

# Witchcraft, Wealth and Disability: Reinterpretation of a folk belief in contemporary urban Africa



## **Leonard Cheshire Disability and Inclusive Development Centre**

### **Witchcraft, Wealth and Disability: Reinterpretation of a folk belief in contemporary urban Africa.**

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## **Abstract**

Many groups in sub-Saharan Africa have historically linked persons with disabilities with witchcraft as a component of a wider link between accusations of witchcraft and socially marginalized populations. It is commonly assumed that traditional prejudices towards persons with disabilities are receding in light of urbanization, education, mass media and efforts to confront such prejudice and stigma by governments, disability advocates and civil society. Ratification of the UN Convention on the Rights of Persons with Disabilities (CRPD) by many African countries is considered an additional impetus for change.

While beliefs differ throughout the region, there is an unsettling trend in many urban areas where traditional beliefs linking disability with witchcraft are being reinterpreted. Fuelled by quest for rapid social and economic advancement, urban 'witch doctors' promote beliefs that individuals and families can prosper if they perform rituals or sacrifice involving abuse, mutilation or killing of children and adults with disabilities. These beliefs are reinforced in popular media and some Pentecostal churches where disability is linked to evil spirits or the devil, while 'cure' of disability is linked to virtue and prosperity. Based on literature review and fieldwork in Tanzania and Uganda we argue here that with rapid urbanization, links between witchcraft and disability in contemporary African popular urban culture is an issue of concern that must be acknowledged and addressed.

**Key Words:** Disability, handicap, witchcraft, Pentecostal/ fundamentalist churches, exorcism, human rights

## **Introduction**

Many societies in sub-Saharan Africa have historically linked the appearance of physical, intellectual, sensory or mental health disabilities in children and adults with witchcraft, sin, or as evidence of retribution for some action or wrong committed by the individual or a family member (Batterbee et al 2010; Byrne 2011; Cimpric 2012; Geschiere 1997; Groce et al 2011; Ingstaad and White 1995; McGeown 2012). Persons with disability and their families have often suffered social isolation, discrimination and, in the most extreme cases, violence and death as a result of such widely held folk beliefs (UNICEF 2005; Betterbe et al. 2010; Human Rights Watch 2012; Under the Same Sun 2013).

While stigma and prejudice continue to be a factor in the daily lives of millions of persons with disabilities, the links between disability and witchcraft are increasingly seen by disability advocates and organisations who represent the estimated 60-80 million people living with disabilities within the region as historical remnants, receding in the face of 'modernization': increased levels of education, better communication with the outside world, urbanization and recent disability awareness campaigns. Efforts around the UN Convention the Rights of Persons with Disabilities. (UN Department of Economic and Social Development 2006) now ratified by over 150 countries, including over 30 sub-Saharan African countries, which gives people with disabilities the same human rights and freedoms as all non-disabled persons, have also been credited with improving attitudes.

However, over the past decade there has been an unsettling trend in a number of African countries with traditional links between disability and witchcraft being reinterpreted within certain sectors of society by unscrupulous urban practitioners of 'witchcraft' or 'magic.' These practitioners promise to help individuals become wealthy, gain social prominence, succeed in love or vanquish rivals through prayer, ritual practices, potions, amulets or charms (Camaroff and Camaroff 1993, 1999; Dolvo 2007; Geschiere 1997; Ingstaad and White 1995). Such practices often involve abuse, mutilation or killing of persons with disabilities to obtain body parts for use in rituals, potions or amulets. In an alternative version of this practice, it is believed that ambitious families trade the health or intellect of children (their own or

others) for wealth. These beliefs and practices are being echoed and amplified by some Pentecostal churches and in some recent Nollywood films. (Adesokan 2004)

Unlike traditional beliefs about disability largely reported among people with little or no education in remote rural areas, these beliefs are increasingly reported among educated urban populations. It is unclear whether traditional beliefs about disability have been brought from rural to urban areas with urban migrants, whether these beliefs reflect new urban myths (Van Burnvan 1968) or some combination of these. But at their most extreme, the well-being, and in some cases, the very lives of persons with disabilities are at risk. These beliefs also appear to present unacknowledged barriers as children with disabilities are kept from school and adults with disability are hidden in their homes by families who fear they will be accused of selling their family member's health or intellect for wealth or social advancement. (McGeown 2014; Groce 2016)

In this paper, we call attention to this evolving contemporary sub-Saharan African phenomenon by reviewing the literature and presenting observations from our own field work in Zambia, Uganda and Tanzania.

## **Background/Literature Review**

Sub-Saharan Africa has a long history of stigma associated with disability (Ingstaad and Reynold 1995; Groce et al 2011; Secker 2012). A common belief is that individuals are born with or acquire a disability because they or a family member have sinned, violated a taboo or have aroused jealousy or anger in another (Foxcraft 2009). Where witchcraft is concerned, disabled individuals are often considered 'victims', but are not necessarily seen as innocent (UNICEF 2005). They are frequently believed to spread their 'ill fortune' to others either intentionally or unintentionally. Because of this, they and their families are often shunned (Scheer and Groce 1988; Ingstaad and Reynold 1995; UNICEF 2005; Secker 2012).

Links between disability and witchcraft must be understood within a wider context of traditional and contemporary African belief systems. Historically witchcraft has been linked to tensions in African social structures (Evans-Pritchard 1937; Mitchell 1956; Middleton and Winter 1963; Marwick 1956; Douglas 1970); responses to social

instability (Nadel 1952; Gluckman 1959; Debrunner 1959); or as psychological responses in individuals suffering from sickness or lack of autonomy (Field 1937, 1960). The historic assumption that witchcraft would be 'dispelled' with "enlightened religion, education, medicine and better social and racial conditions" (Parrinder 1958), has given way to a more nuanced understanding of evolving witchcraft beliefs in contemporary Africa.

