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# Childbearing in Ghana: How beliefs affect care

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Childbearing in Ghana:  
How beliefs affect care

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School for International Training.

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## Abstract

Childbearing is an event in a woman's life that requires particular care. Especially in villages, Ghanaian women must choose between modern, traditional, and religious caregivers. The type of care they chose depends on what cultural and religious beliefs they hold. Because of Ghana's prenatal society, infertility is the most heartbreaking affliction that can befall a woman.

Caregivers in Komenda offer remedies ranging from herbs to prayer to agreement with fertility gods. Information regarding family planning is not widespread throughout the country, which forces women to rely on unreliable natural practices. Because of the negative stigma attached to contraceptive use, many women use no form of birth control at all. When a woman becomes pregnant, she seeks antenatal care from someone she trusts. Many traditional and religious caregivers tell women to protect their pregnancy by praying.

Hospitals have begun to play a larger role in Ghana's antenatal care with their lectures, examinations, and ignorance on the part of caregivers about the hospital's services hinder it's popularity with villagers.

## Introduction

Women all around the world are faced with an array of choices when it comes to childbearing. These decisions can be even more difficult in Ghana where women with varying degrees of education and incomes have varying degrees of accessibility to certain types of medical care. Cultural, as well as religious beliefs play a role in the type of care they receive.

Traditional practices attract Ghanaian women because of their time-tested methods successfully used by generations of family, mothers, and grandmothers. Others chose to turn to their religion when it comes to having babies. And, indeed, since religion is so integrated into every aspect of life, why would childbearing be excluded? The growing faith in the new technology of Western medicine cause modern practices to seem like a secure option for women, as well. Many of these beliefs have changed and evolved over time because of information now available to traditional, religious, and modern caregivers and also the mothers themselves.

Not long ago, expectant mothers were restricted from eating snail; it was believed to cause a twist in the mouth of the unborn baby. Also any intake of honey was discouraged because it was thought to plug the birth canal. Sweeping at night or climbing trees by pregnant women makes them vulnerable to the baby's soul being swept away and was therefore forbidden.<sup>1</sup> As modern medicine slowly trickles through Ghana and becomes more popular, superstitions and spread less frequently.

The range of caregivers is infinite and even nurses within the same hospital of leaders within the same church may have conflicting beliefs about how issues affecting fertility should be handled. This study aims to examine the beliefs of the services provided by traditional, religious, and modern caregivers. Unfortunately, not every type of caregiver is represented. Only a wide spectrum is given to demonstrate the range in beliefs and types of care. Issues pertaining to the subject of childbearing include trying to become pregnant, trying to prevent pregnancy, and antenatal care once pregnancy occurs. Beliefs play an integral role in all mentioned aspects of childbearing and this study attempts to show how. Section one of this study explores infertility in Ghana. Caregivers give their explanations for infertility and the specific remedies required to solve the problem. Section two discusses various beliefs concerning family planning and the options currently available to Ghanaian women. Section three compares antenatal care from a hospital's perspective to the practices of traditional and religious caregivers. The validity of each miscellaneous caregiver as well as concerns about the current state of health care for women in Ghana is reviewed in the conclusion.

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<sup>1</sup> Margaret Chebere. A Study on Aspects of Cultural Practices Related to Childbearing in Nakpala. Ph.D paper, University of Ghana, Accra. 1994.

## Methodology

The methods used to conduct this research consist of both primary and secondary sources. Primary sources used include interviews, discussions, and observations. I chose to conduct my research in the village of Komenda because of previously established contacts with religious leaders in the area. Also the willingness and availability of the translator to assist me in setting up and translating interviews made Komenda an obvious choice.

I wanted to gather information from a variety of caregivers with a full spectrum of beliefs from modern to traditional in order to see how beliefs affect the care they give and the services they provide. The interviewees were a traditional priest, a traditional birth attendant, a nurse practicing in the hospital, a midwife practicing in the hospital, a nurse-midwife practicing in a maternity home, the leader of a healing camp, and two mothers. I used a prepared list of questions. Questions for caregivers covered issues such as forbidden foods and activities during pregnancy, the role of supernatural powers in antenatal care, medicines administered to pregnant women, the cause and treatment for infertility, and the measures they suggest to prevent pregnancy. (see Appendix B) I asked the mothers questions relating to the specific care they received while pregnant and what beliefs their mothers held about childbearing that may have changed over the years. (see Appendix C)

I was invited, two separate days to do observations in facilities that pertained to my subject. A Ministry of Health worker allowed me to sit in on an afternoon of training for traditional birth attendants in Komenda. At the University Hospital in Cape Coast I was permitted to observe the entire process of the antenatal clinic, including a lecture which informed the expectant mothers on how they should care for themselves and what they can expect during pregnancy; an examination where palpitations were done, the fetal heartbeat was heard and problems were discussed; and treatment where vitamins were given and, again problems could be discussed.

