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Toward Promoting an Inclusive Society: Exploration of the Influence of Religiosity on Attitudes Towards Individuals with Intellectual Disability

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ABSTRACT

In sub-Saharan African context, the daily lives of people are shaped by their cultural experiences. Religion is vital to the people as it permeates all spheres of life as well as culture. However, the cultural interpretation of disability affects inclusion in society and thus, the need to rely on community practices to change attitudes toward individuals with intellectual disability. Among the disability groups, those living with intellectual disability are least accepted and at high risk of discriminatory practices. Ajzen's theory of planned behavior was adopted as study lens to understand the contribution of religiosity in the variance in attitudes toward individuals with intellectual disability. Thousand and twenty ($N = 1020$) participants completed the Abrahamic Religiosity Scale and Community Living Attitude Scale for Intellectual Disability. SPSS was used to compute means, multivariate analysis of data and hierarchical regression. The findings supported the hypothesized relationship between religiosity and attitude toward individuals with intellectual disability. The study concludes with a call on policymakers to partner religious body in efforts toward promoting attitudinal change in respect of individuals with intellectual disabilities.

KEYWORDS

culture; disability; discrimination; Ghana; religion; university students

Introduction

Culture is widely believed to be the way of life of people living in a given geographical area (Spencer-Oatey, 2008). In many sub-Saharan African countries, including Ghana, culture shapes one's upbringing, morals, language, marriage partners and relationship between people in the society

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(Oheneba-Sakyi & Takyi, 2006). For instance, in Ghana, religion has permeated all spheres of life including education, economic, social and health (Asafo, 2023). Specifically, religion is important to the people as it shapes the day to day living experiences of the people. For instance, everything that happens to the people, whether good or bad, are attributed to the work of 'gods' or God (Mugeere, Omona, State, & Shakespeare, 2020). In the event parents give birth to a child with disability, religion has been found to be an avenue to seek answer and important coping mechanism as it helps them to understand the condition as a gift from especially God and accept them as equal member of the society (Mugeere et al., 2020). However, people in the society are reported to be negative toward individuals with disabilities and those with intellectual disability are at a high risk of rejection, discrimination and isolation (Opoku, Elhoweris, et al., 2021). While religion is perceived as a coping mechanism for parents raising children with disabilities (Oti-Boadi, 2017), the synergy between perception toward religion and societal attitudes toward individuals with disabilities such as those with intellectual disability is unresearched.

Though a secular state (Essien, 2016), Ghana is believed to be a highly religious society with majority of the population belonging to or affiliated to a religious organization. In Ghana, three major religions are officially acknowledged: Christianity, Islam and traditional African religion. According to the recent population and housing census, out of a population of over 30 million, the religious distribution are as follows: Christianity (21,932,708 representing 71.3%), Islam (6,108,530 representing 19.9%) and traditional African religion (999,319 representing 3.2%)(Ghana Statistical Service (GSS), 2021). While the African traditional religion is engrained in societies (Agada, 2023), Christianity and Islam were exported or were brought forth during colonization and post colonization (Cagé & Rueda, 2020; Hanretta, 2011). Regardless of where one is born, they are automatically born into the African traditional religion (Aderibigbe, 2022). However, many people are moving away from the African traditional religion as some of the practices are believed to be barbaric and violates the fundamental rights of people (Mokhutso, 2022). For instance, in the past, based on some beliefs of African traditional religion, children born with any form of disability were seen as a *taboo* or a *curse* and thus, their extermination in the society (Alhassan & Ridwan, 2024). However, within Christianity and Islam, such people are embraced and supported with alms, cash and shelter in the society (Hammad et al., 2024; Mugeere et al., 2020). It is essential to go a step further by supporting them to live independently.

The current study was conducted from the perspective of social model of disability where disability is believed to be an orchestration of the society (Shakespeare, 2004). Impairment such as sensory, visual, cognitive and physical presents limitations which interferes with the daily living

experiences of individuals (Republic of Ghana: Ghana Persons with Disability Act, 2006). However, society has not been proactive in the institutionalization of mechanisms to enhance the participation of individuals living with disability (Yeboah & Daniel, 2019). Consequently, such individuals are 'disabled' by society as they struggle to participate in every aspect of the society (Shakespeare, 2004). Although there are calls on governments who are signatory to the UNCRPD to create opportunities for the participation of persons with disabilities in societal activities, religion supports the medicalized view of disability (Gyimah, Ofori-Atta, Asafo, & Curry, 2023). The medical model of disability tries to fix or heal individuals living with a form of disability. While African traditional religion explains the onset of the disability as a result of sin or punishment to the families (Dogbe, Kyeremateng, Opoku, Nketsia, & Hammond, 2022), the Christians and Muslims provide charity for persons with a form disability (Braswell, 2022). More so, there are a section of people belonging to the three religions who believe that persons with disability can be healed (Gyimah et al., 2023; Mugeere et al., 2020; Musyimi, Mutiso, Loeffen, Krumeich, & Ndeti, 2018). The intercourse between religion and disability is at odds with contemporary effort toward identifying the strength in disability and promoting their participation in societies.

According to American Psychiatric Association (2013), intellectual disability is a product of cognitive and poor adaptive skills. For instance, such children struggle in areas such as academic skills and daily living activities such as dressing, eating and even walking (Oti-Boadi, 2017). While the global estimate of intellectual disability is believed to be ranging around 2.5% (Oti-Boadi, 2017) to 3.1% of the population (Olusanya et al., 2023), in Ghana, there is lack of data about persons living with intellectual disability. In fact, the recent population and housing census estimate that 8% of the population are living with a form disability (Ghana Statistical Service (GSS), 2021). However, disability was erroneously operationalized as walking, seeking and unable to perform activities (Ghana Statistical Service (GSS), 2021). The official definition guiding the census data collection failed to acknowledge individual differences between persons living with disability. It also fails to appreciate the differences between cognitive disabilities and need for tailored support for all persons. It is essential for policymakers in countries such as Ghana to develop its conception of disability, types and determine ways through which such persons could be supported to nurture their potentials in the society. The study reported here aims to contribute toward attitudinal change through the use of an existing institution, religion.

