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RESEARCH ARTICLE



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## **Creating a Space for Clinical Psychologists in Healthcare System in Ghana: Is it Necessary?**

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### **Abstract**

The relevance of the clinical psychologists in the health sector cannot be underestimated. It is now recognized that psychological issues play a crucial role in almost every health care condition, and that addressing these issues will increase well-being and quality of life. One important role is the prevention of diseases, through behavior medicine (Ogden, 2000); whereby people can be helped to behave in healthier ways, given that many illnesses or disabilities could be prevented. However, there is a misconception among Ghanaians that clinical psychologists are only meant for the mental hospitals which is due to ignorance about what exactly the field is about. This paper argues that Clinical psychologists can do more in providing healthcare services to Ghanaians beyond mental health services and also makes recommendations concerning the training and placement of Clinical psychologists in Ghana.

**Keywords:** Clinical Psychologists; Healthcare System; Mental Health; Behavior Medicine; Ghana.

### **Early Days of Clinical Psychology on the World Scene**

From the beginning of history, even before Psychology became a field, there were people with relationship problems, depression and questions about vocational choices or about problem children, and these people sought out individuals they believed had the ability to help them (Sokal, 2001). This suggests that even before Psychology became a science, people practiced “some form of psychology”, thus providing some relief for psychologically distressed individuals, but under several different labels, such as phrenologist, physiognomist, graphologist, mesmerist, spiritualist, psychic, mental healer, seer and many more (Benjamin Jr., 2005) who are known today as “paraprofessionals”.

The problem however was that no laws existed at that time to regulate the practice of these people, no professional standards to regulate the training of these individuals and to ensure competence, no laws to even protect the public from fraudulent practices. Everybody did what they liked. The field of Psychology on the contrary is governed by rules and regulations. There are standards of practice which also include regulation of training and professional ethics to ensure competence and the protection of the public. Psychology is also driven by research, thus

psychologists conduct systematic research and findings from these researches are used to help people suffering from various psychological problems.

Initially, psychologists were not interested in abnormal behavior; their main interest was in the assessment of intelligence and later personality (Benjamin Jr., 2005). They therefore developed several psychological tests which they used. It was Lightner Witmer who was adventurous enough to venture into the assessment, diagnosis and treatment of abnormality in 1896 when he established his “Psychological Clinic”, where he treated children with learning disabilities and behavior problems and in 1907, published his first journal in which he published his case studies from his clinic. It was in this journal that he coined the term “Clinical Psychology” which marked the beginning of the field of clinical psychology; a subfield of psychology.

The growth of clinical psychology can be traced to the first and second world wars in which clinical psychologists were engaged in treating “shell shock” or Post traumatic Stress disorder victims at army hospitals. More clinical psychologists were trained after the Second World War through funding by the Federal government of the United States at that time in order to attend to the veterans who had returned from war with many psychological disorders. This also saw an increase in the number of researches done in the field (Benjamin Jr., 2005). Today, the field of clinical psychology has grown so much that it also has other subfields, examples include; clinical health psychology, clinical neuropsychology, forensic psychology, clinical child psychology, among others.

### **Roles of Clinical Psychologists in Healthcare**

Clinical psychologists are psychologists that assess, diagnose, predict, prevent, and treat psychopathology, mental disorders, and other individual or group problems to improve behavior, adjustment, adaptation, personal effectiveness, and satisfaction (Benjamin Jr., 2005). Clinical psychologists also do research and teach in schools.

The relevance of the clinical psychologists in the health sector cannot be underestimated. Doctors often express surprise at the behaviour of their patients. They ask, ‘why do they continue to smoke even when they know the risks?’, ‘why do patients come to see me when nothing is really wrong?’, ‘why do patients not come to see me when something is seriously wrong?’ and ‘why are people so different in the ways they manage the stress in their lives and respond to illness (Ogden, 2000)? These questions can easily be answered by the clinical psychologist [more specifically, clinical health psychologist.

The relevance of clinical psychologists in health care is further highlighted by the fact that, it is now recognized that psychological issues play a crucial role in almost every health care condition, and that addressing these issues will increase well-being and quality of life (Llewelyn & Kennedy, 2003). Eight out of ten of the top causes of death have psychosocial components in their etiology and/or maintenance. Forty-five per cent of all causes of death are cardiovascular in nature (which is often stress-related). Sixteen out of twenty of the most frequently diagnosed conditions in primary care have some behavioral component which could be amenable to intervention by clinical psychologists. Approximately three million people world-wide die each year from a tobacco-related disease. Also, the growing diseases of civilization [cancer, coronary heart disease, stroke etc.] are mediated by social isolation, obesity and substance abuse. Chronic conditions are the main focus of health care (Llewelyn, & Kennedy, 2003). All these suggest that psychological issues must play an increasingly central role in the provision of healthcare in all types of settings, from primary care to specialist centres. Clinical psychologists are therefore needed to help increase the range of treatments offered to patients.

### **The Need for Clinical Psychologists in Ghana’s Healthcare System**

Here in Ghana, there is this misconception that clinical psychologists are only meant for the mental hospitals which is due to ignorance about what exactly the field is about. Clinical psychologists can play very vital roles in general medicine [thus, in the general hospitals] as well. One important role is the prevention of diseases, through behavior medicine (Ogden, 2000); whereby people can be helped to behave in healthier ways, given that many illnesses or disabilities could be prevented. Secondly, a lot of people who visit hospitals do not actually need medical care. Some just fake illness in order to escape responsibility [malingerers] and some are suffering from a condition known as “factitious disorder” whereby a person induces symptoms of illnesses just to

assume the “sick role” (APA, 2000) in order to get attention from health practitioners. All these people put unnecessary pressure on the health facilities. If clinical psychologists are employed, they can identify such people and separate them from those who really need medical care.

Another group of people who use health facilities regularly are people suffering from chronic and terminal illness such as sickle cell anemia, diabetes, cancer, HIV/AIDS etc. Apart from the medical conditions, these people have psychological problems that come with their conditions such as depression, anxiety and suicide tendencies and these psychological needs could be met by the clinical psychologist. Aside the psychological needs, these people need to live with the consequences of their illnesses and the clinical psychologist can help them manage these consequences by helping them with pain management and coping skills training so as to increase their functional abilities and to develop a wide range of methods of ensuring social and vocational engagement and support for them. This would go a long way to improve their quality of life considerably.

It has also been established that certain medical conditions are mediated by psychological factors, for instance; Irritable Bowel Syndrome, Dysmenorrhea, Obesity, headaches, bruxism, cancer among others, in that psychological factors influence the onset, course, severity, frequency or interfere with the treatment of such conditions (APA, 2000). These conditions would therefore be successfully treated only if both medical and psychological treatments are used, and the clinical psychologist cannot be left out in this case. Other roles clinical psychologists can play in general medical care include; Pre and post surgery counseling, Pre and post natal counseling, Care for the elderly and terminally-ill, Stress management and the prevention and adjunct treatment of lifestyle diseases such as hypertension, cardiovascular diseases etc.

Further, concerning the area in which clinical psychology is traditionally known for, “mental health”, the role of clinical psychologists is enormous. One thing to note however is that while the psychiatrists focus on the use of medication to treat mental illness, (though they also have some training in psychotherapy, they hardly have time to do psychotherapy due to the overwhelming number of patients they need to attend to), the clinical psychologists on the other hand focus on the use of psychotherapy even though some of them have the necessary training to prescribe drugs, they do this only when it becomes very necessary. One good thing about psychotherapy is that, it has no known adverse side effect as the psychotropic drugs do, unless it is performed by unqualified persons. Also, evidence-based psychotherapies such as CBT are as effective as available medication in the short term and more effective than drugs in preventing relapse (British Psychological Society, 2009).

With the enactment of the mental health act into law, which seeks to promote an interdisciplinary approach to mental health, the clinical psychologist cannot be left out. To add to that, research has revealed that about 40% of all people attending health clinics have some kind of mental illness and 4 of the top 10 most disabling conditions in the world are mental illnesses (Crabb, & Razi, 2007). Also depression has been shown to cause the most disability of all illnesses. It even causes more disability than malaria. And most mental illnesses can be treated in simple, cheap ways and most people with mental illnesses can be stabilized (Crabb, & Razi, 2007). Mental health issues are therefore very important in healthcare and psychiatrists cannot do it all alone. There is a need for a multimodal approach to the treatment and care of the mentally ill.

Clinical psychologists can help in the treatment and management of all mental illnesses, ranging from depression, anxiety disorders, eating disorders, schizophrenia to somatoform and dissociative disorders, substance related disorders etc. Presently, one problem that seems to be on the increase in Ghana is defilement. The perpetrators of such acts [paedophiles] apart from imprisonment need psychological treatment because they may not be mentally fit (APA, 2000), else when they get out of jail, they might repeat the same act. What about the victims themselves, what psychological intervention is given to them, considering the trauma associated with sexual assault? These people can be treated by clinical psychologists. Other roles clinical psychologists can play in mental health are; adjunct treatment for schizophrenia patients, such as skills training in daily living activities, psycho-education, coping and management of the disorder, treatment of children with psychological problems [Autism, ADHD, Learning disabilities etc.], treatment of adjustment problems, stress-related disorders such as, Acute and Post traumatic Stress Disorders, treatment of victims of rape and sexual assault as well as marital and family interventions for distressed families and couples.

In addition, clinical psychologists, specifically clinical neuropsychologists can also provide neuropsychological care for patients. These include Assessment of brain damage, rehabilitation after brain injury, stroke or neurosurgery, treatment of cognitive deficits resulting from cerebrovascular diseases, adjunct treatment for epilepsy and sickle cell disorders, cerebral malaria and HIV patients (since these conditions are found to result in cognitive deficits), treatment of learning, reading, memory disabilities and other neurological problems in children (Katz, Ashley, O'Shanick, & Connors, 2006; Nazemi, & Butler, 2010; Sarfo, 2014).

Presently in Ghana, the role of clinical psychologists under ministry of health is very shallow. The focus is mainly on institutional care. Clinical psychologists can do more, in terms of community care, such as organizing intervention programs for victims of suicide, natural disasters etc., preventive programs for the prevention of sexually transmitted diseases, teenage pregnancy and substance abuse, identification, diagnosis and treatment of psychologically distressed people in the community, intervention/treatment of marital and family problems, including domestic violence (Sarfo, 2014).

### **Challenges**

Currently there are no regulatory systems in place to streamline the activities of Psychologists in Ghana. The part five of Act 857 passed in 2012, which seeks to put structures in place to monitor and regulate the training and practice of psychology in Ghana is yet to see its full implementation. This therefore gives room for quackery and the provision of substandard services to unsuspecting clients.

In addition, the current number of trained clinical psychologists is woefully inadequate to cater for the numerous health needs of the Ghanaian populace. Moreover, there is no regularized system in place to employ clinical psychologists into the health system as soon as they complete their training. Due to this, many end up diverting into other fields leaving a void in the health system.

### **Conclusions**

In a developing country such as Ghana, there is an increasing demand for healthcare services as a result of the many stressors brought about by economic and other social challenges. There is a need for a holistic approach to healthcare by bringing on board all the necessary team players in the area of health, including clinical psychologists. As the saying goes, "A healthy mind lives in a healthy body", the body and the mind cannot be separated from each other. They influence each other in diverse ways. It is therefore necessary to emphasize that, psychological and rehabilitative issues are just as important to healthcare as medical and pharmacological intervention (Llewelyn, & Kennedy, 2003).

### **Recommendations**

To ensure that clinical psychologists provide the needed healthcare services, there is a need to regulate the content of their training so as to ensure that every trained clinical psychologist in Ghana has the required competence to deliver quality healthcare services to citizens.

Secondly, there is a need for a close partnership between training institutions and Ghana Health Service/Ministry of Health in order to put systems in place to employ clinical psychologists after their training.

Further, structures need to be put in place to enable the newly inaugurated Ghana Psychological Council perform its mandate of regulating activities of Psychologists to ensure that quality health care is provided by them in order to maintain credibility and integrity of the profession.

### **Conflict of interest statement**

The authors declare that they do not have any conflict of interest.

### **References:**

1. American Psychiatric Association (2000). *Diagnostic and Statistical Manual* (4<sup>th</sup> ed-Text Revision). Washington DC: APA.

2. Benjamin, L. T. Jr. (2005). A history of Clinical psychology as a profession in America (And a glimpse at its future). *Annu.Rev. clinical Psychology* 1, 1-30.
3. British Psychological Society (2009). *Psychological health and well-being: A new ethos for mental health*. UK: Royal Charter.
4. Crabb, J., & Razi, E. (2007). *Essential skills for Mental Health care*. Accra: Unik Image.
5. Katz, D. I., Ashley, M. J., O'Shanick, G. J., & Connors, S. H. (2006). *Cognitive rehabilitation: the evidence, funding and case for advocacy in brain injury*. McLean, VA: Brain Injury Association of America.
6. Llewelyn, S., & Kennedy, P. (2003). *Psychological models and the experience of health care*. UK: John Wiley & Sons Ltd.
7. Nazemi, K. J., & Butler, R. W. (2010). Neuropsychological rehabilitation for survivors of childhood and adolescent brain tumors: A review of the past and a vision for a promising future. *Journal of pediatric Rehabilitative medicine: An interdisciplinary Approach*, 4, 37-46.
8. Ogden, J. (2000). *Health Psychology: A textbook* (2nd Ed.). Philadelphia: Open University press.
9. Sarfo, J. O. (2014). Role of Clinical Neuropsychologists in the evaluation and management of diabetes mellitus in Ghana: a position statement. *Journal of Advocacy, Research and Education*, 1 (1), 37-40.
10. Sokal, M. M. (2001). Practical Phrenology as Psychological counseling in the 19<sup>th</sup> Century United States. In Green, C. D., Shore, M. & Teo, T. *The Transformation of Psychology: Influences of 19<sup>th</sup> Century Philosophy, Tehcnology and Natural Science* (pp. 21-44). Washington DC: APsyA.



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RESEARCH ARTICLE



## **Civil Society Organizations (CSOs) in Urban Planning Advocacy: Lessons from Zimbabwe**

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### **Abstract**

This paper provides a review on the role played by civil society organisations (CSOs) in urban planning advocacy in Zimbabwe. To demonstrate this, the article draws on the cases of the residents, associations and other CSOs from Zimbabwe's major cities and towns namely Harare, Bulawayo, Gweru and Mutare. CSOs such as Combined Harare Residents Association (CHRA), Harare Residents Trust (HRT), Gweru Residents Association, Bulawayo Progressive Residents Association, Mutare Resident and Ratepayers Association (MURA) and Zimbabwe Homeless People's Federation and Dialogue on Shelter (ZHPFDS) are instrumental in championing the interests of the urban poor, so that their concerns are represented in the urban development discourse. CSOs are also critical in bringing good urban governance and social justice in cities. Other Civil Society Organisations such as ZHPFDS specialise solely on advocacy for housing land and, within their ambit, work towards ensuring that the housing poor and homeless have a roof over their head. This is an emphasis on the 'hard infrastructure' provision. On the other hand, there are CSOs concerned almost purely on the 'soft infrastructure' like public awareness campaigns on making city authorities account for their service provision and other related urban governance issues. These groups, like Harare Residents Trust (HRT) often use threat to organise protests and campaigns against bureaucratic injustices and making the resident empowered in informational terms. The paper suggests mutuality and close linkage between CSOs in development and CSOs in the advanced agendas for social justice towards urban sustainability and meaningful governance. Such an approach can be replicated within Zimbabwe, and ultimately across Africa and beyond.

**Keywords:** Social Justice; Urban Governance; Urban Sustainability; Civil Society Organizations Advocacy; Zimbabwe.

### **Introduction**

Social Movements have emerged as an important force in urban settings, particularly in Latin America, Asia, and Europe and in Africa as well. The social movements are usually made up of civil society organizations (CSOs) that champion issues such as human rights, politics, governance to name but a few. Recently, the social movements have shifted their stance a bit to include aspects such as social justice in urban planning and practice. This has marked the formation of Residents Associations and Federations that lobby for service delivery, tenure security issues and housing among others.

Civil society organisations (CSOs) like Zimbabwe Homeless Peoples Federation and Dialogue on Shelter (ZHPFDS), which specialise solely on advocacy for housing land and, within their ambit, work towards ensuring that the housing poor and homeless have a roof over their head (Satterthwaite, 1998). CSOs are mainly concerned with issues such as public awareness campaigns on issues of service delivery and governance. CSOs like the Harare Residents Trust (HRT) often use threat to organise protests and campaigns against bureaucratic injustices and making the resident empowered in informational terms. The paper ends by suggesting mutuality and close linkage between CSOs in development and CSOs in the advanced agendas for social justice towards urban sustainability and meaningful governance. Such an approach can be replicated within Zimbabwe, and ultimately across the continent and beyond.

### **Theoretical Framework and Literature Review**

This section provides an outline of various concepts which underpins this paper. Many urban NGOs were established to address the needs of the urban poor – some worked on housing rights and used the campaign approach as a way to get their message across to state and international agencies. The strategy was to confront governments through demonstrations, agitations and legal proceedings on behalf of the urban poor. Over the past decade, new forms of urban movements have emerged as a way of expressing concerns with regards to the delivery of urban services. Meanwhile, traditional movements of the poor and landless have also undergone profound changes: new leadership, new structures, new methodologies and more women in leadership positions. The older traditional leaders, from the late 1970s to the mid-1980s, were men who organized themselves around entitlements and saw their role as demanding rights from the state. They learnt that they had to find a different way of talking to government. They moved from fighting the state to engaging them.

Examples of civil society advocacy initiatives can be drawn from the Asian context. On 17 May 1976, 70,000 people lost their homes when Janata Colony (a slum in Mumbai) was demolished. After a long struggle with the state and national government, the families were moved to Cheetah Camp where they had to rebuild their houses. Over thirty thousand residents had marched to government offices to save Janata Colony, but to no avail. The experience of fighting to save the settlement from eviction provided many lessons for the community's informal leadership. It strengthened their view that they needed to find an alternative strategy whereby affected communities (not just NGOs or politicians) could be at the centre of the process. This was when the National Slum Dwellers Federation (NSDF) of India was created. The leadership believed that communities had to go to government with alternative proposals, not just with a list of grievances. They realized that short-term strategies to stop evictions, without a robust long-term solution to build. The Civil Society organization in India adopted slum enumerations as tools to mobilize and strengthen the capacity of local organizations in advancing the concerns of local slum residents. Such example can also be drawn from the Zimbabwean context, where the Zimbabwe Homeless people's Federation has been conducting enumerations in slum areas such as Epworth. Such social movements were meant to protect the rights of slum dwellers, so that they cannot be victims of harsh urban planning decisions.

The concept of urban governance can be defined as the sum of the many ways individuals and institutions, public and private, plan and manage the common affairs of the city. It is a continuing process through which conflicting or diverse interests may be accommodated and cooperative action can be taken. It includes formal institutions as well as informal arrangements and the social capital of citizens. The Global Campaign on Urban Governance proposes that good urban governance is characterized by a series of principles, which are interdependent and mutually reinforcing (Lange, 2010).

Advocacy has several meanings and explanations. Some definitions of advocacy refer to actual policy change; some refer to the activity, while other definitions refer to who does the advocacy and who is meant to receive the advocacy. Advocacy is a strategy, act or process aimed at bringing about change of attitude, policies, traditions, laws and ideologies for a desired positive result. It can also be defined as an effort made towards decision makers on changing a specific policy or law at different levels. CSOs do policy advocacy for a number of reasons. Social justice is conceptualised as *“concerned both with individual empowerment and also with structural injustice; that is with questions of power and resources available to particular communities or*

*sectors of those communities*” (Griffiths, 1998, p.13). It is demonstrated that participation of local communities in resource management and urban development empowers that community (Islam, & Mahjabeen, 2003; Jenkins, 2001) and helps in redistribution of natural resources which contribute to improve social justice outcomes (Leuenberger and Wakin, 2007). By meeting the needs of the poor, community participation is also seen as a vehicle to help achieve a socially just city and region (see Davoudi, 2000; Gunder, 2006; Sandercock, 1997).

### **Method and Materials**

This paper is highly descriptive in nature. It provides an outline of the various roles that civil society organizations play in urban planning advocacy in Zimbabwe. In putting together the paper, documentary search and textual analysis were used. Newspapers, journal articles, research reports and other relevant secondary materials were used to produce this article.

### **Results and Discussion**

#### ***Combined Harare Residents Association (CHRA)***

CHRA is an amalgamation of six neighbourhood residents’ groups – some dating back to the 1940s – merged to form the Combined Harare Residents’ Association, CHRA (Chirisa & Kawadza, 2011). In 2005, the association’s chairperson asserted that CHRA is “*an expression of the growing power of residents’ collective action and... is an effective monitor of the activities of elected councillors as well as municipal officials*” (Davies, 2005, p. 8). In 1999, a Trust was formed and CHRA was registered as a civil society organisation. In 2000, the Advocacy Centre was established as CHRA’s secretariat. According to CHRA’s constitution, the aim of the association is “*to promote and protect the rights and interests of the residents of Harare*” (Chirisa, & Kawadza, 2011). Its preoccupation with urban governance is amplified by its slogan: “*CHRA for Enhanced Civic Participation in Local Governance*”. Among CHRA’s local governance-related objectives are:

- *To represent and support residents of Harare by advocating for effective, transparent and affordable municipal and other services and quality facilities.*
- *To make representations to and liaise with the Harare City Council, City Councillors, Central Government or any of its ministries, departments or other public institutions concerning matters affecting the residents of Harare.*
- *To promote and encourage public awareness and participation by residents in local governance issues.*
- *To do all things necessary to protect and promote the rights and interests of the residents.*

In summary, the CHRA has made significant progress in the areas of social justice, municipal and local government policy as well as improvement in municipal services. The CHRA has also created non-partisan space for local communities to engage with policy makers. Through such platforms the CHRA has encouraged residents and other stakeholders to debate about water crisis and other service delivery challenges confronting municipalities. The CSO has is also advocating for changes in urban planning laws such as the Urban Council Act and the Regional, Town and Country Planning Act so that these pieces of legislation reflect changes that have occurred since independence in as far as urban affairs are concerned.

#### ***Dialogue on Shelter and its Advocacy Work***

Dialogue on Shelter is a civic organization established in 1998 which is also present in Harare (Chitekwe, & Mitlin, 2001). Its core mandate is to support poor urban communities, by planning and implementing their own solutions towards the challenges of inadequate land, housing and infrastructure provisions and advocates for changes in policy and practice by actively engaging local and central government (Chirisa, & Kawadza, 2011).

In addition, it is the mandate of Dialogue on Shelter to ensure that the communities in the urban poor especially Harare participate in the development process to create suitable living conditions through the poor’s own initiatives and self-determination (ibid). In short, it can be seen that this organization is merely concerned with advocacy, civil activism, poverty alleviation and urban development among other things (Chitekwe, 2009).

### ***Zimbabwe Homeless People's Federation (ZHPF)***

The Zimbabwe Homeless People emerged as one of the networks to push the interests of the urban poor so that their needs and rights can be incorporated in planning and development activities. It is within this context that the Zimbabwe Homeless People's Federation came into existence in 1998. The movement began in the two holding camps of Hatcliffe Extension and Dzivarasekwa Extension, where the first savings schemes were started in 1997 (Chitekwe, 2009). Working in alliance with the NGO Dialogue on Shelter, the federation quickly grew into a national network and, as of 2007, had presence in 27 local authority areas, bringing together more than 45,000 households, with 22,000 saving collectively to address their common development needs.

Over the same period, these communities, despite the very adverse economic environment, saved more than US\$ 185,000, secured land for 8,500 families, built 1,100 houses, installed piped water and sewerage on 1,200 plots and raised US\$ 1,275,000 in equity through an urban poor fund. The alliance of Dialogue on Shelter and the Zimbabwe Homeless People's Federation is a partnership between an autonomous network of community organizations (the federation) and an NGO, in which the two combine their relative comparative advantages as strengths for negotiation and articulating issues of urban poverty and landlessness. In some ways, Dialogue on Shelter acts as a technical support organization, but is always mindful to ensure that the voices of the urban poor and the identity of the federation are at the fore in all interactions with the formal world.

The Zimbabwe Homeless People's Federation has consistently challenged the use of waiting lists for land and housing allocations. Surveys carried out in 15 communities over an eight-year period show that the average number of very poor urban families that register on these waiting lists is less than 10 per cent in communities where no one has security of tenure and all are in need of a house. ZHPF is also involved in a number of initiatives such as Epworth Slum Upgrading Project. In these initiatives the community is involved in the process from planning to implementation (Chitekwe, 2009).

### ***Harare Residents Trust (HRT)***

The HRT is a non-partisan institution whose main objective is to empower Harare citizens to lobby and advocate for accountability, offering of quality and affordable services through engaging the council and city fathers in continuous dialogue. The Civil Society Organization continues to lobby for improved urban governance and local government management in Harare. It is the watchdog for urban planning and service delivery in Harare. Together with the Combined Harare Residents Association (CHRA), they continue to lobby for the review of urban planning legislation such as the Urban Councils Act and the Regional, Town and Country Planning Act so that they can provide for effective participation of urban residents in urban affairs. However, besides the efforts by civil society organizations and other social movements, the urban poor continue to be neglected and their needs are not properly accounted for when cities and towns are planned and managed. This is further coupled by the harassment of CSOs by the police and other agents of government. This calls for the need to fully capacitate and strengthen CSOs so that they can effectively represent the urban poor in urban development activities.

The efforts to bring good urban governance by the CHRA and other sister civil society organizations has to a larger extent challenges Harare City Council to think seriously about issues of service delivery, infrastructure development and community engagement in local government affairs. The advocacy organizations have also managed to champion the interests of the urban residents, particularly those that are always neglected in the urban development discourse. Recognizing that the urban poor are particularly affected by urban problems such as shortage of housing land, poor infrastructure and inadequate services, inclusive cities are seen as a concept to counter such developments. Some of the CSOs have been working closely together in order to improve their advocacy work. For example, Zimbabwe Homeless People's Federation and Dialogue on Shelter Zimbabwe have been working together in areas such as Epworth to improve on infrastructure development and service provision in the area.

The CSOs have greatly succeeded in putting pressure on the Local Authorities to think seriously about issues of service delivery, housing and infrastructure development. In this context, CSOs and NGOs can play a central role in bridging the poor and city authorities to give the excluded and marginalized a voice. Thus urban planning and management can be made not only more inclusive but also effective by assigning authority to the poor. By now there is a range of

examples, highlighting the potential of inclusive urban planning (Lange, 2010). However, inclusive cities require city governments willing to share power and demonstrating trust. Local Governments need to embrace the concept of democratization if the needs of the marginalized urban communities are likely to be satisfied.

***Gweru United Residents Association (GURA)***

GURA is a community Based Organisation working with the residents of Gweru for better and improved services from all service providers.

***Bulawayo Progressive Residents Association (BPRA)***

BPRA is a CSO that is responsible for representing the residents of Bulawayo for better service delivery by the Bulawayo City Council and other service providers. The BPRA has successfully organized protests in the City over issues of water management in the City. The same CSO is also pushing forward the interests of street vendors who are continuously being harassed by the police especially in the Central Business District.

***Mutare Resident and Ratepayers Association (MURA)***

The major role of this Organisation is to represent the residents of the City of Mutare to ensure that they receive good quality services from the local authority and other providers of services in the city.

