



COLLEGE OF HUMANITIES

School of Religion, Philosophy & Classics

**A FEMINIST CRITIQUE OF ECUMENICAL BODIES' SILENCE TO THE
SEXUAL ABUSE OF**

WOMEN WITH MENTAL DISABILITY IN ZAMBIA

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University of KwaZulu-Natal, Pietermaritzburg Campus, South Africa.

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DECLARATION

I, Rev. Charity Chali Mulalami declare that this thesis entitled, **A Feminist Critique of Ecumenical Bodies' Silence to the Sexual Abuse of the Women with Mental Disability in Zambia**, is my unaided work. The thesis is being submitted in fulfilment of the degree of Master of Theology in Gender, Religion and Health, in the School Religion, Philosophy and Classics, University of KwaZulu-Natal, Pietermaritzburg campus, South Africa. All references, citations, and ideas borrowed have been acknowledged, and none of the current work has been previously submitted for any degree or examination at any other University.

Signature of student:..... Date.....

As the candidate's supervisor, I approve this thesis for submission.

Signature of the Supervisor:..... Date.....



15 March 2020

Re: Language editing of the Master's thesis

This letter confirms that the Master's thesis **A Feminist Critique of Ecumenical Bodies' Silence to the Sexual Abuse of the Women with Mental Disability in Zambia** by Rev Charity Mulalami was copy edited for language.

Cordially

Dr Karen Buckenham (PhD)

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DEDICATION

I dedicate this thesis to my humble and loving late husband, Mr Eddie Adamson Mwale, and our late son Caleb Dumisani Mwale – my little cute and smiling angel. Honey, you encouraged me to study hard during my BA Hon. in Theology program. I am sure coming this far to the level of doing my Master’s degree would have had put a smile on your face. However, I know that you are smiling down on me from heaven. I miss that smiling face. I remember your words, “*maki Thembi ukonda sukulu, I wish neze na ndalama sembe nekupeleka kuma sukulu yosinyana sinyana,*” translated as: mother of Thembi you love school/studying, how I wish I had money to take you to different schools. Your wish was prayerfully spoken; that is why though you are gone to be with the Lord, God paved the way for me to do this program. Thanks for your love and support you rendered to me during our married life. I also dedicate this thesis to my one and only daughter and child, Thembizwayo Chisomo Mwale. Thanks so much for your prayers, my little prayer partner – you never forgot to pray for my studies, and though it was not easy to leave you home for a long time, your understanding and releasing me for the program was my source of comfort and strength. Moreover, leaving you home without your father to watch over you anymore was the hardest thing for me to do.

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ABSTRACT

The study analyses how the three ecumenical bodies (the church mother bodies) – the Council of Churches in Zambia, the Evangelical Fellowship of Zambia and the Zambia Council of Catholic Bishops – respond to the sexual abuse of women with mental disability or illness through sexual and gender-based violence activism. In the Zambian context like elsewhere, ecumenical bodies and gender activists have been active in addressing all forms of gender-based violence, as part of their response to social justice. However, there seems to be little or no attention paid to women with mental disability who are equally victims of sexual abuse. This study aims to reflect theologically on the silence of the ecumenical bodies to the sexual abuse of women with mental disability in Zambia using feminist lenses to analyse the study.

The study is framed within the social constructionist and feminist disability theory theoretical frameworks. The study is qualitative, non-empirical, and literature-based. The findings of this study show that although the ecumenical bodies are involved in social justice/gender-based violence activism, in all their joint statements, there is no mention of advocacy for women with mental disability who are also victims of sexual abuse. The study also observed that there are robust religious and cultural beliefs and attitudes towards disability in general which have led to the dehumanising, devaluing, discrimination, rejection, stigmatisation, and marginalisation of persons with disabilities. For instance, the social construction of “*ishilu*”¹ in society removes the human dignity of a person – implying that they no longer are the image of God, since the image of God seems to be associated with the normal people in society. The study thus recommends the theory of change in the operations of the three ecumenical bodies concerning their approach to their fight for justice for all humanity.

Keywords: Feminist critique, ecumenical bodies, sexual abuse, mental disability

¹ *Ishilu* is a Bemba word of one of the major tribes from the northern part of Zambia. It is very derogatory in nature. It is not only used to express mental disability or illness but it is also applied to those who don't have mental illness. It is a very derogatory word that devalues, demeans, and takes away the dignity and humanness of someone, thereby rendering one useless.

ACRONYMS

CCZ – Council of Churches in Zambia

CRPWD - Convention on the Rights of Persons with Disabilities

CSO – Central Statistics Office

EFZ – Evangelical Fellowship of Zambia

MCDSS - Ministry of Community Development and Social Services

MDAC - Mental Disability Advocacy Centre

MGCD - Ministry of Gender and Child Development

MHUNZ - Mental Health Users Network of Zambia

NGO - Non-Governmental Organisation

NGOCC - Non-Governmental Gender Organisation Coordinating Council

NPD - Zambia National Policy on Disability

PWDs – Persons with Disabilities

SGBV - Sexual and Gender-Based Violence

UN – United Nations

WCC – World Council Churches

WHO – World Health Organisation

ZCCB – Zambia Council of Catholic Bishops

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CHAPTER ONE

INTRODUCTION TO THE STUDY

1.0 INTRODUCTION

It is essential to realise that there are interconnections among religion, spirituality, and health (Pincus: in Koenig, 1998). According to Koenig (1998), the links of spirituality, religion, and disease with health and mental health are unavoidable. The study is under the triangulation of Gender, Religion and Health [GRH], and as such, was approached from that angle. The study explores the ecumenical bodies' response to the sexual abuse of women with mental disability in Zambia. Both disability and gender-based violence [GBV]² are public health issues. Drum *et al.* argue that there has been a shift in addressing disability, moving away from having a particular focus on preventing disability; thus public health recognises that disability cannot be dealt away with but will be with us (2009: 1). The ecumenical bodies have been drawn into the study because they are socially privileged in society to give theological and pastoral responses to diverse issues of Zambian citizens. They are critical stakeholders in the running of the affairs of the country in that they are involved in policymaking concerning governance matters of the country, on spiritual and moral matters, as well as social, economic, and political justice issues.

The cases of gender-based violence are escalating in Zambia, and this has attracted the attention of the government through the Ministry of Gender and Child Development [MGCD], gender activists such as Non-governmental Gender Organisations Coordinating Council [NGOCC], Young Women's Christian Association [YWCA], and Women for Change Lobby Group, to mention only a few, as well as the church through the three ecumenical bodies. The current statistics for GBV stand at 22,073 for the year 2018, and 21,504 in the year 2017 countrywide,³ with an assumption that between January 2019 to date, there has been a rise in the figures.

²World Bank. Gender-Based Violence, Health and the role of the Health Sector. Retrieved from: http://web.worldbank.org/archive/website01213/WEB/0_CO-56.HTM. Accessed on: 25.10. 19.

³ *Lusaka Times*. Minister bemoans rise in GBV cases. September 11, 2019. Retrieved from: <https://www.lusakatimes.com/2019/09/11/gender-minister-bemoans-rise-in-gbv-cases/>. Accessed on: 11.09.19

However, despite the high presence of GBV cases, there is a high possibility that the numbers of women with mental disability who are also sexually abused are not represented in these statistics. The argument for this line of thought is that there is no mention of cases of sexual abuse of women with mental disability in the GBV activism done in the country. This chapter highlights the study by outlining the background to the study, motivation, introduction to key terms, location of the study, theory and methodology, and my position within the study.

1.1 BACKGROUND TO THE STUDY

This study emanates from a personal experience. During the time of my career life as a nurse, I observed an incident that left me wondering as to how women with mental disability are perceived in society. One morning as I was going for work, I witnessed street boys raping a young woman with mental disability in town. Passers-by could not rescue the woman despite her cry for help partly because of the social construct associated with mental disability in the Zambian context where such a person is called *ishilu*. Given this scenario, Cooper-White remarks that rape is the:

Forcible entry into the most private, most vulnerable and arguably most sacred parts of the body, in which one's bravery is denied; thereby becoming a spiritual and physical crime (1995: 82).

According to Ki-Moon (2007: 1), “violence against women and girls continues unabated in every continent, country and culture. It takes a devastating toll on women’s lives, on their families, and on society as a whole. Most societies prohibit such violence — yet the reality is that too often, it is covered up or tacitly condoned.” This scenario raised much concern in me over the societal perception of this key population group, which seems to receive little or no attention by gender activists and the society in general. It demonstrates how much society has become a bystander over such sensitive issues. Ndlovu (2016) points out that some African beliefs promote the stigmatisation and marginalisation of persons with disabilities through exclusion and depiction of them as objects of pity, ridicule, and as victims of evil forces. Longchar and Rajkumar (2010: 68) affirm that there is a belief in many societies that nothing happens by chance, as it is believed that the evil spirit causes things or unfortunate events. The issue of sexual abuse of women with mental disability stands out as an element of moral injury. The realities of the sexual abuse of women with mental disability have not been addressed by the government, gender activists, nor the church, as

in ecumenical bodies. Research conducted by Mental Disability Advocacy Centre (MDAC) and Mental Health Users Network of Zambia (MHUNZA) reveals that relatives and other people in the communities physically and sexually abuse persons with mental disabilities (2014: 9). Moreover, the victims of violence with mental health challenges are not recognised before the criminal law when cases of abuse are reported at police stations (MDAC & MHUNZA 2014: 25). The United Nations (UN) affirms this evidence through Devandas-Aguilar, a special rapporteur on a mission to Zambia in 2016 who assessed Zambia's observance of the United Nations Convention on the rights of persons with disabilities (UNCRPWD).

According to Devandas-Aguilar (2016: 18), the study concluded that although victim support units have been created in police stations to handle different forms of GBV, the observation was that these units are not adequately resourced and trained to handle cases of persons with disabilities. The MDAC and MNUZ (2014:26) monitors that visited the victim protection unit at the central police station in Lusaka to obtain data discovered that the unit only handled cases of domestic violence and did not have records of cases against persons with mental health issues. Longchar and Rajkumar (2010: 69) concedes that stigma and denial are rampant in many societies, as cultures and traditions align with the scripture; thus negatively impacting the living conditions of PWDs as they suffer multiple forms of injustice, discrimination, and exclusion from society. According to Curry *et al.* (2009), the unavailability of information on the abuse of women with disabilities suggests a perpetual hesitation on the part of society to realise that this violation against this key population of women may be taking place. They further conclude that the reason behind this is due to the devaluation of PWDs, and the rendering of women with disabilities as dependent and asexual. Following this background to the study, I will give a brief overview of the ecumenical bodies in Zambia, showing their history.

1.2 Brief overview of ecumenical bodies in Zambia

1.2.1 Council of Churches in Zambia [CCZ]

The Council of Churches in Zambia is the ecumenical umbrella organisation of different Christian churches and organisations. It seeks to promote cooperation and fellowship between Christian churches and organisations, such as the Boys Brigade of Zambia [BB], Girls Brigade of Zambia [GB], Churches Health Association of Zambia [CHAZ] and many others in the nation. CCZ was

established in 1945.⁴ The Council, thus, endeavours to bring together its members and stakeholders for consultation and discussions to help form an informed Christian opinion on various issues affecting the spiritual, social and physical well-being of Zambians. The Council of Churches in Zambia traces its origin from 1914. It was first known as the General Missionary Conference, and its sole responsibility was to enhance cooperation between the missionary societies in the fields of education, health, and religious transmission. In 1944 the name was changed to the Christian Council of Northern Rhodesia [CCNR]. In 1963, there was an urgent need for the Council to tackle the increasing political and social demands of the people. Therefore, after independence in 1964, the CCNR changed its name to the Christian Council of Zambia. During the 26th General Conference in 2003, again in a bid to embrace African Indigenous Churches [AICs] such as the Kimbanguist Church, CCNR made changes to the name, thereby rebranding it the Council of Churches in Zambia [CCZ], to match up to the contemporary duties and framework of the member churches affiliated to CCZ.⁵

1.2.2 The Evangelical Fellowship in Zambia

The brief background of EFZ

The Evangelical Fellowship of Zambia is a mother body of Christian denominations, local churches, para-church organisations, mission agencies, and individuals. EFZ was established in April 1964, to provide fellowship among the evangelical missionaries serving in Zambia. It is a non-profit organisation, which seeks to advance the Kingdom of God through advocating for social justice, networking at both national and international levels, as well as encouraging community participation at grass root levels. In a bid to fulfil its prophetic role of being the salt of the earth and the light of the world, the capacity of the programs has been expanded as a way to make the EFZ more relevant to the needs affecting the nation.⁶

1.2.3 Zambia Conference of Catholic Bishops [ZCCB]

Brief background of ZCCB

⁴ Council of Churches in Zambia (CCZ). Retrieved from: <https://actalliance.org/about/members/council-of-churches-in-zambia-ccz/>. Accessed on: 05.04.19

⁵ Council of Churches in Zambia. Retrieved from: <http://www.ccz.org.zm/>. Accessed on 14.04.19

⁶ EFZ. Retrieved from: <https://www.efzsecretariat.org/>. accessed on: 14.04.19.

The ZCCB is under the Roman Catholic Church, and it is one of the oldest missionary churches in the country. The Zambia Conference of Catholic Bishops, formerly Zambia Episcopal Conference [ZEC] was established in 1965. History records that the Holy See sanctioned the Statutes of the conference on 2nd April 1984. ZCCB is affiliated to the Association of Member Episcopal Conferences in Eastern Africa [AMECEA], and Symposium of Episcopal Conferences and Africa and Madagascar [SECAM]. The Zambia Episcopal Conference was rebranded to Zambia Conference of Catholic Bishops [ZCCB]. The Zambia Conference of Catholic Bishops is strictly for the Roman Catholic Church (RCC). During rebranding on 15th July 2016, ZEC also launched its 2017-2026 strategic plan. In a keynote address at the event, the president of ZCCB, Archbishop Telesphore Mpundu, said that rebranding aimed to make the church more relevant to the present time. He further added that the ZCCB strategic plan is to make the Catholic Church in the country more relevant according to needs of the people today, in attending to the social, political, and economic issues in the country.⁷

1.3 A BRIEF OVERVIEW OF SEXUAL AND GENDER-BASED VIOLENCE [SGBV] AND ACTIVISM IN ZAMBIA

1.3.1 Prevalence of SGBV in Zambia

Although Zambia is a Christian nation, sexual and gender-based violence tops the crimes against humanity in the country. However, the possibility of having many cases unreported and withdrawn in certain circumstances cannot be ignored. The Non-governmental Gender Organisation Coordinating Council [NGOCC] in Zambia recently convened a national indaba on SGBV from 11th to 12th September 2019, and the theme was: ***“Zambia Unite! End Sexual and Gender-Based Violence”*** with the involvement of different stakeholders.⁸ Phiri, the Minister of Gender officiating at the first-ever national indaba on sexual and gender-based violence, highlighted in her keynote speech that sexual and gender-based violence (SGBV) is not only evolving at a faster rate but has

⁷AMECEA. 2016. Zambia ZEC is rebranded to ZCCB. Retrieved from: <https://amecea.org/zambia-zec-is-rebranded-to-zccb/>. Accessed on: 14.04.19.

⁸ NGOCC. Retrieved from: <http://ngooc.org.zm/2019/09/13/zambia-unite-end-sexual-gender-based-violence/#>. Accessed on: 14.09.19.

turned into a national crisis. She further concluded that there is need for urgency in addressing this issue.⁹

1.3.2 Sexual and gender-based violence activism in Zambia

The gendered crimes against women and girls are as old as the human race itself, in that they can be traced back to biblical times. Although many human rights instruments have been put in place, the challenges of violation continue to surface up in daily living. The history of gender-based violence activism dates back to the United Nations [UN] General Assembly in 1979, where the Convention on the Elimination of All Forms of Discrimination against Women [CEDAW] was adopted. However, “despite all these efforts, women and girls are still victims of violence throughout the world.”¹⁰ In this regard, the UN General Assembly came up with some resolutions, such as 48/104, as a means to lay the foundation for the road map towards having a world that would be free of GBV. Given this, in 2008, the UN General Assembly took another bold step by launching a program known as “UNiTE to End Violence against Women”. The sole purpose was to increase public awareness concerning this matter; both policymaking and materials were dedicated to ending violence against women and girls globally.

Like many countries in Africa, Zambia is home to many cases of gendered crimes against women and girls, although recently there has been an observation of men being victims of such gendered crimes at the hands of women. Thus, given such, Zambia is a signatory to different international, regional and sub-regional bodies protecting and promoting women’s rights. These include the Protocol to the African Charter on Human and Peoples’ Rights on the Rights of Women in Africa and the Southern African Development Community [SADC] Protocol on Gender and Development. Even though there are such statistics on GBV cases, in April 2011, Zambia passed one of the most comprehensive (inclusive) laws on gender-based violence in the SADC region, the “Anti-Gender Based Violence Act no. 1 of 2011”. Not only does the Act offer a comprehensive framework for the protection of victims, but also a means of survival for victims and survivors of

⁹ Phiri, E. Gender Minister bemoans rise in GBV cases. *Lusaka Times*. September 11, 2019. Retrieved from: <https://www.lusakatimes.com/2019/09/11/gender-minister-bemoans-rise-in-gbv-cases/>. Accessed on: 11.09.19

¹⁰ International Day for the Elimination of Violence against Women 25 November. Retrieved from: <https://www.un.org/en/events/endviolenceday/background.shtml>.

gender-based violence, and prosecution of perpetrators.¹¹ Building on Chidoori's statement, "putting women first - Zambia's Anti Gender-Based Violence Act of 2011", this study questions the category of women being mentioned in this phrase and how comprehensive or inclusive is this law? Does it include the women under this study?

The observation of the study is that most of these laws appear inclusive on paper but fail to include all women, including those living with disabilities, partly due to the assertions that persons with disabilities are asexual. Ellsberg *et al.* (1999) cited by *Lusaka Times* (November 25, 2017), remark that international reviews reveal that an approximate estimation indicates that one out of every three women world-over is a victim of being beaten, raped or otherwise abused during her lifetime.¹² It is further remarked that the commemoration of 25th of November as a day against GBV or the International Day of Elimination of Violence Against Women has existed since 1981 in honour of the Mirabal sisters [political activists] from the Dominican Republic who experienced brutal murder in 1960 at the hands of the country's ruler, Rafael Trujillo (1930-1961). In Zambia, this campaign runs every year from 25th November to the 10th of December [Human Rights Day]. The commemoration is popularly known as the sixteen days of gender-based violence activism. The objective is to direct world attention to the problem of GBV. However, I want to raise the following questions: In all these commemorations, what is the target group among women? Has the fight or activism against GBV been inclusive to the point of considering women with mental disability who are victims of SGBV too?

Although the sexual abuse of women with mental disability is a human rights issue, it is sad to note that offenders or perpetrators of this violence have not been made to face the law in most instances, if not all. For example, in Zambia, it is observed that cases of victims of violence (both physical and sexual) against those with mental health issues are invisible in the eyes of the criminal law at police stations. It is sad to observe that this issue of not making perpetrators to face the law

¹¹Chidoori Rumbidzai Elizabeth. Putting Women First - Zambia's Anti Gender-Based Violence Act of 2011. Retrieved from: https://au.int/sites/default/files/documents/31520-doc_putting_women_first_zambias_anti_gender_based_violence_act_of_2011_by_chidoori_rumbidzai_elizabeth.pdf.

¹² Katebe, B. Leave no one behind, End Gender Based Violence now. *Lusaka Times*. November 25, 2017. Available at: <https://www.lusakatimes.com/2017/11/25/leave-no-one-behind-end-gender-based-violence-now/>. Accessed on: 04.09.19.

is not just the experience from Zambia. In South Africa's Limpopo province, cases were recorded at the time of writing this study, but unfortunately, the perpetrators were not arrested.

1.4 INTRODUCING KEY TERMS AND LOCATING THE STUDY

This study builds on the current scholarly works on the oppression of women and activism carried out to promote their human dignity. In the section, I will highlight the key terms used in this study.

Feminist critique: This can be defined as feminist criticism, a form of literary criticism that is rooted in feminist theories. Moreover, broadly explained, the politics of feminism makes use of feminist principles to critique the male-dominated literature and behavioural elements in society. This kind of criticism addresses the oppression of women in the social, political, economic and psychological literature (Anon).¹³ Thus in this study, feminist criticism is used to analyse the ecumenical bodies' silence to the sexual abuse of women with mental disability in Zambia where there has been a great deal of GBV activism, yet there is no mention of the sexual abuse of this key population group of women.

The ecumenical bodies: These are the three church mother bodies in Zambia – umbrella organisations of different Christian churches and organisations – with significant influence in the affairs of the nation, as earlier stated in the introduction. They are well-positioned in society.

Mental disability: According to CRPWD, persons with disabilities encompass those who have long-term physical, mental, intellectual, or sensory impairments, and as such, mental disability falls under this.¹⁴ According to Kretzschmar (2018: 21), schizophrenia and depression are among other illnesses that fall under mental disability.

Sexual abuse: Goodman *et al.* outline that “sexual abuse is the forcible touching of breasts or genitals or forcible intercourse, including anal, oral, or vaginal sex” (1997: 685). Goodman *et al.* present a summary of what Cooper-White illustrated in her definition of rape. The study is thus

¹³ Anon. A Simple Guide to Feminist Theories and Criticism. Retrieved from: <https://www.aresearchguide.com/feminist-theories.html>. Accessed on: 01.11.19.

¹⁴ UN Convention on the Rights of Persons with Disabilities and Optional Protocol. 2008. Retrieved from: <https://www.un.org/disabilities/documents/convention/convoptprot-e.pdf>. Date accessed: 20.09.19

located within feminism, religion, and health as articulated in the presentation of key terms of the study.

1.5 MOTIVATION FOR THE STUDY

The motivation for this study comes from an encounter with specific research that was conducted by MDAC and MHNUZ in 2014 and the UN special rapporteur on a mission to Zambia in 2016 respectively, as articulated in the background to the study. These discoveries in the research reports rekindled the memories of that experience of witnessing a young woman with mental disability being raped in town and calling for help, yet no one paid attention to her cries. Similarly, the response of the police to these groups of researchers, indicating that they do not take the cases of GBV for mentally challenged persons, became the energy that fuelled this study. The observation is that such attitudes are due to the social construction of mental disability; that is calling them *ishilu*, which allows them to be treated as non-humans by those who are expected to protect them. Furthermore, the silence of gender activists and the church, through the ecumenical bodies, who are both socially privileged in society yet make no mention of the sexual abuse of women with mental disability in their GVB agendas and activism further ignited the desire to undertake this study, “A Feminist Critique of Ecumenical Bodies’ Silence on the Sexual Abuse of Women with Mental Disability in Zambia.”

1.6 PROBLEM STATEMENT:

The cases of sexual and gender-based violence are said to be on the increase in Zambia, and the rate at which SGBV is happening has now raised concern in the country. As a result, the Minister of Gender and Child Development in 2019 declared it ‘a national crisis’. However, although SGBV activism has been taking place in Zambia, with the church being involved through the ecumenical bodies [church mother bodies] during the sixteen (16) days of gender-based violence activism, the observation is that it has not been inclusive. The analysis was intended to provoke the ecumenical bodies to have an inclusive fight against sexual and gender-based violence in Zambia which would include women with mental disability.

1.7 RESEARCH QUESTIONS

The specific research questions investigated were:

1. How can a feminist critique challenge the ecumenical bodies' response to the sexual abuse of women with mental disability in Zambia?
2. What is society's perception of disability in Zambia?
3. How are women with a mental disability treated in the Zambian context (*ishilu* concept)?
4. How inclusive are ecumenical bodies in their fight against gender-based violence against women in Zambia?

1.8 RESEARCH OBJECTIVES

The objectives of the current study are:

1. To analyse how the ecumenical bodies in Zambia can respond to the sexual abuse of women with mental disability.
2. To assess society's perception of disability in Zambia.
3. To assess how society in the Zambian context treats women with mental disability – the concept of *ishilu*.
4. To assess the inclusivity of ecumenical bodies in their fight against gender-based violence.