Recent studies have documented an evolving belief system, now linking traditional beliefs with personal striving for prosperity, interest in achieving personal and family goals, or as a way to address personal disputes, class tensions and political strife. Fuelled by urban 'witchdoctors' (here defined as one who seeks either misfortune or success on behalf of their client through contact with spirits, ancestors, ghosts, wizards or witches) and Pentecostal churches which mix traditional African beliefs with charismatic demonology, contemporary beliefs and accusations around witchcraft are often reflected in personal conflicts, court cases and mob violence (Geschiere 1997; Meyer 1998a, 1998b, 1999; Comaroff and Comaroff 1993, 1999; Parrish 1999; Geschiere and Fisiy 1994; Onyinah 2002). Anthropologists and religious scholars have also argued that there has been a shift from communal beliefs about witchcraft to a more personalized belief in witchcraft, reflecting the shift from extended family to individual autonomy (Meyer 1998a, 1999; Comaroff and Comaroff 1993; Geschiere 1997; Colson 2000; Onyinah 2002).

Persons with disabilities are not the only ones accused of witchcraft in contemporary Africa. Women, particularly older women, people living at the margins of society due to poverty, unusual behaviour or unwillingness to conform to community norms are also at risk. In Ghana, at least six 'witch camps' have existed, possibly for as long as a century, offering refuge for women and children accused of witchcraft (Igwe 2013a, 2013b; BBC nd). However, links between witchcraft and disability are of particular note, both because of the extreme vulnerability of many of the individuals against whom such accusations are made, and because people with disabilities rarely are considered when attempts are made to intervene against witchcraft.

It is important to emphasize that beliefs about disability differ between ethnic and tribal groups, and groups living adjacent to one another can have strikingly different ideas about disability (Groce and Zola 1992; Braathen and Kvan 2008; Mallory

1993). Additionally, individuals within the same group can have distinctly different attitudes towards disability, based on personal experience, education and exposure to outside ideas and influences. Moreover, not all cultural beliefs about disability are negative; some cultures believe that disability is part of God's plan, or are neutral about disability (Scheer and Groce 1988). For example, the Chagga of Northern Tanzania believe that if they protect people with disabilities, evil spirits are satisfied, and therefore the presence of people with disability in the community is considered a blessing (Batterbee et al. 2010). Comparable positive attitudes about children and adults with disability have been reported from countries throughout the region (Braathen and Kvan 2008; Mallory 1993; Groce and Scheer 1990).

However, among many groups, links between disability and witchcraft are deeply embedded. For example, members of the Nigerian Yoruba community report that witchcraft causes disability, and that disability can be contagious (Batterbee et al. 2010). Foxcraft reports that in Nigeria, "children who have some form of disability or unique character trait such as erratic behaviour, bedwetting or epilepsy are especially vulnerable to witchcraft accusations" (2009). In Kenya, mothers of children with developmental disabilities or sickle cell risk charges of witchcraft within families (Marsh et al. 2011). In 2006, in Kinshasa, Democratic Republic of Congo Remy Mofu, Director of the Rejeen Project for Street Children, estimated between 25,000 and 50,000 children had been forced from their homes because of witchcraft accusations—and many of these children were disabled. (Molina 2005)

In studies from rural Uganda and Kenya, a number of parents reported the cause of their child's disability was related to witchcraft (Gona et al.2010; Ojok and Wormnaes 2012). Molina (2005) gives the example of a ten year-old street girl with a 'humpback' in the Democratic Republic of Congo abandoned by her mother who claimed the proof of her witchcraft was her physical impairment. In Malawi, researchers found uncertainty about causes of disability led people with disabilities themselves to cite witchcraft as a primary reason for their disability (Braathen and Kvan 2008).

Such associations continue, often updated to reflect contemporary concerns: for example, one Nigerian woman disabled by polio reported that her community

believes she is disabled because she had fallen from a witch's aeroplane at night while she was trying to bewitch people (Batterbee et al 2010).

Some research finds that such traditional beliefs are receding in the face of significant efforts in many countries by disability advocates, government and civil society to dispel such negative attitudes and practices. Education, exposure to the mass media and a rapidly urbanizing population have all been cited as contributing to changing ideas and attitudes (Scheer and Groce 1988; Scker 2012; Mallory 1993; Officer and Groce 2012). In South Africa, a study examining differences between a 'rural cosmology' firmly based in traditional values and an 'urban cosmology' common to people more knowledgeable about western bio-medicine found negative attitudes towards people with disabilities were significantly greater among rural populations (Maart et al. 2007). Comparable findings are reported in Uganda where Hartley et al. (2005) report rural children with disability continue to be hidden in back rooms because families fear their child will be thought bewitched, but such beliefs in urban areas are much less common (Hartley et al. 2005).

It is believed that new legislation, including ratification of the UN Convention on the Rights of Persons with Disabilities and progressive national disability policies in many sub-Saharan countries have made further inroads against stigmatizing beliefs.(DESA 2013)

### **Reinterpretation of Traditional Beliefs: Contemporary Urban Witchcraft**

Change does not always mean progress however. Across sub-Saharan Africa, millions are pouring into urban areas with rising aspirations for wealth and social advancement. There is fierce competition for education, jobs and wealth. With African urban populations predicted to triple by 2050 - when 60% of the anticipated 1.23 billion African population will be living in cities, such competition can only be expected to increase (Schuttenhelm nd).

Such changes are mirrored in shifting social dynamics. Individuals and families, many recently arrived from rural villages and hamlets, confront enormous changes in family structure and support systems, often bound by few traditional norms. They



are freer to borrow and mix traditional practices in new urban environments where advancement is often defined in terms of wealth and power (Kaustubbi 2011).

In this milieu, in some circles, witchcraft beliefs have thrived. Although now more than a decade old, Onyinah (2002) in a Ghanaian survey, asked 1,201 Ghanaians 'Is witchcraft real?' 91.7% said 'yes,' 7.7% said 'no' and 0.7% were 'unsure.' Notably, while 85% of those who 'did not have any official schooling' said yes, 100% of respondents reporting 'some primary school education or higher' said 'yes.' These findings are striking given earlier assumptions that education would reduce witchcraft. (Scheer and Groce 1988; Secker 2012; Mallory 1993).