Table 1: CSOs and their key roles in Urban Planning Advocacy in Zimbabwe

Main CSO	Key role or achievement
Combined Harare Residents Association	Enhancement of communities in urban local governance issues Improved municipal service delivery
Bulawayo Progressive Residents Association	Lobbying for improved delivery of local government services
Mutare Resident and Ratepayers Association	Representing the Mutare residents for effective local governance
Gweru United Residents Association	Ensuring that the residents of Gweru are protected from unscrupulous activities by the Local Authority
Zimbabwe Homeless People’s Federation	Making sure that the urban poor has access to housing land Conducting enumerations in Slum areas such Epworth Mapping of illegal settlements and their profiling
Harare Residents Trust	Awareness campaigns to empower citizens with informational needs Organizing protests against poor service delivery in Harare
Dialogue on Shelter Zimbabwe	Providing technical advice to some CSOs

**Conclusion**

This paper has demonstrated that Civil Society Organizations (CSOs) are instrumental in championing issues of effective urban governance and urban planning in Zimbabwe. In major cities of Zimbabwe, there are certain CSOs that have the mandate of working towards social justice and making sure that the interests of the urban poor are catered for in urban planning and urban development. The voices of such organisations are at the forefront of making sure that the marginalized are well represented in urban planning and development initiatives. Through intense negotiations with central government, other CSO such as the ZHPF and Dialogue on Shelter have learned to manage this set of relationships, build a collective coherent voice across its membership,

build and manage alliances with other organizations working towards the same goals and constructively engage with government on a set of very tangible outcomes, as opposed to abstract demands for rights. Overall, Civil Society Organizations have a major role to play in making sure that the interests of the urban poor are well represented in the urban development discourse. For CSOs to be champions of planning advocacy there is need for effective collaboration with other advocacy organizations that work on different issues as they relate to urban affairs. This paper has also explored how CSOs in Zimbabwe have built working partnerships with Urban Local Authorities and this has led to more inclusive, pro-poor, urban development in the major cities and towns of the country.

### References:

1. Chirisa, I., & Kawadza, S. (2011). Civic Associations and Urban Governance in Harare, Zimbabwe: A Special Focus on the post-2008 Era. *Hemispheres*, 26, 59-72.
2. Chitekwe, B. (2009). Struggles for urban land by the Zimbabwe Homeless People's Federation. *Environment and Urbanization*, 21 (2), 347-366.
3. Chitekwe, B. (2014). *Brick by brick. Transforming relations between local government and the urban poor in Zimbabwe*. London: International Institute of Environment and Development (IIED).
4. Chitekwe, B., & Mitlin, D. (2001). The urban poor under threat and in struggle: options for urban development in Zimbabwe, 1995-2000. *Environment and Urbanization*, 13 (2), 85-102.
5. Davoudi, S. (2000). Sustainability: A new vision for British planning system. *Planning Perspectives*, 15, 123-126.
6. Griffiths, M (1998). *Educational research for social justice: Getting off the fence*. Philadelphia, PA: Open University Press.
7. Islam, N., & Mahjabeen, Z. (2003). The role of civil society organizations in urban development in Dhaka City. *Oriental Geographer*, 47 (2), 13-47.
8. Jenkins, P. (2001). Relationships between the state and civil society and their importance for sustainable development. In M. Carley, P. Jenkins and H. Smith (Eds.). *Urban development and civil society: The role of communities in sustainable cities*. London: Earthscan Publications.
9. Lange, F. E. (2010). Urban governance. An essential determinant of city development? Friedrichsdorf: World Vision Institute.
10. Mahjabeen, Z., & Shrestha, K. K. (2006). Social justice and city: Community participation in Sydney's metropolitan planning. University of Sydney.
11. Sandercock, L. (1997). The planner tamed: Preparing planner for the twenty first century. *Australian Planner*, 34 (2), 90-95.
12. Satterthwaite, D. (1998 ). *Federations of urban poor: New approaches to solving housing problems in South Africa, Zimbabwe, India, Thailand and the Philippines*. London: Institute for the Environment and Development (IIED).



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RESEARCH ARTICLE



## **Challenging the Réal Plan: An Examination of Human Rights and Socioeconomic Marginalization in Brazil**

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### **Abstract**

The purpose of this paper is to explore the relationship between the Réal Plan and its impact on Brazilian society – specifically marginalized groups such as impoverished, nonwhite, and indigenous communities. The first part of this research looks at the intersection of race, poverty, and income inequality. The latter looks at indigenous communities and their fight to retain their ancestral lands. By exploring why these groups have not attained any sort of social autonomy in spite of the Réal Plan in the past, we can identify the factors that have kept these groups oppressed and how to help these groups' progress in the future.

**Keywords:** Réal Plan; Human Rights; Socioeconomic Marginalization; Poverty; Brazil.

### **Introduction**

Over the last decade, many scholars have referred to Brazil as a breakout nation due to their stellar economic turnaround. Brazil's economy has been growing since the 1990s and is currently the seventh largest economy in the world, surpassing the other South American nations. Many attribute Brazil's booming economy to former Finance Minister and President Fernando Henrique Cardoso, who instituted the Réal Plan in 1992 to save the country from rampant hyperinflation.

The Réal Plan aimed to address many of the fiscal imbalances that had occurred over the last 40 years. The plan was broken up into two portions, the monetary or economic portion and the government or social portion. In the economic portion, the Réal Plan set out to create spending cuts in the federal budget, free up revenue tied to constitutional provisions, tax financial transactions, and renegotiate state debt. Also, the Réal Plan also set up for instituting a new currency. In 1994, President Cardoso introduced the Real Unit of Value (URV) a currency based on the US dollar. Over the next few months, inflation dropped from 47 percent to 3 percent which paved the way for economic stabilization in Brazil (Cardoso, 2010).

This economic and social policy has done wonders for the economic stabilization of Brazil and the social mobility for the middle and upper classes. However, Brazil still faces rampant

inequality along racial and class lines, which have improved very little over the last two decades. What exactly has hindered the social, political, and economic mobility of impoverished people, nonwhite Brazilians, and indigenous communities? What has caused these harsh socioeconomic conditions to persist even though the rest of the country seems to have benefitted socially and economically from the R  al Plan?

The reason for the lack of mobility among these groups are attributed to the Brazilian government's underfunding of public education, mismatching the needs of communities with the policies implemented, and favoring economic and social advancement among the wealthy elites over social equality. Overall, the social part of the R  al Plan and the policies implemented to address social inequality were at best, misdirected, and at worst a complete and total failure.

By exploring each of these factors and highlighting all of the misguided policy decisions this article aims to show that the Brazilian government has not only made critical mistakes in catering to the needs of its wealthier population, but in some cases condoned the marginalization of these various minority groups.

### **Poverty and Income Inequality**

The R  al Plan has had an enormous impact on Brazil economically and socially in both positive and negative ways. It is no doubt that, at first glance, Brazil seems to be an economically and socially sound country that makes remarkable progress every year. However, upon digging a little deeper, it becomes clear that while many have benefitted from Brazil's economic boom, there are still many who live in poverty which is divided along racial lines.

Over the years, the R  al Plan has received much praise for its economic policies that saved the country. In 2011, the Brazilian Ambassador to Pakistan, Alfredo Leoni, was giving a speech entitled "Brazil's Economic Success" in which he hailed the plan as the country's saving grace. Leoni touted that inflation was down 4.4 percent, unemployment was down to 7 percent, and literacy country wide was up to 92 percent. In addition, Leoni mentioned that GDP per capital was US\$10,500 (URV) and that exports exceeded imports in the previous year. He also cited Brazil's transition to a fully established democracy and the fact that there have been 18 years of solid economic growth and stability as the reason to celebrate the R  al Plan ("The Nation", 2011). While these statistics are true, they focus on the strict monetary value of economic growth. They do not account for societal and cultural aspects of life in Brazil— especially peoples who are impoverished or targeted for discriminatory practices because of their race.

### **Education Inequality**

Impoverished peoples around the world have the least social, economic, and political mobility due to their lack of resources. This lack of resources leaves those who live in poverty vulnerable to marginalization and discrimination from other classes in society and the government. Brazil is no exception. In fact, 31 percent of Brazilians live in poverty and 11 percent of Brazilians in extreme poverty (Gueds, Brondizio, Barbieri, Resende, Fenna-firme, and D'antona, 2012). Poverty in Brazil largely affects rural communities the most due to the region's lack of resources.

One of the driving forces behind poverty in Brazil is the lack of adequate education. The public school system has been in decline since the mid-twentieth century, which has caused unnecessary strain on rural communities. In rural areas, school rarely ever goes past the 8th grade, which forces families and students to move to urban areas to attain a higher status of education. This lack of access to education puts even more strain on families and the surrounding community. Rural households have few skills that apply to the urban labor market, and urban public schools are not equipped to handle the influx of rural students. These ill-equipped public schools do not provide an adequate education for students which leave impoverished students stuck in a cycle of poverty (Moore, 2003).

The fact that only 27 percent of the Brazilian population completes 8th grade has caused an educational crisis and labor market shortages where the majority of the workforce is uneducated and unskilled ("Human Development", 2014). Around the same time as the initiation of the Real Plan, the Brazilian government recognized the need for additional education among rural and impoverished students. To correct for the educational deficiencies, they began to set up vocational programs. The vocational program instituted for rural students was known as Projovem, which was designed to promote rural agricultural development through entrepreneurial and agricultural

technical training. In this program, students would learn the same cognitive abilities they would learn in a regular high school setting. They also learn the science of agriculture, agricultural management, agricultural production, marketing, research and development, cost-benefit analysis and how to apply for bank loans (Moore, 2003).

On the surface, this policy seems like a great way to get rural indigent students to develop their industrial farming businesses. However, the government failed to recognize many of the struggles that poor rural students face when looking to further their education. For example, the program costs between US\$2900 to US\$3500 per student per year, which causes additional financial strain on families that are already struggling financially. In addition, the program delivered as full-time. This is an unrealistic expectation because many of the families these rural students come from have small family farms that require their help to maintain. By only implementing a full-time program, students are forced to choose between eating and their education, which causes many students miss school, fall behind, and fail out of school. When asked in a survey, students responded that the most desirable program would be one in which they could learn the most relevant skills as fast as possible. Instead, the government has not asked what the needs of the community are, nor have they implemented an effective policy that helps elevate these families out of poverty (Soares, 2012).

### **Failed Reforms**

Similarly, as a part of the Réal Plan, a series of Amazonian settlement projects were created to industrialize and build infrastructure in rural and remote areas of Brazil. These programs were designed to help family farmers, called smallholders. However, very few of these programs have had any lasting positive impact on reducing rural poverty and instead have harmed family-based agriculture. Under these series of programs, the government gave subsidies to newer corporate cattle ranchers looking to create farms in rural areas. While this did create considerable economic growth in the region, it quickly became a problem for family farms as they competed for land and resources against large corporations. As the corporate farms bought more land and increased in size, it decreased in the availability of access to schools, transportation, health care, and public services available to smallholders. Many smallholders were forced to sell off their land and move into urban areas. However, many of them faced even greater struggles because their skill-set did not prepare them for the urban labor market (Guedes et al., 2012). This case shows that the Brazilian government cares more about the economic incentives of giving land to corporate cattle ranchers than small, rural families who rely on farming for their livelihood.

The Brazilian government has made many sloppy attempts over the years to try and remedy poverty of the rural areas. However, the government clearly has not made the effort to reach out and understand the true needs of the community. Many have countered the government's past failures by pointing to the Bolsa Familia Program's success. Bolsa Familia is a social program instituted in 2003 that gives direct funds to households every month. This program is comparable to Temporary Assistance for Needy Families (TANF) or Supplemental Nutrition Assistance Program (SNAP) in the United States. Though politicians and economists have touted this program across the globe as a way to reduce extreme poverty since 2003, it has only reduced poverty by about 1.6 percent (Soares, 2012).

Upon reviewing the differences between the Réal Plan's economic and social portions, it is clear to see that there are many shortcomings between the two halves. The economy is strong and stable, but there are millions still in poverty even with the programs and incentives that were implemented. The reason there has been a lack of social progress among the poor is because the government has mismatched the needs of the community with the policies implemented. The government would need to create government organizations that deal directly with impoverished communities to identify the needs of the community and implement policies to alleviate poverty on a full-scale.

Another discrepancy in the social portion of the Réal Plan is the complete lack of an adequate education system. For Brazil to mend the social inequality among the poor, there needs to be a total overhaul of the public education system. Brazil should create an organization that deals directly and only with the public education system and staff the agency with academics and education public policy experts. In addition, there needs to be more resources available to rural students with flexible scheduling. Brazil needs to rethink and tweak their vocational education programs to

match the needs of the students while still providing quality education. Then the government could begin to formulate a policy that serves teachers, students, and the community most efficiently and begin to solve the problem with labor market shortages by creating more skilled workers.

Both of these suggestions would alleviate a significant portion of the poverty that occurs in Brazil. By asking the needs of the community and educating poor students, it elevates their status in society by giving them the needed tools, the political and social mobility they need to succeed. However, one of the best things Brazil can do for impoverished rural communities is to stop giving incentives to large corporations. Instead, incentives should be given to small family farms. Giving large corporations subsidies generates more wealth for the country, but increases the income inequality between the rich and poor. By pushing these families' needs aside, it dooms them to repeat the cycle of poverty.

### **Race and Class**

Similar to the problems with poverty, inequality has caused massive disparities between race and class in Brazil. When the Réal Plan was first announced to the public, it was introduced as the economic and social plan that would save the country and elevate everyone in society. However, the inequality gap in Brazil has only further widened since the installation of the plan, and the government has not addressed this critical issue. Much of this inequality has to do with the racial dynamics in Brazil and deep racial and class lines in which Brazilian society is divided.

Discussing race in Brazil is a very volatile and complicated topic to understand as it is very different from western conceptions of race and ethnicity. Brazil identifies itself as a racial democracy which means that Brazilian society and government believe that they transcend racial lines and that race does not significantly impact one's life chances (Telles, 1994). In essence, the general feeling is that by not acknowledging race, there can be no racism.

The concept of a racial democracy originates from Brazil's long history of slavery, which did not end until 1888. There are many varying ideas of why Brazil wanted to develop a racial democracy, but the most common one is that it was developed as a new form of social order. After slavery had ended, many elites wanted segregation and division between blacks and whites. Therefore, by creating the myth of racial democracy, government, businesses, and social institutions could be discriminatory without being held accountable by the legal system. The only law ever passed in Brazil in regards to race was a law in 1950 that banned racial discrimination. However, this law is rarely ever used or enforced (Telles, 1994). It was not until the 1990s when the Cardoso Administration acknowledged racial inequalities and started trying to make amends for a century of unacknowledged racism (Htun, 2005).

Brazil's long-standing belief in racial democracy has caused many negative side effects including institutionalized racism, marginalization, and limited opportunities for nonwhite Brazilians. These human rights violations have created an enormous gap between race, class, employment, income inequality, and standards of living (Arujo, 2014). Today in Brazil there is a very carefully crafted system that benefits white Brazilians, but excludes nonwhite Brazilians. This system has created an abundance of social problems as well as an identity crisis among nonwhite Brazilians as they often try to escape their race.

Though nothing in the Réal Plan was specifically designed to address racial disparities, the plan was packaged as a method of elevating that status of everyone in society. In regards to race, this has been a complete and utter failure. There have been few attempts by the government to institute policies that protect nonwhite individuals. Furthermore no legal actions have been taken to define race or to enforce existing laws that ban racial discrimination. This lack of acknowledgment has created an identity crisis in Brazil when nonwhites try identifying themselves with a particular race.

### **Racial Identification**

The way people identify themselves racially in Brazil is radically different from the way race is perceived by the Western world. For example, Brazilians do not identify by race, but instead by their skin color. One's "race" can significantly depend on their life situation: the region where one lives or what social class they occupy. Those who are considered black in the United States may not be considered black in Brazil — in some cases blacks in the US may be considered white in Brazil (Telles, 2004).

Since race is a fluid concept, there are two different methods of classification to determine race or skin color. The two distinct methods of classification are government census and self-identification. On the government census, often an interviewer will check off the perceived race of another individual as White (Branco), Brown (Pardo), Black (Preto), Asian (Amarelo), or Indigenous (Indígena). The self-identification method includes the listed above as well as Moreno (Light Brown, informal) and Mulatto (Mixed) (Telles, 2004). Therefore, one's race depends on the system of classification that is used.

There are many reasons for the differences in perceived race and self-identified race. Race in Brazil carries connotations about the character of a person and their value in society. Often when people use the method of self-identification, they tend to identify as lighter skinned than their actual skin color. This is due to a societal belief of that blackness is to be escaped and whiteness is something you work to achieve (Owensby, 2005). Self-identification can involve the rejection or acceptance of symbols, traditions, and lifestyles that are associated with different categories of race. Moreover, dress, language, and perceived level of education are things that others may also associate with color and race (Owensby, 2005). Many spend their time avoiding the labels "nonwhite" and "black" because they carry negative connotations in society (Telles, 2004).

Nonwhites in Brazil, primarily blacks, have had a hard time coming to terms with their race and skin color because of the negative connotations it carries in society. Though race was not a primary portion described in the Réal Plan, it does have indirect ties because of the plan's promise to elevate everyone in society, including nonwhite Brazilians.

### **Non-Whites in Brazil**

Even though blacks make up half of the Brazilian population, as a group they are still very far behind their white counterparts in income, education, and standards of living. One of the factors contributing to this lack of social mobility is the access to quality education. As discussed previously, many Brazilian students go to private school due to the failing public education system in Brazil that occurred throughout the 20th century (Telles, 2004). Many of the students who attend private schools are white and middle to upper class.

Education inequality in Brazil disproportionately affects blacks and nonwhites, but does not limit itself to just primary and secondary education. For example, the Brazilian government continues to subsidize the wealthiest students who attend their high-quality public universities. Often these students are white and attend private school until college. Blacks and nonwhites attend poorly staffed and underfunded public schools and often do not even earn the grades to qualify for public university admissions (Telles, 2004).

The wealthiest seven percent of the population accounts for 27 percent of all undergraduate college students. Meanwhile, the poorest 40 percent only account for five percent of the students in all of higher education. Moreover, the government spends 3.5 times its income per capita on each public university student — or 6.5 billion dollars each year on public higher education for only five percent of the college-age cohort. These expenditures total roughly twenty times the amount for each elementary or secondary student (Telles, 2004).

The government instituted affirmative action-type programs to help elevate the status of blacks in Brazil. Under their affirmative action program, the state has required Afro-Brazilian history in public schools and imposed quotas on blacks and other public school students in federal universities (Owensby, 2005). While there are many proponents of affirmative action, the program instated in Brazil has not successfully increased Afro-Brazilian enrollment in universities. As a consequence of their inability to obtain higher education, the income gap continues to grow larger every year between whites and non-whites.

The government rewards wealthier families for being able to afford a private education at the grade school and university levels, whereas poorer students are punished for being poor. This gap in education has further divided society upon racial, and class lines. By underfunding public education, where primarily nonwhite students attend, they are favoring wealthy white elites — whether intentionally or unintentionally. By giving wealthier students the advantage of getting an education, this has not only created a gap in education, but created an increasingly widening gap in income and standards of living. Income inequality in Brazil has reached uncontrollable levels, and much of the working and lower classes have had to carry the burden.

### **Economic Inequality**

Inequality is one of Brazil's biggest social problems. The rampant inequality has led to increased rates of poverty, failing health and education systems, high rates of crime, and lack of political and social integration among the majority of the population (Telles, 2004). There are several different tools that can be used to identify the rates of social and economic inequality. The best way to identify economic inequality is by looking at the GINI Coefficient. The GINI Coefficient is an index set up by the World Bank to measure how much each individual's or household's income deviates from perfect distribution ("Brazil", 2013).

While the GINI Index is useful for looking at the overall inequality scores in Brazil, the best way to get a more detailed breakdown of the social and economic inequality in the country is by looking at the Human Development Index (HDI). The HDI "measures [the] average national achievements on three dimensions: long and healthy life, knowledge, and standard of living. The specific data inputs include life expectancy, infant mortality, adult literacy, and school enrollment" (Telles, 2004). By using the Human Development Index and the GINI Coefficient this paper will be able to identify the level of progress Brazil has made economically and socially since the installation of the Réal Plan.

The best method for looking at overall income inequality in Brazil is using the GINI Coefficient. On the GINI Index, a score of 0 represents perfect equality whereas a score of 100 represents perfect inequality. As of 2012, Brazil's GINI Coefficient stands at 52.7, which means that Brazil has a high level of income inequality. Income inequality and poverty are linked directly to each other: when the upper class has a disproportionate sum of money to the lower classes it creates poverty, class distinctions and even divided on racial lines ("Brazil", 2013).

The GINI Coefficient sets the stage for understanding inequality as a whole in Brazil, but to get a more detailed view of where inequality occurs it is better to use the HDI. The HDI uses three different methods to categorize countries. First, it measures a country's development on a scale of .000 to .999— the higher the score, the higher the level of development. Secondly, based these scores it puts them into categories of low human development, moderate human development, high human development, and very high human development. Lastly, it also ranks each out of 187 countries. Brazil currently has a score of .744 — which puts them in the category of high human development — and ranks 79 out of 187 countries. Since the institution of the Réal Plan, life expectancy has increased by about six years. The average years of education have risen to 7 years, and the Gross National Income (GNI) has increased by about US\$4,000 (URV) ("Brazil", 2013).

When looking at the HDI scores, Brazil seems to be fairing well in regards to equality. However, these numbers are representative of development in the country before adjusting for the levels of income inequality. Thus, a secondary index was developed to correct for these inconsistencies entitled the Inequality-adjusted Human Development Index (IHDI). When adjusting for the inequality, Brazil's HDI score falls from .744 to .542 which is equal to a total loss of around 27 percent of the development. Inequality in life expectancy is about 14.5 percent, inequality in education stands at 24.7 percent and income inequality at 39.7 percent ("Human Development", 2014).

Moreover, the HDI goes into further breaking down income inequality based on class and racial lines. The richest 10 percent earn 50 percent of Brazil's income, whereas the poorest 10 percent earn 1.1 percent of Brazil's annual revenue ("Human Development", 2014). The highest earning 10 percent are earning twenty-eight times the income of the bottom 40 percent (Telles, 2004). In addition, blacks were 3.5 times more likely to be poor compared to whites. Lastly, 18 percent of nonwhite households were considered indigent compared to 6 percent of white households, 32 percent were found to be poor compared to 16 percent of white households (Telles, 2004).

The GINI score clearly shows that income inequality is a huge problem in Brazil, but when looking at the HDI and IHDI it shows that the inequality is much more severe than one might assume. When looking at the numbers presented in the GINI coefficient, HDI, and IHDI, it is clear to see that there are some severe discrepancies. The Brazilian government says their policy implementation, including the Réal Plan, have improved the country exponentially. However, when looking at the statistics, clearly this is not the case.

### **Examining Government Policies**

Different scholars have explored other reasons as to why inequality is so high. Scholars like Thomas E. Skidmore argue inequality is a result of government corruption whereas Edward E. Telles argues that it is because of severe racial discrimination in the labor market. This paper finds that both scholars have truth in their findings related to income and racial inequality. Firstly, Skidmore finds that relaxed government policies coupled with government corruption has created a system that rewards white elites and punishes poor nonwhites. For example, Skidmore finds that government policies have always favored the highest 5 to 10 percent of the country who control the most wealth. Elites usually do not use their influence for federal funding of programs, but instead have an enormous influence on the tax laws and benefits. The elites in Brazil have used their power to change the tax laws to benefit the middle and upper classes. In Brazil, the tax system is dependent on payroll and indirect taxes. Everyone in Brazil pays their fair share of taxes, but when it comes to reimbursements the lowest income payers receive significantly less than his or her more affluent counterparts. As Skidmore explains, the Brazilian government has essentially become a powerful channel for elites to redistribute income from the bottom of the population to the top (Skidmore, 2004).

Brazil struggles with income inequality. However, the government has done very little to curb these inequalities – which speaks to the motives of the government. Why has not the government addressed these inequalities? Why is education underfunded? Though one may never fully understand the motives behind the decisions made or policies implemented on behalf of any governing body, it is important to think critically about the reasoning behind their actions. One may be able to understand the Brazilian government's lack of action towards race and inequality by looking at their past.

### **History of Discrimination**

Up until the 1970s, scholars and officials claimed that inequality had little to do with race, but rather argued that non-whites' lack of mobility was due to the recent end of slavery. Many scholars argued that nonwhites would gradually acquire enough human and cultural capital to compete with whites. Even though scholars have abandoned this line of thinking, many older generations, including those who are still in charge of government, still hold on to some of these same beliefs – that societal barriers will be broken down over time. However, even when controlling for variables such as education, work experience, social origins, and region, at least a third of the differences in income between the races continue to exist. Researchers believe that racial inequality is caused by discrimination in the labor market (Telles, 1998).

Edward E. Telles looks to the Brazilian labor market to explain some of the racial discrimination and divides that have occurred in society. According to Telles, racial inequality is not derived from the absence of white Brazilians among the poor, but nonwhites among the middle and upper classes. In essence, there is little to no social mobility among nonwhites (Telles, 2004). Telles looks to the HDI to interpret how these racial inequalities are distributed. In the early 1990s, blacks earned 63 percent of what whites earned and this gap has only further widened over time as the government gives more and more incentives to wealthier individuals and corporations (Telles, 2004). Telles finds that many business owners felt that having blacks in positions where customers could see them would hurt the company's reputation. This popular thought, as well as minimal government intervention, has allowed nonwhites to be discriminated against on the basis of race without any legal recourse or protection. In the same study, when white and nonwhite males were randomly paired, white males were 25 percent more likely to be in higher occupational positions. Whites were also 5.3 times more likely to hold positions at the top of the company (Telles, 1998).

However, this is not true for all jobs in Brazil. For example, racial inequality in white collar jobs has increased but decreased in blue-collar jobs. The decreased level of inequality in blue collar jobs has created a form of social segregation between whites and nonwhites. The attitude in Brazil is that society accepts and enjoys nonwhites working in blue-collar jobs, but feels uncomfortable when confronted by their presence in white-collar jobs. This is because of the societal feeling toward the "place of blacks" – a Brazilian term. Blue-collar jobs are considered to be "their place." This belief is why many blacks reduce their aspirations: to avoid humiliation and racial discrimination when applying for managerial or white-collar jobs (Telles, 1994). Because of the

government's lack of acknowledgment and willingness to address these social inequities, marginalization persists among nonwhites in the workplace.

It is clear to see that while much of society benefitted from the economic and government portions of the Réal Plan, inequality is rampant throughout the country. The statistics only slightly tell the story of Brazil's economic success while sweeping under the rug all of the societal and economic disparities. These disparities of poverty, income inequality, and racial divisions come from the inequalities in societal and economic policies. These inequalities also have spilled over to indigenous communities in Brazil.

Indigenous communities face huge social and economic problems as the government continues to sell their ancestral lands to companies for development. The Brazilian government takes traditional lands that belong to indigenous groups and sells them to corporations for a profit to develop them with dams, roads, bridges, and other means of industrialization. Because of this, indigenous communities cannot use the land to hunt to eat and most end up starving to death. Though the Brazilian government has passed a few laws regarding indigenous communities, they have not made progress in recognizing the rights of indigenous communities (Schettini, 2012).

Many feel that industrializing these lands is the only way to improve the region and view indigenous communities as obstacles and an impediment to progress. Indigenous communities see these government actions as exploitation of nature and the commercialization of natural resources. They also rely heavily on the ecosystem in which they live in for their survival and therefore these governmental actions are threatening their way of life. By ignoring the indigenous relationship to their land, the government leaves these communities vulnerable in every way (Schettini, 2012).

### **Indigenous Communities**

Indigenous communities are traditional groups that live on the fringes of society and are currently one of Brazil's most marginalized groups. Estimates put between 35 and 55 million indigenous peoples in Latin America, most of who are confined to the poorest areas of their respective nations. In Brazil, the government's capitalistic exploits in recent decades have destroyed and killed many indigenous groups. Over the past two decades, Brazil has focused largely developing indigenous land for large-scale infrastructure projects, bioprospecting projects, and excavation of minerals, hydrocarbons, and other natural resources (Schettini, 2012).