1.9 THEORETICAL FRAMEWORKS

Following the preliminary literature review related to the study, the theoretical approaches adopted for this study are social constructionism, as introduced by Berger and Luckman (1966), and feminist disability theory as coined by Thomson (2002). The two frameworks are appropriate for this study because the former deals with disability from a feminist perspective as this study deals with women with mental disability, while the latter looks at the socio-cultural construction of mental disability of this key population of women due to the social construct of the same. A detailed analysis of the theoretical frameworks will be conducted in chapter three of this thesis.

1.10 THE RESEARCH METHODOLOGY AND METHODS

The research questions in this study were adequately addressed through a qualitative literature-based methodology, a non-empirical study on the “A feminist critique of the ecumenical bodies’ silence to the sexual abuse of women with mental disability in Zambia”. According to Neumann (1997: 38), methodology refers to the techniques that a particular discipline uses to manipulate data and acquire knowledge. Denzin and Lincoln (2005) argue that qualitative research involves an interpretive, naturalistic approach to its subject matter, as it attempts to make sense of or to interpret phenomena in terms of the meaning people bring to them. Dawson (2009: 23) concludes that “qualitative research explores attitudes, behaviour, and experiences”. The research engaged this methodology because it grants a valuable understanding of the issues, through careful analysis of data collected, on the feminist theological reflection on the ecumenical bodies’ response to the sexual abuse of women with mental disability. Hence, through this qualitative research, an analysis of the socio-cultural construction of mental disability and ecumenical bodies’ response to the sexual abuse of women with disability from the Zambia context was done. Further, this is a means of advancing the goal of social justice, for this critical population of women to attain success. The detailed articulation of the methodology, ethical considerations, and limitations of the research are discussed in chapter three.

1.11 RESEARCHER’S POSITION

I came into this study as a non-disabled person who has entered into solidarity with persons with disabilities across the globe. Thus I do not profess to have a disability experience more than the persons living with disabilities themselves. However, I do position myself as one who is in critical solidarity with persons living with disabilities, especially women with mental disability who are victims of the ‘unmentioned or hidden crime’ of sexual abuse. I thus position myself in this study as an outsider engaging in the space of persons with disabilities. Fritzson concludes, and I quote, “As a person with a disability, I want to turn to every part of human society and God’s church and urge them: let us share your world! Because your world is also my world and every person’s world, because, so far, this is the only world, there is” (in Fritzson and Kabue, 2004: 22–23). Therefore, my role in this study has been in solidarity and to respond to the ignored silent cry of women with

mental disability who are victims of sexual abuse despite the regulation of many international instruments on human rights.

1.12 OVERVIEW OF THE THESIS

This research is structured as follows:

Chapter One: In this chapter, I embarked on outlining the background to the study, motivation, introduction of key terms and location of the study, introducing theory and methodology, and my position within the study. Finally, the chapter ends with the structure of the thesis and a conclusion.

Chapter Two highlights a review of available literature on the conceptualisation of disability in Zambia, with a focus on societal perceptions on disability.

Chapter Three discusses the theoretical frameworks and analyses the standpoint of the socio-cultural construction of mental disability and its effects on the issue of an inclusive fight against sexual and gender-based violence activism. The research methodology the study engaged is also discussed in this chapter.

Chapter Four elaborates on presentation data on the ecumenical bodies' response to the sexual abuse of women with mental disability as well as data analysis from the available documents from the ecumenical bodies.

Chapter Five outlines the conclusion of the study by summarising what each chapter articulated, the study's contribution to the body of knowledge, possible further research, and recommendations.

1.13 CONCLUSION

In summation, this introductory chapter elucidated the background and motivation of the study. It presented a recapitulation of the research methodology and the theoretical frameworks, and highlighted the research problem, research objectives, research questions and the overview of the thesis. Chapter Two focuses on the review of literature on the conceptualisation of disability in Zambia, assessing the perception of society on disability.

CHAPTER TWO: LITERATURE REVIEW

CONCEPTUALISATION OF DISABILITY IN ZAMBIA

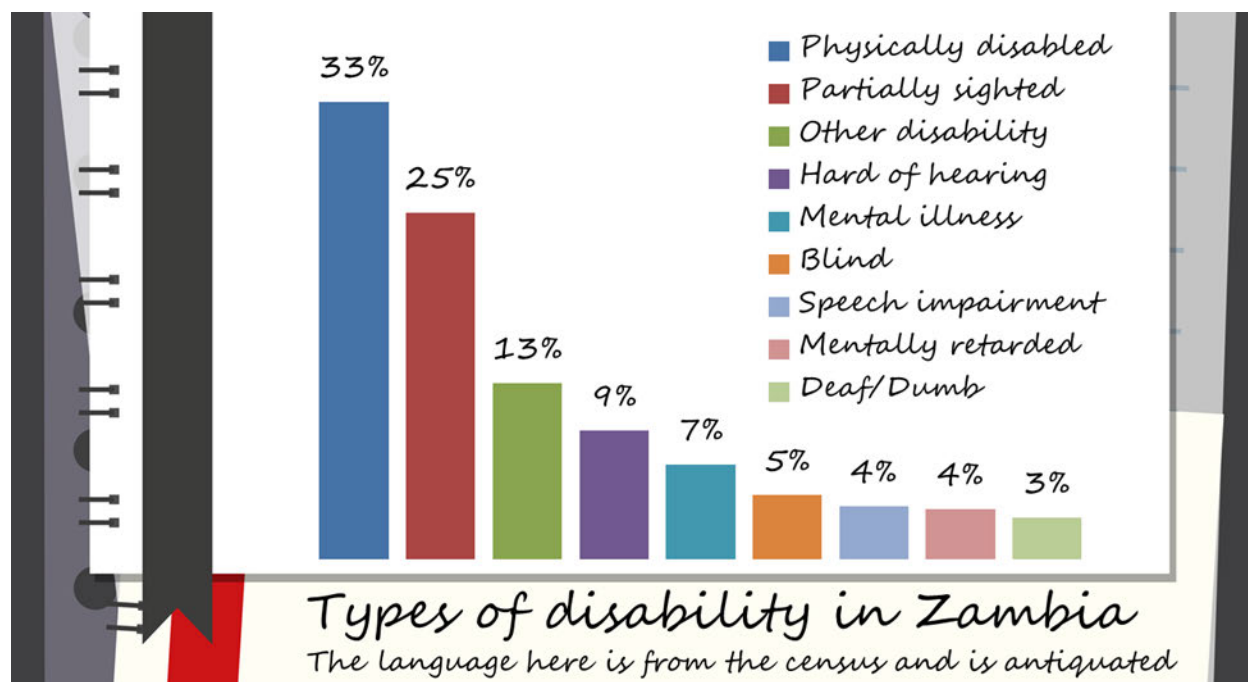
2.0 INTRODUCTION

Chapter One was an introductory chapter that presented an overview of the thesis, highlighting the motivation for undertaking this study and introducing how the study was conducted. I elaborated on a witnessed experience of sexual abuse of a woman with mental disability and how society somehow does not seem to respond to the sexual gender-based violence of this key population of women. It also highlighted the brief background on each ecumenical body and its involvement in the affairs of the country as critical stakeholders as well as policymakers. The chapter further presented on gender-based violence, which is now being declared a national crisis in Zambia since it is a critical issue under this study. The theoretical frameworks and methodology were elaborated briefly to show how the research questions in this study would be answered.

Chapter Two aims to present an overview of disability in Zambia, which includes society's perception of disability in the Zambian context. The chapter will elaborate on how persons with disabilities are treated in the Zambian context. The focus is on the socio-cultural and religious beliefs on disability. The chapter will also address the various experiences of persons with disabilities. Another critical aspect to be presented in this chapter is the legislation on the rights of persons with disabilities, both internationally and locally.

2.1 OVERVIEW OF DISABILITY IN ZAMBIA

Figure 1: Graph showing different forms of disabilities in Zambia



Source: Adopted from O'Broin- Molloy, July 25, 2016).¹⁵

Disability is both a public health as well as a human rights issue and as such it has drawn the attention of key stakeholders globally, who are trying to determine how best they can render support to persons with disabilities worldwide. According to the World Health Organisation [WHO], global statistics reports on disability reveal that over a billion persons, amounting to about 15% of the world's population, have some form of disability (2018).¹⁶ The World Health Organisation 2018 report highlights that statistical tabulation shows that there are over six (600) million PWDs throughout the world; of whom four hundred (400) million live in developing countries and eighty (80) million in Africa. A World Health Organization source maintains that about forty per cent (40%) of Africa's population comprises persons with disabilities [PWDs], including 10-15 per cent of school-age children. This percentage translates into about three hundred (300) million people with disabilities in Africa. The estimation is that between 110 million (2.2%) and 190 million (3.8%), adults have notable challenges in the functioning and the rates of

¹⁵ O'Broin-Molloy, F. July 25, 2016. Disability in Zambia. Retrieved from: <https://medium.com/@socialbeings/disability-in-zambia-81302b467d5b>. Date accessed: 23.05.19

¹⁶ World Health Organization. 16 January 2018. Disability and health. Retrieved from: <https://www.who.int/news-room/fact-sheets/detail/disability-and-health>. Accessed on: 03.03.19.

disability are on the increase as a result of population ageing as well as increases in chronic health conditions, among other causes (WHO, 2018).¹⁷

Given such global and continental statistics on disability, Zambia as a developing country has its own experiences of disability, with many persons with disabilities' living conditions being poor. Mung'omba (2008) contends that in the Republic of Zambia, there is an estimation of 256,000 persons that have some form of disability, and out of these, 5.4% have intellectual disabilities. In 2015, Zambia conducted a national disability survey through the Ministry of Community Development and Social Services (MCDSS) and other stakeholders such as initiated the program while the Central Statistical Office (CSO) implemented it. The objective of this survey was mainly to estimate the national prevalence of disability among adults and children. The survey revealed that the prevalence of disability was estimated to be 10.9% among adults (18+ years). CSO (2015) suggests that disability is higher in urban areas than in rural areas and higher among females than males.

In addition to this, the national policy on disability reveals that women with disabilities can be worse off than men.¹⁸ Some people treat them as unimportant because they are women and also because they are disabled. Moreover, among children (2–17 years), the prevalence was estimated to be 4.4%. The prevalence varied between the provinces, with the highest estimates in Luapula and Copperbelt Provinces among both adults and children. Although disability statistics have been increasing in the country, disability in Zambia has received low priority in the planning and development agenda of the nation (CSO, 2015). The assumption is that the government regards disability as a non-life-threatening condition and so it is not among the National Health priorities categorised under public health priorities and health system priorities.

Defining disability:

The definition of disability in Zambian law (Constitution) is drawn from the Persons with Disabilities Act 2012. Disability is:

¹⁷ Disability in Africa. Retrieved from: <https://www.ascleiden.nl/content/webdossiers/disability-africa>. Date accessed: 10.10.19.

¹⁸ Central Statistical Office. 2015. Zambia national disability survey. <https://www.unicef.org/zambia/media/1141/file/Zambia-disability-survey-2015.pdf>. Date of access: 09.10.19.

“A permanent physical, mental, intellectual, or sensory impairment that alone, or as a composition of social or environmental barriers, hampers the ability of a person to entirely or adequately engage in society at the same level as others. The definition comes from the social model of disability. According to the social model of disability, disability is caused or socially constructed by the way society is organised, other than by a person’s impairment or difference.”¹⁹

The study observes that Zambia has adopted the social model of disability as enshrined in the Constitution, in the Persons with Disability Act of 2012. Oliver developed the social model of disability. As a disabled activist, Oliver argues that “there is need to focus on the social facets of disability, primarily on how the physical and social environment impose restrictions upon a specific class of people” (1981: 28). Haslam agrees with Oliver and concludes that “the problem identified which is associated with this model, is not the particular characteristics of an individual but rather the socially constructed oppressive stereotyping elements that act as barriers keeping persons with disabilities from attaining status as equal citizens in society” (2012: 11). This study affirms Haslam’s line of argument and contends that the social construction and stereotyping elements are evident in the name-calling of *ishilu* and this has created barriers in the way such people are treated in society.

2.2 THE SOCIETY’S PERCEPTION OF DISABILITY IN ZAMBIA

African countries, including Zambia, have different forms of disability experiences due to religious and socio-cultural construction, thereby producing either positive or negative societal attitudes. The observation is that different societies have various perceptions on disability which are associated with religious and cultural beliefs and attitudes, as will be discussed below.

2.2.1 Religious beliefs on disability

Most African societies associate disability with religious beliefs; this has been embraced for generations, and it is still a trend. According to Kamba (2013: v) in the Democratic Republic of

¹⁹ The Republic of Zambia; National Assembly of Zambia. 2012. Persons with Disabilities Act of 2012. Retrieved from: <http://www.parliament.gov.zm/sites/default/files/documents/acts/the%20persons%20with%20disabilities%20act%2c%202012.pdf>. accessed on: 17.10.19.

Congo, there has been a negative portrayal of the image of persons with disabilities. She further articulates that there is the perception that disability is a misfortune, due to the socio-cultural concept of disability that has been influenced by the biblical interpretation of disability, making PWDs seem to be lesser human beings. Kretzschmar, writing in *The Church and Disability*, agrees with Kamba and affirms that “when one has a disability, they are perceived as having a lower social status, sometimes dehumanised” (2018: 24). Clapton and Fitzgerald, articulating *The History of Disability: A History of Otherness*, highlight the religious model of disability and conclude that “in the Judea-Christian society, the roots of understanding bodily difference were based on Biblical insights; the subsequent responses and impacts of the Christian church, and the effect of the civilisation project supporting the modern era” (1997: 1-3). They also contend that these embodiments were considered as the consequence of evil spirits, the devil, witchcraft or God's displeasure.

The study argues that embracing such beliefs indicates the lack of understanding that disability can be both congenital and acquired in the process of life. According to Kasongo (2019: 20), the perception of disabilities as misfortune has strongly influenced the mind-set of many people in the Democratic Republic of Congo [DRC]. She also asserts that although the DRC is a Christian country, and people have much faith in the Bible, there is a challenge to separate some cultural beliefs from biblical texts. Clapton and Fitzgerald (1997) observe that disability is associated with the themes that have formed the dominant Christian bases and which embrace concepts of sin or sanctity, impurity and wholeness, undesirability and weakness, care and compassion, healing and burden. Retief and Letšosa also maintain that “one of the primary forms of moral or religious models of disability regards disability as a punishment from God for sin(s) that may have been committed by the persons with disability” (2018: 2). Given this line of argument, Mwale and Chita, writing from the Zambian context, remark that “individual Pentecostal ministries depict disability as that which needs healing through the operation of the Holy Spirit, as it is considered to be the work of the devil” (2017: 53). Sande (2019), supporting this view, argues that rather than helping persons with disabilities, the way Pentecostals preach and pray for healing impacts negatively on people who are not healed especially those with a disability.

The study argues that this kind of attitude by the Pentecostal churches demonstrates their failure to not only to understand but also accept the fact that disability does not call for healing. Therefore,

trying to heal persons with disabilities presents the truth that the non-disabled are not ready to accept and embrace the otherness of PWDs. Drum *et al.* though writing from the public health point of view, challenges the church to “recognise the fact that disability will always be with us” (2009: 1). The study affirms this and contends that this in itself implies that disability does not need any healing. Given this argument, Damon from the *British Broadcasting News* [BBC] on 28th April 2019, presented a headline:

Stop trying to heal me - Like countless persons with disabilities, I am frequently approached by Christians who seek to pray for me to receive healing. Much as they may be well-intentioned, these experiences time and again leave me feeling judged as inoperative and needs some repair. So I set out to realise what Christianity has to render persons with disabilities beyond promises of miracle cures.²⁰

The story Damon presents in this article depicts the pain of many persons with disabilities who may be feeling spiritually abused due to the failure by the church to fully comprehend that disability is not a tragedy that needs to be undone. According to Reynolds, “the medical model of defining disability represents an inability, abnormality, or disadvantage calling for management and corrections to restore proper functioning. Moreover, the medical model reduces disability to a problem requiring diagnosis and treatment, a broken object that needs to be mended” (2008: 25). According to Etieyibo and Omiegbe, Aristotle and Plato suggested getting rid of all children considered to be imperfect as they were considered non-sturdy people; including those with different forms of disabilities, as they were regarded to be standing in the way of the perfect world (2017: 4). Similar to Aristotle and Plato’s opinion, Luther also “advocated for the killing of children with disabilities as he regarded them as the devil’s incarnate as observed in the case of a twelve-year-old boy with learning disabilities in Dessau” (Coleridge, 1993: 45). Furthermore, it is remarked that Luther emphasised I am not the prince, but if I were the Prince, I should take this child to the Moldau River, which flows near Dessau and drown him (Coleridge 1993: 46).

The study argues that the attitude of the two church fathers and the reformer towards children with disabilities is a demonstration that in their eyes, these children had no human worthiness and

²⁰ Damon Rose. Stop trying to 'heal' me. *BBC News*. 28 April 2019. Available at: <https://www.bbc.com/news/uk-48054113>. Accessed on: 07.09.19.

Damon writes a story of minister is a part-time wheelchair user who lives with chronic pain. According to this story, she shares her own encounters with strangers offering healing prayer and says she finds that this approach can be spiritually abusive.

dignity to live; hence the suggestion to kill them. Besides, it is an indication that the stigmatisation, marginalisation, and discrimination of persons with disabilities has been in existence not only in the society but also the church too, due to a lack of realisation of what it means to be created in the image of God. This study argues that it seems that society determines who is a human being and who is not. The study further questions whether society (people), as the created, have the right to determine the humanity of another created person. Reynolds hints at the need to have a positive Christian understanding of disability, and poses a question: is disability a tragedy to be undone? He further maintains that this aspect renders the coupling of Christianity and disability problematic (2008: 25). Fitzgerald (1997) argues that these religious constructions of disability in most instances also operate to define and confine the spiritual journey of people with disability.

The study agrees with Fitzgerald and states that for years, the persons with disabilities have lived very lonely spiritual lives, as the community of faith has not been all-inclusive not only in the underlying infrastructure but also through such religious attitudes towards the PWDs. Because of the above, Black (1996) inquires: “what effect do these contradictory images have on the way persons with disabilities view themselves? How do these images affect how other people treat PWDs in our churches and society?” Magesa remarks that disability is thought of as an affliction, which means an abnormality that represents a diminishment or destruction of the force of life; thus, something must be done to restore it (1997: 173).

2.2.2 Cultural myths and beliefs on disability

African countries, including Zambia, have people with different forms of disabilities, but the experiences of persons with disabilities seem to be the same due to cultural beliefs. These are commonly embraced for generations, thereby producing negative societal attitudes towards PWDs. In addressing the cultural myths and beliefs on disability, it is imperative to understand what culture means in the context of this study, according to Eskay *et al.*

Culture can be considered as a construction of a revocable reaction. Culture constructs us, and we, in turn, construct it. Cultural construction implies that not all thoughts, feelings and human activities are natural, but they are the result of historical encounters that become an indispensable part of the culture.

(2012: 474)

The study argues that if culture is a construction of a revocable reaction, then these cultural beliefs on disability can be revoked or deconstructed as a way to create a cultural atmosphere that is inclusive and can embrace the otherness of persons with disabilities. In discussing disability from a cultural perspective, Devlieger asks: “what does disability mean in a particular culture? How is the status of a person with a disability determined by the culture in which he/she lives” (1995: 93)? Ndlovu argues that “indigenous African beliefs about disability and persons with disabilities are contradictory because they render disability and persons with impairments negatively” (2016: 32). According to Etieyibo and Omiegbe, any people in Nigeria acquire beliefs through an indirect approach. They further maintain that “our experiences concerning disability and our actions towards persons with disability in Nigeria suggest that people who acquire their beliefs through direct approach are more sympathetic than those with an indirect approach” (2017: 5). Some people assume that “disability is a punishment or bad fortune in the family, which is caused by ancestral spirits and witchcraft — however, these stories cause some families to hide away persons with disabilities” (National Policy on Disability [NPD] 2008: 8).

The study disagrees with these negative cultural beliefs, which for a long time have dehumanised the human dignity of persons with disabilities. Thus the study calls for transformed cultural attitudes which are life-affirming towards PWDs. Abang subscribes to this argument and concludes that “the majority of Nigerians view disability and disabled people as a judgement or curse from God who repays everyone following his or her deeds; this belief is mainly seen in the manner in which a disabled child is treated in most families” (1988: 73). Kasongo agrees with Abang’s argument and affirms that “in Africa, disability is not only considered as a tragedy that requires sympathy and charity; however, at times, it evokes condemnation; that is cultural beliefs present disability as a curse, bad luck brought by Satan because of sin” (2019: 19).

On the other hand, the observation is that “if a child with disabilities was allowed to live, he or she would never get the same treatment as the other members of the community” (Abang, 1988: 74). The word disability usually presents with its negative connotations. Loeb *et al.* also notes that “among the Shona-speaking Zimbabweans, the word disability translates as non-human, and in certain cultures, disability is alluded to as punishment for transgressions committed in previous lives” (2008: 39). I want to argue that these cultural conclusions on the humanness of persons with

disability are very derogatory and offensive to the human dignity of persons with disabilities. According to Franzen (1990: 21-26), in some communities in Kenya and Zimbabwe, a child born with a disability represents a curse befalling the entire family. Hence such attitudes harm the growth of the child as less care, attention, education and other essentials of life are offered to them. In short, although they exist, they are rejected. The study notes with sadness that such an attitude represents the hidden and unspoken pain that many persons with disabilities are exposed to throughout their lifetime. Building on this argument, the Union of the Physically Impaired Against Segregation [UPIAS] maintains that:

Disability is forced on top of our impairments by the way we are avoidably isolated and excluded from full involvement in society. Persons with disabilities are thus an oppressed category of people in society.

(1976: 14)

The study affirms this argument and remarks that indeed, with such beliefs and attitudes, PWDs are thus an oppressed group of people. Tutu articulates that Africans are known to be social beings that are always in constant communion with one another in an environment where a human being is considered as a human being only through their relationships to other human beings (in Battle, 1997: 39-43). Following these arguments, I want to argue that it seems that there is a social construction of who a human being is in African society. This social construction is not only associated with disabilities but also the description of one's humanness stands out as a challenge even with the social construction of mental disability- *ishilu*. Talle articulating *A Child is a Child* subscribes to the fact that:

The moral code of the Maasai people of Kenya firmly holds that impaired children should be cared for in the same way as other children without discriminating against them – a child is a child whatever it looks like. It is wrong to kill or mistreat deformed or impaired children because they are the same blood, meaning that they are human beings.

(1995: 67)

The study affirms such cultural beliefs which are inclusive and endeavour to embrace the otherness of persons with disabilities. However, contrary to Talle's argument, is that "if a child was born deformed, it was suffocated before the midwife announced to the people that it was a stillbirth that occurred; such a child was put in a pot and disposed of immediately" (Abang, 1988: 73). Given this line of argument, Etieyibo and Omiegbe (2016) conclude that disability is a curse and that people with disabilities are hopeless. Besides, the ancient local myth concerning disability is that

PWDs are outcasts serving retribution for the sins of their forefathers. Setume, writing on African beliefs and myths, argues that:

African belief systems, like any human endeavour to present both negative (in myths) and positive (proverbs) disposition towards people with disabilities. Myths explain the causes of the occurrence of disability. Thus as long as the myths make meaning and enable the explanation of a disability, such will prevail. Therefore, education is a key to new ways of explaining disability that can be availed to some African communities.