One reflection of this new African urban mix is the rise of urban healers, often referred to as 'witchdoctors' who specialize in performing rituals to increase individuals' chances of obtaining wealth, succeeding in love or business, advancing socially, restoring or maintaining health. Revenge or ensuring rivals do not prosper also often falls into the job description. These new urban witchdoctors tend to be self-appointed experts, although the amount of training they have varies. Mixing teachings and beliefs from a range of traditional and contemporary practices, they are responsive to market demands of individuals anxious to get ahead, often at any cost (Jordan 2001). Their background is distinct from that of traditional healers, who undergo intensive training in an established body of knowledge and whose practices are situated within the bounds and under the oversight of a coherent cultural tradition. Traditional healers often look upon urban 'witchdoctors' as quacks and charlatans, practicing in secret on behalf of people desiring personal advancement, in marked contrast to traditional practitioners who work openly to benefit the whole community (Jordan 2001; Marsland 2007).

Some witchdoctors advertise openly, others depend on word of mouth. In many communities they are tolerated on the margins of respectability. In others, they are considered a danger to society, operating outside the law and strongly disapproved of by many. This has not stopped many from doing a thriving business, offering a variety of prayers, incantations, meditations, and rituals to help their clients achieve their goals. It is also common for these practitioners to prepare potions and amulets that contain a range of objects that can harm 'enemies', change people's fortune or bring luck.

Many of these practices are harmless, provide psychological support or allow clients to feel they have some control over their current and future lives. Other practices are harmful – including amulets or potions made from animal body parts (skin, hair, fingernails, and genitals) or still more powerful amulets and potions using human body parts intended to protect the wearer or ensure success. . (Alumet et al 2009; Comaroff and Comaroff 1999; Dovlo 2007; Igwe 2013a; Marsland 2007; Onyinah 2002; Sanders 2001; UNICEF 2005).

### **Witchcraft in Urban Africa**

Almost 20 years ago riots broke out in Owerri, capital of Imo State, Nigeria, after discovery of a severed child's head, with one journalist noting "the rioters believed that many of Owerri's young elite had achieved their wealth through satanic rituals" (Kaustubbi 2011: 804). Such practices are on the increase. For example, between 2008 and 2010, reported ritual murders in Uganda rose by 800% (Jubilee Campaign 2011). Uganda is not alone. Reported cases of human sacrifice have been increasing across the continent, with accounts largely coming from urban communities in Nigeria, Uganda, Swaziland, Liberia, Tanzania, Namibia, and Zimbabwe (Molina 2005; Cimpric 2012; Bukuluki 2009). The dramatic rise may reflect changes in behaviour, increased reporting of long-standing practices, more media attention to such events in urban areas, or a combination of these factors.

While accusations of witchcraft can be seen as a personal and family issue, such accusations, often also reflect class tensions. For example, a child sacrifice appears to be more frequently blamed on upwardly mobile, nouveaux riche or rich elites rather than poorer people in urban populations (Karangwa et al. 2010; McGeown 2012).

The common belief that acquisitiveness and greed are driving families to witchcraft was clearly reflected in Bukulukis' 2009 study on child sacrifice in Uganda. Focus group participants reported that witchcraft was a traditional practice but a new practice was flourishing due to an increasing desire for wealth. As one participant explained:

“These days we are living and managing a different life in society where people value riches more than life”

(Bukuluki 2009:16)

While another noted:

“Child sacrifice has become a business with demand and supply. Here is a business man who wants his business to thrive, he is advised...to sacrifice a child.”

(Bukuluki 2009:16)

While upwardly mobile urban people may be more likely to employ witchcraft, it appears that many of those sacrificed are poor and marginalized members of society. At the African Commission on Human and People’s Rights in 2010, Keynote speaker Leo Igwe stated “in most cases, those targeted for ritual sacrifice are vulnerable members of the population — the poor, women, children, the aged and people with disabilities” (Salisbury and Roberts 2012).

### **Disability and Witchcraft**

In such situations, it is perhaps not surprising that people with disabilities – a group historically associated with witchcraft, are the focus of renewed attention. Traditional beliefs in many cultures hold that persons with disabilities may be closer to the spirit world or that they may be inhabited by a spirit or devil. (Batterbee et al 2010; Groce and Scheer 1990; Moart et al 2007; Onyinah 1994,2002; Secker 2012; Stepping Stones Nigeria 2012).

Compounding this, existing stigma and prejudice against persons with disabilities often holds that their lives have less value than the lives of non-disabled individuals; if a human sacrifice is needed, the rational goes, the death of a disabled person would be a lesser loss (UNICEF 2005). Furthermore, it is quite possible that the murder or disappearance of a disabled person will often be of less priority to the police (ibid).

A striking example is seen among children and adults with albinism. In a number of East African countries, people with albinism have historically been considered

cursed or not fully human and face lifelong discrimination and marginalization. There is also widespread belief that body parts of people with albinism, contain magical properties and when body parts are put in magic potions or amulets wealth, power or other desired goals can be reached (Comaroff and Comaroff 1993, 1999; Douglas 1970; Evans-Pritchard 1937; Gluckman 1959; Middleton and Winter 1963; Ojok and Wormnaes 2012). This belief is considered by many a holdover from traditional belief systems however some, such as Brycson et al (2010); Sanders (2001); Jonsson and Sherrington (2010) argue that whatever the origins, current beliefs reflect responses to international and national economic stressors, power and poverty.

