

PREFACE

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The Institute of African Studies has partnerships and collaborative arrangements with many other University departments and Schools. It has for some time been working together with the School of Public Health to forge a fruitful partnership addressing health related issues. In June the Institute and the School collaborated to hold a seminar with support from UNFPA on the broad theme **Socio Cultural Dimensions of Reproductive Health and Human Development**. The major purpose of the seminar was to promote fruitful discussions between staff and graduate students in health and social sciences, which we hope will provide a basis for further meaningful collaboration and cooperation in future in both teaching and research. The seminar papers dealt with interdisciplinary approaches to health and human development issues which are currently very high on the national agenda and are admitted to be inextricably intertwined with beliefs and behaviour patterns of the people. These included the directions and speed of spread of sexually transmitted disease & death (HIV/AIDS), the problems of socializing the young for a healthy and productive adulthood (FLE), under nutrition, abortion and the sad persistence of unacceptably high levels of maternal morbidity and mortality.

The seminar was held at a time in Ghana's history when the power of Northern trained medical practice to treat sickness and ward off disease remains weakened by lack of material resources and the drains on human resources, which have led to half or more of locally trained health personnel operating abroad or in other jobs rather than in the health service in Ghana. It is thus not surprising that an increasing volume of health seeking behaviour in this country is occurring in religious contexts and that the influence of spiritual and traditional healing could be argued to be in the ascendancy. At the heart of the matter is the fact that *culture* in Ghana, as elsewhere, profoundly shapes and moulds the perceptions, aspirations, beliefs and practices which affect health and well being and the behaviour of the sick and their caretakers. It has accordingly long been realized that cultural specialists are needed in the study of health and health seeking behaviour.

Anthropology and Public Health

Heggenhougen and Pedersen (1997) in their chapter in the *Oxford Textbook of Public Health* have succinctly outlined the growing part played by considerations of culture and anthropology and anthropologists in public health. As they stress,

the partial or total failure of scores of public health interventions can be linked to the lack of an understanding of and attention to *meaning* and to the wider socio-cultural context of peoples lives.

Granted that works published in the fifties and sixties had underscored the relevance to health of socio-cultural issues, they note that it was in the mid eighties that the relevance of anthropology and the use of ethnographic methods for understanding and helping to solve public health problems were readily recognized. They thus argue that despite the growth of social epidemiology from the middle of the century and the Alma Atta Declaration on Primary Health Care in 1978, the *new* public health, which takes on board the multidimensionality of health issues and the need for ethnographic as well as medical approaches, is a more recent phenomenon.

As they note, Public Health in the context of globalization and the virtual collapse of state and public medical services and dismantling of welfare states is, like much else, in a state of deep crisis.

They describe the way in which a sanitary model of public health gave way mid century to a biomedical model, which in turn in the seventies evolved into an ecological model encompassing the natural environment. This in turn paved the way for the transition to a socio-epidemiological model prevailing at the end of the old millenium. It is the thesis of Heggenhaugen and Pedersen (1997) that with the new millennium which we have recently entered, a new public health is needed and that in order to achieve it we have,

to review and renovate the mandate, substance, and methods which will force us to redraw the traditional boundaries of public health, including its relationship with medicine and the social sciences.

Again as they note in the health transition occurring, new patterns of morbidity and mortality are altering the agenda of international health. Among the emerging issues posing new challenges are the importance of mental and behaviour related health conditions and the threat of sexually transmitted disease and death. Indeed they underline the fact that it was HIV/AIDS and its spread that was probably the single most important factor contributing to the growing acceptance of anthropological perspectives and methods for public health. Other major issues emerging are the links between Public Health and Human Rights and Public Health and Poverty and Inequality.

Any understanding of epidemiological patterns – any efforts to improve the health of people showing low health indicators – must consider, and attempt to affect, human rights and inequitable socio-political and economic conditions (ibid.)

Meanwhile poverty is pervasive and access to health services is limited.

Politics, Poverty and Health Development in Africa

Professor Francis Nkrumah has recently delivered a lecture to the Annual Meeting of the American Society of Tropical Medicine and Hygiene (Atlanta, November 2001) which takes up this last point. In his paper he looks at the current health and disease situation in Africa in the context of the long term poverty crisis and underdevelopment. He describes how in pre-colonial times health care mainly consisted of traditional medicine. Decoctions of natural plant products were used and the knowledge passed on from generation to generation. These practices still persist. The western based health care system came with colonialism and missionaries. Ghana and other independent African states tried to rapidly replicate medical facilities and train personnel. However these, while never adequate to reach the whole population, were severely cut during the economic squeeze of the 1980s and the restructuring carried out in the context of Structural Adjustment Programs, in which health and education specifically were cut back, resulting in escalating health crises.

At the same time the region has a large share of the global disease burden. This is being aggravated by the changing lifestyles brought about by rapid urbanization and moves away from traditional value systems. These include changing sexual behaviour and reproductive practices leading to sharp increases in new disease patterns and health challenges. In 1985 there was a regional commitment to Primary Health Care which emphasized community based health and related inter sectoral activities. In this the district assumes a pivotal role.

In Professor Nkrumah's words,

the health challenge facing African societies is to increase the ability of individuals, households and communities to reduce the suffering, the burden of disease and premature death at a much faster rate than in the past.

Meanwhile the struggle against underdevelopment and poverty remains of paramount importance and, as Professor Nkrumah stresses, health is a major indicator of human development, the overriding goal of whatever political, social and economic structures are put in place.

The Agenda of the Seminar

The agenda of the seminar was a full one and has been summarized in a report. An array of papers were presented on a variety of significant health related topics. Throughout the participants kept returning to the consideration of *culture*—to perceptions, beliefs, norms and to changing behavioural practices. Ample opportunity was given for discussion and debate and on the last day discussions were held in small groups to address five issues in more depth. As well as social scientists, academics and public health and medical practitioners and administrators, we had representatives of governmental and non-governmental organizations. Everybody was warmly welcomed. The summary of the proceedings formed the basis for a subsequent round table policy and research discussion. The aim was to stimulate further debate among policy makers, academics and donors with a view to promoting innovation and the development of successful new initiatives, both inside and outside the university; in particular to promote strengthening of fruitful linkages between academia and other governmental and non-governmental institutions concerned with the socio-cultural dimensions of Public Health in Ghana. Here we publish a selection of papers from the conference. Several more will be edited for publication including one volume focussing on HIV/AIDS.

Contents of This Volume

The papers included in this volume cover an array of topics dealt with in the seminar. The first by Brigid Sackey is about faith healing and women's reproductive health. It highlights the fact that spiritual churches in Ghana are perceived by many as offering remedies for witchcraft based afflictions of reproductive health. It stresses the need to take a closer look at the beliefs about spiritual causes of sickness in Ghana and how to educate people about its negative impacts on society.

The second paper, by A.K. Awedoba, examines Kasena Norms and Reproductive Health. Kasena reproductive culture is pro-natalist, pro child and pro offspring. The third paper by Douglas Frimpong Nnuroh discusses conjugal morality as perceived by the Ellembele Nzema of Western Ghana and examines actions that constitute a breach of the conjugal code. These are linked to concerns about the current escalation of sexually transmitted death in the region.

The fourth essay is by Clement Ahiadike and examines facts concerning the incidence of self induced abortion in Ghana and the fifth by Doris Essah looks at Akwapim school children and their needs for family life education. The final piece, Dr. Owusu's, discusses nutrition and its important links with reproduction.

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