The groups that have been the most heavily impacted by these careless decisions are indigenous groups that either live in complete isolation or those with very limited contact with the outside world. Estimates conclude that there are at least 10,000 living in complete voluntary isolation, in the remote and tropical parts of Bolivia, Brazil, Colombia, Ecuador, Paraguay, Peru, and Venezuela. According to one study, first contact and isolated indigenous communities share several characteristics:

*“(1) They are highly integrated into the ecosystems which they inhabit, maintaining a closely interdependent relationship with the environment. (2) Their intimate knowledge of their environment enables them to maintain a self-sufficient lifestyle over the long term, but it also has the effect of making preservation and sustained use of their territories critical to their survival. (3) They are unfamiliar with the ways in which mainstream society functions, and are thus defenseless and incredibly vulnerable when various actors attempt to approach them”* (Shelton, 2014).

Due to their unique lifestyle, indigenous communities often face problems regarding their lack of social and political autonomy. One of the biggest problems they face is the retention of their ancestral territories. Very few of the states in Brazil recognize the prior ownership of these lands and even fewer than that recognize them as sovereign and independent nations. Since many of these groups lack any legal title or document recognized by the Brazilian government, they become "subject to the whims of the State created in the wake of invasion and occupation." Not only are their ancestral lands being taken away, but their ecosystems are being destroyed by pollution, logging, and mining, among many other industrial factors (Shelton, 2014).

### **Government Exploitation**

In addition to the industrial travesties that are being committed, social encroachments on their territory threaten their culture and way of life. When a first contact or isolated groups come into contact with modern technology it can be traumatic and change their social construct, traditional patterns, and rituals. Moreover, they are most likely to suffer human rights violations at the hands of those who seek to exploit the natural resources on their lands. These criminals are rarely prosecuted or punished for their crimes against humanity. These offenses are due to the growing pressure to consume more and more natural resources that threaten "the cultural, spiritual and physical survival of such communities" (Shelton, 2014).

Many NGOs — focused on helping preserve the rights and lands of indigenous groups —refer to the industrialization and encroachment as a "silent genocide" In the same study, the author concluded that:

*"Despite the variety of legal responses, the challenges and dangers to indigenous peoples in isolation tend to be the same: the gradual but persistent invasion of their territories; legal and illegal exploitation of the natural resources essential to their survival; and illnesses and epidemics that come with the incursions"* (Shelton, 2014).

The Brazilian government has done little if anything, to protect these groups from the constant exploitation and extinction. The one thing Brazil and other South American countries have done provided legally protected lands that are reserved for these indigenous peoples in isolation to alleviate the pressure on these groups. They, in theory, are supposed to prohibit access to all outsiders, but in practice these rules are rarely respected and followed by the general population and rarely enforced by the authorities.

Though the Réal Plan never specifically included language that directly intended to help indigenous communities, the Brazilian constitution affords rights and protections to all Brazilian citizens, even indigenous communities. Since the social portion of the Réal Plan was based on the constitution, the Brazilian government has an obligation to protect these individuals, even if they live on the outskirts of society. Up to this point, the Brazilian government has seen as indigenous communities as a problem in the periphery, something that does not need to be dealt with right now. However, thousands of indigenous peoples are dying as their land in developed and destroyed. The Brazilian government has often favored industrializing in order generate for profit in the country, but at what cost? Even though there are laws on the books protecting these groups, many of those laws are overlooked to push industrialization policies forward.

There are many different programs that can be used to highlight the problems with the Brazilian government's push for industrial reform in rural areas of the country. In recent decades, they have instituted several different types of programs to develop Amazonia and create a secure economic future for Brazil. These plans have had positive impacts on the Brazilian economy, but adverse effects on the environment and land that is so critical to indigenous people's survival. Due to the increasing pressure to expand and industrialize, the Brazilian government has zoned off different blocks that are specifically designated for hydrocarbon activities. The government then leases these blocks to multinational energy companies for exploration and production. The problem with these gas fields is that much of the time, they overlap with indigenous lands, titled and non-titled, and have created an unprecedented impact upon these communities (Finer, Jenkins, Pimm, Keane, and Ross, 2008). A similar study concludes that:

*"Direct impacts include deforestation for access roads, drilling platforms, and pipelines, and contamination from oil spills and wastewater discharges. Indirect effects arise from the easy access to previously remote primary forest provided by new oil roads and pipeline routes, causing increased logging, hunting, and deforestation from human settlement"* (Finer et al, 2008).

For indigenous communities, especially those living in isolation, it can be the deciding factor between life and death. The same study finds that roads have one of the highest correlations to deforestation in Amazonia. Creating new roads creates new direct impacts, such as habitat fragmenting and indirect impacts such as colonization, illegal logging, and unsustainable hunting (Finer et al, 2008).

Though there are serious impacts for creating these geographical blocks, it has not stopped countries like Brazil from expanding and creating more. In 2005, Brazil had zoned off 25 blocks surrounding gas fields in Amazonia — which totaled about 67,000 square kilometers of leased land. As of 2008, nearly 400 kilometers of gas pipeline was being constructed to connect the Urucu gas fields to Manaus, and another 500 kilometers of pipeline was proposed to carry gas to Porto Velho. The Brazilian government also had plans to lease more acreage near the border of Bolivia, Peru, and Brazil (Finer et al, 2008). Given the fact that hydrocarbon activity has increased so drastically within recent decades, the problems associated with hydrocarbon mining are likely to intensify over time without serious and improved policies.

Another example of the harmful effects industrialization has had on indigenous communities is the Brazilian government created program Forward Brazil. Forward Brazil was a package of 338 projects established to industrialize Brazil's Legal Amazon Region between 2000 and 2007 and total 43 billion USD. The plan was the successor to "Brazil on the Move" or "Brazil in Action," a similar infrastructure plan between the years 1996 and 1999 (Fearnside, 2002).

When Forward Brazil was first introduced to the public, there were many problems in the way the program was presented and executed. There was a severe lack of governmental oversight of the program, lack of consideration for indigenous communities, and the ethically questionable practices used to push the project forward. When the project was first presented to prospective investors, it was presented as an unregulated venture. Any company or investment firm could pick and choose from as many projects to undertake as they wanted without having to generate any cost-benefit analysis or reports regarding the environmental and social impacts. However after choosing to invest in a project, companies were required to contract a consulting firm to create a cost-benefit analysis. Because these companies had financial interests invested they were more likely to generate a favorable report that minimized the social and environmental impacts. Even though this practice is illegal, many of these favorable reports went unnoticed and were passed by the Brazilian government. In some cases, the government did discover skewed reports and "banned" many projects. However, these same projects would come up several years later and be approved by the government under a different name (Fearnside, 2002). Overall, Forward Brazil overlooked the environmental and social damage the projects created in favor of industrialization and corporate profit (Fearnside, 2002).

### **Conclusion**

When the Réal Plan was first introduced, it was packaged as a policy that would elevate everyone's status in society. Its goal was to create economic reform and provide adequate programs for the poor and create new educational programs, as well as fund public schools. The plan did adequately stimulate the economy and control hyperinflation in the country. However, as a whole, the plan is a failure because it failed to elevate the status of nonwhites and indigenous communities, failed to alleviate poverty nationwide, and failed to provide adequate public education and vocational programs for impoverished students. In addition, this policy is a failure because the Brazilian government favored wealthy white elites over nonwhites, underfunded public education, mismatched the needs of the communities with the policies implemented, and favored economic advancement over social equality.

Brazil is a complicated mess of inequality, poverty, and racial issues. These three characteristics often intermingle and are hard to separate from one another because they are so intertwined. Impoverished and indigenous peoples suffer in different ways from the harmful effects of industrialization. Nonwhites in Brazil face institutionalized discriminatory practices in the workplace and in other aspects of life that have caused them to be decades behind their white counterparts. Income inequality is rampant in the country and benefits largely the wealthy white elites at the top of the social hierarchy. In order to remedy these situations, the Brazilian government has often instituted programs that either fail to recognize the needs of each community or the government blatantly ignores the plights of each community in order to increase the State's economic gains.

Overall, the social part of the Réal Plan and the policies implemented to address social inequality were at best, misdirected, and at worst, a complete and total failure.

### **Conflict of interest statement**

The authors declare that they do not have any conflict of interest.

### **References:**

1. The Nation (2011). *Brazil 'real plan' resulted in economic stability*. Retrieved from: <http://nation.com.pk/business/11-Apr-2011/Brazil-Real-Plan-resulted-in-economic-stability>.
2. Cardoso, F. (2010). Structural reform and governability: The Brazilian experience in the 1990s. In *Democratic governance in Latin America*. California: Stanford University Press.
3. Fearnside, P. (2002). Avanço brasil: environmental and social consequences of Brazil's planned infrastructure in amazonia. *Environmental Management*, 30, 735-742.
4. Finer, M., Jenkins, C., Pimm, S., Keane, B., & Ross, C. (2008). Oil and gas projects in the western amazon: threats to wilderness, biodiversity, and indigenous peoples. *PLoS*, 8, 1-6.
5. Guedes, G., Brondízio, E., Barbieri, A. Resende, A., Penna-firme, A., & D'antona, A. (2012). Poverty and inequality in the rural Brazilian amazon: a multidimensional approach. *Human Ecology*, 40, 41-49.
6. Htun, M. (2005). Playing Brazil's race card. *Foreign Policy*, 151, 86-87.
7. Human development report Brazil (2014). *Human Development Index*. Retrieved from: <http://hdr.undp.org/en/countries/profiles/BRA>
8. Moore, A-M. S. (2003). *Education in Brazil: Meeting the Needs of Rural Students* Ph.D. Dissertation. University of Minnesota.
9. Owensby, B. (2005). Toward a history of Brazil's "cordial racism": race beyond liberalism. *Comparative Studies in Society and History*, 47, 322-327.
10. Sansone, L. (2004). Anti-racism in Brazil. *NACLA Report on the Americas*, 38, 29-31.
11. Schettini, A. (2012). Toward a new paradigm of human rights protection for indigenous peoples: a critical analysis of the parameters established by the inter-American court of human rights. *Sur International Journal on Human Rights*, 9, 58-62.
12. Shelton, D. (2014). The human security of endangered peoples: indigenous groups living in isolation and first contact. *Environmental Policy and Law*, 44, 218-226.
13. Skidmore, T. (2004). Brazil's persistent income inequality: lessons from history. *Latin American Politics and Society*, 46,136.
14. Soares, S. (2012). Bolsa familia: a summary of its impacts. *International Policy Centre for Inclusive Growth*, 1, 1.
15. Telles, E. (1994). Industrialization and racial inequality in employment: the Brazilian example. *American Sociological Review*, 59, 49-69.
16. Telles, E. (1998). Does it matter who answers the race question? Racial classification and income inequality in Brazil. *Demography (Pre-2011)* 35, 465-471.
17. Telles, E. (2004). *Race in Another America: The Significance of Skin Color in Brazil*. Princeton, N.J.: Princeton University Press.
18. The World Bank GINI Index (2013). Retrieved from: <http://data.worldbank.org/country/brazil?display=default>



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RESEARCH ARTICLE



## On the Accession of Spain to the European Communities

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### Abstract

The article deals with the enlargement of the European Communities (hereinafter EC). Author outlines key questions of the accession of Spain to the EC. Main attention is paid to the characteristics of the conditions of the accession of Spain to the EC. The article explores the role of public authorities of Spain in the implementation of EC documents in Spain. Author investigates the doctrine of relationship between EC norms and Spanish national law.

**Keywords:** European Communities; EC enlargement; Spain; the accession of Spain to EC; the conditions of accession of Spain to the EC.

### Introduction

The relations between Spain's General Franco and Communities were not easy [see: 26]. The Spanish authorities having received considerable military and political support during the Civil war of 1936-39 and assisted Germany after that were perceived by many European politicians as «the remnants of the age" [see: 10; 14; 32; 34; 39].

After the war Spain paid a high price for its "sins". Spain was forbidden membership in the United Nations and in the specialized agencies of the United Nations. The country was excluded from the projects of the organizations arisen on the basis of the US policy on the reconstruction of the countries of the European continent [29].

### Materials and methods

The main sources for writing this article became the official documents of the EC, Spain, materials of the journal publications and archives.

The study used the basic methods of cognition: the problem-chronological, historical and situational, systemic and the method of comparative law. Author's arguments are based on problem-chronological approach. The use of historical and situational method allows to reproduce assessment approach to the problem of the Spanish law and EC law. Method of comparative law defines the difference in views on actual rules of activity of Spanish authorities. A systematic method does achieve a variety of disciplines (international law, EC law, Spanish law etc) accessible and comparable, as present is determined by the past and the future - by the present and the past.

## Discussion

Spain not invited to participate at the early stages of European integration [27]. The creation of the European coal and steel community in 1951 happened without Spain. Spain was also excluded from the negotiations that led to the signing of the Treaties of Rome in 1957 which included the creation of Euratom and the European economic community. The creation EEC in 1957 led to discussions about the future of this European project within the framework of the Spanish government, as well as political and economic problems that it could create for Franco.

The removal of the state from major continental markets prompted the Spanish government to improve bilateral relations with the leading States of the EC. Spain began to interact with France successfully and in 1957 the Agreement on trade [31] was signed. In 1959 the tercentenary of the Iberian peace Treaty was celebrated. The Spanish government was doing everything possible to gain the trust of Germany which actively tried to restore its national sovereignty. Consequently, Spain could benefit from Association with France and Germany where the absence of a strong supranational institutions could give the leading countries decisive right to vote when considering future applications for membership [21].

Article 237 of the Treaty of Rome 1957 provided that "any European state may apply to become a member of the Community". However, the adoption of new members in the EC demanded not only the unanimous support of the governments of all the States of the Communities, but also the approval of the national parliaments. Italy and the Benelux countries were hostile towards Spain.

The signing of the agreement EC of cooperation with Greece in July 1961, as well as the beginning of negotiations with other countries, confirmed that Spain had no other choice but to join the EC. At the same time, F. Franco feared that any attempt to establish closer relations with Brussels would make Spain more vulnerable to external pressure. However, Madrid underestimated the importance of the discussions taken place in the Parliamentary Assembly of the Communities in January 1962 on the report of W. Birkelbach. He stated that "states which governments did not have democratic legitimacy, the people did not participate in decisions of the government, either directly or indirectly freely elected representatives, could not rely on the presumption in the circle, which form the European Community ... the Existence of a democratic state, in the sense of free political order, is a necessary condition for membership in the Community" [33]. However, on February 9, 1962, the Spanish government officially requested "to start negotiations for the possible establishment of Association with the Community, able to lead to full integration" [11. P. 98].

On February 20, 1962 W. Birkelbach officially appealed to the Council of the EEC and the European Commission with the question: is it possible to consider the application of the regime, "political philosophy and economic practice which are in complete opposition to the concept and structure of the European Communities" [37. P. 1197-1201]. However, W. Birkelbach referred to the status of full member, not membership-based Association agreement (article 238 of the Treaty of Rome) which was originally claimed by Spain.

The representatives of Franco's regime claimed that the status of associate member could accelerate the political evolution of the country. However, the opposition argued that that would make the regime incentive to withdraw from authoritarianism [11]. In October 1962, the Committee decided that all applicants for membership in the EU had been postponed until the completion of negotiations with England. That fact allowed Madrid to blame the internal crisis in the Communities for the failure of its application [22].

In July 1967 Brussels offered Spain just the Agreement on commercial trade with politically neutral formula. Spain received support in the Community [35. P. 24].

On June 29, 1970 the efforts of the Spanish government culminated in signing of the agreement on preferential trade between Spain and the EC [3]. The agreement was quite favourable to Spanish interests. However, the value of the Agreement on Preferential Trade was significantly undermined by the entry of Great Britain into the Community on January 1, 1973 [8. P. 233-267].

The murder Prime Minister of Spain by members of ETA caused a new wave of repressions and led to the imposition of the death penalty. The refusal of the authorities to commute the sentences on that occasion led to the most serious crisis in the history of the Spanish-European relations [40]. All the EU member-states recalled their ambassadors from Spain in protest.

The Assembly (Euro parliament) and the European Commission demanded the Council to freeze negotiations on extension of validity of the Agreement on Preferential Trade 1970.

Thus, the negotiations for membership in the EC reached a deadlock. Only in April 1977, the negotiations for the settlement of the relations between Spain and Communities began [40]. On July 25, 1977 it was decided to exchange the letters in order to ensure the application of the provisions of the agreement between the new three members-states and Spain separately from the Agreement with the EU from July 1, 1977.

The death of F. Franco on November 20, 1975, was met by the Spanish with a sense of hope. At the coronation in his speech king Juan Carlos declared the commitment of Spain into integration into the main institutions in Europe [24]. So we can distinguish the following stages in the process of accession to the EC.

The first stage of joining of Spain the Community began with the fact that the EC Council agreed to resume negotiations in Madrid at the beginning of 1976 [12]. That circumstance became the basis for a stormy debate in the European Parliament during which the deputies rejected the program by A. Navarro, because it contained "partial action plan" on the liberalization of the political system in Spain [19].

In 1976 the EC Assembly adopted the text of the Rapporteur on Spain M. Faure, who condemned the plans of Spain on the creation of bicameral Parliament, where a democratically elected Chamber of deputies would coexist with the "corporate" Senate. "This will not meet democratic standards, which we in the West European countries had set" [20].

The appointment in July 1976, the new Prime Minister A. Suarez improved the relationship between Spain and the EC. The parliamentary Assembly expressed satisfaction with the success of the referendum on the Act on Political Reform [4] which included the holding of free elections in June 1977, In July, the parliamentary Assembly welcomed the first since 1936 free elections in Spain by a special resolution. It expressed "hope to see Spain occupied its place in the European Community» [6]. Immediately after that, the government of A. Suarez submitted its application for membership in the Community [5]. In the autumn of 1977, the Prime Minister of Spain went on a tour to nine capitals of the EC countries-members. During the visit it became clear that the path to membership would be difficult [23. P. 215-230]. The Accession negotiations began when in 1979 Europe was in the second economic crisis, not having recovered from the first one.

The second stage was opened by applying of Spain on July 28, 1977 [5]. The Commission responded with a positive conclusion in November 1978 [7]. After approval by the Council of Ministers and the European Parliament the official negotiations began in February 1979. However, France immediately began to look for a variety of reasons for delay. The fears of Spain were confirmed in June 1980, when the President of France stated that the EC enlargement at the expense of Spain would have to wait until the consequences of the first extension of the Communities fully "not digested» [40. P. 19].

F. Mitterrand after winning the presidential election was to pursue a similar policy. In June 1982 during his first official visit in Spain, he demanded the European Commission to make "an inventory" of the problems associated with the possible extension [15]. Thus, the negotiations stalled. France insisted on the reform of the financing of the Common agricultural policy to expand to prevent the accession of Spain to the detriment of their interests, while Germany refused to increase its overall contribution to the EU budget, to make that possible.

Problems in the negotiations coincided with a deep political crisis in Spain itself, which led to the resignation of A. Suarez from the post of the Prime Minister in January 1981. The coup attempt in February of 1981 aggravated the position of Spain in the negotiations. However, the Commission formally condemned the coup and the European Parliament called for the acceleration of the accession negotiations [15]. By that time, the idea that the EC membership would help to support democratic consolidation in the country "captured the masses".

The lack of progress in the negotiations contributed to the fact that the society switched to the analysis of possible economic consequences of accession. The Spanish Confederation of entrepreneurial organizations [18] feared that the elimination of tariffs on industrial goods would lose in the fight with more effective European manufacturers. Industries feared that because of their internal political difficulties the Spanish government would accept disadvantageous conditions of accession in a desperate attempt to conclude the negotiations at any price [36. P. 33].

The successor of A. Suarez - K. Sotelo had a different point of view to the role of Spain in the world. He promised to develop "European, democratic and Western" foreign policy [16]. The application of Spain to membership in NATO filed in December 1981 was partly aimed at strengthening the attractiveness of Spain in the eyes of other participants of the Washington Treaty which were also the EC members. Spain argued that it wanted to take responsibility for the protection of the West. For K. Sotelo the EC and NATO were not only compatible but complementary institutions [13].

The third stage. The victory of the socialist party of F. Gonzalez in the October elections 1982 contributed the creation of a new government with a strong popular support. The EC membership became a priority of foreign policy of F. Gonzalez.

From the economic point of view, the EC membership was far more necessary in 1982 than in 1977. Economic indicators of Spain during the past years were bad. The government faced the task of reforming outdated agriculture, poorly adjusted financial system, as well as the industrial sector, managed by inefficient state firms [16. P. 35]. The prospect of the EC membership became a catalyst for economy modernization and openness to the outside world and for adapting legacy of the state mechanism to the new demands of the Spanish society [30. P. 415-419].

In the process of preparation for membership in the EC is crucial not only the number of bilateral negotiations between Brussels and a candidate country, as the negotiations between the current members-states which are to reach consensus on the value of extension. Actually it was on the level of its compliance with the community rules. In the case of Spain the consent required of mutual understanding between France and Germany which were main trading partners for Spain.

The government of F. Gonzalez focused on the development of bilateral relations with Paris and Bonn. In December 1982, F. Mitterrand announced that the reform of the Common agricultural policy and the decision of the British contribution to the EC budget should precede the extension [28].

Madrid tried to get the support of the German Chancellor, G. Kohl, who fully supported the extension. G. Kohl directly linked to the successful resolution of a fiscal crisis with the EC accession of Spain and Portugal [28]. It became clear until the official Bonn took such a position, France would not increase the communitarian funds needed for the reform of the Common agricultural policy. The position of G. Kohl improved favourable impression of Germany in the eyes of most of the Spaniards [25. P. 28].

Nevertheless, the support of Germany did not immediately help to overcome the resistance of France. King Juan Carlos and F. Gonzalez visited Paris at the end of 1983, in a desperate attempt to make F. Mitterrand to reconsider his position. The President of France finally admitted that the second option was undoubtedly more preferable [25].

The fourth stage. The point of no return was not passed before the European Council summit in Fontainebleau in June 1984. Then there were reached the agreements regarding the "British discounts and reform of the Common agricultural policy. That allowed the nation to announce the accession of Spain and Portugal to the European Communities on 1 January 1986. However, Madrid agreed to lift the blockade of Gibraltar imposed by the F. Franco's regime in 1969 in response to British requirements [38. P. 147].

In late 1984, the government of Spain managed to convince Brussels to provide six years (instead of three years, initially proposed by the Commission) transitional period for industrial products. Under the chairmanship of Italy in the EC in March 1985 a seven-year transition period for agricultural products (with possible extension up to 10 years) was also approved.

### **Legal registration of the membership of Spain in the European Communities**

On May 8, 1985 the European Parliament adopted a special European Parliament resolution embodying the opinion on the conclusion of the negotiations with Spain and Portugal (8 May 1985) [1]. The European Parliament welcomed the successful completion of the negotiations with Spain and Portugal and indicated that the expansion would contribute to the strengthening of relations with third countries in the Mediterranean region.

On May 31, 1985 the European Commission gave a positive conclusion about the membership of Spain and Portugal in the Community.

The signing of the Treaty of Accession of the Kingdom of Spain and the Portuguese Republic to the European Economic Community and the European atomic energy Community was held on June 12, 1985 in Madrid.

Documents concerning the accession of the Kingdom of Spain and the Portuguese Republic to the European Communities are following [2]:

1) Documents concerning the accession of the Kingdom of Spain and the Portuguese Republic to the European Communities, Commission Opinion of 31 May 1985 on the applications for accession to the European Communities by the Kingdom of Spain and the Portuguese Republic;

2) Decision of the Council of the European Communities of 11 June 1985 on the accession of the Kingdom of Spain and the Portuguese Republic to the European Coal and Steel Community;

3) Documents concerning the accession of the Kingdom of Spain and the Portuguese Republic to the European Communities, Decision of the Council of the European Communities of 11 June 1985 on the admission of the Kingdom of Spain and the Portuguese Republic to the European Economic Community and to the European Atomic Energy community;

4) Treaty (signed on 12 June 1985) between the Kingdom of Belgium, the Kingdom of Denmark, the Federal Republic of Germany, the Hellenic Republic, the French Republic, Ireland, the Italian Republic, the Grand Duchy of Luxembourg, the Kingdom of the Netherlands, the United Kingdom of Great Britain and Northern Ireland (Member States of the European Communities) and the Kingdom of Spain and the Portuguese Republic concerning the accession of the Kingdom of Spain and the Portuguese Republic to the European Economic Community and to the European Atomic Energy Community;

5) Act concerning the conditions of accession of the Kingdom of Spain and the Portuguese Republic and the adjustments to the Treaties.

Treaty of Accession consisted of a preamble and three articles. Article 1 stated that Portugal and Spain became members of the European Economic Community and the European Atomic Energy Community. It was not mentioned about the European coal and steel community as joining that organization was carried out in accordance with the decision of the Council of June 11, 1985.

According to Art. 2 (2) of the Treaty, it entered into force on January 1, 1986, provided that all the instruments of ratification to be deposited before that date, and all the instruments of the accession to the ECSC surrendered to the Depositary prior to that date.

In the Appendix to the Agreement it contained the Act on the terms of the accession and modification of Treaties. That document consisted of 403 articles and 36 applications and 25 protocols, which in accordance with article 400 of the Act of the accession were an integral part.

The Final act was also signed. It included 49 respective declarations, some of them were joint statements of 12 members-states, other statements belonged to 10 "old" members-countries and accordingly either Spain or Portugal, statements of one of the acceding states or, finally, the statement of the German government.

The process of adaptation of Spain to the membership was to be gradual with the help of the "transition period" temporary derogation from some communitarian rules. On January 1, 1986 the beginning of a seven-year transition period was marked during which the tariffs on trade between Spain and other countries of the Community were cancelled. Transitional periods applicable to the sphere of agriculture were one of the longest (for example, 10 years for vegetables). Full freedom of movement of the labour force was achieved only by 1993, although the rights of Spanish workers in the countries-members of the Communities were guaranteed.

The results of the negotiations were satisfactory at the institutional level. The European institutions were broadened with the entry of new members into the Community. Spain was proposed ten votes of the Board and one Commissioner, or eight votes and two commissioners. Spain chose the last option which certainly reflected the respect of Spanish officials to the Commission. The Commission increased members from 14 up 17 with the addition of two commissioners from Spain and one from Portugal. The European Parliament received 60 new members from Spain and 24 from Portugal. In addition, Spain received a post of the thirteen judges in the European Court of justice. Considering that in 1985 the population of Spain was only 12 % of the EC population, and Spanish share in the total GDP of all members-countries was only 6,5 %, the average representation in the institutional structure of the EU 11 % could be considered as a major diplomatic victory.

## Conclusion

The entry of Spain into the Community can be considered as a logical completion of the process of socio-economic and political convergence that began a few years before. The turning point on the way membership of Spain in the European Communities was the signing of the Preferential Trade Treaty in 1970. The Treaty confirmed, on the one hand, Pro-European orientation of Spanish foreign policy and, on the other hand, the recognition of Communities of Spain as a major partner who left the European isolation.

The focus of Spain towards the membership in the Community was dictated by economic interests of the country (the necessity of modernization, the attraction of foreign investments, as well as the opening of the communitarian market for Spanish exports of goods). The position of the Community in relation to the membership of Spain was caused exclusively by political reasons, namely the need for democratic reforms in the country.

