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ANSWERING 'WHY'— THE GHANAIAAN CONCEPT OF DISEASE



INTRODUCTION

Traditional Beliefs and Health

There was a time when it was considered un-Christian to discuss matters relating to African traditional beliefs and customs or Asian cultural practices. But in examining traditional practices in Ghana and Pakistan in this issue, we recognize that traditional thought is of prime importance. Beliefs and cultural practices have a strong bearing on health behaviour, especially in the more traditional societies of developing countries.

As a part of the search for a better understanding of health, the Christian Medical Commission is committed to new ways of service which respect and take seriously indigenous traditional beliefs and encourage the use of all available health resources in communities most affected by poor availability of health services. Traditional healers in the more rural communities of third world countries have practised their art for generations and they are much trusted by the people they serve. In places where there are no hospitals and clinics, they provide important services which, more often than not, are the only first-line health care available. It is therefore of supreme importance that church-related health workers try to know and understand their healing methods and techniques so that these can be improved where possible. Also, traditional practitioners have a lot to offer western-type health providers by way of understanding health behavioural patterns of traditional people.

It is also recognized that traditional healers use methods of healing which, while rational in terms of the culture and beliefs of the people they serve, can at times be harmful and dangerous. Traditional birth attendants or midwives have been known to use infected instruments for cutting the umbilical cord after delivery and to use dirty material such as cowdung for dressing the cord. This obviously leads to a high incidence of neo-natal tetanus which can be easily prevented through the use of simple aseptic delivery techniques. Traditional midwives can be influenced through orientation courses to change these "unhealthy" health practices. To ignore the fact that they exist and that these midwives can perform useful service to their com-

munities would be to miss an important opportunity for communication. As we have shown in several earlier CONTACTs it is possible to retrain these midwives with very positive results for village health work.

There are other types of traditional healers whose methods of healing are based almost entirely on spiritual beliefs which cannot always be explained rationally as some western-trained health professionals would want to believe. It is in situations of this kind that the involvement of church-related health workers comes into conflict with Christian religious practices as we know them today. Even here, there is need to view Asian and African Christians in the context of how they reconcile their traditional beliefs with Christ's ministry on earth.

Our main article considers some of the issues arising from traditional Ghanaian belief and how these beliefs affect health behaviour. Dr. Peter Akwasi Sarpong, Bishop of the important and growing diocese of Kumasi, obviously faces these challenges in caring for the spiritual needs of his congregations. He considers it an important challenge to the Christian, western-type health provider to try to understand people as they express their traditional beliefs and cultural practices in relation to their health behaviour. How things happen, or how disease affects individuals is well understood in these cultures, but the coincidence of why particular people should be afflicted in a particular place at a particular time is understood to be the work of ancestral spirits and divinities. In trying to understand the reasons for behaviour, someone trained to think and reason in an un-African way easily faces a dilemma. Traditional religious beliefs should not always be categorized as non-Christian. After all, many Christian practices of today borrowed a lot from European non-Christian culture.

The reference of Dr. Sarpong to the research being done on herbs and their clinical effects augurs well for a country determined to solve the problem of serious drug shortages. In the Philippines and India, too, much is being done to popularize the use of remedies from local herbs. The Christian Medical Commission is committed to assisting development in the field of health on the basis of promoting self-reliance and the use of appropriate technology in developing countries.

Our second article by Heather Carmichael describes beliefs that may lead to "negative" health behaviour but reference is also made to the use of local beliefs to encourage practices of western medicine with demonstrated efficacy. The use of oral rehydration solution explained on the basis of washing out dirt from the bowel is a case in point.

Traditional healing methods and traditional healers will for a long time be the only health services available to deprived communities in many parts of the world. Every effort should be made on all sides to develop them for better use. In this endeavour health workers and modern health institutions have a special role to play.

R. Amonoo-Lartson

About the author:

Rt Rev Dr Peter Akwasi Sarpong was born in 1933 in Maase-Offinuso, a traditional town near Kumasi, Ghana. He was educated in Kumasi and Cape Coast, did his theological studies in the Seminary in Cape Coast, Ghana. He took postgraduate theological studies in Rome and anthropological studies in Oxford. After extensive pastoral work he became Bishop of Kumasi. He has written several books on Ghanaian culture, including "Girls' Nubility Rites in Ashanti", and "Ghana in Retrospect" and numerous articles on the meaning of Christianity in an African context. He is Vice-president of the Ghana Bishops' Conference; Chairman of the Dept. of Ecumenical Relations; Chairman of the Justice and Peace Commission.

