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# IMPACT OF TRADITIONAL PRACTICES ON WOMEN'S HEALTH IN AFRICA: RESEARCH CONDUCTED IN CAPE COAST, GHANA, JUNE 2001

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## INTRODUCTION

Traditional cultural practices are found in every social unit, in all societies. They stem from values and beliefs intrinsic in the cultural fabric of any given society. Such beliefs lead to certain practices in the area of health that can be a detriment or a benefit to a segment of a population. Examples in Africa range from FGC (female genital cutting); preadolescent or early adolescent marriage; nutritional taboos; social, cultural, and educational preference for male children; pregnancy practices and taboos, dowry-related mistreatment and enslavement of wives; abuse related suicides; etc. In all these examples, it is women who are affected by the traditional cultural practices. Some of these harmful traditional practices contribute to the high rate of mortality in women and children in Africa (United Nations, 1998). By healthfully influencing these traditional and cultural practices, the mortality rate could be reduced. Following from this, the purpose of this study was to describe harmful traditional marriage and family health practices of women in Ghana, West Africa, assess their current attitudes and beliefs about these practices, and make recommendations for culturally respectful alternative approaches to family life and health.

The benefits of this research are many. Harmful traditional practices have a great negative health impact on the affected women. Some traditional practices and beliefs also result in severe physical damage such as hemorrhage, obstetric complications, tetanus, blood poisoning and increased risk of HIV infection.

Women also are affected psychologically. For example, the tradition of providing a dowry can put women in slavery for the rest of their lives. Living in this situation can lead not only to chronic depression, it can also lead to many other health problems associated with reproductive health (United Nations, 1998).

Previous studies reveal that these harmful traditions have a big impact on maternal mortality rate. In order to eradicate and to find beneficial alternative practices, it is imperative to understand the roots of these traditions. It is also important to understand attitudes of local people toward the traditions. As a result, one can get a better grasp on how to design culturally appropriate educational programs that can be implemented. The United Nations (1998) stated that most of the traditions have continued because of ignorance about the health consequences of those harmful traditions and, therefore, they continue to contribute to high maternal and infant mortality rates.

Finally, by discovering the health needs of girls and women resulting from traditional cultural practices, better public health programs can be implemented. With the growing number of refugees and immigrants in the United States, and with the increase in globalization, this work will be useful to health care practitioners who care for those groups. Additionally, the methods can be used to conduct research with other cultural groups. International health organizations that operate in Africa could use this information to support their work.

### *History of Ghana*

Ghana is located in West Africa with the Atlantic Ocean to the south, Togo to the east, Cote d' Ivoire to the west and Burkina Faso to the north. The republic of Ghana got its name from the ancient Ghana Empire in the Western Sudan, which fell in the 11th century and is the first black African colony to gain independence. Until independence from the British colonial rule on March 6, 1957, Ghana was known as the Gold Coast. The Portuguese were the first Europeans to arrive in Ghana. The remnants of approximately 30 castles can be seen along the coast of Ghana. The castles support witness to four centuries of the presence of Europeans trading in ivory, gold and slaves. At the height of the slave trade, there were more than 60 strongholds along the coast, which is a mere 350 miles long. These castles were built by the Dutch, Prussians, French and British. The capital of Ghana was moved to Accra from Cape Coast by the British in 1876. Ghana is an important U.S. ally in promoting economic and political reform and respect for human rights in West Africa. (Boateng, 2003)

### *Ghana Family Structure*

In traditional communities in Ghana, every child is treasured. Once a child had been born, it is accepted, and the Ghanaian parent firmly fixed in traditions will do everything necessary to see that the child grows in happiness. Being young or old, the Ghanaian belongs to a large family. Family in Ghana goes beyond spouse and children to the extended family of parents, siblings, uncles, cousins, aunts, grandparents and great grand-relations. Behind every Ghanaian, there is the extended family, which is a source of strength and assurance. (Boateng, 2003)

## METHODS

### *Subjects*

Participants in this study were from the Keta District of the Volta Region of Ghana. Volta Region occupies the Eastern part of Ghana sharing border with the Republic of Togo. Keta district lies on the Coast and the inhabitants are mainly fisher-folks. They settled in Cape Coast in the Central Region of Ghana specifically at the village called Duako near the University of Cape Coast. The men are engaged in net fishing while the women are pre-occupied with fish-mongering and gari preparation. Gari is an indigenous Ghanaian food prepared from cassava.

