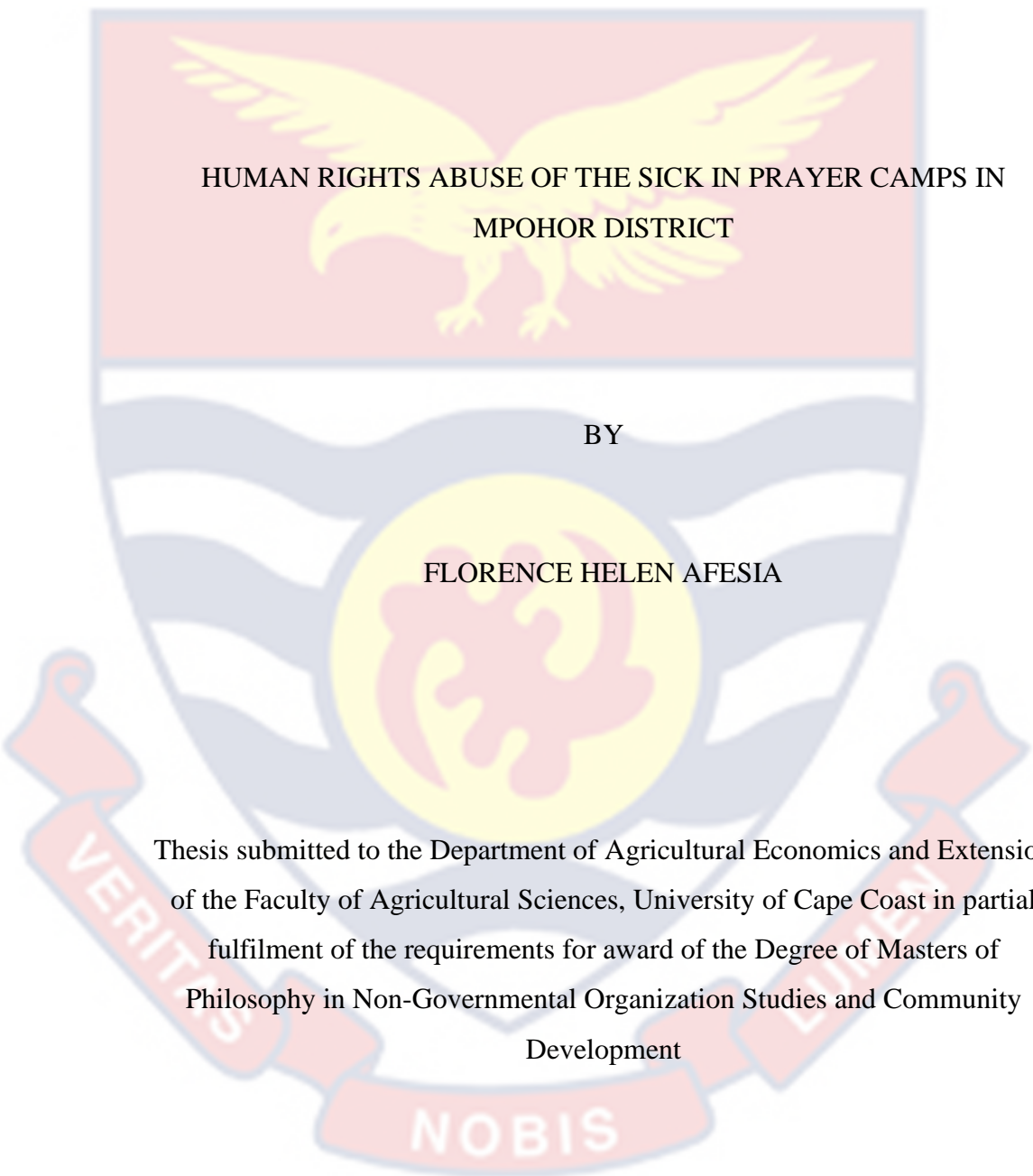


UNIVERSITY OF CAPE COAST



HUMAN RIGHTS ABUSE OF THE SICK IN PRAYER CAMPS IN  
MPOHOR DISTRICT

BY

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Thesis submitted to the Department of Agricultural Economics and Extension  
of the Faculty of Agricultural Sciences, University of Cape Coast in partial  
fulfilment of the requirements for award of the Degree of Masters of  
Philosophy in Non-Governmental Organization Studies and Community  
Development

DECEMBER 2023

**DECLARATION**

**Candidate's Declaration**

I hereby declare that this thesis is the result of my own original research and that no part of this has been presented for another degree in this University or elsewhere.

Candidate's Signature..... Date: .....

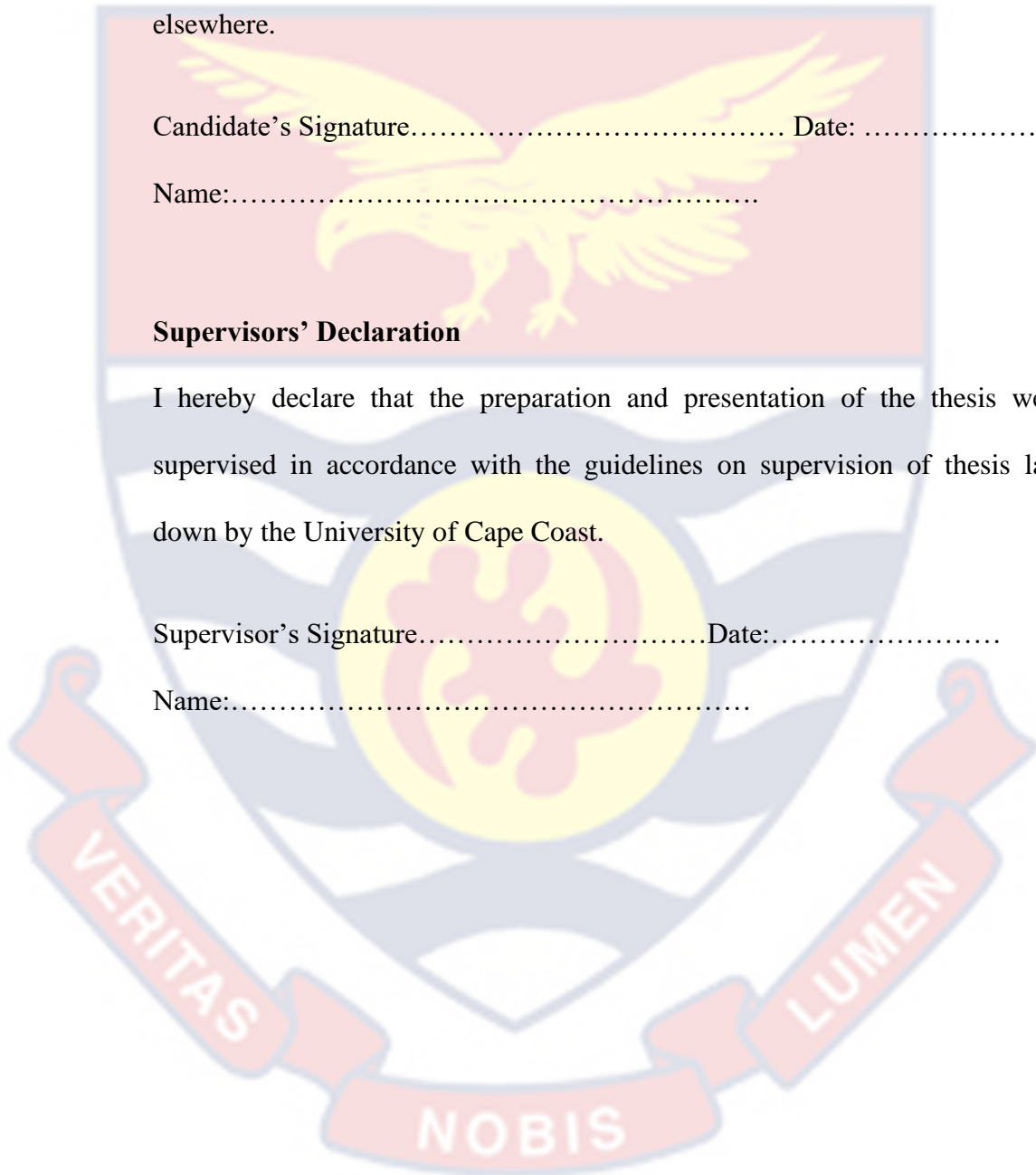
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**Supervisors' Declaration**

I hereby declare that the preparation and presentation of the thesis were supervised in accordance with the guidelines on supervision of thesis laid down by the University of Cape Coast.

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## ABSTRACT

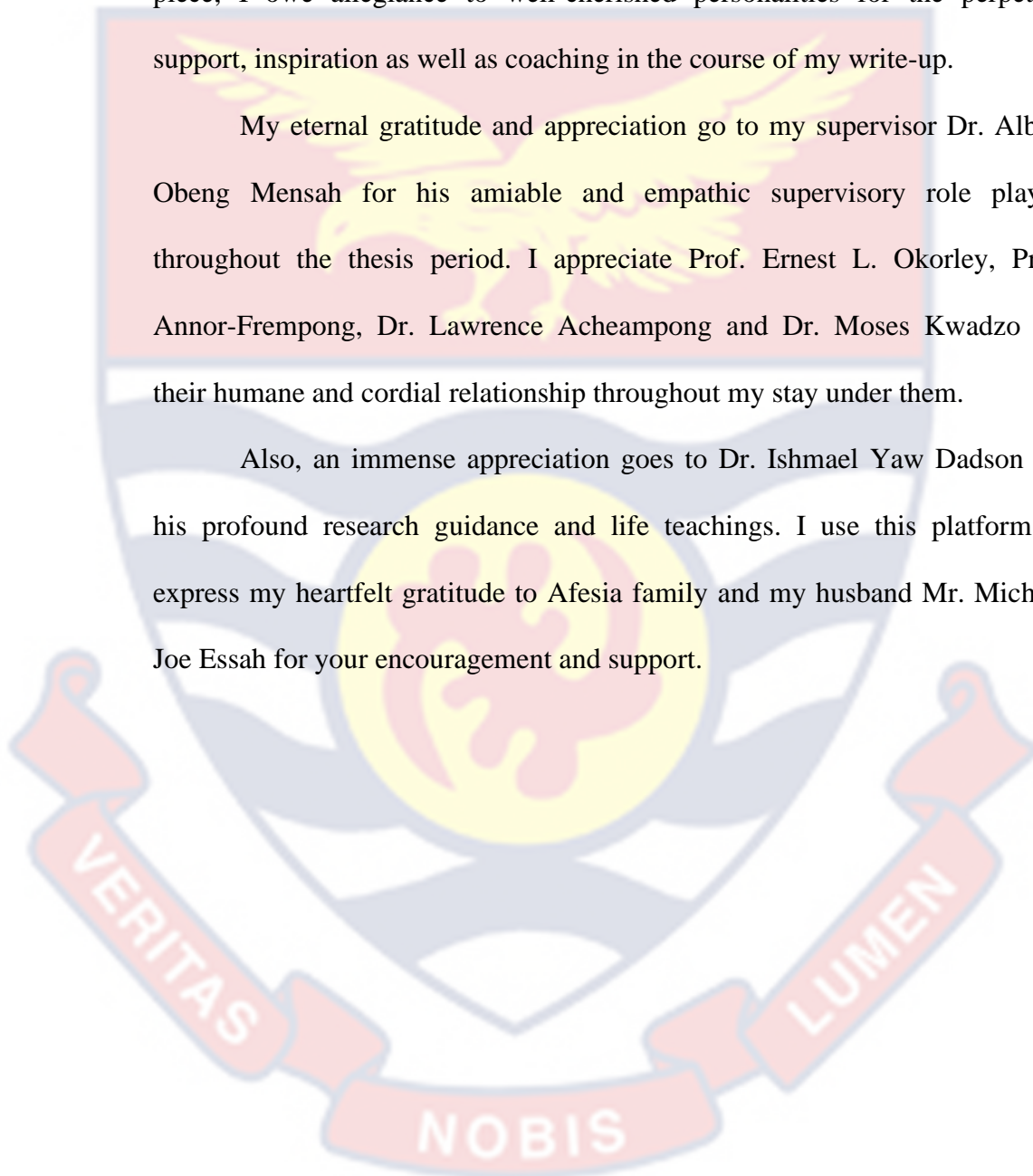
This study assessed human rights abuse of the sick in prayer camps in Mpohor District for NGO intervention. Purposive sampling procedure was used to select 20 participants. A semi-structured interview guide was used for data collection, Data were analysed using Miles and Huberman thematic content analysis. Four major themes emerged as categories of people who are found at the prayer camps, healing practices that go on in the prayer camps, abuses in the healing practices of the prayer camps and patients' level of satisfaction with healing practices at prayer camps. The study revealed that, different people visit prayer camps for healing from different kinds of ailments. It was also found that custodians of the prayer camps do not regard the background one comes from since they claim to be directed by the Spirit to administer healing processes and practices for the sick. Again, the healing practices were found to include consumption of herbal concoctions, purging with the herbal concoction, bathing with cold water in the open, bathing in a river, smearing one's body with a prepared pomade, and wearing little or no clothes on the body amidst inhumane treatment and abuse like canning, rolling on the ground for several times, being locked in a room for several hours, being chained, inhaling smoke and eating foods without salt. Based on findings and conclusions, it is imperative to educate the general public on the kind of treatment meted out to sick people in prayer camps. Additionally, more awareness should be created on the dangers that sick people put themselves in when they visit various prayer camps for healing to help salvage the situation. The laws governing the operation of prayer camps should be enforced to prevent custodians of prayer camps from subjecting sick people under their care to inhumane and abusive treatment. Finally, NGOs should liaise with responsible stakeholders in health to hold prayer camps accountable for the lives of the sick in their camp.

## ACKNOWLEDGEMENTS

All praises and thanks to God exclusively for his divine protection and strength throughout the journey. Despite my effort in coming out with this piece, I owe allegiance to well-cherished personalities for the perpetual support, inspiration as well as coaching in the course of my write-up.

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## DEDICATION

I dedicate this work to my son, Obrempong Abaidoo Essah whose conception and birth though witnessed the data collection and write up of this thesis did not deter me from completing.



