

Natural or Supernatural: Beliefs About the Causes of Intellectual Disability in Ghanaian Society

ABIGAIL ADUBEA MILLS

University of Ghana, Legon, Ghana

Abstract

Beliefs about the causes of disability vary from society to society. Notably, these causal beliefs go a long way to influence people's attitudes towards persons with disabilities and their families. Derived from a larger study that examined stakeholders' perspectives on inclusive education for children with intellectual disabilities, this paper focuses on various explanations that research participants shared as causing intellectual disability. With the use of Focus Group Discussions (FGDs) and in-depth face-to-face interviews (IDIs), data was collected from 8 parents of children with intellectual disabilities, 5 resource teachers (special educators) and 18 members of the communities within which an inclusive education model for children with intellectual disabilities was being piloted. There were thirty-one participants altogether. Findings of the study reveal two broad sets of factors that participants believed to cause intellectual disability: physiological and supernatural factors. It is recommended that interventions that target children or individuals with intellectual disabilities take cognisance of such beliefs and the socio-cultural contexts within which they occur, so that potential barriers that may result from them can be addressed in a sensitive manner.

Keywords

beliefs, causes, intellectual disability, supernatural, Ghana

Introduction

Persons with intellectual disability face a lot of stigmatisation (Panek and Smith 2005; Werner 2015) partly due to misconceptions surrounding intellectual disability. People worldwide have varying beliefs about the causes of disability, and questions are often raised by families when a child is born with a disability. Common among the questions asked is how the disability came about (John and Montgomery 2016; Morgan and Tan 2011). Empirical information about intellectual disability suggests that it could be a result of several predisposing variables such as brain pathology; abnormal genes inherited from parents; nutritional deficiencies; metabolic issues; infections or illnesses during pregnancy, et cetera (Bernal 1995; de la Rocha 2011). De la Rocha (2011) however notes that although several hundred causes of intellectual disability have been discovered, many are still unknown. Perhaps it is as a result of inexplicable circumstances that some people turn to believe that the disability may have been triggered by a force that is beyond them as humans.

One study in India, for example, documents that in the Indian society, the birth of a developmentally disabled child is considered as an outcome of the sins committed by the parents in their previous life (Dhar 2009). Sheng (1999)

also reports that “people in Taiwan are conditioned to interpret the presence of genetic disabilities and infectious diseases as ‘retribution’ for the bad behaviour and moral lapses of the ancestors of the disabled or even of the disabled themselves, in their own previous lives” (Sheng 1999: 4, in Huang, Fried and Hsu 2009: 84). This phenomenon known as *karma*, was also identified by Taiwanese mothers as a reason why their children had intellectual disability (Huang, Fried, and Hsu 2009).

Lamichhane (2013), writing on disability and barriers to education in Nepal, also documents that more than one third of respondents in a study “misperceived disability as the result of various supernatural factors such as fate, punishment of the gods, evil eye curses, or punishment for parents’ sins” (313). Similar beliefs have been identified in various studies around the world (for example: Kisanji 1995; Lakhan and Sharma 2010; Panek and Jungers 2008). Beliefs that intellectual disability is caused by spiritual or supernatural factors are also prevalent in Ghanaian society (Avoke 2002; Botts and Owusu 2013; Botts and Evans 2010; Reynolds 2010). Whether validated or not, these beliefs influence attitudes toward people with intellectual disabilities and their families (MacKenzie, McConkey and Adnams 2016; Scior and Furnham 2016). However, supernatural attribution need not necessarily be as a result of evil or wrongdoing. Reflecting on the influence of some world religions on disability, Miles (2002) writes that:

If parents lament the fact that their child has a disability, and attribute it to some wrongdoing of their own, it may be unwise to contradict such a position directly—yet one might at another time mention that families in some parts of the world consider it an honour to be ‘given’ a disabled child. They believe that the deity, when sending babies to families, chooses a special family who will take loving care of the extra needs of the disabled child. A thought such as this, offered gently, not insisted upon, would be likely to be acceptable to people of almost any religion, whether or not they actually believe it. For some, it might prompt a re-evaluation of their own child and of their attitudes (Miles 2002: 128).

Aim of the study

This paper aims to highlight beliefs about what causes intellectual disability in Ghanaian society. The specific research question is: what beliefs do parents, community members and special educators hold about the likely causes of intellectual disability?