The first stage toward promoting the participation of all persons in society is to change attitudes and embrace all in societies (Magnus Grung et al., 2021). It is widely acknowledged that persons with intellectual disability are likely to be dependent on other persons in the society

(Oti-Boadi, 2017). Society only perceives them as dependents, as little attempt is made to support them to develop their skills and talents (Magnus Grung et al., 2021). It is essential for efforts to be made to understand structures in the society which could be leveraged to promote acceptance of individuals with intellectual disability in the society. Religion is an important pillar and thus, the need to explore its impact on attitudes toward individuals with intellectual disability in the society. The overarching aim of this study was to explore the influence of religiosity on attitudes toward individuals with intellectual disability in the society.

Theoretical Framework

The study was guided by Ajzen's theory of planned behavior (TPB) which is widely used to guide studies on human behavior in all fields such as education, health and technology (Ajzen, 2020). Intention is a powerful indicator which explains whether an individual will participate or execute a given behavior (Ajzen, 1991). In some instances, actual behavior becomes difficult to measure and thus, intention toward behavior is used as a proxy to understand the execution of the behavior. This is based on the fact that intention has been found to mirror performance of a given behavior. Ajzen developed TPB as an extension of an earlier theory, theory of reasoned actions explained intention toward behavior as a relationship between two related beliefs, behavioral belief and normative beliefs. Belief is a driving force behind whether an individual would be involved in a given activity. In the event one's belief is positive, there is likelihood that they would perform the behavior. Beliefs develop overtime with behavioral belief accumulating into attitude whereas normative beliefs grow to explain subjective norm. Attitude refers to one's perception which include weighing whether their participation in a given activity would be beneficial as well as having all the needed information to participation or engage in such activity. More so, subjective norm explains the effect or pressure exerted by influential persons on an individual toward the performance of a given behavior. Roberts and Lindsell (1997) surmised that favorable subjective norm and attitude would have positive effect on the performance of a given behavior.

Ajzen built on TRA by adding a third belief, control belief. In conception, Ajzen argued that control belief could have a direct or indirect influence on actual behavior. Control belief also develop into perceived behavior control. In particular, behavior occurs in a society and thus, the need to account for the role of environmental factors. In the event the behavior occurs in an environment where there are support structures, resources and equipment needed to execute a given behavior would be available to an individual. In view of this, it is essential to account for

the role of the environment on an individual in effort toward developing insight into intentions. In all, Ajzen argues that three variables, attitudes, subjective norm and perceived behavior control mediate through intentions to predict behavior. Positive relationship between the related beliefs would result in favorable intentions. This hypothesis has been supported by research conducted in numerous fields of human endeavor (Hirschey et al., 2020).

In the study reported here, two construct, attitude and subjective norm, were explored. For instance, religion is integral in everyday daily experiences of people in the society. The standards, norms and practices guide every living experience of persons. In view of this, it was operationalized as subjective norm which has potential to influence one's intentions toward social issues. More so, attitude toward individuals with intellectual disabilities were assessed as it has been argued as a basis to alter behavior of individuals. Although the aim was not to study intention, it was reasoned that positive relationship between subjective norm and attitudes toward individuals with intellectual disabilities would have an influence on their intentions in the future. We hypothesized as follows:

Hypothesis I: There is a relationship between religiosity and attitudes toward children with intellectual disability in Ghana.

The current study drew on students who are future policymakers who would work to support human advancement. Understanding the synergy between religiosity and attitudes toward children with intellectual disabilities would enable government to ascertain the beliefs future practitioners hold toward working or relating with such individuals in the future.

Religiosity Among Students

It is noteworthy that religion significantly influences youths' daily lives (O'Connor, Hoge, & Alexander, 2020). With the dramatic expansion of tertiary education within the past half century (de Wit & Altbach, 2021) stemming from enhanced enrollment by young people, it has become worthwhile to ascertain the influence of religiosity on young people's educational experiences and other social issues. For instance, Arslantürk & Harput established that religion ranks high in influencing social behaviors and problem-solving contexts. Many studies have consistently noted high percentages of adolescents identifying with religious beliefs and practices, highlighting the pervasive presence of religion in young people's lives (Gallup & Bezilla, 1992). Religiosity also provides both individual identity and community belonging among university students. In the context of Tajfel and Turner (1979) Social Identity Theory, university students' religious identity can affect their self-concept and communal bonds (Tajfel

& Turner, 1979). Moreover, family and community contexts critically impact religiosity. Similarly, sociodemographic factors, parental involvement, and communal support systems may also constitute major predictors of students' religiosity (Ellison & Sherkat, 1993).

The association between religiosity and some social issues have been studied. For instance, intrinsic religiosity and strong religious commitment are generally associated with better psychological well-being, including lower rates of depression and anxiety (Hwang, Zhang, Brown, Vasilenko, & Silverstein, 2023). For instance, Muslim students experiencing personal and psychological distress often find solace and coping mechanisms within their faith practices (Aflakseir, 2012). Significantly, religious beliefs could significantly influence adolescents' engagement in risk behaviors. Higher religiosity has often been associated with lower tendencies to engage in behaviors like substance abuse, violence and premarital sexual activities (Bonelli & Koenig, 2013). Also, religious students are often observed to benefit from the social support and integration offered by their faith communities, which provides emotional and practical support (Revens et al., 2021). This integration can enhance their overall academic and social experience in university environments.

Some studies have explored various sociodemographic variables influencing religiosity, such as gender, race/ethnicity, socioeconomic background, and contextual variables like urbanicity and region (Schnitker, Medenwaldt, & Williams, 2021). In terms of demographics, female students typically report higher levels of religiosity compared to their male counterparts, indicating a significant gender difference in religious commitment (Kent, 2020). Moreover, religious commitment varies significantly across different racial and ethnic backgrounds (Van Tongeren, DeWall, Chen, Sibley, & Bulbulia, 2021). For example, Black and Latino youth frequently report higher religiosity levels compared to their White peers (Donahue & Benson, 1995). Further, it has been observed that adolescents from higher socioeconomic backgrounds often report higher engagement in religious activities, although those from lower socioeconomic backgrounds might depend more heavily on religion for coping with life stresses (Yurdakul & Atik, 2016). Again, studies indicate that youth in rural areas tend to be more religious compared to those in urban settings (Krauss et al., 2006). This regional variation highlights the significant role of community context in shaping religious experiences.

While there is substantial evidence of the significant role religiosity plays in young people's lives, level of religiosity and its influence on social issues such as attitudes toward individuals with disabilities has been rarely studied. More so, there is small body of literature on issues of religiosity especially in African contexts as such Ghana where religion permeate the daily lives of individuals (Adu-Gyamfi, 2020). Understanding this complex

interaction requires more targeted and context-sensitive research. Due to the difference between students on religiosity, in this study, we hypothesized as follows:

Hypothesis II: There is difference between Ghanaian students on religiosity.