Certainly, a wave of mutilations, killings and grave robbing has been reported, beginning in the early 1990s that involve persons with albinism (Telegraph Online 2010). By 2010 Tanzania alone, 57 murders of people with albinism had been reported, and unreported figures are thought to be much higher, (Alum et al. 2009; Under the Same Sun 2013) Infants and children with albinism (and other disabilities) are at increased risk because they are more easily attacked and because their 'innocence' is believed to make their body parts particularly potent. Reports of comparable ritual mutilation or murders have been identified in 8 surrounding countries (Alum et al, 2009; Tanzania Albino Society 2013).

While many such murders are committed by individuals unknown or unrelated to the family, a disturbing number of killings have been reported by fathers or male relatives who hope to become rich by selling their child's body parts (Under the Same Sun 2013; Colson 2000). Despite official national and global condemnation and active and effective campaigns by government and advocacy organizations such as "Under the Same Sun" and the "Tanzania Albino Society" in collaboration with UN agencies including UNICEF, ritual killings have slowed but still not been fully stopped. Previous killings have been not well investigated (Tanzania Albino Society 2013).

Part of the reason why such practices continue is the amount of money to be made. The Tanzanian police estimate that "the value of a complete set of albino body parts, including all four limbs, genitals, ears, nose and tongue is around £50,000" (Alum et al. 2009).

## **Witchcraft and Selling of Abilities**

Death or mutilation is not the only practice. In countries such as Tanzania, Zambia and Uganda, it is widely believed that a family can gain wealth in exchange for the intellect or health of one of their children (Co-author A, 2013). Members of the surrounding community may - and in some cases do - assume that a family with a disabled child – and particularly a child who is intellectually disabled - has made an arrangement with a ‘witch doctor’ in which their child’s intellect has been sold in exchange for prosperity. The presence of a child with a disability was seen as providing proof of the family’s greed and ruthlessness.

In a Ugandan study in urban and peri-urban Kampala, co-author B (2012) found parents’ and teachers’ explanations about the cause of their children’s disability not only included correct and incorrect biomedical explanations (poor diet, use of family planning pills), but also routinely included witchcraft, curses and the breaking of taboos. Co-author B (2012), studying children in special education schools found parents and teachers at a leading special school for intellectually disabled children reported that it was possible, or that they knew of families they believed had intellectually disabled children because they had traded their child’s intelligence for prosperity.

As one mother whose own intellectually disabled child attended the special school explained:

“...rich families do not want to be seen with a disabled child. It may be seen as evidence.”

(Co-author 2012:42)

Wealthier families appeared to be particularly anxious to hide their disabled child. (Co-Author B). Teachers in the most affluent school in the study, reported that the shame and stigma associated with presumed sale of a child’s intellect for prosperity was most prevalent in the wealthier families: “Especially if it is a high profile family.” (Co-author B 2012:58)

One teacher in an Autism unit in a mainstream school near Kampala offered many examples of wealthier families hiding or being embarrassed about having disabled children, (Co-author 2012:40)

The teacher was clear about why these children are hidden. Parents, she reported, feared "...that others maybe think they have done rituals and that's why they are rich" (ibid 2012:42).

Moreover, the children discussed were enrolled in respected special school programmes specifically designed for children with disabilities. Yet many parents, particularly those with prominent positions in government or civil society still did not want those outside the school to know they have a disabled child, fearing the accusations or coverage by the media that would ensue (Co-author 2012).

Comparable findings are reported by Stone-MacDonald from Lushoto, Tanzania, where many parents and teachers at a special needs school attributed their children's disabilities to witchcraft, despite local leaders claiming such beliefs are no longer held because people are now educated (Stone-MacDonald 2012). In findings similar to Co-Author B's Ugandan study, the children being discussed by Stone-MacDonald were already students at a prominent special school. Similar observations were also reported in Zambia and Uganda during a series of surveys, focus groups and interviews on attitudes in a Leonard Cheshire Disability study (Groce et al 2014).

And many children with disabilities may not be attending school at all. In a significant case study from Rwanda, Karangwa and colleagues (2010) documented the practice by wealthier families of not calling attention to their children with disability:

"Paul was five years old, had severe cerebral palsy and lived in a relatively affluent family in Kigali. His condition had deteriorated so much that he could hardly see or hear ...Paul was often kept indoors in a dark room (alone)."

(Karangwa et al. 2010)

Karangwa et al also documents the case of Sophie "hidden away in a heavily guarded affluent home, and the house girls were instructed that they were not to talk

to anyone about her existence” because of concerns over potential witchcraft allegations. (Karangwa et al. 2010)

### **Witchcraft Accusations and Persons with Disabilities**

The link between witchcraft and disability is reflected not only in beliefs that witchcraft causes disability, but also that once disabled, people with disabilities may themselves practice witchcraft. Again, this belief may grow in an urban context. Anthropological studies show that witchcraft accusations are more frequent in societies with an unstable social order, or where there is breakdown of social relationships (Kaustubbi 2011; Jordan 2001). In times of economic and political instability, increasing competition between different social groups may increase risk for the most vulnerable (Secker 2012).

In most communities, practicing witchcraft is considered an antisocial activity and accusations of witchcraft have severe consequences. However, in contemporary Africa, the individuals accused of witchcraft are rarely the established urban witchdoctors (who are often protected by their connections and money), but rather vulnerable individuals at the margins of society who are generally believed to cause harm because of malice or envy. A rise in witch-hunts has been reported throughout sub-Saharan Africa. For example, in western Kenya 15 women were burned to death in 2008 after being accused of witchcraft (Marsland 2007). In Cameroon, witchcraft accusations have led to banishment, lynching and physical violence. In northern Ghana, some women accused of witchcraft are forced to live in separate “witch villages” (Dovlo 2007).

Here again, persons with disabilities fare poorly. Those most vulnerable, including children with autism and people with mental illness are particular targets and reports of witchcraft accusations, particularly against individuals with mental illnesses are on the increase (Sleap 2011). Persons with disability are particularly vulnerable to such accusations due to their low social status, but such accusations may also be driven by others’ interest in acquiring their property, money or land (Sleap 2011; Groce et al. 2014).