**TABLE OF CONTENTS**

Content	Page
DECLARATION	ii
Candidate's Declaration	ii
ABSTRACT	iii
ACKNOWLEDGEMENTS	iv
DEDICATION	v
TABLE OF CONTENTS	vi
LIST OF TABLES	ix
LIST OF FIGURES	x
CHAPTER ONE: INTRODUCTION	
Background to the Study	1
Problem Statement	4
General Objective	5
Specific Objectives	6
Research Questions	6
Justification for the Study	6
Significance of the Study	7
Definition of Terms	8
Organisation of the Study	8
CHAPTER TWO: REVIEW OF RELATED LITERATURE	
Introduction	10
Conceptual Review	10
Prayer Camps	10
Human Rights-Based Approach (PANEL principles)	11



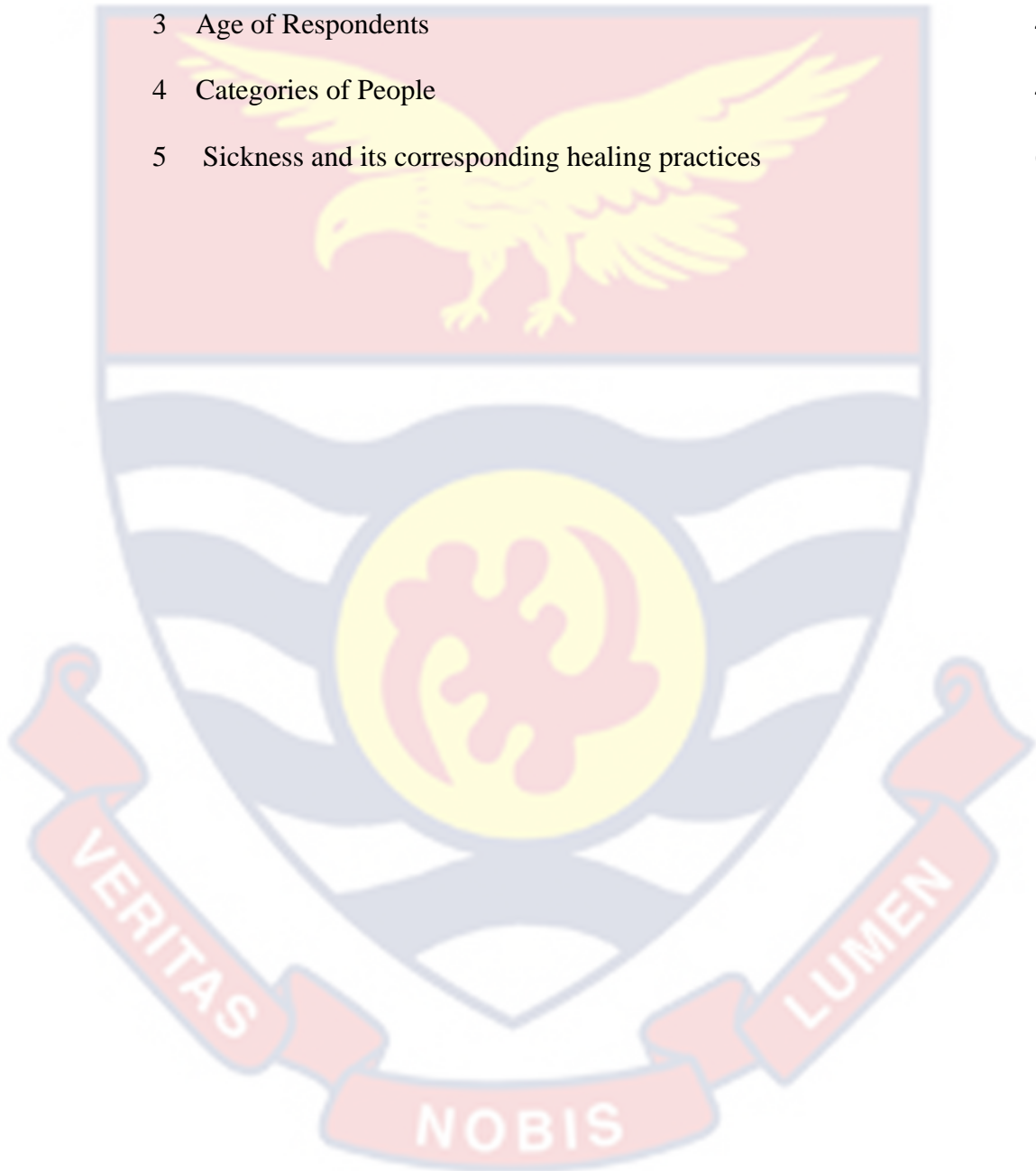
The Concept of Human Rights	16
Tenets of Human Rights	19
Human Rights Abuse	22
Human Rights Legislation and Prayer Camps in Ghana	22
Theoretical Review	23
Self-Perception and Psychological Theory	23
Protection Motivation Theory (PMT)	24
Theoretical Framework	29
Health Belief Model (HBM)	29
Empirical Review	31
Categories of sick persons who are found at the prayer camps	31
Healing practices that are performed in the prayer camps	32
Abuses in the healing practices performed in the prayer camps	33
Level of satisfaction with healing practices at prayer camps	34
Conceptual Framework	34
<b>CHAPTER THREE: RESEARCH METHODOLOGY</b>	<b>38</b>
Introduction	38
Study Area	38
Research Philosophy	38
Study Design	39
Population	40
Target Population	41
Sample Size and Sampling Procedure	41
Source of Data	42
Research Instrument	42

Data Collection Procedure	43
Data Analysis and Processes	43
Ethical Consideration	44
<b>CHAPTER FOUR: RESULTS AND DISCUSSION</b>	<b>45</b>
Introduction	45
Demographic Characteristics of Respondents	45
Categories of people who patronize the prayer camps	46
Reasons for Patronising Prayer Camps	47
Healing Practices that go on in the Prayer Camps	54
Identify the abuses in the healing practices of the prayer camps.	63
Level of satisfaction with healing practices at prayer camps.	65
<b>CHAPTER FIVE: SUMMARY, CONCLUSION AND RECOMMENDATIONS</b>	
Introduction	69
Summary of Findings	69
Conclusion	73
Recommendations	73
<b>REFERENCE</b>	<b>75</b>
<b>APPENDIX A: Interview Guide</b>	<b>92</b>



## LIST OF TABLES

Table	Page
1 Prayer camps	42
2 Sex of Respondents	45
3 Age of Respondents	46
4 Categories of People	46
5 Sickness and its corresponding healing practices	61



## LIST OF FIGURES

Figure	Page
1 Health Belief Model	37



## CHAPTER ONE

### INTRODUCTION

#### Background to the Study

Everybody has the right to choice of thought, scruples and religious faith. It embraces but not limited to ones' right to change faith and the liberty to execute that alone or in with other people either in open or secretive in manners that reveal ones' religion or belief (Donnelly, 2013).

Human rights are moral principles or standards which illustrate principles of human conduct and are protected by law (Rover& Bienert, 2014). These rights are essential privileges of which an individual is permitted (The United Nations, 2004). Such rights are innate in humans irrespective of nationality, location, language, religion, ethnicity or social class (DeJong, Soga, Kavazanjian, Burns, Van Paassen, Al Qabany & Chen, 2014).

Human rights consciously focus on individuals accomplishing the least conditions for existing with self-esteem, which is done through revealing the core reasons of susceptibility and sidelining and getting a higher variety of retorts. It authorises individuals to take and apply their rights and accomplish their duties. Human rights recognise deprived persons as possessing in-built rights vital for livelihood safety that is rights that are authorized by global principles and rules (Freeman, 2017).

Societal perspective of human rights is an important component. What constitutes a human right in the truest sense is heavily influenced by society, which also helps explain how and why human rights have become such a powerful social force globally (Garg, 2021). The society determines how human rights are applied and balances out conflicting rights. It must be made

obvious that human rights are used in everyday regular practise in places like schools, courts, hospitals, prayer camps, and governmental bodies in order to better appreciate the social significance of human rights.

Human rights and religion share the claim that human dignity must be respected at all time (McDougal, Lasswell & Chen, 2018). However, prayer camps in Ghana have been seen via doctrine and principles to encroach upon the basic human rights of people, mostly the sick in their effort to heal them at these prayer camps.

Cohen J. & Ezer T. (2013) defines the notion of "human rights in patient care" as the use of human rights ideologies to the milieu of patient care. It offers a moral substitute to the rising debate of "patients' rights" that has progressed in retort to prevalent and austere human rights abuses in healthiness situations. Unlike "patients' rights," entrenched in a consumer charter, this notion originates from natural human self-esteem. It objectively applies widespread, lawfully recognised human rights ideologies, shielding both patients and providers and conceding of boundaries that can be warranted by human rights standards.

The sick perceive leaders of the prayer camps to wield enormous divine powers and thus offer themselves for spiritual healing and become vulnerable to all forms of abuses. Recently, human rights abuse at these camps via doctrines and principles have become widespread, and individuals being healed there are regularly subjected to substantial human rights abuses (Moyn, 2012).

Abuse has been defined in so many ways. Oxford dictionary describes abuse as treatment with brutality or vehemence, particularly frequently or recurrently. Wikipedia sees abuse like harsh and vehement conduct of an individual or animal; however, to treat or use in such a manner as to cause damage or harm is an ideal definition for my research. The reason is that it touches on the damage or harm caused by a particular treatment, be it polite, necessary, unnecessary or cruel. Levine, Bates, Blankenship, Bailey, Bittl, Cercek, & Khot, (2016) highlight forms of abuse which include physical or oral cruelty, damage, attack, undue practices and many more.

In Ghana, prayer camps are surfaced in the 1920s, and presently, the country has several hundreds of such camps (Arias, Taylor, Ofori-Atta & Bradley, 2016). These camps are unregulated and are operated by self-professed clairvoyants and religious leaders (Arias et al, 2016). Since these camps are unregulated, little is known about their antiquity, statistics and procedures (Osafo, Agyapong, & Asamoah, 2015).

Ghana's 2012 Mental Health Act provides a structure by which persons with incapacities can contest their confinement in psychiatric hospitals. However, the law does not apply to prayer camps, leaving people with mental disabilities without legal remedies to seek release (Caivano, 2014).

The superstitious thoughts interact with other factors and result in situations where human rights abuses could take place. Suppose efforts are not made to educate people on human rights abuses which have characterized activities of prayer camps, the situation could worsen. Therefore, it has



become imperative that the situation is examined to identify ways to curb the abuses and improve the human rights condition of persons patronize prayer camps for divine healing.

### **Problem Statement**

Customary principles connect mental incapacity and most ailments with the mystic in Ghana. Hence, families take blood relations to prayer camps for cure when results are not realised or cannot pay for care at health and psychiatric establishments. Yet advocates echo that camp environments and practices infringe human rights, which camp supervisors shield as heavenly curing techniques or associate to a deficiency of resources.

Though prayer camps offer protection for persons in search of cure and peace of mind, some prayer camps subject people to cruel and undignified conditions (Badcock & Hugdahl 2012; Asamoah *et al.* 2014). In Ghana, people with perceived spiritually induced ailments are frequently forced to subsist in prayer camps (Luhmann & Padmavati 2015).

Majority of such people face congestion, severe unsanitary conditions and have nearly no capacity to challenge their confinements (Asamoah, Osafo & Agyapong, 2014; Luhmann & Padmavati, 2015; Arias *et al.* 2016). In some of the prayer camps, the sick's are denied access to health care and medications, chained to trees or concrete structures exclusive of a roof, and are made to endure the scorching sun (Luhmann *et al.* 2015).

In certain situations, the sick's are mandated to urinate, bath, sleep, and excrete on the spot (in-situ) where they are manacled (Asamoah *et al.* 2014) whilst others are deprived food and water for weeks as part of the healing



process (Badcock & Hugdahl 2012). Despite these abuses, operators of prayer camps constantly entice people with their claims to heal persons plagued with diverse conditions including but not limited to cancers, sterility, and physical or mental disabilities through prayer and other non-medical techniques (Luhmann & Padmavati, 2015).

The situation of a Traditional Birth Attendant in a camp “The most heartbreaking is the prophetess the researcher visited who was also a TBA, and she had nearly 50 pregnant women on admission!” Traditional Birth Attendants are not entirely new in the country. The challenge has been how they handle complications which are beyond them. The questions are; if you are pregnant, what are you doing there? If you are having a baby and the baby is breech, what can this woman do for you? If you start bleeding, what can this woman do for you? She can’t do anything for you.

The sick suffers inhuman conditions and treatments in prayer camps based on the doctrines and principles used by the prayer camp operators. Such activities necessitate the need to investigate the human rights abuses the sick experience in selected prayer camps in the Mpohor District of Ghana and make a case for NGO interventions to reduce drastically if not eradicated.

### **General Objective**

The main objective of the study was to assess human rights abuse of the sick in prayer camps in Mpohor district with reference to NGO intervention

### **Specific Objectives**

Specifically, the study sought to:

1. Investigate the categories of people who patronize the prayer camps.
2. Examine the healing practices that go on in the prayer camps.
3. Analyze the abuses in the healing practices of the prayer camps.
4. Assess patients level of satisfaction with healing practices at prayer camps.

### **Research Questions**

The following questions would guide the research:

1. Which categories of people are found at the prayer camps?
2. What are the healing practices used in the prayer camps?
3. Which forms of abuses are found in the healing practices used at the prayer camps?
4. What is the level of satisfaction of patients with the healing practices at the prayer camps?

### **Justification for the Study**

The preface of the World Health Organization (WHO) concisely accentuates the satisfaction of the uppermost standard of health as a vital right of all human beings. Article 25 of the Universal Declarations of Human Rights orates that, every person has the right to a standard of living, suitable for the health of himself, comprising food, clothing, accommodation, medical care, and required services. Research divulges that people's inferior health status, as well as higher sickness, lower life expectation, and rising rates of child mortality are related to their identity, background, and class. Human behaviour is regarded as an upshot of inherited and biochemical characteristics, past

learning times, motivational sovereignties, psycho-social experiences, and the ethnic terrain in which it unfolds. Culture plays a complex work in the natural history and wacko- social development of natural actions comprising of customs, beliefs, values, knowledge and savvy. Social standards are the partook rules that specify suitable and wrong behaviours people consider as vital to their well- being. The socially put prices and wraths that sandbag people to rebel with standards constitute important members of culture (Heylighen, Kingsbury, Lenartowicz, Harmsen & Beigi, 2018).

The sick however are vulnerable when their conditions are explained to be spiritual, and there is the need to seek for divine healing from these spiritualists and prayer camps. The sick are made to go through several inhuman activities and conditions all in the name of healing them. These inhuman treatments have necessitated this research to find appropriate ways of curbing the situation.

### **Significance of the Study**

The study would help to identify and clarify the diverse healing practices and human rights abuses the sick are subjected to at various prayer camps due to the doctrines and practices at the camps which harm the sick.

The findings from the study would provide a guide for policymakers and human rights groups on ways to deal with prayer camps that encroach upon the human rights of the sick in their care. And suggest a possible way of handling the sick in their prayer camps.

The study outcome would provide detailed information for both researchers, practitioners and academics on how doctrines and practices at

prayer camps in Ghana are contravening the fundamental human rights of the sick who patronise them.

Finally, the Study would provide content for sensitisation training about these camps and ensure the fundamental human right of the sick.

### **Definition of Terms**

**Human rights:** are rights that are innate in all natural creatures, independent of race, sex act, race, dialect, religion, or other position. The right to life and liberty, freedom from slavery and torture, freedom of thought and speech, the right to work and education, and many others are among these rights.

**HRBA:** Human Rights Based Approach

**Prayer camps:** prayer camps are religious institutions for worship and also serve as an alternative for infirmaries for a variety of ailments in Ghana.

**Sick:** it is the state of being affected by physical or mental illness.

**Abuse:** to treat or use in such a way as to cause damage or harm is an ideal definition for my research.

### **Organisation of the Study**

The Study is categorised into five chapters, Chapter One consist of background to the Study, problem statement, the objective of the study, justification of the study, the significance of the study, the definition of terms and organisation of the rest of the chapters. Chapter two presents literature related to the topic under investigation, which consists of concepts, theories and empirical review. Chapter Three offers information related to methods, process, procedures and approaches for data collections. The chapter is sub-

grouped into research design, study area, target population sample and sampling techniques, data collection instrument, and data analysis. The last section under Chapter Three presents the validity and reliability of the study instrument and ethical consideration and approval for data gathering. The Chapter Four outlines data analysis, presentation and discussion of results from the respondents. Chapter Five is devoted to a summary of finding, conclusion and recommendation and finally research for future studies.





## CHAPTER TWO

### REVIEW OF RELATED LITERATURE

#### Introduction

This segment of the work present literature review connected to human rights abuse and healing practices of the sick in prayer camps the chapter is grouped into four sections namely conceptual review, theoretical review empirical review and conceptual framework. The conceptual review considered various terms like prayer camps, healing practices, legislative and others. The theoretical review presents theories underpinning the Study. The empirical review offers various researcher view on the topic from both developed and developing nations in other to link the current Study with their previous studies. All this discussion would be carried out in agreement with the study's goals. The conceptual frameworks present diagrammatic representation of the variables in other to link the result to various theories under discussions.

#### Conceptual Review

This section of the Study presents various terms and definition related to the to human rights abuse and healing practices of the sick in prayer camps, healing practices, legislative and others

#### Prayer Camps

Prayer camps are faith-based retreats led by self-described "prophets" and "healers." Individuals with specific health problems or others who display some 'abnormal' and unpleasant behaviors that are thought to be caused by evil forces are taken there, ostensibly in search of spiritual healing and treatment. (Human Rights Watch, 2012 as cited in Edwards, 2014). Many



Ghanaian tribes and beliefs believe that some illnesses, including as mental diseases and barrenness, are triggered by evil spirits and can only be cured or healed by spiritual forces.

Nevertheless, these healing processes are marred with indiscriminate human right abuses. Persons with mental illnesses are frequently shackled to keep them confined and helpless against treatment. While in the custody of the camp practitioner, the chaining also prohibits individuals from fleeing the camp. However, as stated in Article 5 of the Universal Declaration of Human Rights,

*“No one shall be subjected to torture or cruel, inhuman or degrading treatment or punishment”*. According to this article, no prayer camp has the authority to bind persons taken to the camp. Unfortunately, In the battle against human rights breaches in prayer camps, there are expressions of frustration with government institutions in Ghana (Sondem, 2015). Meanwhile, there is the continuous effort by CHRAJ to sensitise the camp practitioners to operate, being mindful of the rights of persons at their disposal.

