changing them. In order to propose relevant improvements and interventions for the program, it is therefore necessary to first conduct a thorough analysis of the problem of stigmatization, and the contribution of religious norms and religious actors to the stigmatization or the inclusion of people with a disability.

Goal of the research

The goal of the research is to investigate the role of religious norms and religious actors in the stigmatization of people with disabilities, in order to make recommendations to the We are Able! consortium about ways in which the program could engage with religion and religious actors to improve disability inclusion. More specifically, the research aims to investigate to what extent religious norms shape the ways in which communities in the We are Able! program countries view people with disabilities, and to what extent religious leaders or religious institutions (such as churches or mosques) could contribute to changing these norms and stigmatizing behavior. The research also aims to provide more clarity on existing policy and practice regarding religion within We are Able! and the different perspectives among staff involved in the program on engaging with religion and religious actors.

Method

The research consists of three parts: a policy analysis, a literature study and interviews. The policy analysis investigates to what extent the topic of 'religion' features in current We are Able! policy documents. The following documents have been analyzed:

- ❖ We are Able! proposal
- ❖ We are Able! baseline study
- ❖ We are Able! annual plan 2022
- ❖ We are Able! scoping study policy brief

A search was carried out in these documents, using the terms 'religion', 'religious', 'church', 'mosque', 'leader', 'role model', 'norm' and 'stigma'. The results of this search were used to create an overview of the instances in which religion or religious leaders were mentioned as part of We are Able! policy.

The literature study focused on two main themes:

- ❖ Developments in theology and disability in the three religious 'traditions' that are most relevant to the We are Able! program: Christianity, Islam and 'traditional African religion'
- ❖ The role of religion and religious actors in stigmatization and behavioral change

Relevant academic and 'grey' literature on these topics was analyzed in order to provide an overview of the current scholarly debates regarding these themes.

In addition, 13 interviews were carried out with staff involved in the We are Able! program. This includes staff working in all six program countries, as well as staff operating from HQ level for all six consortium partners. Using a semi-structured interview guide, the participants were asked about their involvement in We are Able!, the ways in which religion currently plays a role in the program, and their



views on the involvement of religious actors. After transcription, a thematic analysis was carried out using Atlas.ti. First, codes were attached to relevant quotations from the interviews. These codes were then divided in different code groups. Finally, these code groups were grouped again under the main themes of the research project.



Findings

Policy analysis

Religion is not a central theme within the We are Able! program. Alongside people with disabilities themselves and their communities, the program primarily targets Civil Society Organizations (CSOs) and Disabled People Organizations (DPOs) as central actors. As outlined in the three pathways of the program, We are Able! aims to mobilize communities of people with disabilities, to strengthen CSOs and DPOs and to engage public authorities.¹²

However, the proposal lists traditional leaders and local community leaders (including churches) as 'key supportive stakeholders' in the program. These actors have a 'medium to high' level of influence in local communities. They are described as 'important gatekeepers and role models'.¹³ An important assumption in the Theory of Change for We are Able is that awareness raising and increasing knowledge about rights is the first step to support marginalized groups. Mobilizing role models is mentioned as 'one of the most important ways to promote inclusion'.¹⁴ In the baseline study that was conducted in the first year of the program, targeting religious leaders and churches is mentioned as an example of the work carried out by CSOs and DPOs in the program countries.¹⁵ In 2022, one of such activities that will be organized is a workshop that targets religious leaders (among others) in Ethiopia.¹⁶

On the other hand, the proposal also recognizes that religious beliefs and norms can potentially contribute to the marginalization of persons with a disability. According to these norms, disability is considered to be a curse and the skills of people with disabilities are often not recognized.¹⁷ This was also found in the baseline study. In Burundi, for example, a disability is considered a 'divine punishment', a belief which limits the accessibility to food and basic services for people with a disability.¹⁸ In South Sudan, some disabilities are considered to be a curse.¹⁹ The baseline study report also mentions the negative role of 'prayer groups', in which people with a disability are accused of witchcraft. This leads to conflicts among community members.²⁰ The possibility of religious leaders acting as spoilers is also recognized as a risk in the annual plan for 2022.²¹ A scoping study that was conducted in 2021 in Ethiopia, Uganda and DR Congo also confirmed that religious norms play a role in stigmatization of people with disabilities. In DRC and Ethiopia, the idea that disability is a curse or a punishment from God persists, although this is changing in urban areas in Ethiopia.²² One of the insights from the scoping study was that there is a need for analysis of the ways in which social norms leading to stigmatization can be changed. In some cases, religious communities or organizations such as churches are contributing to this stigmatization, by approaching people with

¹² *We are Able! Full Program Proposal 2021-2025*, October 2020, 39.

¹³ *Ibid.*, 16.

¹⁴ *Ibid.*, 43.

¹⁵ *We are Able! Baseline Report, Part I*, October 2021, 73-83.