CMC NEWS

Two new members of our staff arrived in early 1985, adding much-appreciated expertise to the work of the Christian Medical Commission:

Dr. Ruth Harnar joined the CMC staff as Consultant in Nursing in January, 1985. She has previously worked as a missionary nurse in India for many years. She has served as director of the School of Nursing and Nursing Superintendent in Jackman Memorial Hospital in Bilaspur and Director of the MIBE Graduate School for Nurses in Indore. The last nine years of her career in India she worked with the Voluntary Health Association of India where she was particularly involved in workshops, short courses and writing in the field of community orientation of health personnel. Her great experience in teaching of

nurses, her involvement in curriculum revision for nursing education programmes and her commitment to community based nursing and health care promise that she will make a valuable contribution to the staff of CMC.

Christa Stalschus is the new administrative assistant for CMC. She came to Geneva from Germany 22 years ago and has worked at the World Council of Churches since her arrival here. Previous to her appointment at the CMC she was administrative assistant in the Sub-Unit *Church and Society* of Unit I of the WCC. Christa's language ability and strong administrative sense promise to be most helpful in running our office. She replaces Christine Wade who had to leave for family reasons.

Answering 'Why'— THE GHANAIAN CONCEPT OF DISEASE

By Bishop Peter Sarpong

Modern medicine has done much to control and contain disease. It is continually finding new answers to communicable disease. Yellow fever, for example, is no longer a threat to life; with one injection one can become immune to the disease for the next ten years. Diseases whose causes are known scientifically are cured through medicine or surgery. But modern medicine is often helpless against many kinds of cancer; even a less complex disease like jaundice still kills thousands throughout the world.

Disease, therefore, remains an enigma. It causes death, which is even a greater mystery than disease. Theories about the causes of disease range from the fantastic to the highly religious or completely scientific.

The Ghanaian View of Disease

The traditional Ghanaian has his own ideas about disease and, like any other human being, avoids illness. When the traditional Ghanaian falls sick or when a friend or family member gets sick, there is sadness because of the pain of the experience, but also because of the possibility that illness will end in death.

So the Ghanaian dreads disease and believes that disease is almost never natural. A person of ripe age can be sick and die, but this is believed to be a natural death due to old age.

When disease strikes suddenly, it cannot be normal. When disease takes away the life of a healthy young person, there must surely be something wrong, and when disease appears to be incurable and becomes chronic, it must surely be due to something that the victim or some other agent has done or willed to someone. To be sick, therefore, appears to the traditional Ghanaian to be abnormal. He knows that there are only a few people, if any, who never get sick but that does not take away the conviction that disease is evil.

Although all disease is evil, the Ghanaian often makes a distinction among various diseases. There is, first of all, the disease that one acquires before he is born: A baby may be born blind or somehow deformed. If this happens the cause is usually thought to be the sinfulness, moral misbehaviour or stupid action (intentional or unintentional) of the child's parents or of some other person. Such children were, in the past, quickly done away with at birth, for they carry with them the evidence of sin. Being abnormal, they were unacceptable right from the beginning.

Adults, too, become sick. Of the sicknesses that adults get, there are two kinds: one is unclean, the other is not categorized. (There is, of course, no such thing as a 'clean' disease.) The unclean diseases such as epilepsy, leprosy, smallpox, insanity, excessive diarrhoea, and



Ulrich Schweizer/Switzerland

Traditional Ghanaian village

swelling of the body are by their very nature, dreadful. Unclean diseases are a disgrace to the persons who contract them and to their relatives. Because of this, relatives hide the victim of an unclean disease if it is at all possible, thus often aggravating his condition. Before anyone outside the family is aware that a person is suffering from leprosy, the disease has caused its damage. So, even with the availability of modern medicine, it becomes very difficult to help such people.

Whatever type of disease one is dealing with, the victim is never abandoned by his or her relatives. To abandon a relative who is suffering from a disease, no matter how disgraceful, is to commit a very grave social sin. Indeed, it means one is liable to contract the disease oneself. The relatives of a sick person are bound to be near him, even to eat with him from the same plate. This is meant to give consolation which in turn may be part of the healing process.

The implications of such an attitude towards a sick person are obvious for the practice of scientific medicine. We know from scientific evidence that certain diseases are highly contagious. Nobody needs to be convinced that to go near a tuberculous person is to risk contracting tuberculosis. But time and time again in Ghana families feel bound to eat with their relations who are suffering from tuberculosis (which in Ashanti is called *nsamanwa*: the disease of the ghosts).

Preventive medicine in such cases has to involve educating people to realise that such social imperatives are real threats to their health. Many diseases could be prevented if relatives did not consider it an obligation to go near a sick family member or to stay with him and even share food from the same plate.

Another belief about sickness is that the sick person should never be ridiculed or laughed at. Sickness is a curse. It may result from many causes, but even when it is clearly thought to be the fault of the sick they should not be laughed at. One has the right to be annoyed, to be stern and even to suggest that the afflicted person deserves to be sick; but to ridicule is quite a different thing. In spite of everything, one has to show sympathy, and if the patient makes amends and is cured, he or she should be forgiven. In any case, one is never absolutely sure whether the disease has been caused through the patient's personal misdeeds.

Disease can be caused by an act unwittingly done by the patient or another person.

