The Future of Tradition: An Ethnographic and Comparative Study of Social Preference and Medicine in Rural Ghana

Shannon Dick

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The Future of Tradition:

An Ethnographic and Comparative Study of Social Preference and Medicine in Rural Ghana

Shannon Dick
12/6/2010
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Abstract

In Ghana, there are currently two prevalent forms of medical treatment: traditional and Western medicine. Since Ghana was colonized by the British, Western medicine has spread throughout the country, essentially from south to north. In this ethnographic study, two rural villages are compared, one located in the Central Region and the other in the Upper West Region, in order to evaluate what type of medical treatment people prefer and the reasons for their decisions. The research assesses the social inclination in terms of medicine in these two locations, indicators of Western influences, and gleans a sense of what the future of traditional medicine may be in Ghana.
Introduction

In any environment, humans are subject to certain illnesses and diseases – especially in the tropical climate that is Ghana. For people living in rural areas in the country, access to medical treatment as well as increased risk of contracting diseases causes the source of medical treatment to be an important topic to discuss. Of the methods of treatment, two main ones prevail during this time: western medicine and traditional medicine. The choices people make when choosing medical treatment vary due to cultural context, and thus in order to understand social preference in Ghana when it comes to medicine, one must understand the culture surrounding medical treatment and how both methods are perceived.

Although Ghana has been colonized by Britain since 1844 and has been subjected to European, or Western, influences since the establishment of the slave trade on Ghana’s Gold Coast, the medical treatment introduced by colonization is not evenly dispersed throughout the country. As P.A. Twumasi notes in his work Medical Systems in Ghana: A Study in Medical Sociology, Western medicine came to the local population by 1878, but formal medicine started in Accra shortly after “and spread slowly thereafter to other parts of the country, mainly the large towns” (1975:63). While the first scientific medical institution was Korle Bu Hospital in Accra in 1924, other regions obtained health centers starting in 1957. By 1963, however, in the Upper Region there were only two Health Centers established by the government and no access to hospitals like the one in Accra (Twumasi 1975). The result: an uneven distribution of Western influence that becomes apparent through economy, language, medical facilities, social relations, religion, and other cultural dynamics. Thus, in order to discern the extent of Western influence and what informs social preference, it was necessary to conduct field research in two different locations of the country – essentially a comparison of north and south.
Traditional, or indigenous medicine, is the use of local medicines, mainly herbs, for treatment of either physical or spiritual ailments. Western medicine can be considered foreign medicines that have been developed outside of Ghana and are administered in accordance with practices dominant in Europe and the United States. It is largely accepted that Western “scientific” medicine is safer than traditional medicine due to hygiene as well as dosages and testing. Traditional medicine, comparatively, is seen as a more holistic approach to treating illnesses (Rekdal 1999). While Twumasi maintained in 1975 that “In Ghana it would be safe to suggest that the traditional practitioners will fade away (perhaps in urban areas) in their original form” (1975:110), Ole Bjorn Rekdal argued from his field work in East Africa that “Education and extensive use of biomedical services appears in many cases to have had limited import, if any at all, on the popularity of traditional medicine,” (1999:471). While both present interesting predictions and assessments, my field work demonstrates that in rural settings, traditional medicine is very much still a prevalent form of treatment; however, how traditional medicine is used and for what reasons differs geographically. The factors which inform people of their choices concerning medical treatment have a direct connection to the level of Western presence and its infiltration into the social norms and cultural contexts of the rural communities in question.

I chose to limit my research to two different areas, Sankana in the Upper West Region and Komenda in the Central Region, in order to discern what informs where people go for medical treatment and if this differs in part due to location. Through my field research, I not only found patterns and diversities in treatment choices, but also was able to gather what the future of medicine may be for these two traditional and rural communities. While they are both considered rural and have similar populations (approximately 4 – 5,000 people), their approach to medical
treatment differ greatly and demonstrate the extent of Western influence concerning medicine in Ghana.
Methodology

In order to assess social preference for traditional and Western medicine, as well as the prevalence of cultural context when choosing medical treatment in rural Ghana, I employed methods of participant-observation and interviews during my three weeks of field research. I was in the field from November 7th to November 27th 2010 and stayed for one week in Komenda, which is in the Central Region, and two weeks in Sankana, located in the Upper West Region. My objectives in this research were to establish:

1. What method of medical treatment people prefer and what factors influence their decisions,
2. How this social preference is reflective of the greater cultural context,
3. The extent to which treatment practices differ between the Central Region and Upper West Region,
4. And prospects of the future of medicine within the areas of analysis.

For the purpose of understanding the social and cultural dynamics that influence the choices Ghanaians make in rural areas when choosing methods of medical treatment, location was key. Not only are the languages different (Fante is spoken in Komenda and Dagaare in Sankana), but so too is the general way of life. These differences will be elaborated on in the main report, but in order to distinguish the cultural context surrounding social preference and medicine, conducting my field research in these contrasting rural locations was essential for a comparative analysis and also to assess the infiltration of Western medicine into Ghanaian society.