The phenomenon of “child witches” has also grown over recent decades. For example, thousands of children in Kinshasa and Lubumshi in the Democratic Republic of Congo, and in Akwa Ibom State in Nigeria, have been forced onto the streets due to witchcraft accusations (Bukuluki 2009; Dovlo 2007; LaFraniere 2007; Allen 2008; Kenina 2008; Houreld 2009; Wicasta 2011; Byrne 2011; Karimi 2013). The problem is largely urban based but not limited to large cities. In 2007, 432 children in a town in northern Angola were living on the streets as a direct result of witchcraft accusations (LaFraniere 2007). Children who stand out from the crowd, such as children with visible disabilities, are particularly vulnerable. (UNICEF 2005)

### **Religion as a Compounding Factor**

The links between wealth, witchcraft and disability are reinforced by several other trends in contemporary Africa.

Ideas linking witchcraft and disability are being reinforced in some Pentecostal churches which combine earlier African beliefs in witches and demons with US charismatic church beliefs in demons and personalized concepts of the Devil. These ideas began to be introduced into the region as early as the 1950s and 1960s to provide explanatory models of sin, evil and absolution.

Onyiah (1994) writing on ancestral curses in Ghanaian Pentecostal churches, gives a list of ‘attributes’ assumed to be linked with the demons, many of which are also linked to physical, intellectual or mental health disabilities such as hereditary diseases, allergies, death by suicide and chronic illness (Onyiah: 1994). The ‘logical inference’ notes Onyiah is that ‘demons are at work any time some evil behaviours or diseases are present in the lives of both Christian and non-Christians’ (Onyiah, 2002).

Such churches offer deliverance ‘from disability’ through prayer and ritual for children and adults (Foxcraft 2009; UNICEF 2005). ‘Cures’ are sought as visible evidence to all members of the congregation that the disabled individual has now gained God’s favour. Obviously the pressures on persons with disabilities if they do not respond to this intervention by being ‘cured’ are great.



Preachers are likewise under pressure to achieve a 'cure' – and may resort with increasing harshness to produce the expected result. Parishioners with disabled family members will often be charged large amounts of money by their preachers who convince them that such donations will result in cures (UNICEF 2005). For example Molina (2005) reported a pastor in the Democratic Republic of Congo who charged families living on less than one dollar a day, 40 dollars to perform a ritual to cure their children of disability. Preachers who affect such miraculous cures benefit not only monetarily but also through growing prestige, increasing congregation size, and attention in the popular press.

In such churches, when the minister's best efforts and concerted prayers from the faithful are unable to 'cure' the child or adult of their disability, it is often assumed the child or adults remains disabled because he or she is wilful, the family is sinful or, in the worst case scenario, because the person with a disability is obstinately in league with the devil (UNICEF 2005). Too often in such situations, people with disabilities who are not 'cured' are seen as standing in the way of the ministers' – and often the congregation's – ability to grow and carry out their 'mission' to fight the Devil. Whatever the rationale, the result is often new and aggressive social isolation or physical abuse as ministers, parents and members of the congregation attempt to smother, burn or beat the devil out of the disabled child or adult (Okwari 2003:18; UNICEF 2005).

These accusations of God's disfavour are compounded by some revivalist churches that knit together ideas of disability as a sign of God's disfavour with the belief that wealth and prosperity are a sign of God's favour and a reward for righteousness. Among families and communities that hold such beliefs, there is a potentially toxic combination of religion, violence, power and the desire for wealth impacting on children and adults with disability (Foxcraft 2009; Molina 2005).

In Ghana, a country where a significant proportion of the population still believes that mental disability is caused by evil spirits and witchcraft (Onyinah 2002), this religious response is well organized. Human Rights Watch's report 'Like a Death Sentence'(2012)" reported the existence of 'Prayer Camps', where inmates - children and adults with mental health conditions such as schizophrenia, bipolar

disorder and severe depression, as well as children and adults with intellectual disabilities and genetic conditions, such as Down's Syndrome - are kept in terrible conditions, often beaten and chained to iron stakes, whilst self-proclaimed prophets seek to "heal" them of their disabilities through prayer and herbal remedies (Human Rights Watch 2012).

## **Public Responses**

A range of actions are beginning to address witchcraft practices in general and allegations of witchcraft against persons with disabilities in particular. Disabled people's organisations (advocacy groups run by and on behalf of persons with disabilities) have brought together communities, politicians, the media and civil society working in conjunction with UN agencies such as UNICEF to confront issues of witchcraft and disability head-on, particularly when it comes to ritual killing and mutilation of persons with disabilities. (Batterbee et al 2010; Under the Same Sun 2012). In Tanzania for example, President Kikwete took a strong stand against killing of persons with albinism and witchcraft, and disabled people's organisations such as "Under the Same Sun" now work closely with police and community officials to monitor and evaluate the situation on the ground. This has led to a significant decrease in violence – although death and mutilations have not stopped entirely (Under the Same Sun 2012).

Issues related to witches, witch camps and the need to end witchcraft accusations have received growing attention. Igwe (2013a), for example, in a Feature Article for Modern Ghana writes of a witch camp in Sang village where, in addition to harbouring old women accused of witchcraft, there is a home managed by Catholic nuns for 32 disabled children:

Igwe argues that the need to address this human rights issue 'cannot happen due to lack of principled stance on the witchcraft phenomena'. Witchcraft is a 'charged and controversial topic' Igwe notes 'and many locals and local authorities do not like getting involved':

There are too many people – local chiefs, priests, soothsayers etc., with vested - political and financial - interests in witchcraft belief and practice. Also those trying to

combat witchcraft related abuse are mainly faith based organisations – like the one managing this orphanage or religious individuals – who actually believe in witchcraft. So they do not openly question or are willing to challenge witch beliefs.

(Igwe 2013a)

International pressure led the Ghanaian government in 2013 to announce closure of witch camps. However, these plans were met with concern by human rights advocates fearing that ‘witch camp’ residents returning to their home villages, may be killed (Igwe 2013b).

