

Summary of Workshop Findings

'Disability in Namibia: Religious and Cultural Perspectives'

21st – 23rd April 2021, Roof of Africa Hotel, Windhoek

Day 1: Network Meeting

Following on from our events in December 2020 (an open, online event) and March 2021 (a workshop for clergy), the networking meeting on 21st April 2021 brought together representatives from various Organisations of Persons with Disabilities (OPDs), the Evangelical Lutheran Church in Namibia (ELCIN), and academics from the University of Namibia and the University of Exeter to discuss the findings of previous workshops, to further reflect on the key issues, and to look ahead to ways forward for promoting inclusive environments for persons with disabilities in communities and congregations. Sign Language interpretation for the meeting was provided by Ms Aune Ashikuti and Ms Helena Nadala.

In attendance from OPDs were:

Mr Daniel Trum, National Federation of People with Disabilities in Namibia

Mr Elia Shapwa, National Federation of People with Disabilities in Namibia

Mr David Hughes, National Federation of People with Disabilities in Namibia

Ms Elizabeth Namwandi, Namibia Albino Association & National Federation of People with Disabilities in Namibia

Ms Suama Nangolo, Namibian Organisation for Youth with Disabilities

Mr Moses Nghipandulwa, Namibian Federation of the Visually Impaired

Mr Niklaus Nghumono, National Association of Persons with Physical Disabilities

In attendance from Universities were:

Prof Gert Van Rooy, University of Namibia

Dr Helen John, University of Exeter

In attendance from the Evangelical Lutheran Church in Namibia was:

Reverend Thomas Uushona, ex-pastor and now Chief Editor, Omukwetu church newsletter

The discussions focused on the challenges faced by persons with disabilities (PWD) in their encounters with religio-cultural attitudes and environments.

Day 1: Key Takeaway Points

1. The issue of **religion and disability** is a particularly important one because not all churches provide a welcoming or accessible environment for PWD and there is no singular 'church response'.
2. There is frequent focus on the need for a 'cure' for PWD when they attend church. It was noted that **not all PWD go to church in search of a cure**, but rather to hear the Word of God. Awareness is required that disability is not to be equated with sickness.

3. ELCIN does not focus on 'cure' but rather on **directing people toward assistance**, which might be medical care or the provision of accessible resources and services (Braille, Sign Language). ELCIN views these avenues as the contemporary equivalent of biblical healings. An amputee can be healed and brought back into full community through the provision of a prosthetic, someone else through the provision of a wheelchair, another through access to Sign Language interpretation, and so on. The Holy Spirit is acting today by providing gifts that enable assistance in its various forms.
4. Some charismatic churches/African Independent Churches/'false prophets', on the other hand, do promote the idea of compulsory cure and are tricking people into believing that their faith is insufficient or their financial contributions inadequate when a miracle does not occur. It is not uncommon for a PWD to be approached on the street and encouraged to attend in order to be cured. This works against the important process of **self-acceptance** for PWD.
5. All churches need to consider issues of **accessibility**, as accessibility 'heals' a fragmented community. The Hosianna Church in Windhoek was held up as a positive example. A Sign Language interpreter is present at all services and now a significant number of worshippers who have hearing impairments have joined the congregation. This enables others to learn about the Deaf community and puts a face on disability. It is up to the churches to initiate such inclusive practices, rather than up to PWD to request inclusive measures. Community members and/or clergy need training in Sign Language (it is expensive at N\$400+ per hour for a professional interpreter), there is a need for Braille bibles, orders of service, and hymn books. These measures need to be applied to the main church services, of course, but also to be provided (for example) for marriage guidance and confirmation classes.
6. We have noted previously that **negative terminology** is frequently used to refer to PWD in Namibian vernaculars. The point was made here that negative terminology and labelling of PWD is also in evidence in biblical texts and in academic settings.
7. Communities are diverse – old/young, women/men, etc. – and PWD are just part of that **diversity**. There are people with disabilities and people without disabilities, and all should be valued for what they bring, not what they lack. We all face challenges, whether or not we have a disability, and feeling a sense of belonging and being part of a church congregation can be therapeutic.
8. Representatives from OPDs felt that the **church must play a role in spreading awareness** of disability issues, in tackling negative attitudes, and in fostering inclusive and welcoming communities and congregations. They are community leaders with good access to communities (not least in rural areas that government initiatives and representatives may not reach). The church should also have PWD embedded in its structure, included in worship, offered lay church roles (visibility), and fully consult and consider PWD in its drive to increase accessibility (and more generally).
9. It is important that the findings of our discussions (and, in particular, their unique focus on disability and religion in Namibia) **reach beyond the workshops** and are disseminated within OPDs and in related forums, as well as within the church leadership. We should reach out to the Council of Churches in Namibia to communicate with other churches
10. Within ELCIN, the **Department of Diaconia and Social Services** would provide a good discussion partner and possible avenue for promoting inclusive attitudes and practice.
11. Lastly, representatives also revealed the particular challenges of the **pandemic** for PWD: PWD were not considered or consulted in the making of regulations for the State of Emergency. For example, mask-wearing is challenging for those working with a Sign Language interpreter. Funding has been re-directed to COVID-19 efforts so OPDs have lost