## References:

1. Official Journal. C 141. 10.06.1985.
2. Official Journal. L 302. 15.11.1985.
3. Regulation (EEC) No 1524/70 of the Council of 20 July 1970 concluding an Agreement between the European economic community and Spain and laying down the provisions for its implementation // Official Journal. L 182. 16.8.1970. P. 1-174.
4. Ley 1/1977, de 4 de enero, para la Reforma Política // Boletín Oficial del Estado, núm. 4 de 5 de enero de 1977, páginas 170 a 171 (2 págs.)
5. Commission of the European Communities. Spain: Application for Accession to the Communities // Bulletin of the European Communities. 1977. No. 8 (July/August).
6. European Parliament. 1977. Debates of the European Parliament. Luxembourg: European Communities, Office for Official Publications, 1977.
7. Commission of the European Communities. Enlargement - Spain // Bulletin of the European Communities. 1978. Nº 2 (February).
8. Balbin F.P. Spain: Industrial Policy under Authoritarian Politics // European Industrial Policy. - New York: Oxford University Press, 1999.
9. Biriukov P. Implementation of the EU law on the internal market in Spain // InterEuLawEašt. 2014. Vol. 1. Issue 1.
10. Bernecker W. L. El franquismo ? un regimen autoritario de modernizacion? // Hispania. Revista espanola de historia. T. XLIV. 1984. Nº 157.
11. Brunner G. Spain's Place in Europe // España y el Mercado Común: Políticas y Alternativas. - Madrid: Instituto Nacional de Industria, 1980. P. 98.
12. De Busturia D. No sera facil la negociacion, La opcion Europea de Espana. El Pais. 1977. 29 July.
13. Calvo Sotelo L. Memoria viva de la transicion. Barcelona: Plaza & Janes, 1990.
14. Carr R., Fusi J. Spain. Dictatorship to Democracy. London, 1981.
15. Clark R.P., Haltzel M.H. Spain in the 1980s: the Democratic Transition and a New International Role. Cambridge: Ballinger Publishing Co., 1987.
16. Closa C., Heywood P. Spain and the European Union. London: Palgrave Macmillan, 2004.
17. Cierva de la R. Historia del franquismo. Barcelona, 1976.
18. Confederacion Espanola de Organizaciones Empresariales (CEOE) // URL: <http://www.ceoe.es>
19. Coverdale J. F. The Political Transformation of Spain after Franco. - New York: Preager Publishers, 1979.
20. Eaton S.D. The Forces of Freedom in Spain, 1974-1979: A Personal Account. - Stanford: Hoover Institution Press, 1981.
21. Fuentes Quintana C. El Plan de Estabilización Económica de 1959: veinticinco años después // Información Comercial Española. 1984. Nº 612-613.
22. Hine R.C. Customs Union Enlargement and Adjustment: Spain's Accession to the European Community. // Journal of Common Market Studies. Volume XXVIII. No. 1. September, 1989.
23. Malefakis E. Spain and Its Francoist Heritage. Westport: Greenwood Press, 1982. P. 215-230.

24. Medhurst K. Spain's Evolutionary Pathway from Dictatorship to Democracy // *The New Mediterranean Democracies*. London: Frank Cass, 1984.
25. Moral F. *La opinion publica espanola ante Europa y los europeos*. Madrid: Centro de Investigaciones Sociologicas, Estudios y Encuestas, 1989.
26. Moravcsik A. *The Choice for Europe: Social Purpose and State Power from Messina to Maastricht*. Ithaca: Cornell University Press, 1998.
27. Moreno J. A. *Franquismo y construccion europea, 1951-1962*. Madrid: Tecnos, 1994.
28. Nickolson F., East R. *From the Six to the Twelve: The Enlargement of the European Communities*. Chicago: St. James Press, 1987.
29. Ortuño Anaya P. The EEC, the Franco regime, and the Socialist group in the European Parliament, 1962–77. // *International Journal of Iberian Studies*. April, 2001. Volume 25 / Issue 1.
30. Powell Ch. *Cambio de regimen y Politica exterior: Espana, 1975-1989* // *La politica exterior de Espana en el siglo XX*. Madrid: Biblioteca Nueva, 2000.
31. Prados de la Escosura L., Rosés J.R., Sanz Villarroya I. *Stabilization and Growth under Dictatorship: The Experience of Franco's Spain* // CEPR Working Paper. 2010.
32. Ramirez M. *Espana. 1939–1975 Regimen politico y ideologia*. Madrid, 1984.
33. Rapport fait au nom de la commission politique sur les aspects politiques et institutionnels de l'adhésion ou de l'association à la Communauté par M. Willi Birkelbach Rapporteur [s. l.]: Services des publications des Communautés européennes, 15.01.1962. 20 p. (Assemblée parlementaire européenne, Documents de séance 1961-1962, Document 122).
34. Salas Larrasabal R. *Tiempo de silencio, carcel y muerte*. Historia del franquismo. Madrid, 1985.
35. Smith W. R. *The Left's Dirty Job. The Politics of Industrial Restructuring in France and Spain*. Pittsburgh: University of Pittsburgh Press, 1998.
36. *Spain's Entry into the Common Market: the Position of Spanish Employers*. Madrid: Confederacion Espanola de Organizaciones Empresariales, 1981.
37. Thomas Daniel C. Constitutionalization through enlargement: the contested origins of the EU's democratic identity // *Journal of European Public Policy*. 2006. Vol. 13.
38. Tsoukalis L. *The European Community and its Mediterranean Enlargement*. London: George Allen & Unwin, 1981.
39. Tusell J. *La dictadura de Franco a los cien anos de su muerte* // *Ayer*. 1993. Nº 10.
40. Vaitos C. *Economic Effects of the Second Enlargement* // *The Second Enlargement of the EEC*. New York: St Martin Press, 1982.



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REVIEW ARTICLE



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## Gender and Development: A Literature Review

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### Abstract

This paper explores the literature on gender and development. Achieving women development requires the considerations of various aspects. Education is an important factor of development but it must be tailored to meet the needs of the target group. In developing countries one of the main barriers to women development is early marriage, which prevents further education, physical growth and power of decision; thus leads to more disparities between men and women. The interpretation of religious beliefs is another factor that legitimates inequalities; organizations have to understand its meaning and find ways to implement development programs in faith-based environments. They also have to advocate change in institutions that sustain disparities for the creation of unbiased policies.

**Keywords:** Gender; Development; Education; Marriage; Inequalities; Developing Countries.

## **Introduction**

There have been many discussions and theories over time about the concept of development with no consensus about its meaning and a unique way to achieve it. Development takes different meanings that vary according to agencies involved, areas of focus, environments, etc. (Simon, 1997). Our purpose in this paper is to review the literature related to gender development per theme or area of concern. Achieving women development requires the considerations of various aspects. Education is considered to be an important factor of development but it must be tailored to the needs of the target group. In developing countries one of the main barriers to women development is early marriage, which prevents further education, physical growth and power of decision; thus leads to more disparities between men and women. The interpretation of religious beliefs is another factor that legitimates inequalities; organizations have to understand its meaning and find ways to implement development programs in faith-based environments. They also have to advocate change in institutions that sustain disparities for the creation of unbiased policies.

Development agencies have been using different theories and methods to eradicate gender disparities, but whatever area of focus organizations have, in order to create good programs and implement them successfully, they must find specific indicators to assess the needs and evaluate programs by involving all the actors; staff members and the community for whom the program will be designed for.

## **Achieving Gender Development through Education**

Education is one of the keys towards the reduction of gender disparities. There have been many projects implemented by organizations such as the United Nations to enhance women's education. The UN Millennium Development Goal (MDG) that focuses on promoting gender equality and empowerment of women aimed to achieve equal access to school for girls and boys in primary and secondary school by 2005 and in all levels by 2015 ([www.un.org/millenniumgoals](http://www.un.org/millenniumgoals) as cited in Aikman, Underhalter, & Challender, 2005). A report from the Millennium Development Project 2004 showed that in order to reach this MDG, in terms of education, increasing girls' enrollment in school is not enough because there is still a high rate of dropouts due to aspects such as poor educational system, early pregnancies and many other difficulties that girls encounter. Aikman et al. (2005) state that unless a focus is made toward the educational system itself, not only the number of girls vs. the number of boys in school, but what is taught and how it is taught to the two groups, this MDG cannot be fully achieved by 2015. In other words the school systems in countries concerned have to be revised; the curricula and pedagogies have to be redesigned to fit the education of girls.

Aikman et al. (2005) conducted a research through the evaluation of two international seminars on education and gender equality, and a case study about sexual abuse of girl pupils in Northern Mozambique. The research was conducted through design, and critique of pedagogy and gender equality related scenarios in Mozambique, Dakar and Beijing. In reviewing the curriculum, governments, policy-makers, NGOs and other related organizations have to consider what is being taught to girls, the expectations of girls and their parents in getting education. They have to consider the needs and specificities of girls, according to their backgrounds, and also make sure the curriculum and educational institutions allow girls participation in the learning process. In order to make this process successful, women have to be involved in the design of the curriculum; they have to be informed of the social policies so as to make decisions that promote gender-based education. There should also be a significant number of female teachers so that the girls can have role models they can look up to in the school.

After reviewing the curriculum, the pedagogies have to be considered, in other words how the teachers are applying the curriculum into the classroom. Teacher-female student interaction in the classroom school should not be gender-bias, the consideration given to boys in terms of subject, feedback, school activities, such as sports, public speaking should be given to girls too. Girls' capacities and cognitive competences are most of the time in some societies underestimated. The teachers play an important role in the classroom settings, they can make sure girls and boys understand that they can do well for instance in mathematics as well as in family care.

Still in dealing with the educational environment of girls, the case study conducted in the research process for this article by Aikman et al. (2005) in northern Mozambique shows how Oxfam GB, a nonprofit, in cooperation with the government and AMME (a Mozambican

Association for Gender and Education) fought against the sexual abuse of girl pupils. Oxfam in Mozambique was able to pressure the government into making policies that punish any student sexual offender in the school system; teachers themselves committed most sexual abuses. After the first known case was settled with the help of the community, other girls got the courage to speak up against the abusive teacher. This case shows that sexual abuse in Mozambique is one crucial cause of girls' dropouts from school, and this may be the case in many other countries where the MDGs are being implemented.

In order to achieve gender equality and empowerment of women policy-makers and government officials have to create institutions that are "fair to women and men". The curriculum has to be designed to meet the needs and expectations of all the social groups; teachers have to be trained to deal with gender-related issues and to apply the curriculum without bias. The community must be sensitized and involved in the promotion of gender equality and struggle against any such act or policy that jeopardize the development of the community as a whole. To implement all these resolutions there is a strong need for resources, supervision and evaluation of different programs to see what is done, what is not working and why. Curriculum and pedagogy redesign is a promising solution toward the achievement of gender equality and empowerment of women (Aikman et al., 2005).

### **Early Marriage as a Barrier to Gender Equality**

The younger girls get married, the less educated they are likely to be, the less they will take part into the decision making process, the less they can achieve self-development and the more they are exposed to birth complications, diseases and poverty (Otoo-Oyortey, & Pobi 2003).

"Marriage shall be entered into only with the free and full consent of the intending spouses" and "Men and women of full age... are entitled to equal rights as to marriage..." These statements derive from Article 16 of the Universal Declaration of Human Rights and the 'Consent to Marriage, Minimum Age for Marriage and Associated Recommendations' is set to 15 years by the United Nations Convention of 1962 (Jensen, & Thornton, 2003). According to the 1979 Convention on the Elimination of All Forms of Discrimination against Women and the 1990 African Charter on the Rights and Welfare of the Child, the minimum age of marriage is 18 years (Jensen, & Thornton, 2003). However many girls in developing countries still get married as soon as they reach puberty without their consent or with an alleged consent, under the pressure of parents who arrange and decide when their daughters have to marry and to whom.

This practice is illegal since children cannot give consent (Jensen, & Thornton, 2003), but the legislation is not fully applied on the issue. Early female marriage has multiple negative consequences. Girls who marry at a very young age do not physically develop enough to give birth, which result in complications; they are most of the time married to elder men, so they are intimidated and don't have the power to decide their fate. Getting married at an early age also means, dropping school to devote to marital and familial duties, which are not well fulfilled because the girl lack knowledge about how to take care of her personal hygiene and that of the child (Jensen, & Thornton 2003, Otoo-Oyortey, & Pobi, 2003).

Jensen and Thornton (2003) conducted surveys on 15 to 49 year-old women in different countries, focusing particularly on women who are 25 years and older and found out that 16 is the lowest average age of marriage in South Asia, 20 the highest average in South East Asia, in West Africa 15 the lowest and 19 the highest, in Latin America the average is 20 and higher. After analyzing the results, they concluded that in whatever developing country it is, the earlier the age of marriage the less likely girls are to achieve education, the more they get physically affected and exposed to diseases such as HIV/AIDS (Evans, 2002); and the less they will have any power of decision. Marrying girls at a young age is a violation of human rights. Policies need to be developed and implemented in order to protect girls at risk, promote women's access to education, their full physical growth and development (Otoo-Oyortey, & Pobi 2003).

### **Religious Factors in Gender Development**

"Gender inequality, faith and development" are related (Hopkins, & Kirit, 2006). Religion has a strong influence in peoples' lives. It shapes norms, regulations and institutions in developing countries, which can be a barrier to women's development, especially when it mixes with traditional patriarchal customs (Para-Mallam, 2006). In some parts of Nigeria for instance where

the Sharia Law is applied women are confronted with many rules and restrictions legitimated by religion such as domestic violence, total submission to spouse and land ownership restrictions. Although in rural areas women sustain families, their access to fertile lands is limited (Davidson, 1993).

These rules shape women's status, rights and duties, their access to education, decision making, and development. This situation needs to be changed, but it is difficult since there are not effective policies to do so, and most women are not or are barely challenging it because they consider those practices quite legitimate (Para-Mallam, 2006).

Sow (2003) states that in this era of globalization, modernity and human rights debates, there are constant conflicts between being a Muslim woman and being modern. Being Muslim or Christian does not prevent people from practicing traditional beliefs. Women used to play an important role in those practices as priestesses and healers. With the rapid rise of Muslim groups/brotherhoods and more radical Islamic ideologies, where men are always put up front, women started to lose their prestige as traditional leaders. The conditions of women in Senegal are not so crushed by Islam because there are policies that protect the rights of women and used to forbid polygamy. Polygamy has become legal because the government could not prevent the majority of the population to not fulfill their religious beliefs (Muslim men are allowed to marry up to four wives). Christian women in Senegal are still protected by the legislation in terms of marriage, child custody and other related family issues, but Muslim women, even those who are educated are subject to the Quranic law (Sow, 2003). When the Quranic law falls into the narrow views of fundamental groups, and when religious and traditional beliefs create a critical environment for women's development it becomes detrimental to women and difficult for organizations to implement gender related programs (Sow, 2003).

In this respect, in 2004 and 2006 Oxfam GB organized workshops in which members who work in different religious-influenced environments met in order to discuss and exchange way they can better implement their programs in those areas, in particular Muslim countries (Hopkins, & Kirit, 2006). The authors assert that participants discussed the concept of "Muslim contexts" in order to find out the similarities and differences in the way they deal with gender equality issues and how the religious, political and others aspects of the environment influence their work on gender equality. During the discussions, the participants recognized that religion is most of the times used to justify inequalities in all societies, so Islam is not the only religion with gender inequalities. There are in fact many different groups of Muslims and practices vary from one area to another; so gender issues in the Middle-East may not necessarily be the same as in West Africa for that reason development agencies should consider each area with its specificities. They also have to learn more about the specific religion in order to understand the behaviors of the people they want to help, and take appropriate measures (Hopkins, & Kirit, 2006).

The Oxfam agents in Yemen for instance have realized that marriage at an early age perpetuates the cycle of poverty (Hopkins, & Kirit, 2006). Most girls in Yemen get married before the age of 18, which means that they do not reach a certain level of education, to be able support themselves, care for their health and that of the children. The role of the agents in Yemen is to negotiate the case of women between their cultural and religious beliefs. Through their experiences these agents realized that they cannot ignore the cultural and religious beliefs of the community they are working with and how those beliefs can shape and influence politics and policies regarding gender equality (Hopkins, & Kirit, 2006).

In 2006, during the second workshop by Oxfam staff-members, the participants raised the issue of some change in the political environment that affected their presence in those areas and also how they can intervene in women conditions. Western military presence in some Arab countries such as Iraq increased fundamentalist groups' antipathy about any western organization, so dealing with gender issues has become more challenging because of political and social systems totally dominated by narrow religious male views of women. In such environments Oxfam staff members realized that instead of openly advocating that women should have the same rights as men, they have to learn more about Islam and discuss it with the people. Some of them used the fact that Quran says that men and women should be educated, and used the higher religious leaders to promote that idea among their followers. It worked in a village in Pakistan. Some other staff members used women's health issues, especially when they are pregnant, to convince men to give women more consideration and discretion (Hopkins, & Kirit, 2006).

To achieve gender equality actors of development should not stay aside of the beliefs and traditions of the people they are working with, but rather try to embrace and understand those beliefs, target influential religious leaders and cooperate with them (Hopkins, & Kirit, 2006).

### **Institutions and Gender-Related Policies**

Rao and Kelleher (2003) assert that development organizations cannot achieve gender equality unless they negotiate with the very institutions and social groups that sustain gender disparities and bring change. Institutions are the rules that define social and economic behavior; they frame the decisions regarding individuals' lives; women's conditions are deeply subject to those rules. Organizations play an important role in changing institutions. Whenever organizations raise an issue about institutions, they can either choose to change or support it. There are still reluctances about women holding certain positions in the decision-making instances; organizations too are subject to those biases, in a less apparent way though. So in order for organizations to change institutions that hinder gender equality, there must be some change within organizations. Women in organizations must be empowered and involved in the decisions making process. Rao and Kelleher (2003) suggest two approaches to bring about this change within the organization: gender infrastructure approach and organizational approach.

Gender infrastructure change approach promotes the empowerment of women within the organization with training, more responsibilities concerning women issues, and creating women-friendly environments and policies on the job. This approach is also known as "gender mainstreaming". It promotes women leadership within organizations, but records show that this approach has not been fully supported (Rao, & Kelleher, 2003).

The organizational change approach on the other hand focuses on the 'the organization's capacity to challenge gender-biased institutional rules (Rao, & Kelleher, 2003). In other words, empowering women to raise their voices and challenge any injustice toward them, and making sure the organization is accountable to internal and external women clients. This approach has been experimented within Bangladesh Rural Advancement Committee (BRAC), an organization that works with over two million women in Bangladesh. The result was that, in two years, women obtained more consideration and involvement in the decision-making process within the organization, which allowed better communication among all the members and a smoother management. However the results achieved in BRAC has not been proven to influence women conditions in the rest of the area (Rao, & Kelleher, 2003).

Changing institutions and organizations in order a achieve gender equity is still a challenge since within the organizations there is still some work to do toward the achievement of representative hierarchy and power sharing between men and women. Female staff should be trained to leadership positions within organizations (Greet, 1994).

Outside development organizations women have to be trained to political leadership if they want to achieve equality and reduce disparities between genders. Women have to be part of the decision-making process in order to design women-friendly policies and ensure their implementation (Abdela, 2000). That can be done only if women are trained and qualified to be leaders which is not an easy process.

Abdela (2000) asserts that women are not involved in politics because there are several social beliefs and biases that set women aside from decision making. Such beliefs as women are not interested in politics or cannot be political leaders. She suggests development organizations to invest in training women and preparing them to hold leadership positions in order to be able to design policies that will bring a positive change to the lives of women.

### **Research Methods in Gender Development**

Gender-related policies and programs need consistent monitoring and evaluation in order to be successful (Hochfeld, & Bassadien, 2007). There have been various research methodologies on gender issues with the main methodologies being Women in Development (WID) and Gender and Development (GAD) (Beetham, & Demetriades, 2007).

WID's main argument is that women are excluded from the economic development process; they should be involved in the process so as to reduce gender disparities. This approach is a western view of women's development and does not consider other settings and situations of women in developing countries (Beetham, & Demetriades, 2007). WID brought Global South

women to question its reliability since it does not apply to rural settings (Jain, 2005 as cited in Beetham, & Demetriades, 2007).

From the critiques was developed the GAD approach which assumes that apart from the exclusion of women from the economic process there are many other factors to be considered in order to achieve gender equality and women's development from the men-to-women power relationship in the household to high level institutions such as the state level (Beetham, & Demetriades, 2007).

In order to address women development issues the programs to be created should consider all aspects of the issue and have methods and tools that are specific to each environment to measure quantitatively and qualitatively the needs and changes, and evaluate program's effectiveness (Hotchfeld, & Bassadien, 2007). These authors recognize that developing gender-sensitive indicators is challenging. They conducted research for the Family and Marriage Society of South Africa (FAMSA), a social service nonprofit, in order to develop measurement indicators. The process went as follows:

An "expert-led" approach which consisted in interviewing the organization's staff members to find out what they know about gender disparities in the locality and what they think would work; and a 'participatory approach' which consists in including all the "stakeholders" of the program in the research process (Chambers, 1997 as cited in Hotchfeld, & Bassadien, 2007). So the data collection consisted in getting information from staff members and the community members as well, educators, religious leaders and administrators, about the issue and evaluation of services provided to them by the organization.

It resulted that the participatory approach was more efficient in providing quantitative and qualitative data for the development of indicators to measure the FAMSA program (Hotchfeld, & Bassadien, 2007). This is to say that in order to develop efficient programs all the parties should be included in the assessment of the needs, the budget process and use of funds allocated, the monitoring and evaluation of changes (Budlender, 2002). And in gender development women have to be at the center of the process (Greet, 1994).

### **Conclusion**

Defining the concept of development is not easy, but there have been many approaches and methods that help to assess it. In the area of gender development, approaches such as Women in Development and Gender and Development are used in the research process in order to assess the needs, create, monitor and evaluate programs. To achieve women development, organizations focus on various aspects that influence women's lives positively and/or negatively. One of the UN Millennium Development Goals focuses on providing equal access to education for girls and boys, but research shows that it is not enough to send girls to school, policies have to be designed for their retention in school and also the curricula have to be reviewed to fit girls' education. Organizations have to consider the traditions and beliefs of their working environment; there are religious aspects that form barriers to gender equality. So organizations have to negotiate with different formal and informal institutions that promote inequalities. Since women are the target population in gender development, they have to be fully involved the process by being trained to leadership positions in order to be part of the decision making process and be able to design policies that bring change for a consistent reduction of gender disparities and inequalities towards women.

### **Conflict of interest statement**

The authors declare that they do not have any conflict of interest.

### **References:**

1. Abdela, L. (2000). From palm tree to parliament: Training women for political leadership and public life. *Gender and Development*, 8(3), 16-23
2. Aikman, S., Unterhalter, E., & Challender, C. (2005). The education MDGs: achieving gender equality through curriculum and pedagogy change. In C. Sweetman (Ed.), *Gender and the Millennium Development Goals*. Oxford, UK: Oxfam GB.
3. Beetham, G., & Demetriades, J., (2007). Feminist research methodologies and development: Overview and Practical Application. *Gender and Development*, 15(2), 199-216.

4. Budlender, D. (2002). Gender budgets: what's in it for NGOs? *Gender and Development*, 10(3), 82-87.
5. Davidson, J. (1993). Women's relationship with the environment. *Focus on Gender*, 1(1), 5-10.
6. Evans, R. (2002). Poverty, HIV, and barriers to education: street children's experiences in Tanzania. *Gender and Development*, 10(3), 51-6.
7. Greet, P. (1994). Making good policy into practice. *Focus on Gender*, 2(1), 11-13.
8. Hochfeld, T., & Bassadien, S.R. (2007). Participation, values, and implementation: three research challenges in developing gender-sensitive indicators. *Gender & Development*, 15(2), 217-30.
9. Hopkins, A., & Kirit, P. (2006). Reflecting on gender equality in Muslim contexts in Oxfam GB. *Gender and Development*, 14(3), 423-435.
10. Jensen, R., & Thornton, R. (2003). Early female marriage in the developing world. *Gender and Development*, 11(2), 9-19.
11. Otoo-Oyortey, N., & Pobi, S. (2003). Early marriage and poverty: exploring links and key policy issues. *Gender and Development*, 11(2), 42-51.
12. Para-Mallam, O. J. (2006). The national policy on women and the challenges of mainstreaming gender issues in Nigeria, 1985-2005. PhD thesis, University of Leeds.
13. Rao, A., & Kelleher, D. (2003). Institutions, organisations and gender equality in an era of globalization. *Gender and Development*, 11(1), 142-149.
14. Simon, D. (1997). Development reconsidered; new directions in development thinking. *Geografiska Annaler. Series B, Human Geography*, 79(4), 183-201.
15. Sow, F. (2003). Fundamentalisms, globalisation and women's human rights in Senegal. *Gender and Development*, 11(1), 69-76.



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RESEARCH ARTICLE



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## Health-Related Quality of Life Indicators in Ghana: Comparing Type 2 Diabetic and Control Groups

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### Abstract

One hundred participants, comprising of 50 individuals with Type 2 diabetes (DM2) and 50 control group members were matched on both age and education. Using a battery of behavioural measures, data collection was done at the Korle-Bu Teaching Hospital. The results showed that, depression, anxiety, negative health beliefs, cognitive failures, interpersonal sensitivity, hostility and number of complications / clinical manifestations predicted health-related quality of life (HRQOL) among the overall sample. In addition, depression and negative health beliefs predicted HRQOL among individuals with DM2, while cognitive failures predicted HRQOL among HCG. Findings have implications for clinical management and future studies.

**Keywords:** Health-Related Quality of Life; Type 2 Diabetes Mellitus; Depression; Anxiety; Negative Health Beliefs; Cognitive Failures; Ghana.

## Introduction

Chronic conditions have currently assumed an increasing trend in global health ratings. Over the years, diabetes has become one of the debilitating chronic diseases with disease burden impact impairing both public health and national economies. The epidemiological projections estimating the number of individuals living with diabetes across the world was proposed to increase from 171 to 366 million, between the years 2000 and 2030 (Wild, Roglic, Green, Sicree, & King, 2004). This increasing trend of diabetes is equally evident for both Type 1 diabetes mellitus [T1D] (Harjutsalo, Sjoberg, & Tuomilehto, 2008; Patterson, Dahlquist, Gyurus, Green, & Soltesz, 2009) and DM2 populations (Gregg, Cheng, Narayan, Thompson, & Williamson, 2007; Kaufman, 2002). In addition to this increase in projected global incidence, diabetes has also been on the rise in Ghana for over three decades (International Diabetes Federation [IDF], 2012).

Due to the pathophysiology and associated comorbidities and complications, diabetes is known to have negative effects on health outcomes like health-related quality of life [HRQOL] (Landman et al., 2010; McEwen et al., 2006; Sarfo, 2013). Studies among Ghanaians diagnosed with diabetes have reported comorbidities and symptoms like general malaise, light-headedness, headaches, unhealed wounds, sexual dysfunctions, visual impairment, physical disabilities, hypertension, prostate cancer, asthma, gout, depression, and neuropsychological deficits (de-Graft Aikins, 2003; Sarfo, 2013; Sarfo, 2014; Sarfo, & Mate-Kole, 2014). In addition to these, some studies done outside Ghana also reported renal disorders like chronic kidney failure, cardiovascular disorders and musculoskeletal conditions as common comorbidities of diabetes mellitus (Kurella et al., 2005; Nguyen, Evans, & Zonderman, 2007).

The significance of HRQOL issues as pertinent consequences in diabetes care has progressively been documented over the years. The HRQOL theory describes how the facets of quality of life relate to a person's perception of health and general well-being. It describes and measures the general attitudes, feelings, or the capacity of individuals to perceive an ultimate satisfaction in a particular aspect of health status. This aspect of health life can be physical, mental or social, which is accepted by the person as extremely important to their well-being. In an illness situation, this is seen as threatened by the development of disease or health-related dysfunctions. The key components of HRQOL as theorised include; physical functioning, mental health, bodily pain, general health, vitality, and social functioning (Testa, & Simonson, 1996; Ware, Kosinski, & Keller, 1996; Wilson, & Cleary, 1995).