Larger human rights organisations, such as Human Rights Watch are involved. But smaller NGOs have also shown strong leadership in advocacy against accusations of witchcraft. Of particular note the Nigerian NGO “Stepping Stones Nigeria”, working with abandoned street children accused of witchcraft, has brought the issue of children with disabilities and witchcraft to the UN Committee on the Rights of the Child (Batterbee et al. 2010; Stepping Stones Nigeria 2007) and dedicated their 2012 Day of the African Child to children with disabilities. Declaring ‘Disability is not Witchcraft’, Stepping Stones Nigeria and Stepping Stones Nigeria Child Empowerment Foundation called upon the Nigerian government ‘to take action to demystify the common ailments that are associated with witchcraft and prevent the labelling of children with disabilities as ‘witches’” (Stepping Stones Nigeria 2012).

However, in our fieldwork in Tanzania and Uganda we also found that talking openly about witchcraft, even for some members of the disability and NGO community is difficult, some even fearing that such discussion will itself bring misfortune.

## **Discussion**

This study examined how traditional folk beliefs and newly emerging urban myths place children and adults with disabilities at risk. Although it has long been assumed that prejudicial attitudes towards persons with disabilities give way in the face of increasing globalization, education and prosperity, progress does not appear to be uniformly upward.

This is compounded by regional population upheavals as millions grapple with urbanization, globalization, rapid economic, technological and social change, growing inequalities, and a young (and often majority) population keen to pursue wealth. The links between witchcraft and disability are further nurtured by irresponsible representation in the mass media, and encouraged by some Pentecostal churches that see disability as a sign of God's disfavour and the 'curing' of disability, along with wealth and prosperity, as a reward for righteous behaviour. (Foxcraft 2009; Batterbee et al 2010; Molina 2005).

Although more research is needed, the initial review of the academic and grey literatures and field observations presented here identify a set of problematic beliefs and practices that are affecting people with disability across the life span, with profound implications for their health, well-being and in extreme cases, their very lives.

Fear of public exposure and censure linked to witchcraft appears to have significant consequences. For example, Sustainable Development Goal 4 which ensures education for all children, traditional witchcraft beliefs are keeping some children with disabilities from attending school and prompts many families to keep disabled children and adults isolated at home rather than allowing them to participate freely in the community. The implications this may have for some families' willingness to report the existence of a child with disability, seek medical care, access early childhood intervention or get rehabilitation for their disabled family member are currently unexplored, but worth further consideration. The fact that affluent individuals appear to be affected by such beliefs, and that in our own fieldwork, even families with children with disabilities enrolled in respected special schools still link witchcraft and disability, is of particular concern.

## **Conclusion**

On March 5th 2013, Navi Pillay, the UN High Commissioner for Human Rights, strongly condemned vicious attacks on people with albinism in Tanzania, which involved dismembering children while they are still alive. She urged the Tanzanian

authorities to strengthen their legal response and to bring the perpetrators to justice (United Nations Human Rights Website 2013).

Such condemnations bring needed awareness to the issue. However, only a limited number of individuals and organizations are tackling witchcraft as a component of disability and development or as a human rights concern (UNICEF 2005; Human Rights Watch 2012; Under the Same Sun 2012). Linking disability and witchcraft is clearly a violation of the CRPD and all other human rights instruments.

More action is needed. Public information campaigns and discussion are needed in those countries affected by witchcraft to raise awareness about the causes of disabilities and the rights of persons with disabilities. Community volunteers, health professionals and social workers must be informed and trained to identify disabled children or adults hidden away by families, and provide support and counselling to address issues of witchcraft. Disabled Peoples Organisations can and must play an important role in raising these issues – and should be key partners working with government and civil society to address the issue of witchcraft and disability at local and national levels.

All who spread such malicious beliefs need to be held accountable for what they say and what they do – or encourage others to do. This is particularly true for those in the public eye –those practicing ‘urban witchcraft’, those who are part of the Pentecostal religious community or who make and market films or other forms of media that prejudicially links disabled persons with witchcraft or evil spirits.

It is ironic that at the same time that an increasing number of African States ratify the CRPD and put in places strong legislation supporting people with disabilities, these rights may continue to be limited by stigmatizing beliefs.

This issue must be tackled head on. Constant vigilance is needed to ensure that progress made is not reversed by often unacknowledged but nonetheless powerful traditional beliefs and practices that go unchecked.

## **Bibliography**

Adapdu V. Depiction of Mental Illness in Nigerian and Ghanaian movies: A negative or positive impact on mental health awareness in Ghana? Masters Thesis. Sociology and Social Policy, University of Leeds

Adesokan A. Loud in Lagos: Nollywood Videos, *Wasafiri* 2004, 19:43:45-49

Allen K. 2008. Living in Fear: Tanzania's Albinos. BBC News July 21st.  
<http://news.bbc.co.uk/1/hi/world/africa/7518049.stm>

Alum A, Gomez M, Ruiz E. Hocus Pocus, Witchcraft and murder: Plight of Tanzanian Albinos, International Team Project, Tanzania, 2009.

Batterbee L, Foxcroft G, and Secker E. Witchcraft stigmatisation and Children's Rights in Nigeria. Stepping Stones Nigeria report at 54th session of the UN committee on the Rights of the Child in Geneva, May 2010

Braathen SH, Kvan HV. Can anything good come out of this mouth? Female experiences of disability in Malawi, *Disability and Society* 2008 23:5:461-474

Bryceson D, Jonsson J, Sherrington R. 2010. Miner's Magic: artisanal mining, the albino fetish and murder in Tanzania. *Journal of Modern African Studies*, 48:3:353-382.

Bukuluki P. Rapid Assessment on Child Sacrifice in Uganda: "Informing Action", Assessment Report, Makerere University, Department of Social Work and Social Administration, Kampala, 2009.