THE SPIRITUAL ASPECT OF SICKNESS

In Ghanaian traditional thought, diseases can be caused and are often brought about by God Himself. There are certain patterns of behaviour which God is supposed to abhor. Such patterns of behaviour are connected especially with chiefs and heads of tribal groups and clans. When such people persistently offend God, it is thought that God will one day show His power by inflicting punishment on the leader's people in the form of disease. While such diseases can affect individuals, they are often said to be communal. So epidemics and pestilences or a great increase in infant deaths are often attributed to the direct intervention of the All-Holy God who hates man's misdeeds.

In Ghana, as in many parts of Africa, there are no priests or temples, as such, of God. God is not worshipped as are the divinities, nor is he venerated communally; but when a disease or an epidemic is thought to have been caused by God, then the whole nation or tribe or community which is suffering rallies around its communal head and makes a joint sacrifice to God to appease him. In such situations, people think that the western type of medicine is in-



Ulrich Schweizer/Switzerland

Community life has deep roots

adequate. The disease is spiritually and divinely caused, and likewise, the remedy must be spiritual and divine.

Health is equated with being at peace with God. For as a matter of fact, whatever the cause of disease, it can be traced back ultimately to God. The divinities and ancestors can act to cause disease, but they more or less are deputies for God. Even evil witches and sorcerers could not perform their acts if God did not allow it.

Divinities

The Ghanaian believes in a second category of disease-carrying agents—the divinities. They are many; they have their devotees; they have their laws. They are said to bring about illness in two ways. Someone who is not a devotee of the divinity may offend a follower of the divinity. Since that devotee is under the protection of the divinity, it is the divinity's right and duty to rescue the devotee by afflicting the aggressor with a disease.

A second way in which the divinity can punish with a disease is when the person who has placed himself under the divinity breaks the laws of the divinity. Every divinity has laws and taboos which devotees must keep meticulously. If they do not, it is their own fault that the divinity reacts by causing disease.

Aside from these two examples of the way divinities cause disease, there is also the case of a person, whether a devotee or not, who offends the divinities, for instance by using their names disrespectfully or by stealing from their temples. Quarrels can also be settled by recourse to divinities. Two people in dispute swear the oath of a divinity, and it is believed that those who swear falsely will have themselves to blame, because divinities so slighted will inflict punishment. When a divinity is thought to be the agent of the disease from which someone suffers, the disease is described as spiritual, and a spiritual remedy is sought.

Ancestral Spirits

The role that ancestral spirits are supposed to play in bringing about disease can easily be understood if one knows that ancestors are said to be the originators of most of the laws, taboos and customs of a traditional Ghanaian community. These laws are made for observance by the living. One may not sell ancestral

land; one must perform proper funeral rites for a dead relative; one must not commit incest; one must not omit ancestral veneration. When one of these injunctions is broken, the ancestors are said to become annoyed and to punish the living with diseases of one kind or another.

The difference between the ancestors and the divinities on one hand, and God on the other hand, is that God is the universal norm of morality. He can punish anyone, anywhere, whereas normally the ancestors deal with their own living relatives and the divinities handle their devotees and those who, in some way, offend the devotees. When an ancestor is thought to be the cause of disease, the ancestral shrines become the focus of attention. Sacrifices are made to the ancestors on their shrines; prayers are said to them and they are implored to forgive and forget. Health in the first place means being at peace with God, the divinity and ancestors.

Sorcerers

Diseases caused by God, the ancestors or the divinities are spiritual diseases. So also are diseases caused by sorcerers. A sorcerer is an evil person. He uses tangible objects over which he makes incantations; but the results of his spells are physical. It is said that a sorcerer may take a piece of bread, mention a person's name and pray over the bread with the intention that if the bread is eaten, the heart may be pierced with needles.

In Ghana this type of spiritual poisoning is very much believed in, and many people are accused of being involved in it. There is obviously physical poisoning in Ghana, also. If a person comes into contact with or eats a naturally dangerous object like the bile of a crocodile, he



Museum of Ethnography, Geneva

Ashanti style weight for gold became symbol of power

or she will be sick and is likely to die, but this natural poisoning is not usually thought to be related to sorcery.

A person suffering from a disease said to have been caused by a sorcerer cannot be cured unless he goes either to a powerful divinity or to a good healer. Both are the avowed enemies of the sorcerer and the witch. To protect oneself from the sorcerer and the witch, one has no alternative but to place one's life under the protection of a divinity or a good magician. It is a strongly held belief that someone who develops a strong personality through a blameless life becomes invulnerable to both the sorcerer and the witch. He is healthy.

This is the Ghanaian concept of preventive medicine. The good magician or the divinity will use all the power at his command to protect his devotee from the baneful influence of these malevolent agents.