Several factors could be considered limitations to this study. First of all, the issue of time constraints caused the research to be rather condensed. In preparation for this study, reading gave me a good background in the area of pregnancy beliefs. Give more time though, I would have liked to more thoroughly research the history of childbirth in Ghana so I could have been more in turn to subtleties in its evolution. It also would have allowed me to be more familiar with previously used practices that have now been shunned and what the reasons were for abandoning certain practices and beliefs, as caregivers preferred to focus on the care they gave their patients now rather than focus on outdated information used in the past. Fortunately, the mothers I interviewed were willing to provide information relating to discarded practices and beliefs used by their mothers and grandmothers, allowing me to fill in some of those gaps. Also more time would

have permitted an opportunity for more interviews, making the study stronger. But the time constraint made it difficult to make up missed interviews.

Another obvious limitation was the language barrier. At times I questioned whether a male translator would create discomfort in people who were being questioned about pregnancy and I became even more skeptical when the issue of sexual intercourse was never once mentioned in the discussion of family planning. Although he was male, he was a well-known member of the community, which seemed to put the interviewees more ease. Also because some interviews had to be done with a translator present, many discussions and answers to questions were paraphrased by the translator, due to length, which caused some relevant information to be either summarized or lost completely.

Despite these limitations, I was able to achieve a nice overview of currently held beliefs about and are of pregnancy in Ghana. Although I did not fully realize it at the time, the previous two and a half months gave me a familiarity and appreciation for Ghanaian culture, enabling me to be a better-prepared researcher. The study provides readers with an awareness of radical, traditional, and changing beliefs and practices within a community where the influence of modern medicine has not fully been accepted.

## Section One: Infertility

“The profound need to have children is universal, as old as time.” Even in the Bible, Rachel weeps at her husband’s feet: “give me children, or I’ll die”<sup>2</sup> And in Ghanaian culture, having many children is a social status, “a sign of prestige”. A Large family is not only desired for reasons of social status but it is a practical matter. Children at a young age can help out with trading or farming or work around the house and adult children can help support their parents financially.<sup>3</sup> Newly married couples are expected to have babies right away and suffer harassment when for whatever reasons no babies appear within their first year of marriage.<sup>4</sup> Producing children is a Ghanaian woman’s way of validating her womanhood and also proves the manhood of the father. Childless couples are looked upon as immature, a disgrace, and an embarrassment. Therefore, infertility in Ghana is especially tragic.

Throughout the years, infertility has been blamed on both spiritual and physical ailments. Formerly, the womb temperature was a common culprit. A womb too hot would “cook” the baby, making its development impossible and a womb that was too cold was not conducive to the baby’s growth. Womb temperature was affected by the mother’s temperament, as well as the food she eats.<sup>5</sup> Although this theory is not considered to be outdated, the real reason often still remains a mystery.

Even now in traditional societies, women who cannot become pregnant fear the cause is witchcraft. They go to caregivers, frantic and panicked, not knowing how to rid themselves of the witch’s curse. Egya Amissah, the traditional priest in Komenda, asserts witchcraft and demons are the cause of infertility. To counteract these powers, when an infertile woman comes to him for help, he performs a rite in which he asks gods involved in fertility how they can be appeased to allow the woman to conceive. Then when the woman becomes pregnant, she must fulfill her promise of providing sheep or money in turn for the god’s agreement to give her a child.<sup>6</sup>

Although witchcraft belief, Prophet Gabriel, of Peaceful Prayer Church, believes infertility is caused by a different supernatural power. He asserts infertility is a punishment for disobeying God. It is the devil that brings about infertility to women who do not obey God. When they do things that displease God, the devil has the privilege of conquering the women. A dream in which the woman is having an affair with a man other than her husband is evidence that the devil has overcome her. The remedy for infertility caused by the devil is fervent prayer. During prayer, a vision will reveal itself to the woman how she should repent. Often repentance is in the form of

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<sup>2</sup> Jacques Gelis. *History of Childbirth*. (Cambridge: Polity Press, 1991), 15.

