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Akan Healthcare Delivery System and Its Effect on Modern Healthcare Practice in Ghana

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ABSTRACT

In many societies, medicinal knowledge including healthcare delivery, is associated with cultural and religious traditions. Among the Akan of Ghana, cultural knowledge about healthcare includes beliefs and practices as well as the use of expressions of culture in accordance with indigenous laws and mores of the people. In this paper, we argue that despite the external influence exerted through modernity and scientific developments, Akan cultural and religious traditions in healthcare have proven worthy in addressing many health needs of the countless poor among the Akan and other socio-cultural groups in Ghana. The research approach was cross sectional and involved a sample size of 200 individuals. The paper identified that Akan religion and cultural knowledge about medicine/healthcare continues to play tremendous roles in many communities, even though it has not been fully accepted and acknowledged in Ghana. The existence of indigenous healthcare with other forms of medical care has positive impact on the socio-economic life and total well-being of people. There is therefore the need to tap more into this religio-cultural knowledge on medicine and healthcare.

Keywords: Akan Religion, Culture, Healthcare, Knowledge System, Role.

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1. Introduction

How to make use of whatever resources that people have whether material, intellectual or spiritual to enhance healthcare delivery particularly in developing countries; where access to healthcare is problematic especially for child health and maternal health as well as other vulnerable population, is an important concern for the Millennium Development Goals². This is due to the realization that “health is central to global agenda of reducing poverty, as well as an important measure of human well-being in

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² R. Dodd and A. Cassels. ‘Centennial Review: Health, Development and the Millennium Development Goals’. *Annals of Tropical Medicine and Parasitology*, Vol. 100, Nos 5 & 6 (2006), 379-387.

its own right”.³ Making maximum use of available resources of a people for a development purpose such as healthcare delivery constitutes an important reason for this concern. Moreover, the now global policy acceptance that for any development to be effective and sustainable, it must have its basis in a people’s own resources and make the proposition of using religious and cultural resources as a significant case for consideration.⁴

Recent studies suggest a broad relationship between religion and health. Scholars like Doug Oman,⁵ H.G. Koenig et al,⁶ de Oliveira et al,⁷ Reis et al⁸ and Wendy Cadge⁹ have written on the evidence, relevance and implications of religion/spirituality on health and healing. They have expansively examined the relationship between medicine/healthcare and religion in communities of different geographical and cultural background. In many societies, medical knowledge including healthcare delivery, is associated with cultural traditions such as religion. In their work on ‘Health and Spirituality’, Vander Weele et al identify that the participation in religion has a broad protective impact on population health in the United States.¹⁰ They revealed that clinicians in the United States better relate patients with health-related resources that are provided by faith-based organizations. Access to spiritual resources and religious practices help build resilience especially in physicians and health workers towards disease treatment. Vander Weele et al argue that complete focus on spirituality has the tendency to improve person-centered approaches to well-being long sought by health workers and their clients.

Also, E. Weathers¹¹ in her assessment of the spirituality and healing in the Middle East indicates the relevance of spirituality to health among breast cancer survivors. With reference to the work of Harandy et al in 2009, Weathers concludes that religious resources were the primary source of psychological support among cancer survivors in the Middle East who simply attributed their cancer to the will of God. Christina M. Puchalski¹² acknowledges the phenomenal advances in medicine through technology which gives the ability to prolong life. However, she writes that, in the past few decades, health practitioners have balanced their care by reclaiming medicine’s more spiritual roots, linking modern times religiosity to health care. Puchalski argues that compassionate care involves serving the whole person (i.e.: the emotional, physical, spiritual and social). According to her, “such service is inherently a spiritual activity”.¹³

Described by Jensen as an integral part of human existence and cultural history, religion remains the domain of human thought and behavior which attract much attention in many cultures in today’s world.¹⁴ With regard to traditional African culture, the focus of this article, extraneous factors such as modernization, science, and Christianity have affected indigenous norms. These factors have caused African culture to lose its essence and its influence on many aspects of life such beliefs, practices, social relationships and customs. In Zambia, for instance, the American scholar Robert I. Rotberg described early Christian missionaries’ attitudes toward Zambian culture, especially religion, as a head-on collision.¹⁵ Missionaries did not only condemn the customs, beliefs and practices of the indigenes, but were with a mindset to offer benefits of European civilization to a regressive people.¹⁶ Also, Marcia Wright in her work on German Missions in Tanganyika (1891-1941) has described a similar

³ R. Dodd and A. Cassels. ‘Centennial Review’. Vol. 100, Nos 5 & 6 (2006), 379.