Witches

The witch is probably more evil than the sorcerer. For, while the sorcerer can be detected because he or she acts with physical objects, the witch is supposed to work entirely psychically. In intention, the witch is the same as the sorcerer, but in technique the witch is quite different because the witch has no need of physical objects to produce effects. The witch acts in concert with other witches, and is believed to eat human flesh and drink human blood spiritually. Therefore the witch is dreaded in society.

One effect of the belief in witchcraft on modern medicine is that to avoid the influence of witches a sick person who needs an operation may travel to a far-distant place to have it instead of having it performed in the hospital of his own town or village. He does this because of the belief that witches cannot strike at a distance; a witch can only cause harm to someone near at hand. As a matter of fact, it is a common belief in Ghana that witches only bewitch very close relatives. This is not always the belief elsewhere in Africa. In some African societies witches are said to be able to cause harm only to enemies or strangers.

The Influence of Fate

Another way in which diseases are said to affect people is through their own fate or destiny.

Many Ghanaian peoples believe strongly that before they come into the world they either receive a destiny from God or they choose their own destiny before God. Depending on what kind of destiny it is, they may choose or be asked to take a certain course of action in life. Now, such destinies are unavoidable except under very extraordinary circumstances. Why some people deliberately choose to be sick or suffer from certain types of diseases which everyone knows are extremely terrible, or why God, who is the All-good, All-kind Father, decides that the person should be so afflicted in life is not at all clear in the thinking of the Ghanaian. What he knows is that if one is destined through self-selection or divine imposition to suffer from a disease for a given time, then nothing can be done about it.



Samuelsson/Lutheshjälpen, Sweden

Ghanaian market scene

Destiny does not take away a person's accountability. In the first place, if one's destiny is self-chosen, then it is one's own fault if one is sick. Secondly, even when it is divinely imposed, it is understood that God would not have imposed such a hardship on a son or daughter except for a very serious reason. Thirdly, destiny accounts for only a fraction of the incidence of disease. A disease that afflicts a person, is successfully treated, and then attacks again some time later, is very likely attributed to fate or destiny. The remedy for such a disease would involve appeal to God to change destiny.

Health has to do with decisions one takes or accepts before one is born! The acceptance of what is thought to be inevitable is essential to the traditional Ghanaian.

WHAT IS A HUMAN BEING?

At this point, it would be good to discuss briefly what traditional Ghanaian thought holds a

human to be. Like most African peoples, Ghanaians believe that the human being is a composite of several elements which are contributed from different sources. Among the Ashanti the belief is that the mother produces the blood. Anything to do with the flesh, anything of man that can be seen, touched or smelled is said to be from the mother and is generically termed *bogya*. With the flesh alone, man would be no different from an animal; with the flesh alone, there would be no difference between one person and another. The difference lies in the fact that each person has a different personality. The personalizing principle (*sunsum*, i.e. the spirit) is said to be given by the father. The *sunsum* is that which distinguishes an individual from any other person on earth. But then, animals, too, have their flesh and personality or individuality. What distinguishes animals from human beings is that animals do not have the soul (*okra*). This is a particle of God with which God Himself animates the human person; it is the humanizing element in man. God also supplies the breath of life (*honhom*). Without the breath of life, one simply would not be living. There are other components of man, but for the purpose of this discussion, these key elements will suffice.

A person dies when the breath of life leaves him and goes back to God. The *okra*, too, turns to God, while the *bogya* and the *sunsum*, or the body and personality of the dead one go into the ground. A person with a strong personality cannot be bewitched. A person with a weak personality is easily the target of evil agents. The *okra* has something to do with sickness when it is caused by destiny or by God. Since the *okra* is part of God Himself, the *okra* is affected if God is not happy with the person. The *okra* becomes sad, and the person

becomes unhappy, his bodily rhythm is affected, and he may become sick or even die.

Most remedies for diseases caused by the agents already mentioned, therefore, aim at either *strengthening* the *sunsum* of the person or *comforting* his *okra*. Often in order to regain one's health, one has to confess one's sins. For example, some still believe that if a woman commits adultery when she is pregnant, she will have a very difficult delivery, and she will even die in her labour if she does not confess her sins.

Hence, the most effective way of guarding against being bewitched is to develop one's character, to acquire the virtue of goodness, to lead a clean life. These are some of the things that strengthen one's personality, and both the sorcerer and witch will recoil from a strong personality. What is more, these virtues please God, the deities and the ancestors.

HEALTH

In sum, there is a clear correlation in traditional Ghanaian thought between moral evil and physical evil. The former causes the latter and the latter is an indication of the presence of the former. But this understanding is by no means complete. Apart from all these beliefs, there is still the strong belief that one can be the cause of one's own illness without God, divinities, ancestors, sorcerers, witches and fate coming into the picture at all.

In the first place, if a person continuously does evil, he weakens his own personality and thereby weakens his resistance to disease. More importantly, just as fire burns when you touch it, there are certain behaviour patterns which are associated with certain diseases. If one kills another human being, one offends the



Ulrich Schweizer/Switzerland

Working in the fields

earth and is likely to become mad. If a girl indulges in prepubertal sex, there may be famine or an outbreak of some mysterious disease. If one eats one's totemic animal, one is certain to be infested with boils, and so on.