Attitudes of Students Toward Children With Intellectual Disabilities

Research has proven that students' attitudes toward individuals with ID range from neutral to positive even though variability exists (Pivarč, 2022). Similarly, a study from Saudi Arabia found students' attitudes to be relatively tolerant, paralleling findings from Belgium and Canada, suggesting a global trend toward increasing acceptance (Bossaert, Colpin, Pijl, & Petry, 2011). Studies like those by Reina et al. highlight the effectiveness of structured awareness programs in fostering positive attitudes among students toward individuals with ID. Despite the above-mentioned positive trends, stigma and social distance remain significant barriers. Many students still hold reservations about close interactions with peers with ID, often preferring limited social engagements (Garolera, Díaz, & Noell, 2021). These attitudes suggest that while superficial acceptance may be increasing, deeper social integration remains challenging. Extensively, the success of inclusive education heavily relies on teachers' support and attitudes (Boyle, Anderson, & Allen, 2020). Negative or ambivalent attitudes of teachers toward inclusive education can hinder the development of positive student attitudes (Lindner, Schwab, Emara, & Avramidis, 2023). Improved training and support for teachers are critical in fostering a more inclusive environment.

It is apparent that gender consistently emerges as a significant factor influencing attitudes toward peers with ID. This trend is corroborated by more recent studies, indicating a persistent gender difference with multiple studies reporting that female students generally hold more positive attitudes toward peers with ID compared to male students (Schwab, 2018). Particularly, Alnahdi, Elhadi, and Schwab (2020) found gender to be a significant predictor, with females exhibiting more favorable attitudes. This outcome appears consistent around the globe with studies from various regions, including the Arab world and the USA, indicating that females generally hold more positive attitudes than males (Rosenbaum, Armstrong, & King, 1988; Shalev, Asmus, Carter, & Moss, 2016). Further, the influence of age on attitudes toward peers with intellectual disability presents mixed results. Some studies suggest younger students have more positive attitudes than older students (Blackman, 2016), while others report no significant age-related differences or even the opposite trend (Bossaert et al., 2011). Again, the importance of contact and interaction in shaping positive attitudes is

well-documented (Georgiadi, Kalyva, Kourkoutas, & Tsakiris, 2012). High-quality contact, rather than mere frequency, significantly improves students' attitudes toward peers with ID (Alnahdi et al., 2020; Miezah et al., 2025). Following the lack of linearity in the literature, we hypothesized that:

Hypothesis III: There is difference between Ghanaian students on attitude toward individuals with intellectual disability.

Although there is much literature on attitudes toward individuals with intellectual disabilities, limited attention has been paid to factors in the society which could impact on attitudes. For instance, in Ghana, religion is a way of life and thus, vital to understand its impact on students' attitudes toward individuals with intellectual disabilities. We hypothesized as follows:

Hypothesis IV: Religiosity will have an influence on attitudes toward individuals with intellectual disabilities in Ghana.

Current Study

The goal of this study is to understand the relationship between religiosity and attitudes toward individuals with intellectual disabilities. Indeed, special education outlines the ability of practitioners such as teachers to support persons with disabilities, which potentially would benefit all children such as typically developing peers. Children with intellectual disabilities are least favored in societies. Improving attitudes toward the least loved disability group would suggest that those with other disabilities or conditions would be embraced as well. There is lack of appropriate database and systems in place to support children with intellectual disabilities. Studies like this, forms part of advocacy to policymakers to opening or developing appropriate systems for the development of children with intellectual disabilities. The findings would go a long way or has the potential for inclusion in future policies and reforms.

Methods

Study Participants

The study population were university students enrolled in a public university in Ghana. University students are important human resources who are expected to contribute to national development (Tetteh, Akon-Yamga, Jumpah, & Omari, 2020). Consequently, they require conducive environment to learn to acquire useful skills and develop their innate potentials. The current drew on university students who were studying in a public university in Ghana. The university was chosen based on its proximity/accessibility to the research team. More so, consideration was given to

undergraduate students who were likely to be enrolled full time and resident on the university campus.

The students were invited randomly to participate in this study. Simple random sampling was deemed appropriate as it enabled invitation of diverse students to participant in this study. A sum of 1300 printed questionnaires were distributed among the all colleges in the university. A total of 1020 questionnaire were returned, signifying a 78% return rate. While 52% of the participants were males, 48% were females (see [Table 1](#) for details).

Instrument

Three-part instrument was used for data collection. The first part covered demographic characteristics of study participants: gender, age, programme of study, religion and contact with an individual with ID.

The second part was Community Living Attitude Scale for ID (CLAS-ID) which is made up of 17-items (Henry, Keys, & Jopp, 1999), previously used in studies in Ghana (Opoku et al., 2023) and widely employed to study attitudes toward individuals with ID (Opoku, Elhoweris, et al., 2021). The instrument is anchored on a 6-point Likert scale with scores ranging from 1 (strongly disagree) to 6 (strongly agree).

While a mean score of least 4 on empowerment and similarity suggests positive attitudes, a mean score of at least 4 on exclusion and sheltering suggests a negative attitude. However, an overall mean of at least 4 is interpreted as positive attitudes toward individuals with intellectual disability.

The computation of the reliability for the overall CLAS-ID was .80 with the sub-scales yielding the following scores: empowerment (.72), exclusion (.70), similarity (.73) and sheltering (.71) (see [Table 2](#) for some of items).

Table 1. Demographic characteristics of participants.

<i>N</i> = 1020	Frequency	Percentage
Gender		
Male	528	52%
Female	492	48%
Age		
17–21 years	524	51%
22–25 years	430	42%
At least 26 years	66	7%
Programme of study		
Health specialization	298	29%
Non-Health Specialization	722	71%
Religion		
Christianity	797	78%
Islam	153	15%
African Traditional Religion	36	4%
Others	34	3%
Contact with an ID person		
Frequently	199	20%
Occasionally	389	38%
Rarely	432	42%

Table 2. Means scores on attitude toward individuals with ID.