⁴ Gerrie ter Haar. *Religion and Development: Ways of Transforming the World* (New York: Columbia University Press, 2011), 8.

⁵ Doug Oman. *Why Religion and Spirituality Matter for Public Health: Evidence, Implications, and Resources*. (Springer, 2018).

⁶ H.G. Koenig, M. E. McCoullough and D. B. Larson, *Handbook of Religion and Health* (1st Ed). (New York: Oxford University Press, 2001).

⁷ A. L. C. B. de Oliveira, C. D. A. Feitosa, A. G. dos Santos, L. A. de A. Lima, M. A. Fernandes and C. F. de S. Monteiro, ‘Spirituality and Religiosity in the Context of Drug Abuse’. *Revista Da Rede de Enfermagem Do Nordeste*, 18(2): 2017, 283–290.

⁸ L.A. Reis and T.M.O. Menezes, ‘Religiosity and Spirituality as Resilience Strategies Among Long-Living Older Adults in Their Daily Lives’. *Revista, Brasileira De Enfermagem*, 70(4): 2017, 761-766.

⁹ Wendy Cadge. *Paging God: Religion in the Halls of Medicine*. (Chicago: University of Chicago Press, 2013)

¹⁰ T. J. Vander Weele, T. A. Balboni and H. K. Koh, ‘Health and Spirituality’. *Journal of American Medical Association*, 1: 2017, 1-2.

¹¹ E. Weathers. ‘Spirituality and health: A Middle East perspective’. *Religions*, 9(33): 2018, 1-17.

¹² Christina M. Puchalski. ‘The role of spirituality in health care’. *Baylor University Medical Center Proceedings*, 14(4): 2001, 352–357.

¹³ C. M. Puchalski. ‘The role of spirituality in health care’. (2001), 352.

¹⁴ Jeppe S. Jensen. *What is Religion?* (Routledge, 2014), vii-viii.

¹⁵ Robert I. Rotberg. *Christian Missionaries and the Creation of Northern Rhodesia, 1880–1924* (Princeton, N.J.: Princeton University Press, 1965).

¹⁶ See Klaus Fiedler. *Christianity and African Culture: Conservative German Protestant Missionaries in Tanzania, 1900–1940* (New York: E. J. Brill, 1996), 8–9.

situation during the early Moravian missionaries activities in Rungwe, one of eight districts in the Mbeya region of Tanzania.¹⁷

Communities and groups of people who adhere to traditional belief systems and to local knowledge in healthcare, education and leadership, among others often are represented as backward, and even uncivilized.¹⁸ An American scholar, Nada Shrestha has written about some Christian missionaries mocking local medical practices and making indigenes feel ashamed of their traditional medical delivery systems.¹⁹ Presently, modernization, science, and other forces of globalization still regard the rights of indigenous people, their political, economic and cultural knowledge systems as not only backward, but also unrealistic and romantic.²⁰

Before the establishment of cosmopolitan medicine in Ghana, traditional medicine was the dominant medical system for millions of Ghanaians. The arrival of Europeans in 19th century, however, was a noticeable turning point in the history of this local tradition and culture of medicine and healthcare delivery.²¹ With group's recognition of the expensiveness of modern medicine and healthcare delivery, the topical debate among many Ghanaians is now how to make healthcare not only affordable and hence more accessible, but also more holistic to people in Ghana. Hence, the main discussion for this paper is how to explore traditional knowledge of healthcare delivery by using Akan cultural practices on healthcare delivery in Ghana as a case. As the vehicle for all forms of development,²² access to holistic and quality healthcare services is important for the achievement of health equity.²³ In this paper, the tradition and cultural knowledge about healthcare, Akan culture and medicine, field findings and study implications are discussed.

2. Tradition and culture/religion

The term tradition implies the transmission of customs or beliefs from generation to generation, or the fact of being passed on in this way. Tradition also refers to the name given to those religio-cultural features which, in situations of change, were to be continued, to be handed on, thought about and preserved.²⁴ Fumie Kumagai describes these features as indigenous systems, customs, values, or traits.²⁵ The term culture, on the other hand, implies a way of life that is natural to a people of a particular group (race, society). Culture is the characteristics of a particular group of people as well as their knowledge as defined by everything from language, cuisine to music; in the context of this article, African traditional religion.²⁶

Cultural knowledge about healthcare in Ghana includes beliefs and practices passed on from generation to generation by various Akan sociocultural groups. Cultural knowledge represents the use of traditional knowledge or expressions of culture in accordance with indigenous laws and mores of a people.²⁷ Furthermore, culture in Akan cosmology is inseparable from religion and spirituality. Religion is considered primary constituent of culture. In other words, religion forms the basis of culture: values, traits and customs. K. A. Opoku posits that "A close observation of Africa and its societies will reveal that religion is at the root of culture and is the determining principle of life. Africans are engaged in

17 Marcia Wright. 'Technology, Marriage and Women's Work in the History of Maize-Growers in Mazabuka, Zambia: A Reconnaissance'. *Journal of Southern African Studies* 10 (October 1983), 71-85.