¹⁶ *We are Able! Annual Plan 2022*, October 2021, 34.

¹⁷ *We are Able! Full Program Proposal 2021-2025*, October 2020, 33.

¹⁸ *We are Able! Baseline Report, Part II*, October 2021, 10.

¹⁹ *Ibid.*, 36.

²⁰ *Ibid.*, 24.

²¹ *We are Able! Annual Plan 2022*, October 2021, 22.

²² *We are Able! Policy Brief: Perceptions, Capacity & Law*, 3, <https://weareable.ngo/wp-content/uploads/2022/02/Policy-Brief-Scoping-Studies-Full-Version.pdf>.



disabilities as people needing help (needs-based approach) instead of focusing on their rights (rights-based approach).²³

Literature study

Religious traditions and disability

Within religious traditions, there are widely varying views on disability, its causes and the ways in which people with disabilities should be approached. Some perspectives contribute to the stigmatization of people with disabilities, while others support disability inclusion. Although it is impossible to adequately summarize all theological standpoints within the different religious traditions, this section will give a brief overview of some of the current developments regarding disability in Christianity, Islam and 'traditional African religion'.

In Christianity, the case for the inclusion of people with disabilities is often made by pointing to the example of Jesus. The New Testament contains numerous stories in which Jesus encounters people with disabilities and talks to them, challenging Jewish conventions around impurity. Christians are invited to be compassionate with the most vulnerable members of the community. However, the Biblical stories in which people with disabilities are cured by Jesus can also give rise to the idea that disability is something that always needs a cure. According to Schuelka, 'believing that disability can be miraculously cured or alleviated changes the relationship between the religious and the person with a disability, as pity established the person with a disability as a vehicle for another person's act of kindness and a responsibility of charity'.²⁴ To counter these dehumanizing ideas, Christian theologians have emphasized the dignity of people with disabilities, as people with disabilities are part of the Body of Christ and created in the image of God.²⁵ Within Catholic social teaching, persons with disabilities are recognized as 'fully human subjects with rights and duties'.²⁶ Critical theologians have criticized stigmatizing beliefs and advocated for more inclusion and justice towards people with disabilities. An example of this is Nancy Eiesland's *The Disabled God: Toward a Libratory Theology of Disability*²⁷, in which she envisions God as a disabled God. Because of his broken body, God is in solidarity with those who are marginalized and oppressed.²⁸ Finally, Christian theology has introduced the 'limits model'. The limits model recognizes that all people are limited in some way, and that limits are therefore part of the human experience. This means that we should not try to overcome limits to achieve perfection, but that we should consider our prejudices about limits and be critical about seeing some limits as 'normal' and others as 'abnormal'.²⁹

²³ *We are Able! Policy Brief: Perceptions, Capacity & Law*, 10, <https://weareable.ngo/wp-content/uploads/2022/02/Policy-Brief-Scoping-Studies-Full-Version.pdf>.

²⁴ Matthew J. Schuelka, "A Faith in Humanness: Disability, Religion and Development," *Disability and Society* 28, no. 4 (2013): 504.

²⁵ Payton Miller, "Converging and Diverging Themes: A Synthesis of Contemporary Theological Literature on Disability," *Journal of Disability and Religion* 24, no. 4 (October 1, 2020): 435.

²⁶ Ken Matheny, "Catholic Social Thought, Social Security Disability, and Inclusion of the Disabled in the American Economy," *Rutgers Journal of Law & Religion* 18 (2016): 37.

²⁷ Nancy Eiesland, *The Disabled God: Toward a Libratory Theology of Disability* (Nashville: Abingdon Press, 1994).

²⁸ Deborah Beth Creamer, *Disability and Christian Theology: Embodied Limits and Constructive Possibilities* (Oxford: Oxford University Press, 2008), 86.

²⁹ *Ibid.*, 33.



In the textual traditions of Islam, disabilities are considered to be a 'natural part of human nature'.³⁰ The origins of disabilities are disputed by Islamic theologians, some argue that it is a punishment from God, others view disabilities as a test. The Islamic tradition contains the concept of 'qadar', which is the belief in preordination. Disability is therefore the will of God. At the same time, the Qur'an promises rewards for people who are disadvantaged and those that take care of them.³¹ People with disabilities are not necessarily exempted from religious responsibilities, but alleviations can be made according to the situation of the individual. This may regard, for example, participation in pilgrimage to Mecca, the fasting month of Ramadan, or the five daily prayers. Believers are only required to do what lies within their abilities.³² The scriptures provide a number of guidelines on the ways in which people with disabilities should be cared for. There is a strong focus on the social responsibilities of Muslims to take care of people with disabilities. The Qur'an introduces an idea of 'guardianship' for those who cannot take care of themselves. It also emphasizes that no-one should be ridiculed and that people with disabilities should be provided in their basic needs. Giving zakat to people with disabilities is not a form of charity, but is considered to be part of social justice and is 'a gesture of seeking goodwill from God'.³³ Most of the literature on Islam and disability has focused on social and legal aspects of disability within the Islamic tradition. However, recently, Kabira Masotta has advocated for a more spiritual approach to disability, based on the teachings of Sufism. The Sufi tradition emphasizes vulnerability and servitude, both on the spiritual and physical level. A transformation towards a more inclusive society first requires a spiritual journey of individual transformation. This process is accessible to everyone, regardless of their (dis)abilities.³⁴