TABOOS

There are several taboos which may not be broken. The explanation of taboos is like the Greek story of Oedipus: breaking a taboo causes disease or some hardship, whether or not one is aware of breaking the taboo. A taboo must not be broken, and that is all there is to it. Many Ghanaians, like other African peoples, believe strongly in what one may call "eternal vigilance". If it is a taboo to go to the farm on a particular day, then it is an obligation on one's part to remember that. To go to the farm on that day because one forgets which day it is does not exonerate one from guilt. Of course, committing the offence knowingly is evidently a much more serious transgression. Strict observance of taboos is important because breaking them might mean disaster for the whole community.

Religion is not a private matter. It is of communal importance. Religion has to do with disease, religion has to do with medicine. It is evident, therefore, that the remedy to any ailment depends upon what spiritual agent is thought to have caused that ailment. Hence, when a person falls sick in a given community, even though there may be a western-style doctor and medical facilities in the village, the sick person is brought to the attention of the doctor only when he is at the point of death. His relatives first try to find the cause of the disease that afflicts him and to apply treatment appropriate to the cause. The proof that the diagnosis may be wrong appears only when the remedy is ineffective. If the remedy does not work, then the family thinks that the disease may have occurred naturally.

NATURAL DISEASES

In addition to all the other causes of disease, Ghanaians know that sickness can also be natural. It is a part of life to be sick from time to time; but a natural disease should be treated without difficulty. There are herbs, seeds, barks of trees, roots, fats and oils that have medicinal properties. Some of these are believed to work wonders. Traditional medicine has been used to treat complicated fractures and cases of insanity which western medicine had



Marquart/Deutsches Institut für Ärztliche Mission

Traditional Ghanaian Healer at Work



given up on as hopeless. Traditional medicine often combines the use of spiritual and physical remedies. When physical remedies alone are used, the person responsible is nor-

mally called a "herbalist" although a herbalist need not always use only physical medicine.

When herbal remedies are applied to a patient who does not regain his health quickly or who recovers only to relapse or to catch a different disease, then for the Ghanaian, there is unmistakable evidence that the disease is special.

FAULTS OF TRADITIONAL MEDICINE

Several things may appear to be wrong with traditional medicine:

- Traditional medicine may not guarantee accurate diagnosis for it often relies on symptoms only. Just because a person suffering from what is described as "stomach-ache" was successfully treated with some concoction from certain herbs, for example, it is thought that another person suffering from "stomach-ache" should be successfully treated with the same concoction.
- Dosage in traditional medicine may often be inaccurate and children may be given the same dose as adults.
- Traditional medicine is often practised in most unhygienic conditions, and it usually ignores sterilization of instruments and throwing away of outdated and contaminated medicines.
- In traditional medicine there is often no free sharing of knowledge. Knowledge of herbal remedies may be shared with a few close relatives or it is not shared at all.

A new element in the traditional pharmacopoeia is recourse to faith and healing churches. A Christian who believes that an illness is not normal will in some cases (but by no means all) approach a spiritual healer for help. There are hundreds of such Christian healers in successful practice in Ghana.

In medicine there is a lot to be said for confidence; and the confidence of the Ghanaian in traditional medicine can be profound. Traditional medicine is now being studied seriously in Ghana. National Associations of traditional healers have been formed, and serious research into the medicinal value of herbal plants is underway, mainly at the University of Science and Technology in Kumasi and also at the University of Ghana at Legon near Accra. At the Centre for Research into Plant Medicine, Mampong-Akwapim, medicinal plants are being classified and Ghanaian herbal preparations are undergoing clinical trials. Ghanaian western-type doctors and traditional healers collaborate in the effort. At a nearby hospital a special clinic has been set up to provide in-patient treatment. Traditional medicine should give even greater benefits after this systematic research.

The Medical Mission Sisters working in Techiman in the Brong Ahafo region of Ghana rely heavily on traditional herbalists in their health work in remote villages. Herbalists are found in every village community. The Sisters encourage them to determine and practise accurate dosages for each patient and to adhere to hygienic standards. The programme also emphasizes the importance of traditional midwives who perform more than 70% of the deliveries in the districts in which the Sisters work. These midwives are taught the techniques of aseptic delivery. In such situations what is needed is mutual trust, patience and continuity.

ANSWERING WHY

To offer a summary of what has been discussed so far: the Ghanaian, like other Africans, adopts a philosophical approach to disease.



Ulrich Schweizer/Switzerland

Returning home after market

Man is meant to enjoy good health, but man is perpetually ill. There must be a cause for this, but the cause is not always obvious.

An epidemic cannot come about without cause. God is good. If he allows dozens or hundreds of people to die in a community, then there must be a reason. The reason cannot be the wickedness of God, so it must be the wickedness of man himself. If it is not God who is annoyed, then it must be the divinities or the ancestral spirits.