<sup>3</sup> Elizabeth Ardayfio-Schandorf.ed. *Family and Development in Ghana*. (Accra: Ghana Universities Press. 1994).6

<sup>4</sup> Dr. Naana Opoku-Agyemang. Presented as part of the lecture “Festivals in Ghana” at Cape Coast, Ghana, 30 September 2002

<sup>5</sup> Jacques Gelis. *History of Childbirth*, (Cambridge: Polity Press. 1991). 29

<sup>6</sup> Egya Amissah, interview by author, 20 November 2002, Komenda, notes, possession of author.

fasting and drinking water every day, blessed by Prophet Gabriel, until God, in his goodness, brings about a child.<sup>7</sup>

Although one could argue that a traditional birth attendant is not a religious caregiver, deep rooted Christian beliefs in the interviewee carried over into her work as a caregiver. Women consulting a traditional birth attendant will receive prayer as the main medicine for infertility. She acknowledges that at times infertility is a spiritual issue and at times is caused by a physical problem. When infertility is a physical problem, the traditional birth attendant attributes it to “stomach aches’ similar to a hernia in men. In this case she advises women to go to the hospital and take whatever medicine is given by the doctor.<sup>8</sup>

There are caregivers in the village better versed in infertility’s physical origin. When asked about the cause of infertility, the nurse-midwife in Komenda attributes the cause of infertility to diseases of body. A poor diet, fibroids, and sexually transmitted diseases put women in danger of not being able to conceive a child and carry it to term. Women must take care not to contract STDs but if they do, they must be treated along with their partner. If the problem is a fibroid, it should be removed so the woman can properly bear children.<sup>9</sup>

## Section Two: Family Planning

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<sup>7</sup> Prophet Gabriel, interview by author, 18 November 2002, Komenda notes, possession of author.

<sup>8</sup> Agnes Quayson, interview by author, 21 November 2002, Komenda notes, possession of author.

<sup>9</sup> Philipa, Eyeson, interview by author, 13 November 2002, Komenda notes, possession of author.

Family planning is defined as “having the number of children you want, when you want them.”<sup>10</sup> On a macro level, family planning is essential in controlling Ghana’s fast growing population. But on an individual level, many factors influence a couple’s decision to limit the size of their family. Again the societal pressure to have a large family discourages couples from actively pursuing contraceptive options. Because it affects the woman on a personal level, family planning is important as to not have high risk pregnancies. “A mother’s health and the child’s chances of being born healthy and its surviving the first few years of life and growing are well enhanced if children are born after an interval of at least two years between births, the total number of children born to a mother is four or less, and woman giving birth is older than 18 years and younger than 35 years.”<sup>11</sup> Religious and cultural beliefs play a strong role in whether a Ghanaian couple will consider contraceptive options and also in what method they choose to use. Modern contraceptive measures used in Ghana include condoms, vaginal diaphragms, spermicide, intra-uterine devices, and surgical sterilization. The natural options available are coitus interruptus, postcoital douche, abstinence, prolonged breast-feeding, and the rhythm method.<sup>12</sup> Although these options are available in Ghana, only a small percentage of Ghanaians use modern methods. Chiefly because of the lack of information about and accessibility to providers of contraceptives, especially in more remote parts of Ghana. Natural methods have their downfalls as well. They are often risk and unreliable in the sense that they frequently fail to prevent pregnancy. Abstinence is a method of family planning that has been widely used in the past and is now being promoted by the media. Suggested periods of abstinence are “before the ritually sanctioned period of mature fecundity, in the post-partum period consecrated to breast-feeding and child development or in the later years when energies may be diverted mainly to grandmothers.”<sup>13</sup> Abstinence is not a practical method for all marriages, especially when women become grandmothers at a young age.

Ghanaians opposed to family planning often do so on moral and religious grounds although others believed contraception could have negative effects on the body or even bring about permanent infertility. Poor amounts of factual information preserve the negative misinformation about the contraceptives available. Also family planning is believed to hurt the community by reducing the labor force.<sup>14</sup>

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<sup>10</sup> David Werner. *Where There is No Doctor*, (Palo Alto: Hesperian Foundation, 1977), 284.

<sup>11</sup> Daniel A. Ampofo. *The Health Issues of Human Reproduction for Our Time*. (Accra: National Science and Technology Press. 1994).33.