Although "African religion" does not exist as a unified category, Ndlovu uses this term to refer to the 'lived religion of the African peoples of sub-Saharan Africa'.³⁵ He argues that, while African religion is not based on formalized doctrines, there are some beliefs regarding disability that can be inferred from prayers, sayings, teachings and other practices. These beliefs play an important role in the everyday lives of African people, including those that are Christian or Muslim. Indigenous African beliefs are 'ambivalent' towards people with disabilities, containing both negative and positive aspects. On the one hand, disability is seen as an 'affliction' that diminishes the life force of a person and that should be remedied through traditional therapies. Disabilities may be attributed to witchcraft or to the sin of the person with the disability. As a result, this person may be shunned from the community. Mental illnesses, for example, are thought to be caused by witches, using certain charms, medicine or spiritual forces.³⁶ On the other hand, there are also positive attitudes to be found in indigenous African beliefs regarding people with disabilities. The notion of 'ubuntu', for example, teaches community and human dignity. Edwin Zulu argues that engaging with African beliefs and values could contribute to the status of people with disabilities in a positive way. Among the Nsenga

³⁰ Hiam Al-Aoufi, Nawaf Al-Zyoud, and Norbayah Shahminan, "Islam and the Cultural Conceptualisation of Disability," *International Journal of Adolescence and Youth*, December 2012, 206.

³¹ *Ibid.*, 212–213.

³² Arseli Dokumaci, "Performance of Muslim Daily Prayer by Physically Disabled Practitioners," in *Disability in Judaism, Christianity, and Islam: Sacred Texts, Historical Traditions and Social Analysis*, ed. Darla Schumm and Michael Stoltzfus (New York: Palgrave Macmillan, n.d.), 131.

³³ Al-Aoufi, Al-Zyoud, and Shahminan, "Islam and the Cultural Conceptualisation of Disability," 208–209.

³⁴ Kabira Masotta, "Disability in Islam: A Sufi Perspective," *Journal of Disability and Religion* 25, no. 1 (2020): 79.

³⁵ Hebron L. Ndlovu, "African Beliefs Concerning People with Disabilities: Implications for Theological Education," *Journal of Disability and Religion* 20, no. 1 (2016): 29, <http://dx.doi.org/10.1080/23312521.2016.1152942>.

³⁶ *Ibid.*, 32–35.



(a tribe from South Central Africa), for example, a person with a disability is considered to be 'given by God', which provides a basis for the community to accept them.³⁷

Religion and stigma

Stigma is an 'attribute that is deeply discrediting'.³⁸ The Health Stigma and Discrimination Framework³⁹ illustrates how the stigmatization process occurs at different societal levels. This framework starts with the drivers and facilitators of stigma. Drivers are certain ideas or stereotypes that are associated with a health condition, such as a fear of infection. Facilitators are the existing norms, laws and policies that may either intensify or prevent stigmatization. The combination of drivers and facilitators determines whether stigma 'marking' occurs. Here, health-related stigma may intersect with other stigmas, such as race or gender-related stigmas. Stigma manifests itself in beliefs, attitudes and actions about and towards the stigmatized group. This then affects people with disabilities, who experience different forms of stigmatization and who are limited in their participation in society. Stigma can also shape laws and policies.⁴⁰

Religious and cultural norms fall within the category of 'facilitators' of stigma. This means that religious norms form an important contextual factor that, along with other factors, determines whether stigma 'marking' takes place. As described above, religious traditions contain both positive and negative beliefs and practices regarding people with a disability. These beliefs may be shaped by multiple religious traditions at the same time, combined with knowledge of biological causes or medical treatment. Disability may be believed to be a punishment, a consequence of sin, a result of witchcraft or ancestral/spiritual powers. At the same time, religious leaders or faith-based organizations can play a role in addressing stigma and endorsing more positive messages about disability.⁴¹ The discussion of religious traditions and their relation to disability above has also shown that, in all traditions, efforts are made by theologians to approach traditional beliefs critically and to develop a theology that empowers and includes people with a disability. However, these currents are not always dominant and do not always directly affect daily practice.

Several studies have described and analyzed the ways in which religious and cultural beliefs affect people with a disability in sub-Saharan Africa. A study about local beliefs about disability in Lushoto, Tanzania shows that these ideas are complex and cannot be traced back to a single religious tradition. Community members understand the medical aspect of disabilities, but also see a disability in a child as part of God's plan. Although people reject traditional beliefs about witchcraft or curses, they continue to turn to traditional healers to seek treatment for a child with a disability.⁴² A study in

³⁷ Edwin Zulu, "'Watipa Leza': A Critical Re-Engagement of Nsenga (African) Religious Values and Disability," *Journal of Disability and Religion* 20, no. 1–2 (April 2, 2016): 87.