(2016: 73)

2.2.3 African worldviews on mental disability/illness

The African worldviews on the social construction of *ishilu* are very stereotyping and pose a danger to the lives of such people, in the way society treats them as outcasts. Mental illness is a culturally loaded experience, and different cultures have peculiar ways of constructing mental illness (Opare-Henaku and Utsey, 2017). Adiibokah and Nyame (2009) and Wiredu (2005) reveal that the Akans of Ghana interpret mental illness in terms of spirit agency. The belief is that mental illness is regarded the same as a loss of social status by others, thereby implying the loss of a person's essential humanity, and it carries a moral charge. According to Ndlovu (2016: 32), indigenous African religions depict people with mental impairment as victims of either witchcraft or ancestral anger due to their moral indiscretion. Magesa also maintains that “indigenous African religions interpret mental illness as an affliction that can best be contained by diviners or mediums who can establish the cause of the affliction and also advise on what steps must be taken to obtain healing” (1997: 214). Ndlovu concludes that “indigenous African beliefs portray virtually all types of physical and psychological impairment as an affliction that must be counteracted with all means necessary can best be seen in traditional therapies for mental illnesses ranging from social stress, anxiety, depression, schizophrenia, and insanity” (2016: 33).

2.3 THE EXPERIENCES OF PERSONS WITH DISABILITY

Persons with disabilities have been subjected to various experiences to the extent that, in certain instances, there is no consideration of their humanity. This section highlights the significant experiences of persons with disabilities in society.

2.3.1 Sexual abuse of women with disabilities

Although the sexual abuse of women with disabilities is mostly considered as if it does not exist, in homes and communities, it remains one of the many painful experiences of women with disabilities, since they are sexual beings. The abuse of women and girls is exhibited in many forms; however, this section focuses on sexual abuse. Makasa and Heathfield, writing on a retrospective study of sexual offences in Zambia, highlight that “Zambia has recently reported high incidences of sexual abuse against women and children; besides, the Zambian law categorises sexual offences into rape, defilement, incest, and others, with defilement constituting the majority of the reported cases (>89%)” (2018: 1). According to Wendell (1989: 105), disabled women struggle with both the oppressions of being women in male-dominated societies and the oppressions of being disabled in societies dominated by the non-disabled.

In discussing sexual abuse of women with disabilities, Morrison (2006) and Greydanus and Omar (2008) observe that women are more prone to sexual assault than men are whether with a disability or not. Sullivan (2000) and Furey (1994) affirms this and subscribe to the fact that women and girls with intellectual disabilities are more vulnerable to sexual abuse than non-disabled people. According to Nosek *et al.* research findings reveal that women with disabilities are victims of emotional, physical, and sexual abuse and the incidences of abuse are similar to, if not higher than, women without disabilities (2001: 177).

The study affirms this line of argument and concludes that in many instances, these are the unshared experiences of many persons with disabilities because of the socially constructed barriers that society has created towards them. According to Elshout *et al.* (1994: 100), the sexual vulnerability of women with disabilities is more than any other category of women. The study argues that it is this vulnerability that key stakeholders have not paid attention to. The study aims to provoke them to be aggressive and inclusive in their GBV activism, to include the otherness of persons with disabilities. Etieyibo and Omiegbe (2016) highlight that women with mental health illness are victims of rape in Nigeria because many are homeless and are often seen on the streets in major cities.

From the Zambian context, research conducted in 2014 by the Mental Disability Advocacy Centre (MDAC) and Mental Health Users Network of Zambia (MHUNZA) articulates the presence of sexual gender-based violence against this crucial population of women. The research reveals that the tendencies of both sexual and physical abuse involve relatives and other people in the communities as alluded to in Chapter Two. *The Witness Newspaper* of South Africa dated August 5, 2019, carried out a headline:

Sad reality behind the rape of disabled people. The article involves girls from Phiphidi and Ha-Mashau villages respectively of Limpopo province;

The first story: the girl is mentally ill with an eye condition that limits her sight. Her neighbour allegedly sent her to buy bread and then raped her on her return. Nevertheless, startling, she then revealed that he had been raping her for some time.

The Second story: The girl's brother became suspicious when he got home from church, and his sister was not home. His mother said she was next door. On returning, she revealed that the man living next door had just raped her in the mielie field where he took her.²¹

Despite coverage of such headlines in newspapers, the response leaves less to be desired. Given such experiences, Allende (2003) argues that there must be a concern to pay attention to the voices of these women and girls narrating their stories. She insists that they are asking us to hear them and do something concerning gender-based violence, the most prevalent form of abuse in the world. Gilson writing in *The Ethics of Vulnerability: A Feminist Analysis of Social Life and Practice* remarks that, “the experience of vulnerability presents us with the reality of fallibility, mutability, unpredictability, and uncontrollability. The observation is that the experiences of vulnerability can also prompt fear, defensiveness, avoidance, and disavowal” (2014: 3). According to Gilson (2014: 4), at the point where our vulnerability is felt as exposure to others who seek to do us harm, it becomes a condition that precipitates violence.

The study is in agreement with Gilson and asserts that vulnerability produces trauma to the victims; however, no one pays attention to such traumatic experiences of women with mental disability due to the social construction of *ishilu*. As such, to think that this category of women is not traumatised

²¹ Sadiki, R. 2019. Sad reality behind the rape of disable people. *The Witness Newspaper*. South Africa. August 5. *The Witness Newspaper* narrates three counts of rape of mentally disabled two young women in their early twenties by known people and one young man respectively. However, my focus is on the women as they are the people in this study.

in these encounters of violence would mean that society has indeed become more inconsiderate of their humanness. The issue of sexual abuse of women with mental disability or illness remains a gendered crime. It stands out as an element of moral injury that needs a response from well-meaning people who can be a voice for this voiceless group as a process of moral healing. Kabue (in Fritzon and Kabue, 2004) concludes that the cynical view society has, and the stigma associated with a disability, makes people with disabilities vulnerable to manipulation in different ways.

The study agrees with Kabue's argument, and here states that this cynical view of society towards PWDs creates barriers against PWDs, which not only affects their interaction with society but also society's response to the needs of the persons with disability. Therefore, this in itself makes vulnerability a moral concern; thus, the vulnerability of people with disabilities is a global crisis. The African context is not exceptional to such experiences of vulnerability, stigmatisation, discrimination, and marginalisation, which are experienced by PWDs even in this era of enlightenment or civilisation. Krug *et al.* affirm this and state that many cultural settings conclude that "men are incapable of controlling their sexual urges, therefore, blaming the women for provoking the sexual desire in men" (2002: 144). The study stresses that for those with mental and intellectual disabilities, the passiveness of their mental state is what predisposes them to sexual abuse too, as they are passively dragged into such abuses.

Given these facts, Sheffield (in Freeman, 1989:14) concludes that blaming the victims and letting go of the perpetrators has always been the trend in cases of sexual and gender-based violence. Cooper-White affirms that "the victims are chosen indiscriminately, although women are accused of provoking men, thereby creating an atmosphere that makes the rapist appear as though they are free" (1985: 82). Given this line of argument, Grant, in *Mental Illness and Sexual Abuse: The Shocking Link*, remarks that:

Violence perpetrated on the mentally ill shows that victim-blaming is nothing more than a cover-up for subhuman behaviour. So why blame a woman when someone rapes or otherwise treats them like an item of property? Shall we take the victim-blaming argument to its logical conclusion and simply say, if you do not want to be raped, do not be a woman?²²

²²Grant, R. P. September 4th 2014. Mental illness and sexual abuse: the shocking link. Retrieved from: <https://www.theguardian.com/science/occams-corner/2014/sep/04/mental-illness-sexual-abuse-rape-victim>. 15.10.19.

The study concedes with the above scholars, and affirm that blaming the women under this study would be a grievous assault and insult to their human dignity as most of them are passively dragged into it. How possible is it that such a category of women can arouse and seduce men to rape them? This has to do with the selfishness of some men. Besides, this would only demonstrate how inhuman society has become in the twenty-first century. Grant further argues that sadly, despite the outcry that followed, this attitude – that of blaming the victim – is still profoundly prevalent. It should be obvious, but it needs stating over and over: the criminal is the offender. That is to say, in a rape case, the rapist is at fault.

The study agrees with Grant and asserts that unfortunately this continues to be the trend that society has embraced for ages. For instance, the above-articulated stories from Limpopo province of South Africa are devastating and blaming the victims is a disgrace to the moral compass of society. According to Abang, although there is a belief that renders PWDs inferior especially to those without disabilities; however, PWDs are sexually used, for example women with women mental illness for benefits such social and economic in that they are considered for sacrifices to bring wealth and good luck in terms of ritual practices (1988: 76). This statement postulates why, even in the state of severe mental illness or *ubushilu*, some men would still opt to seduce or entice this key population of women until they have sex with them. Krug *et al.* contends in *The World Report on Violence and Health* that “there are various forms and contexts of sexual violence, which include sexual abuse of mentally or physically disabled people” (2002: 149). This argument affirms what was articulated in the above story by *The Witness Newspaper* in South Africa.

Given this line of argument, for example, the myth of having sex with mentally disabled women exists in Africa. It is sad to note that herbalists at times instruct the sexual abuse of women with mental disabilities for ritual purposes concerning becoming wealthy, for some businessmen, and also as a means of healing for this key population of women (MDAC & MHNUZA, 2014). According to Anderson and Kitchin (2000: 1), PWDs are sometimes referred to as sexual monsters, unable to control sexual drives and feelings. However, what then are we to say of those non-disabled men who sexually abuse this key population of women? It is imperative to have an understanding that for some of these people, such as the businessmen, it has nothing to do with the issue of sexual drive or feelings, but somewhat selfishly and entirely for ritual purposes, it is a way to boost their businesses. Waddell (2015) affirms this opinion and contends that there is evidence,

through research done in East Africa, that this vice is a significant problem in Africa. She also suggests that the victims are shown less concern and receive less adequate responses from society.²³ Frances reveals that:

The vulnerability and sexual abuse of women, in general, is a global social phenomenon. Although the susceptibility of women with physical and mental disabilities is more prevalent due to weak will power to protect themselves from abusers who first and foremost betray their trust.²⁴

The study affirms that the process of abuse starts with what may seem to be friendly encounters and meeting various needs as identified by the abusers, but with hidden intentions. Frances further remarks that in some way, it is this vulnerability that somehow leads to sexual abuse of this significant population of women with disabilities in the United Kingdom, and they are likely to experience assault or rape twice as much as compared to those without a disability.

Further, this could either be a conspiracy of someone strange or those close to them, such as their partner, a family member, or the person they have trusted to care for them. Gilson remarks that “vulnerability is presumed to be a common feature of the human condition, an underlying susceptibility that all possess. Moreover, an idea of vulnerability underlies our notions of harm and well-being, interests and rights, equality and inequality, and duties and obligations” (2014: 6-8). Frances further argues that the uncomfortable truth is that being disabled makes someone vulnerable to abuse (*Guardian* May 8, 2015). This line of argument raises much concern. Using it as a tool of assessment from the Zambian context, one would ask, how much do the ecumenical bodies, the government, through the Ministry of Gender, and gender activists understand the vulnerability of women with mental disability in Zambia?

2.3.2 Ritual practices against persons with disabilities

²³ Waddell, M. A .2015. Contextual factors around the sexual abuse of people with disabilities in East Africa Knowledge based upon a descriptive literature review of applied research. Retrieved from: <https://www.firah.org/upload/notices3/2015/advantageafricaen.pdf>. Accessed on: 05.10.19

²⁴ Frances, R. 2015. The abuse of disabled people is a hidden crime we must face up to. *Guardian* newspaper. May 18, <https://www.theguardian.com/commentisfree/2015/may/18/abuse-disabled-people-sexually-abused-england-cuts-services>. Accessed on:10.09.19.

In this modern era, some things need to be critically assessed in the way persons with disabilities are treated in Africa, in that there are extremes in such occurrences. Aquaron *et al.* (2009) point out that persons with albinism in Burundi and Tanzania often live in perpetual fear of non-disabled persons who desire to kill them to obtain some of their body parts for witchcraft purposes. Xolo affirms this through *The Witness Newspaper* headline:

Living in constant fear. A sense of safety in the communities in which they live is still an impossible dream from people with albinism in northern KwaZulu-Natal. The victim describes his condition as a curse, but to those targeting people like him, he is worth more than R100,000. A member of the family was arrested for attempting to kidnap the teenager in June 2016.²⁵

This study notes with deep sadness that in this era of civilisation, such barbaric practices are still in existence. In light of many acts of this nature, ecumenical bodies can engage in promoting the human dignity of persons with disabilities. According to Etieyibo and Omiegbe (2016:3), the hostile attitudes towards persons with disabilities has led to their going missing from various cities and communities in Nigeria due to kidnapping, trafficking, and killing for rituals. La Fontaine (2011:298), writing in *Ritual Murder*, notes that a ritual is a religious performance and embodies authority, its main aim is public, the personnel that performs it and, ideally, their actions, are specified and cannot be varied without weakening its efficacy. It aims to benefit those for whom it is performed. She also remarks that:

If ritual murder is not human sacrifice or killing to obtain ingredients for powerful magic, what is it? The term implies a killing to obtain spiritual powers that are not recognised as morally right but are evil and dangerous.

(La Fontaine, 2011: 307)

The study argues that such ritual practices are vivid crimes against humanity which should attract the attention of human rights commissions as well as communities in the African *ubuntu* spirit of human solidarity, as a way preserve the human dignity of persons with disabilities. The myths and beliefs that surround albinos are that they possess functional and evil magical powers. The conclusion in Tanzania and Burundi is that, on the white magic side, some organs are believed to confer luck, health, and prosperity (Aquaron *et al.* 2009). They further argue that due to such assertions from 2008, albinos are vulnerable to ritual murders and mutilations to obtain different body parts such as arms, legs, and genitals for the preparation of fetishes. Dzokoto and Adams

²⁵Xolo, N. Living in constant fear. *The Witness Newspaper*. October 4, 2019.

(2005: 58) agree with this argument and contend that the perceived motive for genital theft (or any other body part) was that people were stealing penises to make money juju (money medicine or sika aduro), with no intention of returning the organs to their owners.

Etieyibo and Omiegbe point out that:

The trafficking and killing of people with mental illness, albinism, and angular kyphosis, and raping of women with mental illness presents the fact that these practices are done as part of rituals. Besides, practices such as ritual killings are either personal or communal, whose intention is to cleanse or purify the community from evils or sins which are claimed to have been done by persons with disabilities.

(2016:3)

Given these arguments, the church can stand out as an institution with a prophetic mission to the afflicted and, therefore, as a socially privileged institution in society. In the spirit of *ubuntu*, it can intervene to preserve the lives of PWDs under such circumstances. In one way or another, the African culture must revisit certain cultural beliefs, especially those that are not life-affirming towards persons with disabilities; those which affect the lives of PWDs and strip them of their human dignity. According to Adams and Salter (2007), cultural beliefs provide a fundamental basis for how people construct their reality about mental illness. Affirming this statement, Etieyibo and Omiegbe (2016) conclude that the killing of people with mental illness is partly due to ritual practices that flow from various beliefs that people hold about disability, which claim that people with mental illness have unclean hands. Moreover, in some communities, it is believed that such persons have committed an abomination; that is, they have violated the tradition of the communities.

The study disagrees with such practices inflicted upon this key population of people, in that it suggests they are not entitled to live due to their disability. The implication of such is that society determines who should live or die; therefore, these practices need to be examined in the African spirit of *ubuntu*, as a way to protect the PWDs. It has also been observed that in certain instances, a person with mental illness is tagged as a witch and subsequently burnt to death by the community (Etieyibo, 2013; Omiegbe, 2001). This line of argument depicts how most African societies, including the Zambian context, have dehumanised people living with different disabilities and have failed to embrace the otherness of this key population of people. Commenting on the trafficking and killing of people with mental illness, albinism, and raping of women with mental

illness, Etieyibo and Omiegbe (2016) highlight that these are the cases of ritual practices.²⁶ Unfortunately, most of these cases, especially within the family, are not brought out in public. Abang (1988: 78) affirms that PWDs are believed not just to be inferior, especially to those without disabilities, but PWDs are also used as sacrifices for benefits such as social and economic expansion, to bring wealth and good luck, and such practices have been greatly sanctioned.

2.3.3 Stigmatisation and discrimination of persons with disabilities

Stigma and discrimination are so profound in African society, and different issues attract how one is subjected to such. For example, areas of stigma and discriminations include being barren, unmarried, uneducated, to mention only a few. However, the stigma and discrimination against persons with disabilities face undermines their human dignity. According to Kamga (2013: 219), central to the discourse on disability is the question of systemic disadvantage, characterised by the discrimination, and often complete exclusion, of persons with disabilities in society. Etieyibo and Omiegbe (2016) contend that religious and cultural beliefs have contributed and supported the discrimination of persons with disabilities, thereby violating the human rights of PWDs. Fatunde (2009) concludes that:

“We reject, once more, the attitude of some government officials who treat the physically challenged condescendingly by emphasising charity instead of rights and justice,” said Justina Owokunle, a disabled coach for disabled male and female footballers.”²⁷

The story of disabled students in Nigeria, which appeared in the *University World News: African Edition* represents many persons with disabilities who have been subjected to stigma and discrimination based on their physical and mental status of disability.²⁸ Although stigma remains a challenge in the way persons with mental illness (including physical disabilities) are perceived, Jacobsson (2002) observes that traditional societies seem to be less stigmatising and discriminating

²⁶ It is believed that when men who are looking a financial breakthrough in their businesses visit herbalists or witchdoctors they are instructed to have sex with women who are mentally disabled/ill no matter how filthy one may be. This ritual practice is what leads to sexual abuse of these women at times.

²⁷ Fatunde, T. 2009. Nigeria: Disabled protest at discrimination. *University World News: Africa edition*. 15 November. Retrieved from: <https://www.universityworldnews.com/post.php?story=20091113141506713>. Date accessed: 09.10.19.

²⁸ Disabled students and graduates have staged peaceful protests in several Nigerian cities over what they consider unjustified discrimination against them by government officials. They claim they are victims of injustices in the areas of employment and scholarship grants. I am of the opinion that this is somehow a demonstration of how their disability is equalled to the ability; disability is not inability.

towards the mentally ill. Ndlovu (2016:34) disagrees with Jacobsson and articulates that the tendency on the part of indigenous African beliefs to stigmatise mental illness and people with mental impairments goes beyond other forms of widespread disabilities, such as blindness, paralysis, and albinism.

The study maintains that the experiences of stigma, discrimination and marginalisation are the lived reality of persons with disabilities. However, it is essential to understand that disability is not inability; for instance, there are persons with disabilities who are renowned and better placed in society than the non-disabled. Samuel Kabue and Kasongo Kamba, though visually and physically disabled respectively, are well placed academically and have gained international recognition through their works. Koszela (2013: 2) argues that “the primary reason that causes stigmatisation of persons with disabilities in the African context is the lack of education about disability and lack of realisation about the needs of PWDs.” Jacobsson (2002), writing in *The Roots of Stigmatisation* remarks that stigma and discrimination against the mentally ill is always a complex issue.

Given this fact, Arboleda-Flórez and Sartorius (2008: ix) affirm that “stigmatising of, and discrimination against, people with mental disorders (physical disability too) is as old as humanity hence the fact that stigma and discrimination exist is not in question.” Thornicroft *et al.* bring out four key aspects concerning stigma: “first, the labelling of personal characteristics conveys that there are some essential differences. Second, stereotyping links present these differences and creates undesirable characteristics. Thirdly, there is a definite distinction between the regular group and the one that is labelled as in some respects, which are different. Moreover, lastly, loss of status and discrimination: results in devaluing, rejecting, and excluding the labelled group” (in Gelder *et al.*, 2009: 5). For example, the *ishilu* concept as a social construct stands out as the labelling of personal characteristics that presents essential differences. This highlights the typical experience of *ishilu* whose human status seems to be lost (Adiibokah & Nyame, 2009; Wiredu, 2005)

I want to affirm that the stigma illustrated in these points is a reminder that although many people are educationally enlightened in this modern time, there remains an element of being illiterate in the way society treats PWDs, even by those who seem to be exposed to education. Given this line of argument, Koszela asserts that “educating communities concerning the causes of disabilities, the rights and needs of persons with disabilities are critical in creating a society that is stigma-free and inclusive of persons with disabilities” (2013:10). The study observes that unfortunately,

stigmas are created out of a lack of understanding; hence, addressing the knowledge gap and helping all people to have a better understanding of disabilities helps the process of acceptance, although with challenges. On the contrary, Abang disagrees with Koszela and argues that “even literate parents whom one expects to know much about disablement and the various causes, would rather hide their disabled child than expose the child to friends and neighbours for fear that they might consider him or her to be wicked, thus paying for some misdeeds” (1988: 73).

2.4 FACTORS CONTRIBUTING TO SEXUAL ABUSE

Many factors lead to the sexual abuse of women with disabilities; their physical and mental status contribute more than any other factor, as will be discussed below.

2.4.1 Physical and mental status as leading factors

The physical and mental status of a person plays a significant role in their daily life and specific issues that are experienced in life. The situation regarding the sexual abuse women with disabilities is a challenge because of their femininity as well as mental status; hence their bravery is challenged. Nosek *et al.* (2001: 184) maintain that for girls and women with disabilities, disability-related sexual abuse can present in the form of fondling or forced sexual activity in return for accepting help rendered, as there is a reduced ability to defend themselves. Andrews and Veronen insist that there are eight reasons for increased vulnerability to victimisation among persons with disabilities, which include:

The aspect of increased dependence on others for long-term care, denial of human rights that result in perceptions of powerlessness, and less risk of discovery as perceived by the perpetrator. The challenge of not believing some victims/survivors largely contributes to such practices of abuse; less appropriate, and inappropriate education on sexuality are also possibilities. Other critical reasons include social isolation and increased risk of manipulation, as well as physical helplessness and vulnerability in public places. Moreover, last but not least, values and attitudes within the field of disabilities toward mainstreaming and integration without consideration for each individual’s capacity for self-protection.

(1993: 148)

The study argues that it is unfortunate that people who are expected to show love and support to this key population of women and girls have turned out to be harmful to them; their weakness implies being vulnerable. Muswera (2017: 1) remarks that stereotyped attitudes and myths surround the sexuality of people with disabilities that different societies frown upon, and this

affects the sexuality of people with disabilities. Greydanus and Omar (2008) subscribe to this argument and contend that a common myth among parents and society in general about persons with disabilities or even those who are chronically ill, is that they are asexual. Further, it is believed that these children and adolescents are regarded as asexual, and are not subject to sexual abuse, and do not require any sexuality education. According to Elshout *et al.* (1994: 100), women with disabilities are taught from a very early age that they are not fit to be lovers or wives, let alone mothers. The teaching on being asexual is emphasised and is oppressive. Finger (1990) affirms this and argues that cultural stereotypes imagine women with disabilities as asexual, not capable of reproducing, overly dependent and unattractive – as generally removed from the sphere of true womanhood and feminine beauty. It is further argued that women with disabilities often must struggle to have their sexuality and rights to bear children recognised. The study disagrees with these stereotyping attitudes of women with disabilities, and remarks that disability is not inability. Gilson maintains that “vulnerability is a significant concern for ethics, politics, and social life, yet it is a topic that has not received much attention and experiences the value of that which has been denied” (2014: 16).

The study agrees with Gilson and contends that such a topic needs concerted efforts if vulnerable women in society are to be protected. However, it appears that society remains insensitive to the vulnerability of this key population of women. Kabue (in Fritzson and Kabue, 2004) concludes that the cynical view society has, and the stigma associated with a disability, makes persons with disabilities vulnerable to manipulation in different ways. Given this argument, this vulnerability is seen more to this key population of women under discussion in this study who do not have the reliable power to protect themselves against the abusers. The study argues that it is this lack of sensitivity to the vulnerability and sexual abuse of PWDs as well as a feasible sense of ethical responsibility to the abuse of persons living with disabilities, especially the key population of women under this study, which continues to perpetuate violence against these women.