		Mean	SD
	Empowerment	4.26	.84
CLAS_1	People with intellectual disability should not be allowed to marry and have children	4.48	1.34
CLAS_2	A person would be foolish to marry a person with intellectual disability	4.41	1.25
CLAS_3	People with intellectual disability can plan meetings and conferences without assistance from others	4.24	1.19
CLAS_4	People with intellectual disability can be trusted to handle money responsibly	4.15	1.16
CLAS_5	The opinion of a person with intellectual disability should carry more weight than those of family members and professionals in decisions affecting that person	4.04	1.19
	Exclusion	4.43	.97
CLAS_7	Increased spending on programs for people with intellectual disability is a waste of money	4.45	1.26
CLAS_8	Homes and services for people with intellectual disability downgrade the neighborhoods they are in.	4.41	1.25
CLAS_9	People with intellectual disability are a burden on society.	4.36	1.26
CLAS_10	Homes and services for people with intellectual disability should be kept out of residential neighborhoods.	4.51	1.26
	Similarity	4.35	.84
CLAS_12	People with intellectual disability do not need to make choices about the things they will do each day.	4.25	1.33
CLAS_13	People with intellectual disability have goals for their lives like other people.	4.34	1.34
CLAS_14	People with intellectual disability can be productive members of society.	4.36	1.31
CLAS_15	People with intellectual disability can have close personal relationships just like everyone else.	4.45	1.32
	Sheltering	3.88	.86
CLAS_6	Special or separate workshops for people with intellectual disability are essential.	4.02	1.14
CLAS_11	People with intellectual disability need someone to plan their activities for them.	3.91	1.10
CLAS_16	People with intellectual disability should live in special facilities because of the dangers of life in the community	3.90	1.15
CLAS_17	People with intellectual disability usually should be in group homes or other facilities where they can have the help and support of staff	3.68	1.29

The third part of the instrument was the Abrahamic Religiosity Scale which was developed and validated among university students in twelve countries from Asia, Europe, Africa and America. It is a unidimensional scale which is anchored on a six-point Likert scale with scores ranging from 0 (completely disagree) to 5 (completely agree). The initial development constituted 35 items; however, 28 items were found to have appropriate factor loadings which necessitated usage of the latter for this study. A mean score of at least 3 was interpreted as high religiosity among study participants (see Table 3 for the items).

The reliability of the scale computed using Cronbach Alpha yielded a score of .88 suggesting appropriateness of the instrument for data collection.

Procedure

The study was approved by the ethics review committee at X (reference: CES/ERB/UCC/EDU/08-104). Information about the study were shared with heads of department before trained research assistants distributed

Table 3. Mean scores on religiosity.

	Items	Mean	SD
ABS_1	Being good to others is more important to my faith.	3.87	1.25
ABS_2	When I attend sacred places, I feel close to God	3.41	1.33
ABS_3	Religion would guide human prosperity and happiness in life.	3.36	1.16
ABS_4	I participate in religious gatherings and ceremonies	3.62	1.19
ABS_5	I am content with what I have been given by God.	3.87	1.14
ABS_6	Religious instructions offer quintessential guidance to human beings.	3.56	1.07
ABS_7	I believe in religious principles.	3.76	1.05
ABS_8	Religious instructions need to be implemented in every aspect of human life.	1.87	1.41
ABS_9	Religion has had a positive personal impact in my life.	3.78	1.10
ABS_10	Faith protects one in the face of worries and anxiety.	3.82	1.08
ABS_11	Worshipping God will give rise to joy.	3.95	1.09
ABS_12	Religious instructions need to be followed in various stages of life.	3.73	1.08
ABS_13	Performing religious duties increases the sense of personal faith.	3.70	1.13
ABS_14	Anger, self-control is a sign of faith.	2.82	1.42
ABS_15	To study one's holy scripture is a religious duty.	1.89	1.43
ABS_16	Human beings experience prosperity once they practice the prophet's instructions.	2.88	1.25
ABS_17	Getting along with people is a religious counsel	3.11	1.23
ABS_18	There is wisdom behind every religious act.	3.46	1.14
ABS_19	A religious life is characterized by inner security, composure and happiness.	3.44	1.14
ABS_20	Religiousness brings meaning to life	3.43	1.15
ABS_21	Helping an injured animal is a religious duty.	3.02	1.27
ABS_22	Believe in the day of judgment is a sign of faith.	3.53	1.18
ABS_23	God renders justice to the oppress.	3.60	1.13
ABS_24	The miracles sighted in the holy scriptures are real events.	3.70	1.13
ABS_25	Prayer is a sign of faith.	3.83	1.14
ABS_26	The fundamental religious instructions apply to all places and to all times.	3.47	1.16
ABS_27	Religious instructions will lead and illuminate one's life.	3.37	1.17
ABS_28	Ignoring religious values in the society is upsetting.	3.29	1.22

questionnaire to prospective participants. The research assistants briefed participants about the study's objective and its implication for creation of conducive learning environment in Ghana and similar sub-Saharan African context.

The data were collected between February 2024 and June 2024. Printed questionnaires were distributed to potentials participants before lectures. Following the study briefing, those who wish to participate in this study were asked to pick up a copy of the instrument to complete. They were given a week to return the completed questionnaire to the research assistants. There were no incentives given to participants. More so, the identity of students was not used in the reporting of the study. Additionally, the participants were assured that the data would be accessible to only the research team. All the participants provided an informed consent before completing the questionnaire.

Data Analysis

The data collected were entered into Microsoft Excel before it was transferred to SPSS to answer the research questions. The data were normally distributed. The initial step was calculation of mean scores to understand

the level of religiosity and attitudes toward individuals with intellectual disabilities.

In relation to Hypotheses I and IV, hierarchical multiple regression was computed to explore the contribution (Pallant, 2020) of religiosity in the variance in attitude toward people with intellectual disabilities. Prior to the calculation of hierarchical multiple regression, Pearson-moment correlation co-efficient was used to explore the relationship between religiosity and attitude toward individuals with intellectual disability (Hypothesis I). The relationship between the measures were interpreted as follows: small (.10–.29), moderate (.30–.49) and large (at least .50) (Pallant, 2020).

While religiosity was operationalized as a predictor, attitude toward individuals with intellectual disability was used as an outcome variable. In Step 1, religiosity was regressed directly on attitude toward people with intellectual disability whereas demographic variables were added to the model in step 2. The following assumptions were observed to ensure that they were not violated: normality, homogeneity, homoscedascity and linearity (Pallant, 2020).

Following the calculation hierarchical regression, moderation analysis was calculated using Andrew Hayes Moderation Model Method 1 (2022). The demographic variables which made significant contribution in the variance in attitude were used as moderators to understand its effect on the relationship between the dependent and independent variables.