³⁸ Erving Goffman, *Stigma: Notes on the Management of Spoiled Identity* (New York: Simon & Schuster, 1963), 3.

³⁹ Anne L. Stangl et al., "The Health Stigma and Discrimination Framework: A Global, Crosscutting Framework to Inform Research, Intervention Development, and Policy on Health-Related Stigmas," *BMC Medicine* 17, no. 1 (2019): 18–23.

⁴⁰ *Ibid.*, 3.

⁴¹ Bhavisha Virendrakumar et al., *Disability-Related Stigma and Discrimination in Sub-Saharan Africa and South Asia: A Systematic Literature Review*, 2021, 29.

⁴² Angi Stone-MacDonald, "Cultural Beliefs about Disability in Practice: Experiences at a Special School in Tanzania," *International Journal of Disability, Development and Education* 59, no. 4 (2012): 404.



Kenya looked at the factors shaping stigmatizing beliefs among people with and without disabilities.⁴³ This study listed religious and spiritual beliefs as one of the major factors that influenced the ways in which people with disabilities were being perceived. One of the findings was that youth who believed that disabilities were caused by a curse were less likely to want to associate with persons with a disability. This is connected to the idea that these curses can be passed on. People were also less likely to help people with a disability if they believed the disability to be a punishment for bad behavior. At the same time, religious ideas could also be motivators to respect and help people with a disability. For instance, one of the participants of the study referred to the Bible to explain why they took care of a person with a disability.⁴⁴

The literature on development and religion outlines a number of reasons for considering religion and religious actors in development cooperation in general. First of all, contrary to theories on secularization, religion continues to play a central role in both the public and private lives of people, especially in the Global South.⁴⁵ Secondly, religious actors have historically been actively involved in caring for the poor and addressing injustices. Many of the development agencies and NGOs active today have their origins in religious movements or missionary work. Religious communities have also taken care of those in need on a more informal level for centuries. Currently, between 30-60% of health care and educational services in developing countries is provided by faith-based organizations.⁴⁶ In fragile states, religious values, communities and leaders can promote social cohesion and provide public services where governments are failing or even absent. Religious actors may even be considered more legitimate or authoritative than government actors.⁴⁷ Over the past decades, a lot of research has been conducted on the role of religion and religious authorities in peacebuilding and reconciliation. According to Brewer et al., religious organizations 'constitute themselves as intellectual spaces to challenge the terms by which the conflict is understood and to envision a new society'.⁴⁸ In other words, religions provide important resources that contribute to new ways of looking at a conflict and moving towards peace. Religious communities may also have important connections to government actors or other relevant parties in the public sphere, through which they can exert influence.

More specifically, religion can provide legitimacy for certain social behavior. Religion can grant sacred authority to social behavior, by referring to a transcendent source of motivation. This is what makes religiously sanctioned behavior hard to change. However, this does not mean that change is impossible. An important aspect within the process of change is cultural criticism. Cultural criticism can occur when a certain practice clashes with new values or when it has become irrelevant to a certain community.⁴⁹ Community-based interventions that intend to question certain cultural practices (e.g. female genital mutilation) are based on the assumption that community members can initiate

⁴³ Giulia Barbareschi et al., "“When They See a Wheelchair, They’ve Not Even Seen Me” —Factors Shaping the Experience of Disability Stigma and Discrimination in Kenya," *International Journal of Environmental Research and Public Health* 18 (2021).

⁴⁴ Ibid., 7–8.

⁴⁵ Emma Tomalin, ed., *The Routledge Handbook of Religions and Global Development*, *The Routledge Handbook of Religions and Global Development* (Abingdon: Routledge, 2015), 1.

⁴⁶ *Guidelines for Engaging Faith-Based Organisations (FBOs) as Agents of Change*, 2009.

⁴⁷ Seth Kaplan, "Religion, Development, and Fragile States," in *The Routledge Handbook of Religions and Global Development*, ed. Emma Tomalin (Abingdon: Routledge, 2015), 418, 427.

⁴⁸ John D. Brewer, Gareth I. Higgins, and Francis Teeney, "Religion and Peacemaking: A Conceptualization," *Sociology* 44 (2010): 1025.