Context of the study

The data for this paper is obtained from a broader study which examined various stakeholders’ perspectives on inclusive education for children with intellectual disabilities and the implications for social work practice in Ghana. Data was collected in the Greater Accra region, where *unit schools* for children with intellectual disabilities were present. The unit school is a model of

inclusive education being implemented for children with intellectual disabilities, where a classroom block, situated on the premises of a cluster of regular public schools, is designated for the purpose of teaching children with intellectual disabilities. The idea is that children with and without intellectual disabilities would get to interact during break periods and other school activities, in anticipation that these pupils will develop acceptance and understanding of each other. The unit schools are staffed with trained special education teachers, referred to as 'resource teachers' who are primarily responsible for educating the children with intellectual disabilities.

At the time of conducting this study (between October 2012 and April 2013), there were three of such unit schools in the Greater Accra region. The researcher took advantage of the existence of these unit schools to recruit participants for this study: parents, resource teachers and community members. The following vignette seeks to provide some further context:

Kay is a 15-year old boy with an intellectual disability. According to his mother, she had complications while pregnant with Kay, and the delivery was difficult as well. Several days after his birth, he could not cry as expected of a new-born baby and could barely suck breastmilk. She managed to express the milk and feed it to him with a small cup. Being the third child, Kay's parents could tell that there was a problem, but the health workers did not provide enough information about Kay's condition. His mother recounts that several medical tests were conducted over time but no concrete conclusions were drawn. However, Kay's parents were informed that he was going to be much slower at achieving his developmental milestones and would not be likely to benefit from regular school. Out of frustration and limited resources, Kay's parents stopped sending Kay to the hospital altogether after he turned nine months. They decided to try local herbal interventions and to leave the matter in God's hands, as their faith taught them.

Meanwhile, extended family members and friends had begun suggesting to Kay's parents that Kay was not a regular child and that he was a 'visitor' from the spirit world. Although she and her husband did not agree, they realised that it was a perception they could do little about. When Kay was about seven years old, his parents enrolled him in a residential school for children with intellectual disabilities, but after about a year, they withdrew him on the grounds that he was not feeding well at the school. Kay did not return to school for five years, as the regular schools were unsure of how to meet his educational needs. It was when his parents heard about the *unit school for children with intellectual disability* from a new neighbour who worked with the Ghana Education Service (GES) that they decided to send him there. Kay has been attending that school regularly for almost two years now, and his parents are content that they can supervise his feeding this time round. His teachers are trained special educators and he gets to meet other children in the regular classes during the break period. Kay has basic self-care skills (e.g. bathing, dressing up, using the washroom) but academically functions like a

six-year old. He is friendly but does not yet understand the limits he has in other peoples' spaces.

Methods

The study targeted resource teachers, parents of children with intellectual disabilities, and community members living in proximity to the unit schools. The sampling methods employed were purposive, snowball and convenience sampling. Resource teachers at the unit schools for children with intellectual disabilities were purposively sampled based on the criterion of being the primary educators of the children with intellectual disabilities. Five (5) resource teachers (one male, four females) volunteered to participate. In-depth interviews were used to collect data from the resource teachers.

Parents of children with intellectual disabilities, who were also the primary caregivers of their children, were identified for participation in this study with the help of the resource teachers. Their beliefs about what caused their children's disability were highly critical to this study to help gain better understanding. Eight parents agreed to participate in the study after the research goals were explained to them. In-depth interviews were used to collect data from the parents.

Community members were also targeted in the research, because they could offer a general overview about intellectual disability without necessarily being acquainted with one (unlike in the case of the resource teachers and the parents). Any member of the community, who either stayed or worked around the school and who was willing and able to take part in the focus group was eligible. Altogether, 18 community members (six from each of the study sites) were involved in Focus Group Discussions (FGDs).

The in-depth interviews lasted between 35 to 60 minutes while each FGD lasted an average of 90 minutes. With permission from participants, the interviews and discussions were audio-recorded. The audio files were transcribed into text, then thematic analysis (Braun and Clarke 2006) was applied to the data to arrive at the findings.

Findings

Profile of participants

All five resource teachers had at least a first degree in special needs education, with their focal area being intellectual disability. They had also been regular classroom teachers for at least three years before moving solely into special education.

