Religious coexistence in health-seeking: an ethnographic study in a Pentecostal Hospital, Madina, Accra, Ghana

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PROPOSITIONS

Propositions related to the dissertation

1. As a hegemonic setting, the Pentecost Hospital offers new insights into religious coexistence of Christians and Muslims at the micro level.
2. 'Disguised manipulation' or soft power can be viewed as an unspoken strategy employed by the hospital management to direct patients to the morning devotion.
3. Religious coexistence at the micro level is layered.
4. Pragmatism is a major driver in health-seeking among Christians and Muslims.

Propositions relating to the broader academic discipline

1. Health is a dynamic, interrelated state of well-being rather than the absence of disease.
2. Religion and health are interrelated, especially in how religion has become a resource in resolving health challenges in Ghana, Africa, and most developed economies.
3. Most studies on religious coexistence have discussed the subject within the framework of inter-faith dialogue, which often prescribe behaviour, and from the perspective of missiology and theology.
4. A healthy population is a wealthy population.

Other propositions

1. Africa lacks health sovereignty.
2. Health systems in Africa are more curative-oriented than preventive.