For Hypotheses II and III, multivariate analysis of variances (MANOVA) were computed to understand difference (Pallant, 2020) between participants on religiosity and attitudes toward individuals with intellectual disabilities. MANOVA was used to explore the difference between participants. Since attitudes have sub-scales, MANOVA was used to explore the differences between participants on the combined sub-scales. Following this, MANOVA was computed for the overall totals of religiosity and attitudes toward children with intellectual disabilities. To avoid risk of Type 1 error, Bonferroni's adjusted alpha value of 0.01 was used to ascertain whether there is difference between participants on each of the dependent variables (Pallant, 2020). The magnitude of weight of the difference was assessed using the following cut-offs: small (.01–.03), moderate (.04 – .09) and large (at least .10) (Pallant, 2020).

Results

Level of Attitude and Religiosity

Levels of participants attitudes toward individuals with intellectual disability and religiosity were computed using mean scores. The mean scores on overall attitudes toward people with intellectual disabilities was 4.23 (.61) and the sub-scales were as follows: empowerment ($M = 4.26$, $SD = .84$),

exclusion ($M = 4.43$, $SD = .97$), similarity ($M = 4.35$, $SD = .98$) and sheltering ($M = 3.88$, $SD = .86$) (see Table 2). Also, the mean score for religiosity was 3.40 (.57) (see Table 3).

Differences between Participants on Attitudes Toward Children with Intellectual Disability

MANOVA was computed to understand the difference between participants on the combined dependent variables (see Table 4; Hypothesis III). In terms of gender, there was difference between participants on the combined dependent variables, $F(4, 1015) = 14.68$, Wilks' $\Lambda = .95$, $p = .001$, *partial eta squared* = .06. Individually, difference was found between male and female participants on each of the dependent variables: empowerment ($F(1, 1018) = 11.69$, $p = .001$, *partial eta squared* = .01), similarity ($F(1, 1018) = 33.41$, $p = .001$, *partial eta squared* = .03), sheltering ($F(1, 1018) = 25.03$, $p = .001$, *partial eta squared* = .02), and exclusion ($F(1, 1018) = 29.21$, $p = .001$, *partial eta squared* = .03).

The mean scores on each of the dependent variables were as follows: empowerment, male ($M = 4.18$, $SD = .84$) and females ($M = 4.36$, $SD = .84$); similarity, male ($M = 4.18$, $SD = .95$) and female ($M = 4.53$, $SD = .98$); sheltering, male ($M = 3.75$, $SD = .85$) and female ($M = 4.02$, $SD = .85$); and exclusion, male ($M = 4.28$, $SD = .98$) and female ($M = 4.60$, $SD = .93$).

Furthermore, difference was found between participants on programme of study, $F(4, 1015) = 3.92$, Wilks' $\Lambda = .99$, $p = .004$, *partial eta squared* = .02. Individually, difference was found between participants on similarity only, $F(1, 1018) = 13.89$, $p = .001$, *partial eta squared* = .01. The mean scores were as follows: Health related ($M = 4.53$, $SD = .97$) and None-health related ($M = 4.28$, $SD = .98$).

Moreover, difference was found between participants on the combined dependent variable on contact with individuals with ID, $F(4, 1014) = 6.69$, Wilks' $\Lambda = .95$, $p = .001$, *partial eta squared* = .03.

Table 4. Difference between participants computed using multivariate analysis of variance.

	Wilks Lambda	MAN. F	ANOVA F.			
			Empower.	Similar.	Shelter.	Exclusion
Gender	.95	14.68**	11.69**	33.41**	25.03**	29.21**
Partial eta squared		.06	.01	.03	.02	.03
Age	1.00	.68	1.33	.51	.40	.19
Partial eta squared		.003	.003	.001	.001	.001
Programme of study	.99	3.92**	2.66	13.89**	4.53	1.30
Partial eta squared		.02	.003	.01	.004	.001
Religious affiliation	.98	1.33	.88	.11	2.66	2.29
Partial eta squared		.005	.003	.001	.008	.007
Contact with individual with ID	.95	6.69**	4.62**	6.35**	6.32**	13.14**
Partial eta squared		.03	.009	.01	.01	.03

Note: ** $p \leq .01$

Individually, differences were found between participants on each of the dependent variables: empowerment ($F(2, 1017) = 4.62, p = .01, \text{partial eta squared} = .009$), similarity ($F(2, 1017) = 6.35, p = .002, \text{partial eta squared} = .01$), sheltering ($F(2, 1017) = 6.32, p = .002, \text{partial eta squared} = .01$), and exclusion ($F(2, 1017) = 13.14, p = .001, \text{partial eta squared} = .03$).

Post-hoc comparison using Tukey HSD tests showed that on empowerment, those who indicated they had occasional contact ($M = 4.16, SD = .82$) with individuals with ID were different from those who indicated rare ($M = 4.33, SD = .84$) contact with individuals with ID. However, those who indicated frequent contact ($M = 4.31, SD = .88$) with individuals with ID did not differ from those who indicated occasional and rare contact with an individual with ID.

With respect to similarity, post-hoc comparison showed that those who indicated frequent contact ($M = 4.16, SD = 1.07$) were different from those who indicated rare contact ($M = 4.45, SD = .93$). However, those who indicated occasional ($M = 4.34, SD = .97$) contact did not differ from others.

With respect to sheltering, post-hoc comparison showed that those who indicated occasional contact ($M = 3.76, SD = .80$) were different from those who indicated rare contact ($M = 3.97, SD = .90$). Those who indicated frequent contacts ($M = 3.92, SD = .86$) did not differ from the two groups.

On exclusion, those who indicated frequent contact ($M = 4.62, SD = .91$) differ from those who indicated occasional contact ($M = 4.24, SD = .96$) and rare contact ($M = 4.52, SD = .98$) with children with ID. Those who indicated rare contact differed from those who indicated frequent contact.

Differences between Combined Attitudes and Religiosity

Table 5 summarizes difference between participants on the combined dependent variables (Hypotheses II and III). Computation of correlation co-efficient showed small correlation between attitudes and religiosity ($r = .20, p = .001$) and thus, appropriateness for computation of MANOVA.

Table 5. Difference between participants computed using multivariate analysis of variance.