With respect to parents, each of the eight parents interviewed in the study came from different families, that is, only one of the two parents of each child

with intellectual disability was available for the interview. However, this did not pose a problem for the study since all eight parents were primary caregivers of their respective children, and were thus able to provide adequate information during the interviews. There was one father, and seven mothers. The ages of the children of the participating parents ranged from seven to sixteen years, which implied that the least number of years a parent had cared for his or her child with intellectual disability was seven years. The ages of the parents in this study ranged between thirty and sixty years old. Among the eight parents interviewed, six had some formal education, but only one out of those six had gone beyond the secondary level. The only male parent had post-secondary education and was a lift mechanic, while four of the mothers were involved in diverse kinds of trading. The remaining three mothers were unemployed, and depended on remittances from their older children and the benevolence of other relatives and friends. Six parents identified with Christianity, one was a Muslim, and one did not categorically identify with any particular religion.

In each community, six people participated in the FGDs. Across the three focus groups, participants included traders, housewives, a driver, an eatery owner, a senior high school graduate, teachers at a technical and vocational institute, and a retired civil servant. There were fifteen females and three males aged between eighteen and sixty-two years. The ethnic backgrounds of the participants were Akan (Asante and Fante), Ga, Ewe, Ga-Dangme (Ada) and Frafra. The discussions were held in Akan, Ada and English languages.

Predisposing factors to intellectual disability

Research participants were asked what they believed to predispose a child to intellectual disability. The question generated a number of similar and varied responses from the different categories of participants. The sub-themes 'physiological' causes and 'spiritual/supernatural' causes are used to differentiate between the causal factors that participants spoke about.

Physiological factors

Research participants identified a number of physiological factors which they believed could lead to intellectual disability. These included: physical strain and/or abuse during pregnancy; attempted abortions; accidents during pregnancy, delivery or childhood; improper medical and personal care during pregnancy; and convulsions in children. Most of the predisposing factors, as expressed by focus group participants are as follows:

What I have noticed is that these young, young girls of today, some of them get pregnant and try to get rid of it by taking certain drugs. That can also cause the disability. Because I know of a case ... the pregnancy was about 5-6 months when the mother tried to abort but was unsuccessful. So she gave birth alright but the child had

been affected by the attempted abortion, according to feedback received from the doctor (*DP1, Community member*).

Some women too don't go to the hospital when they are pregnant. They will be at home for a long time till they are about to deliver. So they don't get any treatment during the period of pregnancy. That also causes problems. For example, delivery will be difficult, and if the birth attendant is unable to help the situation, the child may have a disability or may even die (*MP2, Community member*).

The problem emanates from convulsion (*AP1, Community member*).

Some of the causes are not known (*DP2, Community member*).

Focus group discussants agreed on most of the factors shared within the groups about the physiological causes of intellectual disability, including the fact that not all the causes are known. This finding reveals that although local community people may not have empirical facts about physical causes of intellectual disability, they have fairly practical ideas of situations that could cause complications in an unborn or young child.

Although convulsion and attempted abortion came up as popular causes of intellectual disability from the perspectives of community members, only one parent, Parent 5, reported that her child had experienced severe and recurrent convulsions shortly after she was born. None of the parents recounted an attempted abortion. In five of the accounts given by the parents (Parents 1, 2, 3, 4 and 8), there were no known complications during the pregnancy and birth process. It was either shortly after their child was born or as the child developed that the parents observed problems with their health or in achieving developmental milestones. In the accounts of the remaining two parents (Parents 6 and 7), they reported complications with regard to delivery of the baby due to a breech position. Some of the parents' accounts are as follows:

When it was time for me to deliver, there were complications. I was therefore rushed to *Korle-Bu* [a major teaching hospital in Ghana]. They told me it was breech. Eventually I delivered through a caesarean section and the baby was normal, without defect, but she couldn't cry. She was put in the incubator for about two days. I took care of her for a while then we went home. I realised that she couldn't do anything, and she still couldn't cry, so I decided to send her to the children's hospital in the area...she was admitted at the hospital for more than one month. When we came home, I realised she could not suck breast milk, but they [the hospital] didn't tell me anything. So I had to squeeze the breast milk into her mouth... After about six months, she couldn't sit; she simply couldn't support herself ... (*Parent 7, Mother*).