The Ghanaian knows very well that there are natural causes of happenings. He knows that there are certain rules of cause and effect which are inevitable. There is no mystery about them. They require no explanation beyond the normal. What is explained by recourse to sorcerers and witches are the particular conditions in a chain of causation which relate an individual to natural happenings.

To give an example, one may explain scientifically to a mother that her child died of a sickness caused by a hepatitis virus which he got from someone carrying the virus. The mother has no problem with this explanation. She accepts it. But her questions may remain unanswered. Why did the infection enter the body of her child? Many people went near that sick person, why did they not get jaundiced, too? The doctor who explains her child's death to her has handled many such patients. Why has the doctor not got jaundice and died? And why do others who get jaundice recover? For the woman, the scientific explanation has only succeeded in revealing that witches really exist and are indeed powerful. Belief in witchcraft serves to explain the particular and changeable conditions of an event and not the universal conditions. The witch is only the agent for bringing together unrelated circumstances.

The plain truth is that man has never found the answer to the question: "Why?". All our scientific explanations answer the question: "How?". Causes of death or illness are often explained by the western-trained person on the basis of how they happen, but not why.

If a tree is blown over by the wind and falls on someone, it is understandable. But this particular tree has stood for a long time. Similar winds have often blown. People pass under the tree every day. Why should that particular wind blow and cause the tree to fall at a particular moment when a particular person is passing by? The answer for many Ghanaians is that only witchcraft could have brought these

random happenings together in time and place. So long as the "whys" of happenings are not adequately explained, the Ghanaian, like his counterparts all over Africa, will find it difficult to abandon his traditional view of the concept and causes of disease.



Museum of Ethnography, Geneva

Ashanti style funeral urn

IMPLICATIONS FOR HEALTH WORK

The health worker has to keep in mind that he cannot afford to regard his patients as superstitious. He has to feel *with* them and to realize that man is a complex human being. Any attempt to deal with man piecemeal dehumanizes him. Man is at one and the same time moral, religious, political, social, economic, cultural. Man is not a truncated being. He is integral; he is human. He has no political or health or economic problems—he has human problems. The solution to his problems, therefore, must be human.

For the African the spiritual world is as real as the world of electricity and space flights is to the European. Health for the African concerns the whole person—body and soul, spirit and matter. Bodily strength without a corresponding spiritual improvement is meaningless. Most Africans would prefer death to what they consider to be disgrace. Their life, their world view, is spirit-oriented. Health care must penetrate that world view, or else it becomes dehumanizing.

There is no hunger, there is no disease, there is no poverty. There are *persons* who are hungry, *persons* who are sick, *persons* who are poor. The difference between disease and *persons* who are diseased is enormous. Health should be concerned about the whole person against the background of his illness rather than just the disease that afflicts him. If one is concerned about *persons* who are diseased, one takes

everything into account. Often the health worker has to bury his or her own pride in order to do so. Whatever happens, as a general rule, the sensibilities of the patient should be supreme. Although the health worker will have to make difficult decisions, there must always be respect for the convictions of the patient.

The African respects life, he holds it to be sacred. He wants to be able to create and continue life. For example, no calamity can be greater for him than childlessness. Sterility is a total disgrace, and death may be preferred to disgrace. The health worker has to be prepared to understand these problems. What is life? What is good health without children?

Sickness has a communal weight. It concerns the whole community. A member of the community cannot be healthy if he is not at peace with his community. If a neighbor does not visit someone from his village who is sick, he will not forgive himself, and the people of the village will not forgive him, either. Visits to the sick are a social imperative. Is the health worker right, in these circumstances, to prevent friends from visiting a sick person because his disease is contagious or because he is too ill to be visited? Often a visit from a relative boosts the morale of a sick person. When visitors are forbidden, his condition may become worse.

Among the Ashanti, it is traditionally a calamity for one to die on a bed. One must die on the ground because the earth is our mother on whom we depend whether alive or dead. Dying on the ground is a peaceful death. And a peaceful death is health. So, when relatives of a very ill person think he will die, they will do all in their power to take him home. What does a health worker do in such a situation? Does he risk letting this person die on a bed with the result that his family will curse themselves ever afterwards, or does he allow them to take the patient home, even if there are hopes, however slim, that he will recover?

A dying person must be given water to drink to prepare him for the long, hazardous journey ahead. Does a health worker agree to this cultural obligation?

And what about the deformed baby? Does a health worker look after him until he grows and becomes a burden, the unmistakable evidence of sin, an object of shame? Or does he give the baby to his parents, knowing very well that they will sooner or later get rid of it in one way or another?

What of the prolongation of life? Or what of a person accused of being a witch who would sooner die rather than live with the stigma of being regarded as a witch?