⁴⁹ Mary Nyangweso, "Clerics and Community-Based Organizations as Agents of Social Change," in *Religion in Gender-Based Violence, Immigration, and Human Rights*, ed. Mary Nyangweso and Jacob K. Olupona (London: Routledge, 2019), 266–272.



social change. If humans are considered to be social agents, this means that they have the agency to instigate cultural change. Religious leaders play a crucial role in this process. If they are critical about a certain social practice, they can be ‘agents of social transformation’ and stimulate the community to denounce this practice. This is especially true if the religious leader is charismatic and a good communicator. Religious leaders can use this position of authority to support or undermine certain social values and practices. Their opinions are likely to be accepted by the community, because they have a divine mandate. Hermeneutics also fulfil an important role in social transformation. A different reading of scripture can bring other aspects of social justice to the forefront, which may support a process of social change.⁵⁰

There are many examples of projects in which the factor of religion was taken into account in order to change social norms around (controversial) topics. Azza Karam describes the impact of the efforts of faith-based organizations on changing attitudes and practices concerning child marriage. According to Karam, taking ‘religious teachings, actors and contexts’ into account is crucial to make sure that changed attitudes on child marriage also translate into changed practices.⁵¹ The World Day of Prayer and Action for Children, for example, is a religious initiative that supports religious leaders in issues around child marriage and advocates for policy changes. The involvement of religious leaders lends ‘moral authority’ to such campaigns. There are also examples of projects where traditional and religious leaders work together with schools and the government to reduce child marriage. This also involves promoting religious and traditional values that support the prevention of child marriage. These examples show that an approach that focuses on social determinants (including religion) and involving communities can be very successful in changing social norms and behaviour.⁵²

Interviews

Reasons to engage with religious actors

During the interviews, all participants emphasized the importance of religion in addressing stigma and promoting disability inclusion. This is also true for the participants who work for organizations that primarily focus on local government actors. Religious actors are recognized as ‘key stakeholders’ in civil society. The participants list a number of reasons for this. First of all, religion is very important in the lives of Africans. It also serves important social functions, providing guidance and hope in challenging circumstances. Secondly, religious institutions and leaders are considered to be the ‘moral voice’ of society. Religious leaders have more influence on norms and behavior than other actors in society, such as government actors, because they appeal to the deep motivations of people: *‘Because it appeals to their inner consciousness (...), people tend to listen to a religious leader more’*.⁵³ Furthermore, their connection to the divine provides them with a certain (moral) authority. As a result, religious actors are deemed capable of instigating changes in mentality and behaviour. The most important function of religious actors in this regard is their platform and ability to communicate messages to the community. Messages or ideas that are passed through religious leaders will reach the community quickly and effectively. Two participants mentioned that the employees of the We are Able consortium partners are often strangers to the local communities, even when local staff is involved. Religious actors can help to identify what the needs of the community are and can help to introduce the organization. Another participant pointed out that religious institutions have established

⁵⁰ Ibid., 274–276.

⁵¹ Azza Karam, “Faith-Inspired Initiatives to Tackle the Social Determinants of Child Marriage,” *Review of Faith and International Affairs* 13, no. 3 (July 3, 2015): 62.

⁵² Ibid., 65–67.

⁵³ R1



structures, which makes it easier to mobilize the community. Religious actors also know the local community very well and speak local languages. In this way, religious leaders are also able to reach decision makers, such as government actors.

Engaging with religious actors is also important because some religious norms currently contribute to the stigmatization of people with disabilities. A number of participants refer to religious ideas that exist about the origins of disability. A disability may be considered a punishment of God or the result of a curse. Other causes of disability may be witchcraft or contact with bad spirits. These types of ideas are recognized by participants working in the different We are Able program countries, and exist across different religious communities: *'This happens a lot. (...) If you have a disability that is not very visible, then it is not that bad, but especially with intellectual disabilities, people think that [these] people are possessed'*.⁵⁴ However, these types of ideas occur more in certain contexts than in others. One of the participants observes a difference between the older and the younger generations. Older people are more likely to think that a disability is the result of a curse or punishment, while young people tend to think more inclusively.⁵⁵ Another participant makes the distinction between rural and urban areas, these religiously and culturally inspired stereotypes are more common in rural areas.⁵⁶

A number of participants refer to the religious texts and traditions, and the ways in which disability is addressed there. Although the Bible does not use the inclusive terms that are the standard now, it is clear that people with disabilities are not excluded from salvation, according to one of the participants. The Bible supports that idea that people with a disability are fully part of humanity and should not be excluded. The idea that we are all fallible also helps people without disabilities to look at people with disabilities in a different way.⁵⁷

The participants point out that stigmatization also happens among religious communities. People with disabilities are not always welcomed to church services, because they are thought to be beggars and are therefore refused entry.⁵⁸ Furthermore, people with disabilities cannot always become a pastor or take on other leading roles in the church.⁵⁹ Religious buildings may not be accessible and special services for people with disabilities, such as sign language interpretation, may be lacking. However, there are also examples of churches becoming more inclusive. In one of the communities, parents are bringing their children with disabilities to church after sensitization by a We are Able partner.⁶⁰ If religious communities themselves are becoming more inclusive, they can serve as examples to the broader society.