1 See Appendix A for map of Ghana
Participant-Observation

With these objectives in mind, I lived within the two communities for extended stays in order to glean a cultural context to understand social inclination and medicine within the respective locations. By paying attention to social and cultural differences between the two communities in terms of social interaction, language, religion, economy, geography, employment, values, etc., I was able to ascertain where people generally go for medical treatment, if this decision alters for major or minor illnesses, and what informs these verdicts. Most of this information was gathered through daily interactions with members of the communities, and I greatly relied on my translators (who are both locals of their villages) for clarification on cultural customs and norms. While I did not live within family households, I was looked after by families living in my compounds, and thus was able to gain some further information from daily interactions in my living space – not only from conducting interviews.

Interviews

There are five categories of interviewees that I sought during my field research: traditional healers/herbalists, community members (multi-generational and gendered), chemical/pharmacy sellers, hospital/clinic persons, and the village elders. My interviews were semi-structured\(^2\), but I deviated from my questions when necessary and often needed to re-word or simplify my questions due to the fact that 65% of my interviews were conducted via a translator. This factor also caused many of my questions to require simple answers that were elaborated on with follow-up “why?” questions to stimulate a more detailed response.

\(^2\) See Appendix B for full list of Questions
In terms of my interview questions, I altered a few of them and added some to my research in Sankana after my time spent in Komenda. Although I added questions that would have added some insight to my research in the latter, the questions proved to not be necessary in Sankana. Simply put, some of the questions that I asked during my interviews in Sankana were unnecessary there, yet would have provided additional insight and information in Komenda. Thus further suggests the differences between the two locations in terms of what questions are relevant and why.

It is also important to note that because most of my interviews were done through a translator, there were inescapable biases. Especially in Sankana; my translator is a long time member of the community and thus was either related to or friends with most of the people that we spoke with. Despite these limitations due to language barriers, the interviews established a general sense of social preference for medical treatment in Sankana and Komenda and furthermore what governs these choices from many different levels of health care in the communities. Below are tables of the five interview categories and the number of male/female participants for Komenda and Sankana:

**Komenda**

<table>
<thead>
<tr>
<th>Category</th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Traditional Healers/Herbalists</td>
<td>2</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Community Members</td>
<td>6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chemical/Pharmacy Sellers</td>
<td></td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Hospital/Clinic Elders</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Village Elders</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total: 16 people
Sankana

<table>
<thead>
<tr>
<th></th>
<th>Traditional Healers/Herbalists</th>
<th>Community Members</th>
<th>Chemical/Pharmacy Sellers</th>
<th>Hospital/Clinic</th>
<th>Village Elders</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>3</td>
<td>6</td>
<td>1</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Female</td>
<td>1</td>
<td>8</td>
<td>1</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td><strong>Total:</strong></td>
<td><strong>23 people</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Limitations*

While my methodology and intentions were the same for both locations, it is necessary to point out that limitations to my study caused me to lack some interviews in both locations. In Komenda, I was unable to meet with the village elders due to their busy schedules and inaccessibility. Also, I was unable to obtain interviews from the District hospitals at Elmina in Central Region and Nadowli in the Upper West Region. This was due to availability of the Directors, time constraints, and distance. Furthermore, I spent more time in Sankana and thus have more information from that location. Due to the language barriers in Komenda and Sankana, and the fact that few people spoke fluent English and I did not know enough Fante or Dagaare, I was very much at the mercy of my translators: both in terms of availability and access to participants.

In Sankana, most of my interviews were conducted in the late afternoon or evening because it is a largely agricultural community and I came during harvesting season; therefore, people (including my translator) were occupied in the mornings. Additionally, as an outsider in both locations, I relied on my translators to find interviewees and mainly talked to those who were available, mainly due to my general lack of contacts as well as time constraints.
Data Analysis

In analyzing the data from my field research, I primarily sought patterns in the answers from my participants in order to gain a general understanding of social preference and the nature of medical practices in my area of study. This was placed within a cultural context, derived from my participant-observation, which further allowed me to understand the answers I received from interviewees. After distinguishing patterns, I compared my finding between the two communities of Komenda and Sankana in order to find connections and contracts concerning social preference and medicine.
Cultural and Social Context

Komenda and Sankana, while both rural villages with comparable populations, possess distinguishable cultural variations which greatly influence how community members approach health problems and where they go for treatment. When considering what informs people’s decisions when it comes to choosing medical treatment in terms of traditional or Western medicine, it is essential to establish a context to develop an analysis.

Komenda

Located in the Central Region about 45 minutes outside of Cape Coast, Komenda is a traditional area with a population of about 4,500 people. There are not many opportunities in Komenda in terms of employment, and it is primarily a fishing village residing on the coast. Due to this, those who can work migrate to urban areas; thus the population is composed of the very young and the very old. Walking on the streets of Komenda, one is struck by the amount of children, from infants to teens, roaming the streets without the contrast of middle-aged adults. There are, however, many businesses in the “town” part of the village which sell food and other goods. There are also two internet cafes, one run by a German NGO who’s intent is to teach computer skills to all age levels. Furthermore, Komenda possesses a bank and Health Care Center that are centrally located. While some people do live in homes constructed from mud, the main living accommodation is cement houses or compounds. The food that is most popular is rice, fish, plantains, and stews. Bread is also a staple, and packaged foods, cold drinks, and pure water are readily available.
Transport to and from Komenda is simple and inexpensive. Taxis regularly go into the village and will charter – or take four people at a time – to Komenda Junction for pocket change. From Komenda Junction, one can take a taxi or a trotro (which is a van that transports larger numbers of people) to Cape Coast. All roads going out of Komenda are paved. The district hospital at Elmina, in this sense, is very accessible because it is located on one of the major roads leading into Cape Coast and transportation in the area is by no means limited. Transportation within Komenda is done mainly on foot because houses tend to be close together and there are several main roads that run through the village.