There were no complications with my pregnancy or delivery. He was one year and four months old when he walked... From that time on, he was very active, and he got very hyper after he started to walk. We thought it was a normal thing, that maybe it was characteristic of a child who had started walking and exploring. But the hyperactivity kept on intensifying... Later when we sent him to school, his teacher

made me understand that he will not be able to learn like the rest of his colleagues (*Parent 4, mother*).

A focus group participant, *MP3*, insisted that late night eating by pregnant women could cause intellectual disability. Other participants in the same group with *MP3* were not convinced about it, but mused about her assertion, as they did not have any counter information. According to *MP3*:

Some [pregnant women] do not eat at appropriate times. At about 9pm that is when she will eat. After eating too, she won't sit for the food to digest properly and then she will go to bed (*MP3, Madina community member*).

The aforementioned comment is the only striking perception about a physiological precursor to intellectual disability that is difficult to substantiate with the existing literature. Nonetheless, it is cited in order to draw attention to the fact that misconceptions about situations that could give rise to intellectual disability do exist. The predisposing factors to intellectual disability, as given by the resource teachers, were in agreement with some of the accounts and experiences enumerated by parents and community members. However, the resource teachers detailed out more factors that could cause intellectual disability. The accounts of *Ms. M* and *Ms. L*, summarise some of the potential causes that were identified by the educators and social workers. *Ms. L* grouped the contributing factors into four categories, while *Ms. M* cited malaria and convulsions:

a) Pre-natal factors: poor nutrition, the emotional and psychological status of the mother during pregnancy, smoking and drinking of alcohol while pregnant, taking un-prescribed medicine, accidents at home or other place while pregnant, excessive scanning, attempted abortion; ... b) Peri-natal factors (during delivery): prolonged delivery, breech position, poor expertise of nurse, doctor or midwife during delivery; c) Sedation: excessive drips given when mother has difficulty delivering; and d) Post-natal ... diseases and accidents that occur after the child is born.... (*Ms. L, Resource teacher*).

There are so many causes. There are times when we ask the mothers about experiences they had during pregnancy, and they would respond that the child was very fine at birth, but as a result of frequent convulsions, the child turned out like this [with intellectual disability]. It [convulsion] is one of the causes. Malaria is another cause (*Ms. M, Resource teacher*).

Apart from the aforementioned findings, beliefs about spiritual or supernatural causes emanated from the data as well. These findings are presented under the next sub-theme.

Spiritual/Supernatural factors

Among all the community members who participated in the focus group discussions, no participant disputed the assertion that intellectual disability could occur as a result of spiritual factors. Participants however had different

renditions of how supernatural or spiritual factors could predispose one to intellectual disability. Some of the excerpts are as follows:

There are supernatural causes... Sometimes the witch or those with supernatural powers can decide to destroy the child when they see that the destiny of the child is good.... Sometimes too, out of hatred or envy for the mother, somebody with supernatural power can cast a spell on the child.... My late brother who comes after me had an intellectual problem, and it was caused by a touch he received on his head when he was a toddler...A certain man, under the pretence of playing with him, rubbed his hands over the boy's head, not knowing that he was casting a spell on the boy.... By the time our mother returned home my brother's head had become huge (AP1, Community member).

[In the olden days] the elders said that the child is *Nsuoba* [child of the water or river] who had come to lodge with you for a while and so if you don't see him/her off, he/she will trouble you (DP1, Community member).

Some people too like to quarrel a lot when they are pregnant, and because of that, someone may cast a spell on them, so that the child they give birth to would have a disability (MP2, Madina community member).

Some local Akan words used by participants when talking about the supernatural causes of intellectual disability are *duabo* and *asram*. '*Duabo*' can be interpreted to mean 'curse' and '*asram*', according to some community members, is some sort of spiritual occurrence akin to a 'spell'.

For the majority of them [children with intellectual disability], they are born with the condition ... And what I know is that majority is caused by '*duabo*' (DP6, Community member).

I don't know how to put it in the English language but there is something called '*Asram*' or something like that which affects the child.... It is given to children at night when they are sleeping.... Somebody may be having it spiritually and when in the evening the baby cries, they pass it to him... Even when the child has started walking and someone wants to harm him or her using *asram*, the person can still do it (DP4, Community member).