Byrne, C. 2011. Hunting the vulnerable: Witchcraft and the law in Malawi. Consultancy African Intelligence. June 16.

Cimpric A. Children accused of witchcraft: An anthropological study of contemporary practices in Africa, UNICEF WCARO, Dakar, 2012.

Colson E. 2000. The Father as Witch. *Africa* 70:3:333-358

Comaroff J, Comaroff J. eds. 1993. *Modernity and its Malcontents: Ritual and Power in Postcolonial Africa*. Chicago: University of Chicago Press.

Comaroff J, Comaroff J. 1999. Occult economies and the violence of abstraction: Notes from the South African Postcolony. *American Ethnologist*, 26;2;279-303.

Debrunner H. 1959. *Witchcraft in Ghana: A Study on the Belief in Destructive Witches and its Effects on the Akan Tribes*. Accra:Presbyterian Book Deposit.

Douglas M. ed. 1970. *Witchcraft Confession and Accusations*. London: Tavistock Publications

Dovlo, E., *Witchcraft in contemporary Ghana*. In G. ter Haar, ed., *Imagining evil: witchcraft beliefs and accusations in contemporary Africa*, pp. 67–92. Trenton, NJ: Africa World Press, Inc. (2007)

Dowden R. 2006. Thousands of Street Children Turned on the Street to Starve. *The Observer*. 12 February.

<http://www.theguardian.com/world/2006/feb/12/theobserver.worldnews11>

Evans-Pritchard E. 1937. *Witchcraft, Oracles and Magic among the Azande*. Oxford: Oxford University Press.

Field M. 1937. *Religion and Medicine of the Ga People*. London: Oxford University Press.

Field M. 1960. *Search for Security: An Ethno-Psychiatric Study of Rural Ghana*. London: Faber and Faber.

Foxcraft G. *Witchcraft Accusations: A protection concern for UNHCR and the Wider Humanitarian Community?* Stepping Stones Nigeria NGO, UNHCR 6th April 2009.

Geschiere P. 1997. *The Modernity of Witchcraft: Politics and the Occult in Postcolonial Africa*. London: University Press of Virginia.

Geschiere P, Fisiy C. 1994. Domesticating Personal Violence: Witchcraft, Courts and Confessions in Cameroon. *Africa*. 64:2:323-341.

Gluckman M. 1959. *Customs and Conflicts in Africa*. Oxford: Blackwell Press.

Gona J, Mungala-Odera V, Newton C, Hartley S. 2010. Caring for children with disabilities in Kilifi, Kenya: What is the carer's experience? *Child: Care health and development* 37:2175-183

- Groce N, Scheer J. 1990. Cross-Cultural Perspectives on Disability. *Social Science and Medicine*.30:8:836-839.
- Groce N, London J, Stein M. 2014. Inheritance, Poverty and Disability. *Disability & Society*.29:10:1554-1568.
- Hartley S, Ojwang P, Baguwu A, Ddamulira M, Chavuta A. How do carers of disabled children cope? The Ugandan perspective *Child: care, health and development* 2005. 31:2:167–180.
- Hourelid, K. 2009. *Church Burns Witchcraft Children*. Associated Press.
- Human Rights Watch. 2012 “Like a Death Sentence”:Abuses against Persons with Mental Disabilities in Ghana.  
<http://www.hrw.org/sites/default/files/reports/ghana1012webwcover.pdf>
- Ingstaad B, Reynold, White S (Eds). *Disability and Culture* University of California Press, London, England, 1995.
- Igwe, L. 2013a. Child Witches in Ghana. Feature Article. *Modern Ghana*. 19 January 2013. <http://www.modernghana.com/news/440447/1/child-witches-in-ghana.html>
- Igwe L. 2013b. What to do with all the “Witches”? *Ghana News*. December 19th  
<http://www.spyghana.com/witches/>
- Jordan Smith, D. Ritual Killing, 419, and Fast Wealth: Inequality and the Popular Imagination in Southeastern Nigeria, *American Ethnologist* 2001, 28 (4):803-826
- Jubilee Campaign and Kyampisi Childcare Ministries A report on Child Sacrifice in Uganda, Jubilee Campaign and Kyampisi Childcare Ministries, UK, 2011.
- Karangwa E Miles S, Lewis. Community–level Response to Disability and Education in Rwanda, *International Journal of Disability, Development and Education* 2010, 57:(3):267-77
- Karimi F. 2013. Abuse of child ‘witches’ on rise, aid group says.’ *CNN* Retrieved 2014-05-29



Kaustubbi S. 2011. Piercing the Veil: Why human sacrifice is escalating, Issue 8. Cape Chameleon: Changing Faces Changing Places.  
<http://www.capechameleon.co.za/>

Kenina W. 2008. Mobs Burns to Death 11 Kenyan 'witches.' Reuters May 21.  
<http://www.reuters.com/article/2008/05/21/idUSL21301127>

La franiere S 2007. African Crucible: Cast as Witches then cast out, New York Times, November 15th.

Maart S, Eide A, Jelsma J, Loeb M, Toni M.2007. Environmental barriers experienced by urban and rural disabled people in South Africa. *Disability & Society*.22:4:357-369

Mallory B L.1993. Changing beliefs about disability in developing countries: Historical factors and sociocultural variables. In D.Woods (Ed.) *Traditional and changing views of disability in developing societies*. Monograph 53.pp1-24. NY World Rehabilitation Fund.

Marsh V. Dorcas M, Kamuya, M. 2011. 'All her children are born that way': gendered experiences of stigma in families affected by sickle cell disorder in rural Kenya, *Ethnicity & Health*.16:4-5:343-359

Marsland R: The Modern Traditional Healer: Locating 'Hybridity' in Modern Traditional Medicine, Southern Tanzania, *Journal of Southern African Studies* 2007, 33:4:751-765.

Marwick M. 1956. *Sorcery in its Social Setting: Study of the Northern Rhodesian Cewa*. Manchester: Manchester University Press.