The main language is Fante, but many people also know simple English terms such as “good morning” and “thank you” and “sorry,” and these are often used in daily conversation. While not many people are fluent, most possess a basic English vocabulary for greeting and polite conversation. It is also important to note that for many years, Komenda has been the host Above Picture: Komenda, November 13, 2010
of SIT\textsuperscript{3} students during both the “rural village stay” portion of the program, as well as during Independent Study Projects. Therefore, people were not so surprised by the presence of an obrunyi (white person) outsider, but rather excited by my presence.

In terms of religion, the population of Komenda is largely Christian. As seen on most of the coast, names of businesses and bumper stickers on cars often mention God or religion. In the Chief’s palace, there is a large poster depicting a European-looking Jesus hanging on the wall above the seats of the elders. Also, there is a very well known Evangelist Pastor whose church is in Komenda. On Sundays, everyone is at church in the mornings and Komenda is like a ghost town.

In addition to the Health Center in Komenda, there is also one chemical seller and one pharmacy. The neighboring village of Kissi, which is about a 7 minute taxi ride away, has a clinic which does not do operations, but does offer lab tests and more extensive facilities beyond out-patient care. There are also a number of traditional healers in the area (although they are not as well known) and herbalists (one popular one is the Evangelist Pastor’s wife).

\textit{Sankana}

Located in the Upper West Region, Sankana is home to approximately 5,000 people. A very traditional area, the Chief and village elders are very much a part of local occurrences. While the Chief himself does not live in Sankana, he did assist in introducing me into the village, and upon my arrival I was greeted by the male members of his family. My residency was conducted in a guest room belonging to a compound built by the Chief, and I was appointed a translator who basically took care of my every need. While many people come to do research in Sankana, they are mainly Ghanaians. I was very clearly the outsider and the only white person in

\textsuperscript{3} School of International Training
the village. Consequently, residents were shocked and fascinated by my presence. Many people requested via my translator to introduce themselves to me or shake my hand, and women often curtsied when giving or receiving something from me, which I learned was a sign of respect.

![Sankana, November 17, 2010](image)

Sankana is an agricultural community, and most people are farmers. They eat mainly what they harvest, and a local dish called *tsir* and bean leaves is eaten daily. The *tsir* is doughy in texture and fills the stomach, while the bean leaves are a good source of water. Pure water is not very accessible there, and I noticed many people drinking the water they retrieved for bathing from a nearby river or well. I was often told in Sankana that I drink too much water. Another staple in the diet, that is generally popular in the northern part of the country, is an alcoholic
drink called *pito*. It is made from warmed beer, water, and yeast. People off all ages drink it, even one year olds, and for many people it is their breakfast.

In the central part of Sankana, there are not many businesses. There are three drinking spots, but none of them serve food. There is also the equivalent of a general store that sells phone credit, beauty products, crackers, and other miscellaneous items. Where people obtain most of their goods is through Market Day. The days of the week are described in relation to Market Day, which changes every week, if that suggests some of its import. On Market Day, vendors come from all over the region to sell items such as food, clothing, pharmaceuticals, etc. It is a day of celebration, and people who are born on Market Day have the Dagaare term incorporated into their names – it is equivalent to the Akan⁴ use of day names (or names assigned on what day of the week one is born).

Most of Sankana’s houses are made from mud, and they are generally fairly spread out and connected by a network of paths. Houses generally have a large outdoor area where cooking and entertaining is done, and shade is sought under large trees scattered throughout the village. There is one main dirt road that runs through Sankana and the road going out of Sankana is also unpaved; it is about a ten minute drive to the main road. Transportation mainly consists of bicycles, motor bikes, and *trotros*. Taxis do not come to Sankana, and if one needs to go to Wa (which is about half an hour away) they must take a *trotro* which leaves only when the seats are full. There is one chemical seller and one health clinic, located in walking distance of the village. The district hospital at Nadowli is only about an hour and a half away from Sankana, but to take public transportation (i.e. *trotros*) the journey is much longer. The one time I went there in hopes of talking to the medical Director, the round trip took six hours.

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⁴ The ethnic group prevalent in the Komenda and Cape Coast areas
Not many people know English in Sankana. In fact, most of the people I talked to were illiterate and did not know their age. Dagaare is a language mainly spoken in Sankana, it is not spoken, for example, in Wa. Greetings are very important in Sankana, and due to the fact that it is such a close-knit community, everyone greets each other – morning, noon, and night. The only English I heard was directed at me, and I did not hear it very often.