However, participants also name a number of risks or barriers concerning the engagement of religious actors. Some participants doubt whether religious leaders will be open to discuss disability inclusion. These participants think that religious leaders are first of all concerned with spiritual issues, and are less interested in engaging with societal issues: *'How do we get them to be involved in things like that, you know, moving beyond the spiritual into the actual lives of people? Instead of praying for food, let's find a way to get them sustainable sources of income.'*⁶¹ These participants do not consider it impossible for religious actors to be involved in inclusion, but this requires sensitization of religious

⁵⁴ R6

⁵⁵ R9

⁵⁶ R5

⁵⁷ R7

⁵⁸ R9

⁵⁹ R2

⁶⁰ R5

⁶¹ R8



leaders first, before they can inform and influence their community. Another participant mentioned that religious leaders may feel that their leadership position is endangered. a message of equality may confront churches with the unequal relationships between pastors and their church members. This might be a reason for religious leaders to refuse cooperation.⁶² Another participant pointed out that working with religious actors only works if they 'practice what they preach'.⁶³ If the religious institution itself is not inclusive, spreading messages about disability inclusion could come across as hypocritical.

Several participants mention a risk of exclusivity. If you work together with religious actors, especially as a Christian organization, there may be a risk that certain other parts of society feel excluded, or it may seem that the organization has a bias towards certain communities or individuals. This would be especially true if religious tensions exist in the local context. Christian communities might be relatively easy to reach for the organizations involved in We are Able!, which might have as a consequence that Islamic groups are excluded. Furthermore, religious institutions can be closely aligned with politics in some countries. For instance, churches might campaign for certain candidates during elections.⁶⁴ Working together with such actors may come across as biased. Nevertheless, most participants do not see the risk of exclusion as a barrier to cooperation with religious actors. As long as different relevant actors are involved, it is not necessarily problematic. Furthermore, participants from the Christian organizations are open to working together with Islamic organizations as well.

Religion in We are Able!

During the design stage of the We are Able! program, engaging religious leaders was one of the topics that was discussed: *'It was just a general discussion on who should we target when we think about inclusion of persons with disability, and religious leaders came in very strongly in that discussion.'*⁶⁵ According to participants, engagement with religious leaders is primarily connected to pathway one of We are Able!, which concerns community engagement. Within that pathway, religious leaders are identified as important stakeholders, but they are not targeted directly or intentionally: *'They are not singled out as such, but (...) we note that they are very key influencers in the way society treats persons with disabilities.'*⁶⁶ On HQ-level, religion is not a topic that is discussed frequently. Most participants think that We are Able! should look for more ways to involve religious leaders: *'If you want to work with religious leader, then you really need to do that more intentionally.'*⁶⁷

The participants who are working in the program countries confirm that religion is not being discussed on a programmatic level. For the organizations with a strong focus on local governance, government actors are seen as the most important stakeholders, rather than religious actors. Engagement of religious actors is not specified as a program objective: *'I don't see it (..) as a program objective (...), there's no set of activities that says: we will work with the church or the mosque or whatever local indigenous belief.'*⁶⁸

⁶² R4

⁶³ R1

⁶⁴ R1

⁶⁵ R4

⁶⁶ R1

⁶⁷ R11

⁶⁸ R8



Some of the participants operating from HQ expressed that they were not aware of the ways in which religious actors are involved at a local level: *'Very honestly, I don't know exactly what the dynamics over there are or how we include that in the program'*.⁶⁹

Although religious leaders are not explicitly targeted in the We are Able! program proposals and year plans, they are involved in the program in various ways. This happens primarily on the local level – the level of communities – rather than on regional or national levels. The most common way in which religious leaders are part of the program is through trainings: *'We start with them with training to strengthen the capacity and after this training they [become an] agent of change in the community.'*⁷⁰

In one of the program countries, a local nun who was running a center of rehabilitation for people with disability was trained in lobby and advocacy.⁷¹ In another program country, religious leaders are part of a coordination platform for We are Able! that also includes government stakeholders and CSOs. However, a concern is that these leaders are not actively participating in the platform. This could be because such activities are relatively new and unknown for religious leaders.⁷²

The participants mention a number of ways in which religious leaders are contributing or could potentially contribute to the objectives of the We are Able! program. Awareness creation is the activity that was mentioned most frequently. One of the participants gave an example of a case in which a young man was not allowed to sing in church because of his disability, which was thought to be a result of a bad spirit or witchcraft. We are Able! staff contacted the pastor and explained the causes of disability. During the next church service, the pastor told the congregation that disabilities are not related to witchcraft. This brought about change in the community and the young man was allowed to sing again.⁷³ In such a way, religious leaders can spread positive messages about people with disabilities to the community and can address and challenge stigmatizing beliefs related to disability.