<sup>12</sup> Rexford Asante. “A Study of the Relation Between the Level of Education and Family Planning Practices Among Women in Wenchi” Ph.D. paper, University of Ghana. Accra. 1990.

<sup>13</sup> Elizabeth Ardayfio-Schandorf, ed. *Family and Development in Ghana*. (Accra: Ghana Universities Press, 1994). 84

<sup>14</sup> Emmanuel Aforbu. “Family Planning Knowledge, Attitude, and Practice at Dome-Ho.” Ph.D paper, University of Ghana. Accra. 1994.

Agnes Quayson, a traditional birth attendant in Komenda, sees family planning as unnecessary. Although she did not mention any ‘sinful’ aspect of birth control, in her practice, she does not advise people to take any measures to prevent pregnancy within marriage. Pregnancy is believed to be from God, so if it happens, it is God’s plan.<sup>15</sup> “Thus ‘being with child’ was a state of normality which it would not occur to a woman to avoid.”<sup>16</sup>

On the opposite end of the spectrum, Philipa Eyeson who runs a maternity home, advocates family planning. She feels it is important for people to be informed of all their choices so they can choose for themselves the option that is most comfortable and practical for them. Generally, the information spread about family planning in Komenda is by word of mouth during discussions between women. The women tend towards a certain contraceptive because they want to use the same one as their neighbor or sister uses. Despite the number of methods available to them, when women come to the maternity home, they are willing to listen to their options but already know what they will decide.<sup>17</sup>

When Ghanaian women want to practice family planning but within the confines of their religious beliefs, they seek out religious leaders for help. Traditional priests can offer herbs for a woman’s consumption that act as a contraceptive.<sup>18</sup> And one Christian community in particular, when asked how women can prevent pregnancy, gave only for an example the instance of disease. Although disease is an unfortunate occurrence and women would not intentionally seek to become ill, it prevents them from becoming pregnant.<sup>19</sup> Another religious body, the Catholic Church, suggests couples use the rhythm method exclusively, as a way of controlling pregnancy. Coitus interruptus has been especially discouraged by the church in the past. The church interpreted God’s anger as a result of Onan’s spilling his semen on the ground to prevent pregnancy. “So whenever he lay with his brother’s wife, he spilled his semen on the ground to keep from producing offspring for his brother. What he did was wicked in the Lord’s sight; so he put them to death also.” Genesis 38: 9-10 (NIV)<sup>20</sup>

Women with more formal education tend to be more knowledgeable about their option in preventing unwanted pregnancy. But because family planning has such a negative stigma attached to it in some religious communities, being educated does not matter. For instance, in Wenchi education reduced fertility in Christian women but not Muslim women.<sup>21</sup>

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<sup>15</sup> Agnes Quayson, interview by author, 21 November 2002, Komenda notes, possession of author.

<sup>16</sup> Jacques Gelis. *History of Childbirth*. (Cambridge: Polity Press, 1991), 45

<sup>17</sup> Philipa Eyeson, interview by author, 13 November 2002, Komenda notes, possession of author.

<sup>18</sup> Egya Amissah, interview by author, 20 November 2002, Komenda notes, possession of author.

<sup>19</sup> Prophet Gabriel, interview by author, 13 November 2002, Komenda notes, possession of author.

<sup>20</sup> Daniel A. Ampofo. *The Health Issues of human Reproduction of Our Time*. (Accra: National Science and Technology Press 1994). 36

<sup>21</sup> Rexford Asante. “A Study of the Relation Between the Level of Education and Family Planning Practices Among Women in Wenchi.” (Accra: University of Ghana, 1990)

A controversial method of family planning, abortion, is not even considered as a proper option in the village community of Komenda, Ghana. On the issue of abortion, all interviewees are in agreement. Each caregiver considers the growing fetus to be a human being even within the woman's body. They consider it a sin to end the fetus's life. "For the African, the child in the womb is a responsible human being; he can be good or bad. He can be a witch causing diseases, death and general havoc, he can be angelic bringing blessings to the family."<sup>22</sup> Philipa Eyeson describes abortion as "deadly, not good, a sin."<sup>23</sup> Agnes Quayson asserts a zero tolerance for abortion. When it happens, she tells the woman it is "an abomination to the will of God so they (the couple) should be careful." Young people who find themselves pregnant because of sexual activity outside of marriage are also advised not to terminate pregnancy.