out. Mental health has deteriorated. There are particular points of anxiety related to physical/social interactions during the pandemic – should someone attend their usual physio appointments? What dangers does the journey to therapeutic appointments present? Might the therapist have Coronavirus? Ordinary tasks have become threatening. Immobility and isolation have for some only increased during the pandemic. Suicide rates have increased more markedly amongst PWD. Empathy and understanding is needed more than ever. However, PWD have been toward the front of the queue for vaccination.

12. The move to **digital platforms** has had advantages (enforced increased technical skills have immediate and long-term benefits; additional layers of connectivity; increased reach and access to rural populations; provision of hardware by NGOs [e.g. UN has provided an iPad to each OPD]) but also disadvantages (requirement for hardware, software, data/network, and technical skills/training).
13. The pandemic has revealed the issue of **digital accessibility**. Some students at UNAM have struggled with online learning, assessment and submission of assignments. And any change to an online system may require significant time for re-learning for e.g. someone with visual impairment. The provision of data to each student is the same, whether sighted or having a visual impairment, but a student with a visual impairment may require more time online to complete the same task.
14. There is the Disability Unit at UNAM to assist but lockdowns prevented on-campus interaction and students with disabilities started to get left behind. It would be a good idea to initiate a system of **student assistants or mentors**, whereby students with disabilities assist, guide, and motivate newcomers, as not enough students with disabilities are reaching higher levels of learning (Masters, PhD level). UNAM needs to employ more PWD in staff positions, as well.
15. On the issue of accessibility, we need to bring to the forefront the language (a) **Universal Design** – that inclusivity and accessibility for all are factored in from the start, and (b) **Reasonable Accommodation** – that there will be a cost associated with re-working/re-designing/modifying a space to accommodate the needs of everyone in the community. Accessibility in remote, rural areas can be even more challenges, as there are no tar roads but sandy tracks, etc. This can immobilise and isolate PWD – how can someone navigate the sand in a wheelchair? They may be confined to the home (whether or not being deliberately hidden by ashamed family members).
16. We need to expand the reach of the **disability etiquette** drive. It would be useful to have a **booklet or manual** to be shared with churches and church leaders. This could serve multiple purposes:
 - a. to educate about different disabilities
 - b. to promote the use of disability-respectful terminology
 - c. to promote respectful interactions with PWD
 - d. to show precisely HOW clergy and churches can achieve Universal Design and Reasonable Accommodation

Day 2 & 3: Discussions with Seminarians

Following on from our events in December 2020 (an open, online event) and March 2021 (a workshop for clergy), the workshops on 22nd and 23rd April 2021 gave us the chance to introduce our network and project to two different Windhoek seminaries: The Paulinum Seminary and the Namibian Evangelical Theological Seminary. Each seminary sent 14 students and one lecturer to

their allocated day. Through a combination of academic presentations, discussion sessions, and Contextual Bible Studies, we engaged in conversation about disability issues with persons with disabilities, and discussed how the seminarians might create accessible, inclusive, and welcoming communities and congregations as they progress into their future roles as community leaders.

The workshops were led by Dr Helen John, University of Exeter, assisted by Reverend Thomas Uushona of the Evangelical Lutheran Church in Namibia, Daniel Trum of the National Federation of People with Disabilities in Namibia (22nd April), Professor Gert Van Rooy of the University of Namibia (22nd and 23rd April), and Dr Cynthy Haihambo of the University of Namibia (22nd April).