	Wilks Lambda	MAN. F	ANOVA F.	
			Attitudes	Religiosity
Gender	.92	45.03**	54.82**	49.86**
Partial eta squared		.08	.05	.05
Age	1.00	.36	.50	.36
Partial eta squared		.001	.001	.001
Programme of study	.98	8.12**	10.43**	8.98**
Partial eta squared		.02	.01	.009
Religious affiliation	.96	7.57**	1.86	13.39**
Partial eta squared		.02	.005	.04
Contact with individual with ID	.97	9.00**	10.52**	10.63**
Partial eta squared		.02	.02	.02

Note: ** $p \leq .01$

First, difference was found between participants on combined attitude and religiosity, $F(2, 1017) = 45.03$, $Wilks' \Lambda = .92$, $p = .001$, $partial \eta^2 = .08$. Individually, difference was found between males and females on both attitudes ($F(1, 1018) = 54.82$, $p = .001$, $partial \eta^2 = .05$) and religiosity ($F(1, 1018) = 49.86$, $p = .001$, $partial \eta^2 = .05$). In relation to attitude, females ($M = 4.10$, $SD = .61$) were higher compared to males ($M = 4.38$, $SD = .57$). In relation to religiosity, female ($M = 3.53$, $SD = .57$) were higher compared to male ($M = 3.28$, $SD = .55$).

Second, on programme of study, difference was found between participants on the combined dependent variables, $F(2, 1017) = 8.12$, $Wilks' \Lambda = .98$, $p = .001$, $partial \eta^2 = .02$. At the individual level, difference was found between participants on attitudes ($F(1, 1018) = 10.43$, $p = .001$, $partial \eta^2 = .01$) and religiosity ($F(1, 1018) = 8.98$, $p = .003$, $partial \eta^2 = .009$). On attitude, those who were enrolled in health programmes ($M = 4.33$, $SD = .60$) were higher on attitudes compared to those from non-health backgrounds ($M = 4.20$, $SD = .60$). On religiosity, those enrolled in health programmes ($M = 3.48$, $SD = .60$) were higher compared to those enrolled in non-health programmes ($M = 3.36$, $SD = .56$).

Third, difference was found between participants on religious affiliation on the attitudes and religiosity, $F(3, 1016) = 7.57$, $Wilks' \Lambda = .96$, $p = .001$, $partial \eta^2 = .02$. Individually, difference was found between participant on religiosity only, $F(3, 1016) = 13.39$, $p = .001$, $partial \eta^2 = .04$. Post-hoc comparison using Tukey HSD test showed that those who indicated they were Christians ($M = 3.44$, $SD = .56$) were different from those who indicated they were affiliated with African Traditional religion ($M = 3.08$, $SD = .40$) and others ($M = 2.93$, $SD = .57$). Those affiliated with the Islamic faith ($M = 3.36$, $SD = .58$) did not differ from Christians, however, differed from those affiliated with African Traditional religion and others. More so, those who indicated that they were traditionalists differed from Christians and Islamic faith.

Moreover, participants differed on contact with individual with ID on the combined dependent variable, $F(4, 1016) = 9.00$, $Wilks' \Lambda = .97$, $p = .001$, $partial \eta^2 = .02$. Individually, difference was found between participants on attitudes toward individuals with ID ($F(2, 1017) = 10.52$, $p = .001$, $partial \eta^2 = .02$) and perception toward religion ($F(2, 1017) = 10.63$, $p = .001$, $partial \eta^2 = .02$).

Post-hoc comparison using Tukey HSD tests showed that on attitude, those who indicated frequent contact ($M = 4.26$, $SD = .59$) with individuals with ID differed from those who had occasional contact ($M = 4.13$, $SD = .58$) with individual with ID. However, both did not differ from those who had rare contact ($M = 4.32$, $SD = .62$) with individuals with ID.

With respect to religiosity, those who indicated frequent contact ($M = 3.35$, $SD = .56$) with individual with ID differed from those with rare

contact ($M = 3.49$, $SD = .58$) with children with ID. However, both did not differ from those who had occasional contact ($M = 3.32$, $SD = .56$) with individual with ID.

Relationship between Attitudes and Religiosity

Computation of correlation co-efficient (Hypothesis I) yielded the following result: attitude and religiosity ($r = .20$, $p = .001$). Although small relationship was found between, the significant correlation lends support for the computation of hierarchical multiple regression to understand the contribution of religiosity in the variance in attitude toward individuals with intellectual disability.

Hierarchical regression was computed to understand the contribution of religiosity of participants in the variance in their attitudes toward individuals with ID (see Table 6; Hypothesis IV). In step 1, religiosity was regressed directly on attitudes to explore whereas in step 2, demographic variables were added to the model to ascertain their unique (and combined) contributions in the attitudes toward individuals with ID.

In step 1, religiosity ($b = .20$, $p = .001$) made 4% contribution in the variance in attitudes of participants toward individuals with ID, $F(1, 1018) = 43.44$, $p = .001$. In step 2, the demographic variables made a unique 5% (R^2 change = .05) contribution in the variance in attitudes toward children with ID, $F(5, 1013) = 10.06$, $p = .001$. However, the combined demographic and religiosity contributed 9% of the variance in attitudes toward children with ID, $F(6, 1013) = 15.95$, $p = .001$. Here, three variables made individual significant contribution in the variance in attitudes: religiosity ($b = .15$, $p = .001$), gender ($b = .19$, $p = .001$) and programme of study ($b = -0.08$, $p = .01$).

Moderators of the Relationship between Religiosity and Attitudes

Moderation analysis was calculated to explore its influence on the relationship between religiosity and attitudes toward children with intellectual

Table 6. Religiosity regressed on attitudes toward individuals with intellectual disability.

	Unst. Beta	S.E.	Stand. Beta	t	p
Step 1					
Religiosity	.21	.03	.20	6.59	.001**
Step 2					
Religiosity	.16	.03	.15	4.84	.001**
Gender	.23	.04	.19	6.27	.001**
Age	.01	.03	.01	.47	.64
Programme of study	-0.11	.04	-0.08	-2.74	.01**
Religious affiliation	.03	.03	.03	1.07	.28
Contact with individual with ID	.04	.02	.05	1.64	.10

Note: ** $p \leq .01$

disability. Since gender and programme of study made significant individual impact in attitude toward individuals with intellectual disability (see Table 6), they were used as moderators.