#### **Human Rights-Based Approach (PANEL principles)**

Human Rights-Based Approach (HRBA) formed the basis of the study. UNICEF advanced the HRBA in its programming which highlighted a change towards more human-focused developmental process between 1980s to the 1990s. They also hammered empowerment of the defenceless in progress rather than side-lining the deprived (Jonsson, 2005). Nevertheless, in 1997, Kofi Annan (UN Secretary-General) launched a program for improvements and called for incorporating human right into all programs and activities of the

UN systems (Jonsson, 2005). Afterwards, a number of progressive agencies began accepting HRBA in their functions. The guide demanded the recognition of human right to be at the core of all activities of developmental collaboration, rules and technical support as specified in the UDHR and other international human rights instruments. The guide further directed that all progressive collaboration in every aspect and phases of their activities be guided by human rights and principles resulting from the UDHR and other human rights instruments. All activities of progressive collaboration ought to develop capabilities of duty-bearers to accomplish their duty and right-holders to demand their rights (Albero, 2015).

A human rights-based approach is a conceptual framework for upholding and protecting human rights in development projects that is based on international human rights norms. (Brysk, 2009). Logically, a human rights-based approach bridges the gap amid right holders and duty bearers by improving their comprehension of their relations. Hence, human right based approach calls for the incorporation of global human rights ethics to emphasise that individual's human rights are positioned in the center of plans and progressive outlines. Huasen & Launiala (2015) additionally simplifies HRBA as integrating customs, values and ideologies of international human rights law into the strategies, guidelines and procedures of progress. Gready (2008) broadens the space of HRBA framework by including its reliance on national laws, public and customary norms. HRBA infers using human rights as the foundation for framing the objectives for progressive collaboration. Thus, using human rights principles to guide the developmental cooperation process by exploring weaknesses and unfairness as well as challenging

discriminatory actions and unmerited supply of power that obstruct human rights (Government of Finland, 2015 as cited De Felice & Graf, 2015).

Over the years, numerous methods have been adopted for developmental interventions. The early method used by developmental stakeholders was based on charity, to needs and now HRBA. Each of these methods had their distinct features; the charity approach hammered the ethical duty of the wealthy to the vulnerable. The need approach emphasised on needs as a legal right. HRBA recognises individual and group liberties as legal and ethical entitlements to duty-bearers (Alkstal, 2017). HRBA allows individuals to recognise and demand their liberties by establishing responsibilities to enable individuals to pursue redress once their liberties are disturbed (Lauren, 2011). It also examines disparities, redresses unfair behaviors, mishandlings, and unequal power allocations which obstruct progress. (Brysk, 2009).

HRBA is viewed as an important requirement for reaching worthy governance and reinforce the social agreement among residents and their administrators (OHCHR, 2013 as cited in Yamin, 2013).

Moreover, HRBA is vital for sustainable development. Consequently, nations that have sanctioned human rights accords have the duty to pursue their developmental programs on human rights values. The bottom-up approach of HRBA in the process of change, empowers policy makers to plan sustainable developmental agenda based on human liberties and enhance human rights conditions to be supervised, assessed and safeguarded for an extended time. Critically, three level of situation examination is underpinned by this method. Firstly, the causality analysis, which reveals root causes of development problems and reveal discriminatory practices. Secondly, role or

obligation analysis describes obligations of stakeholders mostly concerning the root causes identified (OHCHR, 2006).

Conspicuously, data on Human Rights Based Approach differs depending on the nature of the organization concerned and their area of operation. Common principles have been abridged with the acronym PANEL – Participation, Accountability, Non-Discrimination, Empowerment and Linkage to Human Rights norms (Gready & Vandenhole, 2014). Similarly, Kayser and Osterhaus use PLANET as they add transparency to the framework.

**Participation:** deals with the attitudes, where progressive ventures involve both duty- bearers and right holders. The procedure is not imposed but on the contrary, the citizens inputs are factored by the developmental body acting as directors of the process. Hence, the inhabitants will have a feeling of ownership as they affect change in their own area. Therefore, the direction, progress and resolution to the problem identified will be the responsibility of the inhabitants.

An honest involvement demands the contribution of right- holder throughout the entire developmental project. The whole course demands right holders are given the chance to voice out their apprehensions and receive redress devoid of discernment. Contrarywise, there is struggle in getting an honest level of involvement. For example, variances in urgencies of both developmental agencies and societies and discernment can impact involvement adversely.

**Accountability:** demands calling on duty- bearers to responsible for their actions. HRBA allows the right – holder to demand their liberties, and makes



room for duty- bearers to complete their duties (Munyoya, 2013). Dialogue and partnership amid duty- bearers, right holders and other accountable players enhance answerability (UNDRIP). That's why Finland identified accountability as the centre of HRBA (Government of Finland, 2015).

**Non- discrimination and equality:** imply treating all human beings as the same permitting them have liberties devoid of discernment comprising sex, culture, age, dialect, religion disability among others (UDHR, 1948). It's on this principle that, the planning and process of HRBA demand extraordinary consideration of individuals in weak situations in the venture so that the plan does not increase discernment but assures all persons of equal access to and advantages of the scheme.

**Empowerment:** means of improving the ability and independence of inhabitants to aid them to claim their privileges as well as developing into public actors and taking control of their situation. Clearly, people endowed to be in control of their situations by equipping them with cognizance, know-how, boldness that broadens their possibilities and independence (Munyoya, 2013).

Empowerment is a significant factor in achieving progress by right-holders individually. Therefore, persons have a feeling of belonging and energetically partake in schemes that will improve change; because individuals' access to options, resources, and capabilities to alter their situations and lead their progresses.

**Linkage to Human Right:** HRBA approaches are directed to recognition of human rights. The HRBA as an approach is positively stuck on international human rights being fused into advancement. Nations with sanctioned human

right accords are encouraged to change them into state laws so that human right can be justifiably mandatory and the lawful duty- bearers are held accountable to accomplish them (Albero, 2015). Similarly, whereas HRBA assures to protect right – holders to demand their liberties, establishments devoted to this method guarantees that in an effort to grant one human right no other liberties would be desecrated in the process.

### **The Concept of Human Rights**

Historically, after translating the French Declaration of Man and Citizen from French to English, Thomas Paine, a Frenchman, created the term "Human Rights," but he was arrested. From then, the concept has been with several interpretations across law and legal disciplines as well as areas of research with legal knowledge-focused. Human rights have a wide array of meanings, and they are essential to comprehending law, the legal system, and legal culture. As a result, it serves as a barometer of the society's status and citizens' legal awareness. Human rights encompass the entirety of human existence. (Zerkina, Kostina,&Pesina, 2015).

Human rights are important in every society and Human Rights awareness creation is a universal need and individuals, groups, institutions, governments and international bodies have appealed to the universal need for Human rights (Cranston, 1973). Human rights are the result of a philosophical argument that has raged in European nations and their colonial descendants for over two thousand years. Flowers & Shiman (1997) posits that human rights philosophy deals with matters such as human rights' existence, content, nature, universality, justification, and legal status. The strong claims made in support of human rights frequently elicit skeptical doubts and philosophical counter-



arguments. The central theme of these debates was the search for ethics or moral canons of political organization and behavior that were sovereign from modern society. As a result, individuals are distrustful of what a particular culture or ruling class believes is proper or decent at any given time. Such apprehension led to a pursuit for lasting moral obligations that link cultures and their rulers throughout space and time.

The idea that rights are conferred on people by virtue of their humanness is quite a new phenomenon (Butler, 2012). Human rights trace its roots to earlier tradition and practices of many cultures; the spark that propelled human rights onto the global scene and into the global conscience was World War II. People earned rights and obligations through their connection with a group; a family, religion, nation, class, or society, prior to the introduction of Human Rights into the global discussion. The Bible, Hindu Vedas, Babylonian Code of Hammurabi, Quran, and Confucius' Analects were the five ancient literary texts that addressed the topic of individuals' obligations, rights, and responsibilities. (Crawford, 2010).

The written pioneers of today's human rights papers which declared individual rights are documents such as the Magna Carta (1215), the English Bill of Rights (1689), the French Declaration on the Rights of Man and Citizen (1789), and the US Constitution and Bill of Rights (1791) (Cranston, 1973). Yet, many of these papers, when initially decoded into policy, prohibited women, blacks, and members of certain social, economic, religious, and political groups (Ajulo, 2000).

The founding of the United Nations (UN) in 1945, as well as modern human rights regulations, had historic precedents. Efforts to ban the slave

trade and mitigate the effects of war in the nineteenth century are key examples (Almond, 1993). The International Labour Organization (ILO) was founded in 1919 by a group of countries to oversee treaties protecting employees' rights, including their safety and health. At the end of World War I, the League of Nations expressed concern about the safety of certain minority populations (Butler, 2010). Nonetheless, this worldwide peace organization, founded by successful European allies, never accomplished its objectives and perished with the start of the Second World War in 1939.

The notion of human rights arose strongly after World War II with the formation of the UN (Cranston, 1973). The key objective of the UN is to strengthen international peace and preventing conflict, with its first document; the Universal Declaration of Human Rights, (UDHR, 1948). The Universal Declaration of Human Rights (UDHR) (1948) contains nearly two dozen specific human rights that countries must respect, promote, and preserve, including security rights that protect people from crimes such as murder, massacre, torture, and rape. Furthermore, due process rights defend against legal system abuses such as incarceration without trial, secret trials, and excessive sentences. The remaining rights are liberty rights, which guard freedoms such as belief, expression, association, assembly, and movement; political rights, which protect freedoms such as communicating, assembling, protesting, voting, and serving in public office; and finally, equality rights, which guarantee equal citizenship, equality before the law, and non-discrimination. Group rights are not included in the Universal Declaration, but they are included in future treaties. Ethnic groups' rights to be protected against genocide, as well as countries' ownership of their national lands and

resources, are examples of group rights (Kymlicka 1992; Henrard 2000; Anaya 2004; Baker 2004 et al; Nickel et al 2006).

The UDHR has placed human rights the global governance. Most of the UN's more than 185 member countries have incorporated its ideals into their constitutions. The Universal Declaration has attained the status of customary international law, despite the fact that it is not a legally binding document (Alston, 2005).

Individuals pursue or desire rights in order to further their own development. People cannot live with dignity unless they have certain basic rights. As a result, Human Rights can be defined as the fundamental principles without which humans cannot live in dignity. They essentially contain all human rights and freedoms, which are frequently regarded to comprise the right to life and liberty, freedom of opinion and speech, and equality before the law (Rahaman, 2015; Zerkina, Kostina,&Pesina, 2015). Treating somebody as though she or he was not a human being is to violate their human right. These are a small number of natural rights that cannot be refused but are not secured by statute. The state has a duty to promote and protect human rights (Rahaman, 2015).

### **Tenets of Human Rights**

Human Rights have unique characteristics. These are innate, not negotiable, universality, equality and feasibility. It is innate in the sense that no one earns it by any specific reputational attribute. It is neither a person's nor a societal system's generosity. These are rights that every man is born with. Human rights are non-transferable and cannot be given, exchanged, or

transferred. It is excessive for everyone. It couldn't be given away or stolen, and it couldn't be taken away by grabbing (Rokeya, 1997).

Human rights are universal, which means that everyone is eligible to enjoy all of the rights and freedoms outlined in the Universal Declaration of Human Rights. While equality refers to everyone having equal access to opportunities and resources, feasibility also refers to the feasibility or effectiveness of Human Rights. Human Rights must never be considered a hypothetical or abstract idea. Social values, customs, culture, and institutions all influence it (Rokeya, 1997).

Human Rights differ from Fundamental Rights, although they are close related concepts. Human Rights are the basic principles without which no one may live in dignity. They're a part of who you are. Fundamental Rights, on the other hand, are those rights, often known as human rights that are protected by the constitution. Human Rights are all fundamental rights, but they are not all fundamental rights. Human rights concern all people on the planet, whereas fundamental rights concern only one state and its residents (Kostina & Pesina, 2015).

According to the Universal Declaration of Human Rights of 1948, there are a total of 25 human rights. There are nineteen civil and political rights, as well as six economic, social, and cultural rights. There are also two types of Human Rights called Solidarity Rights. One right is to self-determination, according to DGICCP (ref), while another is to self-development, according to DRD. So, there are a total of twenty-seven Human Rights. Fundamental rights, on the other hand, do not have a fixed number. It



differs from one country to the next. It is dependent on a state's political and economic situation (Glendon, 2004; Kostina&Pesina, 2015).

Human rights, so to speak, are not just theoretical. According to the U.S. Human Rights Fund (2010), human rights are recognized standards to which governments are to be held accountable. From this point, the Advocates for Human Rights (2011) developed five basic tenets that should guide what constitute human rights as they apply to all people. Universal, inalienable, interconnectivity, indivisible, and non-discriminatory are some of them. They are universal in the sense that they belong to everyone, regardless of social class. Everyone is born free and with the same dignity and rights. They should also be inalienable, meaning that they cannot be taken or transferred. Even when their governments encroach upon their human rights, people still have rights (Advocates for Human Rights, 2011). The interconnectedness suggests that the accomplishment or violation of one right has an impact on the accomplishment or violation of all other rights, while the indivisible nature implies that no right can be regarded in isolation. Human rights shall be respected without discrimination, exclusion, restriction, or preference based on race, colour, age, national or ethnic origin, language, religion, sex, or any other status that has the aim or effect of hindering the delight of human rights and fundamental freedoms (Advocates for Human Rights, 2011).



### **Human Rights Abuse**

One of the main points of the Rio Declaration on Environment and Development 1992 (UN, 1999) was to place human needs at the center of sustainable development issues in order to provide a healthy and fruitful existence in accord with environment.

### **Human Rights Legislation and Prayer Camps in Ghana**

Various human rights are included in the International Bill of Rights. The Universal Declaration of Human Rights, the International Covenant on Economic, Social, and Cultural Rights (ICESR), and the International Covenant on Civil and Political Rights (ICCPR) are among the rights recognized (ICCPR). These rights are human rights instruments which already existed on a bid to secure the rights of all (Joseph & Castan, 2013). Article 2 of the ICESR and the ICCPR both have a non-discrimination clause that requires nations to guard human rights regardless of race, color, sex, language, religion, political or other opinions, national or social origin, property, birth or other status. As a result, "other status" includes disability as a basis for anti-discrimination protection (Fukuda-Parr, Yamin, & Greenstein, 2014).

In spite of the availability of these human rights instruments, the advancement and protection of rights at Ghana's numerous prayer camps is an issue that has to be addressed, which includes necessary legislative action to realize rights. State parties are required to establish suitable laws to implement their international commitments, which may include the integration of the Covenant's protected rights into domestic law.

## Theoretical Review

Their own belief influences individuals, faith and what is usually called “gossip “and information in complex and unpredictable ways. The theoretical models underpinning the Study includes; Self-Perception and Psychological Theory, Protection Motivation Theory (PMT) and Health belief model and protection motivation theory. This section offers details explanation on these theories.

### Self-Perception and Psychological Theory

People create their attitudes, according to the self-perception hypothesis, by monitoring their behavior and concluding what attitudes must have produced it. The theory goes against conventional knowledge, which holds that attitudes come before behaviors. In addition, according to the notion, a person can produce attitudes without accessing internal cognition or mood states. People rationalize their overt behaviors in the same manner they try to explain the behavior of others.

Self-perception theory psychologists have established that emotions do follow behaviors. Overt behaviors, for example, are observed to be accompanied by comparable feelings (such as liking, disliking, happiness, rage, and so on). Different facial expressions, gazes, and postures are examples of these behaviors. In real-life circumstances, evidence for the self-perception theory has been seen. Teenagers' views were shown to have evolved to be more caring and compassionate of others after they participated in frequent and prolonged volunteer services (Woosnam, Draper, Jiang, Aleshinloye & Erul, 2018).

Self-perception theory takes a different approach to psychological issues than traditional approaches, which argue that the issues stem from the clients' inner selves. Instead, people assign their inner sentiments or skills to their external behaviors, according to the self-perception theory. People prefer to blame their failure to adjust for their instabilities when their behavior is unstable. Such an attitude makes them suffer from corresponding psychological problems (Játiva & Cerezo, 2014 as cited Bensimon, 2017).