Should rural health workers go in for service to all (or at least the majority) at the expense of quality, or do they insist on quality at the risk of not helping the majority? Faced with 300 patients, if the lone doctor spends an average of five minutes with each, that doctor needs 25 hours to see them all, while an average of one and a half minutes on each patient would allow more people to be helped in the given time. Difficult choices will have to be made.

Closely allied with this problem of efficiency versus practicability is the problem of deployment of personnel and financial resources. Should highly qualified personnel and huge sums of money be sought for health work that will indeed be efficient but only help a few, or should one rather concentrate efforts on what will be beneficial to the most people?

There are no universal answers to these questions, but in answering them the health worker must bear in mind that in the African situation the patient may have values which he cherishes more than "health". For the African, life is not to be dichotomized. Life begins in the world of the spirits, continues on earth, and ends in the world of spirits. The wholeness of life makes the spiritual dimension of life and health as real as anything we can see or touch.

Ulrich Schweizer/Switzerland

"Health work in Africa must take traditions into account"



From Pakistan— **BELIEF AND HEALTH**

By Heather Carmichael, MD

Health is dependent on more than medical technology. This article focuses on some of the socio-cultural factors operative in Pakistan and their effect on health. That people's beliefs regarding health and disease affect their health is self-evident. Some of these beliefs will be helpful, some harmless, but others will be harmful. What follows describes some of the most common of those beliefs harmful to health which we have to deal with in Pakistan.

- *Hawa lagna*: This is the belief that exposure to air of a febrile child will cause pneumonia or polio or some other complication. For this reason children with fever are well wrapped up and are not bathed.

In one of our villages an 18-month-old child developed paralysis of his arms and legs three days after becoming febrile. His mother was convinced that his paralysis was due to her bathing him on the day he developed the paralysis. Thus she was not able to accept the message that the child could have been saved by giving him polio drops which had been offered on two occasions in her village.

- *Pregnancy and post-partum period*: Because during pregnancy and the post-partum period a woman is susceptible to evil spirits, both she and her family are in danger. She must stay at home, not going out for any reason. This prevents her from receiving antenatal care or getting help in an emergency: the family members feel they would be exposing both her and themselves to even greater danger should they let her go out.

Another detrimental belief held by many women including some *Dais* (traditional midwives) is that a lot of post-partum bleeding is a good thing because it gets rid of the dirty blood. In our two most remote villages where this is a very firm belief, there is a tremendous amount of anaemia in women, partly due to this belief.

- *Saya*: Someone's 'shadow' coming over a person, often a child, is believed to cause

illness. Underweight children are usually thought to be victims of this and so the treatment for malnutrition tends to be *tawiz* or 'charms' with no thought that it is simply the result of inadequate diet.

Barren women or women who have lost a child are often blamed as the cause of *saya*. One of our health workers in a village lost her last child and so is not welcome to visit in some homes where there is a newborn baby.

- *Magic curses*: That illness is due to a curse is also a common belief. This curse may be the result of someone using a charm, *tawiz*, or getting a witch to put a curse on someone.

- *Evil spirits or the evil eye*: These are also believed to be causes of illness. Fits will often be blamed on evil spirits, and also hysteria. To ward off the evil eye people will dress their boys as girls, and will say they are weak even when the child is obviously fat and healthy.

- *Ideas about breast milk*: Most villagers believe that colostrum, the first milk after childbirth, is bad and will not give it to the baby. Apart from the benefits of colostrum itself being lost to the baby this may also be a reason why some women fail in breastfeeding as the baby is not allowed to suck until the 'good milk' comes.

If a woman loses a child this will often be attributed to her milk being bad. This may be confirmed by such tests as putting an ant in the milk: if it lives the milk is good, but if the ant dies the milk is bad. This has obvious dangers to the health of the baby. In passing, this idea of of the mother's milk being bad is not just a village idea: many doctors advise women that their milk is bad and will even do microscopy to prove it.

- *Ideas about food*: The system of dividing foods into 'hot' and 'cold' leads to misconceptions of disease causation. Orange juice causes cold and sore throat; hot foods cause diarrhoea; bananas cause chest congestion; eggs are hot and so cannot be fed to children in summer, etc.

A very common belief is that a child does not need solid food in its first year, that giving food

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will cause abdominal distension and diarrhoea (there may be some truth in this). This results in 60-80% of under-fives being underweight. A survey has shown that in Pakistan 50% of one-year-olds receive liquids only (as well as 10% of two-year-olds). The effect of this on mortality rates and the future health of the adult population is far-reaching.

● *Ideas about diarrhoea:* We did a survey in our villages to establish what women believed were the causes of diarrhoea and got the following list: eating something 'hot'; eating something 'cold'; *sangli* falling; weak stomach; eating *chappati*; eating potato or *dal*; drinking too much water; a blow on the back; falling flat. For each cause there was a different home treatment to be applied. Some treatments were good, some harmless, but some bad. Generally people believe that giving water or food to a child with diarrhoea will only make it worse.