In the case of a spontaneous abortion, the mother needs to take particular care of herself so she may give birth to a live child in the future. Rest and medication will help her get well again but until her body has fully recovered from the trauma, contraceptive measures should be used. During her next pregnancy, she is advised to pay attention to her hygiene and diet.<sup>24</sup>

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<sup>22</sup> Daniel A. Ampofo. *The Health Issues of Human Reproduction of Our Time*. (Accra: National Science and Technology Press, 1994). 60

<sup>23</sup> Philipa Eyeson, interview by author, 13 November 2002, Komenda notes, possession of author.

<sup>24</sup> Agnes Quayson, interview by author, 21 November 2002, Komenda notes, possession of author.

## Antenatal Care

Women require special care when pregnant. Each woman gives great consideration to whom they will trust with their health issues and the health issues of their unborn child. The hospital's way of caring for pregnant women is rather regimented and formal although rooted in modern medical techniques. With other caregivers in the village of Komenda, the care is more personal and casual and originates from superstitions and ancient practices concerning pregnancy.

Both the mother and the fetus require closer monitoring as the pregnancy reaches maturity. The hospital suggest women attend the antenatal clinic monthly when the fetus is 12 to 24 weeks along, every other week when the fetus is between 30 and 34 weeks, and weekly when the pregnancy reaches the 36<sup>th</sup> week. Lab work, such as stool, urine, and hemoglobin is done every other week unless the woman is anemic and requires special observation. The hospital offers the clinic every Tuesday morning at 8.30 and mothers are reprimanded for being late or skipping the lecture. Mothers receive a health card (see Appendix A) to record the progress of their pregnancy. They must bring this card every time they come to the clinic.

At the beginning of the clinic, the women sit on wooden benches while the nurse talks about the changes they can expect in their bodies. How to care for themselves, what they should eat, and how they should dress. During this time, they present the reasons for each practice they are promoting so the women understand why the information is important.

They tell the women not to wear high heels because of balance and health reasons, to bathe twice a day because of Ghana's dust to keep the body clean and prevent infection, and to wash their hands after using the toilet to prevent infection. Diet is then discussed. Because Ghana's diet is mainly carbohydrates, women are encouraged to add fresh fruit and protein. The nurses are careful to explain how different nutrients help the pregnancy so the women are not satisfied only with filling their stomachs. Then the nurse gives them instructions on how to get to the hospital when it is time to deliver and what they should bring. Because of the new threat of AIDS and because this particular hospital struggles financially, mothers must bring two pairs of rubber gloves.<sup>25</sup>

After the lecture, the women take turns getting their vitals checked and one by one they go into the examination room. The exams are quick, only a few minutes. A nurse palpates the stomach to determine the position of the fetus and weeks of gestation. The fetal heartbeat is checked and mothers are questioned as to whether or not they feel the baby move. Mothers are supposed to feel the movement every day because "you can be walking around and it can die inside you". After the examination, they go to treatment. Vitamins are distributed to 'make the

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<sup>25</sup> Auntie Edith, interview by author, 19 November 2002, Cape Coast, notes, possession of author.

blood richer because the baby feeds on the mother's blood. And anemia can kill'. It also makes transfusions necessary during delivery. At this time, if the mother has malaria or any other problems, she is referred to a doctor.<sup>26</sup>

The antenatal clinic has poor attendance because women think that because pregnancy isn't a disease, there is no reason to come. Practical factors like proximity of the woman's residence to medical services seem to be the largest determining factor in where a woman receives her care. Also women with formal education, especially a university degree, prefer to use the hospital for antenatal care, almost exclusively. Work responsibilities and poverty affect the frequency of hospital visits. Those same factors prevent women from receiving care from the hospital at all. At a hospital, one woman may see several different doctors over the course of her antenatal care and therefore some women prefer traditional practices when they wish to receive more personal care than a hospital can provide.<sup>27</sup>

The maternity home provides similar antenatal services as the hospital. When a woman comes to the maternity home, the nurse-midwife tells the woman how to care for her body and her unborn child, does a physical examination which includes lab work, gives any needed immunizations, and screens the mother for an "at risk" pregnancy. As the maternity home is not equipped to deal with "at risk" pregnancies, those mothers are referred to the hospital. All women are specifically told to eat a high protein, low carbohydrate diet and to avoid salt because it will cause them to retain fluids. For medicine, women are given iron tablets, calcium, folic acid, multivitamins, vitamin B complex, and anti-malaria pills.