2.4.2 Culture of silence on sex and male dominance

The African cultural ethics on sex and sexuality have never been an open space for discussion in many societies. In many instances, even in churches, issues of sex and sexuality are unmentioned unless during marriage counselling sessions, like in the traditional context. Motswapong (2010: 104) maintains that “sexuality in the traditional Zambian context is considered to be a cultural taboo”. It is hardly a matter for the public domain in that it requires a high level of privacy (Nyanzi, 2011: 477). Kayode (1986: 51) subscribes to this view and affirms that sexual ethics in the African context does not make it easy to talk about sex as the tradition prohibits this. Further, most African parents do not talk about sex-related issues with their children as it is regarded as a taboo. Ayantayo notes that “sex is a secret and private affair; it is meant to be done behind closed doors so that children are not exposed to the sexual matter at the wrong time” (2002: 56). In the African tradition, there is a belief that sex should not be done during the day but rather in the night as the day is set apart for work. According to Abogunrin (1989:280), in the Nigerian context, it is believed that if a woman has been having sex during the day, the consequences of giving birth to an albino cannot be ruled out.

Thus, given the above arguments, the culture of silence on sex [lack of sex education tips to prevent abuses] in Africa has contributed to perpetuating sexual abuse, not only towards the normal-bodied, but also girls and women with mental health challenges or mental disability. The trend, for instance, in Zambia, just like most other African countries, is that cases of sexual abuse happen in the homes and communities where these girls and women stay, yet remain unmentionable and encourage the perpetrators to engage in more abusive acts of this nature. This culture of silence on sex in Africa has also promoted certain myths held by herbalists or witchdoctors, which have violated the rights of girls and women. For instance, Meel (2003), highlighting *The Myth of Child Rape as a Cure for HIV/AIDS* argues that:

This involves a victim of the mistaken belief that sex with a virgin will cure an HIV-infected person or AIDS sufferer of his illness.²⁹

The study observes that the post-traumatic effects of such experiences on the victims are ignored to protect the taboos around sex talks and to prevent the shame of being exposed as a family. Hence victims of abuse continue to live in pain for their lifetime. The study raises questions over the

²⁹ Although this is written from the context of HIV/AIDS, the myths and beliefs are similar to those women with mental illness/disability who are sexually abused for ritual purpose for good fortunes as highlighted by some scholars above.

sexual abuse of women under this study: does society think that this key population of women is not traumatised by such abuses? Baloyi (2009: 2) contends that in the African context, male domination and superiority along with female submission and inferiority are perpetuated by patriarchy, and these in return have been naturalised and normalised, thus contributing to systemic violence within this context. Kruger *et al.* (2002: 161) maintain that the social environment in a given context plays a more significant role concerning sexual violence than the physical surroundings. It is further argued that the deep entrenchment of community beliefs in male superiority and male entitlement to sex significantly affects the likelihood of sexual violence that takes place, due to general tolerance in the community, and where perpetrators do not face the law.

The study argues that such views show that African culture has paved the way for perpetrators to continue engaging in these acts of abuse. The taboos of sex and sexuality in the African culture continue to be an issue that needs attention by well-meaning communities, the church, and other organisations. Gender activists and the church, in most instances, voice out the problems of gender-based violence more so than sexual abuse. The indication is that talking about sex in open spaces is a taboo unless under marriage rites.

2.4.3 Treating women as sexual objects

The treatment of women as sexual objects is seen in various and diverse ways across the globe. This section articulates ways in which women are treated as sexual objects from media, fashion, culture and entertainment, to mention only a few. In all this, it is evident that women are far more likely than men to be hyper-sexualised in some cultural rites, advertisements, magazines, films, and television.

2.4.3.1 Sexual objectification of women

The sexual objectification of women is seen in diverse ways. In the fashion industry, as well as the music industry, most of the dancers male musicians engage are women whose attire exposes their bodies in a sexualised manner, unlike male dancers. For example, rumba musicians in the Democratic Republic of Congo have such a practice. In the night clubs, women are hired as

strippers and perform almost undressed. Media is another culprit in these incidences. LeMoncheck, writing in *Dehumanising of Women: Treating Persons as Sex Objects* asserts that:

A sex object is a sexual instrument valued for turning others on. Objectification is, in its true nature dehumanising the prima facie inappropriate treatment of a person as a thing, body, part of the body, or animal or object in ways he or she should be treated as a person that is also a moral equal. In all this, sex objects are harmed (hurting) objects.

(1985: 38, 74 & 117)

The study disagrees with the sexual objectification of women that reduces them to sex tools in the hands of the abusers, thereby dehumanising their dignity. According to Groothuis, “now more than ever, a woman is a pawn in a man’s world; a sex object whose use is dictated by the male rules of the sexual game” (1997:77). Springer maintains that most of the countries in the West are used to being exposed to such media images showing undressed and sexy bodies, as they are usually used as decorative objects or even as attraction instruments to entice new consumers.³⁰ However, Springer further maintains that this sexual objectification by the media degrades women and influences how society treats them, thereby affecting their psyche and sense of self-worth. I concur with this line of argument and state that all this is due to the way society has socially constructed women. Swift and Gould (January 2019) subscribe to the fact that the objectification and sexualisation of girls (including women) in the media is among the many forms of violence against women and girls globally. They further argue that the continued objectification of women and girls results in the hypersexualisation of their bodies; thus, media harmfully contributes to the trivialisation of gender stereotypes.

For instance, it has been noted within our communities that when men meet girls or women, the looks and comments they express at times are very derogatory, thereby reducing women or girls to be mere sexual objects that they rape or defile even within family context. Another notable element is that many adverts demand women to reveal their bodies, unlike men. On the part of music, most dancers for secular music are women employed by men. The observation is that they dress and dance in ways that reveal them as sexual objects. Wood, commenting on gendered media, maintains that these thoughts sink into our daily lives because the media is always insinuating their

³⁰Springer. (January 4, 2017). Watching sexual objectification of women in films, ads makes you sexist. Retrieved from: <https://www.hindustantimes.com/sex-and-relationships/watching-sexual-objectification-of-women-in-films-ads-makes-you-sexist/story-elP9ntG7XHiP9RZtl4K74N.html>. Date accessed: 20.08.19.

messages into people's consciousness at every turn. All forms of media communicate images of the sexes, many of which perpetuate unrealistic, stereotypical, and limiting perceptions (1994: 31).

Wood contends that three themes describe how the media represents gender:

First, women are subjected to being underrepresented, which falsely implies that men are the cultural standard, and women are unimportant or invisible. Second, the presentation of men and women bears stereotype elements that reflect and sustain the socially endorsed views about gender. The third theme presents the depictions of relationships between men and women with an emphasis on traditional roles and mediates a representation of women as subject to men's sexual desires, thus normalises violence against women.

(1994: 32)

From observation, media exposes this through adverts, music, fashion and the film industry too. The study suggests that there is a need for helpful responses which can foster the integrity and dignity of women. Fredrickson and Roberts suggest that in objectification theory, first, female bodies are more scrutinised and evaluated to a higher degree than male bodies are, which leads to the sexual objectification of women. Second, sexual objectification is one form of gender oppression, and third, it is one of the contributing factors that enable a host of other oppressions women face, which range from employment discrimination and sexual violence to the trivialisation of women's work and accomplishments (1997: 175). Bartky (1990) agrees with Fredrickson and Roberts' argument and insists that sexual objectification leads to viewing or treating an individual as a sexualised body, or as sexualised body parts which are offered for gratifying the needs and desires of other people.

Given this statement, I maintain that this worldview reduces a woman to be a sexual object in the sight of men. It is a mentality of hegemonic masculinity that society needs to deconstruct. Furthermore, the study argues that if this is the case, should women with mental disability, who are not even attractive in their presentation, be sexualised for satisfying the needs and desires of these cruel men? Is it sex that they want? Further, why sex with such kind of women? Swift and Gould (January 2019) conclude that when women and girls are frequently objectified, and their bodies hypersexualised, this makes the media contribute to harmful gender stereotypes that often trivialise violence against girls and women too.³¹ It is imperative to understand that rape (sexual

³¹Swift and Gould. January 31, 2019. Not An Object: On sexualisation and Exploitation of Women and Girls <https://www.unicefusa.org/stories/not-object-sexualization-and-exploitation-women-and-girls/30366>.

abuse) takes away a woman's dignity or pride, whatever mental state one maybe in, thereby implying that sexual abuse is a violation of her dignity.

2.5 DISABILITY AND LEGISLATION IN ZAMBIA

2.5.1 Brief historical perspective on the rights of persons with disabilities

The United Nations General Assembly declared and adopted the Universal Declaration of Human Rights [UDHR] in 1948, which is as valid and relevant today as it was on the day it was signed (UN 2015: iii). However, it is imperative to understand that human rights abuses did not end when the Universal Declaration was adopted. Nevertheless, since then, countless people have gained significant freedom, and violations have been prevented, thereby attaining independence and autonomy.³² The United Nations, under the High Commissioner for Human Rights wing through [UNHCHR] Zeid Ra'ad Al Hussein [UN High Commissioner for Human Rights] , maintains that:

It is an inspiration for us to continue working to make sure that every person can attain freedom, equality, and dignity. One vital aspect of this task is to empower people to demand what should be guaranteed: their human rights.

(2015: vii)

For instance, Article 1 in the Universal Declaration of Human Rights [UDHR] of the United Nations affirms that (2015: 4) “all human beings are born free and equal in dignity and rights because they are bestowed with reason and conscience and should act towards one another in a spirit of brotherhood.” However, the study argues that even though the UDHR has been in existence since 1948, and many other human rights instruments have been put in place to empower all human beings, the socio-cultural and religious construction of worldviews on disability globally have contributed significantly to the stigmatisation, marginalisation of and discrimination against persons with disabilities.

Etieyibo and Omiegbe (2017: 1) allude to the fact that negative attitudes and behaviour of people towards PWDs are unwelcome and discriminatory, as can be seen from the abundance of the

American Psychological Association (APA) on sexualisation of girls in the media found that girls are depicted in a sexual manner more often than boys; dressed in revealing clothing, and with bodily postures or facial expressions that imply sexual readiness.

³²United Nation Universal Declaration of Human Rights (UDHR). 2015. Retrieved from: https://www.un.org/en/udhrbook/pdf/udhr_booklet_en_web.pdf. Date accessed: 05.10.19.

international human rights documents that specifically target PWDs. Etieyibo and Omiegbe (2017: 1) concludes that it must be noted that international efforts aimed to recognise the rights of persons with disabilities go back to 1976 when the United Nations General Assembly declared 1981 as the International Year of Disabled Persons; its annual observance is 3rd December. The primary target of this declaration was a call for national, regional and international action with an emphasis on the equalisation of opportunities, rehabilitation, and prevention of disabilities, under the theme ‘full participation and equality,’ defined as the rights of PWDs” (Etieyibo and Omiegbe, 2017: 2).

2.5.2 The United Nations and a new set of specific rights

The living conditions of persons with disabilities have continued to face diverse challenges despite the many efforts of human rights instruments put in place since 1948. Clapton and Fitzgerald (1997) argue that even if there has been rights-based discourse at a strategic level which has brought some extra entitlements to the persons with disabilities, it has not considerably altered how disability is constructed. Thus, despite legislative changes, some people's lives have not changed. Haslam affirms this and alludes to the fact that “despite the many victories accomplished by individuals with disabilities and their advocates over the years, injustice remains as evidenced in the way persons with disabilities perpetually experience architectural and attitudinal barriers that limit their full participation in society” (2012: 2). I want to argue that this has nothing to do with the human rights instruments but rather the stereotyped attitudes of society towards persons with disability.

Furthermore, until there are changes in societal perceptions on disability, all these efforts may be unfruitful. According to Etieyibo and Omiegbe (2017: xvii), these beliefs account for the inadequate care and attention that PWDs receive from society or their being discriminated against or non-inclusivity. Then dismantling them will be crucial as part of the efforts aimed at securing and protecting the rights of persons with disabilities. The study asserts that given such stereotyping attitudes against PWDs, the United Nations saw the need to reinforce the rights of the most significant minority. The UN, highlighting the rights of PWDs, contends that “despite putting in place international human rights framework, which has helped to change the lives of people

everywhere, sadly the PWDs are far from reaping the same benefits thereof. Irrespective of a country's human rights or economic situation, the PWDs are, in most cases, the last group of people to have their human rights respected..." (2007: ii).

Further, the Convention on the Rights of Persons with Disabilities [CRPWD] was a response of the international community to the long history of discrimination, exclusion, and dehumanisation of PWDs. The UN (2007: iii) remarks that not only did countries adopt the Convention in the United Nations General Assembly in 2006, but several nations demonstrated their commitment to respecting the rights of PWDs by being signatories to the Convention and Optional Protocol. The Convention seeks to ensure that the world's most significant minority enjoys the same rights and opportunities just like everyone else.

The CRPWD covers the many areas where PWDs have been marginalised and discriminated against, such as exploitation and violence, access to justice, freedom from torture, as well as freedom of movement, participation in political and public life, education, and employment, to mention only a few. For example, the preamble of the CRPWD states that States' Parties to the convention all recognise that the United Nations, in the Universal Declaration of Human Rights [UDHR] and the International Covenants on Human Rights [ICHR], has approved and agreed that everyone is allowed to all the rights and emancipations set forth therein, without segregation of any kind. Bantekas *et al.* notes that Article 1 sets out the purpose of the rights of the CRPWD:

The current convention aimed at fostering, protecting and ensuring that the full and equal satisfaction of all human rights and essential freedoms by all persons with disabilities, and to promote respect for their fundamental dignity. PWDs encompass those who have long-term physical, mental, intellectual, or sensory impairments which in interaction with various barriers may hamper their full and active involvement in society on an equal basis with others.

(2018: 35)

The United Nations presents these articles to foster the lives of PWDs. Critical to this study are the following articles which deal with the case of women with disability. Bantekas *et al.* (2018: 140, 171, 339 & 380) note the following:

Article 4: General obligations

1. *States Parties undertake to make sure and advance the full realisation of all human rights and profound freedoms for all persons with disabilities without discrimination of any kind based on disability.*

Article 5: Equality and non-discrimination

1. *States Parties recognise that all persons are equal before and under the law and are qualified without any inequity to the equal protection and equal benefit of the law.*
2. *States Parties shall forbid all intolerance based on disability and guarantee to PWDs equal and adequate legal protection against discrimination on all grounds.*
3. *In order to promote equality and eject discrimination, States Parties shall take all appropriate steps to ensure that tolerable accommodation is rendered.*

Article 6: Women with disabilities

States Parties recognise that women and girls with disabilities are subject to several kinds of discrimination, and in this respect shall find means to ensure the full and equal enjoyment by them of all human rights and profound freedoms.

Article 13: Access to justice

1. *States Parties shall ensure adequate access to justice for PWDs at the same level with others, inclusive of the provision of procedural and age-appropriate accommodations in order to advance their valuable part both as direct and indirect participants, as well as witnesses, in all legal proceedings, including at fact-finding and other initial stages.*
2. *In order to help to ensure adequate access to justice for persons PWDs, States Parties shall enhance essential training for those operating in the area of administration of justice, including police and prison staff.*

Although these rights are well adopted and enshrined by States Parties, the plight of this most significant minority group of people remains unresolved concerning the topic under this study, as revealed in the cases from the Zambian and South African contexts respectively. Justice has rarely

prevailed in most instances; the police services in both incidences have not apprehended the perpetrators despite the availability of evidence.

2.5.3 Domestication of the rights of persons with disabilities

Although disability statistics have been increasing in the country, disability in Zambia has received low priority in the planning and development agenda of the nation (CSO, 2015). It is further alluded to that the observation is that government regards disability as a non-life-threatening condition and so it is not among the national health priorities categorised under public health and health systems. Following the UNCRPWD meeting that took place as a response to the deliberations of the meeting, Zambia formulated the National Policy on Disability [NPD]; a specific framework in order to address the issues of disability and to demonstrate its commitment (Ministry of Community Development and Social Welfare [MCDSW], 2016).³³ Moreover, in 2010, the country agreed to an international law known as UNCRPWD. The objective was to ensure that PWDs are not discriminated against but must have the same rights, opportunities and choices as the non-disabled.

The policy is meant to better the lives of PWDs and create equal opportunities for persons with disabilities by 2030. The NPD aims at changing laws so that the lives of PWDs can be enhanced, and through these new laws, there can be a society that takes the needs of persons with disabilities into account. The National Assembly of Zambia assented to the Persons with Disabilities Act of 2012 on 21st July 2012. It aims to provide for the subjugation of the CRPWD and its Optional Protocol and other international instruments on PWDs to which Zambia is a party, in order to promote, protect and make sure the total and equal gratification of all human rights and profound freedoms of PWDs, and to foster respect for their fundamental dignity. It is meant to repeal and replace the Persons with Disabilities Act of 1996, and provide for matters connected with or incidental to, the preceding one.³⁴

³³ MCDSW. February 2016. The National Policy on Disability launched. Retrieved from: https://www.mcdszw.gov.zm/?page_id=5266. Date accessed: 25.10.19.

³⁴ The Government of the Republic of Zambia. The Persons with Disabilities Act 2012. Act Number 6 of 2012. <http://www.parliament.gov.zm/node/3123>. Date accessed: 13.10.19.

2.5.4 The problematic British Colonial Mental Disorders Act and the need for a new enactment

It is observed that despite all these enactments of laws for PWDs, mental disability is generally given very low priority in health services and policies (Gureje and Alem, 2000: 475). The observation of the mental health situation in Zambia since 1992 reveals that Zambia's strategic plans have not sufficiently addressed mental health (Mayeya *et al.*, 2004). According to MDAC and MHUNZA (2014: 20), the Zambian laws affecting the rights of people with mental health issues include the Mental Disorders Act of 1951, the 1996 Constitution, the Health Profession Act of 2009, the PWDs Act of 2012, and the Medicines and Allied Substances Act of 2013. Devandas-Aguilar affirms this and concludes that:

The British Mental Disorders Act of 1951 has discriminatory provisions against persons with psychosocial disabilities and is outdated; therefore, does not align with the convention but continues to be in effect and applied by national authorities.

(2016: 6)

At the time of this research by the two NGOs, it was concluded that there was no case law relating to people with mental health issues, indicating the challenges which people face in accessing justice, and perhaps also the level of willingness of human rights, NGOs, lawyers and judges to take the rights of people with mental health issues seriously. Moreover, MDAC and MHUNZA indicate that the Mental Disorders Act of 1951 is a piece of legislation from colonial times. It labelled people:

As mad, disregarding their views about how they wanted to conduct their lives. This law uses the offensive (and legally meaningless) terms “mentally defective,” “idiots,” “feeble-minded,” “imbeciles” and “moral imbeciles,” all of whom can be lawfully detained against their will in their own and society's best interests.

(2014: 20)

The British Colonial Act of 1951 had some elements of the social construction of *ishilu*, and thereby built barriers of stigmatisation, marginalisation, and discrimination. This is manifesting even in this present time in the way persons with mental disorders are treated in society. When a person has *ubushilu*³⁵ their human dignity is stripped off by society, as seen in their treatment. In 2010, the World Health Organisation conducted a research on *Developing and Adopting Mental*

³⁵ Means the same as *ishilu*; *ubushilu* describes the condition of being mentally challenged while *ishilu* is a person.

Health Laws in Africa: Lessons from Ghana, Zambia, and Uganda. It was concluded that all of these three countries have outdated mental health laws that inadequately promote the dignity, respect, and autonomy of people with mental disabilities. They also fail to incorporate safeguards against abuses related to involuntary admission and treatment, seclusion and restraint, unique treatments or clinical and experimental research. They use derogatory and stigmatising language such as “imbecile”, “idiot”, “lunatic” and “immoral” to describe those with mental disorders commonly referred to as *ishilu* in the Zambian context.³⁶

The CSO concludes that awareness of these pieces of legislation by persons with disabilities and the public has been minimal. Hence, ignorance, which is due in part to lack of access to the contents of the Acts, has rendered persons with disabilities unable to demand their rights enshrined in the legal documents (2015). The Zambia National Assembly passed the Mental Health Act of 2019 - Act Number six (6) of 2019. This Act is meant to provide for the “promotion and protection of the rights of persons with mental illness, mental disorder, mental impairment or mental disability” (Zambian Parliament, 2019).³⁷ Bantekas *et al.* (2018: 1) remark that, for example, in the preamble of the CRPWDs, it is stated that:

“The States Parties to the present Convention recognising that the United Nations, in the Universal Declaration of Human Rights [UDHR] and the International or global Covenants on Human Rights [ICHR], has indicated and conceded that everyone is entitled to all the rights and freedoms set forth therein, without differentiation of any type.”

However, although these rights are enshrined and domesticated the living standards of persons with disabilities remain undesirable. The overall solution is in the total change of societal attitudes towards persons with disabilities.

2.6 CONCLUSION

This chapter aimed at assessing the conceptualisation of disability in Zambia by assessing society’s perception of disability. The model of disability that has been embraced in the country is the social

³⁶ WHO. 2010. Developing and adopting mental health laws in Africa: Lessons from Ghana, Zambia and Uganda. Retrieved from: https://www.who.int/mental_health/policy/development/n_11_lessons_learned_legislation.pdf. Accessed on: 20.07.19.

³⁷ Zambia National Assembly [ZAN]. 2019. Mental health bill in the national assembly. Retrieved from: <http://disabilityrightswatch.net/mental-health-bill-in-the-national-assembly/>. Accessed on: 27/08/19.

model of disability. Both the religious and cultural beliefs on disability have contributed to the negative construction of the perception of PWDs in Africa as a whole. It has been noted that PWDs remain amongst the most marginalised, discriminated, and stigmatised persons in every society and the church, despite the international human rights instruments put in place to uplift their welfare. The religious and cultural constructions of disability have influenced the labelling of persons with disabilities and created barriers of difference between ‘the normal and the abnormal’ – an indication of loss of their status as humans since they stand dehumanised, devalued, rejected and excluded in society owing to these worldviews. The vulnerability and sexual abuse of women with disabilities is yet another experience they experience due to their physical and mental incapacitation.

CHAPTER THREE

THEORETICAL FRAMEWORK AND METHODOLOGY

3.0 INTRODUCTION

The previous chapter presented the conceptualisation of disability (an overview) in Zambia, which includes society's perception of disability in the Zambian context. The chapter also elaborated on how persons with disabilities are treated in the Zambian context. The focus was on the socio-cultural and religious beliefs on disability. The chapter also addressed the various experiences of persons with disabilities. Another critical aspect presented in chapter one is the legislation on the rights of persons with disabilities.

Chapter Three endeavours to highlight the theoretical frameworks as well the methodology this study used to address the research questions in this study. This chapter discusses these in a more detailed manner.

3.1 THEORETICAL FRAMEWORKS

The objective of the theoretical framework section is to assess how women with mental disability are treated in the Zambian context using the *ishilu* concept; this is a social construct just like other forms of the social construction of disability. The study engaged a social constructionist framework introduced by Berger and Luckman in *The Social Construction of Reality* (1966) and feminist disability theory as coined by Thomson (2002), in analysing how mental disability is socially and culturally constructed in the Zambian context, and the ecumenical bodies' response to the sexual abuse of women with mental disability in Zambia. The two frameworks help enhance inclusive activism, thereby promoting the transformation of society's perceptions and its engagement in social and liberative justice in the fight against SGBV. I used social constructionist and feminist disability theory frameworks because the social constructionism looks at the socio-cultural construction of mental disability, which views mental disability as *ishilu* in the Zambian context, while feminist disability theory deals with disability from a feminist perspective, thus addressing women with mental disability.

3.1.1 SOCIAL CONTRUCTIONISM

Berger and Luckman, in their book *The Social Construction of Reality* (1966: 27), argue that “the sociology of knowledge concerns itself with the social construction of reality”. Following this line of argument, Conrad and Barker (2010: 67) highlight that “social constructionism is a framework with an emphasis on the cultural and historical elements of phenomena widely thought to be exclusively natural. Besides, the emphasis is on how meanings of phenomena do not necessarily exist essentially in phenomena themselves but develop through interaction in a social context.” Loseke and Best (2003: 4) assert that “constructionist perspectives focus on how people create and respond to conditions, how we categorise and typify, how the meaning of problems is instinctively constructed, and how our constructions influence how we act toward those conditions.” The study agrees with this argument and maintains that the social construction of *ishilu* presents with a negative stereotype of the attitude of society’s perception of the mental disability. Siebers (2001), affirming this line of argument concerning disability, articulates that it is often the conclusion that disability poses a challenge in the way the body is represented. Siebers (2001) further contends that bodies with a disability provide insights into and a clear understanding that all bodies are socially constructed.