The self-perception theory will aid the Study in determining whether police personnel attitudes do come before their behaviours towards attending to domestic violence or not. In other words, it will assist in realising if attitudes of police personnel influence their behaviours with regards to domestic violence cases. Moreover, the Study expects to identify those respondent behaviours has something to do with the way they feel about domestic violence as a concept.

In the context of the psychological theory, this study examines whether individual's attitudes do come before their behaviours towards attending to domestic violence or not. In other words, it will assist in realising if attitudes of police personnel influence their behaviours with regards to domestic violence cases.

### **Protection Motivation Theory (PMT)**

The PMT, which was created in the United States, may provide a useful theoretical foundation for future research. Individuals protect themselves depending on their views of four issues: the brutality of a threatening event, the likelihood of the danger occurring, the effectiveness of the proposed preventive behavior, and self-efficacy to adapt the advised

behavior (Gregory et al, 2015). Thus, PMT incorporates both threat and coping assessments, making it predominantly valuable in explaining why people engage in harmful behaviors that can lead to a fire outbreak despite the known dangers. Rogers developed PMT to better study the impact of fear appeals on health-related attitudes and behaviors (Peddigari, Kim, Park, Min, Kim, Ahn, & Hwang, 2019). Fear appeals were hypothesized as a key beginning component influencing an individual's behavioral selection in the original PMT model.

The theory has undergone several revisions after being introduced (Vance, Siponen & Pahnla, 2012; Ifinedo, 2012; Tsai, Jiang, Alhabash, LaRose, Rifon & Cotten, 2016; Crossler, 2010). In the current form, a PMT entails two highly correlated pathways. Threat Appraisal (which entails analyzing maladaptive behaviors such as those that lead to health risks and/or noxious consequences) and Coping Appraisal (which entails assessing maladaptive behaviors such as those that lead to health risks and/or noxious consequences) are the two (denoted by evaluating the ability to handle and avoid the threatened danger described by Threat Appraisal). Perceived Threat and Perceived Rewards are two of the four constructs that make up the Threat Appraisal Pathway. Severity and Vulnerability are two constructs that make up Perceived Threat. The perceived negative consequences of a risk behavior are measured by severity, but the perceived possibility of the person being affected by possible negative outcomes is measured by vulnerability.

Intrinsic and Extrinsic Rewards are two constructs that make up Perceived Rewards. Extrinsic Rewards evaluates the perceived good social reactions or consequences of engaging in dangerous behavior, while Intrinsic



Rewards evaluates the felt positive physical and psychological effects of engaging in risky behavior. Overall, a stronger threat perception reduces the likelihood of choosing and engaging in negative behavior. The perception of a higher reward, on the other hand, will enhance the likelihood of choosing a maladaptive behavior (MacDonell, Chen, Yan, Li, Gong, Sun & Stanton, 2013).

The Theory of Protection Motivation, the Perceived Efficacy and Perceived Costs constructs make up the Coping Appraisal Pathway. Self-Efficacy and Response Efficacy are the two constructs that make up Perceived Efficacy. Self-Efficacy measures how confident you are in your capacity to adopt a defensive behavior, while Response Efficacy measures how effective the defensive behavior is at reducing the health risk. Perceived Costs is made up of just one construct, Response Costs, which quantifies the social, monetary, personal, time, and effort costs of changing defensive behavior. Increases in perceived effectiveness and decreases in perceived costs reduce the likelihood of choosing a risky behaviour.

Researchers have used Protection Motivation Theory as a framework to explore and comprehend a variety of health-related behaviours (MacDonell *et al.*, 2013). It has been used in etiological studies to examine several risk and defensive behaviours. The behaviours include tobacco use (Brody, Beach, Hill, Howe, Prado & Fullerton, 2013; Wirdefeldt, Adami, Cole, Trichopoulos & Mandel, 2011; MacDonell *et al.*, 2013), alcohol consumption (Zare Sakhvidi, Zare, Mostaghaci, Mehrparvar, Morowatisharifabad, & Naghshineh, 2015; Afshin, Babalola, Mclean, Yu, Ma, Chen, & Mozaffarian, 2016). Physical activity (Plotnikoff and Trinh, 2010), self-care (Shrivastava,



Shrivastava & Ramasamy, 2013), safe and protective behaviours at the worksite (Zare Sakhvidi *et al.*, 2015), parental protective behaviour (Jain, Self, Wunderink, Fakhran, Balk, Bramley, & Chappell, 2015), safe computing practices (Anderson and Agarwal, 2010), and environmental hazard reduction (Keshavarz & Karami, 2016) are also included.

In this study, individuals will be motivated to utilise faith healing at prayer camps if they received authentic information to protect themselves from abuses at the camp. If they realise that their daily activities at the camp could endanger or lead to abuses of all kind will either trigger them to utilised or disengage that service.

### **Social Justice Theory**

Social justice is the type of justice that can only be attained when the social structures allow for everyone to get what is rightfully theirs (Deranty, 2016). While there are numerous facets to justice in general, social justice theory is mainly focused on the equitable distribution of resources as a result of the social, political, and economic structure of the community. According to Miller (1975), social justice refers to the just state of affairs in which each individual has exactly those benefits and burdens which are due to him by virtue of his personal characteristics and circumstances. Social justice places a personal obligation on every one of us to collaborate with others to develop and enhance institutions (Guala, 2016) and it involves equity in healthcare, work, housing, and other areas. Human rights are respected in a socially just society, and discrimination is not tolerated (Soken-Huberty, 2022). Human rights, access, participation, and equity are the four pillars that must be established for social justice to materialise.

## Human Rights

The link between social justice and human rights has grown stronger throughout time, to the point where many people use the terms social justice and human rights interchangeably (Soken-Huberty, 2022). While they are theoretically distinct, one cannot exist without the other. A just society protects and respects everyone's human rights. Social justice grows when a society respects and encourages human rights. In relation to the study, the right of the sick who visit prayer camps for healing must be respected and they must not be abused with the pretense of offering spiritual healing.

## Access

Access to necessities such as shelter, food, medical care, and education is critical to a just society (Hussain, 2023). A society must prioritise access in addition to investing in innovations and creating new opportunities. Individuals, communities, and society as a whole suffer when access is denied based on criteria such as gender, colour, or class. Any individual sick is vulnerable and will be ready to do anything to survive therefore, prayer camps owners who host the sick should not deny them food, shelter and medical care with the pretext of following divine direction. Any denial of any of these will be an abuse of their human right.

## Participation

Social justice cannot be achieved if just a few voices are heard. sadly, the marginalised and vulnerable voices are frequently ignored in favour of those with wealth, cultural influence, and political power (Soken-Huberty, 2022). Participation must be pushed, encouraged, and rewarded so that everyone, especially those who have never had the opportunity to speak

before, can speak (Hussain, 2023). In relation to the study, the views of the sick must be respected and protected in these prayer camps. The I know everything attitude of these spiritual leaders in prayer camps must be looked at in order not to abuse the human rights of the sick.

### **Equity**

Equity strives for equality while taking into account the impacts of prejudice (Hussain, 2023). Understanding that we do not all start from the same position and that inequities must be acknowledged and corrected is what equity entails. Equity also means fairness and justice. Sick people must not be discriminated at since it could be a catalyst to kill them.

### **Theoretical Framework**

#### **Health Belief Model (HBM)**

The Health Belief Model was developed in 1950 by Rosenstock, Hochbaum, Kegeles, and Leventhal who were social psychologists working in the Public Health discipline (DiClemente, Salazar & Crosby, 2013; Efstathiou, Papastavrou, Raftopoulos & Merkouris, 2011). The model was developed purposely to explain reasons why individuals either seek X-ray screening for tuberculosis (TB) or decline. The HBM is acclaimed to be among the pioneer and most influential models in the field of health promotion and education (Ebomoyi, 2013).

The underlying factor was that health behaviour is determined by an individual's beliefs or observations concerning a condition and the fundamental approaches available to minimise its occurrence (Montano & Kasprzyk, 2014). Thus, the HBM considers health behavior change to be a function of an individual's logical assessment of the trade-off between the

costs and benefits of taking action. (Coulson, Ferguson, Henshaw & Heffernan, 2016).

The model had four primary elements at the start: perceived vulnerability, perceived severity, perceived barriers, and perceived costs. Perceived susceptibility describes a person's subjective judgment of the likelihood of catching an illness or being abused at the prophet. The perceived severity also explains the gravity and costs associated with the condition or not utilising prayer service, or any form of service, including hospital, induce services. Factors that militate against and promote the adoption of intervention denotes the perceived barriers whilst the perceived costs imply the negative connotations and associated implications towards the compliance of the suggested intervention. According to O'connor, Martin, Weeks & Ong, (2014), the interaction of these four factors determines one's health-seeking behaviour.

Between 1970 and 1980, the original model was altered, and certain components that covered the individual's responses to symptoms and illness, as well as adherence to medical regimen, were added to it. Subsequently, areas added to the model include i. perceived control and perceived threat. ii. demographic characteristics of people which influence behaviour. iii. cues to action (factors that stimulate people to seek prayer camp healing depends on things such as appealing communication from friend or relatives, the man of God and the miracles heard or seen about that prayer camp). Iv. the kind of illness behaviours, preventive health and health screening (Liu, Volcic & Gallois, 2014). The HBM was purposely designed to explain and predict the



uptake of TB X-ray screening. Currently, it is being used to predict general behaviours that respond to people's health.

The HBM has the following weaknesses. Firstly, it assumes that an individual's actions are rational. However, not all health actions and attitudes rest on rational choice. The model also throws much light on effects actions that shape action taking such as discomfort and increasing morbidity associated with defaulting medical advice and pay less attention to the positive factors including motivations that can drive people to take the recommended actions. Finally, the model does not consider other environmental factors that influence and modify individual behaviours.

### **Empirical Review**

This section of the Study reviews related works concerning the objectives of this study. Comparisons and contradictions are made to know the state of the subject matter.

### **Categories of sick persons who are found at the prayer camps**

Numerous patients and their families try to find treatment from mental health conditions during prayer camps, according to research. Patients try to find spiritual healing for their illnesses at these prayer camps, which are mostly Christian facilities administered by faith healers (Kpobi & Swartz, 2018). Such camps have been documented in Nigeria (Arias, Taylor, Ofori-Atta, & Bradley, 2016; Estrin, 2013), Togo (Carey, 2015), and Ghana (Human Rights Watch, 2012). In another study in Ghana by Arias et al., 2016, it was identified that the prayer camp supervised more than 100 patients with serious mental illness. According to Taylor (2015), the majority of these mental illnesses include schizophrenia, depression, bipolar and substance disorders.



Furthermore, most patients at prayer camps did not come to the camp with mental ailment as their primary worry; instead, physical disease or non-medical issues were more common. This situation is in line with Taylor (2015), where it was identified that people sought Gods divine grace, retreat from challenges of daily life and sought solutions to challenges in the family. In particular, challenges with fertility or finances.

Another root reason for being at a prayer camp was demon possession, in which a demon entered the host and produced the affliction (Arias et al., 2016). The affliction could be as a result of ancestral curses or hereditary. People who have a spirit that manifests as an addiction to drugs of abuse have also been victims of prayer camps.

### **Healing practices that are performed in the prayer camps**

Prayer camps, according to Arias et al. (2016), reflect strong beliefs in spiritual rather than biological explanations for mental illness. Long-term drug regimens, they claim, concealed underlying spiritual reasons of sickness.

Fasting has been identified as one of the most widely used healing methods.

Fasting, as it is commonly practiced in prayer camps, is the forced abstention from particular or all foods and beverages for a set length of time in order to drive out possessing devils. However, opinions differ on whether patients were required to fast or if others could do so on their behalf. Fasting was an expected part of the healing process in some camps (Ae-Ngibise, Cooper, Adii bokah, Akpalu, Lund, Doku, et al., 2010; Taylor, 2015). Depending on the ailment or affliction, the length of the fast and the foods disallowed by the fast varied.

At some prayer camps, it was also reported that caning (beating patients with canes or sticks) and corporal punishment were used (Edwards & Lampert, 2014; Carey, 2015). However, not everyone agreed, with some describing the thrashing of patients as being incompatible with a belief in spiritual healing (Arais et al., 2016).

It was also evidenced that prayer camps used chains to prevent patients from running away or causing harm to others or themselves (Freedman, 2013; Ae-Ngibise, Cooper, Adibokah, Akpalu, Lund & Doku, 2010). The use of these materials is attributed to a lack of adequate human resource or structures to supervise patients.

#### **Abuses in the healing practices performed in the prayer camps**

Eaton and Agomoh found that traditional healers and "prayer houses" in Nigeria use herbal medicines, chaining, beating, skin amputation, acid burning, and starvation (fasting) to treat patients (Read et al., 2009; Eaton & Agomoh, 2008). In Ethiopia, they employ ropes and shackles to hold persons with mental illnesses in their homes and traditional healing centers (Selamu et al, 2012). This treatment is consistent with Patel & Bhui, (2018), who found that chaining and beating of mentally ill people, as well as fasting, were frequent in homes and treatment centers in the communities investigated. On the contrary, according to Blaikie, Cannon, Davis, and Wisner (2014), restraining of the psychologically ill is frequent in Sub-Saharan African countries. Even in Peru's isolated rural communities, where psychiatric resources are sparse, this treatment is not used.

### **Level of satisfaction with healing practices at prayer camps**

Satisfaction with healing practices at prayer camps has generally not been satisfactory. This degree of satisfaction was demonstrated in a research in Nigeria, where just 9% of persons diagnosed with anxiety, mood, or substance use disorder received any therapy at all, and even that care was deemed insufficient (Green, Haber, Frey & McCabe, 2015).

Granic, Lobel, and Engels (2014) further claimed that psychiatric services, in particular, were hard to obtain, mainly in rural areas, and that their effectiveness was limited. There have also been reports of mistreatment and human rights violations, as well as chaining, forced fasting, and beatings (Kelly, 2011).

In contrast, the Commission for Human Rights and Administrative Justice (2009) determined that prayer camps are necessary evils in our society since they provide speedy remedies to spiritual and psychological difficulties in a focus group discussion with customers. They claim that the vast majority of persons who come to the camps are entirely healed following their stay.

### **Conceptual Framework**

The health belief model, according to Stretcher and Rosenstock, 1997 as cited in Pirzadeh & Mazaheri (2012), was finally adapted by this Study as the conceptual framework guiding the Study. The model has four primary elements at the start: perceived vulnerability, perceived severity, perceived barriers, and perceived costs. Perceived susceptibility describes an individual's subjective judgment of the likelihood of catching an illness or being abused at the prophet. The perceived severity also explains the gravity and costs associated with the condition or not utilising prayer service, or any form of

service, including hospital, induce services. Factors that militate against and promote the adoption of intervention denotes the perceived barriers whilst the perceived costs imply the negative connotations and associated implications towards the compliance of the suggested intervention. According to O'connor, Martin, Weeks & Ong, (2014), the interaction of these four factors determines one's health-seeking behaviour.