Some of the participants also see a role for religious institutions in lobby and advocacy towards local or national governments: *'Even if the citizens are unable to raise their voice, maybe the religious institutions can raise their voices to the central government or to the local government structures.'*⁷⁴ *'The group of people we represent are religious and we need to (...) make that an ally in our fight against poverty or lack of education and services.'*⁷⁵

Finally, some participants also emphasized the importance of religious institutions giving spiritual support and providing hope in challenging circumstances: *'So religion plays a part in encouraging [people with disabilities] and giving them hope (...), in thinking positively about themselves and what they can do.'*⁷⁶ Religious leaders can encourage people with disabilities by moving away from what they cannot do towards what they can do. Next to the practical support that religious communities can provide, this is an important way in which people with disabilities are helped. We are Able! should recognize these positive functions of religion and support religious leaders in their efforts to encourage people with disabilities.⁷⁷

⁶⁹ R3

⁷⁰ R2

⁷¹ R5

⁷² R9

⁷³ R2

⁷⁴ R1

⁷⁵ R8

⁷⁶ R1

⁷⁷ R10



Conclusions

The findings from the policy analysis, the literature study and the interviews lead to the following conclusions:

- ❖ **Religion is a crucial factor in changing stigmatizing norms and behaviour.** Religion is a fundamental component of the context in which We are Able! is operating, and has a significant influence on the lives of the people that the program is targeting. Religious beliefs can reinforce stigmatizing norms, such as the idea that disability is caused by a curse, witchcraft or a punishment of God. More subtly, ideas about disability as 'God's purpose' or as something that requires healing can also contribute to stigmatization. However, there are developments in each of the three important religious traditions that challenge these notions and that promote the inclusion of people with disabilities. Furthermore, religious actors are key actors in achieving changes in norms and behaviour. Because of their moral authority, religious actors can exert influence on the level of stigma 'drivers and facilitators', which means that they can address some of the root causes of stigmatization. They can communicate their message to a large audience and they are considered legitimate because of their divine mandate. For development organizations, religious leaders can be an entry point to a community because they are respected figures, speak the local language and can identify where the needs of the community are. Among the organizations involved in We are Able!, the importance of religious actors is broadly recognized. Religious actors are considered key stakeholders in creating awareness about disability inclusion.
- ❖ **Currently, religious norms and religious actors are not intentionally targeted in the We are Able! program.** Although religious actors were identified as important stakeholders in the process of designing the program, they do not play a central role in the program proposal or the year plans. Several policy documents mention the existence of religious norms and their influence on stigmatizing behaviour, but no concrete steps are introduced to challenge these norms. The scoping study again brought to the fore that religion plays a role in stigmatization. This study called for a need for an analysis of the ways in which social norms can be changed. However, this has not been translated into concrete activities yet. At the same time, religious actors are already involved in training and sensitization regarding people with disabilities in the program countries. This often happens through already existing ties between organizations and religious leaders or communities on the local level. This means that, although it is not always discussed on a programmatic level, religious actors are already participating in the program. Still, there is no deliberate strategy on engaging with religious norms and religious actors in We are Able!
- ❖ **Engaging with religious actors can be challenging, but existing expertise on religion and ties with religious actors within the consortium offer opportunities for targeting religion more deliberately.** The most important objection for We are Able! staff regarding the involvement of religious actors is the risk of coming across as biased and potentially excluding certain parts of the community. However, participants do not see this as a reason to reject cooperation with religious actors. The organizations within We are Able! have experience working with religious actors, also in challenging environments with religious tensions. This means that there is expertise within the consortium on how to prevent exclusion while targeting religious actors. Furthermore, previous experiences show that approaching religious actors may be challenging at first, but that communities are often open to the message of inclusion and that real behavioural change can be achieved.