According to Yong (2011: 102), there is a need to recognise the broader social context within which disabilities are constructed as this grants the importance of understanding disability perspectives from cultural and social criticism. Burr (1995) points out that language continually influences the construction of how disability is understood and perpetuated in society. Kretzschmar (2018: 4), writing in *The Church and Disability* observes that “the proper use of language about disability remains a complex matter”. Burr (2003: 7), writing on language as a pre-condition for thought, argues that “our way of understanding the world does not come from objective reality but from people, both past and present. Yong (2011: ix) affirms this and maintains that “the language about the disabled is also designed to remind us about the subtle yet undeniable ways that persons with disabilities continue to be objectified and thereby experience the world through discrimination at the hands of the non-disabled.” Following these arguments, Berger and Luckman (1966: 55) remark that “language is capable not only of constructing symbols that are highly

abstracted from everyday experience but also of 'bringing back' these symbols and presenting them as objectively real elements in everyday life.”

Hermans *et al.* (2002: xvi) illustrate that, “on the one hand, no social reality exists unless it has a linguistic meaning. On the other hand, this does not insinuate that all social reality may be limited to language.” On the contrary, those cultural beliefs influence how people construct the reality concerning mental illness (Dzokoto and Adams, 2005; Adams and Salter, 2007). Given this argument, to address the socio-cultural construction of mental disability in the Zambian context, language plays a significant role. This is commonly observed in the usage of the word *ishilu*, which is a very derogatory word that devalues, demeans, and takes away the dignity and humanness of someone, thereby, rendering them useless. In the Zambian context, *ishilu* is not used only with regard to people with mental illnesses but even to those without it, as long as someone does what is viewed as abnormal and unpleasant in society.

The phrases like, ‘*Uli shilu or cili shilu ci, or bushe batutulu aba, bacitafya ifya bushilu*’,³⁸ are commonly spoken even to people without mental disability. The socio-cultural construction of *ishilu* demonstrates how people, through language and using the social context, have created a negative image and how this has influenced their response to mental disability. Given this view, I find the terminology of *ishilu* very problematic due to the negative image it creates. It gives birth to barriers that make society and the ecumenical bodies fail to respond to the challenge of sexual abuse of this key population of women in this study.

Wendell (1996), referring to the cultural construction of disability, argues that culture makes significant contributions to disability. This includes not only the lack of disability experiences in cultural representations of life in society, but more so, the cultural stereotyping of persons with disabilities. She further notes that the selective stigmatisation of physical and mental limitations and other differences has negatively contributed to the adverse treatment of people with disabilities in society. Devine (1997) remarks that people always construct knowledge, which is assumed to be a reality. For example, social behaviour, language, and attitudes are merely social constructions of society. Given this argument, Burr indicates that “each different construction also brings with it a different kind of action from human beings; therefore, such descriptions or constructions of

³⁸ These phrases portray one as not being normal but having a mental issue and their behaviour resembles those with mental disability.

the world supports some patterns of action and prohibits others” (2003: 5). The study affirms Burr’s argument and remarks that this is the lived reality of *ishilu*. This social construction of mental disability has created patterns of action and societal attitudes of stigma, discrimination and marginalisation, thereby socially excluding PWDs.

The study agrees with these arguments and asserts that this socio-cultural construction of *ishilu* has influenced how gender activists, the government through the Ministry of Gender, and the church through the three ecumenical bodies engage in the fight against SGBV. The ecumenical bodies are theologically better positioned to understand these women as the image of God, which should enhance their response to the sexual abuse of women with mental disability. Although PWDs generally are exposed to stigma, marginalisation, and discrimination, it is imperative to understand that those with mental illness experience more of this than any other category of disability. The observation from lived realities concerning the experiences of men and women with mental disability is not worthy of any comparison due to the femininity and masculinity aspects in them. This therefore, implies that although this category of people may be under the same condition, the masculinity and femininity elements in them still play a significant role.

The masculinity aspect in men with mental disability still leaves them with power, while the feminine aspect for women makes them more vulnerable. For instance, when one meets a man with mental illness, automatically the conscience tells one to keep away; hence for the most part, we find ourselves avoiding them by all means. However, this is different with women. The feminine vulnerability subject women with mental disability to sexual abuse. The question is, is it easy (or possible) for a woman to sexually abuse a man with mental illness? The social construction of mental disability in Zambia causes persons with mental illness to be stigmatised, marginalised, and discriminated, leading to rejection even by their families.

Danziger (1997) articulating *The Varieties of Social Construction: Theories in Psychology* contends that in psychology, social constructionism functions as a critique. According to Burr (2003: 16), critical psychology focuses on how a person is placed within society; that is, it is about difference, gender, sexuality, inequality, and power. In light of these arguments, the social constructionist approach is ideal in challenging how persons with disabilities have been located as the other in Zambian society, especially women with mental disability. Also, the unexceptional oppressive and discriminatory practices of the socio-cultural construct of *ishilu* in the Zambia

context as well this gendered crime that needs to be unsilenced. In addition to this, the ecumenical bodies' response to the women with mental disability who are victims of sexual abuse too though not embraced in GBV activism is yet another factor worth noting. Furthermore, this socio-cultural construction of mental disability means that both society and the church contribute to perpetuating and entertaining violence against these women. Social construction can be seen in two categories: weak social construction and sturdy social construction.

Thus looking at the term of *ishilu*, it has a robust social construction that has adversely influenced or caused a lack of inclusiveness in the fight against sexual gender-based violence, as the focus centres more on non-disabled women and girls than those with disabilities. This socio-cultural construction of *ishilu* creates a barrier that makes gender activists and the church, through ecumenical bodies, fail to embrace the otherness of women and girls with mental illness/disability. Does this mean that this key population of women is not among the vulnerable who fall prey to SGBV? In addressing the non-proactive response of the ecumenical bodies to the sexual abuse of women with mental disability, the study engages Hermans *et al.*'s work in *Social Constructionism and Theology* since these are theologically grounded organisations. Hermans *et al.* (2002: ix), citing Heitink (1993), define practical theology as an action science: it is empirical-oriented and uses the theological theory of the mediation of the Christian faith within the praxis of the modern society.

Concerning this definition, Heitink further speaks about two types of praxis, namely the mediation of the Christian faith as praxis one (1) and the context of the modern society as praxis two (2). Praxis one points to the fact that the typical object of practical theology is the transformation of the intentional actions of persons or groups. Kasongo, an African feminist theologian living with a disability writes in *A Mission to PWDs a Transforming Love for Justice* that "the love of God should put us in a place where we can consider the others, despite their otherness as the image of God created to live alongside other human beings" (2019: 1). Kasongo further argues that the mission to PWDs is a transformational mission of love that focuses on actions of justice. This line of argument challenges the ecumenical bodies in Zambia to reflect theologically on the importance of pastoral theology and seek intentional actions toward the sexual abuse of women with mental disability. The praxis task is to take transformative action of justice in favour of this group, as a

way to render the wrong dominant assumption levelled against persons with disabilities should be part of their agenda of inclusiveness.

3.1.2 FEMINIST DISABILITY THEORY

I engaged feminist disability theory as the study is concerned with women with mental disability. This theory is used to explore how ecumenical bodies can use the four elements of this framework to deconstruct the socio-cultural construction of (mental) disability in Zambia, to enhance the possible societal transformation of attitudes and promote the human dignity of women with mental disabilities who are victims of sexual abuse. Wendell, in *Toward a Feminist Theory of Disability* suggests that we need a feminist theory of disability, whose reasons include the fact that certain percentage of women have a disability and because the oppression of persons with disabilities is to a great extent is associated to the cultural oppression of the body (1989: 104). Wendell also points out that gender is socially constructed from biological reality, unlike disability, which is not a biologically-given element. Feminist disability theory is vital to this study because in the Zambian context, according to estimated statistics by CSO (2015), the prevalence of disability is higher in urban areas than in rural areas and higher among females than males.

Thomson points out that feminist disability theory introduces both the ability and disability system as a way to analyse this divergent and diffuse enterprise whose aim is to amplify current presumptions of cultural diversity and fully consolidate the academy and the larger world it helps to shape (2002). Thomson (2002) affirms that a feminist disability approach enriches the complicated understanding of the cultural history of the body by considering the ability/disability system. She also notes that feminist disability theory exceeds explicit disability arguments such as illness, health, beauty, genetics, eugenics, ageing, reproductive technologies, prosthetics and access issues. Furthermore, Thomson (2002) asserts that disability studies confront the limits levelled on our understanding of the presentation of human diversity, the materiality of the body, multiculturalism, and the social formations that interpret physical differences.

The study agrees with Thomson's line of argument and contends that a feminist disability approach can help the ecumenical bodies to undo the complicated socio-cultural history of the body concerning the women under study. Linton, in *Disability Studies/Not Disability Studies* remarks that "thus to counteract deterministic narratives of disability, the purpose of Disability Studies

should focus on the social, political, and cultural context in which these ‘individual’ responses occur” (1998: 533). Linton also maintains that studying disability can be considered to be:

The lens through which one can gain a broader understanding of society and human experience, thus like gender, disability influences all aspects of culture; that is the cultural practices, social identities, historical communities, structures and institutions, political positions and the experience of embodiment.

(1998:118)

Eiesland (1994) rejects definitions which portray disability negatively and provides a strong argument that the disablement experienced by persons with disabilities is socially constructed and therefore opens the possibilities of transformation. In agreement with Eiesland, this study observes that definitions of disability which are socially constructed, such as *ishilu*, need to be redressed. Hannaford (1985) and Lessing (1981), as cited in Wendell (1989: 113), conclude that the disabled are not only devalued for their de-valued bodies; but they are constant reminders to the non-disabled of the negative body – of what the non-disabled are trying to avoid, forget and ignore. This line of argument observes that through the usage of the derogatory term, “*ishilu*”, women with mental disability are dehumanised, devalued, rejected, forgotten and ignored by government (law enforcers who do not take in reports on cases of abuse), gender activists and the church despite being considered as citizens of the country and the image of God. According to Thomson (2002), feminist disability theory challenges and denaturalises disability by unseating the dominant assumption that there is something that is not right with those who have a disability. Thomson argues further that a feminist disability approach fosters an intricate understanding of the cultural history of the body. Thomson (2002) also remarks that the objective of feminist disability theory is to address the following feminist concerns: the unity of the category woman; the status of the lived body; the politics of appearance; the medicalisation of the body; the privilege of normalcy; multiculturalism; sexuality; the social construction of identity; and the commitment to integration.

The study agrees with these arguments and contends that looking at the status of the lived body and social construction of identity placed on *ishilu* in the Zambian context, it is an indication that there is some failure in understanding human diversity; the importance of the otherness of persons with disabilities is still a challenge to accept and embrace PWDs due to the physical and mental

differences. The argument is that the disability and ability system produces subjects by differentiating and marking bodies. Since this comparison of bodies is ideological rather than biological, it usually penetrates the cultural formation, and legitimates an unequal distribution of resources, status and power within a biased social and architectural environment (Thomson, 2002). Given this argument, I want to affirm that the differentiating and marking of bodies is what has contributed to or influences the lack of inclusiveness in the fight against SGBV. According to Thomson (2002), feminist disability theory's profound critique hinges on a broad understanding of disability as a pervasive cultural system that stigmatises certain kinds of bodily variations. Wendell (1996) says that disability is also socially constructed through the failure to provide people with the kind of help that allows them to fully participate in all major aspects of life in the society, including making a significant contribution in the form of work. I agree with Wendell and state that this social construction of disability has not only caused the failure to allow persons with disabilities to participate in society fully, but has also built barriers in the way gender activists, the government, and the church through ecumenical bodies conduct SGBV activism. This challenges ecumenical bodies to have a balanced response in addressing SGBV issues that includes women with mental disability. Kabue (in Fritzson and Kabue, 2004) concludes that society's cynical view, and the stigma associated with a disability, makes persons with disabilities vulnerable to manipulation in different ways. This vulnerability is seen more with the population of women under discussion in this study who do not have the reliable power to protect themselves against the abusers.

This framework on disability has four aspects: first, disability is a system in which to understand and discipline differentiated bodies; second, it is a relationship between bodies and their social contexts; third, it is a set of actions that create the PWDs and non-disabled; and finally, it provides a means of explaining the fluidity of the embodied self (Thomson, 2002). Thomson (2002) highlights four elements involved in the theory: representation, the body, identity, and activism.

Representation:

Thomson (2002), tackling the first element of feminist disability theory that deepens the disability critique, maintains that the Western thought has long combined femaleness and disability, understanding both as defective departures from a valued standard. Thus, representation in disability analysis helps to deepen this domain of feminist theory. Young examines "how imposed

feminine bearing determines women's sense of embodied agency – thereby concluding that women in a sexist society are physically handicapped” (1990: 148, 153). Thomson (2002) also concludes that women and the disabled are portrayed as helpless, dependent, weak, vulnerable, and incapable bodies. Building on Thomson's argument, Chisale (2018) writing in *Disabled Motherhood in an African Community: Towards an African Women's Theology of Disability*, articulates that the fertility of women with disabilities is questioned, contested and damned because an ideal mother is expected to conform to the norms of femininity where she is ever physically active in the nurturing of her children. She further contends that women with disabilities among the Ndebele of Matetsi are treated as the ‘nobodies’ of the family. Thomson (2002: 9) argues that:

“Such representations ultimately portray subjugated bodies not only as inadequate or unrestrained but at the same time as redundant and expendable. Bodies marked and selected by such systems are targeted for elimination by varying historical and cross-cultural practices.”

Wendell (1996: 65) affirms this and contends that the otherness is maintained by culture. Moreover, it also extremely limits culture. She further remarks that culture rarely includes PWDs in their depictions of ordinary daily life, and the struggles, thoughts, and feelings of PWDs are excluded from the cultural understanding of human experience. According to Swinton (2012: 175), it is society's cynical response to human impairment and difference that holds together the diverse group of experiences that come under the banner of disability. Swinton further remarks that others may be blind while others might have Down's syndrome, but they are all combined in their shared oppression; to be disabled is to be oppressed. Following these arguments, I want to argue that the issues of femaleness and disability not only pose a challenge in the African cultural context but the world over, as seen in the way society dehumanises and devalues this vital population of women, and challenges their ability to do what they can do despite their disability. Linton argues that disability studies:

Provide an epistemology of inclusion and integration, formulating ideas that could not have been imagined from the restrictive thresholds of the traditional canon.

(1998: 526)

The body:

Thomson (2002) concludes that the second aspect of feminist disability theory that disability analyses concern the body. This includes its materiality, its politics, its lived experience, and its relation to subjectivity and identity. According to Thomson (2002), feminist disability theory is unique from other critical paradigms in that it scrutinises a wide range of material practices involving the lived body. She remarks further that since women and persons with disabilities are cultural symbols for the body, their actual bodies have been continuously subdued to what Michel Foucault calls discipline (1979). Building on this argument, Elshout *et al.* (1994: 103), highlighting solidarity amid difference regarding disability, present Paul's ecclesiological metaphor of the body of Christ in Corinthians 11-12. They maintain that this metaphor signalled Paul's attempt to harmonise the differences among the people of the early Christian church. They also contend that the metaphor of the disabled body represents the social reality of the differences and conflicts of women's experiences. Hence the disabled body is acquainted with pain and disappointment. According to Gill (2002), the debates about the body are primarily on its physical nature, concerning its formation that has to do with cultural and historical construction rather than being in actual bodies.

Thomson (2002), articulating the ideology that is usually associated with disability, alludes to the fact that the cure targets persons with disabilities with efforts of changing bodies imagined as abnormal and dysfunctional rather than on changing exclusionary attitudinal, environmental, and economic barriers. The emphasis on cure reduces the cultural tolerance for human variation and vulnerability by locating disability in bodies imagined as flawed rather than social systems in need of fixing. Following this argument, Creamer (2009: 56) argues that “embodiment theology, as it has developed since Nelson’s early work, is more than a reflective or evocative pastime. Beginning as it does with the extreme particularity of embodied experience, body theology proposes a unique challenge to universal claims and assumptions.”

Identity:

The third element of feminist disability theory that disability analyses is identity. Thomson (2002) insists that disability is an identity vector that distorts the unity of the categorisation of the woman and challenges the great importance of gender as an inflexible category. According to Spelman

(1988), feminism progressively concedes that no woman is ever only a woman; she occupies several subject positions and is represented by many cultural identity categories. According to Thomson (2002), our culture offers profound disincentives and few rewards for identifying the disabled. She further asserts that the hassle with such assertions is that they leave intact, without challenging the harsh stereotypes that empower negative perceptions on disability. In addition to this, the unstudied use of disability expressions such as crippled, lame, dumb, idiot, moron as verbal gestures of derision. Therefore, the failure to grant disability identity is in part due to a lack of ways to perceive or talk about disability that are not oppressive.

Disabled women are a marked and excluded diverse group within the broader social class of women (Fine and Asch, 1988). Sadly, the relative entitlements of normative femininity are often invalidated to women with disabilities. Creamer (2009:55) observes that there is literally no mention of disability within the theologies that deal with identity particularities. For example, even as feminist theology and queer theology have attended explicitly to the body, especially concerning sexuality, they rarely address the diversity of ability or embodiment, and disability itself has not yet emerged as a theological lens. On the contrary, Thomson (2002) argues that a feminist disability theory, suggests that we are better off learning to individually and collectively accommodate bodily limits and evolutions than trying to eliminate or deny them. Identity formation is at the centre of feminist disability theory.

Activism:

The feminist disability theory also looks at activism. Several areas can be seen as feminist disability activism and these present some distinct ways forward for activism. For instance, Thomson (2002) argues that images of disabled fashion models in the media can shake up established categories and expectations. Because commercial visual media are the most comprehensive and commanding sources of images in modern, image-saturated culture, they have an immense influence on moulding public attention, as feminist cultural expounders are well aware. In light of this, Eiseland argues that besides legislative, economic, and social changes, achieving equality for persons with disabilities depends upon cultural resymbolisation (1994). She maintains that the way we imagine disability and disabled people must change in order for real social change to occur.

Thomson (2002) asserts that while Eiseland's work resymbolises our conceptions of disability in religious iconography, those under feminist disability theory examine how disabled fashion models can do the same to cultural practice in the popular sphere, introducing some new complications into the notion of resymbolisation. I agree with Thomson and Eiseland and contend that resymbolisation allows a new and positive identity to be created. This can render a social change on how society perceives those with various forms of disability, thereby helping the different stakeholders, including ecumenical bodies, to be inclusive in their activism of GBV, for all women despite their status of being.

3.1.2.1 Justification and applicability of social constructionist and feminist disability theory to the present study

The discussion on the two theoretical frameworks engaged in this study have contributed to a greater understanding of why these frameworks were applied to this study. The requirement is that all studies must be conducted within a theoretical framework; however, many writers almost pre-establish their findings on account of structuring their studies within a perspective that limits their capacity to see all that they might have seen of relevance to the question at hand (Carter & Little, 2007; Sandelowski, 1993). According to Ereaut (2002: 30), intellectual frameworks, methodological assumptions, and ways of thinking influence the whole qualitative research process – from problem definition, to research design, interviewing and analysis. For instance, Newman and Benz (1998: 20-21), even though writing on quantitative research, remark that quantitative research begins with theory, and from theory, prior research is reviewed, and from the theoretical frameworks, hypotheses are generated. They further maintain that these hypotheses lead to data collection and the strategy needed to test them. The data are analysed according to the hypotheses, and conclusions are drawn. These conclusions confirm or conflict with the theory.

Following this line of argument, Coser (1981: 170) affirms that one of the primary functions of the theory is to order experience with the help of concepts. It also selects relevant aspects and data from among the enormous multitude of facts that confront the investigator of social phenomena. A theory can be used to address many other social phenomenological issues. Although this has been applied to quantitative research, I want to affirm that it also applies to qualitative research in that, whatever research methodology one adopts, the theories and theoretical framework (s) are always the lenses that have to be used to look at the research problem. Thus the social

constructionist and feminist disability theory frameworks were preferably considered and applied, relating them to preceding studies with the hope of having relevant findings that arise from this study. The critical aspect is the relevance of the theoretical frameworks for the study. Therefore, in order to show the connection between the theoretical frameworks adopted and the four main objectives as well as four research questions that informed this study, a table has been drawn to elaborate these details. The significance of using the two frameworks was to analyse how the ecumenical bodies can engage the social and cultural deconstruction of disability as a means to inclusiveness.

Table 3.1 showing how the conceptual-theoretical frameworks were applied to the research objectives, questions and the sources of data as adopted from Oladosu (2017: 65)

| Aspects of Social constructionist framework - Berger and Luckman (1966) & Feminist disability theory – Thomson (2002). | Research objectives | Research questions | Sources of data |
|---|---|--|------------------------|
| The ecumenical bodies' response to the sexual abuse of women with mental disability in Zambia. | To analyse how the ecumenical bodies in Zambia can respond to the sexual abuse of women with a mental disability. | How can a feminist critique challenge the ecumenical bodies' response to the sexual abuse of women with mental disability in Zambia? | literature |
| The ecumenical bodies' response to the sexual abuse of women with mental disability in Zambia. | To assess how society in the Zambian context treats women with mental disability – the concept of <i>ishilu</i> . | What is society's perception of disability in Zambia? How are women with a mental disability treated in the Zambian context (<i>ishilu</i> concept)? | literature |

| | | | |
|--|--|--|------------|
| The ecumenical bodies' response to the sexual abuse of women with mental disability in Zambia. | To assess the inclusivity of ecumenical bodies in their fight against gender-based violence. | How inclusive are ecumenical bodies in their fight against gender-based violence of women in Zambia? | literature |
|--|--|--|------------|

Creswell (2013) contends that feminist theory, in general, is a research framework that is rooted in post-structuralism and post-modern theory. Further, feminist theory is also transformative; that is, research conducted through a feminist framework usually aims to bring about a positive societal change. Feminist scholars argue that for too long, the lives and experiences of women have been ignored or misrepresented (Dawson, 2009: 19). Wendell (1996) maintains that disability is socially constructed through the failure to create ability among people who do not fit the physical and mental profile of the paradigm of citizens. She further concludes that the power of culture alone to construct disability is revealed when we consider bodily differences; that is the deviations from a society's conception of a 'normal' or acceptable body.

Thus feminist disability theory in this study also counteracts against the social construction of disability in general and mental disability in particular, as highlighted through the social constructionist framework. Therefore, in this study, the focus on using feminist disability theory is to find answers to critical questions such as: how can a feminist theological analysis on disability help to deconstruct the socio-cultural construction of women with mental disability in the Zambian context? Furthermore, it aims to allow positive societal change of attitudes towards women with mental disability, thereby embracing them in the fight against GBV.

3.2 RESEARCH METHODOLOGY AND METHODS

3.2.1 *Research design*

The research questions in this study were addressed through a qualitative literature-based methodology. This is a non-empirical study on A Feminist Critique of the Ecumenical Bodies' Silence to the Sexual Abuse of Women with Mental Disability in Zambia. Denzin and Lincoln (2005) argue that qualitative research involves an interpretive, naturalistic approach to its subject

matter, as it attempts to make sense of, or to interpret, phenomena in terms of the meaning people bring to them. Myers (2008) and Denzin and Lincoln (2005) contend that qualitative research aims to help researchers comprehend people with objectivity, within their social and cultural contexts, in order to advance a social justice agenda. They also maintain that since qualitative research is context-bound, the researcher must be sensitive to the context. Dawson concludes that “qualitative research explores attitudes, behaviour, and experience” (2009: 23).