McGeown J. 2012. *Out of the Shadows: Qualitative study of Parents' and Professionals' attitudes and beliefs about children with Communication Disability in Uganda and how best to help them*. Masters Thesis. Centre for International Health and Development. UCL

Meyer B. 1998a. Make a Complete Break with the Past: Memory and Post-Colonial Modernity in Ghanaian Pentecostalist Discourse. *Journal of Religion in Africa*. XXVII: 3:316-349.

Meyer B. 1998b. Commodities and the Power of Prayer: Pentacostalist Attitudes towards Consumption in Contemporary Ghana. *Development and Change*. 29:751-776.

Meyer B. 1999. *Translating the Devil: Religion and Modernity in Africa among the Ewe in Ghana*. Edinburgh: Edinburgh University Press.

Middleton J, Winter E. 1963. *Witchcraft and Sorcery in East Africa*. Ed. London: Regan Paul.

Mitchell JC. 1956. *The Yao Village: A Study in the Social Structure a Nyanssaland Tribe*. Manchester: Manchester University Press

Molina JA. 2005 *The Invention of Child Witches in the Democratic Republic of Congo: Social cleansing, religious commerce and the difficulties of being a parent in an urban culture*, Save the Children UK.

Nadel S. 1952. *Witchcraft in Four African Societies: An Essay in Comparison*. M. Marwick (ed) London: Penguin Books 1970. Pg286.

Officer A, Groce N. 2009. Key Concepts in Disability. *The Lancet*.374:9704:1795.

Ojok P, Wormnaes S. 2012. Inclusion of pupils with intellectual disabilities: primary school teachers' attitudes and willingness in a rural area in Uganda, *International Journal of Inclusive Education*, Pps.1-19

Okwari J. *A Dramatized Society: Representing Rituals of Human Sacrifice as Efficacious Action in Nigerian Home-Video Movies*, *Journal of African Cultural Studies* 2003 16:1:7-23

Onyinah O. 1994. *Ancestral Curses*. Accra: Pentecostal Press.

Onyinah, O. 2002. Deliverance as a Way of Confronting Witchcraft in Modern Africa: Ghana as a Case History. *Asian Journal of Pentecostal Studies*. 5:1:107; *Cyberjournal for Pentecostal-Charismatic Research*.  
<http://www.pctil.org/cyberj/cyberj10/onyinah.html>

Parrinder G. 1958. *Witchcraft: Critical Study in the Belief in Witchcraft from the Records of Witch Hunting in Europe Yesterday and Africa Today*. Harmondsworth: Penguin Books. (202-203)

Parrish J 1998. The Dynamics of Witchcraft and Indigenous Shrines among the Akan. *Africa*:3:427-447

Salisbury S, Roberts L. 2012. Practice of Ritual Killings and Human Sacrifice in Africa Human Rights Brief. Center for Human Rights for Humanitarian Law. <http://iheu.org/>

Sanders T. 2001. Save Our Skins: Structural adjustment, mortality and the occult in Tanzania. H. Moore, T. Sanders (eds.) *Magical Interpretations, Material Realities: Modernity, Witchcraft and the Occult in Postcolonial Africa*. London: Routledge.

Schuttenhelm R. Urban population growth Africa 300 percent between 2010 and 2050. <http://www.bitsofscience.org/population-growth-africa-cities-568/>

Secker E. 2012. Witchcraft Stigmatisation in Nigeria: Challenges and Successes in the implementation of child rights. *International Social Work* 56:1:22-36

Scheer J, Groce N. 1998. Impairment as a Human Constant: Cross-Cultural and Historical Perspectives on Variation. *Journal of Social Issues*. 44:23-37

Sleap B, 2011. Using the Law to tackle Accusations of Witchcraft: HelpAge International's position, HelpAge International, London.

Stepping Stones Nigeria. 2007. Supporting Victims of Witchcraft Abuse and Street Children in Nigeria. <http://www.humantrafficking.org/publications/593>

Stepping Stones – Nigeria. 2012. Day of the African Child: NGOs Say Disability is Not Witchcraft!' <http://www.steppingstonesnigeria.org/blog/2012/06/day-of-the-african-child-ngs-say-disability>. June 16th

Stone-MacDonald A. Cultural beliefs about Disability in Practice: Experiences at a Special School in Tanzania, *International Journal of Disability, Development and Education* 2012, 59:4:393-407

Tanzania Albino Society. 2013. [www.tanzaniaalbinosociety.org/](http://www.tanzaniaalbinosociety.org/)

Telegraph Online, "Seven new albino killings in Tanzania and Burundi", May 6th 2010

<http://www.telegraph.co.uk/news/worldnews/africaandindianocean/tanzania/7687951/Seven-new-albino-killings-in-Tanzania-and-Burundi.html>

UNESCO. 1994. Salamanca Statement and Framework for Action on Special Needs Education, adopted by the World Conference on Special Needs Education: Access and Quality, UNESCO/ Ministry of Education and Science, Spain

UNESCO. 2007. Strong foundations: Early childhood care and education. EFA Global Monitoring Report. Paris. <http://www.unesco.org>

Under the Same Sun (UTSS) <http://www.underthesamesun.com/> May 5th 2013.

UN Department of Social and economic affairs (DESA).  
[www.un.org/en/development/desa/index](http://www.un.org/en/development/desa/index).

United Nations Human Rights website, 2013. Office of the High Commissioner for Human Rights. [www.ohchr.org/EN/Pages/WelcomePage.aspx](http://www.ohchr.org/EN/Pages/WelcomePage.aspx)

UNICEF. 2005. UN Secretary General's Report on Violence against Children. Thematic Group on Violence against Disabled Children Findings and Recommendations

Brunvand, J. 1981. The Vanishing Hitchhiker: American Urban legends and Their Meanings.

Wicasta. 2011 Albino Child Kidnapped by Witch Doctors for Tribal Sacrifice. 23 September <http://www.malleusmaleficarum.org/blogs/?p=348>