Day 2 & 3: Key Discussion Points

1. The seminarians recognised key challenges that people with disabilities (PWD) face, including:
 - a. Stigma, particularly at home and in family attitudes, wherein PWD are deemed to be a burden, are not valued equally, perhaps because of fear of difference. Family members may feel that shame has been brought upon the family because of someone having a disability. This may lead them to hide away the family member who has a disability. Family members may be unwilling to assist PWD in attending church services.
 - b. Lack of acceptance: people in the community may struggle to accept that a person is truly created in the image of God if they have a disability. This will hinder the ability of the PWD to accept themselves and be accepted by those around them. This also leads to untapped potential and wasted talent, with PWD being underestimated.
 - c. Community/congregation members may judge that a person with a disability has a lack of faith as they have been 'unable' to overcome their challenge/struggle/'problem'/disability.
 - d. Isolation: hiding away, and supernatural causal explanations for disability (curses, witchcraft, demons, ancestors), mean that the community does not properly get to know people who have disabilities. Disability is the identity, rather than the person.
 - e. Communities may actively chase away those with mental illness using aggression and force. Communities can be hostile environments for PWD, from the household upwards. PWD are perceived as useless and parents/relatives are not well-educated about disability issues. There is a need for counselling and assistance for families.
 - f. Inequality, discrimination, and access issues: PWD may be denied access to social welfare programmes (such as food distribution), face lack of access to education and jobs, and there is inadequate provision of specialist training for teachers and specialist schools. People with disabilities may be disallowed from completing (or even accessing) training for roles in public service, such as the police.
 - g. Overall, the problems seemed to the participants to lie with community attitudes.
2. Daniel Trum of the NFPDN spoke powerfully about (ii) disability and religion, and (iii) disability and culture:
 - i. Daniel explained the mantra 'nothing about us without us', which insists that PWD must be consulted and included in discussions of, and any efforts to improve, the lives of those with disabilities. He encouraged the students to raise awareness of disability issues in their communities and to work towards Reasonable Accommodation of the needs of PWD in churches (re-working, redesigning, or modifying), to make church buildings and services accessible to everyone.

- ii. He explained the need for church leaders to recognise that PWD also want a spiritual life, they want the Word of God. There is therefore the need for accessibility measures to make church welcoming to PWD. This can particularly be a problem for a member of the Deaf community, whose disability is invisible and may not be known about by clergy. For them, a church service without Sign Language interpretation is like TV with no sound. A family member may be able to sign for them, but otherwise they would have to pay N\$400 upwards for professional interpretation, which is prohibitive. Daniel pointed to the Hosianna Church in Windhoek as a good example – Sign Language interpretation at every service has led to a significant number of Deaf worshippers joining the congregation. If the provision is made for accessibility, then people who will benefit from that provision will come. Further accessibility measures (Reasonable Accommodation) would be for churches to install ramps at all entrances, accessible toilets, and Braille orders of service, Bibles, and hymn books. It is important that the dignity of PWD is maintained – people who use wheelchairs do not want to be treated like babies and be lifted. Rather, make spaces and facilities accessible for ALL, including those who use a wheelchair. Daniel also pointed out that some people in Namibia crave miracles and are being taken advantage of by unscrupulous pastors coming into Namibia seeing a financial opportunity. He reiterated Reverend Uushona’s point from the previous day that there are in fact many ways to heal people, including providing prosthetics, or a wheelchair to some whose mobility might be compromised otherwise. In addition, it is important to remember that not every person with a disability wants a miracle and they are not going to church for a miracle or to get rid of their disability, but for their spiritual life and to hear the Word of God. Pastors focusing on miracles can lead to PWD staying at home rather than attending church, as they do not want to be singled out in front of the congregation because of their disability.
 - iii. Cultural beliefs are also critical issues – in the past, they even led to the killing of babies who had been born with a disability. This is explained by people attributing a witchcraft causes to misfortune – disability in a new-born could be indicative of a curse befalling the family, or could be perceived by the community as punishment for witchcraft activities by a family member. Either way, it would not be desirable for the community to see this manifestation of the curse/punishment. Daniel suggested that even in contemporary communities, PWD are considered inferior and eyebrows would be raised if a person who uses a wheelchair was elected headman, or if a non-sighted individual was on a council of elders. The example was raised of a recent news item on a lady with dwarfism who has been told that she cannot train to be a nurse due to her height.
 - iv. Getting a job can be very difficult for people with disabilities. Even if they have studied, have the qualifications, they may get overlooked for jobs that match their skills. Mental illness can prove particularly challenging due the association of mental illness with ‘madness’.
 - v. Daniel suggested that the students look to the work of an evangelist called Nick Vujicic in the US for inspiration. Daniel also offered to communicate with the students in the future, should they need advice or examples of lived experience to inform their ministry.
3. Dr Cynthy Haihambo spoke about her work on cultural attitudes to disability in Namibia, suggesting that these cultural myths about the origins of disability are not easily dispelled and are passed down the generations. She gave the example of the idea that albinos eat people or that albinos do not die. Nevermind that no-one has actual evidence, as people will refer to the claimed experiences of forebears as evidence. Dr Haihambo suggested that we