I cannot say which religious affiliation is most prevalent in Sankana, but I noticed most people are of the Islamic faith. The Chief, the active Chief, and most of the village elders, are Muslims. Also, some of the prominent members of the community (Chiefs and sub-chiefs) practice polygamy. There is a mosque centrally located and the call to worship five times a day can be heard throughout most of the village. In Sankana, people stay in the village and spend most of their time working (e.g. farming) or meeting with friends and family. Families live together in Sankana, and households are multi-generational, housing at least five people at any given time. It is a community largely built on social relationships.
Social Preference and Medicine

The Nature of Traditional and Western Medicine in Komenda

As I alluded to in the Methodology section, I interviewed two traditional healers and one herbalist\(^5\). The two healers, Regina Prah and Elizabeth Agyeman, consider their healing to be a gift. Both had dreams about herbs and knew from the dreams which ones would heal and for what ailments. The herbalist, Vida Essel-Lartey, also considers her knowledge of herbs to be a gift from God. All of these women charge for their services. Regina, for example, charges 50 Ghana cedis and a bottle of schnapps for libations before healing. After the person is healed, she charges 100 Ghana cedis, schnapps, and one sheep. Regina is a healer for both the body and the spirit, and does her work at a prayer center where people will stay until they are healed – sometimes it takes up to a year. The other healer, Elizabeth, works primarily out of Kumasi but comes from Komenda, obtains her herbs from the bush as well as herbal dispensaries; she will sometimes will pay up to 700 Ghana cedis for the medicines she buys. In terms of charging, she charges for the healing and the medicine, but only treats physical illness. Vida is the Evangelist’s wife and they work together to heal people: “He is the doctor and I am the nurse,” (Vida Essel-Lartey, Shannon Dick, November 12, 2010). She charges anywhere from one to 20 Ghana cedis,

\(^5\) Interviews for all three were conducted via a translator.
depending on the medicine and treatment.

*Regina Prah, Traditional Healer, Komenda, November 11, 2010*

The illnesses that the Komenda traditional healers treat most often include: diabetes, typhoid, piles, barrenness in women, fever, respirator infections, fertility issues in men and women, and mental illnesses. They all treated a variety of illnesses, and while they had their specialties, they tried to treat people who came to them, no matter the illness. Christianity is also very present in each of their practices. Regina is the only one who employs traditional religion in healing and spoke about praying to the lesser gods and many rituals that she has to do in order to extract medicines from the bush. Like Elizabeth and Vida, however, she also prays to the “Almighty God” first – which is the Christian God. Elizabeth also mentioned that when she pours libations, she only pours water because she is a Christian.

All three of the women respect and work with Western medicine. Vida will often encourage people to go get a check-up at the hospital before treatment in order to obtain a
diagnosis. In fact, both Vida and Elizabeth sometimes go to the hospital for check-ups before administering self-treatment. Elizabeth and Regina will also send treated patients to the hospital for a post-treatment check-up to make sure that the medicine healed. Regina does not make pre-treatment referrals to the hospital because she claims that everyone who comes to her is healed. All three women said that in a day they treat upwards of five people. Vida even said that after a prayer service at her husband’s church she will treat over 100 people.

When I asked the healers/herbalist if they would teach someone else about their profession, there were not many promising responses. Regina said “no,” because she was brought to become a healer through the gods and through dreams; therefore, if someone wanted to learn from her as a master, they must be brought to the profession by the same way. For Elizabeth, she is teaching one of her grandchildren a bit about herbal medicine, but she said that if someone wanted to learn from her, they would need to pay a lot of money for the knowledge. Vida was not opposed to passing down her knowledge, but no one has come to her to learn and she would not trust just anyone with what she knows.

While these three women practice healing with traditional medicine, they use their skills as a profession, and do not necessarily employ the traditional practices and uses of the medicine. Except for Regina, who does treat the spiritual sickness and curses etc., the other two women are more so herbalists who are healers in the sense that they assist in applying the medicines they sell. For all three, however, traditional healing is their business, and thus they are not willing to pass down their knowledge under just any circumstances.

Western medicine in Komenda is both respected and relied upon. The local Health Center treats an average of 30 people a day. Of those 30, approximately 75 percent come for the treatment of malaria. While the traditional healers did concede that they all have treatments for
malaria, it was not listed as one of the main illnesses they treat. For the Komenda Health Center, the ailments they treat most frequently include: malaria, pneumonia, arthritis, and STD’s. They would refer to the district hospital in cases of severe hypertension, anemia, fractures, and severe asthma. The Director at the clinic, Berdie Yao, has held his position for four years and the clinic itself has been in Komenda since 1974. In addition to the Director, the Komenda Health Center also has a nursing staff. The Kissi hospital has been there since 1972 and services 22 communities. According to the Director of 10 years, who preferred to remain anonymous, they treat about 45 people a day, 50 percent of which come in for malaria.

They do not provide herbal medicines at the Komenda clinic or the Kissi hospital, nor do they refer to traditional healers. The healers I interviewed confirmed this and said that a hospital or clinic has never referred patients to them, nor do they often treat patients after they have gone to the hospital. While religion is not used in these Western medical facilities, a prayer is said before work. They only treat physical illnesses, but agree that there are many aspects that contribute to sickness.

The attitude towards traditional medicine is generally that “it is good,” but it needs to be standardized. The Kissi Director commented that the Food and Drug Administration is trying to come up with standards for herbal medicine, which “will weed out the bad healers from the good,” (Kissi Medical Director, Shannon Dick, November 11, 2010). The Komenda Director does use traditional medicine personally for hemorrhoid and piles. While he thinks some are “very good,” however, “you don’t know which is good,” (Berdie Yao, Shannon Dick, November 13, 2010). He also commented that traditional medicines have fewer side effects.