The research engaged this methodology because it enables a valuable understanding of issues through careful analysis of data collected on feminist theological reflection on the sexual abuse of women with mental disabilities. Hence, through this qualitative research study, an analysis of the socio-cultural construction of mental disability and ecumenical bodies’ response to the sexual abuse of women with mental disability from the Zambia context was done. Further, this is a means of advancing the goal of social justice, for this critical population of women to attain success. Qualitative research engages emancipatory visions, that is, visions that stimulate transformative inquiries, and enables inquiries that can provide the moral authority to move people to struggle and resist oppression. The search for social justice within a transformative model challenges prevailing forms of inequality, poverty, human oppression, and injustice (Denzin and Lincoln, 2005: 27).

3.2.2 Research Paradigm

Interpretivist paradigm

The interpretivist paradigm was adopted for the study due to the research methodology that was selected. It was used to interpret documents on the ecumenical bodies’ silence to the sexual abuse of women with mental disability. Ulin *et al.* (2014:18) states that “qualitative research emerges from an interpretive perspective, a paradigm that sees the world as constructed, interpreted and experienced by people in their interaction with each other and with wider social systems.” Interpretivism, also referred to as interpretivist, requires researchers to interpret components of the study; thus, interpretivism amalgamates human interest or actions into a study. Further, interpretive researchers assume that the approach to reality is socially constructed and can only be done through

social constructions, for example, language, consciousness, shared meanings, and instruments (Meyer 2008; Walsham, 1993).

Du Plooy-Cilliers *et al.* (2014: 30) affirms this and concludes that interpretivists aim at studying reality subjectively. As a result, they use methods that are sensitive to the context, and that can help them to gain an in-depth understanding. Therefore, under this paradigm, the assumption is that the study about human beings cannot be compared to the study about objects in natural sciences, because unlike objects, human beings change all the time, as does the environment in which they find themselves (Du Plooy-Cilliers *et al.*, 2014: 27). Further, interpretivists assert that in social sciences, in particular, researchers should study and describe meaningful social action (2014:28).

3.2.3 Data collection methods

The study was a literature-based, non-empirical research. Collis and Hussey (2003: 132) maintain that the availability of data is very crucial to the successful outcome of any research project. Neumann (2013) also concludes that qualitative data come in a vast array of forms: books, dissertations, academic articles and journals, photos, maps, open-ended interviews, observations, documents, and so forth. This qualitative study made use of the secondary source of data (desktop) or qualitative literature which included relevant qualitative documents from ecumenical bodies – pastoral or apostolic letters, conference papers, reports, newspaper articles, academic books, articles and journals, published and unpublished dissertations, credible internet sources, and research reports within Zambia and other African countries on the topic in an attempt to get insights. Scott (1990: 2) commenting on evidence and data collection, remarks that social research aims to describe and explain.

3.2.4 Data validity and reliability in qualitative research

According to Scott (1990: 6-8), what distinguishes the stance of the social researcher from that of people in their everyday activities is that the sociological and historical data are constructed with a scientific, theoretically informed intent; and as such great care must be taken concerning the

quality of the evidence and about the validity and reliability of the data constructed from that evidence. Following this line of argument, he presents four critical aspects of social research concerning the quality control criterion that has to do with validity and reliability in qualitative research:

1. Authenticity: The genuineness and unquestionable originality of data is the primary concern of the researcher, and as such, the researcher should conclude that data is authentic and original.
2. Credibility: The purpose is to ensure that qualitative documents used in research are put through a credibility assessment, to determine that the data is undistorted and sincere; that it is free of error.
3. Representativeness: the essence of research is to look at the general problems of assessing the typicality of data, that is, exhibiting the quality of being relevant to the study.
4. Meaning: the aim is to demonstrate the extent to which data is clear and comprehensive. In order to achieve this, there is a need for a logical and fastidious reading of data.

The study followed Scott's quality control criterion through these stages in order to ensure the validity and reliability of the data.

3.2.5 Data analysis method

3.2.5.1 Content analysis

According to Miles *et al.* (2014), qualitative data analysis has three concurrent flows of activity: data condensation, data display, and conclusion drawing/verification. Flick (2014: 3) concludes that data analysis is the central step in qualitative research; whatever the data are, it is their analysis that decisively forms the outcomes of the research. Therefore, this study adopted a qualitative content analysis of data. The reason for using content analysis was due to the research methodology employed in this study. Du Pooily-Cilliers *et al.* (2014: 168-69) concludes that content analysis is a data collection technique as well as a data analysis technique. They assert that it helps us to understand information as symbolic phenomena; for example, newspaper articles, comments on the blog, and political speeches.

Robson (2002) outlines that content analysis analyses both the content and the context of documents, and this analysis leads to the identification of themes. He also maintains that the researcher focuses on the way themes are presented and the frequency of occurrence. In other words, the researcher is developing themes as directed by the content of data. Content analysis is a research tool used to modulate the presence of some words or concepts within texts or sets of texts. The researcher has to prepare and investigate the presence, meanings, and interrelations of such words and notions, then make assumptions concerning the messages within the texts, the author(s), the observers, and also the culture and time of which these are a part.³⁹ According to Prior (in Alasuutari *et al.*, 2008: 479), the research conducted in social sciences mostly focuses on the use of, or calls upon documents concerning collection and analysis of document content – and this becomes the starting point. She maintains that indeed, a focus on documents as containers for content is well established in the social sciences. Prior also articulates that:

Documents in this frame can be approached as sources of information, and the writing and images that they contain scoured for appropriate data. Thus, letters, texts, photographs, adverts, biographies, and autobiographies, as well as documents containing statistical data, are typically regarded as a resource for the social science researcher.

(2008:480)

Building on this statement, and as earlier indicated on data collection methods for the study which opted to apply a qualitative literature-based or secondary sources, then the use of content analysis is justifiable. According to Du Pooly-Cilliers *et al.* (2014: 233), data is transcribed from all raw information collected from written and verbal responses of various kinds such as interviews, conversations, focus group meetings and so on. Thus in this study, content analysis was engaged through the critical reading of various transcripts, highlighting and taking note of relevant information discovered in the process. Following the argument that content analysis looks at both the content and context, Bengtsson (2016) presents four distinct main stages involved in content analysis: the decontextualisation; the recontextualisation; the categorisation; and the compilation. He insists that every stage must be conducted many times, to maintain the desirable quality and trustworthiness of the research.

In light of this, content analysis enables one to draw significant outcomes from the available data to make a well-founded elucidation of transcripts. Notes were drawn out and evaluated in order to

³⁹ Writing Guides. Retrieved from: <https://writing.colostate.edu/guides/index.cfm>. Accessed on: 15.10.19.

link and differentiate the information gathered in line with the type of literature. Furthermore, the categorisation of the information extricated was done as a means to render the description of what the study was all about; thus, the data collected were categorised accordingly into themes. According to Uli *et al.* (2005: 144-45), qualitative analysis emphasises how data fit together as a whole, bringing together content and meaning. Hence, strong emphasis is also placed on reading for content.

3.2.5.2 Deductive approach

This study adopted deductive qualitative content analysis as a means of coding themes from texts used in the study. Du Pooly-Cilliers *et al.* (2014: 234) contend that content analysis can be conducted either using an inductive or deductive approach. They further maintain that when conducting a deductive qualitative content analysis, the researcher uses a conceptual framework derived from applicable theories to identify several specific codes with a text. Bazeley (2013: 125) concludes that coding is a vital skill for qualitative analysis, and as such, it is imperative to understand that coding may not be an end in itself but a practical step to somewhere. He further maintains it provides a means of access to evidence; thus, it is a tool for querying data, for testing hypotheses and conclusions. Saldaña (2009) affirms that coding primarily goes through two critical stages. The first step looks at pinpointing and labelling, referred to as first-level, initial, or open coding (using a priori or emergent codes). The second stage focuses on refining or interpreting data to develop more analytical categories or clusters, often referred to as focused coding. According to Bazeley (2013: 335), deduction is a formal approach to logic in which a valid conclusion will follow if the premises for that conclusion are valid.

3.2.6 Ethical Consideration

The statutory requirement for a study of this kind is to obtain ethical clearance from the ethics review committee of the University of KwaZulu-Natal preceding the commencement of the research. The ethical clearance procedure application was correctly followed via online submission, which is the new mode of submission. Furthermore, I obtained ethical clearance from the University through the ethics review committee. I was awarded an exemption from ethics review as there were no risk elements observed since this was a qualitative literature-based, non-

empirical research. I adhered to the ethical policy of the University of KwaZulu-Natal [UKZN], by doing proper referencing and acknowledging all sources as enshrined in the university policy.

3.2.7 Study Limitation

While I appreciate that the nature of the study was sensitive, the study was limited to a feminist critique of ecumenical bodies' silence to the sexual abuse of women with mental disability. This study is under gender, religion, and health and, as such, was approached from this triangulation. Therefore, about gender, this study focused primarily on women (gendered violence); as for religion, the target was Christianity through ecumenical bodies. The medical definition of disability under the medical model stipulates that disability is a health issue, and the aspect of gender-based violence is a health issue too. Hence, this is an aspect of the interconnection between gender (women being addressed in this study), the well-being (health) of this critical population of women, as well as Christianity. Another limitation worth noting is that although I conducted this study on disability, I am a non-disabled person. Thus in terms of the experiences of persons living with disabilities, I am somehow limited in some sense.

Another limitation worth mentioning is the time factor for the research as the scholarship was limited to one year; as such this was a hindrance to conducting empirical research, although this would have been very cardinal to this academic work. Furthermore, the distance to the research context/site and finances were additional limitations as the scholarship funding was not so much for such an academic exercise. However, the study made use of available qualitative literature on the topic.

3.3 CONCLUSION

The chapter tackled the conceptual-theoretical frameworks and methodology that informed the study. The chapter focused on the assessment of how women with mental disability are treated in the Zambian context by analysing the socio-cultural construction/expression of *ishilu*. To assess this, social constructionist and feminist disability theory were adopted as theoretical frameworks. Social constructionist and feminist disability theory was engaged because disability is a social construct and the study involved women who are victims of sexual abuse. Feminist theories always

advance the call for social change in society. The research questions in this study were answered through a qualitative research literature-based methodology in which qualitative documents concerning the topic were used. Chapter Four, the following this chapter, aims to assess how inclusive ecumenical bodies are in their advocacy and activism about the sexual abuse of women with mental disability.

CHAPTER FOUR

DATA PRESENTATION AND ANALYSIS

4.0 INTRODUCTION

The preceding chapter presented the theoretical frameworks, as well as the methodology of the study. The objective of the theoretical framework section was to assess how women with mental disability are treated in the Zambian context using the *ishilu* concept, which is a robust social construct of mental disability. The study engaged a social constructionist framework introduced by Berger and Luckman on *The Social Construction of Reality* (1966) and feminist disability theory, as coined by Thomson (2002), in analysing how mental disability is socially and culturally constructed in the Zambian context and how this influences the ecumenical bodies' response to the sexual abuse of women with mental disability in Zambia. In order to answer the research questions in this study, the qualitative literature-based methodology was adopted.

The purpose of Chapter Four is to do a presentation of data and analysis on the silence of the ecumenical bodies to the sexual abuse of women with mental disability. The main aim is to assess how inclusive the ecumenical bodies are in their fight against gender-based violence of women in Zambia. This is not an empirical study; instead, I used the existing literature from these organisations including documents, mission/vision, and joint press statements to assess the response of ecumenical bodies to the sexual abuse of women with mental disability.

4.1 BRIEF STATEMENTS FROM INTERNATIONAL ECUMENICAL BODIES

The international ecumenical bodies are discussed in this section because the ecumenical bodies in the study are affiliated to them. Therefore, some of the programs that the local ecumenical bodies implement come from above. The Council of Churches in Zambia and Zambia Council of Catholic Bishops are affiliated to the WCC and the Vatican, respectively, as articulated in chapter one. These international ecumenical bodies have embraced disability as part of being a community of faith that is inclusive, as articulated in their statements. For instance, the World Council of

Churches state, “A church of all and for all,” as an interim statement concerning embracing persons with disabilities.⁴⁰ Similarly, the Vatican, in 2016, through Pope Francis declared, “No one person is more valuable than another, much more in comparison to those with disabilities; as such these people have a unique richness and that intolerance against them is one of the ugliest things we can do.”⁴¹

On the other hand, concerning gender-based violence, the World Council of Churches asserts that gender-based violence is an affliction for the church and society. Phiri who is the deputy General Secretary of WCC insists that the world is calling upon the faith leaders to use their power for justice for the excluded and those who face discrimination.⁴² Phiri further maintains that sexual and any form of violence against minorities and marginalised groups of people is about power and control; hence the church must refuse to join the conspiracy of silence over sexual and gender-based violence in the church and Christian homes.

The study agrees with this statement on the need to refuse to join the conspiracy of silence. Silence, to the oppressors, is consent and support while the victims view silence as connivance or conspiracy, or worse still, allowing violence is a form of violence. From this line of thought, Phiri points out, when referring to the excluded, discriminated, minorities and marginalised; I want to argue that this statement lacks a specific mention or address on the SGBV of women with mental disability. Therefore, the questions of concern are: who are the excluded, discriminated, minorities, marginalised that the church addresses concerning the fight against SGBV? Is the fight against SGBV inclusive as it appears from these statements or exclusively meant for the non-disabled, more so not including women with disabilities, especially those with mental disability?

In February 2019, his holiness Pope Francis made a public address on the sexual abuse scandals that have hit the Catholic church concerning child sexual abuse by the clergy. In response to this,

⁴⁰ WCC. 2003. A church of all and for all. Retrieved from: <https://www.oikoumene.org/en/resources/documents/commissions/faith-and-order/ix-other-study-processes/a-church-of-all-and-for-all-an-interim-statement>. Accessed on: 07.09.19.

⁴¹ Pope Francis calls it – discrimination against the disabled is 'ugly'. Retrieved from: <https://www.catholicnewsagency.com/news/pope-francis-calls-it-discrimination-against-the-disabled-is-ugly-71803>. Accessed on: 10.10.19.

⁴² Phiri, I. A. July 2, 2019. Gender-based violence is an affliction for the church and society. Retrieved from: <https://www.oikoumene.org/en/press-centre/news/gender-based-violence-is-affliction-for-church-and-society-says-wcc2019s-phiri>. Accessed on: 19.09.19.

there has been an endorsement in the General Provisions Article 1. Issue: ii, it is stated: *“Performing sexual acts with a minor or a vulnerable.”*

a) In this clause, a minor means any person under the age of eighteen or who is considered by law to be equivalent of a minor.

For the present Law, a vulnerable person is to be considered equivalent to a minor.

b) A vulnerable person implies any person in a state of debilitation, physical or mental deficiency of personal liberty, which in fact, even periodically confines their ability to understand or to want or otherwise resist the offence.⁴³

After Pope Francis’s response to the long-standing sexual scandals of minors in the Catholic Church by the clergy, the Catholic Church in Zambia formulated a “Child protection policy” in May 2019.⁴⁴ However, the second part remains unattended to.

4.2 FINDINGS FROM THE STUDY

Before presenting and analysing the qualitative data on the ecumenical bodies’ response to the sexual abuse of women with mental disability in this chapter, the following is a summary of the findings from the study in chapters two and three. These addressed society’s perception of disability and the social construction of disability from the theoretical frameworks that looked at disability as a social construct of society through the language used. The reason for this summary of the literature is that some of the issues that arise in this chapter are relevant to the insights on society’s perception of disability, since these ecumenical bodies are established in the context where these religious and cultural perceptions exist.

⁴³ Pope Francis. Abuse of minors, the church’s response. Retrieved from: http://www.vatican.va/resources/index_en.htm. Date accessed: 25.09.19.

⁴⁴ AMECEA launches child safeguarding standards and guidelines - assures the catholic faithful to protect minors from abuse. Retrieved from: <http://zeccatholic.blogspot.com/2019/05/amecea-launches-child-safeguarding.html>. Accessed on 20.10.19.

Useful qualitative findings are profoundly data-based; therefore, the presentation of analytic findings almost always makes abundant references to concrete life situations regardless of their level of generality (Wertz *et al.*, 2011: 93). The literature reviewed generally reveals that there are strong religious and cultural beliefs on disability that negatively contribute to the generalised way in which persons with disabilities are perceived in society. Wendell (1996) writes in *The Rejected Body: Feminist Philosophical Reflections on Disability* that disability is looked at as a form of difference from what is considered healthy in society. The religious attitudes and beliefs concerning disability are equally stigma- and discriminatory-orientated. Clapton and Fitzgerald contend that under the religious model of disability:

The messages which embrace concepts of sin or sanctity, impurity, and wholeness, undesirability, and weakness, care, and compassion, healing and burden have created the assertive bases of some conceptualisations of, and responses to, categories of people who, in a contemporary context, are deemed as disabled. From the time immemorial, many labels have been used for such people; for example, such terms include crippled, lame, blind, dumb, deaf, mad, feeble, idiot, imbecile, and moron.

(1997: 1-3)

The study affirms that this is not only a Western worldview as this is presently happening in Africa, as highlighted in Chapter Two. According to Abosi and Ozoji (1985), Nigerians in particular, as well as many Africans, generally associate disabilities with witchcraft, juju, sex-linked factors, God, or supernatural forces. Building on this, Ndlovu (2016: 32) maintains that indigenous African religions depict people with mental impairment as victims of either witchcraft or ancestral anger due to their moral indiscretion. Hence, they are time and again treated as virtual ‘pariahs’ who have to be ritually, morally, and physically cleansed of their affliction before they can be reintegrated into human society. Crabb *et al.* (2012) contend that the beliefs concerning mental illness might also explain why some cases of mental illness in Sub-Saharan Africa are nursed in a punitive manner or by other means other than the Western health care structures, for instance, through traditional means or faith healers. Writing in *Stigma: Notes on the Management of Spoiled Identity*, Goffman argues that, Stigma is a revealing expedition into the situation of persons who are unable to adhere to standards that society calls normal. For example, those disqualified from full social acceptance, they are stigmatised individuals such as: Physically deformed people, mental illness or ex-mental patients, drug addicts, prostitutes, or those ostracised for other reasons

must continually attempt to adjust to their precarious social identities. Their image of themselves must daily tackle and be defiant by the image in which others reflect them (1986).

Goffman's argument presents a detailed understanding of Wendell's line of thought on how society defines what is normal and what is not. I agree that all these are social and cultural constructions since culture has the potential to construct us, just as we have the power to construct it. The social construction of *ishilu* can be traced back to the British Colonial Mental Disorders Act of 1951, as mentioned in Chapter Two, in which the derogatory name-calling of persons with mental disorders was presented with terms such as, "mentally defective," "idiots," "feeble-minded," "imbeciles" and "moral imbeciles." Jackson's book, *Surfacing Up: Psychiatry and Social Order in Colonial Zimbabwe, 1908-1968, - the birth of asylum in Africa*, remarks that:

The first European lunatic asylum in Africa was established as part of the general infirmary at Robben island in the Cape colony in 1846; before this, the island was used as a convict station and farm. Furthermore, like most asylums, the one at Robben island was considered an advance over the earlier practice of keeping the unruly insane either with the infirmed in a place like at Somerset hospital in Cape Town or with criminals in prisons and put in chains (2005: 23).

According to Jackson (2005: 24), in 1908, the British opened a lunatic asylum on the outskirts of Bulawayo in Matabeleland region of Southern Rhodesia, the first to be built in British Central Africa. The second one was built in Nyasaland, now Malawi. Following this, in 1964, Chainama Hills hospital was opened in Northern Rhodesia (Zambia). This institution is currently running as a Psychiatric [mental health] hospital. In the African context, persons with mental disability or illness were never institutionalised or excluded from the community even in the processes of seeking healing solutions, as Ndlovu (2016) indicates. However, from such name-calling, the institutionalisation of persons with mental illness was born. Kabue (2011), also writing as a PWD alludes to the fact that for too long the PWDs have been misunderstood, overlooked, and discriminated against and the biggest obstacle to their meaningful inclusion into mainstream community life is negative public attitudes. Given this line of argument by Kabue the study affirms that the church is a culprit too.

4.3 DATA PRESENTATION

4.3.1 Mission Statements

The following are the mission and vision statements stipulated by the three ecumenical bodies:

1. The Council of Churches in Zambia [CCZ]

Fundamental Values and Convictions:

The organisation aims to have a holistic focus on the whole human being and human well-being, which includes different dimensions such as spiritual, physical, and social.

It has an inclusive vision of the Christian ecumenical ministry that promotes the Christian faith and unity, as well as social justice.

Vision:

The Council of Church in Zambia illustrates the need to have a transformative effect on the church and society concerning Christian unity and human dignity.

Mission Statement:

The mission of the Council of Churches in Zambia is to serve as an ecumenical organisation that promotes social justice, peace, and development as well as strengthens Christian unity among its members. The holistic ministry for human dignity to member churches, organisations, and the people of Zambia is achieved through facilitation, advocacy, capacity-building, and networking to the glory of the triune God.⁴⁵

2. The Evangelical Fellowship of Zambia [EFZ]

The mission and vision of EFZ are as follows:

To have a united body of evangelicals reaching out with the gospel through a holistic ministry. EFZ exists to identify, empower, and mobilise evangelical churches and mission agencies for the effective evangelisation and transformation of Zambia. The objectives are: first, to seek to provide spiritual fellowship and unity among the members; second, to render a humanitarian response to

⁴⁵ Council of Churches in Zambia. Retrieved from: <http://www.ccz.org.zm/>. Accessed on 14.04.19

disaster situations supported by long-term development interventions; third, to give a prophetic voice in matters of justice and peace; fourth, to enable the poor, marginalised, and vulnerable persons and households; last, to research various issues on which basis to provide theological reflection and application.⁴⁶

3. Zambia Council of Catholic Bishops [ZCCB]

The Catholic Church's vision is the conversion of hearts and minds of the Zambian people, leading to a unified, reconciled, and peaceful Zambia, where every citizen freely participates in governance within a productive social and economic environment.⁴⁷

4.3.2 Joint press statements

First statement: In 2009, it was reported as follows: *Churches in Zambia have come together to tackle the increasing challenges of violence against women and children in their society. The southern African country's three ecumenical umbrellas; the Evangelical Fellowship of Zambia, the Council of Churches in Zambia, representing traditional Protestant and Anglican churches and the Zambia Episcopal Conference, representing Roman Catholic bishops pledge was affirmed by the all the three ecumenical bodies. The churches remarked in the declaration entitled 'Gender Injustice and Gender-based Violence: We will respond to the eradication of violence against women and children as a Southern Africa Development Community member'.*⁴⁸

Second statement: In 2012, the ecumenical bodies were reported with a headline:

Three church mother bodies demand women's respect, protection, and promotion. This principal address came under the 2012 sixteen days of gender-based violence activism theme titled, *that is "from peace in a home to peace in the world: zero tolerance to sexual and gender-based violence. The*

⁴⁶ EFZ. Retrieved from: <https://www.efzsecretariat.org/>. Accessed on: 14.04.19.

⁴⁷ *The world news - Zambia Reports*. Catholic Bishops Meet to Reflect on Zambia's Challenges. Retrieved from: <https://theworldnews.net/zm-news/catholic-bishops-meet-to-reflect-on-zambia-s-challenges>. Accessed on: 20.10.19.

⁴⁸ Ecumenical News International. December 30, 2009. Zambian churches vow to fight violence against women. Retrieved from: <https://www.anglicanjournal.com/zambian-churches-vow-to-fight-violence-against-women-8890/>. Accessed on: 10.10.19.