First, gender moderated ($R^2 = .09$; $F [3, 1016] = 33.93$, $p = .001$) the relationship between religiosity and attitudes toward individuals with intellectual disability ($\beta = .27$, $t = 4.13$, $p = .001$, 95% CI [.14, .39]). Both gender ($\beta = -0.68$, $t = -3.04$, $p = .003$, 95% CI [-1.12, -0.24]) and religiosity ($\beta = -0.23$, $t = -2.26$, $p = .02$, 95% CI [-0.43, -0.03]) had direct effect on attitudes. In relation to the moderator, when participants were males ($\beta = .04$, $t = .77$, $p = .44$, 95% CI [-0.05, .13]), no relationship was found between religiosity and attitudes. However, in the event participants were females ($\beta = .30$, $t = 6.64$, $p = .001$, 95% CI [.21, .39]), significant relationship was found between religiosity and attitudes (see Figure 1).

Second, programme of study did not moderate ($R^2 = .06$; $F [3, 1016] = 18.45$, $p = .001$) the relationship between religiosity and attitudes toward individuals with intellectual disability ($\beta = .14$, $t = 2.07$, $p = .06$, 95% CI [-0.01, .28]). Though programme of study had direct effect on attitudes ($\beta = -0.60$, $t = -2.49$, $p = .01$, 95% CI [-1.08, -0.13]), religiosity ($\beta = -0.03$, $t = -0.28$, $p = .78$, 95% CI [-0.27, .20]) did not have direct effect on attitudes.

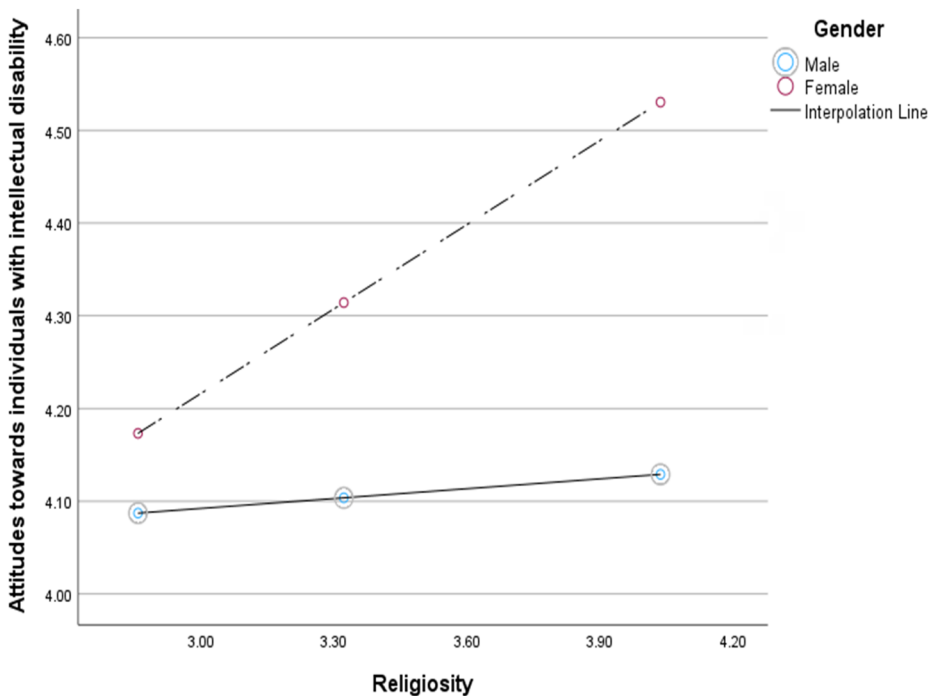


Figure 1. Gender as moderator of religiosity and attitudes.

Discussion

The study reported here was conducted against the backdrop of limited literature on the relationship between religiosity and attitudes toward individuals with intellectual disabilities. Disability and religion have cultural interpretations. Contemporary, there are effort toward relying on sustainable contextual measures to promote the well-being, acceptance and changing attitudes toward individuals with intellectual disabilities (Georgiadi et al., 2012). This study explored whether religiosity could offer some insight into attitudes toward individuals with intellectual disabilities. Indeed, as hypothesized by Ajzen (1991) in conception of TPB, there was a positive relationship between religiosity and attitudes toward individuals with intellectual disability. Specifically, Ajzen (1991) advanced argument that one's subjective norm could correlate with attitude to predict intentions toward a given behavior. In this study, computations of correlation and hierarchical regression supported Ajzen's (1991) proposition (Hypotheses I and IV). The findings reported here agrees with other studies on education and health which found a relationship between attitudes and subjected norms (Ajzen, 2020; Opoku, Nketsia, Mprah, Agyei-Okyere, & Safi, 2021). The findings reported here could be true in the sense that in the Ghanaian context, daily lives of people are shaped by their religion and beliefs. Religion could be a powerful institution or the lynchpin which could be deployed by policymakers as part of advocacy toward promoting the acceptance of individuals with intellectual disabilities in societies.

The findings of the study showed high religiosity and positive attitudes toward individuals with disabilities among the study participants. In particular, the mean scores indicated that the study participants make use of religiosity as well as harbor favorable attitude toward individuals with intellectual disabilities. The finding on attitude is consistent with some studies (Schwab, 2018) as well as inconsistent with others which reported negativity or neutrality of students' attitudes toward individuals with intellectual disabilities (Opoku et al., 2023). The finding on religiosity is also consistent with other studies which reported high level of religiosity among students (Aflakseir, 2012). According to Ajzen (1991), favorable attitude and subjective norm is critical to predicting intention toward a given behavior. Although a measure of intention toward a behavior was not included in this study, there is a possibility that the study participants would be open to supporting individuals with intellectual disability on a given phenomenon in the future. However, in many instances, individual's professed attitude does match intentions toward behavior such as teaching (Wang, Wang, & Wen, 2015). The current study has shown that there is a possibility for study participants to be open to supporting individuals with intellectual disability in the future. In view of this, policymakers

could explore actual behavior in the society and experiment ways through which study participants could be able to assist individuals with disabilities in various fields or services.