Chemical stores and pharmacies in Komenda supply people with the Western medicine they desire or need. While prescriptions are accepted, they are not necessary, and those who
work at the stores will provide advice to people who come without prescriptions but complain of certain symptoms. The pharmacy does not sell herbal medicines, but the chemical seller does. The herbal medicines the chemical store provides are approved and administered via the Food and Drug Administration. Every time I passed the pharmacy or chemical seller during my stay in Komenda, people were buying medicine.

William San-Awortwe, Chemical Seller, November 12, 2010

It is important to note that using Western medicine in Komenda is often cheaper than using traditional medicine. Medicine sold in pharmacies and chemical stores are often less than six Ghana cedis, and a trip to the clinic is about the same price. Although the Kissi Director said that about 95 percent of patients are insured, and thus do not have to pay anything, of the five percent who are not insured, the cost of examination is only two Ghana cedis, plus the cost of the
medicine. For treatment of malaria, for example, the whole trip to the hospital would cost approximately six Ghana cedis.

*The Nature of Traditional and Western Medicine in Sankana*

I spoke with four traditional healers in Sankana, three men and one woman. The three men are all elderly (70 years and older) and learned healing from their fathers or other relatives. The woman’s ability to heal came as a gift through dreams, similar to the healers in Komenda. Each of the healers specialize in different areas of illness. Samba Gbali, for example, is a very well known bone healer, and Dounyuu Yambare mainly treats tooth aches and ear aches. While all the healers do treat other illnesses, they mainly work within their specific fields.

While prayers are said before healing, they are said to the healer’s ancestors for assistance in their task. Libations of water are poured and a circle of ash is made. The three male healers who learned from their forefathers do not change their practices from what they were taught. A gift of a fowl or a dog is accepted and customary in healing, but there is no price for the medicine. As healers Dounyuu and Kumfra Tankpara explained, “We are sacrificing our lives for other people’s lives,” (Shannon Dick, November 19, 2010). They heal as they were taught – they were not taught that healing is a business. The woman healer, Signama Surglo, only charges three Ghana cedis maximum for any illness she treats (which are mainly problems surrounding fertility, women, and children).

Western medicine is respected by the healers, and most of them have gone to the hospital for treatment of major illnesses. Samba, for example, recently went to the hospital for a hernia operation. Signama, on the other hand, claims that she has never gone to the hospital before because “I never feel sick,” (Shannon Dick, November 21, 2010). While they rarely refer

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6 All four interviews were conducted via a translator.
patients to hospitals, unless, in the case of the bone healer, the injury requires a blood transfusion, each said that people come to them for treatment after seeking care at hospitals. All four healers said this occurs very often and gave examples of recent incidents. For Kumfra, for instance, there was a taxi driver with a tooth ache who went to many different hospitals, where he was told he was fine. Once he went to the healer, “he was well.” For Samba, he claims that doctors at the hospital sometimes refer patients to him. He gave a recent example of one woman from another village who had a “swelling problem” (which I understand to be a build-up of fluid under the skin) and went to the hospital for treatment. When the doctor confessed he did not now who to treat the problem, she went to Samba, who operated on her in front of his house and “drained the water out of her.” After she was healed, he told her to see the doctor and show him what was done. In Samba’s words, the doctor was surprised and wanted Samba to come to the hospital to solve similar problems in the future. Samba declined the offer to work at the hospital and told the doctor that he could refer patients to him at his home in Sankana (Shannon Dick, November 17, 2010).

Each of the healers expressed a necessity for teaching their skills to future generations. All are willing to teach whoever wishes to learn and some are teaching family members. Dounyuu has his children come and watch him while he heals, and Signama is training her grandchild. For the healers in Sankana, indigenous medicine is a tradition that they rely upon and hope will continue. They see illness as a problem of the body – and sometimes of the spirit. Their main goal is to assist people in need and there is a general consensus of a desire to assist the
community with their skills.

Kumfra Tankpara and Doungyu Yambare, Traditional Healers, November 19, 2010

Access to Western medicine in Sankana consists of one clinic and one chemical store. While chemical sellers do come on Market Day, the main dispensaries of Western medical treatment come from the two aforementioned sources. The chemical store does not have a large variety of supplies. Prescriptions are accepted, but not needed, and the seller will assist with providing medical advice. If they cannot help, they will refer to the clinic. The chemical store in Sankana has been there since 2002.

The clinic is run by a nurse, Patience Bayaa, who has held her position for four years. The clinic has been established since 2003 and she has one assistant to help with documentation
and weighing patients. In a day, she treats an average of 20 people, 12 of which come for malaria. The ailments she treats most often include: malaria, upper respiratory infections, skin infections, home accidents, and diarrhea. When a sickness is beyond her ability or supplies, she refers patients to the clinic at Kaleo (a neighboring village) or the district hospital at Nadowli. According to Patience, before the establishment of the Sankana clinic, people received medical treatment from chemical sellers and the bone healer. At the clinic, Patience only treats physical illnesses, but concedes that there are many aspects of illness that are not always physical. She does not use traditional medicine, and would not refer a patient to a traditional healer because “I don’t think they can treat most of those conditions,” (Shannon Dick, November 23, 2010). She did say that she sometimes treats people after they see a healer, but this does not happen often. I also spoke with a nurse at a nearby clinic called Jang Health Center. Unlike Patience, Tengan Mary Immaculate personally uses traditional and Western medicines. At her clinic, they will sometimes refer a patient to a traditional healer. She gave an example of circumstance when a child has convulsions.