*ecumenical bodies also remarked that we do at this moment declare that the rights and dignity of women must be respected, protected, and promoted. We also strongly believe in the equal dignity of human beings whom God has created in his own image and likeness as male and female – Genesis 1:26-27. The ecumenical bodies also maintained that the church in Zambia is, nevertheless, worried that although Zambia is a Christian and God-fearing nation, we continually witness several incidences of abominable acts of GBV. We are particularly concerned with the escalation of ritual practices in Zambia targeting females.*⁴⁹

Third statement: The three church mother bodies in 2014 again pointed out that:

*“We have been consulting and reflecting on issues of gender and good governance and acknowledge that gender inequity and gender-based violence are issues of concern to the Zambian society and within our church groupings. We therefore, acknowledge that in some cases, the churches have been insensitive to gender-based violence and insensitive to gender and power imbalances. We issue this document intending to address gender injustice and gender-based violence.”*⁵⁰

4.3.3 Organisational documents

1. CCZ gender audit reports

The Council of Churches in Zambia in 2008 conducted a gender audit under their gender department whose objective was to establish to what extent CCZ member churches’ policies and practices have constrained or promoted gender justice in their churches. The organisation has established a gender desk, although it is an early stage in terms of redesigning its activities from focusing only on women empowerment. The restructuring aims at doing away with a women’s desk to forming a Gender Justice Desk [GJD]; however, this has not fully been institutionalised. The audit had nothing to do with GBV issues other than gender equity and equality.⁵¹

⁴⁹ 3 Church mother bodies demands women’s respect, protection and promotion. December 7th, 2012. Retrieved from: <https://tumfweko.com/2012/12/07/3-church-mother-bodies-demands-womens-respect-protection-and-promotion/>. Accessed on: 07.08.19.

⁵⁰ The church mother bodies of Zambia. January 6th, 2014. <https://genderlinks.org.za/gmdc/publications/the-voice-of-the-church-on-matters-of-gender-in-zambia-addressing-ourselves-to-issues-of-gender-injustice-and-gender-based-violence-2014-01-06/>. Accessed on: 11.10.19.

⁵¹ Hamabuyu, I. M. and Kafumbe, J. 2008. Gender audit of member churches of Council of Churches in Zambia. Retrieved from: <https://norad.no/globalassets/import-2162015-80434-am/www.norad.no-ny/filarkiv/ngo-evaluations/13a-council-of-churches-in-zambia-gender-audit.pdf>. Accessed on: 30.09.19.

4.4 THE STUDY GAP

Otieno (2009) remarks that several churches have socio-economic advancement programmes, such as schools and medical facilities; however, only a few churches have specific programmes for persons with disabilities. The gap this literature shows is that although the three ecumenical bodies engage in social justice, the plight of persons with disabilities remains inadequately attended to. However, the Roman Catholic Church is exceptional in that they are involved in addressing the needs of PWDs through their projects run at the Cheshire Homes Society of Zambia (CHSZ), which works with disabilities throughout the country.⁵² There are eleven centres across the country established for the care of disabled children. Further, local Zambian Franciscan Sisters, trained for this work by the Franciscan order manage these centres. They all provide physiotherapy, medical attention, and education according to the child's disability.

Nevertheless, this still does not address the sexual abuse of women with mental illness; hence, a gap remains. Although the ecumenical bodies are involved in GBV activism, in all their joint statements, there is no specific mention of women with mental disability who are victims of sexual abuse. The assumption is that maybe the silence is due in part to name-calling through the social construction of *ishilu*. Besides, the African and religious worldviews associated with disability in general and mental disability in particular, are also key factors that may be affecting the response since these ecumenical bodies live in the context where such attitudes and beliefs exist.

Therefore, I engaged the ecumenical bodies in this study to analyse what influences their response and how best they can apply inclusivity in their activism. The analysis is based on the review of literature on society's perception of persons with disabilities, which includes mental disability, as indicated in this study, since these ecumenical bodies are part of the society where the socio-cultural and religious constructions on disability exist. The assumption is that although the Church is inclusive, as suggested by the statements of the international ecumenical bodies, they are not all-inclusive concerning the topic under this study. The study thus seeks to bridge the gap by

⁵² Cheshire homes society of Zambia. Retrieved from: <http://www.cheshirehomessocietyzambia.org/about-us/>. Accessed on: 20.05.19.

assessing how inclusive the ecumenical bodies are in the fight against SGBV in Zambia. All this is done in order to initiate academic discourse that stimulates further research into how the ecumenical bodies can vigorously engage in an inclusive fight against SGBV that embraces the otherness of women with mental disability in Zambia.

4.5 DATA ANALYSIS

In discussing data analysis, I will start with the key research question and the sub questions that focuses on inclusivity in GBV activism, as well as the objectives.

The research questions used to analyse data are:

1. How can a feminist critique challenge the ecumenical bodies' response to the sexual abuse of women with mental disability in Zambia?
2. How inclusive are ecumenical bodies in their fight against gender-based violence of women in Zambia?
3. Why has there been a lack of response to the sexual abuse of crucial population of women?

The objectives of this thesis are:

1. To assess how the ecumenical bodies' can respond to the sexual abuse of women with mental disability.
2. To assess the inclusivity of the ecumenical bodies in the fight against GBV
3. To assess what affects their lack of response to the sexual abuse of this crucial population of women

Therefore, following the presentation of data on the joint press statements issued by the three Christian Church Umbrella Organizations' [ecumenical bodies] response to GBV, these statements were decoded for analysis and themes generated to assist in the analysis process:

1. *"We, therefore, acknowledge that in some cases, the churches have been insensitive to gender-based violence..."*

2. *“We continue to witness an increased number of abominable acts of GBV. We are particularly concerned with the escalation of ritual practices in Zambia targeting females;”*
4. *“We do at this moment declare that the rights and dignity of women must be respected, protected, and promoted.”*
5. *“We also strongly believe in the equal dignity of human beings whom God has created in his own image and likeness as male and female – Genesis 1:26-27.”*

Given these statements and based on the key research question and sub-question three: how inclusive are the ecumenical bodies in their fight against gender-based violence? The following questions were raised from the above statements to help in the analysis of data presented:

1. Does this acknowledgement of a lack of sensitivity to gender-based violence include women with a mental disability?
2. Does this witness of abominable acts of GBV and concern for escalation of ritual practices targeting females include those women with mental disability?
3. Which category of women is being addressed in this statement “whose respect, protection, and promotion of rights and dignity” they demand? Does this include the women under this study?
4. If this key population of women’s sexual abuse is an issue that matters, how much have they responded, and how inclusive has been their response?
5. How much do they recognise the image of God in persons with disabilities, especially women with mental disability who are victims of sexual abuse too, in their GBV activism?

In analysing the response of the ecumenical bodies to the topic under this study, the following themes were deduced from the evidence of data presented and interpreted accordingly:

4.5.1 The ignored Imago Dei in persons with disabilities in GBV activism

The religious and cultural beliefs and attitudes on disability dehumanise, demean, and devalue the persons with disabilities as earlier alluded. Thus, although GBV activism has existed for several

years, the sexual abuse of women with mental disability remains unmentioned even though the truth about their abuse is known. In discussing the *Imago Dei* and disability, I use the work of Rakoczy in *Truly God's Image: Woman as a Person*, she poses a question: “what does it mean to be a human being” (2014: 28)? She further queries: is there one human nature, and do women and men fundamentally have different ways of being human (2014: 29)? At times, the image of a woman is regarded as inferior to that of a man, just like the image of persons with disabilities with the non-disabled persons. Reynolds (2008: 186) questions whether it is the lack of wholeness, a deficiency, that blights the image of God? He further concludes that disability does not mark incomplete humanity. Creamer (2003), in *Toward a Theology that Includes the Human Experience of Disability*, asserts that persons with disabilities have rarely been first depicted as people. Following Creamer’s argument, the conclusion is that the ecumenical bodies have not developed a theology of embodiment that embraces the human experiences of disability concerning the sexual abuse of women with mental disability.

Reynolds (2008: 177) remarks that the theme is a problematic topic for persons with disabilities because Christians have often interpreted disability as a distortion of God’s purposes, a marring of the image of God. Hodge and Wolfer (2008) maintain that only humans are said to be created in the image of God; this implies that they are uniquely created. In this light, the study argues that although the ecumenical bodies speak about every human being created in the image of God, they are not proactive about it in GBV activism as it only appears on paper. Given these arguments concerning PWDs, Wendell argues that “some of the attitudes concerning the body that promote women's oppression in general also contribute to the social and psychological disablement of persons with physical disabilities (and mental disability too)” (1986:105).

Following Wendell’s argument, Eiesland (1994) analyses the disabled God by contextualising Christology as a means to speak of God incarnating with us. She contends that this opens the way for a theological discussion on disability rights through the lens of a liberatory theology of disability. According to Eiesland (1994), this theological understanding of disability presents the image of a disabled God, to make sense of the interaction between disability and theology. On the contrary, for Owen (1993), the theology of disability is not the theology of the wounded Christ, but the theology of the risen Christ. Owen further indicates that respect is the critical thing according to her paradigm of disability; and she also notes that language is used to label people

with disabilities; however, she states, “I do not mind what they call me as long as they treat me with respect (1993).” Owen holds that it is limiting and demeaning to look with pity on people with disabilities; therefore, appreciating each individual’s abilities, respectful compassion, and mutual recognition of our shared fragility must replace pity if we are to become united as people of God (1993).

The study argues against Owen’s line of thought about not being mindful of name-calling and contends that name-calling affects how persons with disabilities are treated in society and it also affects their self-esteem. For example, the name-calling using the *ishilu* term is derogatory. It leaves a person’s humanness stripped off, and the treatment becomes negative. The reality of such is seen in a recent happening in which a sports journalist at the Zambia National Broadcasting Corporation become a mental health patient, and society treated the person so harshly (beating the person to the point of being hospitalised).⁵³ Komakoma maintains that:

Fostering the dignity of human life is a significant concern of the social teaching of the Catholic Church; this dignity is not based on social status, race, gender, or achievement but on what the person is as created in the image and likeness of God.

(1994: 16)

The argument this statement puts forth is that, even though such a statement is put forward, the women under this study seem less or not included due to name-calling, which is a social construct and affects society’s perceptions of them.

4.5.1.1 Rethinking the image of God in persons with disabilities as the way forward for inclusivity in GBV activism

In an attempt to rethink the image of God in PWDs, Kilner (2015:54), postulating on the term image, insists that “the image is about the connection in a way that also involves reflection. Besides, the image of God turns out to mean having a special connection with God and being a

⁵³Katota, E. ZNBC’s Chiko Mukoka Not Fired. *Zambia National Broadcasting Corporation*, [ZNBC]. October 24, 2019. Retrieved from: <https://www.znbc.co.zm/news/znbc-chiko-mukoka-not-fired/>. Accessed on: 26.10.19. This report came in a bid to inform the general public after what transpired concerning the beating of their worker who has mental health challenges by a mob in one of the communities.

reflection of God.” Building on this line of argument, Deland (1999: 48), writing in *Images of God Through the Lens of Disability* argues that “the conceptual lenses through which we view our own and others’ bodies must be reground to circumscribe experiences of disability if religion is to be accessible and relevant to all people.” The study agrees with Kilner and Deland and affirms that society and religion need to change the stereotyped understanding that persons with disabilities have no connection with God and do not reflect the image of God because of their disability. Creamer (2009: 57) in *Disability and Christian Theology: Embodied Limits and Constructive Possibilities*, agrees with Deland, and concludes that “our bodies make our reflections possible; they also influence our theological perspectives. Through our particular bodies, each of us knows the world in particular and unique ways, and this knowledge influences our theological reflections.” Building on this, Reynolds suggests that:

To be created in the image of God signifies been created for contributing to the world, open toward the call to love others shown in the three dimensions; creativity with others, relation to others, and availability for others.

(2008: 175)

Reynold’s line of thought challenges the three ecumenical bodies to revisit their social justice statements; that they are created for contributing to every citizen and thus should be open toward the call to love and embrace all, thereby making themselves available as a church of all and for all. In addressing the *Imago Dei* as *Imitatio Dei*, Reynolds argues that “bearing the image and likeness of God as presented in the creation story marks a special kind of relationship between human beings and God, each other, and the earth; since human existence is what it is by somehow reflecting God’s being” (2008: 175). The study argues that since these ecumenical bodies are theologically ground, understanding the image of God in a way that embraces persons with disabilities should not be an issue. Ruston (2000) concludes that Christians’ interactions with others should be characterised by respect and dignity, values which are independent of the present social norms that exist in any given culture. She further maintains that since human worth flows from their status as created beings, it is not dependent upon external recognition. They are created in God’s image; each person has innate value, irrespective of their treatment in society.

The study agrees with Ruston that being created in the image of God is not dependent upon external recognition and argues that the ecumenical bodies’ response is an indication that they have failed to come to terms with this fact. Hence they are not inclusive in their GBV activism to embrace

women with mental disability who are also victims of sexual abuse. Thus, until the perception of persons with disabilities is changed, experiencing inclusion fully and having a sense of belonging in the society and the community of faith will always be a challenge.

According to Reynolds (2008: 181), the *Imago Dei* is an ever active and extending potentiality in which the self is not merely a solitary rational being but an embodied relational task, a perpetual project to be achieved lovingly with others, within creation, and in the presence of God. Deland (1999) concedes that it may well be that the experiences of persons with disabilities will provide not only new images but more profound insight into God's image than those which the non-disabled have ever perceived. Thus, the study puts forth an argument that unless the church worldwide recognises that the experiences of PWDs can provide new images and insights into God's image, the beliefs, and attitudes towards this category of people will always be dehumanising, discriminatory, and all negative aspects that society associates with them.

4.5.2 The theology of inaction

The theology of inaction raises concerns about the moral obligations of the church mother bodies who are socially privileged in society, yet are silent on the sexual abuse of women with mental disability. The silence portrayed by the church mother bodies' inaction in the face of injustice cannot go unmentioned. Thus a theology of inaction is used here to critique the three ecumenical bodies' silence on this critical issue. Vasko, in *Beyond Apathy: A Theology for Bystanders* remarks that there is a need for theological and pastoral responses to violence as a means to address the role of passivity in the face of human denigration. Thus, given the pervasiveness of inaction – whether, in the form of denial, willful ignorance, or silent complicity – a theological reflection on violence holds bystanders accountable, and more so, those who occupy social sites of privilege (2015).

According to Vasko (2015: 4) violence impacts everyone and leaves few spaces of innocence. Therefore, until Christians privileged under race, gender, class, or sexual orientation begin to see the anguish and suffering of those who are marginalised as something for which we are responsible, the situation will remain the same. Given Vasko's argument, Amanze (2019) affirms

that the church is an institution that is set apart, whose primary purpose is to save the whole of humanity and restore humanity into a covenant relationship with God. Amanze (2019) further speculates that the church is thus duty-bound in its service, in that it is there to reach out to everyone despite their social, physical, mental, economic, political, and spiritual status [promoting and enhancing the human dignity of PWDs]. Building on this argument, Fortune and Enger, commenting in *Violence Against Women and the Role of Religion* points out that:

Although religious texts are highlighting and celebrating women as strong and courageous role models; nevertheless, we need to understand and teach that, theologically and ethically, sexual and domestic violence constitute sin. Therefore, this entails that the physical, psychological, and spiritual violation of one person by another, violates the bodily integrity of the victim (2005: 5).

Shira and Litz (2012) contend that moral injury comes as a result of breaching one's moral calibre by one's self or by significant others. Shay (2010) maintains that moral injury is the destruction to one's compunction or moral compass when a person witnesses, or fails to prevent acts that infringe their own moral or ethical values. Given this line of argument, Vasko (2015: 6) contends that ignorance is a form of entitlement; thus, an injustice that is overlooked or ignored is dangerous because this can become pollution, to the extent of infecting even those who thought they could run away. She further argues that the issue is not that people are not aware of human suffering. Fortune (2005: 47), articulating sexual violence; the ethical silence maintains that ethicists, pastors, judges, doctors, police officers, and the general public pay little attention to the problem of sexual violence. Given these arguments, Fortune (2005:187) insists that we need bystanders with ethical boundaries who are willing and can be witnesses and advocates, and can walk with the victims/survivors. Besides, this is the fundamental role of ministry in response to sexual violence or abuse. To think that the ecumenical bodies are not aware of the sexual abuse of women with mental disability is unrealistic and insensitive.

In this statement, they confess their insensitivity to the acts of GBV, indicating that they are fully aware of the violence perpetrated against these women. Fortune, writing in *Sexual Violence: The Sin Revisited*, contends that, "there is a need for just responses to the sin of sexual violence in that justice brings healing. In addition to this, she asks the church to be the church. besides preaching about a subject like sexual abuse and violence is always a challenge, yet not preaching about it only sustains the church's silence and leaves victims/survivors and offenders in isolation 2005:

101, 110, 219, 222).” Kroeger and Nason-Clark (2001: 139-140) agree with Fortune and remark that we must insist that our spiritual leaders point to ways of life, not death; when violence ranks as the foremost public problem, it must be addressed from the pulpit. Greenfield (2007: 80), in her book, *Would the Real Church Stand Up Please*, remarks concerning abuse that “welfare is not a wrong choice for the temporary, yet poses a question: but where is the church?” She argues that the church has a liberative and prophetic role to perform amid domestic violence (more so the sexual abuse of women under this study). Creamer (2003: 60) maintains that we may link this absence of voice to the domain of theological reflection in that often theology pays no attention to people with disabilities at all, as demonstrated by the communities of faith.

Chitando and Chirongoma (2013: 171, 241) writing in *Justice and Not Silence: Churches Facing Sexual and Gender-Based Violence*, focus on enhancing the churches’ response to sexual and gender-based violence. They emphasise the need to “combat sexual and gender-based violence and transform masculinities”. Swinton (2012:173), in *From Inclusion to Belonging*, concludes that “If we are not sure what inclusion means then it is difficult to know how the church can act in ways that both encourage inclusion and remain faithful to its primary calling to love God in all things and at all times.” He further contends that the idea of including people with disabilities works on an overly narrow understanding of disability and as such, does not go far enough in overcoming the alienation, stigmatisation, and prohibition of those whom we as a society have chosen to name as the disabled.

The study agrees with this argument, and I want to affirm that the naming of the disabled by society, as indicated in Chapter Three on the socio-cultural construction of *ishilu*, has made the church fail to understand inclusion fully. As a result, they have not been faithful in their primary calling to love God in all things and at all times in the fight against SGBV. According to Creamer (2003), the community of faith has failed to honestly engage with persons who have disabilities, to seek out and listen to their stories. This problematises the silence of ecumenical bodies on the sexual abuse of women with mental disability. I want to argue that acknowledging their insensitivity to GBV is one thing, yet this must be followed by action-orientated efforts to curb this horrific violence. Moreover, this response must include all women despite their physical and mental state; otherwise, the above statements spoken in 2009, 2012, and 2014 respectively will be mere rhetoric. The World Council of Churches asserts that gender-based violence is an affliction

for the church and society. Phiri insists that the world is calling upon the faith leaders to use their power for justice for the excluded and those who face discrimination. Phiri (WCC, July 2, 2019) further maintains that “Sexual and any form of violence against minorities and marginalised groups of people is about power and control, hence refuse to join the conspiracy of silence over sexual and gender-based violence in the church and Christian homes.” Phiri (WCC, July 2, 2019) argues that there is a need for churches to recognise how they intertwine with power structures if they are to promote justice and solidarity for the victims.

For instance, in South Africa, the South African Council of Churches [SACC], commenting on GBV, placed a call for the need to put an end to gender-based violence due to the escalation of cases of gender-based violence that hit the nation. Bishop Mpumlwana, General Secretary of SACC, quoted by *SABC News*, argues that: “the time to break the silence against domestic violence, child abuse is now.” The General Secretary articulates that the time to stop protecting perpetrators of violence targeted at the vulnerable, women and foreign nationals is now. Bishop Mpumlwana encourages everyone to become responsible and put an end to such social ills by embracing combined efforts and not solely rely on government intervention since perpetrators live among us. Besides, these abuses happen in homes and communities, making it more dangerous because it normalises gender-based violence. In light of all these experiences of SGBV cases concerning the non-disabled people, the church condemned the acts of violence against the girls and women without mental disability.

However, the observation is that in this statement, there is no mention of the sexual abuse of girls and women with mental health challenges, yet these are happening, and reports are given through the newspapers as highlighted in Chapter Two. The question is: where was the church when the two young women with mental disability in Limpopo province were sexually abused, and when the offenders could not be arrested? The church mother bodies are theologically grounded organisations which must endeavour to promote the image of God in whatever form it is presented. The failure to respond is entirely based on the perception of society toward persons with disabilities, and lack of acknowledgement that persons with disabilities are also the image of God, their human worth and dignity should be appreciated, and their otherness embraced.

4.5.3 The lost African concept of ubuntu theology

The concept of *ubuntu* in African culture is a critical element in human solidarity. In this study, the African concept of *ubuntu* theology places a call on the three church mother bodies to respond to the sexual abuse of women with mental disability in human solidarity. Samkange and Samkange (1980) state that *ubuntu* is a Nguni term and found among Bantu languages; however, in isiZulu of South Africa, the word symbolises being human. There is no difference in the Zambian context in that the expression is the same, as well as in other Southern and East African countries. According to Nussbaum (2003: 1), the *ubuntu* spirit acknowledges, among other things, that your pain is my pain, my wealth is your wealth, your salvation is my salvation. Nussbaum articulates that “the concept of *ubuntu* presents the capacity in the African culture to express compassion, reciprocity, dignity, harmony, and humanity in the interests of building a community where justice and mutual caring is maintained” (2003: 2).

Moreover, this comes with the phrase *Umuntu ngumuntu ngabantu*, meaning a person is a person because of others (I am because you are and you because I am: therefore, we are). Murove affirms that:

Within the context of *ubuntu*, people are family in that they are expected to be in solidarity with one another, especially during times of tough moments when the need for *ubuntu* becomes more needed. *Ubuntu* is not an individualistic, abstract, or cold spiritual way of life; instead, it calls for the spirit of neighbourliness and is filled with good social consciousness.

(2009:71,73)

The ecumenical bodies must embrace the spirit of *ubuntu* in their fight against SGBV as a tool in the social dimension and prophetic mission of their ministry to the underprivileged women in this study. Where is the place of *ubuntu* theology in the social and prophetic ministry of the ecumenical bodies [church mother bodies]? Does the social construction of *ishilu* affect the philosophy of *ubuntu* in the way SGBV activism is conducted? Doesn't the pain of these women who are victims of sexual abuse become the pain of the ecumenical bodies such that the phrase 'your pain is my pain' becomes a lived reality for the voiceless and marginalised? How do these church mother bodies view salvation? Is it spiritually inclined that the other parts of the holistic salvation of humanity, such as justice, are not considered as salvation? I argue that the ecumenical bodies must understand that salvation carries different forms or faces. Therefore, salvation for these women

can mean having someone who can stand out and speak against the injustices of sexual abuse perpetrated against them.

Tutu (2004), cited by Nussbaum (2003:2), contents that “we say a person is a person through other persons. We do not come fully formed into the world...we need other human beings in order to be human. We are made to co-exist; we are made for family, for fellowship, and also for the community in which we are to exist in a tender network of interdependence.” Cooper-White (1995: ix) citing Herman highlights “the importance of a social context that values justice because this affirms and protects the victims by uniting the victim and witness.” She further concludes that those of us who collectively are the church, who call ourselves the body of Christ, blind ourselves to Christ’s wounds in our communities; that is our contemporary world. Komakoma (1994: 19), writing from the Zambian context, remarks that “the essential themes of the social teachings of the Church are grounded in upholding the rights and dignity of women.” I want to argue and pose a question; which category of women does the church target concerning the rights and dignity of the so-called women? Is this statement as inclusive and affirming as it appears? Hedges-Goett (2002), presenting on *Thinking Theologically About Inclusion*, citing Taylor (1994), poses a question; how can communities of faith create a theological space for PWDs?

Tutu (in Battle, 1997: 39-43) articulates that Africans are known to be social beings that are always in constant communion with one another in an environment where a human being is considered as a human being only through their relationships to other human beings. Thus this signifies that there is an element of interdependence in the survival of a human being, both in the community and society. Given this, I want to argue that it seems there is a social construction of who a human being is in the African society, as Tutu states above. This worldview has negatively affected the way women with mental disability are treated, let alone not included in SGBV activism, as their human dignity is not respected due to their mental state. Samkange and Samkange (1980) assert that one of three maxims of humanism and ubuntuism is that if and whenever one is faced with a decisive moment between wealth and the need to preserve the life of another human being, then one should prefer to preserve the life of that human being. According to Ndondo (2014: 508), one person’s life can only have meaning in the context of the group, hence, violations of human rights even of one person, should raise concerns for the entire community.