18 Olutoyin Dare Kolawole. 'Local Knowledge Utilization and Sustainable Rural Development in the 21st Century'. *Indigenous Knowledge and Development Monitor* 9 (November 2001), 13-15.

19 Nada Shrestha. 'Becoming a Development Category'. in Susannah Schech and Jane Haggis (eds). *Development: A Cultural Studies Reader* (Malden, Mass. Blackwell Publishing, 2002), 103-114.

20 Victoria Tauli-Corpuz. 'Box 1: Cultural Diversity—The Right of Indigenous People to Remain Different and Diverse'. in *International Forum on Globalization, Alternatives to Economic Globalization: A Better World is Possible* (San Francisco: Berrett-Koehler Publishers, 2002), 65-68.

21 Ali Arazeem Abdullahi. 'Trends and Challenges of Traditional Medicine in Africa'. *African Journal of Traditional, Complementary and Alternative Medicines* 8 (July 2011), 115-23.

22 Daniel Bour. 'Religion, Science and Development'. in Charles Marfo (ed). *Reflections on Religion and Science* (Kumasi: University Printing Press, 2008), 58-75.

23 United States Department of Health and Human Services, 'Access to Health Services'. (www.healthypeople.gov/2020/topics-objectives/topic/Access-to-Health-Services:2/3/2019).

24 Nelson H. H. Graburn. 'What is Tradition?' *Museum Anthropology* 24 (September 2000), 6-11.

25 Fumie Kumagai and Donna J. Keyse. *Unmasking Japan Today: The Impact of Traditional Values on Modern Japanese Society* (Westport, Conn.: Praeger, 1996), 5.

26 Kim Ann Zimmerman. 'What Is Culture? Definition of Culture'. *Live Science*, (2017). (www.livescience.com/21478-what-is-culture-definition-of-culture.html:2/3/2019).

27 Secretariat of the Pacific Community. *Regional Framework for the Protection of Traditional Knowledge and Expressions of Culture* (Pacific Islands Forum Secretariat and UNESCO Pacific Regional Office, 2002).

religion in whatever they do,” including their concept of medicine and healthcare delivery practices.²⁸ There is an “increasing awareness worldwide about the role of religion and of faith communities in the development arena and the vital need to include them in the development dialogue” concerning traditional medicine and healthcare delivery.²⁹

Positivist theory in social medicine does see the importance of theory in healthcare. Although the theory takes some account into context, it only sees the social in physical terms. In addition, the Positivist theory tends to emphasize parts of the human being “as separate variables, rather than the meanings of all the parts and the whole being connected.”³⁰ Moreover, because of the theory’s concern for cause and effect, positivism only perceives “responses as predictable reactions rather than personal choices and motives.”³¹ This explains the theory’s inability to deal with the spiritual. According to the World Health Organization, health connotes “a state of complete physical, mental and social well-being”.³² Health is defined as the complete and unabridged condition of the human body and not an ailing and hence incomplete state of life.³³ Such a definition suggests the importance of including the spiritual dimension to healthcare delivery if the human being must receive a holistic treatment. Hence, if modern healthcare practices were to merge with traditional, or indigenous ones that combine physical treatment with the spiritual, and is affordable, the resultant healthcare delivery might not only be holistic and efficacious but also accessible to even the economically marginalized in Ghana.

Despite the exclusion of indigenous knowledge from medicine and cultural standards, development theorists, in recent years, have begun to see the need for culture in modern human development, including scientific medicine. The World Health Organization has recognized the importance of traditional medicine and defines it as the health practices, approaches, knowledge and beliefs incorporating plant, animal and mineral-based medicines, spiritual therapies, manual techniques and exercises, applied singularly or in combination to treat, diagnose and prevent illnesses or maintain well-being.³⁴ Thus, the need for an indigenous means to better healthcare delivery has become essential among many development organizations. Today, traditional knowledge and culture of healthcare form a major part of human development policies. This is because culture provides a suitable ground for any form of development.