The people from Keta District were selected based on the fact that it is a low-income community; therefore they are more likely to have poor health. The main language of this group of people is Ewe, but Fante is the language used in their area of resettlement. They belong to a race of people of the southern part of the Volta Region mainly in the Keta District called the Anlos.

### *Instrument*

Key opening questions were developed, however, many follow up questions were added as a result of responses given. Focus group discussion and one-on-one in depth interviews were the methods used to gather data. The questions were designed to ascertain information related to traditional practices and how they affect health.

### *Research Design*

This research was conducted by using a qualitative research design. A series of focus group sessions with women and men were facilitated by a local translator who understands both the culture and the languages. This research was based on a convenience sample. The people who took part in this research were villagers who volunteered and were obeying the call of the elders.

### *Procedures*

The translator, who is a native of Anlos, approached the elderly to inform them about this research and explained to them the benefits on participating in this research. After permission was given to conduct research in that village, the announcement was made by the elders to the whole village. This is usually done by one designated person in the village who beats the drums for the community's attention, and then the announcements are made. After this announcement, the researcher met with the elders prior to collecting data. The elder's approval was required to conduct the research. In this culture, the elders are well respected in the community; they provide wisdom and guidance to the younger generations. The researcher trained the translator on the mission and goals of the research, as well as how to lead the focus group. The translators coordinated the event by gathering the focus group members. The focus group was comprised of 13 men and 15 women between the ages of 30-70. The education level of this group was very low. It ranges between one and six years of elementary school. Most of the participants were fishermen and traders with the exception of a few nurses. They all had children, ranging in age from three to nine years old.

The focus group discussion took place in a community center. In order to build a trust between the researcher and the respondents, the researcher shared personal information with the group. They were very interested in the researcher's cultures and had a lot of fun laughing at some of the traditions from her home country (Rwanda). This created a comfortable moment for the researcher to start asking them about their culture and traditions. The discussion began by asking general health information. Other questions that were asked included traditional marriage practices, pregnancy and delivery practices, nutritional practices and contraceptive use.

At the end of the interview, the researcher provided a presentation on health education based on information given during the interview, then thanked the respondents and the translators. Incentives of 30,000 cedis to buy drinks were provided as cultural norms of both the researcher and the subjects. Incentives of 30,000 cedis were also provided to the translator. The total incentives were equal to 60,000 cedis, which is equivalent to \$10 U.S.

During the focus group discussion, the elders recommended that the researcher conduct house-to-house interview because this would allow her to get in-depth information that was not shared during the focus group. This recommendation was mainly due to the fact that both men and women were mixed during the focus group and this caused a need for privacy for certain information such as marriage practices or labor and delivery information.

Following the focus group discussions, house-to-house in-depth interviews were conducted. The houses were selected by using a method of convenience. By walking in the village, the researcher and translator picked those houses with people sitting outside and visible. Five houses were selected. In each house, only women were interviewed, in order to confirm the information that took place the day before while conducting focus group interviews. Each house interview took at least between one and two hours.

## RESULTS OF THE STUDY

Participants in the study perceive their health to be poor. Self-reported reasons for their poor health included drinking alcohol, stress, use of aluminum containers, chemical use on nearby agriculture, early marriage and birth, lack of parental guidance, media influence on today's youth, eating bad food and closed blood vessels. Participants shared many traditional cultural health practices. These practices are described below.