On the whole, HRQOL's components have been identified as fluctuating on the health continuum. Thus, a person who may be enjoying a good HRQOL can be moved towards the negative. In everyday life experience, it is believed that an individual's personal characteristics and environmental factors like functional status, perceived economic status, and comorbidity seem to affect one's placement on the continuum (Chu et al., 2012). According to Wilson and Cleary (1995), these factors are very important as they do modify considerably, an individual's perception of life and the general consequence of a specific illness. Accordingly, diabetes has been posited as having a negative effect on the HRQOL of individuals in Ghana (Sarfo, 2013) and across the world (Alexopoulos et al., 2002; Maatouk et al., 2012; Munshi et al., 2006; Rubin, & Peyrot, 1999). Although most of these previous studies were grounded on cross-sectional samples, specific considerations of HRQOL predictors have been quite neglected. Consequently, this study identified (a) the general predictors of HRQOL among adults in Ghana and (b) the specific predictors HRQOL among individuals living with Type 2 diabetes mellitus (DM2) and a control group.

## Method

### Participants

A purposive sample of one hundred (100) adults, consisting of 50 individuals with DM2 and 50 control participants were matched only on age and education. The control group mainly consisted of family members without clinical DM2 diagnoses or individuals who shared similar demographic characteristics with the diabetic group. The mean years of DM2 diagnosis was approximately 5 years. The matched years for both age and education were approximately 46 and 14 years respectively.

The exclusion criteria for both groups of participants included any history of cognitive contra-indications like dementia, central nervous system disease, unstable medical illness, DSM-

IV-TR Axes I and II disorders, drug or alcohol dependence and head trauma. The summary of participant's demographic characteristics is shown in Tables 1.

Table 1: Demographic Attributes of Respondents

Variables	Category	Diabetic Group (n = 50)	Control Group (n = 50)
		Frequency (%)	Frequency (%)
Sex	Male	21 (42.0%)	24 (48.0%)
	Female	29 (58.0%)	26 (52.0%)
Marital Status	Married	33 (66.0%)	41 (82.0%)
	Single	5 (10.0%)	4 (8.0%)
	Divorced	4 (8.0%)	2 (4.0%)
	Cohabit	3 (6.0%)	2 (4.0%)
	Widowed	5 (10.0%)	1 (2.0%)
Complication/ Clinical Manifestation	Hypoglycaemia	5 (10.0%)	0 (0.0%)
	Hyperglycaemia	5 (10.0%)	0 (0.0%)
	Loss of Feeling	3 (6.0%)	1 (2.0%)
	Eye Problems	13 (26.0%)	4 (8.0%)
	Hypertension	2 (4.0%)	2 (4.0%)
	Body Pains	0 (0.0%)	2 (4.0%)
	Multiple Complications	13 (26.0%)	0 (0.0%)
	None	9 (18.0%)	41 (82.0%)
Diabetic Treatment Option	Insulin and Diet	12 (24.0%)	
	Tablet and Diet	38 (76.0%)	

Notes: The control group experienced mild forms of some physical ailments with the exception of DM2.

### Measures

The authors adopted and adapted the following set of measures based on the findings of previous studies in DM2 and HRQOL [reference to the introduction]. The Cognitive Failures Questionnaire [CFQ] was used to measure participants' likelihood of committing an error in the achievement of an everyday task. The items on CFQ assess a general factor of cognitive failure that comprises of perception, memory, and motor function (Broadbent, Cooper, FitzGerald, & Parkes, 1982). The Cronbach's alpha for this 25-item questionnaire was found to be 0.91, with a test-retest reliability of 0.82 over an interval of 2 months (Vom Hofe, Mainemarre, & Vannier, 1998).

The Brief Symptom Inventory [BSI], which is a 53-item self-report inventory, was used to examine the levels of somatization, obsession-compulsion, interpersonal sensitivity, depression, anxiety, hostility, phobic anxiety, paranoid ideation and psychoticism among participants. The BSI has a high Cronbach's alpha of 0.85 (Derogatis, & Melisaratos, 1983).

In addition, the Spitzer Quality of Life Index [SQOLI] was used as a universal HRQOL index to measure the perceived satisfaction of participants' dimensions of health life in relation to activities of daily living, health, support of family and friends, and outlook. The SQOLI has a high Cronbach's alpha of 0.78 (Spitzer, Dobson & Hall, 1981).

Finally, the negative health beliefs of participants and their associative cognitive dissonance were measured by using the Compensatory Health Belief Index [CHBI]. Consequently, this scale was used to measure participants' negative health beliefs with respect to how they counterbalance undesirable behaviours with healthy ones. This 17-item questionnaire has a high Cronbach's alpha of 0.82 (Knäuper, Rabiau, Cohen, & Patriciu, 2004).

### Procedure

Institutional Review Board approvals were sought from the Noguchi Memorial Research Institute [NMRI], University of Ghana and the National Diabetes Research Center [NDRC], Korle-

Bu Teaching Hospital [KBTH]. Afterwards, written consents were also obtained from all participants before commencing with data collection for both pilot and main studies. The pilot study was first conducted to ascertain the appropriateness and reliability of the adopted tests with 10 persons seeking other specialist care apart from DM2 at KBTH, who met the inclusion and exclusion criteria. Details of Cronbach's alpha reliability scores for the various tests are as follows; CFQ = 0.88, BSI = 0.98, SQOLI = 0.81, and CHBI = 0.89.

During the testing period, boredom and tiredness risks were concomitantly checked by frequently asking if participants needed a break or wanted to discontinue. Data collection was done in a special testing room created for such purposes at the Diabetic Clinic in KBTH to ensure that all testing biases such as noise and lighting challenges were controlled to a high degree. After testing was completed, participants were thanked as a sign of appreciation for their time. The completed tests at the end of each session data collection were scored and packed into sealed envelopes.

### Data Analysis

Preliminary analysis was done by transforming raw test scores into standardised z-scores (Kreyszig, 1979, p880).

The standard score of a raw score  $x$  is

$$z = \frac{x - \mu}{\sigma}$$

Where:

$\mu$  is the mean of the population;

$\sigma$  is the standard deviation of the population.

The z-scores were successively converted into T-scores.

$$T = (z\text{-scores} \times SD) + M$$

Where:

$M$ , which is the mean score, is equal to 50;

$SD$ , which is the standard deviation, is also equal to 10

These transformations were followed by Pearson product-moment correlation coefficient test. Results showed significant positive relationships among all the predictor variables ( $\rho < 0.05$ ). Following the assumptions for selected parametric tests, data were analysed using the Statistical Package for the Social Sciences version 20.0 for windows (IBM Corporation, 2011).

### Results

In order to measure the general predictors of HRQOL among adults in Ghana, a hierarchical multiple regression analysis was conducted on the outcome variable, HRQOL. Depression was entered in step 1 as the first possible predictor. The respondents' level of anxiety and complications were entered in step 2, followed by their cognitive failures, negative health beliefs and age in step 3. Participants' interpersonal sensitivity and hostility were entered in step 4.

In this study, the authors decision on the hierarchical order was based on the assertion by Newton and Rudestam (1999) that "*the variables that are entered first are those that are regarded as (a) being particularly important or previously determined to relate to the dependent variable*" [p. 255].

Table 2 shows the summary of the individual predictors and the Hierarchical Multiple Regression Model Summary. From the Hierarchical Multiple Regression Analysis in Table 2, the individual predictors were significant as follows: depression predicted HRQOL significantly only at step 1 [ $t_{(98)} = -5.441, \beta = -.482, \rho = .000$ ]. Similarly, anxiety predicted HRQOL significantly only at step 2 [ $t_{(96)} = -2.435, \beta = -.303, \rho = .017$ ]. The number of complications experienced by an individual predicted HRQOL significantly at step 2 [ $t_{(96)} = 3.956, \beta = .374, \rho = .000$ ], at Step 3 [ $t_{(93)} = 4.116, \beta = .354, \rho = .000$ ] and at Step 4 [ $t_{(91)} = 3.958, \beta = .324, \rho = .000$ ]. The cognitive failures experienced by a person predicted HRQOL significantly at both Step 3 [ $t_{(93)} = -3.578, \beta = -.296, \rho = .001$ ] and Step 4 [ $t_{(91)} = -3.803, \beta = -.295, \rho = .000$ ]. In addition, the negative health

beliefs of a person predicted HRQOL significantly at both Step 3 [ $t_{(93)} = -3.285, \beta = -.259, \rho = .001$ ] and Step 4 [ $t_{(91)} = -4.027, \beta = -.301, \rho = .000$ ]. Furthermore, the ages of participants (in years) predicted HRQOL significantly at both Step 3 [ $t_{(93)} = 2.040, \beta = .160, \rho = .044$ ] and Step 4 [ $t_{(91)} = 2.662, \beta = .200, \rho = .009$ ]. Finally, interpersonal sensitivity [ $t_{(91)} = -3.199, \beta = -.395, \rho = .002$ ] and hostility [ $t_{(91)} = 2.703, \beta = .365, \rho = .008$ ] both predicted HRQOL significantly at Step 4 respectively.

In explaining the model, findings from Table 2 showed that the model in step 1, which consisted of depression alone accounted for approximately 23% of the total variance in HRQOL [ $F_{(1, 98)} = 29.607, \rho = .000, R^2 = .232$ ]. Nonetheless, this was reduced in step 2 (anxiety and number of complications) to account for approximately 21% of the total variance in the model [ $F_{(3, 96)} = 25.665, \rho = .000, R^2 = .213$ ]. Subsequently, it reduced again to predict approximately 12% of the variance in the model at step 3 (cognitive failures, negative health beliefs and age of respondents) [ $F_{(6, 93)} = 19.928, \rho = .000, R^2 = .117$ ]. Finally, the addition of step 4 (interpersonal sensitivity and hostility) explained approximately 6% of the total variance observed in HRQOL [ $F_{(8, 91)} = 18.918, \rho = .000, R^2 = .062$ ].

Table 2: Summary Table of the Hierarchical Multiple Regression Analysis Testing the Predictors of HRQOL

Variables	HRQOL			
	$\beta$ Step 1	$\beta$ Step 2	$\beta$ Step 3	$\beta$ Step 4
<i>Step 1</i>				
Depression	-.482**	-.092 <sup>ns</sup>	-.066 <sup>ns</sup>	-.059 <sup>ns</sup>
<i>Step 2</i>				
Anxiety		-.303*	-.125 <sup>ns</sup>	-.128 <sup>ns</sup>
Number of Complications		.374**	.354**	.324**
<i>Step 3</i>				
Cognitive Failures			-.296**	-.295**
Negative Health Beliefs			-.259**	-.301**
Age of Respondents			.160**	.200**
<i>Step 4</i>				
Interpersonal Sensitivity				-.395**
Hostility				.365**
<i>Model summary</i>				
Model F	29.607**	18.428**	8.321**	7.513**
(df)	(98)	(96)	(93)	(91)
$\Delta R^2$	.232**	.213**	.117**	.062**
Adj R <sup>2</sup>	.224**	.428**	.534**	.591**
R <sup>2</sup>	.232**	.445**	.562**	.625**

Notes:  $\beta$  are the standardised regression coefficients.

\*\* $\rho < 0.01$ , \* $\rho < 0.05$ , ns = not significant

With respect to the second objective of the study, a Hierarchical Multiple Regression Analysis was executed to identify the specific predictors among both diabetic and control groups. Table 3 shows the summaries for separate predictors for both groups and their Hierarchical Multiple Regression Models. Pertaining to the Hierarchical Multiple Regression Analyses in Table 3, the distinct predictors for the diabetic group were significant as follows: depression predicted HRQOL significantly at step 1 [ $t_{(48)} = -3.795, \beta = -.480, \rho = .000$ ]. At step 2, depression [ $t_{(47)} = -3.308, \beta = -.418, \rho = .002$ ] and negative health beliefs [ $t_{(48)} = -2.050, \beta = -.259, \rho = .046$ ] predicted HRQOL significantly among the diabetic group. In the same table, cognitive failures nonetheless predicted HRQOL significantly only at step 1 [ $t_{(48)} = -2.574, \beta = -.348, \rho = .013$ ] among the control group.

In explaining the separate models for both groups, findings from Table 2 showed that the model for the diabetic group in step 1 (depression) accounted for approximately 23% of the total variance in HRQOL [ $F_{(1, 48)} = 14.404, \rho = .000, R^2 = .231$ ]. Nevertheless, it reduced in step 2 (depression and negative health beliefs) to account for approximately 6% of the total variance in the model [ $F_{(1, 47)} = 4.202, \rho = .000, R^2 = .046$ ]. Additionally, cognitive failures among the control group accounted for approximately 12% of the total variance in HRQOL [ $F_{(1, 48)} = 6.626, \rho = .013, R^2 = .121$ ] with no other significant predictor variable.

Table 3: Summary Table of the Hierarchical Multiple Regression Analyses Testing the Predictors of HRQOL among Diabetic and Control Groups

Variables	HRQOL		
	Diabetic Group		Control Group
	$\beta$ Step 1	$\beta$ Step 2	$\beta$ Step 1
<i>Step 1</i>			
Depression	-.480**	-.418*	
Cognitive Failures			-.348*
<i>Step 2</i>			
Negative Health Beliefs		-.259*	
<i>Model summary</i>			
Model F	14.404**	4.202*	6.626*
(df)	(48)	(47)	(48)
$\triangle R^2$	.231**	.063*	.121*
Adj $R^2$	.215**	.264*	.103*
$R^2$	.231**	.294*	.121*

Notes:  $\beta$  are the standardised regression coefficients.

\*\* $\rho < 0.01$ , \* $\rho < 0.05$

After establishing these findings, a comparison was made between the means and standard deviations of HRQOL scores of both Diabetic and control groups. An Independent  $t$ -test revealed significant differences among the two groups in Table 3. From Table 3, a significant difference existed between the HRQOL scores of the two groups [ $t_{(98)} = -6.602, \rho = .000$ ]. With respect to their mean scores, the diabetic group had a poorer quality of life score compared to the control group [ $(M_D = 7.22) < (M_C = 9.18)$ ].

Table 4: Independent  $t$  Test Comparing the HRQOL of the Diabetic Group with the Control Group

	Diabetic Group (n= 50)	Control Group (n=50)	$t$	$df$	$\rho$
Variable	Mean (SD)	Mean (SD)			
HRQOL	7.22 (1.93)	9.18 (1.78)	- 6.602	98	.000

### Discussion

This study suggests that, the lower an individual's levels of depression, anxiety, number of complications, cognitive failures, negative health beliefs, age (in years), interpersonal sensitivity, and hostility, the higher his or her scores on HRQOL. In effect, what may seem as an ill factor in a person's life within a health situation may go beyond just the disease or disability itself (Arnold et al., 2004; Grigg, Thommasen, Tildesley, & Michalos, 2006; Imayama, Plotnikoff, Courneya, & Johnson, 2011). According to Bonomi, Patrick, Bushnell and Martin's (2000) study to validate the World Health Organization Quality of Life instrument, individuals who were chronically ill had significantly lower mean scores on a number of quality of life domains just as healthy adults. In

effect, HRQOL level does not necessarily need the existence of a pathogen or a disability to decline; negative environmental factors can equally impair it.

In addition, it is important to note that normal aging, coupled with ill-socioeconomic factors, are enough to influence negatively a person's HRQOL. For instance, human aging has been implicated in the pathology of several biomedical and behavioural disorders like chronic medical conditions and depression respectively. The older adulthood phase predisposes a person to negative lifestyle habits like gradual decline in activities of daily living, increase in sedentary lifestyles, poor dietary habits, and living in less interactive social environments which may increasingly weaken a person's HRQOL (Mamplekou et al., 2010). Also, factors like poor medical management, comorbid states and psychosocial issues had been confirmed to cause depressive symptoms which may affect HRQOL of adults (Anderson et al., 2001). Undeniably, some preceding studies have described the negative influence of depression on HRQOL as mediating key psychosocial factors like social support and coping (Elliott, Russo, & Roy-Byrne, 2002; Jia et al., 2004; Tate et al., 2003).

HRQOL issues among Ghanaian adults are varied, and there is much to be learned about its predictors. This is mainly due to the fact that there is no single pathway to describe health within the Ghanaian sociocultural frame. Unlike the World Health Organization's (1946) extensively critiqued assumption of health as a complete wellbeing state, the sociocultural definition of health centres on the health belief of people. This model of illness perception expresses the unique nature of cultural variances in explaining disease prevention, their causality and management (Fisher et al., 2000). In Ghana, health is cherished by both rural and urban dwellers as consistent to the general absence of weakness and unhindered daily activities. Evidently, the impeccable value of health is seen in the unity and balance exhibited among all the aspects of human life; psychosocial, economical, spirituality and self (de-Graft Aikins, 2003). This is also common among some cultures in the Central and South America. The Latinos, for example, defined diabetes mellitus to be caused by both biomedical and sociocultural factors (Coronado, Thompson, Tejada, & Godina, 2004).

As a consequence, a negative health belief may give rise to a behavioural or biomedical problem which may later on affect a person's HRQOL. As the study suggests in the preliminary analysis, a significant positive relationship exists among scores on depression and negative health beliefs among all participants. Even so, higher levels of depression and negative health beliefs among the diabetic group predicted lower levels of HRQOL, just as the overall sample. It also shows that, higher levels of cognitive failures alone predicted lower levels of HRQOL among the control group. As denoted by Maatouk et al. (2012), HRQOL perceptions among adult patients with diabetes were affected by depression, diabetes related complications and other negative lifestyle behaviours which served as a way of adjusting to their perceived loss. HRQOL show the state of loss and deterioration in a person's perception of life's goodness with influences from past and/or present health events. Factors such as high levels of negative health beliefs, hostility, and interpersonal sensitivity have been linked with chronic stress and poor health situations. Research has shown that the chief negative pathway of interpersonal sensitivity could be a withdrawn behaviour in the course of social interaction (Marin, & Miller, 2013).

In addition, studies in the area of chronic medical illness found individuals with diabetes, hypertension, and other respiratory disorders like obstructive sleep apnoea to often demonstrate some significant cognitive deficits (Annweiler et al., 2011; Boeka, & Lokken, 2008; Ostrosky-Solis, Mendoza, & Ardila, 2001; Salorio et al., 2000; Sarfo, 2013; Sarfo, 2014; Sarfo, & Mate-Kole, 2014). Thus, it is possible that although the control group were free from DM2, their experiences of cognitive failures in the form of recurrent forgetfulness might have resulted from normal aging and other undiagnosed medical conditions (Knopman et al., 2001). As noted by Sarfo (2014), the underprivileged level of neuropsychological services in Ghana may impair the early diagnosis of such cognitive impairments.

Finally, the study suggests that DM2 may negatively affect a person's general appraisal of HRQOL. In general, there was a significant difference in HRQOL scores between the diabetic and control groups. This is supported by some previous studies which have consistently associated the pathology of chronic diseases like DM2 with HRQOL decline (Landman et al., 2010; McEwen et al., 2006; Munshi et al., 2006; Sarfo, 2013). Nevertheless, this general assertion has been often associated with poorly managed cases (Pibernik-Okanovi, 2001). Thus, those who have satisfactory

management skills with respect to their diabetic condition were more likely to have enhanced their general HRQOL. Also, the biochemical justification offered by Schulingkamp, Pagano, Hung and Raffa (2000) can be observed as remarkable. In their study on insulin receptors and insulin action in the brain, they noted that diabetic cases have neurochemical deficits. Neurochemical fluctuations of neurotransmitters like acetylcholine, glutamate and Gama Acetyl Butyric Acid, which rely mainly on glucose for their adequate secretion and supply into the human system, are highly profound as risk factors in diabetic care prognosis. As a result, HRQOL may be declined further by these neurochemical irregularities in events of poor glycaemic control. Notwithstanding this argument, Billups, Malone and Carter (2000) rejected the claim that proper diabetes management or good drug adherence behaviour patterns had any effect on the HRQOL of patients. Moreover, some studies in the past reported no significant relationship between diabetes and HRQOL (Kleefstra et al., 2005; Pitale et al., 2005).

### **Limitations**

Despite the research gaps that the study filled, there are some few limitations which ought to be noted. Primarily, the study did not include clinically diagnosed cases of psychological disorders like depression and anxiety in the sample as a control. The use of a one-point screening tool like the BSI may not be enough for an in-depth evaluation. However, it is essential to understand that the mean score of the transformed T-scores of the overall sample permitted the comparison of each participant to the group score. In addition, the relatively small number of participants served as a limitation. Consequently, only one major chronic disorder (DM2) dominated, although some patients and control participants reported some other disorders or comorbidities. For future studies, it would be valuable to replicate the current study in a much larger sample in Ghana. These studies may adopt a mixed method approach, which will focus on the identification of specific HRQOL predictors among adults with different chronic disorders and the meanings attached to them. The use of over 100 questions across 4 instruments (CFQ, BSI, SQOLI, CHBI) increased participants' boredom and tiredness risks. Future studies should note any change in participants' mood and frequently ask if they need breaks. Researchers may also consider shorter versions of these instruments to reduce this risk in any future study. Notwithstanding these limitations, results from this study may serve as a good basis for future studies, clinical management and policy.

### **Conclusion**

In conclusion, health-related quality of life (HRQOL) has been recognised as an essential factor for all persons throughout life. This study was conducted to (a) identify the predictors of HRQOL among adults and (b) compare the HRQOL among individuals living with DM2 with a control group. Our findings suggest that depression, anxiety, negative health beliefs, cognitive failures, interpersonal sensitivity, hostility and number of clinical conditions/manifestations predict HRQOL among the overall sample in Ghana. This highlights the significance of improving the existing social support and early professional mental healthcare services. Even though depression and negative health beliefs predicted HRQOL among individuals with DM2, cognitive failures were seen as the sole predictor for the participants in the HCG. It was also observed that individuals with DM2 obtained lower HRQOL scores than those in the HCG. Results from this study are supported by some previous studies which have consistently linked DM2 with HRQOL decline (Landman et al., 2010; McEwen et al., 2006; Munshi et al., 2006; Sarfo, 2013). The study advocates for routine HRQOL screening and management for all Ghanaians especially those with chronic disorders.

### **Clinical Implications**

This study suggests that HRQOL issues among adults in Ghana are affected by both biomedical and psychosocial factors. The authors recommend early clinical assessment and management of HRQOL in clinical practice. As suggested by Sarfo (2014), Ghana's Ministry of Health has to increase the prevailing employment of various specialties of psychology to assist in the provision of adequate mental healthcare. Results of our study indicate that interventions intended to improve HRQOL in adults should address depression, anxiety, negative health beliefs, cognitive failures, interpersonal sensitivity, hostility and chronic disorders management, to prevent short term as well as long term complications. Furthermore, screening and management of

depression and illness perception appears to be desirable with regard to the improvement of HRQOL in DM2 in Ghana.

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### **Conflict of interest statement**

The authors declare that they do not have any conflict of interest.

### **References:**

1. Alexopoulos, G. S., Kiesses, D. N., Klimstra, S., Kalayam, B., & Bruce, M. L. (2002). Clinical presentation of the "depression-executive dysfunction syndrome" of the late life. *American Journal of Geriatric Psychiatry, 10*, 98–106.
2. Anderson, R. J., Freedland, K. E., Clouse, R. E., & Lustman, P. J. (2001). The prevalence of comorbid depression in adults with diabetes: A meta-analysis. *Diabetes Care, 24*(6), 1069–1078.
3. Annweiler, C., Schott, A.-M., Abellan Van Kan, G., Rolland, Y., Blain, H., Fantino, B., Herrmann, F. R., & Beauchet, O. (2011). The five-times-sit-to-stand test, a marker of global cognitive functioning among community-dwelling older women. *The Journal of Nutrition, Health & Aging, 15*, 271-276.
4. Arnold, R., Ranchor, A.V., Sanderman, R., Kempen, G. I., Ormel, J., & Suurmeijer, T. P. (2004). The relative contribution of domains of quality of life to overall quality of life for different chronic diseases. *Qual Life Res, 13*(5), 883-896.
5. Billups, S. J., Malone, D. C., & Carter, B. L. (2000). The relationship between drug therapy noncompliance and patient characteristics, health related quality of life, and health care costs. *Pharmacotherapy, 20*(8), 941-949.
6. Boeka, A. G., & Lokken, K. L. (2008). Neuropsychological performance of a clinical sample of extremely obese individuals. *Archives of Clinical Neuropsychology, 23*, 467–474.
7. Bonomi, A. E., Patrick, D. L., Bushnell, D. M., & Martin, M. (2000). Validation of the United States' version of the World Health Organization Quality of Life (WHOQOL) instrument. *Journal of Clinical Epidemiology, 53*, 19-23.
8. Broadbent, D. E., Cooper, P. F., FitzGerald, P., & Parkes, K. R. (1982). The Cognitive Failures Questionnaire (CFQ) and its correlates. *British Journal of Clinical Psychology, 21*, 1-16.
9. Chu, S. H., Lee, W. H., Yoo, J. S., Kim, S. S., Ko, I. S., Oh, E. G., Lee, J., Choi, M., Cheon, J. Y., Shim, C. Y., & Kang, S-M. (2012). Factors affecting quality of life in Korean patients with chronic heart failure. *Japan Journal of Nursing Science, 11* (1), 54–64.
10. Coronado, G. G., Thompson, B., Tejada, S., & Godina, R. (2004). Attitudes and beliefs among Mexican American about Type 2 diabetes. *Journal of Health Care for the Poor and Underserved, 15*, 576-588.
11. de-Graft Aikins, A. (2003). Living with diabetes in rural and urban Ghana: A critical social psychological examination of illness action and scope for intervention. *Journal of Health Psychology, 8*(5), 557-72.
12. Derogatis, L. R., & Melisaratos, N. (1983). The Brief Symptom Inventory: an introductory report. *Psychological Medicine, 13*(3), 595-605.
13. Elliott, A. J., Russo, J., & Roy-Byrne, P. P. (2002). The effect of changes in depression on health related quality of life (HRQOL) in HIV infection. *Gen Hosp Psychiatry, 24*, 43–47.
14. Fisher, L., Chesla, C. A., Skaff, M. M., Gilliss, C., Mullan, J. T., Bartz, R. J., Kanter, R.A., Lutz, C. P. (2000). The family and disease management in Hispanic and European-American patients with Type 2 diabetes. *Diabetes Care, 23*, 267-272.
15. Gregg, E. W., Cheng, Y. J., Narayan, K. M., Thompson, T. J., & Williamson, D. F. (2007). The relative contributions of different levels of overweight and obesity to the increased prevalence of diabetes in the United States: 1976-2004. *Prev Med, 45*(5), 348-352.