The payment at the clinic is the same as the system used for the Komenda clinic and Kissi hospital. Patience did say that most people who come to the clinic at Sankana are insured.

Preference and Perceptions

By understanding the nature of traditional medicine and Western medicine in the two communities, I observed that in Komenda, people generally prefer Western medicine, while in Sankana, people are more inclined towards traditional medicine.

In an attempt to determine if treatment decisions differ based on major or minor illnesses, I asked community members where they would seek treatment for a headache compared to

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7 In reference to the most common ailments she treats
malaria. In Komenda, everyone I spoke with went to either the chemical seller or hospital for a headache, and for malaria only one person said she would go to a healer (although she also uses Western medicine to treat malaria). In Sankana, everyone except for one person used Western medicine to treat a headache, but for malaria, only two people used Western medicine – the rest rely on traditional medicine for treatment of malaria and fevers.

While people in Komenda expressed that they never used traditional medicine and had no desire to do so, all of the community members I spoke to in Sankana use traditional medicine or would use it under certain circumstances. Furthermore, for malaria treatment, most of the Sankana community members treat themselves using traditional medicine. When I would ask them what they used, they would point to a number of nearby trees and explain that they boiled and bathed in the leaves for treatment.

Concerning multiple health seeking behaviors, he research demonstrates that Sankana residents tend to use both medicines, and usually use traditional medicine first, whereas Komenda residents use Western medicine and do not regularly mix treatment preferences. All except one of the Sankana residents I interviewed expressed that they use both Western and traditional medicines. In Komenda, however, only three people (including community members and chemical sellers) used both traditional and Western medicine. No one that I spoke with used traditional medicine exclusively, and apart from the three, everyone else only chose to use Western medicine.

In Sankana, traditional medicine is very accessible and not very costly. People do not make much money, but they also do not spend much money. Western medicine, while inexpensive, is not as easily accessible as traditional medicine. For the people of Komenda, however, traditional medicine is not as accessible. When people do seek treatment
through traditional medicine, they go to healers or herbalists. Only one the community members I spoke with in Komenda preferred traditional medicine to Western medicine, while in Sankana most people did not have a preference, but many preferred traditional medicine to Western medicine, and some used it exclusively. Furthermore, Sankana residents, when they do prefer Western medicine, mentioned that they fall back on traditional medicine when Western medicine fails. As one community member, Jacob Butana, commented: “Traditional medicine is helpful because when the clinics can’t help, we fall back on traditional medicine: and when there weren’t so many clinics, we relied on them,” (Shannon Dick, November 26, 2010). While in both locations each medical field is appreciated and generally respected, Komenda residents tend to rely on Western medicine and practices while Sankana residents prefer traditional medicine.

_Above Picture: Leaves used for malaria in villager’s home, Sankana, November 18, 2010_
“The Young Ones Will Not Obey” or “It Will Improve”

Although it cannot be denied that despite the introduction of Western medicine, traditional medicine is still prominent in Ghana, one must question whether the latter will survive Western influences. As the research in Komenda and Sankana suggest, the longer Western medicine remains in an area, and that area becomes “developed,” the less people rely on traditional medicine. Consider the fact that the Komenda clinic was established 29 years before the Sankana clinic – the preference both communities have when it comes to medicine is not merely coincidental. Going back to the quote from Twumasi’s 1975 book that appeared in the introduction of this paper, one must wonder if his prediction that “traditional practitioners will fade away” (110) in Ghana has become a reality.

While it is undeniable that traditional medicine in Ghana has changed, much as Western medicine continues to change, it still remains a prevalent source of medical care. Although in Komenda there is a trend towards relying on Western medicine, traditional medicine is still accessible and used in addition to Western based medicine. The current overlap of those who use both forms of treatment suggests an interrelationship between the two medicines. From the perspective of my research in Komenda, however, I would agree that Western medicine is favored and plays a role in all forms of medical care, even for traditional healers. Healers and herbalists in Komenda have adapted with Western influence, which is especially prominent in the presence of Christianity in healing, as well as methods of payment for healing services. The attention is given to the physical aspects of the illness, similarly to Western medical practices, yet the holistic approach to illness is still present among healers. As Ole Bjorn Rekdal suggested from his field research in Tanzania with the Iraqw,
“The adaptive features shown by African healers, whether serving to maintain cultural continuity or implying the invention of entirely new ways of understanding illness, can, I believe, account for much of the continued popularity of African traditional medicine.” [1999:472].

In the case of Komenda, I find Rekdal’s assessment applies. As Western medicine continues to assert itself into Ghanaian culture more and more securely, healers adapt in order to bridge the gap between the old and the new. While there is still a more holistic approach to illness, healers also work with Western medical institutions by sending their patients for check-ups. They do not deny Western medicine, but rather work with the resources it provides in order to secure the wellbeing of their patients.