Although the maternity home is not religiously affiliated, Philipa explained that it was Eve that sinned against God in the Bible. Since all women are like Eve, if a pregnant woman is a Christian, she must serve God, and he'll protect her.<sup>28</sup> "But women will be saved through childbearing – if they continue in faith, love and holiness with propriety." I Timothy 2:15 (NIV).

At the hospital, every physical ailment has a natural explanation. But there are antenatal caregivers that place a much greater emphasis on supernatural explanations and religious piety. The pregnant woman who receives her antenatal care and advice at the Peaceful Prayer Church in Komenda, must care for herself and her unborn baby by praising God daily at the healing camp as well as attending the regular services. At times seriously ill women must stay at the camp to prevent the attack of evil spirits from the outside. The women lie in the sand under a thatched roof supported by sticks. Formerly, hard work such as pounding fufu was believed to make delivery faster and easier, but now women are also told to avoid work, as to not complain about womb

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<sup>26</sup> Auntie Gloria, interview by author, 19 November 2002, Cape Coast, notes, possession of author.

<sup>27</sup> Auntie Mensah, interview by author, 23 November 2002, Cape Coast, notes, possession of author.

<sup>28</sup> Philipa Eyeson, interview by author, 13 November 2002, Cape Coast, notes, possession of author.

problems. Ingesting too much salt when pregnant is thought to cause the mother to “grow balls (testicles)”<sup>29</sup>

Antenatal care focuses around herbs for the traditional priest. He prepares a certain herb from a palm tree. It is crushed, a powder is added to it, and then it is mashed into an enema for the mother. This herb is given to nourish and protect the baby. The herbs prescribed by the priest determine what sort of food the mother should or should not eat. Often groundnuts and sugar react with the herbs and, consequently, must be avoided.<sup>30</sup>

The traditional birth attendant advised prayer to God for protection until a safe delivery as the “main medicine”. In addition to this advice, mothers are supposed to care for their baby by eating beans and vegetables for healthy blood and by avoiding foods that are bad for the heart. Pregnant women should also avoid baking. The warning against baking seems odd but it originates from the fact that most women in Komenda still use a traditional oven. The traditional oven is prone to fire and, because of her size and additional weight, a pregnant woman could not properly attend to a fire.<sup>31</sup>

In addition to normal antenatal care, women must see their caregivers when a problem arises. Problems are unavoidable during pregnancy. Common complaints include vomiting, bile, concentrated urine, abdominal pains, eye dimness, bleeding, a heavy lower abdomen, tiredness, and frequent urination. The most common problem for first time mothers is the fact they are frightened by the baby’s movement.<sup>32</sup>

Both the traditional birth attendant and the leader of the healing camp advised women who were having problems to pray energetically because the problem cannot be solved by medicine alone but both suggested the woman seek supplemental help at the hospital. The traditional priest most often saw problems of malnutrition of the unborn baby or the unborn baby ceasing to move. These difficulties can be prevented by the mother taking a “special” herb.

“Sex-changers’ are people with a reputation for having the ability to change the baby’s sex while it is still in the womb.<sup>33</sup> Although none of the interviewees claim to have this power or even acknowledge that it was possible, some had methods for determining the baby’s sex. Philipa has heard of a calculation involving the mother’s age and menstrual cycle, but she is not too familiar with it. Prophet Gabriel says visions during prayer tell them if the baby is a girl, a boy or twins. And the traditional priest is able to communicate with spirits who can, in turn, communicate with the unborn baby.

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<sup>29</sup> Prophet Gabriel, interview by author, 18 November 2002, Cape Coast, notes, possession of author.

<sup>30</sup> Egya Mensah, interview by author, 20 November 2002, Cape Coast, notes, possession of author.

<sup>31</sup> Agnes Quayson, interview by author, 21 November 2002, Cape Coast, notes, possession of author.

<sup>32</sup> Auntie Gloria, interview by author, 19 November 2002, Cape Coast, notes, possession of author.

<sup>33</sup> Peter Sarapong, *Ghana in Retrospect*. (Tema: Ghana Publishing Corporation, 1974). 87

The caregivers were in agreement concerning the role of the father in pregnancy. He should pray, help; help out with work around the house; accompany the mother to visits to the priest, church, or traditional birth attendant; and be responsible for financial matters in the pregnancy.