16. Grigg, A., Thommasen, H. V., Tildesley, H., & Michalos, A. (2006). Comparing self-rated health, satisfaction and quality of life scores between diabetics and others living in the Bella Coola Valley. *Soc Indic Res*, 76(2), 263-281.
17. Harjutsalo, V., Sjoberg, L., & Tuomilehto, J. (2008). Time trends in the incidence of type 1 diabetes in Finnish children: a cohort study. *Lancet*, 371(9626), 1777-1782.
18. IBM Corporation (2011). *IBM Statistical Package for Social Sciences (SPSS) version 20.0. for windows*. Armonk, NY: IBM Corporation.
19. Imayama, I., Plotnikoff, R. C., Courneya, K. S. & Johnson, J. A. (2011). Determinants of quality of life in adults with Type 1 and Type 2 diabetes. *Health and Quality of Life Outcomes*, 9, 115. doi:10.1186/1477-7525-9-115
20. International Diabetes Federation [IDF] (2012). *IDF Diabetes Atlas, 5<sup>th</sup> edition-2012 update*. [https://www.idf.org/sites/default/files/5E\\_IDFAtlasPoster\\_2012\\_EN.pdf](https://www.idf.org/sites/default/files/5E_IDFAtlasPoster_2012_EN.pdf). Date retrieved: 21/01/2013
21. Jia, H., Uphold, C., Wu, S., Reid, K., Findley, K., Duncan, P. (2004). Health-related quality of life among men with HIV infection: Effects of social support, coping, and depression. *AIDS Patient Care STDs*, 18, 40-49.
22. Kaufman, R. F. (2002). Type 2 diabetes in children and young adults: a "new epidemic". *Clinical Diabetes*, 20(4), 217-218.
23. Kleefstra, N., Ubink – Veltmaat, L. J., Houweling, S. T., Groenier, K. H., Meyboom-de Jong, B., & Bilo, H. J (2005). Cross-sectional relationship between glycaemic control, hyperglycaemic symptoms and quality of life in Type 2 diabetes (ZODIAC-2). *Netherlands Journal of Medicine*, 63(6), 251-221.
24. Knäuper, B., Rabiau, M., Cohen, O., & Patriciu, N. (2004). Compensatory health beliefs scale development and psychometric properties. *Psychology and Health*, 19, 607-624.
25. Knopman, D., Boland, L. L., Mosley, T., Howard, G., Liao, D., Szklo, M., McGovern, P., & Folsom, A. R. (2001). Cardiovascular Risk Factors and Cognitive Decline in middle aged adults. *Neurology*, 56, 42- 48.
26. Kreyszig, E. (1979). *Advanced Engineering Mathematics* (4th Ed.). New York: John Wiley & Sons.
27. Kurella, M., Chertow, G. M., Fried, L. F. et al. (2005). Chronic kidney disease and cognitive impairment in the elderly: the health, aging, and body composition study. *Journal of American Geriatric Society*, 16, 2127-2133.
28. Landman, G. W., van Hateren, K. J., Kleefstra, N., Groenier, K. H., Gans, R. O., & Bilo, H. J (2010). Health-related quality of life and mortality in a general and elderly population of patients with type 2 diabetes (ZODIAC-18). *Diabetes Care*, 33(11), 2378-2382.
29. Maatouk, I., Wild, B., Wesche, D., Herzog, W., Raum, E., Müller, H., Rothenbacher, H., Stegmaier, C., Schellberg, D., & Brenner, H. (2012). Temporal predictors of Health-Related Quality of Life in elderly people with diabetes: results of a German cohort study. *PLoS ONE*, 7(1): e31088. doi:10.1371/journal.pone.0031088.
30. Mamplekou, E., Bountziouka, V., Psaltopoulou, T., Zeimbekis, A., Tsakoundakis, N., Papaerakleous, N., Gotsis, E., Metallinos, G., Pounis, G., Polychronopoulos, E., Lionis, C., & Panagiotakos, D. (2010). Urban environment, physical inactivity and unhealthy dietary habits correlate to depression among elderly living in eastern Mediterranean islands: the Medis (Mediterranean islands elderly) study. *The Journal of Nutrition, Health & Aging*, 14, 450-455.
31. Marin, T. J., & Miller, G. E. (2013). The interpersonally sensitive disposition and health: an integrative review. *Psychological Bulletin*, 139(5), 941-984.
32. McEwen, L. N., Kim, C., Haan, M. N., Ghosh, D., Lantz, P. M., Thompson, T. J., & Herman, W. H. (2009). Are health-related quality-of-life and self-rated health associated with mortality? Insights from translating research into action for diabetes (TRIAD). *Prim Care Diabetes*, 3(1), 37-42.
33. Munshi, M., Grande, L., Hayes, M., Ayres, D., Suhl, E., Capelson, R., Lin, S., Milberg, W., & Weinger, K. (2006). Cognitive Dysfunction is Associated with Poor Diabetes Control in Older Adults. *Diabetes Care*, 29(8), 1794-1799.
34. Newton, R. R. & Rudestam, K. E. (1999). *Your statistical consultant, answers to your data analysis questions*. Thousand Oaks, California: Sage Publications, Inc, Pp. 247-276.

35. Nguyen, H. A., Evans, M. K., & Zonderman, A. B. (2007). Influence of medical conditions on executive and memory functions in low socioeconomic status African Americans. *Archives of Clinical Neuropsychology*, *22*, 689–698.
36. Ostrosky-Solis, F., Mendoza, V. U., & Ardila, A. (2001). Neuropsychological Profile of Patients with Primary Systemic Hypertension. *International Journal of Neuroscience*, *11*, 159–172.
37. Patterson, C. C., Dahlquist, G. G., Gyurus, E., Green, A., & Soltesz, G. (2009). Incidence trends for childhood type 1 diabetes in Europe during 1989-2003 and predicted new cases 2005-20: a multicentre prospective registration study. *Lancet*, *373*(9680), 2027-2033.
38. Pibernik-Okanovi, M. (2001). Psychometric properties of the World Health Organisation quality of life questionnaire (WHOQOL-100) in diabetic patients in Croatia. *Diabetes Research & Clinical Practice*, *51*(2), 133-143.
39. Pitale, S., Kernan-Schroeder, D., Emanuele, N., Sawin, C., Sacks, J., & Abaira, C. (2005). Health-related quality of life in the VA feasibility study on glycemic control and complications in Type 2 diabetes mellitus. *Journal of Diabetes Complications*, *19*(4), 207-211.
40. Rubin, R. R., & Peyrot, M. (1999). Quality of life and diabetes. *Diabetes Metab Res Rev.*, *15*, 205–218.
41. Salorio, C. F., White, D. A., Piccirillo, J., Duntley, S. P., & Uhles, M. L. (2002). Learning, memory, and executive control in individuals with obstructive sleep apnea syndrome. *Journal of Clinical and Experimental Neuropsychology*, *24*, 93–100.
42. Sarfo, J. O. (2013). *The neuropsychological functioning and quality of life among diabetic patients in Ghana*. A Master of Philosophy in Clinical Psychology Thesis submitted to the School of Graduate Studies, University of Ghana, Legon, Ghana.
43. Sarfo, J. O. (2014). Role of Clinical Neuropsychologists in the Evaluation and Management of Diabetes Mellitus in Ghana: A Position Statement. *Journal of Advocacy, Research and Education*, *1*(1), 37-40.
44. Sarfo, J. O., & Mate-Kole, C. C. (2014). Type 2 Diabetes Mellitus, Depression and Neuropsychological Profiles Among Adults in Ghana. *European Journal of Medicine-Series B*, *1*(1), 44-51.
45. Schulingkamp, R. J., Pagano, T. C., Hung, D., & Raffa, R. B. (2000). Insulin receptors and insulin action in the brain: Review and clinical implications. *Neuroscience and Biobehavioral Reviews*, *24*(8), 855–872.
46. Spitzer, W., Dobson, A., & Hall, J. (1981). Measuring the quality of life of cancer patients: a concise QL-Index for use by physicians. *Journal of Chronic Diseases*, *34*, 585-597.
47. Tate, D., Paul, R. H., Flanigan, T. P., et al. (2003). The impact of apathy and depression on quality of life in patients infected with HIV. *AIDS Patient Care STDs*, *17*, 115–120.
48. Testa, M. A., & Simonson, D. C. (1996). Assessment of quality-of-life outcomes. *N Engl J Med*, *334*, 835–840.
49. Vom Hofe, A., Mainemarre, G., & Vannier, L. (1998). Sensitivity to everyday failures and cognitive inhibition: Are they related? *European Review of Applied Psychology*, *48*, 49-55.
50. Ware J, Jr., Kosinski, M., & Keller, S. D. (1996). A 12-Item Short-Form Health Survey: construction of scales and preliminary tests of reliability and validity. *Med Care*, *34*, 220–233.
51. Wild, S., Roglic, G., Green, A., Sicree, R., & King, H. (2004). Global Prevalence of Diabetes: Estimates for the Year 2000 and Projections for 2030. *Diabetes Care*, *27*, 1047-1053.
52. Wilson, I. B., & Cleary, P. D. (1995). Linking clinical variables with health-related quality of life. A conceptual model of patient outcomes. *JAMA*, *273*, 59–65.
53. World Health Organization (1946). *Constitution of the World Health Organization*. New York: WHO



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RESEARCH ARTICLE



## Is “One-Teacher-To-All-Subjects” Enough? Ghana’s Public Primary School System on a Slippery Slope

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### Abstract

Primary school teachers in Ghana are made to teach based on the ‘generalist’ philosophy while their colleagues in the high schools run the ‘specialist’ viewpoint. Although, arguments made in support of this perspective may point at the universal training offered to these teachers, little is known about its effectiveness and challenges. Results from thematic analysis showed that both primary school teachers and pupils were generally not comfortable with generalist philosophy. These findings suggest that policies focused on teacher placements in primary schools must start looking at a possible adoption of subject-specific teaching, at least in the upper primary (4-6) levels.

**Keywords:** Teacher-Based Teaching; Subject-Based Teaching; Public Primary School; Pedagogy; Generalist; Specialist; Ghana.

### Introduction

Ghana’s educational reforms have come a long way since independence. Dr Kwame Nkrumah, Ghana’s first president saw education as one of the necessary foundations for black emancipation and freedom. According to a statement he once made, “...*Only with a population so educated can we hope to face the tremendous problems which confront any country attempting to raise the standard of life in a tropical zone*” (McWilliam, & Kwamena-Poh, 1975, p. 94). Some of the significant efforts put in place by Dr Nkrumah were to make primary education as the foundation for higher levels of education. For example, the 1960’s saw the implementation of free compulsory primary and middle school education. Nkrumah’s government however placed training

of teachers and their welfare as paramount to the promotion of quality primary education as he wanted teachers “*to give service that is second to none*” [p. 97]. In view of this, teachers enjoyed one of the best remunerations compared to similar qualifications in other Ghanaian professions (McWilliam, & Kwamena-Poh, 1975).

Following the overthrow of the Nkrumah regime, Ghana’s educational policies continue to evolve each passing phase with concurrent progress and decline stories. The worst of all the stages of Ghanaian education to suffer most is the public primary and middle school system of education. Children from top and middle class homes were noted to afford some kind of quality education from private primary schools. These children were noted to have better chances of entering into the top class senior high schools and later into their desired programmes at the universities while the products from the public school encounter the opposite (Addae-Mensah, Djangmah & Agbenyega, 1973; Donge, 2003).

Just as it was some decades ago, public primary education in Ghana is yet to catch up with the private sector provision of basic education. Even though this gap might have been caused by multiplicities of factors such as; challenges in teacher training, poor teacher motivation, inadequate teaching and learning materials, and effective policy implementation among the basic education sector, the ‘teacher-based teaching’ or ‘generalist’ perspective is an elusive factor researchers and stakeholders in Ghana need to consider carefully (Acquah, Eshun, & Afful-Broni, 2013; Ashley, 2005). Ghana was known for its high standard of education adopted from the British since the colonial days (Owu-Ewie, 2006). Even though Ghana’s education system is making significant strides, the Organization for Economic Cooperation and Development’s [OECD] recent publication on global school rankings placed Ghana at the bottom of 76 countries. The report which positioned Asian nations in the top five places and African nations at the lowest saw a positive relationship between education and economic growth (Coughlan, 2015).

Over the years, several international organisations like the British Educational Research Association and other stakeholders have been looking at ways of refining their primary school system to enhance effective teaching and learning. At present, this study raises a similar question Alexander, Rose and Woodhead (1992) sought to answer, whether a single teacher can know enough to impart all the subjects to a primary school child?, in their purported “three wise men report”. Ashley (2005) sought to answer this primary question as an unbearable task for British primary school teachers using the ‘generalist’ perspective with much emphasis on Steiner-Waldorf pedagogy. Ashley and Lee’s (2003) study observed that primary school pupils were very concerned about the adequate level of their teacher’s knowledge to teach all subjects effectively rather than the gender of their teacher.

Primary school teachers in the Ghanaian public school system are ideally made to teach all subjects as class teachers. Although this had been the practice over the ages, little have been done with respect to assessing the quality of a single teacher’s sufficiency in teaching all subjects in the formative years of a child. Though little empirical studies have been conducted on this theme in Ghana to measure its effectiveness and efficiency, related findings confirm the need for change. Coupled with the challenges on inadequate educational infrastructures and materials, Ghana had been battling since colonial days over the best language [whether English language or a Ghanaian language] for instruction in the lower [Classes 1 to 3] primary schools (Acquah et al., 2013). After several simultaneous shifts between both languages between 1951 and 2008, the use of local languages for instruction was again re-introduced by the Ministry of Education Science and Sports under the National Literacy Acceleration Programme [NALAP] in 2009 (Owu-Ewie, 2006; UNESCO, 2003).

The problem of using one teacher to teach all subjects re-emerged as a recent study disclosed that some teachers in the lower primary could not use the local languages to teach under the NALAP. This was mainly due to the fact that some of them do not speak the accepted local languages for instruction at their posted Districts. These teachers were found to be using the English language as their medium of instruction. The study also noted that others who could speak the local languages were not adequately equipped to teach for example Science concepts using the local languages. These teachers were seen as giving wrong explanations with the local languages to terms during classes (Acquah et al., 2013).

The perception that, basic school teachers have been given an all-round training and as a consequence, have adequate knowledge on all subjects raises some concerns about instructional

quality in Ghana. Globally, teacher quality has been shown by several studies as a key factor of student learning (Aaronson, Barrow, & Sander, 2007; Rivkin, Hanushek, & Kain, 2005; Rockoff, 2004). In this vein, the knowledge level of teachers on subjects has been shown to be significantly and consistently related to students' achievement level (Hanushek, & Rivkin, 2006).

One disadvantage seen with regards to primary school education data is that pupils are only taught by a single teacher (Slater, Davies, & Burgess, 2009). This means that if a particular teacher is not experienced in a particular subject area, the pupils do not have the privilege to benefit from any other teacher. In a study assessing grades 2 to 6 teacher effectiveness from two school districts in New Jersey from 1989/90 to 2000/01, teacher know-how was depicted as the only significant determinant of pupil performance on maths and reading exam results. It however could not identify any noticeable teacher characteristics to have significant effects on pupils' performance in the primary school (Rockoff, 2004). The aim of this study is to explore the benefits and challenges associated with the generalist philosophy employed in primary schools in Ghana.

**Method**

**Participants**

Using purposive and convenience sampling methods, thirty-seven interviews were conducted among teachers, parents, pupils and other stakeholders in the education sector. The respondents were classified into the following categories; 12 pupils formed the Child Respondents' (CR) group, 11 professional teachers formed the Teacher Respondents' (TR) group, 6 non-teaching parents/guardians formed the Parent Respondents' (PR) group, 3 retired directors of education formed the Educationist Respondents (ER) group, and 5 other interested personnel of organisations' with interest in education formed the Stakeholder Respondents (SR) group.

The respondents' ages for the CR ranged between 8 and 17 years with educational level ranging from primary to senior high level. Children below 7 years were excluded because of their level of cognitive development. Children above 7 have relatively well-established framework for cognitive judgement especially on issues pertaining to perception, memory and imagination and gender identity (Almakhan, & Manshuk, 2014; Hutchings et al., 2008). Children in the high schools were also included due to the fact that they were more likely to have experienced both the generalist and specialist modalities of teaching, from primary to either junior/senior high schools. The rest of the respondents groups were aged between 24 and 62 years old. These were mainly selected based on their current job [e.g. Teacher Respondents' group; Educationist Respondents group; Stakeholder Respondents group] and primary social roles like parenting [e.g. Parent Respondents' group] related to the topic under study. Table 1 shows a detailed description of the groups of respondents.

Table 1: Summary of Respondents' Demographic Details

Categories	Gender	
	Male	Female
Child Respondents' group	CRm1, 8 years old, primary 3 CRm2, 10 years old, primary 5 CRm3, 9 years old, primary 4 CRm4, 14 years old, JHS 2 CRm5, 15 years old, SHS 1 CRm6, 16 years old, SHS 2 CRm7, 12 years old, primary 6	CRf1, 8 years old, primary 3 CRf2, 10 years old, primary 5 CRf3, 11 years old, primary 6 CRf4, 13 years old, JHS 2 CRf5, 14 years old, JHS 3
Teacher Respondents' group	TRm1, 29 years old, primary 6 TRm2, 42 years old, primary 5 TRm3, 35 years old, SHS Maths TRm4, 48 years old, JHS English	TRf1, 38 years old, primary 1 TRf2, 24 years old, primary 3 TRf3, 24 years old, primary 3 TRf4, 56 years old, primary 5 TRf5, 35 years old, SHS English TRf6, 37 years old, primary 2 TRf7, 33 years old, primary 4

Parent Respondents' group	PRm1, 54 years old PRm2, 47 years old	PRf1, 55 years old PRf2, 39 years old PRf3, 46 years old PRf4, 54 years old
Educationist Respondents group	ERm1, 62 years old	ERf1, 68 years old ERf2, 61 years old
Stakeholder Respondents group	SRm1, 54 years old SRm2, 48 years old SRm3, 38 years old SRm4, 55 years old	SRf1, 51 years old

### Measures

Semi-structured questionnaires were used to collect brief interview data between the time frame of 15 and 30 minutes per session. The research questions were adopted from previous studies which raised related queries on the generalist philosophy used in elementary (primary) schools in Ghana (Acquah et al., 2013; Donge, 2003), Europe and America (Ashley, 2005; Aaronson et al., 2007; Hanushek, & Rivkin, 2006; Rivkin et al., 2005; Rockoff, 2004; Slater et al., 2009).

The semi-structured interview guide sought to answer the following research questions:

- Does one teacher have enough knowledge and proficiency to teach all the required subjects in the Ghanaian primary school system?
- To what extent does one teacher teaching all subjects in the Ghanaian primary school system beneficial?
- What practical challenges can be observed among pupils and teachers undergoing the generalist philosophy in the Ghanaian primary school system?
- How can the specialist system of teaching effectively help to resolve the current challenges in the Ghanaian primary school system?

The list of key questions was drawn up and was used by both interviewers, but follow-up questions varied due to the responses given by the respondents.

*Notes: The language was adapted for the younger respondents in the CR group.*

### Procedure

Formal consents were obtained from all respondents before commencing with the data collection. Parents/guardians were sent consent letters clarifying the study and the nature of their children's prospective involvement. After attaining consent, the interview data collection was commenced using portable recorders. Distant respondents were reached on special mobile telephones with installed recording application. These were done consecutively over a five-month period during respondents' available period.

The Child Respondents' group were asked about their experiences of teaching and classroom management within the primary school setting, where a single teacher teaches all subjects. Those in the high school levels were particularly asked whether there were differences in the teaching or management of having one-teacher-to-all-subjects and one-teacher-to-specific-subject(s).

The study followed a similar approach to that of Mayall (2000), due to the fact that we were directly examining the children to help us to comprehend what it is like to be taught following the generalist and specialist approach in a classroom situation. Nonetheless, we used single interviews rather than Mayall's paired or group interviews.

The Teacher Respondents' group were also asked about their experiences and/ or view on teaching and classroom management with one-teacher-to-all-subjects and one-teacher-to-specific-subject(s). The rest of the respondent groups were similarly interviewed along these lines. After interview sessions, all respondents were thanked as a sign of gratitude for their time.

**Data Analysis**

The audio-recorded interviews were fully transcribed with names anonymised using pseudonyms and codes. Interviews were simultaneously collected and analysed manually using thematic analysis until we reached theoretical saturation. This was the point where we discovered no new themes (Morse, 1995).

It is important to appreciate that this idea may only be a myth. Thus, the assertion that saturation of data has been reached may be relative to a particular case setting or time frame (Morse, 2007). Subsequently, we stopped our interviews after we found that the similar themes were reoccurring after the 37<sup>th</sup> respondent.

Our manual thematic analysis followed the six stages outlined by Marshall and Rossman (1999). Major themes and sub-themes were successively organised to tell a comprehensive story (Sarfo, & Asiedu, 2013; Marshall and Rossman, 1999; Vaismoradi, Turunen, & Bondas, 2013).

**Results**

This section sets out the interview responses to questions about what was liked or disliked about one-teacher-to-all-subjects and one-teacher-to-specific-subject(s). At theoretical saturation, two main themes emerged. These were; Generalist Benefit Features and Generalist Challenge Features.

Subthemes emerging under the Generalist Benefit Features included Strong Teacher-Pupil Bond and Role Modelling. On the other hand, Generalist Challenge Features materialised subthemes; Boredom, Subject-Expertise Crises, Subject-Achievement Crises, and No-Teacher-Syndrome. A tabular summary of themes and subthemes can be observed in Table 2.

Table 2: Thematic Output of the Summarised Data

Themes	Subthemes
Generalist Benefit Features	<ul style="list-style-type: none"> <li>• Strong Teacher-Pupil Bond</li> <li>• Role Modelling</li> </ul>
Generalist Challenge Features	<ul style="list-style-type: none"> <li>• Boredom</li> <li>• Subject-Expertise Crises</li> <li>• Subject-Achievement Crises</li> <li>• No-Teacher-Syndrome</li> </ul>

**Generalist Benefit Features Observed in the Analysis**

This theme became evident, as having a single teacher teach all subjects at the formative years of children. Two subthemes emerged in this theme.

***Strong Teacher-Pupil Bond***

Key among the benefits obtained from being taught by one teacher for a year was a strong teacher-pupil relationship. Pupils spend ample time during the days of the week with their teachers who serve as both caregivers and instructors. In effect, teachers in the primary school seem to have a stronger bond with their pupils as they perform roles of pseudo-parenting.

*Even though I've completed my postgraduate education, I still remember my primary six teacher's name. Mr B. K. was like a father to us all. He even had time to walk to the houses of my mates who were truants to bring them to school. (SRm3, 38 years old).*

Thus it looks that, children more often associated parental roles and attributes to their teachers who spent more time with them.

***Effective Role Modelling by Teachers***

Teachers within the primary school setting were noted as having much influence due to their consistent time with the children. In essence, they become the closet figures in view that pupils

would like to emulate, both in the school and outside settings. Teachers served as model of discipline, intelligence, moral standards, and other good qualities.

*My class teacher is so nice to us. I would like to be like Miss Aba by being a teacher in the future. (CRf3, 11 years old, primary 6).*

Nonetheless, some of the characteristics of the primary school teacher that the pupils would like to emulate were in some cases gendered. It became obvious in the analysis that the boys and girls were more likely to identify the 'masculine' and 'feminine' characteristics of their teachers respectively.

*When I grow old, I will like to look tall and strong like Mr K. K. (CRm1, 8 years old, primary 3).*

Most importantly, teachers were recognised as role models with respect to their conduct towards others and their own personality.

### **Generalist Challenge Features Observed in the Analysis**

This theme generated several subthemes. The generalist perspective or having one-teacher-to-all-subjects was seen as posing several difficulties to both teachers and pupils. Four subthemes emerged in this theme.

#### ***Boredom among both Teachers and Pupils***

Among the challenges that go with having a single teacher for all subjects is the issue pertaining to boredom. This mode of classroom dynamics presents a system of monotony which can decrease excitement and attention. It easy to experience a bad day, once the teacher does something bad to the class.

*I can't explain it very well but I used to get so tired with seeing the same teacher during every period throughout the day. I like the JHS system where teachers take different subjects. I think there is variety (CRf5, 14 years old, JHS 3).*

Teachers in the primary school also get tired sometimes with the routines of sitting in one class with the same pupils to teach all subjects every day.

*The subject based teaching makes the teacher very active because of the specialisation. There are also varieties of teaching styles for students each day. (TRf5, 35 years old, SHS English).*

*Even though the teacher gets to know the students very well since he/she is with them all the time, it is very boring sometimes. (TRm4, 48 years old, JHS English).*

#### ***Subject-Expertise Crises among Teachers***

This subtheme nearly emerged as a difficulty in almost all the interviews. Complaints were evident with issues relating to either the instruction of certain subjects or the use of a local language to teach in the lower primary under the NALAP.

*I really love to teach but of late I struggle with my new post to teach class 1 in a Ga-Adanbge community. I can't speak their language because I am an Akan and read Twi as my Ghanaian language option in the Teacher Training College. At the moment, I can't teach these children in their local language so I have to use the English language. I have complained to the authorities but there seems to be no option now. (TRf1, 38 years old, primary 1).*

*Some specific subjects need specific or specialised teachers for that. For me I didn't like teaching science but I had to teach it as an elementary school teacher. (ERf2, 61 years old).*

*Wow, even at the training college, there is specialization. If yes, then think about the subject base teaching as the way forward. ...assessment is better because the different subject teachers can give enough exercises and be able to mark them, which will be too difficult for one teacher to do. (TRm3, 35 years old, SHS Maths).*

Some of the non-teaching respondents also shared similar views and supported specialty teaching.

*For me, I am not a teacher but I believe in division of labour and that leads to specialisation. This is more effective. (PRm1, 54 years old).*

The challenge as to one teacher having all the expertise needed to teach all subject was obvious at this point.

*In fact it is boring! How can a teacher be good or have upper hand in all the subjects, it is impossible. At least let's consider the upper primary for subject-based teaching. (TRf2, 24 years old, primary 3).*

### **Subject-Achievement Crises among Pupils**

The analysis shows an unfortunate consequence on the pupil performance, once the teacher does not have adequate skill or passion for the instruction of a particular subject. The passion to perform or even study some courses by some students or pupils can be hampered through this process.

*My teacher normally teaches mathematics and English regularly but as for Citizenship and Twi, she doesn't like to teach often and will also write exams at the end of the term in these subjects. I wish we can get another teacher for Citizenship and Twi. (CRm2, 10 years old, primary 5).*

Other respondents however recalled their poor performance, phobia and/ or hatred toward a particular subject or a course in the future because of how their primary teachers handled these subjects. What is clear in their discourse was the ideology of identification.

*As you can see, little children trust their teachers a lot. If a teacher is not proficient in a particular subject, the damage done to the child's memory is tragic. This is one of the reasons why some people are maths phobia and science phobia. I think a teacher who is specialised in maths education can even boost the morale of an average student. (SRm2, 48 years old).*

### **No-Teacher-Syndrome when Teacher misses School**

The 'No-Teacher-Syndrome' is a novel term we gave within our analysis to categorise all the events that take place once a primary school teacher is absent. This is worse in areas where there is inadequate staffing. Some of these respondents shared experiences of times in rural schools where a primary school teacher taking two or more classes falls sick or goes on maternity leave. The aftermath can be observed in the class having no better teaching and learning activity. In the cities where head teachers serve as backups, the effect may be minimal.

*When our madam does not come to school, we don't study anything. A free teacher from our JHS would come to control the class but we won't learn anything better apart from reading books. (CRm7, 12 years old, primary 6).*

In the process of validating this view from some of the TR group members, this was noted as a risk factor rather than an everyday occurrence.

*Primary teachers are human beings and can be absent for reasons like sickness and so forth but this is not so frequent. This is not in the best interest of these pupils, but the head teacher and other colleagues in school are able to manage such official absence. (TRf4, 56 years old, primary 5).*

## Discussion

The data have revealed an intricate set of patterns. From the analysis, having a single teacher teach all subjects at the formative years of children was seen to enhance a strong teacher-pupil relationship and mentoring. Studies on primary school teachers as role models do specify the unique role of teacher-pupil relationship in elementary school (Pepperell, & Smedley, 1998; Mills, 2005; Skelton, 2001). In support of this argument, research confirms that every child yearns for a good teacher and does not mind whether it is a male or a female (Bricheno, & Thornton, 2002; Lahelma, 2000; Ashley & Lee, 2003).

Generally, these positive aspects of having a class teacher do not necessarily mean that this single teacher should teach all subjects. The dimension of arguments laid for the generalist approach seems to tilt towards this angle. This raises the question, to what extent do these role model perspective and bond patterns go after a child completes his or her primary education in Ghana? It was evident from our analysis that although some of the respondents might have completed their primary education over a decade, they still have memories of their primary school days. The dual role of primary school teachers as both caregivers and instructors are very crucial as the child's cognitive capacity develops rapidly (Almakhan, & Manshuk, 2014; Hutchings et al., 2008).

On the other hand, we have to consider also, the extent to which the generalist perspective or having one-teacher-to-all-subjects is influencing the Ghanaian primary school setting. Boredom is raised as one of the main challenging subthemes. This aspect of stress was associated with the belief that goes with having a single teacher every day. In a sense, the results show that this is never a problem until instructional quality is affected. Studies on education see teachers' professional knowledge as an essential determining factor of instructional quality (Baumert, & Kunter, 2006; Munby, Russell, & Martin, 2001).