Discussion

- ❖ **Limitations of the study:** There are a number of limitations to the methodological approach taken in this study. First of all, a qualitative study using semi-structured interviews cannot give a comprehensive overview of the different attitudes existing among the consortium partners. Because of the limited number of interviews, only one to three people could be interviewed per organization. Furthermore, only one person could be interviewed per program country. By selecting participants from all countries and all organizations, an effort was made to ensure that the participants are somewhat representative. However, a single participant cannot represent the views of a whole organization. Furthermore, the study was limited to participants that could speak English and who had access to a good internet connection. Most of the participants are male and do not have a disability. The decision to focus on participants from the consortium also means that beneficiaries or other involved parties were not targeted in the interviews. Their views are therefore not represented in the findings of this study. In further studies on this topic, it would be interesting to involve beneficiaries, DPOs/CSOs and religious actors as well, to also include in their perspective. The advantage of the qualitative approach, however, is that it allows for a more in-depth conversation with participants on their opinions, views and values. This is harder to achieve using a quantitative approach such as a survey.
- ❖ **Possible bias towards Christian leaders/communities:** As the researcher and most of the participants have a Christian background, there is a risk that the positive aspects of engaging with religion are emphasized more, especially with regard to Christian leaders or churches. Some of the participants were more hesitant about the involvement of Muslim leaders, for example, because of their attitude towards women. However, participants were also critical of their own religious communities. They recognized that churches are not always inclusive and that religious leaders sometimes abuse their position for monetary gain. One of the participants, for instance, noticed that churches from a different Christian denomination tend to be more inclusive towards people with disabilities than his own church. Furthermore, an effort was made to also address the risks and disadvantages of involving religious actors in this study. Finally, the fact that most of the participants have a Christian background is representative for the consortium, in which half of the organizations have an explicitly Christian background, and for the program countries, in which (except for Sudan) the majority of the population is Christian.
- ❖ **Place of religion in the broader context:** In a study such as this, it may seem that religion is easy to identify as a factor that contributes to stigmatization or inclusion. However, religion is strongly intertwined with other 'forces' in society, such as cultural traditions and politics. Stigmatizing ideas, such as the idea that disability is caused by divine punishment, may seem to be religious. However, as some of the participants in this study have also mentioned, these ideas are present across multiple religious traditions and cannot be traced back to a single religion. Some participants therefore regard them as 'myths' that have been passed on from earlier generations, and which should be seen as cultural rather than religious ideas. This study has attempted to present a nuanced view of religion, not as something that is inherently good or bad, but as something that is inherently part of the context and that can be put to different uses. As the theological developments regarding disability show, religious traditions are not static, nor uniform, which means that religious texts and traditions are constantly reinterpreted.



Recommendations

We are Able! strategy on religion:

- ❖ **Make more visible what is already happening regarding religion in We are Able!** In the program countries, religious actors are already involved in different ways. They are included in trainings, work as disability inclusion advisor or participate in forums on the inclusion of people with disabilities. Share these experiences with each other and also discuss any difficulties or challenges that you encounter. Also consider sharing a lessons learned with the Ministry of Foreign Affairs regarding the involvement of religious actors.
- ❖ **Be more deliberate about the strategy towards religious actors.** At the moment, religious leaders are involved through existing ties or because they were identified as relevant stakeholders. However, religious leaders are not intentionally or deliberately targeted as part of the broader We are Able! strategy. Future plans could be more specific about the ways in which religious actors will be engaged. For instance, some participants suggested to introduce activities that specifically target religious leaders. This was also one of the recommendations of the scoping study: investigate the possibilities of 'targeted awareness raising', for instance of leaders of faith-based organizations.⁷⁸ Other concrete examples include: embedding religious actors in lobby & advocacy strategies, involving religious leaders in the shift of power, and considering the role of religious actors in the exit strategy.
- ❖ **Think about ways in which non-Christian religious actors can also be reached.** For most of the consortium partners, churches or other Christian actors are the most logical choice for cooperation because of existing ties and/or the background of the organization. Since most of the We are Able! program countries have a Christian majority, this offers interesting opportunities to reach a large number of communities. However, participants also pointed out that Islamic and other communities should not be left out. Depending on the context, it is therefore important to consider how leaders or institutions within these communities can also be reached.

How to approach religious actors:

- ❖ **Invest in a good relationship with religious actors.** Establishing relations with religious actors may be challenging, especially in the case of non-Christian actors. According to the interview participants, religious actors might be resisting the idea of inclusion at first. However, after sensitization and training, religious actors tend to be open to the message of the rights of people with disabilities. The rights of people with disabilities is considered a less sensitive topic than the rights of women, for example.
- ❖ **Depending on the context, connect to the religious ideas of religious actors or take a more 'neutral' approach.** In order to build trust, it is important for religious actors to know that it is not an objective to change their religious ideas. Christian actors are generally open to organizations with a Christian background, while this may be a barrier for non-Christian religious actors. In the case of Muslim actors, or actors with a different background, an approach that focuses on the humanitarian aspect might be more appropriate. In areas where people with different religious backgrounds are represented, a government actor may be considered more neutral than a religious actor. However, especially in the case of Christian

⁷⁸ *We are Able! Policy Brief: Perceptions, Capacity & Law*, p.11, <https://weareable.ngo/wp-content/uploads/2022/02/Policy-Brief-Scoping-Studies-Full-Version.pdf>.



actors, there are also opportunities to make connections to a shared background and to refer to religious texts and traditions relevant to disability inclusion.

Cooperation in the consortium:

- ❖ **Invest more time in getting to know each other.** According to one of the participants: *'Each organization has got its own culture. (...) We should just learn to know each other.'*⁷⁹ Participants point out that they appreciate the cooperation between the consortium partners, and that the different backgrounds of the organizations are a strength rather than a barrier. Spending more time with each other and also sharing about the motivations to take part in We are Able could help to strengthen the cooperation further.
- ❖ **Make use of the strengths of the different consortium partners.** The consortium partners complement each other: whereas some organizations have a strong focus on inclusive governance and government actors, others may be more closely connected to religious actors. Both types of actors are necessary to reach communities. Make use of each other's existing networks and share experiences about working with these different kinds of actors.

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