need to disrupt these myths and appreciate diversity. Otherwise, the trauma a family experiences when a child is born 'different' will continue to make people suffer. They fear the judgement of the how community, and how the community will treat them. People may turn to the church for answers, and so church leaders need to be ready to empower people with the knowledge that there is strength in diversity. Dr Haihambo's research in communities found that parents of children with disabilities often felt a sense of hopelessness and some even just wanted someone to take the child away. The explanation for the disability was often deemed to be witchcraft, and these negative explanations lead to low expectations of PWD and low self-esteem in PWD. Care-givers are often grandparents, with children with disabilities being sent to them often in remote/rural areas. Schools might claim to be full rather than have to accommodate the alternative needs of a child with a disability. Dr Haihambo also noted that the names of community members with a disability are often not known – their identity gets replaced by their condition. Women are often blamed if their child has a disability (because people think they must have done something wrong to cause it, such as having sex with someone other than the baby's father), may well be abandoned after the birth of a child with a disability, or the paternity of their child may be denied.

Day 2 & 3: Contextual Bible Studies

Over the course of our networking project, we have trialled two biblical texts with various Namibian and international audiences:

1. In our online workshop in December 2020 with people with disabilities (PWD), Organisations of People with Disabilities (OPDs), academics, government and UN representatives, church representatives, and wider interested parties.
2. In an in-person workshop in Ondangwa (northern Namibia) in March 2021 with 10 members of the clergy from the Evangelical Lutheran Church in Namibia (ELCIN).
3. In our in-person workshops in April 2021 with two Windhoek seminaries: the Paulinum Seminary (which trains clergy for ELCIN and the Evangelical Lutheran Church in the Republic of Namibia [ELCRN]) and the Namibian Evangelical Theological Seminary (multi-denominational).

What follows is a summary of the discussions with the two groups of seminarians in April 2021. The texts were read out loud in English (Namibia's official national language), as speakers of various language groups were present.

Contextual Bible Study 1: Mark 10: 46-52

There were several points which were recurrent in our discussions of the story of the 'blind beggar', Bartimaeus.

Potentially problematic aspects of the text:

- As in Namibian contexts, Bartimaeus's identity was dictated by his disability – he is described, and stigmatised, as a 'blind beggar' which seems to cancel out his name (in the English/vernacular translations). A condition related to one of his senses seems to render him useless and unimportant;

- The condition of blindness was deemed to have contributed to his social location as a beggar, inextricably linking disability with poverty – his community marginalised him and treated him as ‘less-than’ in several ways:
 - Left him to beg, or perhaps treated him as a source of income and made him beg (this was compared to families seeking to benefit from the disability grants for PWD);
 - Being poor and blind, he is in no position (social status) to make decisions or change the status quo;
 - Physically marginalised him casting him out (unclean?), by leaving him at (or delivering him to?) the roadside (this was compared to Namibian communities’ unwillingness to interact with or include PWD, or using PWD to beg for money);
 - Silenced him when he tried to speak out, deeming his voice unimportant and his presence an irritant, perhaps. This was compared to the hiding away and silencing of PWD in Namibian communities but also could relate to social norms with regard to appropriate ways of approaching someone of importance;
 - The crowd/community does not try to help the blind man, or to seek assistance from Jesus (or anyone else) on his behalf. Even though he is clearly in need, he is told to be quiet. He has been rejected by his community and seems to be invisible.
- Bartimaeus regains his sight through Jesus, which could contribute to a sense that PWD in Namibia should seek cure through church.