The study agrees with these scholars and contends that ecumenical bodies should act as life preservers and consider the violation of human rights in the sexual abuse of this crucial population of women. For these women, sexual abuse can be life-threatening, not only by becoming pregnant but also contracting sexually transmitted diseases and HIV/AIDS. I want to argue further that the sexual abuse of women with mental disability is an issue that demands all well-meaning citizens to stand out and champion the dignity and rights of the women who have been under attack for a while, especially in the spirit of *ubuntu* as human solidarity. Further, I want to assert the importance of embracing of a wholly inclusive SGBV activism, raising public awareness on the rights of persons with disabilities, and engaging in re-enforcing the law on the rights of PWDs concerning justice about sexual abuse of women.

Pioneering disability studies in seminaries of the churches affiliated under these ecumenical bodies can help the church to respond positively to the plight of PWDs. For instance, in the CSO (2015) survey on disability, it was revealed that there is minimal awareness of the pieces of legislation – the international and domestic rights of PWDs – not only by persons with disabilities but also the public. Thus ignorance of the contents of the Acts has rendered persons with disabilities unable to demand their rights enshrined in the legal documents and in terms of the police service. Given that fact, Ndondo (2014: 509) citing Sen (2011) observes that “the key for proper implementation of human rights lies in everyone knowing his or her rights as there is a close relationship between legislation, implementation, and education.”

The national indaba on SGBV, as articulated in Chapter One, presented the following areas of concern on SGBV that considered how the church should be engaged in the fight against SGBV. Given this, the Zambian National Network Against Sexual and Gender-Based Violence presented a joint communique on religion and SGBV. First, all churches shall dedicate time within their services and operations to preach on ending SGBV. Second, the church shall curb the culture of silence, especially on issues related to SGBV. Third, the church shall introduce religious curriculum on SGBV to the different groups within the church. Fourth, religion needs to promote the reporting of the many SGBV cases to the relevant authorities. Last, there is a need for increased collaboration between the religious bodies and other key stakeholders and players involved in addressing SGBV.

All this, I believe is a call for the church to go back to the roots of the African concept of *ubuntu* theology as a response to human solidarity towards the victims of sexual violence; thus it is in the spirit of *ubuntu* that the stakeholders appeal to the church. However, I want to challenge all the stakeholders: gender activists, the government, and the church to have a comprehensive SGBV activism that includes the special women under this study, if they are to be relevant in the social justice affirmations as indicated in their mission and vision statements.

4.5.4 Who shall roll away the stone of silence? Embracing the all-inclusive gospel of social justice.

The need to roll away the stone of silence on the sexual abuse of women with mental disability is very critical to the topic under this study. Rakoczy (2000: 34-35), in *Silent No Longer: The Church Responds to Sexual Violence*, argues that as a society, as the Christian faith community, we are called to recognise the evil of sexual and domestic violence; and in response, to take real actions towards justice-making. Oduyoye (1990: 51), writing in *Who Shall Roll the Stone Away? The Ecumenical Decade of the Churches in Solidarity with Women*, points out that the expression of this solidarity with women in advocacy is for the issues around which they seek transformation for themselves and the church. Oduyoye further argues that:

The expectation is that the church will come to demonstrate to the world community that religion is an integral part of human life, and it is an inescapable element in our understanding of society. Thereby hoping to raise awareness that society's attitude towards women is directly related to its understanding of what it means to be authentically human and genuinely religious. Furthermore, as such, the decade calls for the churches to come clear on what they really believe is the nature and purpose of human existence; should some human beings be treated differently from others – and differently from what God wants them to be?

(1990: 68)

Building on Oduyoye's argument, Pope John II articulating *The Incomparable Worth of the Human Person in Evangelium Vitae* (1995), states that the notion that human beings are created in the image of God is a direct indication that all human beings have inherent dignity and worth. Further, no human being has more innate worth and dignity than any other; that is, regardless of

race, gender, age, religion, sexual orientation, social class, or mental or physical disability, all human beings have equal worth and dignity. Although all the three ecumenical bodies articulate social justice in their mission statements and strategic plans, there remains some aspect of the non-inclusive response to social justice concerning SGBV activism. The observation continues to be that lack of inclusiveness, in the fight and advocacy on sexual gender-based violence against women with mental disability, is widespread.

For instance, as a student in Gender Studies I was privileged to attend a conference from 5th – 8th August 2019 at the University of KwaZulu-Natal, under Gender, Religion, and Health [GRH]. The conference attracted different stakeholders, such as gender activists and faith-based organisations (and churches). The theme was, ***“Silent Protest and Praxis Reflection on GBV and Faith: Unsilencing the Silence”***. The commemoration involved taping the mouth closed so that one could not speak or eat the whole day, representing the culture of silence that has dominated most of our homes and communities about SGBV. It is a known fact that most cases of SGBV are not addressed but swept under the carpet. Sadly, a month later, a female student from UKZN was kidnapped, raped and later died. The university cancelled all academic programs in solidarity. I want to argue that in all these commemorations, there was no mention of women and girls with mental health challenges who are victims of sexual abuse too. Therefore, inasmuch as the unsilencing the silence of SGBV is done in such a way, it remains biased and not all-inclusive.

The fact of the matter is the non-inclusiveness of this key population of women centres much on the aspect of name-calling, which is stereotyped through the *ishilu* term. The study is in agreement with Allende’s point, highlighting the need to pay attention to the voices of these women and girls narrating their stories; they are asking us to hear them and do something concerning gender-based violence (2003). The absence of the voice for women with mental disability evidently signals how much their cry has been ignored by society and the church too. The indication is that both the gender activists and the church are far from rolling away the stone of silence concerning the sexual abuse of this crucial population of women, due to the way mental disability has been socially constructed, rendering persons with mental disability as non-humans and not worthy of consideration in the fight against SGBV. The reality is that people are aware of this abuse for instance, in the South African context, as their stories are published in newspapers, as highlighted in Chapter Two.

Gutierrez (1973:61-62) remarks that “the gospel, the Word of the Lord, the message of love, is a liberating force which attacks the roots of all injustice.” According to Herzog (1980:3), the first step for the church to take part in providing justice is in discovering that gospel pertains to the liberation of the poor as well as to the salvation of the soul. Buthelezi (cited by Kretzschmar, 1986: 82) subscribes to this view and argues that, “the ‘priests’ face criticism because of their ‘spiritualised’ theology and belief in saving souls which has prevented them from being aware of and becoming more concerned about, the needs of the whole person. They have rejected the socio-political content of the gospel.” Gutierrez supports this and remarks that:

Long ago is the era when the church could handle questions and problems by appealing to its doctrines and distinction. He contends that today, the church is itself facing many questions from many Christians who experience in their daily life the terrible distance that separates the church from her roots in the gospel and its lack of harmony with the real world.

(1983:25)

According to the World Council of Churches, 2018 marked the 20th anniversary of the Ecumenical Decade of Churches in Solidarity with Women from 1988 -1998. Nevertheless, the decade of churches in solidarity with women recognised that nothing would be done for gender justice if it is not worked out. Granted that the decade is over, attention to gender issues is still very much at the forefront of the work going on.⁵⁴ I want to argue that if gender justice focuses on human rights – that is, every woman and girl has an entitlement to live in dignity and freedom without any fear – how much has been done by this international ecumenical body in this decade concerning the sexual abuse of women with mental disability whose dignity has been and is being violated?

In the light of this, it is critical to understand that salvation has different forms and can only be achievable when the real meaning of it is understood. For example, in the contextual application of salvation, it should have a meaning that it should be about meeting the needs of people accordingly. Gutierrez insists that the church has been distanced from its roots in the gospel and it lacks harmony with the real world. Therefore, salvation for this category of women includes having a voice that stands out and includes them in their fight against the sexual abuse they are

⁵⁴ WCC. 2018. Side by Side at the 20th anniversary of the Ecumenical Decade of Churches in Solidarity with Women, WCC. Retrieved from: <http://sidebysidegender.org/side-by-side-at-the-20th-anniversary-of-the-ecumenical-decade-of-churches-in-solidarity-with-women-wcc/>. Accessed on: 01.11.19.

subjected to, although it remains unmentioned and hidden even as it seems not to exist in the country. According to Gutierrez (1973:293), Christians have not done enough in the area of conversion to the neighbour, social justice, and history; they have not perceived that to know God is to do justice. Folk (1991:1) writing in *Doing Theology, Doing Justice*, remarks that contemporary social reality and human experience must be in dialogue with the Christian faith that is biblically and historically informed. He further maintains that God offers holistic salvation, and thus the mandate to proclaim and realise it (1991:2).

According to Cone (cited by Kretzschmar, 1986: 71-72), the significance of black theology lies in the conviction that the Christian gospel is liberative so that talk about a God that fails to take seriously the righteousness of God as revealed in the liberation of the weak and downtrodden is not Christian language. Because of this, Wright (2009:48) contends that the Bible is a product of God's mission. Further, a missional hermeneutic of the Bible begins with the Bible's very existence. Since the gospel is liberative in nature, if it is not applied in the circumstances of people, then it has no meaning for them. Hence the gospel of social justice is a gospel that is action-orientated; but the question is, is the action inclusive?

Herzog (1980:97-98) concludes that since the struggle has never ceased to be God's struggle, the gospel is never merely in the past; for the church, God's activity is always the essence of history in the present moment. Herzog, writing on the Bible as justice empowerment, remarks that "the power for being a just church is in the presentation of the word: the power for justice in our civilisation gets its impetus here. He further maintains that on justice teaching, the church's involvement should be more than just interpreting the book: that means accepting the power mediated through the biblical word, but what is the valence of Christian doctrine when it comes to justice (1980: 135)?" The rolling away of the stone of silence by the three ecumenical bodies [Church mother bodies] needs to be contextualised and applied accordingly if they are to be relevant, and to honour their joint statements on GBV.

4.6 CONCLUSION

The chapter aimed to analyse the responses of the ecumenical bodies to the sexual abuse of women with mental disability as well as to assess how inclusive they are in their fight against sexual and gender-based violence. The findings from the study revealed that the religious and African cultural worldviews on disability as well as the social construction of mental disability have an impact on

the response of the ecumenical bodies to the sexual abuse of women with mental disability. This is because these ecumenical bodies operate in the context where the worldviews on disability have been constructed. Data analysis was based on the presentation of data from ecumenical bodies' mission/vision statements, joint press statements on GBV activism, and available documents. Four themes were identified and interpreted to analyse data: first, is the ignored *Imago Dei* in persons with disabilities in GBV activism, with a subtheme, rethinking the image of God in persons with disabilities, as the way forward for inclusivity; second, is the theology of inaction as a critique of the ecumenical bodies' silence, owing to that fact that they have a moral obligation and since they are socially privileged in society by the position they have; third is the lost African concept of *ubuntu* theology, as a call to respond in human solidarity over the sexual abuse of this critical population of women; last is the theme, who shall roll away the stone of silence? Embracing the all-inclusive gospel of social justice. This is yet another call to the church mother bodies to embrace the all-inclusive gospel of social justice, which they articulate in their mission statements, as part of the work.

CHAPTER FIVE

CONCLUSION

5.0 INTRODUCTION

This chapter provides a summary of the work that this thesis covered. The study was approached from the triangulation of Gender, Religion, and Health [GRH]. Under gender, the focus was on women with mental disability who are victims of sexual abuse. Concerning religion, the target was Christianity through ecumenical bodies. And about health, both mental disability and GBV are public health issues. The study provides an overview indicating that although gender-based violence activism has been going on in Zambia, there is no mention of women with mental disability who are also victims of sexual abuse. The study revealed that the ecumenical bodies acknowledge a lack of sensitivity toward gender-based violence, and being witnesses of the abominable acts of GBV. Another observation is the escalation of ritual practices targeting females. Every year, Zambia commemorates the sixteen (16) days of gender-based violence activism, which is an international commemoration. For example, in 2017, the theme was, “*Leave no one behind, end gender-based violence now*,” implying a holistic approach to the challenge of gender-based violence involving all stakeholders.⁵⁵

The argument I am putting forth is that this commemoration segregates as it only speaks for domestic violence and mostly for the non-disabled women. Despite the theme being so colourful and seemingly inclusive, the cases of women with mental disability who are also experiencing sexual abuse are non-mentionable in all these activities. This silence exhibited not only by gender activists, the government, through the Ministry of Gender but also the ecumenical bodies, perpetuates this inhumane act against this category of women. Further, abusers may have taken it for granted that there is tacit acceptance of their acts, as they are not made to face the law in cases of this nature. This is evidently seen in the research conducted by the non-governmental

⁵⁵ Katebe, B. Leave no one behind, End Gender Based Violence now. *Lusaka Times*. November 25, 2017. Available at: <https://www.lusakatimes.com/2017/11/25/leave-no-one-behind-end-gender-based-violence-now/>. Accessed on: 04.09.19.

organisations and the UN special rapporteur respectively; indicating that the cases are not reported at police stations.

The current study aimed to analyse how ecumenical bodies respond to the sexual abuse of women with mental disability in Zambia and to assess how inclusive they are in their fight against sexual and gender-based violence.

In fulfilling this aim, the study engaged two theoretical frameworks: social constructionist and feminist disability theory. The findings indicate that robust religious and cultural beliefs and attitudes on disability. These beliefs and attitudes have generally contributed to the social construction of disability and have created barriers of discrimination, stigmatisation and marginalisation, despite our living in a modern era where people are exposed to knowledge. This includes the social construction of *ishilu* in the Zambian context, a derogatory word which carries with it discriminatory and stigmatising attributes that dehumanises and devalues a person's human dignity. The chapter also provides a summary of the work of each chapter presented in terms of the research key question/topic and objectives of the study. This chapter elaborates on how the study contributes to the body of knowledge in this field of study, highlights vital areas for further research, and presents recommendations for a proactive response.

5.1 SUMMARY OF CHAPTERS

The summary of chapters covered in this work will be presented in terms of the research topic and objectives. The topic of this study is “A Feminist Critique of Ecumenical Bodies’ Silence to the Sexual Abuse of Women with Disability in Zambia.”

The aim of chapter one was to outline the overview of the thesis. The chapter highlighted the introduction to the study, motivation, introduction of key terms and location of the study, theory and methodology, and my position as a researcher within this study.

Chapter two addressed the conceptualisation of disability in Zambia and presented a global overview of disability and its prevalence in Zambia. The chapter aimed at assessing society's perception of disability. It is observed that strong religious and cultural beliefs and attitudes are contributing factors to the way persons with disabilities are treated in society. This also leads to

experiences of vulnerability, such as sexual abuse, ritual practices, rejection, stigmatisation, discrimination, marginalisation, and dehumanisation, despite the many international human rights instruments as well as regional and national rights for the persons living with disabilities. The chapter also explored the sexual abuse of women with mental disability, which is associated with the way society treats women as sexual objects. This includes the sexual objectification of women in the media and some African cultural practices. Further, the culture of silence on sex and sexuality in Africa is yet another contributing factor that needs to be addressed since sex talks in Africa are not for the public domain.

Chapter three focused on theoretical frameworks and methodology. The objective of the chapter was to assess how society treats women with mental disability in the Zambian context – the concept of *ishilu*, a very derogatory term that devalues and dehumanises people. Moreover, to achieve this, the social constructionist and feminist disability theory frameworks were adopted since disability is socially constructed. Thus, feminist disability theory brings a positive societal transformation of attitudes. The study adopted a qualitative literature-based research methodology to answer the research questions in this study, and content analysis was engaged to analyse data on the ecumenical bodies' response to the sexual abuse of women with mental disability in Zambia.

Chapter four looked at data presentation and analysis on the ecumenical bodies' response to the sexual abuse of women with mental disability in Zambia. The purpose or objective of this chapter was to assess how inclusive the ecumenical bodies are in the fight against gender-based violence. The assessment used available documents, joint press statements and the mission statements of the three ecumenical bodies as this was a non-empirical study. The assumption is based on findings from the literature review which shows that strong religious and cultural beliefs on disability in general and mental disability/illness, in particular, seem to contribute to the silence of the ecumenical bodies on sexual abuse of women with mental disability, due to how disability is socially constructed in society. Also, because these ecumenical bodies operate where the social construction of disability exists, socially and culturally, they are part of it; as a result, this affects their response.

The study observes that although these ecumenical bodies are involved in GBV activism, in all their joint press statements, there is no mention of women with mental disability who are also victims of sexual abuse. After data presentation and during the process of analysis, four themes

were deducted from the documents used. The first theme is the ignored *Imago Dei* in persons with disabilities in GBV activism, with a subtheme – rethinking the image of God in persons with disabilities – as the way forward for inclusivity. The theme emphasises that until the ecumenical bodies foster the rethinking of the image of God in persons with disabilities, the cry of women with mental disability who are victims of sexual abuse will forever be ignored, just as the image of God in them is ignored. Furthermore, rethinking the image of God in persons with disabilities implies realising that the image of God is not about the physical representation but the special connection with God and being a reflection of God. The second theme is the theology of inaction, which was used to critique the ecumenical bodies on the moral obligations they have, since they are socially privileged in society yet are silent on the sexual abuse of women with mental disability. The third theme was the lost African concept of *ubuntu* theology, which was used to call upon the ecumenical bodies concerning the sexual abuse of women with mental disability.

The concept of *ubuntu* in African culture is a critical element in human solidarity that can help the three church mother bodies to respond in solidarity to the issue of these women under this study. The fourth theme was, who shall roll away the stone of silence? embracing the all-inclusive gospel of social justice. The need to roll away the stone of silence on the sexual abuse of women with mental disability is very critical to this study. The observation is that although the three church mother bodies are involved in social justice, they have not been all-inclusive to embrace the women in this study; thus, they have failed to roll away the stone of silence concerning the sexual abuse of this significant population of women. This theme is yet another call about the importance of unsilencing the silence of sexual abuse against women with mental disability.

5.2 STUDY'S CONTRIBUTION TO THE BODY OF KNOWLEDGE

The key research question the study undertook was: How can a feminist critique challenge the ecumenical bodies' response to the sexual abuse of women with mental disability in Zambia? Following this research question, the study revealed that although the ecumenical bodies engage in GBV activism, there is little or no mention of the sexual abuse of women with mental disability in all their responses.

This study has contributed to the already existing body of knowledge in this field in the following ways: first, the study combined two frameworks, thereby providing an interdisciplinary approach to the study to analyse the ecumenical bodies' silence to the sexual abuse of women with mental

disability. The study engaged the aspects of social constructionist and feminist disability theory frameworks as lenses through which to analyse the ecumenical bodies' silence to the sexual abuse of women with mental disability in Zambia. The objective of adopting the social constructionist framework is that disability is socially constructed through the usage of the language, as presented in the concept of *ishilu*. Feminist disability theory complemented this framework as it focuses on changing societal religious, cultural and social attitudes on disability and women. Thus it was used with a view that it can help to advance the awareness of women with mental disability by society and enhance their inclusion in the fight against gender-based violence.

The second contribution of the study to the body of knowledge is that it places a demand on all stakeholders to be proactive and all-inclusive in social justice and GBV activism to include women with mental disability who are also victims of sexual abuse. There is a need to unsilence the silence concerning sexual abuse of women with mental disability, which remains unmentioned despite gender-based violence activism being in existence for decades. This study places a call on the ecumenical bodies and gender activists to have a holistic approach to social justice that embraces everyone, despite their physical, social, mental, and economic presentation in society.

5.3 THREE POSSIBLE AREAS OF FUTURE RESEARCH

This study is neither final nor extensive; thus, there are suggestions and possible areas for further research.

First, it is important to conduct empirical research that engages men and challenges their masculinities since they are the perpetrators of this violence in society. In most instances, research has been centred on the victims and advocates/activists.

Second, a study should be carried out that focuses on interviewing the ecumenical bodies in Zambia, as organisations that are socially privileged in society, to give theological and pastoral responses to the state of affairs on different issues in the country.

5.4 RECOMMENDATIONS

The following recommendations are made after engaging a feminist critique of ecumenical bodies' silence to the sexual abuse of women with mental disability: first, the ecumenical bodies should work and cooperate with partners such as health professional bodies and mental health workers who are addressing this. Second, the three church mother bodies should formulate an inclusive action-orientated policy on SGBV that includes all women and girls irrespective of their physical and mental status in society. Third, the ecumenical bodies should engage disability (WCC has been suggesting this for its members) and gender studies in the seminaries of the churches affiliated under them, as a way to prepare and expose the clergy and the church in general, for inclusive and holistic ministry that would be effective and relevant. Fourth, the ecumenical bodies should engage in raising public awareness on the rights of persons with disabilities. Fifth, I recommend that the theory of change approach, as popularised by Weiss (1995), be utilised as a framework to underpin action and prevent sexual abuse of this critical population of women.

The theory of change can be strategically used to develop interventions at any level of implementation by the three church mother bodies as an approach in addressing the sexual abuse of women with mental disability. Applying this theory is appropriate for the ecumenical bodies since they are socially privileged in society and can influence change, the theory can create impetus among key stakeholders, especially the ecumenical bodies, on the need to embrace the otherness of women with mental disability who are perpetual victims of sexual abuse, although this crime is still silenced in homes, communities and the church too. Last, I recommend empirical research on this study that engages men as perpetrators.

5.5 CONCLUSION

The chapter provided a summary of the work covered in this study, categorised according to each chapter, and analysed based on the research topic and objectives, in order to indicate that the aim of the study has been achieved. The chapter also demonstrated how this study has contributed to the body of knowledge in the area of this study, and presented new possible future research avenues. In this chapter, I proposed recommendations that could help the ecumenical bodies [church mother bodies] to embrace holistic activism in addressing gender-based violence through the use of the theory of change; as a theory of intervention in the violence against women with mental disability in Zambia.

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7.0 APPENDICES

A FEMINIST CRITIQUE OF ECUMENICAL BODIES' SILENCE

ORIGINALITY REPORT

| | | | |
|------------------|------------------|--------------|----------------|
| 9% | % | 9% | 0% |
| SIMILARITY INDEX | INTERNET SOURCES | PUBLICATIONS | STUDENT PAPERS |

PRIMARY SOURCES

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| 1 | Edwin Etieyibo, Odirin Omiegbe. "Religion, culture, and discrimination against persons with disabilities in Nigeria", African Journal of Disability, 2016 Publication | 1% |
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| 3 | Ndlovu, Hebron L.. "African Beliefs Concerning People with Disabilities: Implications for Theological Education", Journal of Disability & Religion, 2016. Publication | <1% |
| 4 | Micheline Kamba Kasongo. "Mission to Persons with Disabilities", International Review of Mission, 2019 Publication | <1% |
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Rev Charity Chali Mulalami (219086394)
School Of Rel Phil & Classics
Pietermaritzburg

Dear Rev Charity Chali Mulalami,

Protocol reference number: 00003302

Project title: A FEMINIST CRITIQUE OF THE ECUMENICAL BODIES' RESPONSE TO THE SEXUAL ABUSE OF WOMEN WITH MENTAL DISABILITY

Exemption from Ethics Review

In response to your application received on 15 August 2019, your school has indicated that the protocol has been granted **EXEMPTION FROM ETHICS REVIEW**.

Any alteration/s to the exempted research protocol, e.g., Title of the Project, Location of the Study, Research Approach and Methods must be reviewed and approved through an amendment/modification prior to its implementation. The original exemption number must be cited.

For any changes that could result in potential risk, an ethics application including the proposed amendments must be submitted to the relevant UKZN Research Ethics Committee. The original exemption number must be cited.

In case you have further queries, please quote the above reference number.

PLEASE NOTE:

Research data should be securely stored in the discipline/department for a period of 5 years.

I take this opportunity of wishing you everything of the best with your study.

Yours sincerely,

Prof Philippe Marie Berthe Raoul Denis
Academic Leader Research
School Of Rel Phil & Classics

UKZN Research Ethics Office
Westville Campus, Govan Mbeki Building
Postal Address: Private Bag X54001, Durban 4000
Website: <http://research.ukzn.ac.za/Research-Ethics/>

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