In Sankana, the nature of medical treatment is different in many ways. Western medicine is used in Sankana, and many people, when asked where they would first go for a medical problem, said the clinic. However, traditional medicine is still relied upon and is often more accessible than Western medicine, especially in terms of hospital facilities. The general attitude towards Western medicine is that “it is good,” but that sometimes it does not work. As one 24 year old school teacher commented, “It failed me,” (Kuari Raymond, Shannon Dick, November 19, 2010). I heard many similar notions from other Sankana residents. The trust in traditional medicine can also be seen in what medicine parents encourage their children to use. Most commented that they would teach or have taught their children about traditional medicine first, and that if they are not better, seek care at the hospital or clinic. Other residents noted that they would teach their children about Western medicine first, mainly because that is where the medical trend is going. For one Sankana resident who himself only uses traditional medicine, he will encourage his children to go to the hospital because “the blood system of [his] children will
be different and they will be well with hospital medicine,” (Kofi Bangera, Shannon Dick, November 26, 2010). The current trend in medical treatment in Sankana can be considered akin to the assessment of Nina L. Etkin from her work done with the Hausa in rural northern Nigeria:

“In Hausa experience, at least, there has been no polarization of use; pharmaceuticals are used concurrently with indigenous plant medicines both by healers and in a wide variety of home/self treatments – a coalescence born of a medical paradigm that embodies versatility in treatment.” [1992:104]

Although there may be preference for one medicine over another, they are both used and serve their own purposes. It is clear, however, that an interplay between the two systems is inevitable in both Sankana and Komenda. The different lies in the preference, and the reason lies with accessibility of certain medicines, as well as the level of influence from the West.

The research shows that the preference for Western medicine is stronger in Komenda due to the fact that Western medical systems have been there for a longer period of time. In Sankana, access to Western medicine continues to be somewhat more limited, whereas traditional medicines are literally everywhere. The real question is: will social preference for medicine in Sankana eventually become like Komenda? One Sankana community member, who is about 100 years old, commented that during her lifetime, they were only using “plant medicine,” but then Western medicine arrived and they saw “a great change,” (Shannon Dick, November 26, 2010). While it cannot be denied that Western medicine has brought change to treatment in Sankana, it is difficult to predict how this will progress.

According to the traditional healers in Sankana, the future of traditional medicine could go two ways. For the bone healer, Samba, no one wants to learn healing from him. While his family members do come to him with problems, they have no desire to learn about medicine. He
sees a problem for the future: while he is getting old and can no longer go into the bush to collect medicines, young boys who he would send into the bush will not go without compensation. The issue is that he is receiving less gifts for his healing because he does not charge, and thus cannot afford to compensate someone to gather the medicine. Another problem, according to Samba, is that Christianity has come and so the youth ignore the tradition because they do not want to be involved in traditional religion: “The young ones do not obey,” thus “the youth ignore the wisdom of the elders and in this ignorance, harm themselves,” (Shannon Dick, November 17, 2010).

In contrast with Samba, the other three healers think that in the future, traditional medicine will improve. Both Kumfra and Dounyuu expressed that they once thought the tradition would “collapse,” but as people continue to come for treatment and they continue to teach their children, it will not collapse, only improve. Signama shared a similar sentiment in that she once thought it would collapse, but now many people come to her from Sankana and neighboring villages, and so she sees traditional medicine as continuing to improve and grow.
Conclusions

In his 1987 research, Charles Anyinam presented an interesting point regarding the future of indigenous medicine: “The major internal and external factors are the beliefs and values of the people; the introduction of Western institutions like education, bio-medicine, and Christianity; the transition from subsistence to a monetary economy; and the changing lifestyle of the people,” (1987:326). Is this true today, 23 years later? Yes. Colonization and Western influences have changed the lifestyle of Ghanaian people, that is undoubted, but the influence does not stomp out the roots of Ghanaian culture. Anyinam largely argued that traditional medicine will die in Ghana due to the fact that younger generations do not take interest in the profession and instead look for the opportunities the West makes available through education, the spread of Christianity, etc. He went so far as to say that “Rural herbalists are not likely to increase because of young people’s current lack of interest in inheriting the healing skills of their parents or relatives,” (1987:334).

While the nature of the profession of being a traditional healer will inevitably alter as younger generations grow-up in a world saturated with Western influences, I argue that traditional medicine itself will not go away. It has evolved in order to survive in a changing world (as seen especially in Komena), but as it continues to provide treatment to multi-generational families, it will remain as a steadfast source for medical treatment. I must concede, however, that all things must change, and that if the nature of Sankana alters (i.e. gravitates away from being an enclosed rural farming community), the influence of Western medicine will increase. As it is currently, however, traditional medicine will continue to be a primary source of health care in Sankana if residents continue to teach and pass down their knowledge to future generations.
Suggestions for Further Study

Due to the time constraints of my project, I was unable to conduct my research in more than two locations. If one was given the time and the opportunity, I would suggest doing a comparative study in multiple rural villages in all regions of Ghana in order to assess the trend of social preference when it comes to medicine. I would also look more closely at proximity of facilities and the interrelationship between Western and traditional medical practices more in-depth and comprehensively. This would add a great deal to the discussion in terms of assessing the level of Western influences on indigenous practice and which areas of method overlap between the two forms of medical treatment.
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Twumasi, P.A.