Traditional knowledge, also known as indigenous knowledge, is the thought and understanding that is locally situated and related to a set of common values, beliefs, experiences and practices held by a particular socio-cultural group, kinship or community. It is also referred to as ‘folk knowledge’, ‘ancient wisdom’ or ‘ethno science’. It is distinguished from Western knowledge³⁵, thus unique to a particular culture and society; the basis for local decision making in agriculture, health and others; embedded in community practices, institutions, relations and rituals.

Traditional healthcare/medicine (also known as indigenous or folk medicine) comprises knowledge systems that developed over generations within various societies before the era of modern medicine. It has been used for thousands of years and greatly contributing to the wholeness of human health, particularly as primary health care provisions at community level and maintaining a worldwide popularity. Since the last decade of the twentieth century, its use has surged in many developed and developing countries.³⁶

3. Akan culture and medicine

Among the Akan in Ghana, traditional healers (herbalists/medicine-men and women) use various resources, methods and techniques such as rituals, divination, cleansing, protective amulets and charms as well as bark and roots of trees, herbs and animal products to heal. The ability and skill to heal are usually passed on through inheritance or developed through training and initiation.³⁷ Thus as

²⁸ Kofi Asare Opoku. *West African Traditional Religion* (Accra: FEP International Private Limited, 1978), 1.

²⁹ G. Ter Haar. *Religion and Development*, 9.

³⁰ Priscilla Alderson. ‘The Importance of Theories in Health Care’. *BMJ* 317 (1998), 1008.

³¹ Priscilla Alderson. ‘The Importance of Theories’. (1998), 1008.

³² Constitution of the World Health Organization (New York: [World Health Organization], 1946), 3.

³³ Family Word Finder Dictionary (New York: Reader’s Digest Association., 1990).

³⁴ World Health Organization. ‘Traditional Medicine’ (2008). (www.traditional-medicine.who.htm: 2015/03/08).

³⁵ R. Woyek & N. Gorjestani. *Indigenous Knowledge for Development: A Framework for Action* World Bank (1998), 4.

³⁶ http://www.who.int/topics/traditional_medicine/en/ (2015/03/08).

³⁷ K. B. H. Cohen. ‘Native American Medicine’. *Alternat Ther.*, 4(6), (1998), 45-57.

indicated, traditional medicine has also a supernatural connection.³⁸ In other words, the general cultural belief is that this medical knowledge comes directly from God and it is made known through the tutelary divinities or spirits. The Akan proverb “If Onyame gives you sickness, He also gives you medicine” explains the belief that “God is the author and source of medicine.”³⁹

In traditional Akan society, diagnoses and chosen methods of medical treatment rely heavily on spiritual direction, oftentimes based on the belief that psycho-spiritual aspects of the human body should be addressed before medical aspects. The emphasis in traditional medicine that illness is not derived from chance occurrence but from spiritual or social imbalance differs from Western medicine, which treats illness or sickness solely in physical terms.⁴⁰ Victor Gedzi has argued how the advancement of science has complicated Western worldview making it to attribute “any cause of illness to verifiable entities like microbes, toxins and internal malfunctions.”⁴¹ He attributes the ineffectiveness of modern medicine to cure certain type of diseases to “this unilateral way of seeing illness” as only material.⁴² However, modern (Western) medicine and numerous westerners do not think sickness is purely physical. Western medicine has grown to emphasize the importance in considering the spirituality of patient during disease treatment.⁴³

Traditional Healthcare Delivery. Traditional healers in the Akan society are persons of fame, respect, good character and are spiritual. They possess a wide range of skills which make them responsible for handling the health needs of their community. Four groups of traditional healers are identified in healthcare delivery among the Akan. These include herbalists, diviners, priests, traditional birth attendants and bone setters.⁴⁴ These categories of people apply traditional or cultural knowledge in health delivery.

Distinct from scientific view of illness and health, which generally excludes the spiritual dimension to healing, the position of Akan understanding accepts a holistic view, including language, spirituality, mythology, customs of local communities and other cultural practices. Every society embraces particular ‘cultural theories’ or ideologies that set the parameters within which normal, abnormal and deviant medical behavior is defined. For example, John J. Macionis and Linda Marie Gerber⁴⁵ argue that the early twentieth century saw a contagious skin disease (such as yaws) in sub-Saharan Africa which Africans themselves considered normal because their neighbors also had it. Health among some individuals is therefore a matter of having the same disease as one’s neighbor. These cultural theories on healing often stem from diverse observations, understandings and interpretations of specific symptoms, behavior of persons affected, and how the symptoms are uniquely experienced and explained.⁴⁶