On the part of parents of children with intellectual disability, two mothers demonstrated a passionate conviction that their child's disability was as a result of supernatural forces:

I believe it is a spiritual attack against us because the child's father helped someone financially, and that person rather turned around to cast a spell to kill him. Since the child did not want to be an orphan, she received the evil spell in place of her father so that her father would live. I see it as a curse. (Parent 1).

A certain old woman came around to visit shortly after my baby was born... before she left, she knocked herself on her forehead, and it was later explained to me that it was a bad omen for the child (Parent 2).

Parent 1 and Parent 2, who shared strong beliefs in supernatural causes had earlier recounted that they did not experience any complications with the

pregnancy or birth of their child, and so they did not consider the possibility of a natural or physiological cause. The majority of the parents (six out of eight) however did not make any direct reference to suspecting a spiritual cause of their child's disability, although some did mention "praying for a change" in their child's condition. These six parents also had family members, friends, or neighbours providing spiritual explanations about the disability, and being directed to seek spiritual help. Four parents (*Parents 3, 6, 7 and 8*) were particularly sceptical about a supernatural cause of their child's disability.

When I gave birth to her [the child with intellectual disability] and my father came to visit, he told me that I have given birth to a *nsuoba* [child of the water]...the kind of children who are 'seen off' after they are born. I retorted that I didn't beg for a child so I can't give birth to a [child of the water]. People kept saying the child is a [child of the water] so I have to take her away, and I said "No!" I can't go and see her off because I didn't create the pregnancy (*Parent 7*).

Some said, "she is an animal", "we have to see her off". And I responded that when I went to the hospital, I was not told that my child was an animal.... So I was not told to go and throw her away (*Parent 8*).

Unlike some community members and parents who indicated personal belief in supernatural causation, no resource teacher disclosed a personal belief in spiritual cause(s) of intellectual disability. On their part, there was more focus on the effects that wrong perceptions have on children with intellectual disabilities and their educational inclusion. Nonetheless, resource teachers admitted that beliefs about supernatural causation do exist in Ghanaian society. An example of such acknowledgement is seen in the following excerpt:

The way society receives them, especially if you give birth to a child who has an intellectual disability... superstitions about why the child has an intellectual disability are a lot.... So when they [people] see some of these [conditions], they look at the family with a different eye and they try to even condemn the family and say all sorts of things.... Like maybe the parents have done something wrong and they've been cursed by somebody or it is the making of the woman; that when she was pregnant, she did something which affected the child. A lot of things are said in our communities. Some may even say that maybe the child is a god or is a witch or the parents are witches. They say a whole lot of things, as Africans you know (*Mr. R, Resource teacher*).

One consequence of attributing intellectual disability to supernatural causation, as divulged by research participants, is infanticide. The belief is that the child is escorted or 'seen off' to the spiritual world, where he/she is believed to have come from.

The elders say that he/she [the child with intellectual disability] is *nsuoba* [child of the water] who came to lodge with you for a while and so if you don't see him/her

off, he/she [the child] will become a source of worry to you. (DP1, Community member).

Looking at the history of such children, some people feel the children are devils, and that they place so many impediments on the progress of the society. And for that matter ... they don't want to even see them (Ms. M., Resource teacher).

Research participants however acknowledged that the practice of infanticide is no longer popular in the Ghanaian society. In one focus group discussion, when participants were asked if the practice of infanticide still existed, they responded in a chorus:

[Chorus] No! No! No! No! No! [Cross-talking] DP1: Nowadays those things don't happen anymore. Even if you give birth to a person with a disability, you will take your thing like that. [DP2] and because there are schools now, you can take the child there (Excerpt from an FGD with some community members).

In a similar vein, one resource teacher explained that:

In the beginning, society felt [people with disabilities] were not good enough to live with. They [children with disabilities] were being eliminated; killed. Then it got to another level where society took the approach of: 'well, let's see if they can do something' (Ms. S, Resource teacher).

Discussion

Participants displayed variable levels of knowledge about factors that may predispose someone of intellectual disability. Overall, the predisposing factors emerging from the data were grouped into two: physiological and supernatural factors. Participants' beliefs about the causes of intellectual disability reflected what sections of the Ghanaian society believe. Possible physiological or biological factors identified by participants included: convulsions, failed abortions, inadequate or lack of medical or prenatal checks, physical strain and/ or abuse during pregnancy; and accidents and illnesses during pregnancy, delivery or childhood. One resource teacher provided a thorough range of predisposing factors when she grouped them into pre-natal, peri-natal, and post-natal factors.