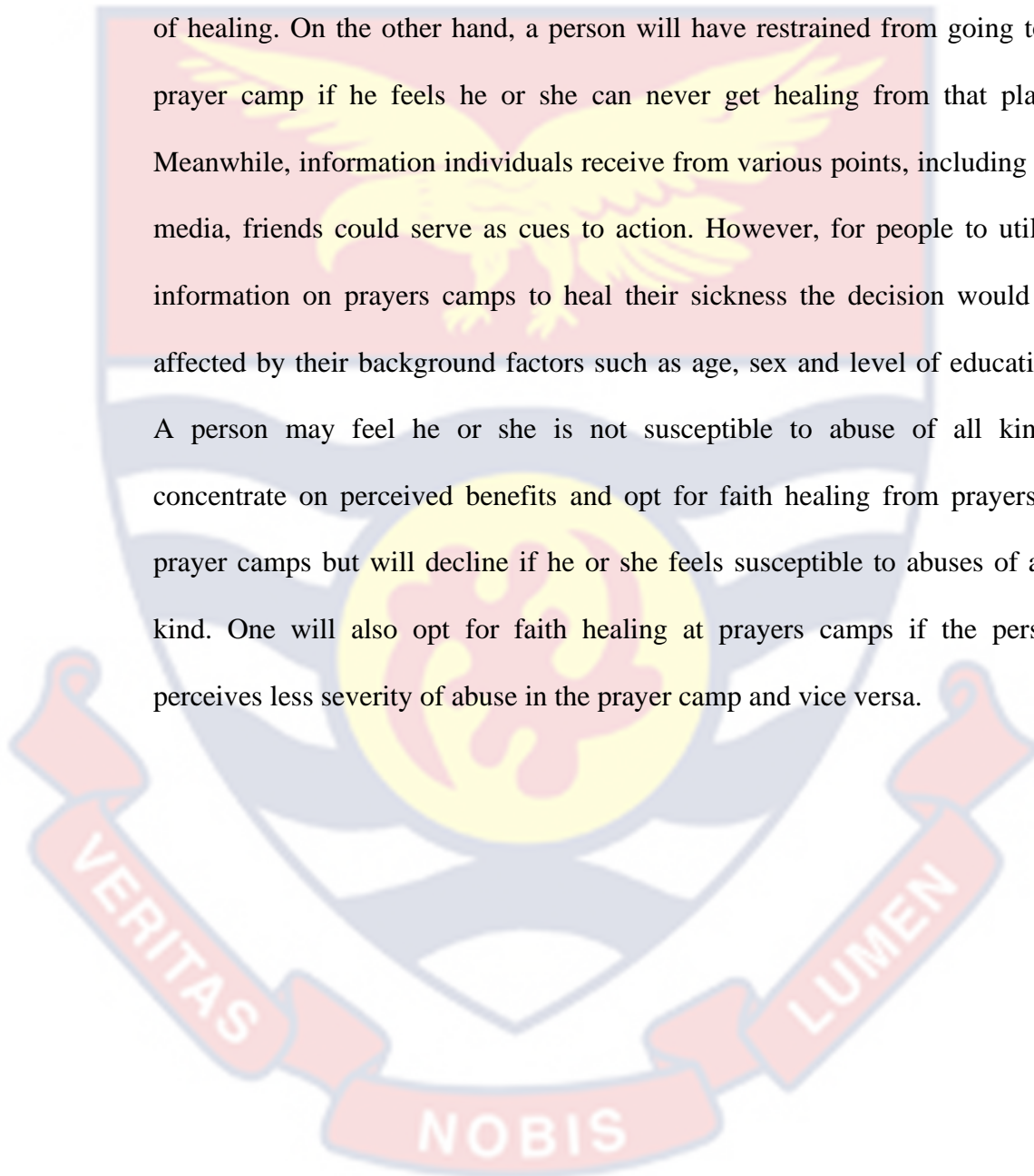
The reason for considering this framework for this kind of Study is based on the factor that, Faith leaders are the first point of contact of people and their families when they are sick or experiencing some problems. They do so because they believe every sickness or problem is spiritual, so they pray in prayer camps. The activities and role prayer camps play, therefore, cannot be ruled out of the equation. Access to religious help and space, including prayer camps, is especially important in the setting of sickness and difficult times because they utilise local symbols and language that resonate with the people.

When the public health system is in desperate need of help, prayer camps are a lifeline. When people are healed of their sicknesses and prophecies, which are made to them at the camp are fulfilled, people will trust the camps than secular authorities because of the reason as mentioned earlier. On the contrary, when there is emotional, psychological and physical torture at prayer camps, the volume of patronage will dwindle. These cruel and rudimentary methods, coupled with resource-starved facilities and poor sanitary conditions, can propel people away from using camps. Friends, the media and churches are influential factors in determining the usage of prayer camps. Positive reportage and advice from the media, family members and



friends can either give people hope in using the service of camps or restrained them from using the services of camps.

In the context of this study, individuals may engage a prayer camp for the healing of an ill-health condition if he or she feels that's the ultimate way of healing. On the other hand, a person will have restrained from going to a prayer camp if he feels he or she can never get healing from that place. Meanwhile, information individuals receive from various points, including the media, friends could serve as cues to action. However, for people to utilise information on prayers camps to heal their sickness the decision would be affected by their background factors such as age, sex and level of education. A person may feel he or she is not susceptible to abuse of all kinds, concentrate on perceived benefits and opt for faith healing from prayers at prayer camps but will decline if he or she feels susceptible to abuses of any kind. One will also opt for faith healing at prayers camps if the person perceives less severity of abuse in the prayer camp and vice versa.





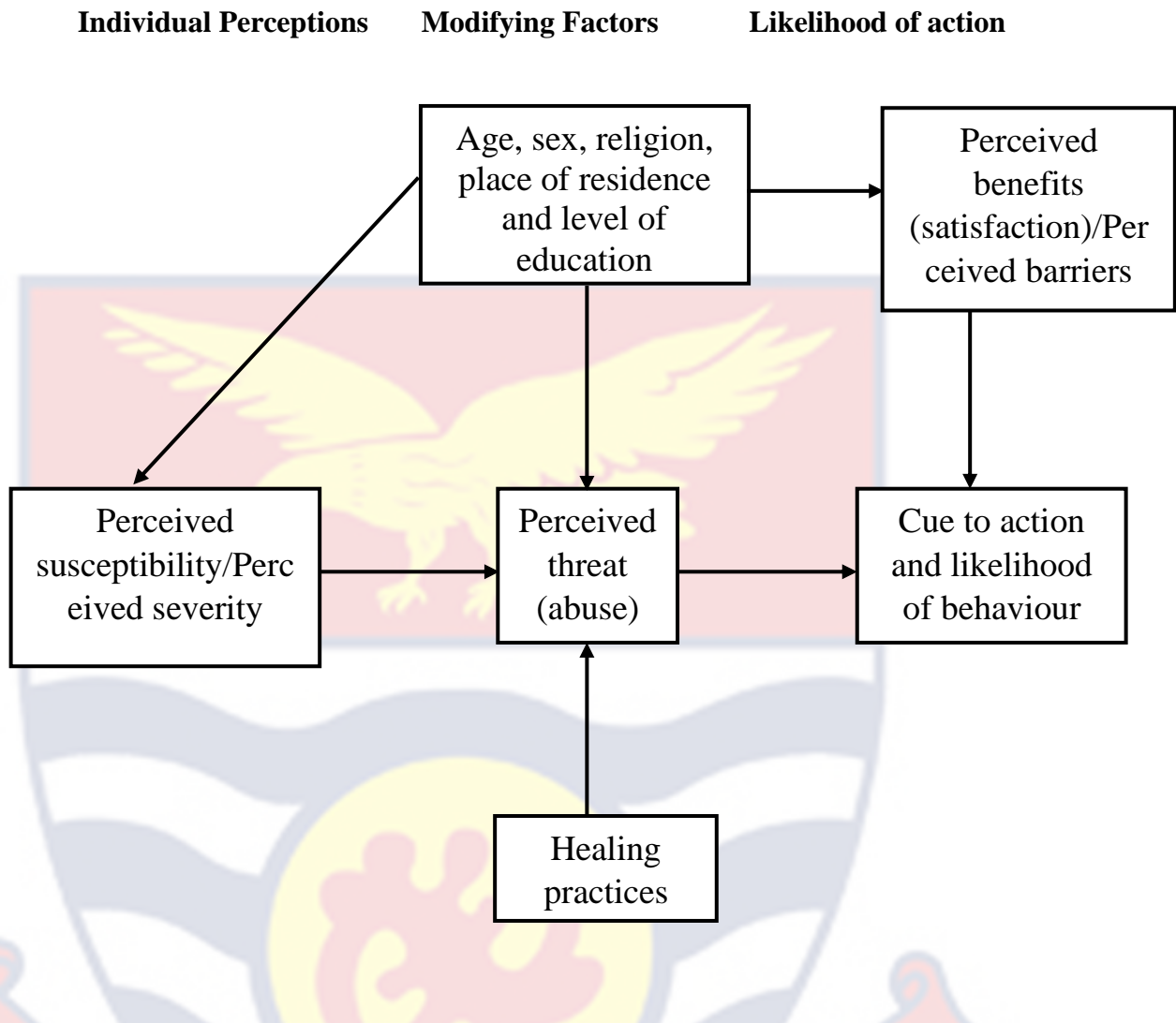


Figure 1: Health Belief Model

Source: Stretcher and Rosenstock, (1997)

## CHAPTER THREE

### RESEARCH METHODOLOGY

#### Introduction

This chapter focuses on methodological issues, covering where and how the study was undertaken. The research design, sampling, data collection instruments and procedure, and data analysis.

#### Study Area

The study was conducted in the Mpohor District. The area was selected for the study because of its closeness to the researcher. The District, just like Ghana is a circular society where each and every one is free to practice any religion of his/her choice as long as it does not infringe on the laws of the state. Majority of the residents are Christians and resort to prayer camps (spiritual churches) for healing. There are seventeen prayer camps in the District. Eight of them are in Mpohor, four at Adum Bansa whereas five are at Manso. Five out of the seventeen were used for study since they had patients at the time of data collection.

#### Research Philosophy

The interpretivist paradigm comprises investigating and analysing the complexities of social phenomena by closely observing items in their natural environments in order to acquire a better knowledge and interpretation of how objects generate and maintain their social world. Hence, interpretivism study aims to comprehend and infer everyday incidences (events), experiences, and social structures – as well as the values people place on these phenomena (Rubin & Babbie, 2013). According to interpretivism, social reality is subjective and complicated since it is shaped by the perspectives of

participants as well as the researcher's attitudes and aims (Rubin & Babbie, 2013).

Researchers who adopt the interpretive paradigm, therefore, employ techniques such as field research and participant observations which entail researchers spending several hours and days in direct personal contact with those being studied (De Vos, Delport, Fouché & Strydom, 2011). Others examine transcripts of conversations or closely examine videotapes of behaviour to get a feeling of restricted nonverbal communication or to comprehend an interaction in its natural setting (Neuman and Guggenheim, 2011). The researcher collaborates actively with the participants to solve real-world problems in a specific setting. These collaborations are aimed at providing and implementing workable solutions to the problem (Wittmayer, & Schöpke, 2014).

### **Study Design**

The project investigated the Human Rights Abuse of the Sick in Prayer Camps in Mpohor District using a qualitative research approach. This method was chosen because it takes an interpretative and naturalistic approach to its subject matter. The researcher 'explores a social or human problem, constructs a comprehensive holistic picture, evaluates language, reports detailed opinions of informants, and conducts the study in a natural context' using a qualitative technique (Creswell, 1998: 15). The researcher adopted the interpretivism paradigm. This approach is associated with the interpretative and critical paradigms of cognition (Gray, 2004; Henn, Weinstein & Foard, 2006). Researchers' comprehension of the social world can be deepened, according to the interpretive paradigm, if they try to comprehend it from the perspective of

the individuals being researched rather than explaining their behavior through cause and effect (Weber, 1949 cited in Henn et al., 2006). In this paradigm, social reality is co-created by the researchers and the studied, based on a mutual understanding of the latter's socio-cultural background (Grbich, 2007; Rugg & Petre, 2007).

The researcher adopted exploratory research method. Exploratory research is, in some way, akin to detective work (Blog, 2020). It entails looking for clues to figure out what happened or is happening now. The purpose of using exploratory research was to comprehend the human right abuse of the sick at prayer camps and to know what and how the sick is treated when they sought healing services from these camps. The method provided insights and information and also helped the researcher to ask follow-up questions based on her curiosity of what lies beneath the surface of these camps. This process will help generate information which will either tell us whether there are abuses of human rights in the prayer camps or not.

This research method has challenges despite the numerous benefits: the method has trial and error approach; it brings tentative results, exploratory data gathered through secondary resources, can supply obsolete information (Bhasin, 2019). Faced with these challenges, the researcher collected data from resident sick clients rather than their dependants to avoid obsolete and tentative information.

### **Population**

According to Kusi (2012), a population is a group of individuals or people who have similar features and are of interest to the researcher. The population consisted of all sick persons housed in prayer camps using the

facility as an alternative source of healing within the Mpohor District who numbered thirty-three.

### **Target Population**

The study targeted both males and females found in healing camps within the Mpohor District. As part of the inclusive criteria for the Study, all persons found within the region of the study using prayer camp as alternative healing power and are housed at the facility were qualified for the Study.

### **Sample Size and Sampling Procedure**

The study adopted the purposive sampling technique for the sampling, this is because all the prayer camps had similar characteristics (Moss, 2020). There were seventeen prayer camps in the district with eight at Mpohor, four at Adum Bansa and five at Manso. Twelve out of the seventeen prayer camps housed sick people and only five of them had patients at the time of visit. These five prayer camps were selected for the study. The patients numbered thirty-nine but twenty out of the number accepted to be interviewed. The names of the prayer camps as well as individuals interviewed and their exact locations were not mentioned because the prayer camp owners felt it may affect their operations therefore, the researcher assured them that such information will not be let out. The point of saturation for the study was 20 respondents.



**Table 1: Prayer camps**

Town	Prayer camps	Patients
Adum Banso	A	7
Manso	B1	6
	B2	12
Mpohor	C1	5
	C2	9
Total		39

Source: Field survey (2020).

The prayer camps sampled including Prayer Camp 'A' (Adum Banso), Prayer Camp 'B1' (Manso), Prayer Camp 'B2' (Manso), Prayer Camp 'C1' (Mpohor) and Prayer Camp 'C2' (Mpohor). Almost a uniform distribution of respondents was achieved among the prayer camps. It is, however worth noting that, the greater number of respondents (5 each) in this study was obtained from C1 and C2

#### **Source of Data**

The study used primary data and it was obtained from the field using in-depth interviews (IDI).

#### **Research Instrument**

The Study utilised in-depth interviews (IDI) as the instrument for the Study. The interview guide was divided into four parts; Section A; constitute socio-demographic data of respondents. Section B covers the various categories of people who are found in the prayer camps. Section C also looked at healing practices that go on in the prayer camps. Also, section D identify the abuses in the healing practices of the prayer camps and lastly section E tried to assess patients' level of satisfaction with healing practices at prayer camps.

### **Data Collection Procedure**

According to Creswell (2002), the location of study and obtaining permission before entering a site are extremely important in research. The University of Cape Coast provided an introductory letter outlining the study's goals and objectives, as well as the necessity for participants' agreement and cooperation. A copy of the letter was taken to the participants in each prayer camp. The researcher arranged with the participants to be interviewed a week before the interview to explain the purpose of the research and the interview to them. To have a successful interview, the researcher met the respondents for the interview within six days, 20 minutes was allocated to each interview section. Responses from the respondents were recorded accordingly using an audio device.

### **Data Analysis and Processes**

Qualitative data were analysed by means of thematic content analysis. Raw data from the in-depth interview was transcribed, coded and grouped under four themes according to the objectives of the Study. Information concerning the main themes was further classified into sub-themes. The researcher read through the extracts interconnected to the codes to certify they were in line with the themes. In establishing the validity and reliability of the coding, peer briefing technique was used. Tutors of a College of Education (St. Joseph College of Education) read through the transcripts, listened to the audio record of interview, and compared the codes and themes. It was established that the codes collaborate with themes. This analysis relates to the work of Pine & Gilmore (2011) who opine that data within themes should fit together meaningfully.

### **Ethical Consideration**

The ethical dimensions of every research are essential. Informed permission, anonymity, and confidentiality were all considered in this study. According to Largent, Grady, Miller, and Wertheimer (2012), researchers should not pressure respondents into participating in studies, hence safeguarding their rights is critical in any study. In other words, involvement must always be voluntary. Before beginning the study, respondents were asked to give their informed consent. It is also critical to provide appropriate information about the Study so that participants can decide whether or not to participate. An introductory letter from the Department of Agricultural Economics and Extension, University of Cape Coast was used to seek consent from the respondents. Second, the issue of anonymity was taken care of. Anonymity protects privacy by not revealing a participants identify after data has been collected (Joinson, Reips, Buchanan & Schofield, 2010). When the names of the participants are not printed on the instrument, anonymity is assured. This was achieved by the researcher not revealing or discussing any information provided by the respondents to a third party. Furthermore, the information received from respondents was only used for the Study and nothing else.

## CHAPTER FOUR

### RESULTS AND DISCUSSION

#### Introduction

This chapter presents an interpretation of responses obtained from the sample group. It is grouped into two main parts, namely, demographic characteristics and findings obtained under each specific objective of the Study.

#### Demographic Characteristics of Respondents

The demographic characteristics of the respondents was group into two categories thus sex and age.

**Table 2: Sex of Respondents**

Gender	Number of Respondents	Percentage
Female	12	60
Male	8	40
Total	20	100

Source: Field survey (2020).