An important prompt can be taken from the developments made in primary education by countries such as Sweden [in 1st Grade], South Korea (Reys, & Fennell, 2003), and China (Ma, 1999) who are working hard to provide specialists in subjects like mathematics, even at their primary schools. According the Conference Board of Mathematical Sciences (2000) in United States of America, changes were supposed to be made to allow Grade 5 to be taught by specialist in mathematics education. Similarly, Ashley (2005) had also advocated for specialist teaching in the primary school in the United Kingdom. With recent updates by the OECD on the global school ranking of Ghana on mathematics and science education (Coughlan, 2015), the impact of the generalist model has to be revisited. The negative effects on students, like the hampering of passion to perform or study some courses and subject phobia in the future cannot be ruled out. Thus, it is clear that, specialty options are also needed in primary school settings of Ghana's education, at least in the upper primary levels.

The results suggest that some of the teachers were not proficient and/or passionate vis-à-vis the teaching of subjects like mathematics and science. This situation is worsened when the teacher is posted to the lower primary classes. Due to the point that, some teachers are posted to districts other than their own ethnic groups and/or have poor proficiency in the local languages, findings show that such teachers had obvious challenges to teach all subjects in the lower primary level. The success of implementing programmes like NALAP by the Ministry of Education hangs on this frame. Acquah et al. (2013) observed that teachers who struggled to teach scientific concepts with the local languages often gave wrong explanations of terms during classes. This confirms the results of the study that although primary school teachers have been well trained, there is a need for some level of specialisation in subject area. These results are well in line with previous studies on the positive influence of domain-specific knowledge in the teaching and learning of mathematics (Baumert et al., 2010, Hill, Rowan, & Ball, 2005).

## Limitations

The use of a non-standardised semi-structured questionnaire and fewer questions may not be very adequate. Future studies will benefit from a standardised instrument and additional research questions. Novel themes like No-Teacher-Syndrome can be looked at in prospective studies. Nonetheless, results from this study have implications for future studies, pedagogy and policy.

## Conclusion

Teachers in Ghanaian public primary schools are noted as “Jack of all trades” when it comes to teaching pupils. Although arguments made in support of this perspective may point at the unique universal training offered to these teachers by their institutions, little has been done to evaluate this system of teaching and learning. This qualitative study examined the existing nature of “Teacher-Based Teaching” in Ghana, its benefits and challenges. A total of 37 interviews were conducted among teachers, parents, pupils and other stakeholders. Using thematic analysis, the results showed that pupils in the primary schools benefited from a strong teacher-pupil relationship and role model effect, since a single teacher spends the whole day with students. Nonetheless, factors like boredom, low expertise and poor performance in some subjects, specific subject phobia, poor performance, and boredom emerged in the analysis. An interesting phenomenon, “No-Teacher-Syndrome” was observed once teachers taking all subjects were absent from school even for a day.

## Recommendations

The challenges as to one teacher having all the expertise needed to teach all subject, affect not only the achievement of the pupil in primary school, but in the future also (Hanushek, & Rivkin, 2006). The study recommends a further examination into the issues raised. The Ministry of Education and Ghana Education Service may look at strengthening the policy on specialist or subject-based training of teachers. In-service training can be offered to teachers to build them on specific subject of interest.

In addition, policy implementation of programmes such as the NALAP should also consider Ghanaian language proficiency of teachers during their training. The knowledge level of teachers on subject taught in class is very crucial and needs to be looked at within the context of primary level education in Ghana. These findings suggest that policies focused on teacher placements and training in primary schools ought to take a second look at a possible adoption of subject-specific teaching, at least in the upper primary (4-6) levels

## Conflict of interest statement

The authors declare that they do not have any conflict of interest.

## References:

1. Aaronson, D., Barrow, L., & Sander, W. (2007). Teachers and student achievement in the Chicago public high schools. *Journal of Labor Economics* 25 (1), 95–135.
2. Acquah, S., Eshun, E. S., & Afful-Broni, A. (2013). Towards a more effective education process in Ghana: teachers’ coping strategies in teaching natural science. *Journal of Education and Curriculum Development Research*, 2 (1), 81-92.
3. Addae-Mensah, I., Djangmah, J., & Agbenyega, C. (1973). *Family background and educational opportunity in Ghana*. Accra: Ghana Universities Press.
4. Alexander, R., Rose, J., & Woodhead, C. (1992). *Curriculum Organisation and Classroom Practice in Primary Schools: a discussion paper*. London: DES.
5. Almakhan, K., & Manshuk, K. (2014). Primary school children cognitive processes development research. *Creative Education*, 5, 155-163.
6. Ashley, M. (2005). Can one teacher know enough to teach year six everything? Lessons from Steiner-Waldorf Pedagogy. A paper presented at the *British Educational Research Association Annual Conference*, University of Glamorgan, 14th – 17th September.
7. Ashley, M., & Lee, J. (2003). *Women teaching boys: caring and working in the primary school*. Stoke on Trent: Trentham.
8. Baumert, J., & Kunter, M. (2006). Stichwort: Professionelle Kompetenz von Lehrkräften. *Zeitschrift für Erziehungswissenschaft*, 9, 469-520.
9. Baumert, J., Kunter, M., Blum, W., Brunner, M., Voss, T., Jordan, A., et al. (2010). Teachers’ mathematical knowledge, cognitive activation in the classroom, and student progress. *American Educational Research Journal*, 47(1), 133-180.
10. Bricheno, P., & Thornton, M. (2002). Staff gender balance in primary schools. A paper presented at *British Educational Research Association Conference*. University of Exeter, 12–14 September.

11. Conference Board of Mathematical Sciences (2000). *The Mathematical Education of Teachers*, II, 15-24.
12. Coughlan, S. (2015). Asia tops biggest global school rankings. BBC News. Retrieved on 13<sup>th</sup> May, 2015 from <http://www.bbc.com/news/business-32608772>
13. Donge, J. (2003). *Into the black box of Ghanaian education: why do increased inputs not lead to better educational outputs?* Mimeo, The Hague: ISS.
14. Hanushek, E. A., & Rivkin, S. G. (2006). Teacher quality. In Eric A. Hanushek, & Finis Welch (Eds.), *Handbook of the Economics of Education*, 2, 1051–1078. Amsterdam: North-Holland.
15. Hill, H.C., Rowan, B., & Ball, D. (2005). Effects of teachers' mathematical knowledge for teaching on student achievement. *American Educational Research Journal*, 42 (2), 371– 406.
16. Hutchings, M., Carrington, B., Francis, B., Skelton, C., Read, B., & Hall, I. (2008). Nice and kind, smart and funny: what children like and want to emulate in their teachers. *Oxford Review of Education*, 34 (2), 135–157.
17. Lahelma, E. (2000). Lack of male teachers: a problem for students or teachers? *Pedagogy, Culture and Society*, 8(2), 173–185.
18. Ma, L (1999). *Knowing and Teaching Elementary Mathematics*. New Jersey: Mahwah.
19. Marshall, C., & Rossman, G. B. (1999). *Designing qualitative research (3rd Ed.)*. London: Sage Publications.
20. Mayall, B. (2000). Conversations with children: working with generational issues. In A. Christiansen & A. James (Eds.). *Research with children*. London: Falmer.
21. McWilliam H. O. A., & Kwamena-Poh, M. A. (1975). *The Development of Education in Ghana*. London: Longman.
22. Mills, M. (2005). *Issues in the male teacher debate: HREOC v CEO and the Sex Discrimination Act*. A paper presented at the Institute for Policy Studies in Education seminar, London Metropolitan University, 22 April.
23. Morse, J. (1995). The significance of saturation. *Qualitative Health Research*, 5,147–49
24. Morse, J. M. (2007). Quantitative influences on the presentation of qualitative articles. *Qualitative Health Research*, 17, 147-148.
25. Munby, H., Russell, T., & Martin, A. K. (2001). Teachers' knowledge and how it develops. In V. Richardson (Ed.), *Handbook of research on teaching (4th Ed.)*. Washington: American Educational Research Association, p. 877-904.
26. Owu-Ewie, C. (2006). The language policy of education in Ghana: a critical look at the English-only language policy of education. Selected Proceedings of the 35<sup>th</sup> Annual Conference on African Linguistics, Ed. John Mugane et al., 76-85. Somerville, MA: Cascadilla Proceedings Project.
27. Pepperell, S., & Smedley, S. (1998). Calls for more men in primary teaching: problematizing the Issues. *International Journal of Inclusive Education*, 2(4), 341–357.
28. Reys, B. J., & Fennell, F. (2003). Who should lead mathematics instruction at the elementary school level? A case for mathematics specialists. *Teaching Children Mathematics*, 9(5), 277-282.
29. Rivkin, S. G., Hanushek, E. A., & Kain, J. F. (2005). Teachers, schools, and academic achievement. *Econometrica*, 73(2), 417–458.
30. Rockoff, J. E. (2004). The Impact of individual teachers on student achievement: evidence from panel data. *American Economic Review*, 94(2), 247–252.
31. Sarfo, J. O., & Asiedu, M. (2013). Ehealth efficacy in Ghanaian nursing: a pilot thematic analysis on benefits and challenges. *European Scientific Journal*, 9(23), 209-221.
32. Skelton, C. (2001). *Schooling the boys: masculinities and primary education*. Buckingham: Open University Press.
33. Slater, H., Davies, N., & Burgess, S. (2009). Do teachers matter? Measuring the variation in teacher effectiveness in England. Centre for Market and Public Organisation (CMPO), Bristol, UK. Working Paper Series No. 09/212
34. UNESCO (2003). *Education in a multilingual world: position paper*. Paris: UNESCO Publishing. Retrieved on April 12, 2015 from <http://unesdoc.unesco.org/images /0012/001297 /129728e.Pdf>
35. Vaismoradi, M., Turunen, H., & Bondas, T. (2013). Content analysis and thematic analysis: implications for conducting a qualitative descriptive study. *Nurs Health Sci.*, 15(3), 398-405.



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RESEARCH ARTICLE



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## **An Assessment of the World Experience and of the Characteristics of the Transport Infrastructure of Cities that Have Hosted the Soccer World Cup**

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### **Abstract**

This article features an analysis of the world experience and of the characteristics of transport servicing of large-scale world soccer tournaments, conducted with a view to identifying potential bottlenecks in transport infrastructure, determining the necessary amount and types of transport vehicles engaged in transporting World Cup visitors and participants, proposing recommendations on transport servicing, and helping to take timely measures to make relevant adjustments as part of staging a portion of the 2018 FIFA World Cup in the city of Sochi. The experience of staging the Sochi Winter Olympics will help use the city's existing transport infrastructure as effectively as possible. Among some of the most crucial conditions for the success of staging a large-scale event are the availability of sufficient territorial space for the unimpeded and safe movement of large masses of people around the stadium and the stadium's proximity to the key elements of transport infrastructure, as well as to hotels and the heart of the city's social and commercial life. What complicates the transport planning of major soccer events is the tough-to-predict nature of transport traffic due to the movement of both the national teams and the fans and the highly uneven volumes of passenger and freight traffic during the event. This provides a rationale for instituting additional requirements for the traffic capacity of transport infrastructure, its reliability, safety, and efficiency on the whole.

**Keywords:** transport; infrastructure; soccer World Cup; sports; tourism.

### **Introduction**

The 2018 World Cup will be the first soccer event of this kind of level for Russia, and staging it will involve large volumes of the passenger transportation of fans, official delegations from participating countries, FIFA officials, and the teams, with the event to be staged in 11 host cities. One of these cities is the city of Sochi with its "Fisht" stadium [2, 8, 13, 15, 16, 19].

The timely and quality preparation of transport infrastructure and ensuring the comfortable, swift, and safe movement of event visitors and participants is one of the major conditions for the successful staging of any large-scale, mass sports event. Traditional planning, in most cases, does

not serve as an independent type of activity but is a part of various works and projects. What complicates the transport planning of major soccer events is the tough-to-predict nature of transport traffic due to the movement of both the national teams and the fans and the highly uneven volumes of passenger and freight traffic during the event. This provides a rationale for instituting additional requirements for the traffic capacity of transport infrastructure, its reliability, safety, and efficiency on the whole.

### **Methods**

This study is based on specific methodological and theoretical research into issues related assessment of the world experience of the characteristics of the transport infrastructure of cities that have hosted the soccer World Cup. Analysis of the world experience and of the characteristics of servicing large-scale world soccer events helps identify potential bottlenecks in transport infrastructure, determine the necessary amount and types of transport vehicles engaged in transporting World Cup visitors and participants, propose recommendations on transport servicing, and take timely measures to make relevant adjustments.

The objective in the authors' analysis is to identify cities and stadiums that over the last ten years have hosted some of the games of major soccer tournaments and have characteristics similar to those of the city of Sochi with its "Fisht" stadium.

### **Results**

There have been 3 soccer World Cups staged over the last 10 years. In 2006 the World Cup was held in Germany, in 2010 in South Africa, and in 2014 in Brazil. In each of the tournaments, the games were played in several cities at 10-12 stadiums. The major criteria affecting the initial choice of host cities and stadiums for the authors' analysis were the stadium's capacity, its geographic location within the city, the size of the city's or agglomeration's population, and the organization of transport infrastructure in terms of servicing the stadium. The authors picked for analysis cities and stadiums that are similar to the city of Sochi and its "Fisht" stadium based on the maximum amount of criteria or are of interest for investigation in terms of applying the successful experience in the future – or, on the contrary, in terms of preventing errors in working out the concept of transport support. As a result, the authors picked cities in each of the above three countries, which the authors subjected to thorough analysis.

For comparative analysis, the assessment criteria were divided into 8 sections:

- general information about the city, including information about the population;
- information about the stadium, including the characteristics of its location, its capacity, and data on stadium entrances for spectators;
- information about the venue for the fans festival (the fan-zone), including its capacity, distance from the stadium, and transport support;
- data on the accommodation of visitors and places of residence of the city's residents from the standpoint of providing a transport link to the stadium;
- information about external transport used to transport the fans to the host city from other countries and move them between cities;
- transport support for the stadium within the city, including the types of transport, their carrying capacity, any impossible traffic restrictions, and transport accessibility for disabled people;
- organizing the "last kilometer", including the proximity of transportation hubs to the stadium and the time it takes to cover the distance;
- providing parking space for the individual transport of fans and client groups at the stadium.

Table 1: An analysis of transport solutions and infrastructure in cities that have hosted soccer World Cups

	1	2	3	4	5	6	7
<b>Venue</b>							
Country	Brazil	Brazil	South Africa	South Africa	Germany	Germany	Russia
City	Porto Alegre	São Paulo	Port Elizabeth	Nelspruit	Frankfurt	Hanover	Sochi
Population	1,500,000	11,900,000	310,000; the agglomeration: 1.5 million	60,000; the region: 4 million	700,000	520,000	473,000
<b>Stadium</b>							
Name of stadium	Estádio Beira-Rio	Arena Corinthians	Nelson Mandela Bay Stadium	Mbombela Stadium	Commerzbank Arena	AWD-Arena / HDI-Arena	Fisht
Location	On the coast, 3.5 km from the city's historical center	The eastern densely populated edge of the city	In the city's center, on the bank of a large lake	7 km from the city's center	In the south of the city, 5 km from the center	1.5 km from the city's center, on the bank of a lake	On the coast, 25 km from the city's center
Capacity	51,300, incl. 5,000 VIP seats	68,000 (20,000 added for the WC), incl. 10,000 VIP seats	48,500 (4,000 added for the WC), incl. 1,500 VIP seats	43,500, incl. 3,500 media + VIP seats	48,000, incl. 3,000 VIP seats	43,000, incl. 1,600 VIP seats	45,000
Number of entrances	130 turnstiles, 7 entrances, 2 ramps	120 turnstiles, 12 entrances, 2 ramps	64 turnstiles, 3 entrances, 4 ramps	85 turnstiles, 8 entrances, 8 ramps	5 entrances, 1 ramps	42 turnstiles, 5 entrances,	4 entrances, 3 ramps
Total evacuation time	8 minutes	8 minutes 8 seconds	Less than 8 minutes	4-5 minutes	n/a	n/a	n/a
<b>Fan-zone</b>							
Location	An open green space on the coast	A large area in downtown	A cricket stadium in the city's center	Outside the city's borders, a large festival zone	In the city's center, on the bank of the River Main (screens on the water)	In the city's center, near the stadium	n/a
Distance from the stadium	2.5 km	20 km	5 km	5 km	5.5 km	1 km	n/a
Capacity	20,000	30,000	25,000	30,000	15,000	20,000	35,000
Transport to the stadium	City buses; by foot	2 subway stations	Shuttles to the stadium	Shuttles + individual vehicles	2 subway stations, tramcars	By foot	n/a

<b>Accommodation</b>							
Locals Mostly at a distance from the stadium		In the vicinity of the stadium – 4 million, roads and public transit available	Even accommodati on on all sides of the stadium	At a distance from the stadium	At a distance from the stadium (public transit, cars)	Mostly to the north and east of the stadium	At a distance from the stadium (public transit, cars)
Visiting fans	Room supply: 20,000	Room supply: 42,000	Over 100 hotels + a cruise liner	32 hotels	Over 250 hotels	Over 160 hotels	Room supply: 64,000
<b>External transport</b>							
Air transport	An airport 15 km from the stadium	An airport 21 km from the stadium	An airport 21 km from the stadium	An airport 20 km from the stadium	An airport within 5-10 minutes driving distance of the stadium	An airport 12 km from the stadium	An airport 10 km from the stadium
Surface transport	Coaches (journeys up to 11 hours long; a bus station in the city's center)	Coaches	Cars and trains	Coaches, trains, and cars	Cars and trains	Cars and trains	Cars and trains
<b>Transport to the stadium</b>							
Public transport at-ion to the stadium	14 bus routes (designated corridors, 2 stations); a pedestrian route (3.5 km from the center, 2.5 km from the fan-zone)	2 subway stations, trains with a capacity of 1,600 passengers running every 85 seconds + a fast train = 114, 000 passengers per hour; + 61 bus routes	Designated bus lines: BRT (24 units), city buses (60 units), fixed-route taxis (160 units), a rail line	Designate d lanes for high-capacity transport, shuttles and fixed-route taxis (600 units)	3 commuter rail routes (every 10 minutes), 2 tram routes (every 3 minutes), 2 bus routes (every 10 minutes)	2 commu ter rail stations (4 routes), 2 bus routes; a pedestria n route from the city's center	2 rail stations, currently 4 bus routes (984 passengers per hour)
Time for clearing the area of the crowd after the end of the match	n/a (based on reviews, the bulk of the visitors would walk towards the city's center)	Within 30 minutes by rail	n/a	n/a	n/a (leisure activities are provided at the stadium for the fans for 0.5-2 hours after the match)	n/a	

Regular traffic restriction -s	Closing half of the city's main arterial road in front of the stadium for pedestrian -s	Closing the access roads to the stadium for unaccredited vehicles	A large zone of limited traffic in the vicinity of the stadium for unaccredited vehicles	Around the perimeter of the stadium; on the day of games, access is granted only to accredited vehicles	There are no restrictions; there are autobahns running near the stadium; the traffic is dense	Closing the streets adjacent to the stadium 3 hours before the kickoff and for 1 hour after the end of the match	A pure security zone around the Olympic Park, Olympic lanes, transport accreditation*
Servicing disabled people	Rides to the stadium from special parking lots for the disabled (450 spaces) + from 17 spots in the city	Free "door-to-door" rides to the stadium entrance in special cars	10 special cars for "door-to-door" rides + rides from a special parking lot	Parking for the disabled at the stadium	Parking for the disabled inside the stadium (58 spaces)	2 parking lots for the disabled near the stadium (50 spaces)	Free rides to the stadium entrance in special cars *

**The last mile**

Distance from the transport at-ion hub to the stadium	1-2 km to the nearest stops on days of games	900 m to subway stations on two lines and to a railroad station	500 m to 1.3 km to a railroad station	200-400 m to a bus station	700-1,300 m to a railroad station and a tram, 500-2,000 m to car parking lots	400-700 m to railroad stations	1.5 km to a railroad station and a bus station
Walking time	20 minutes	15-30 minutes	up to 30 minutes	10 minutes	10-15 minutes	5-10 minutes	20 minutes

**Parking lots**

Individual transport	At the stadium: 5,500 spaces (a parking lot for 3,000); Park-n-ride: 4,500 spaces	At the stadium: 1,950 + inside the stadium 900 + at the nearest shopping mall: 2,200 spaces	At the stadium: 1,280 + inside the stadium: 500; 5 Park-n-ride/walk zones for ~3800 spaces	At the stadium: 4,500 (not for all spectators); 7 Park-n-ride/walk zones for 13,500 persons	Inside the stadium: 1,800 spaces; paid parking in the vicinity of the stadium; 8 minutes driving distance by public transit	Paid parking around the stadium	Parking at the stadium for accredited transport and VIP guest transport *
Client groups	Parking at the stadium	Inner parking + near the stadium	Inner parking + near the stadium	Around the stadium	Inside the stadium	Inside the stadium	Parking at the stadium

\* The data has been compiled on the strength of the experience of staging the XXII Olympic Winter Games-2014 in the city of Sochi

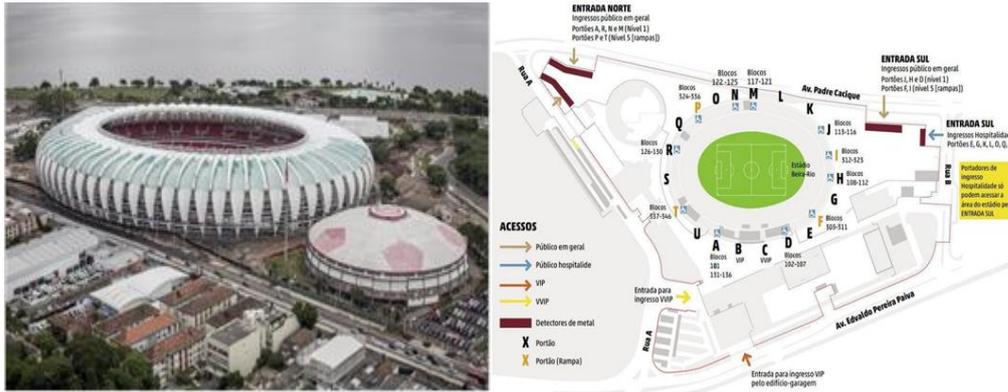


Figure 1. Porto Alegre, Estádio Beira-Rio, Brazil



Figure 2. Sao Paulo, Arena Corinthians, Brazil



Figure 3. Port Elizabeth, Nelson Mandela Bay Stadium, South Africa

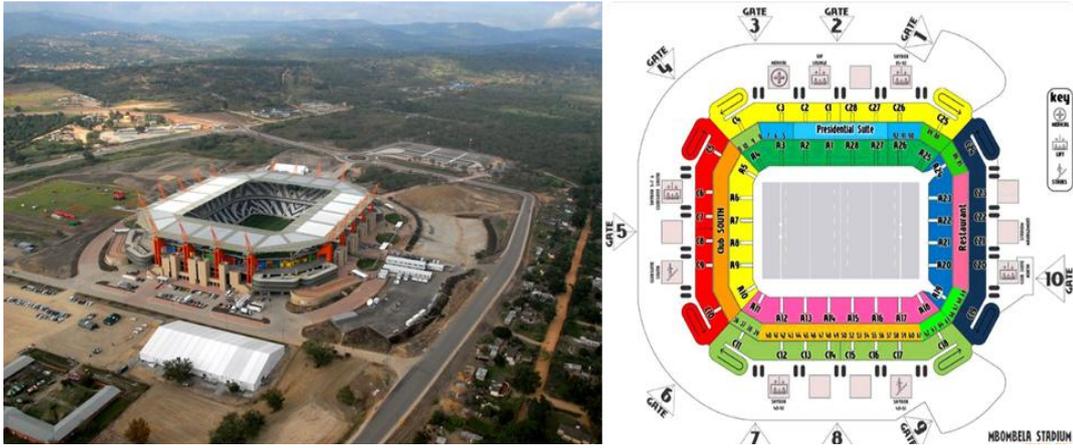


Figure 4. Nelspruit, Mbombela Stadium, South Africa



Figure 5. Frankfurt, Commerzbank Arena, Germany



Figure 6. Hanover, AWD-Arena, Germany

### **General inferences and recommendations**

The findings of the authors' analysis of transport support for large-scale soccer tournaments, along with the experience of staging the XXII Olympic Winter Games-2014 in Sochi, help formulate a number of recommendations that could be worth following when making decisions on transport infrastructure and organization [1,3,4,5,7,8,9,10].

Among some of the most crucial conditions for the success of staging a large-scale event are the availability of sufficient territorial space for the unimpeded and safe movement of large masses of people around the stadium and the stadium's proximity to the key elements of transport infrastructure, as well as to hotels and the heart of the city's social and commercial life [6, 11, 19, 20].

### **Organization of public transit**

The FIFA is orienting the organizers of soccer World Cups towards the implementation of a program called "Green Goal", which is targeted at environmental protection and aimed at increasing the share of public transit in servicing FIFA matches and creating a more effective energy-saving system of staging an event on the whole.

In cases when the stadium is considerably far from the areas of mass residence of fans and city residents and when the stadium is located inside a highly populated city, the most optimum option is a combination of fast rail transport (the subway, commuter trains) and high-capacity city surface transport (buses, including shuttles). That said, when it comes to this type of transport, it becomes crucial to organize designated lanes throughout the route to the key sites and zones (the airport, the city center, the fan-zone, residential clusters for fans and visitors). A system of this kind, in combination with accrediting and restricting the movement of personal transport, has already been applied in the city of Sochi – during the XXII Olympic Games-2014. It would be expedient to have several transportation hubs on different sides of the stadium, which will help to evenly distribute the arriving fans and reduce the time it takes for the fans to leave the stadium after the game. To this end, depending on where the stadium entrance nearest the fan's seat is located, the ticket could specify the recommended, most convenient type of transportation to use to get to the stadium. When it comes to Sochi's "Fisht" stadium, due to its geographic location (there is the sea on one of its sides), there are only two transportation options that would work: the "Olympic Park" passenger rail and bus hub and the second station, "Olympic Village", as well as adjacent parking lots for additional shuttles and bus stations.

Another important aspect in unburdening the transportation network could be the creation of a network of direct routes from the key sites and zones (the airport, the city center, the fan-zone, and rail and bus terminals), which would save one the trouble of having to make transfers along the way – just like it is done with shuttles, without interim stops.

### **Organization of access for individual transport and placement of parking lots**

Considering that a FIFA World Cup, just like any other major sports event, has its client groups, any movement of transport around the stadium associated with spectators and fans is different from the flows of those working for the FIFA or their interaction is minimized.

Parking outside and inside the stadium is arranged only for special groups (VVIPs, VIPs, the press, disabled persons, etc.). Parking zones are fenced and are normally outside the stadium's external security perimeter.

A highly critical and sensitive aspect of transport planning and management of access is developing parking management policy, creating corridors and zones for temporary restriction of parking, creating "park and go" and "park and ride" systems, and using existing parking lots in effective ways.

Parking for fans, when there is room to accommodate (in line with relevant requirements and proportionally with the stadium's capacity) a sufficient number of parking spaces, is organized within the walking distance of the stadium, including the use of existing parking lots on the grounds of nearby public facilities like shopping malls. In the event there is no room available for the parking of individual transport, parking lots located outside the walking distance of the stadium could be used, and shuttle buses could be used to transport the fans.

To ensure access to the stadium for disabled people (wheelchair users), there are parking spaces provided right inside or near the stadium and there is a special individual service, “door-to-door”, ordered upfront.

### **Traffic restrictions**

Aside from the mandatory restricting and suspending of traffic within the stadium’s prescribed perimeters during the event, the movement of individual transport is restricted on several streets and roads with a view to organizing designated lanes for public transport, as well as, if need be, with a view to ensuring pedestrian movement with a high flow intensity.