Corroborating these responses with existing literature, some documented physiological or biological causes of intellectual disability include genetic conditions; maternal infections; behavioural issues during pregnancy (such as alcohol and drug intake during pregnancy, attempted abortion); problems at birth (such as premature delivery or low birth weight, the baby not getting enough oxygen during birth or the baby being injured during birth); factors during childhood - for example illnesses like chickenpox, whooping cough, and measles; head injuries or near drowning (Harris 2006; Foreman 2009; Inclusion Ghana 2011; de la Rocha 2011; Oasis Association 2013).

Among all research participants, only one community member mentioned a cause which was neither supported by her counterparts in the focus group, nor corroborated in the literature. In the opinion of this particular community member, pregnant women who eat late at night and do not stay up for the food to digest before sleeping can give birth to children with intellectual disability. Scanning a wide range of literature, including medical literature, eating late at night has not been reported as part of potential precursors to intellectual disability, which implies that this community member's assertion is unsubstantiated. Although this was just one out of many responses obtained, it brings out the reality that inaccurate perceptions about potential causes of intellectual disability still exist in society, and such perceptions, however minimal, could lead to inappropriate attitudes.

Research participants also mentioned supernatural causes of intellectual disability. Belief in supernatural causation of phenomena such as disability, ill-health, misfortune, et cetera, in Ghanaian society is a well-known fact, and a wide array of studies conducted on disability issues in Ghana consistently report societal beliefs in the supernatural (for example: Botts and Owusu 2013; Botts and Evans 2010; Reynolds 2010; Anthony 2009; Agbenyega, 2003 and 2007; Avoke 2002). This study also records various opinions from research participants that affirm their beliefs about supernatural causes of intellectual disability. One dimension of how intellectual disability comes about supernaturally, according to research participants, is the age-old phenomena of "*children of rivers*" or "*children of water*". According to some research participants, they had learned of traditional societal beliefs that children born with visible deformity, or suspected to have peculiar complications in their early developmental years are believed to be spirits sojourning in the physical world for a short while. Parents of such children were therefore expected to 'see off' such children from their homes, lest the spirits would trouble the family.

'Seeing off' practically meant taking measures which would lead to the child's 'disappearance' from the community, which was a direct attitudinal response to the belief that the child was a spirit. It suffices to say that people's beliefs about the causes of intellectual disability, and about any phenomenon for that matter, influences the attitudes that society exhibits toward persons experiencing that particular condition. Participants were quick to emphasise that this was an ancient belief and that with more enlightenment about disability issues, infanticide was no longer practiced in modern Ghanaian society. However, this assurance cannot be upheld as entirely true. Although considered an archaic practice among research participants, in January 2013, infanticide was exposed in some parts of Ghana through the investigative

work of a renowned journalist.¹ Findings from this study suggest that Ghanaian society is not as receptive of such harsh responses to disability as infanticide, as it may have been in times past. The dual perspectives from which the causes of intellectual disability were explained by research participants, that is, both physiological and supernatural, is not peculiar to this study. Other research on disability issues conducted within the African context records similar findings (Botts and Owusu 2013; Reynolds 2010; Njenga 2009).

Belief in supernatural causes of disability, and the associated societal response to persons with disability are reported in many studies from various parts of the world, although the interpretations offered vary from place to place (Huang, Fried and Hsu 2009; Lamichhane 2013; Miles 2002; Sheng 1999). In this study, curses and spells were the dominant examples of supernatural factors which, according to research participants, could lead to intellectual disability. However, the majority of parents in this study (six out of eight) did not accept that their child's condition was caused by supernatural factors, even though some admitted that they had family members and friends who believed so. Only two out of the eight parents affirmed belief in the fact that the cause of their child's intellectual disability was supernatural. These two parents resided in a more traditional community compared to the other six, who lived in cosmopolitan communities. The nature of the community that the two parents lived in may account for their strong predisposition to belief in supernatural causation, since rural communities are often characterised by mythical worldviews (Kornbeck 2001). Nonetheless, prevailing, traditional views affect those living in urban areas as well (Lamichhane 2013) due to interactions with family or community members who may have been nurtured to believe in supernatural phenomena.