Majority of the respondents were females while a reasonable number of them were males. In terms of socio-demographic response, men just like women also have diverse problems. Still, it is highly noted in the Ghanaian society that most men do not visit such prayer camps. Partly, it is because they are the breadwinners of their families hence do not have the time or they resort to other forms of medication to relieve them of their misery (Read et al., 2009). Women, on the other hand, are known to believe most of the things they are told, particularly when it deals with religion. Therefore, there are more females than males in prayer camps all over the country.

**Table 3: Age of Respondents**

Age	Number of Respondents	Percentage
20 – 29	3	15
30 – 39	9	45
40 – 49	4	20
50 and above	4	20
Total	20	100

Source: Field survey (2020).

There is no specified age range for individuals willing to attend prayer camps just to be relieved of their pain or problems. Results obtained show that majority of the respondents adopted in this work were between 29 and 38 years old (9)—individuals in the age range of 39 and 48 years (4) followed. The same number was also recorded for those who were more than 48 years old. Those between 18 and 28 years old were found to be only three (3).

#### Categories of people who patronize the prayer camps

**Table 4: Categories of People**

S/N	Job Description	Number
1	Pastor	1
2	Seamstress	1
3	Trader	6
4	Farmer	2
5	Nurse	1
6	Teacher	1
7	Student	2
8	Hairdresser	1
9	Mechanic	1
10	Carpenter	1
11	Housewife	1
12	Unemployed	1
13	Mason	1
	Total	20

Table 4 describes the categories of individuals who patronised the selected prayer camps. The data above revealed that people from all walks of



life came to the prayer camps when they are faced with spiritual challenges or cannot afford healthcare at medical centres. This finding is in line with research by Neravetla & Nanduri (2019), which highlights that several individuals with chronic pain, autoimmune disorders, and stress-related illnesses often turn to prayer camps as an adjunct to conventional medical treatments. They seek holistic approaches that combine traditional medicine with complementary therapies like meditation and herbal remedies (Stepakoff et al, 2006).

Categories of people who visit prayer camps comes with varied reasons; some for health and others for spirituality issues. Morjaria & Orford, (2002) assert that people seeking a deeper connection with their inner selves, exploring their beliefs, or experiencing personal transformation are drawn to these camps. Meditation, energy healing, and contemplative practices are often central to their experiences. This claim also supports the findings where the data revealed that people who come to these prayer camps are with varied motives.

### **Reasons for Patronising Prayer Camps**

#### **Respondents seeking divine intervention**

In Arias et al. (2016), demonic possession where a demon occupied the host and caused the affliction was generally described as another root category for being at a prayer camp. The affliction on the host could be as a result of ancestral curses or hereditary. Persons with a spirit that manifest as the addictive influence of drugs abuse also fell victims to prayer camps. Sick people who cannot afford health care at medical facilities also resort to prayer camps for assistance.

From results obtained, it is agreeable that individuals from several backgrounds can be found in a prayer camp. One of the respondents in this study was a full-time pastor who comes from Adum Bansa. His purpose for visiting the prayer camp is his inability to have an erection (erectile dysfunction). The 58-year-old pastor explained further his predicament.:

*‘My wife and I divorced, and she used spiritual means to stop my penis from erecting saying that if she cannot have me, no other woman will. At first, I thought it was a medical condition. Hence, I sought help from the hospital but to no avail. After two years of trials, a friend introduced me to ‘A’ prayer camp I was impressed when the owner of the camp told me my problem upon seeing me’.*

The second respondent was a seamstress who lived in Ayiem-Mpohor and has been pregnant for more than nine months. She made it clear that she only attained education to the Junior High School level. Recounting her ordeal, she stated that, she missed her menstruation period but tested negative for pregnancy. She went to the hospital after the fourth month to know what is wrong with her body since she had not menstruated for four months. The doctors confirmed that she was not pregnant. Her worries made her confide in a friend who directed her to the C2 Prayer Camp.

Another female who lived in Ayiem-Mpohor, a trader, stated that she experiences seizures frequently. According to her:

*‘I have been to the clinic in my town many times, but the health professionals had no better solution for me. I am a single parent, and I cannot cater to my children in my present condition. They suffer*

*from stigmatisation regarding my condition. I resorted to other alternatives upon advice from several people. I considered Grace of C2 Prayer camp because of the many testimonies made by people who visited the place’.*

She also added that she has stayed in the camp for three months before the Study’s data collection.

From the findings, one of the primary reasons why people patronize prayer camps for healing is the belief in the power of divine intervention. The narration from the respondents above clearly shows that people turn to these spiritual sanctuaries when conventional medicine fails to provide a cure or relief for their ailments. They are then pushed to have faith in the healing abilities of spiritual leaders or religious figures who are reputed to have a direct connection with a higher power. These individuals believe that fervent prayers and supplications offered at the prayer camps can invoke divine healing and bring about miraculous recoveries.

### **Prayer camps holistic approach to healing**

Still at the C2 Prayer Camp, a 42-year-old woman who made it clear that she was a housewife and had only attained education to the Junior High School level was at the camp because of her desperate need to bear children. She came from Botodwina and had only stayed in the camp for two months as at the time of data collection. The housewife said that she has been married for six years without any sign of pregnancy. Her desperation led to her to use several conventional medications and resorted to visit to ‘A’ Prayer Camp and other prayer camps, but she did not realise any sign of improvement.

Desperation made her run to C2 Prayer Camp after she was introduced to the priestess's camp by a friend.

A similar case was recorded in B1 Prayer Camp only that, this 31-year-old female who was a trader has undergone many miscarriages. The primary six drop-outs made it clear that she has lost four pregnancies, and in all of them, she went to the hospital before the miscarriage occurred. She added that her several visits to the hospital did not make her condition any better and has therefore stopped. Her friend suffered a similar ordeal when she got pregnant and introduced her to this prayer camp. This lady has spent four months in B1 Prayer Camp after conceiving again. She acknowledged that her pregnancy is doing well in the fifth month.

Another case related to menstruation was recorded at the B1 Prayer Camp. A 36-year-old female trader made it clear that she had not menstruated for a year. She had visited the community health facility two times for tests to make out her condition but had no solution from the health professionals. She recounted that the B1 Prayer Camp is the second camp she had been to within a year and had stayed there for barely a month.

A 47-year-old farmer who lived in Ango and acknowledged to have acquired education to the primary school level also made known his ordeal. When asked the main reason for his visit to the prayer camp, he stated that it was because of his scrotum that grows big without stopping. He also added that he experiences much pain that he cannot relate to any other kind of pain. When asked whether he had been to the hospital, he answered in the affirmative. He, however, added that he only went to the hospital once during the early stages of his sickness but decided to visit C1 Prayer Camp because of



the numerous testimonies he heard on local FM stations about the prayer camp. He has been in the camp for many months at the time of data collection receiving treatment and prayers.

Still in the C1 Prayer Camp, a 54-year-old woman claimed that she experienced a burning sensation all over her body. Her condition was known to have persisted for about ten years. According to her:

*'I visited the hospital three times, but the doctors said it was normal and that the burning sensation would wear off naturally. I waited for six years, but the condition worsened such that, I behaved like I were mad sometimes. My neighbour introduced me to this camp, and I have been here for three years'.*

Stroke is a sickness that is found more in prayer camps, on the part of men, while most females in prayer camps are there because of barrenness (Taylor, 2015). A teacher who had acquired tertiary education visited 'A' Prayer Camp because he had suffered a stroke for five years. According to him, he had only visited the hospital once since he knew his condition. Though he was well aware of the negative outcome of stroke cases in hospitals in contemporary Ghana, he resorted to herbal treatment and prayer camps. During the interview, he stated that, he has been to three camps already but had no healing and that, 'A' Prayer Camp is his fourth prayer camp. According to him, he is currently at the camp because of the testimonies he heard from people who once visited the camp when they had a stroke.

The B2 Prayer Camp visited also had a stroke patient who made it clear that he is a retired nurse who has tertiary education. Unlike the stroke patient in 'A', the 62-year-old male has suffered a mild stroke for almost a



year now, and his first treatment was in a hospital since he was in the medical field himself. He included that; he stopped medical treatment when he did not realize any improvement in his condition. According to him, an oil given to him by his friend from the B2 Prayer Camp worked miraculously on him that he saw the change in his condition. This change made him visit the camp for healing and has been there for six months.

From the findings above, another prevalent theme driving people to prayer camps is the holistic approach to healing that these places offer. Unlike conventional medical treatments that may focus solely on physical symptoms, prayer camps often emphasize a comprehensive healing process that includes spiritual, emotional, and psychological dimensions. Attendees seek not only relief from physical ailments but also spiritual cleansing, emotional support, and a sense of peace and purpose in their lives.

#### **Prayer camps cultural and traditional Beliefs:**

Another respondent in the 'A' Prayer Camp made it clear that she is a chronic alcoholic, hence her presence in the camp at the time of data collection. When asked what she did for a living, she stated that she was a hairdresser who had education up to the Senior High School level. When asked how she got to know of the camp, she made it clear that her mother brought her to the camp and she has since spent two years on the campgrounds.

A case of madness was also recorded at the prayer camps during data collection. This case was rather typical of the C1 Prayer Camp as a tertiary student who was only 22 years old was found at the camp because she feels a burning sensation in her head whenever she learns. The girl made it clear that

she experiences severe headaches and burning sensations in her head whenever she attempts to learn.

This condition has happened for several months, and she was advised to visit the C1 Prayer Camp for her breakthrough. Mental illness has been endorsed by many researchers as the common illness found in every pray campgrounds in Africa (Read et al., 2009; Arias et al., 2016; Estrin, 2013). Taylor (2015) further stated that most of the mental illness cases are schizophrenia; others may be due to bipolar disorders, depression and substance abuse.

B1 Prayer Camp also recorded mental health care. The patient was a 27-year-old male who worked as a mechanic in Bomba before the start of his condition. Report obtained showed that the young man acted strangely sometimes and even fled Bomba to reside in the bush. Further, his condition persisted for two years after which he mother brought him to the B1 Prayer Camp partly because she could not afford the hospital treatment bills and also because of the stigmatisation in their community.

In B2 Prayer Camp, a disabled boy who was only five years old was found. His mother acknowledged that the boy walked till he was three years old but stopped walking due to reasons unknown to her. When asked whether she had taken her son to the hospital since the ailment, she answered positively. She added that they stopped treatment because she did not have the money. She also said that the B2 Prayer Camp is their third prayer camp so far in two years.

Another case of menstruation was recorded in B2 Prayer Camp as a 27-year-old female recounted that her menstrual period ceased when she was

15 years old and has since not menstruated. The Junior High School drop-out stated that she was taken to the hospital for treatment. Still, the condition remained the same, thus making her parents bring her to the B2 Prayer Camp upon advice given to them by people in their community.

The girl said that on certain occasions, she went without food on the prayer campgrounds and collapsed. During such times, she is sent to the hospital and when she regains consciousness, brought back to the prayer camp. It has been this way for two years.

From the findings above it can be said that, for many individuals, patronizing prayer camps is deeply rooted in their cultural and traditional beliefs. In their societies, these camps have been an integral part of the healing process for generations. It is ingrained in their cultural fabric that spiritual rituals, prayers, and sacred practices hold the key to restoring health and well-being. Thus, these individuals turn to prayer camps as a continuation of their cultural heritage and a way to preserve their faith in traditional healing methods therefore, the reason for returning to prayer camps even after visiting the hospital.

### **Healing Practices that go on in the Prayer Camps**

Several healing practices go on in the prayer camps. It is worth noting that such practices are solely dependent on the kind of sickness that is affecting an individual. Table 4.4 describes the sickness and healing practices carried in the selected prayer camps. For instance, the healing practices that a stroke patient is directed to do are significantly different from that which one suffering from mental illness or barrenness would undergo. Similarly, the healing practices vary from prayer camp to prayer camp. It can therefore be

said that the healing practice that a stroke patient in B1 Prayer Camp goes through is significantly different from that which another stroke patient would go through in B2 Prayer Camp.

In the case of the pastor who suffered erectile dysfunction, he fetches his water every evening. He ensures that he puts it directly under the cross (mercy grounds) at the prayer camp without a cover. The water stays under the cross without a cover overnight and eventually becomes cold. He then bathes with the water at exactly 4 am in the open. After bathing, he rolls on the bare ground covering 20 meters or more. The activity is done across the centre of the camp. He carries out this activity seven times every dawn. Later, he baths just to clean the mud on his body due to the rolling. According to the pastor, he goes into a small room known to be the office of the camp priestess. The priestess then removes the patient's penis and massages it with herbal medicine for 20 minutes while his eyes remain closed.

He often drank a concoction after the massage. After two weeks, he was made to take a bath in a fast-flowing river. The priestess claimed his problem is the doing of marine spirits. This final process which lasted for two weeks was termed as the cleansing stage.

Unfortunately, the processes could not produce any erection or healing. Moreover, the patient had no money left to continue the process, so he said that he plans to leave the camp soon.

The woman who was pregnant for over nine months was told by the priestess that, her medical report received at the hospital was false. The priestess, said the foetus was stuck somewhere in her womb preventing it from growing well. As part of her healing process, the 11-month-old pregnant



woman was made to bath with very cold water at dawn. Just like that of the pastor who suffered erectile dysfunction, her bathing water is put under the cross in the camp without cover and left overnight.

According to her priestess, angels come down at night to stir the water and make it potent to speed up the healing process. The pregnant woman also added that she was bathed every Wednesday by the priestess with a local sponge (sapo) and local soap. The bath took place in a flowing river to help release the foetus into the womb. She used enema pump (bentua) filled with herbal preparation to purge herself every morning with the hopes of curing any ailment in the womb to protect the foetus. She drunk three different herbal preparations every day to heal the womb. A cloth was tied around her chest and not proper clothes. She exposed her breasts during church service on Sundays, reducing her cloth to her waist. Dance while carrying water in a small basin during church service when possessed by the spirit; lay flat on the bare floor when the spirit goes away with eyes closed to entice angels to heal her anytime, they visited the camp.

The pregnant woman recounted that the rituals lasted for eight weeks, but she left the campgrounds when the complaints of her husband became unbearable. Her condition worsened during her stay at home, which made her go back to the camp. At the camp, she was isolated from the other patients and was prayed for with different colours of scented candles every night. She finally gave birth to a baby girl during the 24<sup>th</sup> month of her pregnancy and was preparing to leave the camp at the time of data collection.

According to the man with the painfully swollen scrotum, his healing practices included: purging himself with herbal concoctions twice daily (that



is, morning and evening) through the anus; drinking herbal concoctions every day to speed up his healing process; bathing in the open under the cross at the camp at midnight to be healed by angels (this occurred for two weeks) and smearing herbal concoction on the scrotum to shrink the swelling. He also received special prayers with candles every Wednesday by the camp priestess, run around the cross seven times to be forgiven by the angels, bathed in a river on Fridays wore only a piece of cloth around his waist always. He hanged an embossed chain with a big cross around his neck, and finally undergo an examination of his scrotum by the priestess on Fridays to check for improvement in his condition. The 47-year-old farmer made it clear that he went home after some time when he realised that his condition was not getting any better.

The 31-year-old woman with frequent seizures performed several healing practices. She wore a big cross around her neck, bathed water kept under the cross overnight, purged herself with herbal medicine and bathed in a flowing river on specific days. Peculiar to her case, she was made to fast for seven days without food. According to her, *'my condition is not improving. I still get the frequent seizures, but I am scared to leave since I am told I would go mad if I leave the camp'*.

The housewife seeking to be pregnant also carried out many activities. She drunk numerous herbal teas and concoctions purged herself with herbal medicine and bathed in a flowing river to get rid of any evil that follows her. She also bathed very cold water put under the cross at dawn, closed her eyes whenever she was resting or sleeping to be impregnated by angels and rolled on the bare ground at the base of the cross for seven times. She again smeared

herbal medicine on her body and wore a local pad (amonsen) prepared with herbal medicine meant to womb cleansing. Similar treatment was given to the trader who had not menstruated for a year. Peculiar to her treatment, she was made to pray under the cross every Friday, undergo midnight prayers on Mondays and drinks raw snail water every morning. She also added that she is kept in a room to pray for 12 hours with candles and incense on Tuesdays. In other cases, women who do not experience menstruation are banned from eating any form of animal protein, palm oil and certain vegetables. These activities were typical of the B2 Prayer Camp.