Appendix B

Traditional Healer

1. Where did you learn to become a healer?
2. Have your practices changed from what you were taught?
   a. If so, in what ways?
   b. If not, why?
3. What medicines do you use?
4. Where do you get these medicines?
5. How do you prepare them and apply them?
6. How is religion used in healing?
   a. Libations?
   b. Prayer?
7. How many people do you treat a day?
8. When people come to you for treatment, how many times do they see you before they are cured?
   a. Do you treat them when you first see them?
   b. Wait a day?
   c. Return several times?
9. How long have you practiced traditional medicine?
10. Has your practice of healing changed since you began?
    a. When/why/how?
11. What are the most common ailments/illnesses you treat?
12. Have you ever treated someone for malaria?
    a. What medicines do you use?
    b. Were they cured? How many days did it take?
    c. How often do you treat people for this illness?
    d. Do you have any medicines that are used to prevent malaria?
    e. How many people use these medicines?
    f. Have you ever gotten malaria? How did you treat it?
13. Have you ever referred someone to a hospital?
    a. If so, why?
    b. Can you give an example or circumstance?
    c. If no, why not?
14. Have you ever treated someone after they were treated at a hospital?
    a. Can you give an example or circumstance?
15. Does this (the above) happen often?
16. Would you ever seek treatment at a hospital?
    a. Why/why not?
b. Circumstance?
17. What do you think about western medicine? – (I often had to substitute “hospital” for “western” in order to get my point across through translation.)
18. How would you define “illness”?
   a. Is it a problem of the body?
   b. Is it a problem of the spirit?
19. How does this (the above) inform how you treat people?
20. Have you/will you teach anyone else about traditional healing?
21. There is a movement towards standardization of herbal medicines, what do you think about this? – (This was added after Komenda but would have been a more relevant question in that setting.)
   a. How will this affect you?
22. Do your family members come to you with health problems?
   a. Do they also go to the hospital?
23. What medicines did/do your grandparents use? – (This was added after Komenda but would have been a more relevant question in that setting.)
24. What medicines do you/will you encourage your children to use?
25. What do you see as being the future of traditional medicine in your community?

Health Care Center/Hospital

1. How long have you worked here?
2. Where did you receive training for your position?
3. What are the ailments/illnesses you treat most frequently?
4. How many people do you treat in a day?
5. When would you refer someone to another health care center or hospital?
6. Would you ever refer a patient to a traditional healer?
   a. Why/why not?
7. How long has this facility been here?
8. Where did people go for treatment before this center was established?
9. Where do you get your medicines from?
10. Are there any herbal treatments administered here?
    a. Why/why not?
    b. If so, where did they come from and who prepared them?
11. Do you ever use religion in treating patients?
    a. If yes, how so?
12. When treating malaria, what medicines do you use?
    a. Are people cured from this method? How many days?
    b. How often do you treat people for this illness in a day?
    c. Do you provide medicines that are used to prevent malaria?
13. How would you define “illness”?
a. Is it a problem of the body?
b. Is it a problem of the spirit?
14. How does this inform how you treat patients?
15. What are your thoughts on traditional medicine?
16. Is there a circumstance in which you would go to a healer for treatment?
   a. Why/why not?
   b. When?
17. Have you ever treated someone after they were treated by a healer?
   a. Can you give an example/circumstance?
18. Does this (the above) happen often?
19. How do people pay for their treatment here and what are the prices?
20. There is a movement towards standardization of herbal medicines, what do you think about this?
   a. Would this influence how you treat your health problems?
21. Do your family members use the same treatment as you?
22. What medicines did/do your grandparents use?
23. What medicines do/will you encourage your children to use?

Community Members

1. Where do you mainly go for treatment of health problems?
   a. Why?
2. Where would you go if you had a headache?
3. Where would you go if you had malaria?
4. Do you use traditional medicine?
   a. Why/why not?
   b. Who taught you about it?
5. Have you ever gone to a traditional healer after going to a hospital or health care center?
   a. What were the circumstances?
6. What do you think about traditional medicine?
7. What do you think about western (hospital) medicine?
8. Do your family members use the same treatment as you?
9. What medicines did/do your grandparents use?
10. What medicines do/will you encourage your children to use?
11. Do you prefer traditional medicine or western (hospital) medicine?
   a. Why?

Herbalist/Chemical or Pharmacy Sellers

1. What medicines do you sell here?
2. Where did you learn about the medicines you sell?
3. Where did you get them?
4. *Herbalist* – How did you prepare them?
5. How do people know to come to you?
   a. Advertisements?
   b. Word of mouth?
6. *Herbalist* – Do you ever practice healing with your medicines?
   a. Under what circumstances?
7. Do you give people advice on how to treat their health problems?
   a. How so?
8. *Pharmacist* – Do people need prescriptions to obtain medicines here?
9. What illnesses do people come to you with most often?
10. How many people come to you in a day?
11. Where do you go when you have a health problem?
    a. Why?
12. Have you ever referred someone to a hospital?
    a. When?
    b. Why/why not?
13. Have you ever referred someone to a traditional healer?
    a. When?
    b. Why/why not?
14. Have people come to you after going to a traditional healer? Hospital?
    a. Examples?
15. What do you think about western (hospital) medicine?
    a. Why?
16. What do you think about traditional medicine?
    a. Why?

*Village Elders*

1. When people in your community have health problems, where do they most often go for treatment?
2. Where do you personally first go when you have a health problem?
   a. Why?
3. Do you think traditional medicine is important in this community?
   a. Why/why not?
4. In your lifetime, how has medicine changed in your community?
5. Do you think western (hospital) medicine is important in this community?
   a. Why/why not?
6. What do you see as the biggest health problems the people in your community face?
7. What do you think is it the best method of treatment for these problems and why?
8. What would you like to see happen to health care in your community in the future?