It is noteworthy that not all beliefs about supernatural causation of disability are necessarily negative. Miles (2002) documents that there are societies in other parts of the world where families with children with disabilities are considered blessed for being chosen by God to be entrusted with caring for a child with disability. Such a worldview would ultimately result in acceptance of the disabled child in society, and attract the needed support for his or her family in nurturing him or her. From this study, the rejection of supernatural causes by the majority of parents could be indicative of a sub-conscious strategy to discourage the stigma associated with having a child with intellectual disability in Ghanaian society. Such an approach, coupled with indiscriminate care for the child, could go a long way to re-orient the

¹ Name of journalist: Anas Aremeyaw Anas. For further details, see: <http://exposeghana.com/2013/01/anas-aremeyaw-anas-advocacy-alone-cant-stop-killing-of-disabled-children/>

perceptions of family and community members who may have stigmatised the parent(s) and/or child in the first place. Moreover, three out of the six parents who rejected belief in supernatural causation, reported experiences of pre-, peri-, and post-natal complications with respect to the pregnancy and birth of their children with intellectual disability. These parents' natal experiences could contribute to their reluctance to ascribe a spiritual cause to their children's disability. Scior and Furnham (2016) note that people who show greater awareness about intellectual disability are more likely to endorse biomedical causes and less likely to endorse supernatural causes.

Conclusion and Implications

This study sought to ascertain the beliefs that resource teachers, parents of children with intellectual disabilities, and members of selected communities believed to cause intellectual disability. Participants' responses fell under two key themes: natural/physiological factors and spiritual/supernatural factors. These findings were consistent with findings of studies from other parts of the world, although the interpretations vary across societies.

The findings of this study have several implications for various stakeholders. First, not only is intellectual disability stigmatised, but parents (mostly mothers), who are often the primary caregivers of their children with intellectual disability, are likely to experience stigmatisation based on the belief that their child's disability may be the result of some wrongdoing on their part. Regardless of the knowledge that there are physiological causes of intellectual disability, the negative perceptions associated with belief in supernatural causation in Ghana may create additional stress for parents. Second, medical practitioners, special educators and social workers need to provide intensive education to the Ghanaian public about intellectual disability, in order to reduce the stigma that individuals with the condition and their families face. Third, future research that is much larger in scope can be conducted to measure the effects of beliefs about causes of intellectual disability in Ghanaian society, so that the results can inform policy and practice interventions. This study has contributed to disability discourse in Ghana by highlighting physiological and paranormal factors associated with intellectual disability, which can be considered when planning interventions for children with intellectual disabilities and their families.

References

Agbenyega, J. (2007) Examining teachers' concerns and attitudes to inclusive education in Ghana. *International Journal of Wholeschooling* 3(1), 41-56.

Agbenyega, J. (2003) The power of labeling discourse in the construction of disability in Ghana. A paper presented at the Australian Association for Research in Education (AARE) Conference, Newcastle, Association of Active Educational Researchers, December 2003.

Anthony, J. H. (2009) Culture and internationalization on personhood, educational access, policy and provision for students with autism in Ghana. Thesis submitted for the Degree of Doctor of Philosophy, University of Sussex. Available at <http://eprints.sussex.ac.uk/>

Avoke, M. (2002) Models of disability in the labeling and attitudinal discourse in Ghana. *Disability and Society*, 17(7), 769-777.

Bernal, J. (2003) Epilepsy. Retrieved from <http://www.intellectualdisability.info/physical-health/epilepsy>

Botts, B. H., and Evans, W. H. (2010). Ghana: disability and spirituality. *Journal of International Special Needs Education*, 13, 32-39.

Botts, B. H., and Owusu, N. A. (2013) The state of inclusive education in Ghana, West Africa. *Preventing School Failure: Alternative Education for Children and Youth*, 57(3), 135-143. DOI: 10.1080/1045988X.2013.798776

Braun, V., and Clarke, V. (2006) Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3 (2). 77-101. Available at: <http://www.tandfonline.com/doi/pdf/10.1191/1478088706qp063oa>

Brown, I. (2007) What is meant by intellectual and developmental disabilities? In Brown, I. and Percy, M. (2007). *A comprehensive guide to intellectual and developmental disabilities*. 3-15). Baltimore: Paul H. Brookes Publishing Co.