It is worth noting that, stroke patients at the various camps are not made to undergo any tedious treatment session since most of them cannot even walk. Nonetheless, the stroke patient in 'A' Prayer Camp stated that he is made to drink herbal preparations three times a day, bath chilled water every morning, purge himself once a week and smear herbal medicine on his body. He added that he chewed branches of plants every day as medicine and prayed with coloured candles every night before sleeping.

However, if the stroke condition is seen as spiritual, the individual receives deliverance and a special bath every Wednesday in a river. The partial stroke in-mate recounted that the priestess massages the side of his body that is stroked and he often does white fasting along with bathing twice a day with soap for an entire month; after the first month, the other baths are not with soap. Since his condition was believed to be spiritual, his nights are spent on a veranda to make the evil spirit uncomfortable to facilitate quick recovery since the evil spirit would eventually leave when it is not comfortable. Results obtained showed that the majority of the patients who developed other kinds

of ailments were made to self-medicate since they were not allowed to visit any health facility even to monitor their progress.

Other healing practices that alcoholics went through at the camps aside bathing cold water at dawn and bathing in a flowing river included inhaling fumes from burning incense and candles each morning before eating. Chewing orange leaf every day to clear the scent of alcohol from the body, drinking a tablespoon of palm oil, drinking herbal tea whenever there is the urge to take alcohol, wearing a bead around the waist to scare evil spirits away. Additionally, patients with burning sensations are made to wear only a white gown with a red belt every day. They made use of Florida water mixed with a little normal water as a nasal drop every morning and performed white fasting for seven days (that is, consume food that has no salt for seven days). They also drunk the blood of three doves mixed with water to rinse the body after every morning bath for seven days. The general healing practices common to every inmate like bathing cold water left at the mercy grounds or under the cross at dawn, purging with herbal medicine, drinking herbal concoction and praying with different kinds of candles on specific days were also performed.

Responses obtained showed that the mother of the disabled boy was made to purchase a chameleon that is sun-dried, shea butter and other times from which a pomade was prepared to be smeared on her son daily. Additionally, the boy was taken to the seashore for prayers and was told he would walk again after 30 days. These healing practices were in addition to drinking herbal preparations, daily massage by the priestess and purging with herbal preparations.

As identified earlier, the healing practices are peculiar to the kind of sickness brought to the camp. In the case of the man who has a mental illness, his healing practices included undergoing one-month deliverance session on Tuesdays, drinking herbal preparations, bathing once a week with water that contained spices and chained. Daily shaving of his head was done to make the evil spirit uncomfortable to speed up the healing process.

Patients with a burning sensation on their bodies were locked in a room without food and water whenever under attack and not eating foods that contain pepper or mint were the significant practices along with dry fasting, purging with herbal preparations, drinking herbal preparations and bathing at the stream. In certain cases, in-mates with burning sensations are beaten with a cane to drive the evil spirit away.

Findings in this study are consistent with those in literature as fasting (Ae-Ngibise et al., 2010; Taylor, 2015), caning (Edwards, 2014; Carey, 2015; Arias et al., 2016), chaining (Ae-Ngibise et al., 2010) and drinking concoctions (Arias et al., 2016) were found to be common treatments given to in-mates on prayer campgrounds. It is worth noting that, findings in this study captured bathing cold water in the open under a cross at the prayer campgrounds, rolling on the bare ground several times and not wearing proper clothes. They ate foods without salt (white fasting), prayed with different candles and inhaled incense and massaging of the affected part of the body.



**Table 5: Sickness and its corresponding healing practices**

S/N	SICKNESS	NUMBER OF PEOPLE	HEALING PRACTICES
1	Erectile dysfunction	1	Rolled on the ground seven (7) times each dawn, penis massaged with herbal preparation, drank herbal concoction, bathed in a river,
2	Pregnancy exceeding nine months / pregnancy related sickness	3	Bathed by the priestess with local sponge and soap on Wednesdays, purged herself with herbal preparation, only used a piece of cloth as clothing, exposed her breasts during church service, dance carrying a small basin filled with water, isolated from other patients and prayed for with different scented candles.
3	Swollen scrotum	1	Purged with herbal concoction twice daily, bathed in the open at midnight, smeared herbal concoction on the scrotum daily, special prayers were offered him on Wednesdays, bathed in a river on Fridays, hanged an embossed chain with a big cross around his neck and had his scrotum examined on Fridays to check for progress.
4	Frequent seizures	1	Wore a big cross around her neck, purged herself with herbal medicine, bathed in a flowing river on specific days and made to fast for seven days without food.
5	Bareness	2	Drunk numerous herbal teas, purged with herbal medicine, bathed in a flowing river, rested with eyes closed to be impregnated by angels, rolled on the bare ground at the base of the cross for seven times, smeared herbal medicine on her body and wore a local pad (amonsen) prepared with herbal medicine meant for womb cleansing.
6	Ceased menstruation / no menstruation at all	2	Prayed under the cross every Friday, had midnight prayers on Mondays, drunk raw snail water every morning, kept in a room to pray for 12 hours with candles and incense on Tuesdays, banned from eating any form of animal protein, palm oil and certain vegetables.



Table 5 continued

7	Stroke / partial stroke	2	Purged once a week, smeared herbal medicine on the body, chewed branches of plants every day as medicine, prayed with coloured candles every night, deliverance and a special bath every Wednesday in a river. Others included massage, white fasting, bathed without soap and slept on a veranda.
8	Alcoholism	2	Inhaled fumes from burning incense and candles each morning before eating. Chewed orange leaf, drunk a tablespoon of palm oil daily, drunk herbal tea and wore a bead around the waist.
9	Inability to walk	1	Pomade made from dried chameleon and shea butter was smeared on his body daily. Taken to the seashore for prayers and was told he would walk again after 30 days. These healing practices were in addition to drinking herbal preparations, daily massage by the priestess and purging with herbal preparations.
10	Mentally unstable / headache when learning	4	Had one-month deliverance session on Tuesdays, drunk herbal preparations, bathed once a week with water that contained spices, chained and shaved hair daily.
11	Burning sensation on the body	1	Wore only a white gown with a red belt every day, used Florida water mixed with a little normal water as a nasal drop every morning, performed white fasting for seven days, drunk the blood of three doves mixed with water to rinse the body after every morning bath for seven days.
TOTAL		20	

From the findings, it can be said that healing practices used by the spiritual leaders in these camps includes intercessory prayers, laying on of hands, anointing with oil, deliverance and spiritual cleansing and fasting and

meditation. This is consistent with Benyah's assertion from 2023, who claims that the healing techniques used at these prayer camps may involve protracted fasting, confession, and other spiritual exercises meant to hasten the person's recovery and wellbeing. The spiritual leaders often lead prayers on behalf of the attendees seeking healing. They sometimes lay hands on them with the belief that the physical touch brings divine energy and healing power are transmitted to the person in need. Again, fasting is a way to purify the body and soul, while meditation helps individuals connect with their inner selves and seek guidance from a higher power.

#### **Identify the abuses in the healing practices of the prayer camps.**

Results explained above show that all the prayer camps subject their in-mates to abuse under diverse forms (Ofori-Atta, Attafuah, Jack, Baning, & Rosenheck, 2018). In the case of the pastor, he was made to roll on the bare ground from about 20 metres from the cross back and forth seven times, it affirms what Griffith (2021) postulates thus human being are not to be forced to lie down on bare floor. (Atiemo, 2014; Human Rights Watch report, 2014) affirms that people with health conditions are treated inhumanely in these camps thus forcing them to carry out certain rigorous activities like fetching their water to a point after which they are made to wait overnight for the water to become cold before they bath. He further stated that, the priest or priestess take their patients through abusive situation and claim that the Lord will heal the people through them. This is in line with an instance where a pastor who suffered erectile dysfunction, gnawed his teeth when forced to bath the cold water and also massaged his penis which according to Gutek, (2015) is considered as sexual harassment.

Another form of abuse meted out to patients, particularly women on the prayer camp grounds is body exposure. Pregnant women, older adults and young girls walk the grounds of the prayer camp with only a piece of cloth around their chest. On certain occasions (during special prayer sessions), pregnant women are made to cover only their lower parts leaving their breasts and stomach while carrying water and dancing. Other patients with cases like alcoholism and burning sensation are beaten with a cane whenever they feel the urge to drink or when under attack. Worst case, they are locked in a tiny room with no food and water for several days (Mensah, 2013).

In-mates are made to consume foods without salt, which is called white fasting. They are also made to purge countless times during their stay at the camp with herbs that may be very dangerous to their health, cause dehydration (Legg, 2019). Worst of, these herbs are also drunk as medicine to help cleanse the body and this affirms (Arias, Taylor, Ofori-Atta, & Bradley, 2016), anything prescribed by the leader of the prayer camp is deemed good. It is also worth noting that, certain in-mates depending on their condition are restricted from eating certain foods; they are deprived of certain proteins and carbohydrates due to their conditions, this is in line with (Atiemo, 2014). Others are made to inhale smoke from incense just to feel better. In all these cases, the financial capabilities of the patients are not considered since a greater number of them complained of not having the financial stance to continue the healing process since the cost of living on the prayer campgrounds is high.

Results obtained show that the activities carried out in the prayer camps surveyed for this study are inhumane. Prayer camp owners linked

sicknesses to spiritual affliction. Despite the inhumane treatment patients suffer, and some knew they were abused, they stated that those practices were to heal them. Hence, though they knew about human right abuse, it was okay as long as healing is assured through such abuse.

From the findings, it can be said that the human rights abuses include financial exploitation; some spiritual leaders use healing practices in prayer camps as a means to exploit vulnerable individuals financially, false promises; guarantees of healing, claiming that attending their sessions or purchasing specific items will lead to miraculous recoveries. This can give false hope to those who are desperately seeking relief from serious medical conditions, withholding medical treatment; some sick attendees may be discouraged or forbid from seeking medical treatment for their health conditions, claiming that divine healing alone will suffice, and neglect of basic needs; some attendees at prayer camps were subjected to harsh living conditions or inadequate access to basic necessities such as food, water, and proper shelter. This neglect can exacerbate health issues and contribute to the overall distress of the individuals seeking healing.

#### **Level of satisfaction with healing practices at prayer camps.**

It was identified from responses obtained that, some of the patients were not pleased with the activities they had to go through to attain their healing; rather, the hope of getting better kept them going. According to the results gathered, healing mostly did not occur after being subjected to inhumane treatment at the prayer camps. This result is evident in the case of the woman who was pregnant for more than nine months. Recounting her ordeal, she was near death since her condition worsened when she went home



and was even sent to the hospital for drips just to make her strong again. She stated that she was satisfied with the results obtained at the campgrounds since she was finally able to give birth to a baby girl after 24 months of being pregnant.

In the case of the female who experienced burning sensations in her head, there was not much to be worried about even though she was aware of human rights abuse. According to her, human rights abuse does not apply to religion and spirituality. She stated that it felt she was getting better and would recommend the camp to others only that, she was not comfortable with rinsing her body with water mixed with the blood of doves after every bath, bathing cold water in the open and eating food without salt. She also said that the nasal drops make her head burn badly, which also makes her sneeze severally.

The pastor expressed his dissatisfaction in grief, making known that visiting the camp was a complete waste of his time. He added that he was preparing to go home since he had not seen any improvement in his condition, and staying on the campgrounds was too expensive. According to him, all testimonies that people give about prayer camps are false and that he will not recommend the prayer camp to anybody. Similarly, the farmer who suffered from swollen scrotum recounted that he went home sicker than he visited the prayer camp. He underwent prostate surgery and now has faulty kidneys due to the treatment he went through at the prayer camp. According to him, prayer camps are not places for sick people to visit no matter the promises made by the priestesses. He added that he did not have much knowledge about human rights and its abuse but he is scared to go home.



Respondents who made similar remarks not to recommend the prayer camps to other people included the female with frequent seizures, the mother of the boy with mental illness, the in-mate with extreme alcohol intake, female with ceased menstruation and woman with a burning sensation on her body.

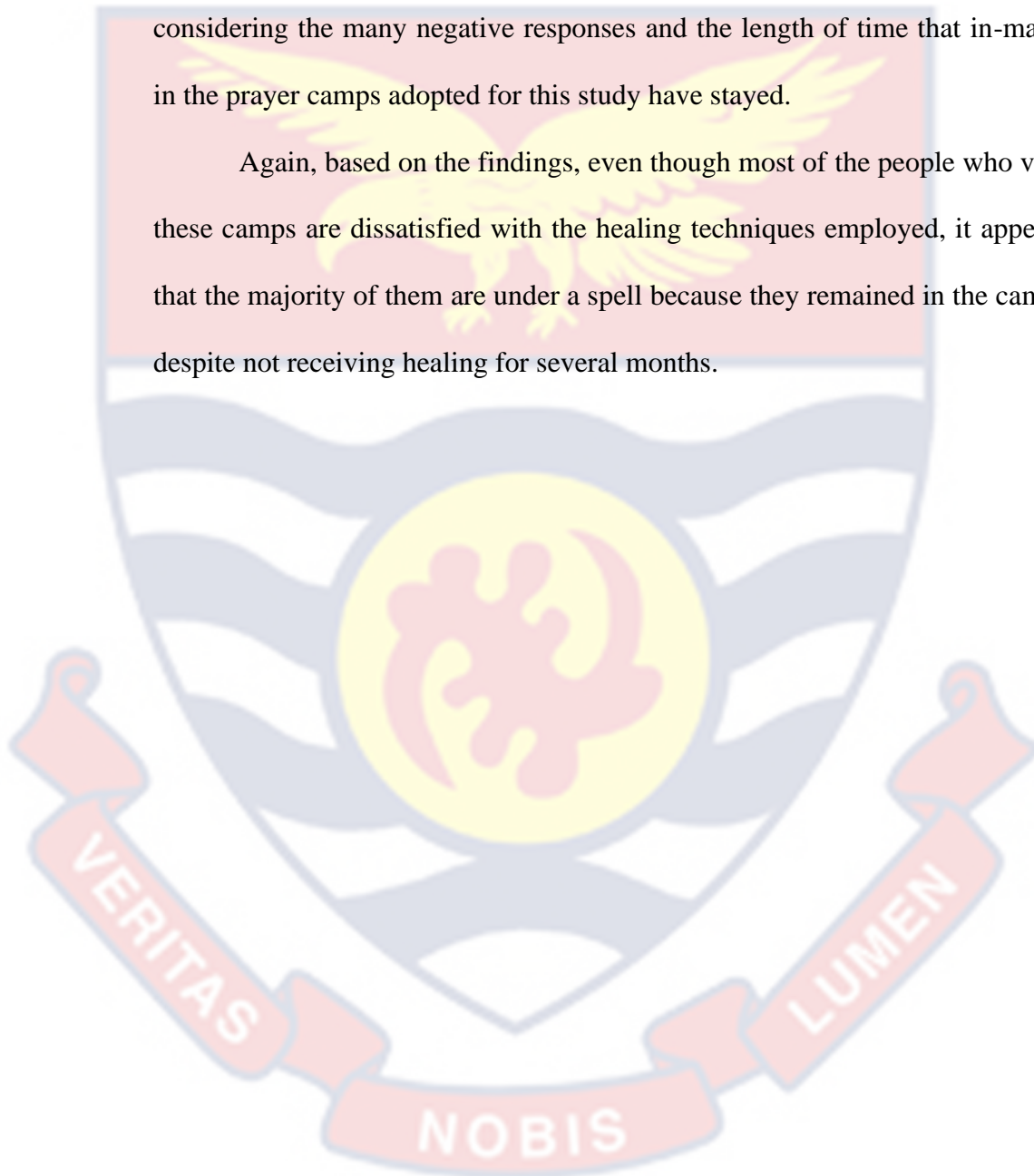
According to them, they were aware of human rights abuse and knew that they were being abused, but human rights abuse does not apply to spiritual matters.

On the other hand, the partial stroke patient was satisfied with his treatment since he was able to lift the arm on the stroked side of his body. According to him, he walks to the stream with ease now for his special bath. He further said that he would go home in a few weeks, and he would gladly recommend the prayer camp to people suffering from a stroke. When asked whether he had any idea about human right abuse, he answered positively and added that it did not bother him if his human rights were being abused since all he needed was to be healed.