Potentially subversive, counter-cultural, and/or empowering aspects of the text:

- Whilst the crowd (compared to Namibian communities) marginalised and tried to silence Bartimaeus, Jesus valued and listened to him, recognising his faith. Jesus treats him as a person to be known, not as a disability to be shunned, which is an example to be emulated;
- Jesus empowers Bartimaeus, whilst Bartimaeus’s community seems to want to put him down;
- Bartimaeus’s faith motivates him – he seeks fellowship and community and repeatedly shouts out his needs (it was suggested that it is ‘un-African’ to make too much noise);
- Bartimaeus is the key agent in the narrative – he is active in his call to Jesus, who ‘stood still’ (inactive), and asked him to approach, so Bartimaeus ‘throws off his cloak’ and approaches. Just because he lacks one sense (eyesight), does not render him incapable or lacking in agency;
- Bartimaeus is persistent, determined, and resilient – all positive attributes and strengths (‘disability is not inability’). He does not give in to attempts to silence him or the noisy crowd who want to drown out his voice;
- In throwing off his cloak, he is throwing off the burden of his community’s judgement and determination of his status. It is the attitudes of his community that are weighing him down and slowing him down;
- Bartimaeus’s honourable status is further confirmed by his name: Bartimaeus means ‘son [bar] of honour’. This is doubly emphasised by the added reference to his parentage: he is ‘son of Timaeus’, son of a man who was himself called ‘honour’. This title links him to Jesus again through the ‘son of ...’ titles;
- Jesus is hugely respectful in asking ‘what can I do for you?’ (even though it is felt that Jesus knows what Bartimaeus needs), rather than assuming what the person wants from him. This resonated with the request of PWD to be consulted and be those who determine their own needs and treatment by others;

- Bartimaeus has his sight restored and follows Jesus – he is welcomed into community, contrasting with his previously marginalised status. Welcoming someone into the community and bringing them in from a position of marginalisation could be seen as a form of healing, irrespective of whether a disability is ‘cured’;
- Bartimaeus’s sight is restored – he could see at some point previously – which complicates the idea of a miracle cure;
- This text could be read as a protest text – Bartimaeus protests against the system, acting counter-culturally. Jesus, likewise, acts counter-culturally in breaking social norms and engaging someone on the margins, thereby seeming to change the minds of the ‘crowd’. This was compared to the need to challenge and improve the attitudes of community members in Namibian society, who themselves ‘disable’ PWD through negative community attitudes, stigma, and marginalising and discriminatory treatment;
- A lack of adherence to social norms, to social ‘decorum’, is sometimes what it takes to make positive change. People need the opportunity to give voice to their needs.

Contextual Bible Study 2: 1 Corinthians 12: 12-31

This text discusses the body of Christ as made up of many parts, each with their complementary functions. The following points came to the fore in our discussions:

Potentially problematic aspects of the text:

- This text could be understood as signalling that people should stay in their place, or accept their situation in society, whether negative or positive;
- The text at times focuses on what a part of the body ‘cannot’ do, potentially reinforcing ideas of ‘dis’-ability and a divided community.

Potentially subversive, counter-cultural, and/or empowering aspects of the text:

- The text stresses that each part of the body needs all other parts, just as different roles in the church rely on other roles, and people in society need others;
- PWD make a contribution to society, despite a perceived ‘lack’ of ability in some areas. We are all important, we don’t all serve the same purpose, and we are all differently gifted and talented;
- Together, the organs and body parts act as one, in unity and cooperation;
- This text exhibits the spirit of *ubuntu* (‘I am because we are’) – the idea of collective identity, complementarity of skills, and the celebration of diversity and difference – and the idea that together we can achieve more;
- The text recognises the need to value, support, and embrace one another rather than judge and discriminate;
- The above points were related to the need to celebrate and make use of the wisdom, talents, and experiences of people with disabilities, who are also examples of God’s glory.