Pregnancy is such a precarious time for women. Antenatal clinics and advice from caregivers help guide women in making healthy and beneficial choices. Following this advice prevents many of the problems which may occur during pregnancy, but when complications do arise, caregivers have a vast pool of time tested solutions to remedy the woman is experiencing. Fathers, too play a part in a healthy pregnancy by helping the mother with physical, spiritual, and financial issues.

## Conclusion

Discovering the range of beliefs about and care for pregnancy has been enlightening, but in some ways, alarming. As someone who has known, without questioning it, only Western medicine as a way to deal with health issues, I would tend to attribute Ghanaian women's attraction to traditional or religious caregivers to habit or ignorance about their options.

But the fact of the matter is, all of the caregivers interviewed have successfully cured infertility, prevented pregnancy, and delivered healthy babies with their various methods. The traditional priest with his faith in herbs, the traditional birth attendant with her age-old methods, and the hospital and maternity home all provide legitimate services.

Relating to the hospital, I observed an interesting phenomenon, although caregivers frequently and unhesitantly refer women to the hospital when they encounter severe problems, some of the caregivers appear to be unaware of what services the hospital provides and how women are actually cared for there. The hospital is spoken of in the abstract as this magical, mystical place where one goes as a last resort. This could be credited to the physical distance of the hospital from Komenda which would make it inaccessible to caregivers only trying to get information about its services. The mysterious quality of the hospital may also be explained by the women, themselves, not fully understanding the care they are receiving there which could be solved by careful explanations from the health professionals.

This study confirms that the area of family planning in Ghana needs to be further developed. Families often do not have the financial means to purchase contraceptives but also do not have the means to provide for a large family. All antenatal caregivers in Ghana, including religious leaders, need to be informed of the types and benefits of contraceptive use. Perpetuating the negative stigma attached to using modern preventative measures only hurts marriages, families and communities by creating more children than can be properly cared for.

As a suggestion for further research, although Komenda is a village, it has fairly easy access to Cape Coast. Researching pregnancy beliefs and care in an even more remote village could prove to be even more eye opening. Religion and tradition would play an even stronger role. And Ghanaian cultural beliefs would be less infiltrated with Westernization.

The programs promoting family planning in Ghana would make for interesting research, as well. They have to break through deep-rooted cultural stigmas and beliefs to spread the information concerning contraceptive use throughout the country. Tracking their mission's progress throughout future years would provide insight into the country's population figures, changing attitudes, and spread of information.

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## Appendix A

### ANTENATAL PROGRESS RECORD

LMP ....., EDD .....

**Visits**

Date of visit																				
No. of weeks gestation																				
Weight																				
B.P.																				
Hgb./Hct.																				
Urine																				
Excessive vomiting																				
Headaches																				
Dizziness																				
Anorexia																				
Palpitations																				
Lower abdominal pain																				
Foetal movement																				
Oedema																				
Vaginal discharge																				
Vaginal bleeding																				
Fundal Height																				
Presentation																				
Foetal heart																				
Engagement																				
<b><u>TREATMENTS</u></b>																				
Malaria / Prophylaxis																				
Calcium supplements																				
Iron																				
Folic acid																				
Vitamins																				
Tetanol 20 wks																				

Comments.

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Signature

## Appendix B

### Questions for Caregivers

How should a pregnant woman care for herself and her unborn baby? Why?

Why should she eat that food?

What should she refrain from doing or eating during pregnancy?

Why do you mention these particular activities or foods?

What kinds of herbs / medicines do you give to pregnant women?

What do those herbs do?

What role do supernatural powers play in pregnancy?

What causes infertility?

How can infertility be cured?

How can pregnancy be prevented?

Which method of pregnancy prevention/ infertility medicine is preferred?

Why is that method preferred?

What are your thoughts on abortion?

What are common problems pregnant women face?

How can they be prevented?

Is there any way to insure the baby will be a boy or girl?

What is the father's role in pregnancy?

What changes have you seen in beliefs about pregnancy over the years?

## Appendix C

### *Questions for Mothers*

Where/ to whom did you go to receive care during pregnancy?

Why did you chose to use that service?

What kind of care were you given?

Were you satisfied?

Would you use it again?

What did you like or dislike about it?

What role did your religious beliefs play in the care you received during pregnancy?

What role do fathers play during pregnancy?

What changes have you seen in beliefs about pregnancy?