It can be identified from results obtained a majority of the respondents were not comfortable with the things they were made to do and consume just to be healed. Still, they had no choice since they were all optimistic until they run out of money or see no improvement in their condition. This act is in line with findings in the literature (Gureje and Lasebikan, 2005) since the satisfaction level recorded at prayer camps are often close to zero. Gureje and Lasebikan (2005) in their study in Nigeria made it clear that where only 9% of people diagnosed with anxiety, mood or substance use disorder had received any treatment, and even this treatment was judged to be inadequate.

In the Commission for Human Rights and Administrative Justice (2009) in a focused group discussion with clients upheld that prayer camps are necessary evils in our society because they provide quick solutions to spiritual and psychological problems. This conclusion cannot be drawn in this study, considering the many negative responses and the length of time that in-mates in the prayer camps adopted for this study have stayed.

Again, based on the findings, even though most of the people who visit these camps are dissatisfied with the healing techniques employed, it appears that the majority of them are under a spell because they remained in the camps despite not receiving healing for several months.



## CHAPTER FIVE

### SUMMARY, CONCLUSION AND RECOMMENDATIONS

#### Introduction

This chapter presents a summary of the findings obtained in Chapter four, conclusions based on findings and recommendations to make the country safe for all.

#### Summary of Findings

The present study evaluated the human right abuse of sick people in prayer camps in the Mpohor District of Ghana. Findings obtained showed that there are many different kinds of people who visit prayer camps for healing from different kinds of ailments. It was also found that custodians of the prayer camps do not regard the background one comes from since they claim to be directed by the Spirit to administer healing processes and practices for the sick. The healing practices were found to include consumption of herbal concoctions, purging with the herbal concoction, bathing with cold water in the open, bathing in a river, smearing one's body with a prepared pomade, and wearing little or no clothes on the body amidst inhumane treatment and abuse like canning, rolling on the ground for several times, being locked in a room for several hours, being chained, inhaling smoke and eating foods without salt. Majority of the patients and ex-patients expressed their dissatisfaction with the results they obtained from the prayer campgrounds and made it a point to spread the news. It can, therefore, be concluded that sick people on prayer camp grounds in the Mpohor District of Ghana are physically and emotionally abused.

### **Determine the categories of people who are found at the prayer camps**

Results obtained showed that people from various backgrounds with different kinds of problems were found at the prayer camps. The ones peculiar to this study include individuals with erectile dysfunction problems, barrenness, frequent seizures, burning sensations on the body, mental illness, stroke and partial stroke, cessation of menstruation and inability to walk. Another woman presented with a problem of being more than nine months pregnant while another made it clear that she experienced burning sensations in her head whenever she decided to learn, hence, she does not attend school anymore. Another case recorded at the prayer camp included frequent miscarriage. Other cases recorded included chronic alcoholism and swelling scrotum.

From discussion with the respondents, it was observed that most of them were exhausted from suffering but still held on to the hope that they would be healed someday. The occupations of the respondents, as recorded included farming, housewife, seamstress, pastoral work, hairdressing, and mechanic. Others were retired from their profession while only one made it clear that she was a student.

### **Examine the healing practices that go on in the prayer camps**

In this study, it was identified that many healing practices go on in the prayer camps in Ghana. It was also found that there are similarities in the healing practices in the prayer camps only that, there are certain practices that are peculiar to a particular health problem. For instance, an individual who experiences burning sensations is not allowed to consume foods cooked with pepper. It was also found that the patients at the prayer camps were made to



subject themselves to inhumane treatment. For instance, the pastor with erectile dysfunction had to roll on the ground towards the cross at the camp. Additionally, the majority of the patients bathed in the open using water left at the mercy of night weather at dawn. According to the respondents, they gnawed their teeth while bathing because the water was very cold. Other healing practices that were carried out by all patients at the prayer camps included drinking the herbal concoction, purging with the herbal concoction, bathing in a river on a particular day in the presence of custodians of the prayer camp, and wearing a big cross around the neck. According to the kind of ailment, individuals were prevented from eating certain foods like yam. Others drunk the blood of three doves homogeneously mixed, drunk Florida water mixed with normal water, prayed in a room continuously with candles for more than 10 hours, inhaled smoke, and wore traditional menstrual pad (amonsen) in a bid to be healed. The woman who had been pregnant for more than nine months was made for dancing while carrying a pot of water during a church service. She and other patients were made to close their eyes whenever they are resting and not sleeping for an alleged angel to visit them and heal them. Additionally, all patients were made to either fast for several days with only water or carry out white fasting, which is normally used to describe eating food with no salt.

#### **Identify the abuses in the healing practices of the prayer camps**

As identified in the previous section, the healing practices include bathing in the open with cold water, drinking and purging oneself with herbal concoctions, smearing one's body with a pomade made from a mixture of a chameleon, shea butter and other items, bathing in a river, and fasting many

times. Results obtained recounted several ways in which older people and even the young were abused at the prayer camps. For instance, a pastor who rolled about 200 meters on the ground inflicted pains on his body. Chronic alcoholics who felt for alcohol were beaten with a cane mercilessly and locked in a room. Others were sexually abused (in the case of the pastor who suffered erectile dysfunction), and mentally ill patients were chained. Pregnant women walked around the prayer camp with only a piece of cloth tied around their chest. Older men at the prayer camp were made to fetch their water and do other things without assistance. It was identified that a greater number of the patients saw nothing wrong with they being abused as they stated that, there is no abuse in religion. Others were of the view that they were ready to endure any form of abuse if that is the only way they would be healed.

#### **Level of satisfaction with healing practices at the prayer camps**

Upon further deliberation, it was identified that only patients who were seeing improvement in their condition and those who were healed expressed satisfaction in the healing practices they were subjected to at the camp despite the abuse and inhumane treatment that came with them. A greater number of the patients and ex-patients were not pleased with how they were treated and were certainly not satisfied with the results they obtained. Others made it clear that they would not recommend the prayer camp to anyone as they realized that all testimonies given on radio stations and television stations were false. The patients recounted suffering from other illnesses because of the treatment they were subjected to at the prayer camps.

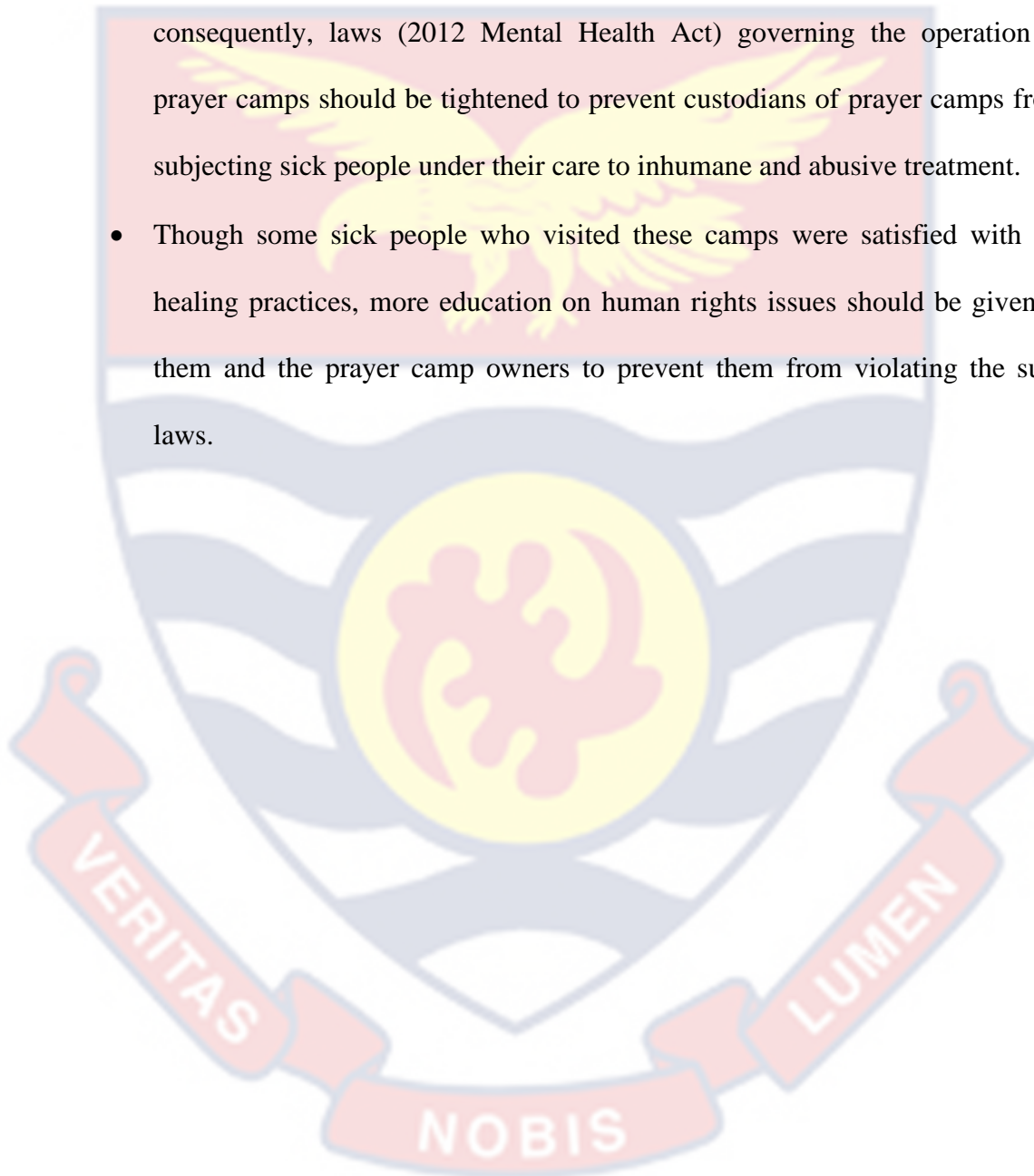
## Conclusion

The Ghanaian government recently passed the 2012 Mental Health Act as part of its efforts to reinforce the rights of persons with medical disorders which includes people who seek healing from prayer camps. But because the new law still permits unintentional admission and treatment, including the use of invasive and permanent procedures, calls for guardianship rather than supported decision-making, and does not adequately regulate non-traditional mental health service providers like prayer camps, it continues to be in violation of Ghana's obligations. Additionally, there is still a great deal to be done to ensure respectable living environments in prayer camps and psychiatric hospitals, to provide access to suitable mental health care based on the values of free and informed consent, and to put an end to illegal and cruel practices like forced detention, chaining, forced fasting, and denial of access to medical services. The government, development organizations, health care providers, and citizens should support the transition of people with mental disabilities from institutions to sovereign community living, with access to community-based mental health services and support services as and when they may be required. This will help persons with mental infirmities in Ghana realize their rights.

## Recommendations

- Since all manner of persons seek healing from prayer camps, it is imperative to educate the general public on the kind of treatment meted out to sick people in these camps.

- From the findings, it was clear that some of the healing practices abuses human rights therefore, more awareness should be on the dangers that sick people put themselves in when they visit prayer camps.
- Clearly, sick people who sought healing from these camps were abused consequently, laws (2012 Mental Health Act) governing the operation of prayer camps should be tightened to prevent custodians of prayer camps from subjecting sick people under their care to inhumane and abusive treatment.
- Though some sick people who visited these camps were satisfied with the healing practices, more education on human rights issues should be given to them and the prayer camp owners to prevent them from violating the such laws.





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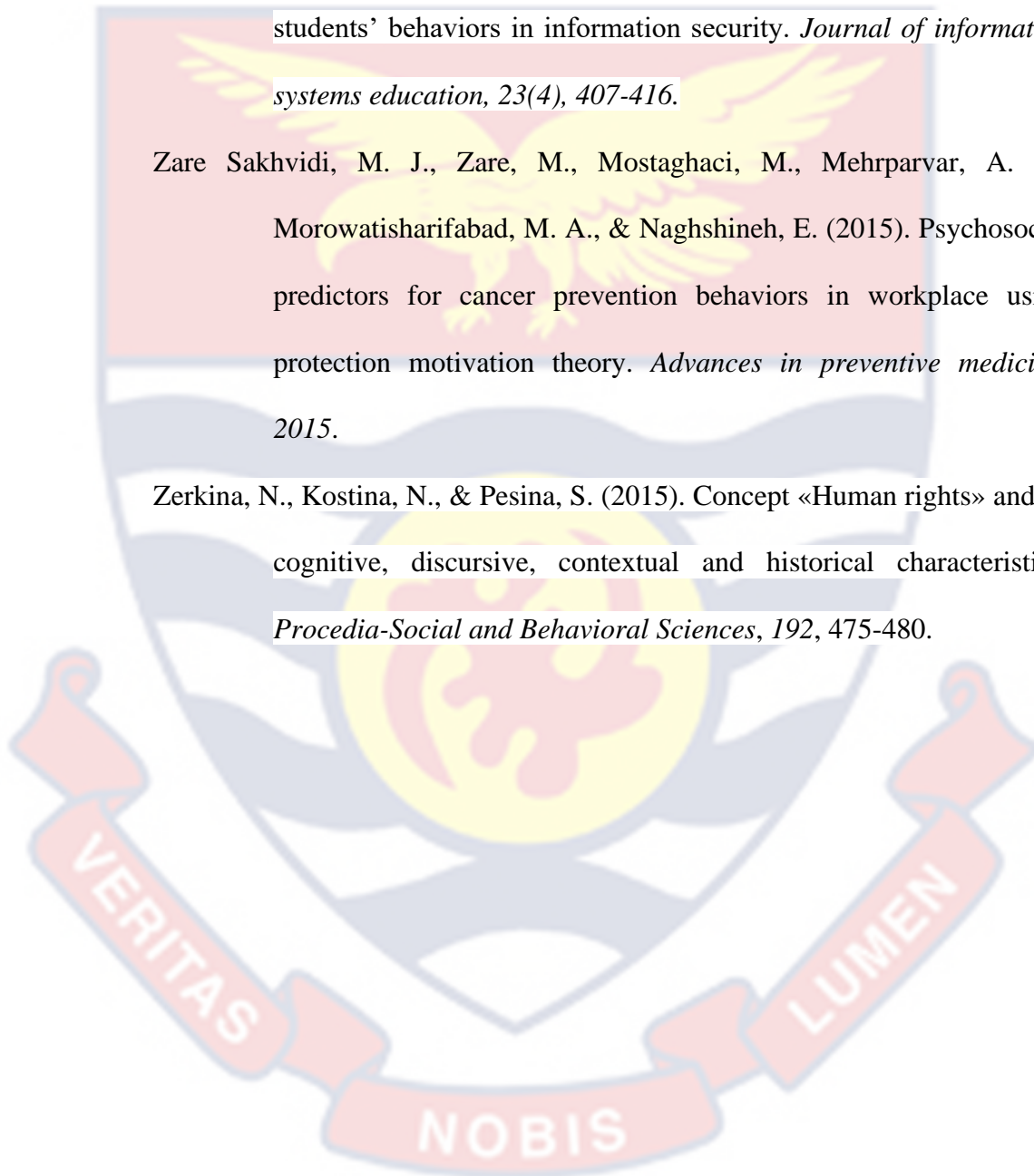
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**APPENDIX A**  
**Interview Guide**

**Objective 1: Investigate the categories of people who patronize the prayer camps**

- Where do you come from?
- Are you a male or female?
- Where do you work?
- What is your level of education?
- How old are you?
- What brought you to the prayer camp?

**Objective 2: Examine the healing practices that go on in the prayer camps**

- What sickness did you bring to the camp?
- What healing process were you taken through?
- Was your sickness healed?
- If yes, how long did it take to heal?
- Did you easily comply to the practice tasked you?
- How were you handled if you failed to comply to the healing practices?
- Was there any other alternative for you when you failed to comply with the initial healing practice?



**Objective 3: Analyze the abuses in the healing practices of the prayer camps.**

- Where were you sleeping in the camp?
- Were male and female patients staying separately from each other?
- How were you eating?
- What are the challenges you were faced with in the camp?
- What activities were you asked to perform to be healed?
- Did you comply to all directives given you during the healing process?
- Have you heard of human rights before?
- What does it mean?
- Were human rights ensured in the camp?

**OBJECTIVE 4: Assess patients' level of satisfaction with the healing practices at the camps.**

- Are you pleased with healing practices?
- Are you healed completely after going through the healing practices?
- Are you abused at the camp?
- Is your stay at the camp expensive?
- Will you recommend the camp to anybody?