### **Placement of the venue for staging the fans festival (the fan-zone).**

In most cases, the fans festival is held at a distance from the stadium (1 to 20 km). The venue is connected to the stadium through either existing routes for city public transit or shuttle buses specifically provided during the event.

### **Organization of the “last mile”**

When it comes to transporting large amounts of people to restricted areas, of special significance is the organization of pedestrian flows and creation of the so-called “last mile” (the pedestrian space from the disembark zone to the stadium), as it reduces, time- and space-wise, peak loads on the transportation system. These measures help ensure fluent pedestrian movement and are a critical factor in ensuring safety in case of a panic situation.

Depending on the geographic location of the stadium and available territories, the distance between the transportation hub and the stadium entrance varies from 0.2 to 1.5 km. A greater distance helps ensure greater diffuence in the flow of pedestrians moving towards the transportation hub after the end of the game, which reduces the load on the transportation hub, facilitates an even influx of passengers, and minimizes the risk of pedestrian jams and tussles. The pedestrian route should be completely barrier-less and should not cross paths with transport or other pedestrian flows on a single level. In the event of the route being considerably long, sufficient seating could be provided along the entire route from the stadium to the transportation hubs to let pedestrians rest. Also, given the positive experience of staging the Olympic Games, it would be worth organizing routes for the movement of electro-cars for senior visitors, visitors with children, and disabled visitors across the Olympic Park.

### **Conclusion**

The authors’ recommendations, which could be worth following when making decisions on transport infrastructure and organization, could help make the most effective use of the transport infrastructure that has already been put together and utilized in the city of Sochi – during the XXII Olympic Games-2014.

### **References:**

1. Barmina, E. (2014). Major focus areas of research in the sphere of tourism and resorts in the South of Russia. *Tourism Education Studies and Practice*, 2(2), pp. 44-59.
2. Federal Law No. 108-FZ (2013). “Preparing for and staging the 2018 FIFA World Cup and the 2017 FIFA Confederations Cup in the Russian Federation and making amendments to particular legislative acts of the Russian Federation” of June 7, 2013.
3. Kharisov, F. F. (2012). Educational research in Sochi State University: scientific school and lines. *European Journal of Contemporary Education*, 1(1), 7-14.
4. Kresova, N. S., & Prutz N. E. (2014). The most expensive olympic games in history: SOCHI 2014. *European Journal of Economic Studies*, 9(3), 155-160.
5. Khoshpakyants, A. V., & Vidishcheva E. V. (2010). Challenges of youth tourism. *European researcher*, 1, 101–103.
6. Leitner, G. (2011). *The impact of large-scale international sports events on regional development: The experience of staging the Olympic Games and major soccer tournaments* (p. 123). Yekaterinburg, Russia.
7. Malova, J. M., & Beloslutzeva L. A. (2013). Sochi as an international business partner. The vision from inside. *European Journal of Economic Studies*, 3(1), 38-43.

8. Martins, N., & Christopher G. (2014). Building on strengths, trends and innovation: Sochi as a national centre for beach sports. *European Journal of Physical Education and Sport*, 3(1), 46-50.
9. Molchanova, V.S. (2015). The promotion of tourist services by using online booking system. *Geologiya, Geografiya i Globalnaya Energiya*, 1 (56), 199–206.
10. Molchanova, V.S. (2014). The Prospects of e-commerce sphere in the world. *Izvestiya Sochinskogo Gosudarstvennogo Universiteta*, 1(29), 88-95.
11. Polevshchikov, M.M., Afonshin V.E., & Rozhentsov V.V. (2014). A technology for technical preparation of young athletes in team sports. *European Journal of Physical Education and Sport*, 3(1), 54-58.
12. Russia 2018 LOC has staged an exhibit focusing on of the 2018 FIFA World Cup Russia. [Electronic recourse]. URL: <http://www.fifa.com/worldcup/organisation/index.html>
13. SMC Spatial Management Consulting Ltd (2010/2011). *A unified operational transport master-plan* (p. 230). Sochi, Russia.
14. Technical Information. [Electronic recourse]. URL: <http://www.fifa.com/worldcup/organisation/technical-information/index.html>
15. The candidature file of the Russian Federation for the 2018 FIFA World Cup (p. 66).
16. The concept of transport servicing of the 2018 FIFA World Cup in Russia, instituted on December 16, 2013 by Minister of Transport of the Russian Federation M. Yu. Sokolov (p. 9).
17. Vorobei, E.K., & Kirdyapkin, E.V. (2014). On the role of special tourism/recreation economic zones in the development of the tourism industry. *Tourism Education Studies and Practice*, 4(4), 177-184. DOI: 10.13187/tesp.2014.4.177
18. World Cup championship. [Electronic recourse]. URL: <http://sputniknews.com/sport/20150420/1021124377.html>
19. Yurov I.A. (2014). The frustration-motivational characteristics of athletes as the predictors of its success. *European Journal of Physical Education and Sport*, 6(4), 238-244.
20. Zyryanov, V.V. (2011). Modeling in transport servicing of mega-events. *Inzhenernyi Vestnik Dona*, 4. Retrieved from <http://www.ivdon.ru/magazine/archive/n4y2011/709>



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RESEARCH ARTICLE



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## **Interfaith Dialogue and Christian Witness: Exploring the Challenges and Tensions Involved From a Ghanaian Perspective**

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### **Abstract**

The Church has over the years interacted in diverse ways with other faiths. Some have been brutal, confrontational and even lethal. Within the ecumenical movement, at a general level, there has been consensus that dialogue should be the approach with which the Church interacts with other faiths. At the same time, she has had to keep the charge of proclaiming the gospel of the redemptive work of God through the person and work of Jesus Christ. The combination of these two aspects of the Church has been very challenging and tension endowed. In this essay, the author explores these tensions and challenges; and some propositions to effectively combine the two tasks are also assessed.

**Keywords:** Ecumenical Movement; Church; Witness; Interfaith Dialogue; Religions; Ghanaian.

### **Introduction**

Right from its formative days, the Church begun to interact with Judaism from which it emerged. This interaction took confrontational dimensions and even more when Christianity moved beyond its heartland in Jerusalem, Judea into the “gentile” world where it encountered pagan religions. This encounter with other faiths has through the church age produced different ways of meeting the challenge it presents to the Church. Within the ecumenical movement, at a general level, there has been consensus that dialogue should be the approach with which the Church interacts with these other faiths as a way to meet this challenge. Especially with more organized faith bodies such as Islam, Hinduism, Buddhism, etc.

Dialogue with other faiths has meant, among other things, seeking cooperation with these other faiths for the pursuit of common goals\* or peaceful coexistence in a community.† It has also been viewed by others as a way to better appreciate other faiths. With these aims of interfaith dialogue, and the need for the Church to proclaim and invite all people to the reconciling love of God decisively revealed in the Lord Jesus Christ (which he commanded of his Church‡), the question naturally comes up how the Church can reconcile the two.

In other words, how can Christianity enter into dialogue with other faiths, and the same time position herself to fulfil this task? In this essay, I seek to explore the attendant challenges and

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\* Mvumbi (n.d)

† Küster (2014)

‡ Matthew 28:19-20

tensions that this issue brings to Church. I will present a brief background to interfaith dialogue and its presence in the ecumenical movement, look at its main forms, bases and goals, and also take a cursory gaze through the Bible on Jesus' charge of witness to the unsaved and even possible conversion. I will round it up looking at some propositions that have been put forward on how to reconcile gospel proclamation/witness with dialogue. These propositions will be assessed in the light of my background of growing up in Northern Ghana (a Muslim dominated north)

### **Background to interfaith dialogue, its forms and its presence in the ecumenical movement**

For better understanding in this section, it is imperative to define interreligious or interfaith dialogue. It has been variously defined in the literature: first, it is considered as a "(...) conversation between two (or more) believers of different religions or living faiths."<sup>\*</sup> Second, it is also defined as "(...) a happening that takes place between adherents of different religions."<sup>†</sup> Further, the New World Encyclopaedia views it as a "positive interaction between people of different faith communities."<sup>‡</sup> Therefore, based on these definitions inter alia, interreligious dialogue has to do with a relational disposition between and among different religions or faiths. Before proceeding, it is worth noting that interreligious and interfaith dialogue will be used interchangeably to mean the same thing in this essay.

Historically, even though the Church from her early stages interacted with other faiths as aforementioned, formal or organized interfaith dialogue is often traced to the 1893 World's Parliament of Religions: a coming together of representatives of different world religions from the East and West in Chicago in the year 1893.<sup>§</sup> Notwithstanding its setbacks of not representing all faiths and the representatives not being elected persons of the faiths they represented, the 1893 World Parliament of Religions is seen as a beginning point of a rather "positive assessments of other religions" than before.<sup>\*\*</sup> It is of use to also state that individuals like Martin Luther King Jr. have involved people of other faiths in the civil right movement in the US just as in South Africa, Christians, Muslims, Jews and people of other faiths protested together against the apartheid government.<sup>††</sup>

Within Christianity worldwide, especially in the ecumenical movement, issues of interfaith dialogue came up following the International Missionary Council (IMC) world conference in 1938; but it was at this stage considered as a preparatory means for evangelism.<sup>‡‡</sup> But two decades before that, the 1910 World Missionary Conference in Edinburgh, had set the stage for discussions on dealings with people of other faiths as its Commission 4 was given the title "The Missionary Message in Relation to Non-Christian Religions."<sup>§§</sup> Moreover, interreligious dialogue issues came up at the World Council of Churches (WCC) New Delhi assembly in 1961; the first assembly to discuss dialogue as a means of dealing with people of other faiths.<sup>\*\*\*</sup> That aside, the Vatican II "Declaration of the Relations of the Church with Non-Christian Religions" is considered as a seminal ecumenical document on the issue of interreligious dialogue in the ecumenical movement.<sup>†††</sup> In this document, Pope Paul VI declared a dialogical approach to people of other religions which the Catholic Church was to follow. Another important step in the ecumenical movement on interfaith dialogue was the creation of the sub-unit on Dialogue with People of Living Faith and Ideologies in 1971 by the WCC.<sup>††††</sup>

Also, the WCC has organized a number of interfaith dialogue consultations since the 1960s till date. Some of these consultations include: Kandy, Sri Lanka 1967 which affirmed a single

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\* Mvumbi (n.d), p.2

† Küster (2014)

‡ New World Encyclopedia (n.d)

§ New World Encyclopedia (n.d)

\*\* New World Encyclopedia (n.d)

†† New World Encyclopedia (n.d)

‡‡ Kinnamon (2004)

§§ Selvanayagam (2004), p.150

\*\*\* Kinnamon (2004)

††† Kinnamon (2004)

†††† Kinnamon (2004)

humanity as a basis of dialogue and considered dialogue as genuine lifestyle within a “multifaith context;”<sup>\*</sup> Colombo 1974 also iterated dialogue and saw the “interdependence of communities” and the need for cooperation to achieve “immediate goals” as the basis for dialogue;<sup>†</sup> in 1977 another consultation was held in Chiang Mai, Thailand which was to clarify the relation between dialogue and witness of the Church. Among other things, this consultation reaffirmed the positions of the Colombo 1974 and avoided the usage of “mission” and “evangelism” but rather emphasized the use of “Christian witness” which according to the consultation included the “sharing of the gospel in a dialogical encounter.”<sup>‡</sup>

Having given this background, by no means exhaustive, it is worthwhile indicating the forms of dialogue that have been enumerated in the field of interreligious dialogue. On this, Volker Küster<sup>§</sup> has given three forms of dialogue: 1) dialogue of life which he describes as taking place among people of different faiths living in a place for the purpose of peaceful coexistence; 2) he further mentions dialogue of minds which takes place among intellectual representatives of different religions; 3) and finally dialogue of the heart where the religious mystics of different faiths meet in the form of sharing interfaith prayers, songs, meditation etc. To these we add a fourth form of dialogue mentioned by Mvumbi:<sup>\*\*</sup> social dialogue where people of different faiths living in the same community come together to engage in a project or action for their common good (e.g. build a community hospital, market, school; fight for a common cause as happened in the civil right movement in the US and South Africa as aforementioned).

### **The aims and bases of interreligious dialogue**

It is equally important to not only give this background and forms of dialogue but to also tease out some goals that dialogue as an approach to other faiths is to achieve and on what bases it should take place. From the literature, one gets the sense that dialogue with other religions is to ensure peaceful coexistence among people of different faiths as indicated in Küster’s dialogue of life. What this essentially means is that dialogue is viewed as also achieving a religious conflict resolution goal as found in Mvumbi’s definition given in the preceding pages. In the early years of the ecumenical movement, especially after the 1938 World Conference of the International Missionary Council (IMC), dialogue with other faiths was to be regarded “as an element of, or preparation for, evangelism”<sup>††</sup> as said earlier.

Moreover, the WCC 7<sup>th</sup> assembly in Canberra 1991 did not only call for a “culture of dialogue” but also saw “dialogue as means of reconciliation.”<sup>‡‡</sup> The next assembly which was held in Harare in 1998 saw education and conflict resolution as basis for Christian dialogue with other faiths.<sup>§§</sup> Furthermore, the WCC consultation on living faiths in Kandy 1967 saw a single common humanity, as initially mentioned, as a basis for dialogue. Similarly, Group 3 of a WCC colloquium held in 1977 saw dialogue in the light of cooperating with other faiths for human development but said the basis of this cooperation should be secular since human development issues like peace and justice are variously defined by different faiths. However, in the same colloquium, Group 4 which also dealt with dialogue, even though acknowledged the need for cooperation for human development, said the basis should be that everyone belongs to “one humanity.”<sup>\*\*\*</sup>

### **Gospel proclamation/witness as recorded in the Bible**

At this point, it will help set the stage for discussion by turning to gospel proclamation/witness which invites people to attain salvation in Christ Jesus and leave their ‘old life’ and become ‘new beings’ in Christ. I cannot here attempt to expound on everything about Christian mission which encapsulates both service to the world (social service) and gospel

\* Selvanayagam (2004), p.154

† Selvanayagam (2004), p.154

‡ Selvanayagam (2004), p.155

§ Küster (2014)

\*\* Mvumbi (n.d)

†† Kinnamon (2004), p.62

‡‡ Selvanayagam (2004), p.159

§§ Selvanayagam (2004)

\*\*\* Mbiti (1977), p.186

proclamation/witness. However, it suffice to say that one of the essentials of Christian faith is that as much as God has in sundry ways revealed Himself to the world, He has also decisively revealed Himself in the person and ministry of Jesus Christ through whom He has reconciled and is reconciling all creation to Himself.\* The early disciples and by extension the Church today was given this charge to proclaim this decisive and self-revelation of God to the rest of humanity and invite them to become reconciled to God through Jesus Christ by becoming disciples (cf Matthew 28:18-20).

Becoming disciples of the Lord Jesus Christ has a corresponding effect where persons abandon their previous state of confession and confess Jesus Christ, as not only the Son of God, but as their Lord and Saviour; by which also they attain eternal life<sup>†</sup>. In Acts 1:8, the Bible makes it known that Jesus Christ explained the coming of the Holy Spirit who will empower the disciples to bear witness of him beyond Jerusalem and Judea. This witness as can be seen in the rest of the book of Acts of the Apostles is one that resulted in the conversion of the persons who received the invitation of the gospel.<sup>‡</sup>

The missionary endeavours of the apostle Paul, is replete with accounts of persons coming to faith in Jesus Christ through the gospel proclamation including those who had to leave their erstwhile confessions. For instance, in Athens, he proclaimed his message of the true God whom the Athenians, who were polytheistic, labelled as “AN UNKNOWN GOD,” as stated in Acts 17:23, and even though “(...) some sneered... A few men... believed.”<sup>§</sup> His witness of Jesus Christ through his missionary journeys were one of bringing people to salvation in Christ Jesus which indubitably meant that they changed from their previous beliefs to believing in God through Christ.

The witness of Philip the evangelist in the city of Samaria in Acts 8 saw the conversion of people whom the apostles in Jerusalem sent Peter and John to lay hands on for the receiving of the Holy Spirit as a seal of their salvation. In 2 Corinthians 5:18-20, Paul states clearly the invitation of God to the Church to participate in the ministry of reconciling others to Himself through Christ:

*All this is from God, who reconciled us to himself through Christ and gave us the ministry of reconciliation: that God was reconciling the world to himself in Christ, not counting men's sins against them. And he has committed to us the message of reconciliation. We are therefore Christ's ambassadors, as though God were making his appeal through us. We implore you on Christ's behalf: Be reconciled to God.*

That aside, it is important to mention that, the witness of God's love through Christ to the world cannot be done successfully without joining the apostle Peter to say that, “Salvation is found in no one else, for there is no other name under heaven given to men by which we must be saved.”<sup>\*\*</sup> saved.”<sup>\*\*</sup> This is where the challenge arises for the Church when she has to engage in dialogue with with other religions which do not consider Jesus Christ as the “only name” given by which people can attain salvation and be reconciled to God.

### **Reconciling dialogue and gospel proclamation/witness**

This challenge the Church experiences as it engages in dialogue is not a recent matter. For within the ecumenical movement it has been one of the hotly discussed issues. In Nairobi 1975, the WCC assembly experienced a heated discussion on interfaith dialogue and the working document for this section was rejected and referred for revision because it did not include the missionary identity of the Church in the dialogue process.<sup>††</sup>

This immediately highlights, again, the challenge that comes with combining dialogue with witness as part of the Church's existence. Already, when the WCC sub-unit on dialogue was created, it was emphasized that it operates independently of the Council lest other religions consider dialogue as a disguised form of evangelizing them<sup>\*\*</sup> which was exactly how the IMC world

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\* Cf. Migliore 2014)

† 1 John 5:11

‡ Cf Acts 2

§ Acts 17:34

\*\* Acts 4:12

†† Selvanayagam (2004)

‡‡ Selvanayagam (2004)

missionary conference in 1938 conceived of interfaith dialogue.\* This points further to the challenge the Church experiences in going into dialogue while maintaining its missionary identity (i.e. to invite others to Christ through the gospel).

As a matter of fact, as much as the WCC assembly held in Harare 1998 upheld the need for dialogue with other religions, it also emphasized the need for “mission and evangelism” to be at the centre of the activities of the WCC which also highlighted the continuing “tension between dialogue and mission,”<sup>†</sup> within the ecumenical movement. As pointed out earlier, the WCC consultation in Chiang Mai 1977 was meant to clarify the relationship between dialogue and the witness of the Church.<sup>‡</sup>

All these point to the fact that combining dialogue with witnessing as the Bible enjoins the Church to do is rather an ambivalent and tension endowed position for the Church. Because given the basis and goals of dialogue as mentioned earlier, I can see little chance for the Church to engage in successful dialogue while still maintaining that Jesus Christ is “the only name” given for men to be saved and be reconciled to the love of God who created all humanity in His own image.

Let us consider what Stanley J. Samartha<sup>§</sup> has to say. He has tried to offer the basis for the Church to enter into dialogue with other faiths by indicating that faith in Jesus Christ is what pushes the Church to have dialogue with other people. He has further stated by quoting from the October 1970 edition of the International Review of Mission that, “It is because of faith in God through Jesus Christ and because of our belief in the reality of Creation, the offer of Redemption, and the love of God shown in the Incarnation that we seek a positive relationship with men of other faiths.”<sup>\*\*</sup> This Christological basis in a way attempts to give the reconciling point for dialogue and witness in the life of the Church. Yet, in my mind, it addresses the challenge in part. This is because a Christocentric approach forms a good ground to move the Church into dialogue, but on the other hand, it sets the ground of separation in that Christ has become the benchmark that God is working with in His relations with humanity. Of course, this is the core foundation in Christian belief but the point is that dialogue with say, a Muslim or a Hindu who does not consider Christ in this same way will find it difficult to engage in dialogue because it will mean s/he is already in the wrong side of confession. Therefore, there still exist grounds of tension to be experienced by the Church as she dialogically encounters other faiths while still maintaining her Christ given task of witness.

Samartha goes further to state that:

*The question of mission is probably the most obvious issue in the context of dialogue. The fact that many Christians in different parts of the world are disturbed by this question indicates how important this is in the life and work of the churches. Christians are disturbed by it, not only because organized missionary enterprise is in difficulties in the post-colonial era, but also because mission, rightly understood and practiced, is integral to the gospel itself. The question, raised from two sides, converges on the same area of concern. On the one hand, there are friends of other faiths who suspect that dialogue is simply a new tool which Christians are forging in the post-colonial era in order to convert them to another faith. (...) On the other hand, Christians are disturbed by it because they feel that dialogue looks like a betrayal of the command to proclaim the gospel to all people. The church's task in the midst of people of other faiths is, according to them, not pleasant conversation on religious matters, but a bold, uncompromising proclamation of the good news of salvation. The question then is this; how do we state the relationship between dialogue, mission, and witness in such a way as to allay the fears of Christians (...) and remove the suspicions of people of other faiths (...)?<sup>††</sup>*

This further highlights the conflict situation that the Church finds herself in entering into dialogue. In this, the centrality of the gospel in the existence of the Church is re-emphasized. The sense of duty to proclaim the gospel, which encapsulates the love of God through Jesus Christ

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\* Kinnamon (2004)

† Selvanayagam (2004), p.161

‡ Selvanayagam (2004)

§ Samartha (1981)

\*\* Samartha (1981), p.12-13

†† Samartha (1981), p.44

to *all humanity irrespective of their confessional grounds*, is felt by most Christians in the world especially in Ghana and I dare say, sub-Saharan Africa at large

But from the context of Muslim-Christian relations which I have witnessed in my Ghanaian background, it is extra challenging to engage in dialogue while still maintaining the grounds that Jesus Christ is the only way to God. The best way that dialogue can proceed with a Muslim friend in this context is when we put our confessional differences aside and tackle issues on the basis of commonalities in terms of friends or people affected by the same issues. This however begs the question that where does one put his/her duty-bound to witness to all people in such circumstance?

P. R. Schroeder\* has proposed, together with Stephen Bevans, the idea of “prophetic dialogue” as a ‘synthesis’ for this conflicting position of the Church in the context of dialogue. This has the idea of dealing with persons of different faiths dialogically as well as proclaiming the gospel. For Schroeder, interreligious dialogue can be comprehended as prophetic dialogue when “The dialogical dimension is obvious in the spirit of listening, learning, respect, and empathy. At the same time, prophecy requires honesty, conviction, faith, and courage to speak the truth as one knows it.”† He further argues that for better understanding of the converging point or rather the reconciling place for interreligious dialogue and witness, the aims of the two must be clarified. There he argues that:

*However, it is absolutely essential to distinguish the different aims of interreligious dialogue and proclamation. “Dialogue is a search for mutual knowledge and enrichment, while proclamation incorporates the idea of a challenge to accept the message” (Zago, 2000: 17). Furthermore, determining which of these two components, as well as all of them, is to be practiced involves a process of discernment within each context:*

*There are persons and groups who are open to proclamation and to whom Christians have the duty and right to announce the gospel, with due respect for personal freedom, for culture, and for religious progress. There are also situations where direct proclamation in view of conversion is impossible. ...In those conditions, the only possible form of mission is dialogue and human promotion. (Zago, 2000: 16).*

*By distinguishing the aims and the appropriate contexts of these two components of God’s mission, Zago proposes that there is not opposition between proclamation and interreligious dialogue but rather complementarity. Furthermore, understanding the two components as being both “dialogical” and “prophetic” provides a very helpful way of seeing them as complementary parts of the one missio Dei, which can be understood as “prophetic dialogue.”‡*

While I acknowledge that Schroeder’s work is in the context of mission and therefore he attempts to provide a solution to the tension between dialogue and witness, I see his proposition just like Samartha’s as partly providing a way out for the Church in this case. I say partly because, what it means is that depending on the context, one needs either dialogue or witness, not the two at the same time. This in praxis is feasible; but even with that, the case exists that if the people that I dialogued with sometime back find me at another time proclaiming Jesus Christ as Lord and the invitation for them to receive salvation, it will only be for them a double-standard attitude and dialogue with them at another time will be uneasy and difficult. Aside that, if one adopts ‘prophetic dialogue’ as a way out, then the fear by people of other faiths as cited earlier in Samartha’s quote that dialogue is a disguised way of evangelism will be seen confirmed.

In my estimation, not being unnecessarily pessimistic, this tension will continue to exist as long as dialogue and witness remain essentials for the Church’s existence in a multi-religious and globalized world of today. At least, this tension will continue as long as none of the two is compromised for the other. Of course, one may say that God works in many ways that we do not understand like the case of Acts 10: Cornelius and Peter; but the point is that God (as witnessed in scripture) still requires the Church, whether she knows or not, the diverse ways of God’s dealings with humanity, to proclaim the gospel. This means it cannot be compromised by the Church; at the same time, the forces of globalization and the pluralism of the world today coupled with heinous

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\* Schroeder (2013)

† Schroeder (2013), p.57

‡ Schroeder (2013), p.58-59

atrocities committed against humanity in the name of religion, in many respects, necessitate the need for interfaith dialogue with other faiths.

### Conclusion

In all this, up to this point, I have discussed interreligious dialogue in its different meanings, brief history, forms, aims, and bases. I have assessed how the issues of interfaith dialogue with other faiths and gospel proclamation/witness have played out in the ecumenical movement (mainly through the WCC); revealing the challenges and tensions. Also, light has been shed on the biblical demand for witness and the fact that it has been part of the Church's responsibility right from the apostolic era. But as can be seen through the discussions, interreligious dialogue has brought the Church into a tension endowed position over the years as she tries to keep witness and dialogue together.

Even though it is not part of the plan in this essay to suggest possible ways out for the Church in this regard, it is needful in rounding up this essay, to state that the Church has to be firm in maintaining her claim of God's reconciliation of humanity and all creation through Jesus Christ as she proceeds in dialogue with other faiths (which is very necessary in the light of contemporary realities). Even though this may be problematic and could hinder meaningful dialogue in some contexts, it is still necessary so that the Church will not lose its core essence in terms of witnessing to the rest of humanity God's love and reconciliation through Jesus Christ.

### References:

1. Kinnamon, M. (2004). Assessing the history of the ecumenical movement. In J. Briggs, M. A. Oduyoye, and G. Tsetsis (Eds), *A History of the ecumenical movement: 1968-2000*, Geneva, Switzerland, World Council of Churches, pp. 51–81.
2. Küster, V. (2014). Intercultural theology is a must. *International Bulletin of Missionary Research*, 38(4), 171–176.
3. Mbiti, J. S., [Ed.] (1977). *Confessing Christ in Different Cultures: Report of a Colloquium held at the Ecumenical Institute, Bossey*, Geneva, Switzerland, World Council of Churches.
4. Migliore, D. L., (2014). *Faith seeking understanding: an introduction to christian theology* (3rd Ed.). Michigan, USA: Wm. B. Eerdmans Publishing co.
5. Mvumbi, F. N. (n.d) *Principles of interreligious dialogue* [Online]. Available at <http://www.cuea.edu/mvumbi/images/stories/PDF/ClassNotes/PRINCIPLES%20FOR%20INTERRELIGIOUS%20DIALOGUE.pdf> (Accessed 9th January, 2015).
6. New World Encyclopedia (n.d). *Inter-religious dialogue* [Online]. Available at [http://www.newworldencyclopedia.org/entry/Inter-religious\\_Dialogue](http://www.newworldencyclopedia.org/entry/Inter-religious_Dialogue) (Accessed 13th January, 2015).
7. Samartha, S. J. (1981). *Courage for dialogue: ecumenical issues in inter-religious relationships*. Geneva: World Council of Churches.
8. Schroeder, R. P. (2013). Proclamation and interreligious dialogue as prophetic dialogue. *Missiology: An International Review*, 41(1), 50–61 [Online]. DOI: 10.1177/0091829612464749 (Accessed 30 January 2015).
9. Selvanayagam, I. (2004). Interfaith dialogue. In J. Briggs, M. A. Oduyoye, and G. Tsetsis, (Eds), *A history of the ecumenical movement: 1968-2000*, Geneva, Switzerland: World Council of Churches, pp. 149–174.