De la Rocha, K. (2011) *Intellectual Disability (Cognitive Disability; Developmental Disability; Mental Retardation)*. EBSCO Publishing. Retrieved from <http://www.wmhs.com/microsites/library.php?chunkiid=96644>

Dhar, R. L. (2009) Living with a developmentally disabled child: attitude of family members in India. *The Social Science Journal* 46, 738-755.

Foreman, P. (2009) *Education of students with an intellectual disability: research and practice*. Charlotte: Information Age Publishing Inc.

Harris, J. C. (2006) *Intellectual disability: Understanding its development, causes, classification, and treatment*. New York: Oxford University Press, Inc.

Huang, Y., Fried J. H., and Hsu, T. (2009) Taiwanese mothers' attitude change toward individuals with disabilities. *Journal of Social Work in Disability and Rehabilitation*, 8(2), 82-94. DOI: 10.1080/15367100902937898

Inclusion Ghana (2011) Report on the level of stigmatization, discrimination and exclusion of persons with intellectual disability and their families in Ghana. Accra: Author. Retrieved from <http://www.inclusion-ghana.org/resources/reports/Final%20Version%20on%20Baseline%20Report.pdf>

John, A. and Montgomery, D. (2016) Parental Explanatory Models of Child's Intellectual Disability: A Q Methodology Study. *International Journal of Disability, Development and Education*, 63(3), 293-308.

Kisanji, J. (1995) Interface between culture and disability in the Tanzanian context: II, *International Journal of Disability, Development and Education*, 42, 109-124.

Kornbeck, J. (2001) 'Gemeinschaft' skills versus 'Gesellschaft' skills in social work education and practice. Applying Tönnies' dichotomy for a model of intercultural communication. *Social Work Education*, 20(2), 247-261.

Lakhan, Ram and Sharma, Manoj. (2010) Knowledge, attitudes, and practices (KAP) survey of families toward their children with intellectual disability in Barwani, India. *Asia Pacific Disability Rehabilitation Journal*. 21, 101-117.

Lamichhane, K. (2013) Disability and barriers to education: evidence from Nepal, Scandinavian. *Journal of Disability Research*, 15(4), 311-324. DOI:10.1080/15017419.2012.703969

Mckenzie, J.A., McConkey, R. and Adnams, C., (2013) Intellectual disability in Africa: Implications for research and service development. *Disability and Rehabilitation*, 35(20), 1750-1755.

Miles, M. (2002) Some influences of religions on attitudes towards disabilities and people with disabilities. *Journal of Religion, Disability and Health*, 6(2-3), pp. 117-129. DOI: 10.1300/J095v06n02_12

Morgan, F., and Tan, B. K. (2011) Parental views from rural Cambodia on disability causation and change. *Disability and Rehabilitation*, 33, 2114-2120. doi:10.3109/09638288.2011.560334

Njenga, F. (2009) Perspectives of intellectual disability in Africa: epidemiology and policy services for children and adults. *Current Opinion in Psychiatry*, 22, 457-461.

Oasis Association (2013). Intellectual disability. Retrieved October 19, 2013, from <http://www.oasisrecycling.co.za/Page.php?pageID=24>

Panek, P. E. and Jungers, M. K. (2008) Effects of age, gender, and causality on perceptions of persons with mental retardation. *Research in Developmental Disabilities*, 29, 125- 2192.

Panek, P. E., and Smith, J. L. (2005) Assessment of terms to describe mental retardation. *Research in Developmental Disabilities*, 26, 565-576. <https://doi.org/10.1016/j.ridd.2004.11.009>

Reynolds, S. (2010) Disability culture in West Africa: qualitative research indicating barriers and progress in the greater Accra region of Ghana. *Occupational therapy international*, 17(4), pp.198-207.

Schalock, R. L, Luckasson, R. A., Shogren, K. A., Borthwick-Duffy, S., Bradley, V., Buntinx, W. H. E.,...Yeager, M. H. (2007). The renaming of mental retardation: Understanding the change to the term intellectual disability. *Intellectual and Developmental Disabilities*, 45(2), 116-124.

Scior, K., and Furnham, A. (2016) Causal beliefs about intellectual disability and schizophrenia and their relationship with awareness of the condition and social distance. *Psychiatry Research*, 243, 100-108.

Werner, S. (2015) Public stigma and the perception of rights: Differences between intellectual and physical disabilities. *Research in Developmental Disabilities*, 38, 262-271. <https://doi.org/10.1016/j.ridd.2014.12.030>