### *Traditional marriage practices*

The average age of marriage is between the ages of 18-25. There is formal marriage training by the elders for the new couple. Dowry is given to the bride's parents. The dowry is usually clothes and/or jewelry. Divorce is usually handled on the family level first, and then the case goes to the elders to handle. It is very rare that it is not handled by the family or by the elders. Inner family marriage is encouraged in order to prevent diseases that may come outside their family.

### *Traditional customs related to pregnancy*



A pregnant woman should never expose her belly, split fire wood, sit on an upside down pan or pass through a broken fence. She should always use the main entry of a house. A pregnant woman should never eat sugar cane and she should have a very special piece of cloth that she needs to wear around her belly in order to prevent the child from being sick.

#### *Traditional customs related to childbearing*

After delivery, women assisting with the delivery shake the women in order to remove the placenta. Before a woman delivers the baby, she should tie an egg at the door of the house in order to protect the baby from evil.

#### *Contraceptive use.*

When asked about methods of contraceptives, the women responded that it is not a problem in their group since they are old already. They do not need to worry about anything; only young people should worry.

#### *Other customs*

A plant called Aviamagba is used for reconciliation. A man also uses it when he has been having an affair with other women. It is believed that if he cheats, and then chews aviamagba leaves, he will never be found by his wife; however, if he forgets to chew the leaves, he might get serious hiccups and possibly die. Traditional chewing sticks and charcoal are used to clean the teeth.

## DISCUSSION

Results of this study reveal certain traditional health customs that are harmful and other that are positive. Positive customs included pre-marriage counseling, respect of the elders and not eating junk food when pregnant. According to Groom (2001) premarital counseling is important in strengthening marriages and it can be done using different programs and approaches. In this study, the researcher found that premarital counseling is being done by family members who are well respected, such as the elders. Respect of the elderly was another positive tradition that was discussed. According to Mosadomi (2000), respect of the elders is both a moral and cultural value. Lack of respect for the elders is considered disobedience and an insult. Respect of the elderly is important in other cultures besides Africa. For example, the World Assembly On Ageing II that took place in Madrid in 2002 stressed the need for support and respect of elders worldwide. (United Nations, 2002)

Another positive practice that was discovered was that when women are pregnant they are strongly advised not eat junk food and not do harsh work. This is a recommendation that most women are given. This practice is commonly endorsed worldwide. According to the Pregnancy Health Center (2003), it is recommend that pregnant women eat a healthy and balanced diet for both the health of the mother and the baby.

Harmful customs that were reported included shaking the mother after delivery to help release the placenta. This is not a healthy tradition because it can lead to heavy bleeding. During the first few weeks after delivery a woman should avoid too much phys-

ical activity because it can lead to lochia (Baby Center, 2003), defined as “Vaginal discharge made up of mucus, blood and tissue that continues after delivery for up to six weeks. Usually bright red and as heavy as or heavier than a period in the first few days after birth, then gradually tapering off.”

Another tradition that can be harmful is that of not using condoms, risking infection of sexually transmitted diseases. The use of condoms is recommended because it can reduce the risk of getting STDs including AIDS (HealthLink Medical College of Wisconsin, 2003).

Some customs that seem innocent, such as tying an egg on the door, wearing a piece of cloth on the belly or using aviamagba as medicine for hiccups, may be negative. Belief that these customs can prevent harm may delay medical attention in cases of serious health conditions.

Several limitations of the study are acknowledged. First, there was not enough time to fully understand the culture and get close to people. It is hard to understand the roots of the traditions in a very short time. In addition, this research was based on a convenience sample; therefore it may not be generalized to other communities in Ghana or elsewhere in Africa.

In summary, this community seemed to know their health problems; however more health education will be needed in order to help them understand the cause and prevention of diseases. Since the level of education is low, the community could benefit by training some of their own people as community health educators. More studies should be done in order to elaborate on this topic. There should be sustainable development programs in this region. This will help the population to receive more income, thereby improving their eating habits and seeking medical care more often. Positive customs should be encouraged and reinforced, and education on customs that can be harmful should be provided. More education on sexually transmitted diseases, safe newborn delivery practice and nutritional education would be beneficial to this population.

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