These beliefs can affect people's health at different levels. It may be that they fail to seek any treatment at all (as we understand treatment) or that they seek treatment but the communication between health worker and patient fails. It often means that they are unable to understand how to prevent illness because they have an entirely different idea about its causation. We often say they are careless, but in reality they do not see the sense in our advice and so do not follow it.

In one of our villages a 40-year-old woman died after three months of vomiting. They called me to see her for the first time just 30 minutes before she died. Although we visited that village weekly they had not consulted us or any other health worker before because they thought the illness was the result of a curse. Thus they had sought treatment from holy men and magicians. So, because of their belief, they gave us no opportunity to use the technology which might have been able to save her.

Even if they had called me, I might have made no further progress with her than I did with another woman in the same village who had post-menopausal bleeding. She was convinced it was a curse, and this had been confirmed by the local spiritualist who had told her that medicine could not help her. I suggested she needed a dilatation and curettage but she was not interested because, "it would cost too much; the problem really was a curse, and in any case the result would be God's will and she could do nothing". She saw the problem in its

practical (D&C too expensive) and spiritual aspects, whereas to me it was simply a scientific exercise of a problem to be solved by a technique.

How can the scientifically-minded communicate across this great gulf of differing world-views? Firstly, we must know what the common beliefs are. The patient may not tell us what is really in her mind about her illness (they quickly learn to tell only those things they know we will accept). Even when the patient does not volunteer that her illness is due to *hawa* or *saya* or whatever, we need to bear in mind that she probably thinks this and bring it out ourselves.

Our attitude to these beliefs, then, becomes crucially important. Even if we cannot respect the idea, we can respect the person and not ridicule or scold him. Moreover, we often find there is some truth in the beliefs. We need to take their beliefs and build on them where possible. For example, we found that women, who thought diarrhoea was due to eating a 'hot' food, treated it with sugared water. We can take this custom and reinforce it as a very good practice and improve on it by the addition of salt. Again, the idea that feeding an infant causes diarrhoea is quite correct, but usually because of the poor hygienic conditions in which it is done. So we can agree but at the same time try to explain why this happens.

Sometimes it may be necessary to explain things in a non-scientific and perhaps not strictly correct way. One of our village health workers tells people that rehydration fluid works because it cleans out all the 'dirt' in the gut. This way she relieves their anxiety about the continued loose stools and gives them a reason they can understand for giving fluids.

Illness is not just something to be cured but an opportunity for growth, and true health is more than just the absence of disease.

We can use beliefs to increase the patient's understanding (and our own) of health and illness. Even if we are not able actually to treat the complaint, for example if someone feels she has been cursed, this may be an opportunity to talk about her relationship with others and with God, the need for forgiveness, etc. This is very relevant to us as Christian health workers. We are not just technicians concerned with eradicating disease but people concerned with healing in a holistic sense.

In his novel "1984" Orwell describes four ministries through which the party holds power:

- a Ministry of Peace concerned with war;
- a Ministry of Love for law and order;
- a Ministry of Plenty to deal with scarcities;
- a Ministry of Truth where a vast system of brain-washing is planned and executed.

He did not need to describe a Ministry of Health concerned with disease: we have already one.

We are properly concerned with eradicating disease, with curing, but as Christian health workers we must also remember that God can bring forth good out of evil, that God can use illness to develop in a person an understanding of herself and God. Illness is not just something to be cured but an opportunity for growth, and true health is more than just the absence of disease.

NEW PUBLICATIONS

Family Profiles, edited by Masamba ma Mpolo. World Council of Churches, 1984. Paperback, 96 pages.

This book tells stories of families from many different countries, all of whom have faced problems of change. The stories are told by people who have been involved in a project initiated by the Office of Family Education of the World Council of Churches which explored the potential which small groups of families have to bring about social change.

Price: \$ 4.95, £ 3.25, or SFr 9.90.

Available from: Publications Office
World Council of Churches
PO Box 66
1211 Geneva 20, Switzerland

**District Health Planning and Management,
EPC Publication No. 2**, Patrick Vaughan, Anne

Mills, Duane Smith. London School of Hygiene and Tropical Medicine, 1984. Paperback, 44 pages.

The second in a new series of discussion papers, reviews and annotated bibliographies from the Evaluation and Planning Centre, this pamphlet discusses developments required to support primary health care. The development of more decentralized health management at district level has been seen as necessary for the success of primary health care. This paper suggests that a first step for countries wishing to develop district management might be to analyse actual problems of supporting PHC from a district perspective, and then move towards solutions.

Price: £ 3 prepaid includes postage.

Available from: Evaluation and Planning Centre
London School of Hygiene and
Tropical Medicine
Keppel Street
London WC1E 7HT, U.K.

CONTACT is the periodical bulletin of the Christian Medical Commission (CMC), a sub-unit of the World Council of Churches (WCC). It is published six times a year in four languages: English, French, Spanish and Portuguese. Present circulation is in excess of 25,000.

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