In Ajzen's proposition, demographic variables could offer additional insights into a given phenomenon, in this study, participants differed on religiosity and attitudes toward children with intellectual disability (Hypothesis II and III). In this study, participants differed on gender on both religiosity and attitudes toward individuals with intellectual disabilities. On gender, a difference in attitudes toward individuals with intellectual disabilities was found between male and females with the former being higher than the latter. This finding is inconsistent with previous studies which has reported that females usually hold positive attitudes toward individuals with intellectual disabilities compared to males (Alnahdi et al., 2020). In the Ghanaian context, culturally, there exists gender roles and expectations (Nartey, Bahar, & Nabunya, 2023). For instance, females are mostly raised to play caregiving role whether they have a career or a stay at home to raise children (Tallichet, Redlin, & Harris, 2004). Forfeiting this role is seen as arrogance and affront to the social structures of the society. On the other hand, males are raised not show weakness even if they lack knowledge or wrong on a given issue, they ought to show resilience and not to accept defeat. There is possibility that the male participants were portraying such cultural trait as their ratings may not show what exist in reality. In particular, females are consistently found to be empathetic and more willing to support children with intellectual disabilities compared to male counterparts. The findings reported here is inconclusive and as such, the need for future studies to use qualitative method to delve deep into this issue.

Another interesting finding which emanated from this study is the difference between participants on contacts with individuals with intellectual disability. Participants who indicated that they had rare contact with individuals with intellectual disability were more religious and held more positive attitudes compared to those who indicated frequent and occasional contacts with such people. The trend found on attitude toward children with intellectual disability and contact with children with intellectual disability was unexpected. For instance, corpus of studies has reported that the more an individual contact individual with intellectual disability, the more they would develop positive attitude toward individuals with disabilities (Georgiadi et al., 2012; Miezah et al., 2025). The trend identified in this study could be attributed to the entrenched negative attitudes toward individuals with intellectual disabilities and lack of structured programme to facilitate participants contacts with individuals with intellectual disabilities. In the literature, it has been suggested that positive

interactions between typically developing peers and those with intellectual disabilities can reduce prejudices and promote a more inclusive mindset (Guralnick, 1999). Moreover, intervention Programs educating students about disabilities and promoting direct interactions with individuals with intellectual disabilities have been successful in creating positive attitudes (Rillotta & Nettelbeck, 2007). In absence of any such programmes, the participants could be guided by the perceived notion of negative toward individuals with disabilities. The finding probably calls for teacher educators and policymakers to have open discussions on developing programmes which could promote positive contact between students and their peers with intellectual disabilities.

Difference was also found between participants on programme of study. For instance, those who were enrolled in health-related programmes held positive attitude and more religiosity compared to those enrolled in non-health programmes. This finding is somehow inconsistent with previous study which reported that students enrolled in health-related programmes were ambivalent in attitude toward individuals with intellectual disabilities (Opoku et al., 2023). The finding reported here is a bit surprising in that students enrolled in non-health programmes such as humanities, study social issues which perhaps broadens their understanding toward issues of disability and challenges they face in the society. However, it appears those who are expected to have deep understanding of social dimensions of intellectual disability could need more support and training. It is useful to mention here that those enrolled in health-related programmes, study the biological processes about intellectual disability and thus, influencing their attitudes. It is apparent that those enrolled in health-related programmes could be exposed to training focusing on social aspect of disabilities while those enrolled in non-health related programmes could benefit from courses on etiology of intellectual disability. Nevertheless, the findings reported here is quantitative as there is lack of qualitative exploration of understanding of students toward individuals living with intellectual disability.

Study Limitations

The study reported here has some limitations. In particular, the study was limited to a public university only and thus, impossible to generalize the findings to private institutions or universities outside the scope of study. However, there is free movement and universities are open to all persons interested in studying in the institution. The study participants are made up of people from heterogenous background and as such, the findings could mirror the experiences of people who were not considered in the current study. Second, the study drew on the self-report or ratings of

participants. Nevertheless, the study and its instruments were explained to the participants and as such there is likelihood that they provided responses that reflect their experiences. Regardless, future studies could use qualitative method to develop in-depth insight into the relationship between religiosity and attitudes toward individuals with intellectual disabilities. Third, the findings reported here is limited to university students only excluding students enrolled in lower educational levels. Future studies may extend the current study to especially senior high school settings. Fourth, the study investigated two components of TPB which is attitude and religiosity without measuring actual intentions. Future study could add components such as control variables and intentions toward a given behavior. This could broaden our understanding and explain the efficacy of the whole TPB model in an African context. The study is very novel as this is the first-time attempts have been made to explore the relationship between religiosity and attitudes toward individuals with intellectual disabilities in Ghana.

Conclusion and Implication for Practice

The current study was guided by Ajzen's TPB to understand the relationship between attitudes toward people with intellectual disabilities and religiosity. Two components of the theory, attitudes and subjective norm (religiosity used as proxy), were explored to understand their intricacies and likely influence on policies and practices. Disability and religion are shaped by cultural practices. Whereas intellectual disability is culturally understood to be a taboo (Alhassan & Ridwan, 2024), religious beliefs guide the daily living experiences of people (Asafo, 2023; Heaton, James, & Oheneba-Sakyi, 2009). There is currently a search for best ways to encourage the participation of persons with intellectual disabilities in society. Studying the relationship between religiosity and attitudes toward individuals with intellectual disabilities could contribute to future policy reforms. Specifically, the findings of the study provided theoretical support for the hypothesized relationship between attitudes and religiosity (Hypotheses I and IV). Participants also related themselves favorably on both attitudes and religiosity. Additionally, demographic variables such as gender, contacts with individuals with intellectual disability and programme of study provided useful insight into religiosity and attitudes (Hypotheses II and III).

There is strength in disability (Buntinx, 2013) and students are future policymakers who are expected to contribute to their development in the future. However, the findings have provided some pointers which could be considered by policymakers and teacher educators as part of global effort toward achieving an inclusive society. For instance, policymakers

could partner with religious bodies in advocacy toward promoting acceptance in the society. In universities, there are representatives of almost all religious groups who could be partnered to include disability training activities on their annual programmes. This approach could enable members to understand issues pertaining to intellectual disability and ways through which they could develop policies to favor such groups in the future. Second, teacher educators could develop disability curriculum for the purpose of exposing all students to disability related issues. Issues pertaining to disability cut across health, education, social, technology, empowerment and livelihood (Crocker et al., 2022). This means students enrolled in various programmes need to have deep understanding of conditions such as intellectual disability and ways to promote their well-being. This could be a core course which could be taken by all students as way of raising awareness. Moreover, the training could include structure programmes which exposes students to individuals with intellectual disability. This could include spending time in special schools or students with intellectual disability and being invited to universities to socialize with students. Such an endeavor could enable students to be aware of the strengths of students with disabilities as well as their capabilities.

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