Unlike modern scientific healthcare, traditional or folk conceptions of healing, as indicated, consider how factors such as the spiritual may contribute to illness. Illness in the Akan society is often perceived as “culture-bound” because the explanations given for various illnesses are based on personal understandings of health that reflect the symbolic structure of their culture as well as local history and environment.⁴⁷ For this people, cosmologically, illness cannot be defined without tracing it from their traditional religious tradition. The traditional African worldview is premised on the interrelationship between the living and the nonliving, natural and supernatural elements and the material and the immaterial. The emphasis on spiritual phenomena is an important aspect of this world

38 T. N. O., Quarcoopome. *West African Traditional Religion* (Ibadan: African University Press, 1987), 114.

39 T. N. O., Quarcoopome. *West African Traditional Religion* (1987), 147.

40 R. A. Lystard. *The Ashanti: A Proud People* (New Jersey: Rutgers, 1958). Also see: G. W. Harley. *Native African Medicine* (Cambridge: Harvard press, 1944).

41 V.S. Gedzi. ‘The Causal Correlation of Sin and Suffering’. *International Journal of Physical and Human Geography*. Vol. 1, No. 1, (2013), 11.

42 V.S. Gedzi. ‘The Causal Correlation of Sin and Suffering’. (2013), 11.

43 See: Harold G. Koenig. *Medicine, Spirituality and Health: Where Science and Spirituality Meet*. (Pennsylvania: Templeton Foundation Press, 2008).

44 K. Appiah-Kubi. ‘Religion and Healing in African Community: The Akan of Ghana’. In L.E. Sullivan (Ed.), *Healing and Restoring*. (New York: Macmillan, 1989), 203-224.

45 John J. Macionis and Linda Gerber. *Sociology* (Pearson Education Canada, 1999), 506.

46 www.tspace.library.utoronto.ca/bitstream/1807/24423/1/9.1_waldron.pdf (13/2/2018).

47 D. C. Clement. ‘Samoan Folk Knowledge of Mental Disorder’. In: A. J. Marsella & White G. M. White (eds.), *Cultural Conceptions of Mental Health & Therapy*. (London: D. Reidel Publishing Company, 1982), 193.

view.⁴⁸ Sickness is sometimes attributed to guilt by the person, family or society for a sin or moral infringement. According to traditional thought, when one has good health, one is in harmony with nature and if ill, one is in a state of disharmony.⁴⁹ This holistic notion of healthcare, however, is not peculiar to African traditional systems of thought. Among various systems of traditional medicine in Asia, most illnesses are apparently classified as having a natural, occultist, or spiritual origin.

Relevance of Traditional Healthcare Delivery: Employment and Income. Herbal medicine in Ghana, as in most African countries, is a very popular healthcare system.⁵⁰ It is usually practiced by traditional or spiritual healers. It is perceived that most households in Ghana have at least an individual or collective knowledge in herbal medicine. Though some herbalists appear to be trained, knowledge of the use of herbs, as indicated, is mostly inherited or informally carried from generation to generation orally. There is an estimated number of over 20,000 traditional medical practitioners in Ghana. For instance, Kumasi has about 5,073 members within the Ghana Psychic Traditional Healers Association (GPTHA) with about 176 rendering clinical services to the masses. This excludes those in Ghana Herbal Medical Practitioners Association (GHMPA) which also have a membership of over 3000 with some of its members operating well efficient clinical service to the people.⁵¹ This gives the implication that herbal medicines and traditional healthcare have provided many with employment and income. There are, at the moment, many herbal clinics, centers, homes as well herbal products providing many Ghanaians with revenue for their development. For example, many traditional medical practitioners like: Dr Asiarnah, Dr Ahmed Kweku Owusu (Akobam clinic) and Dr. Ameen Bonsu have set up small and medium scale indigenous pharmaceutical industries to produce herbal medicine. This has sought to decrease the unemployment rate within the country and thereby providing income.

Dispensation of Holistic Treatment and Healing. Traditional medicine and healthcare in Ghana have always been described as a promoter of good holistic form of treatment and healing. The concept of traditional medicine, as indicated, is such that the spiritual is considered as important as the physical. In traditional healthcare, emphasis is placed on the totality of a person who seeks treatment. This is made possible as a result of the relevance attached to the relationship between the human soul and body. In view of this, traditional medicine and healthcare have played roles directed toward holistic health restoration. It has contributed to the dispensation of holistic treatment which is mostly desired in the process of healing.

Promotion of Socio-economic Development. Indigenous medical knowledge contributes to the socio-economic advancement of all countries within which it is found. Medical education is considered as one of the oldest activities in the world. In Ghana, persons who have received medical education, are revered and held in high esteem, thereby acknowledging their contribution to societal development. Though, there seems to be an absolute concentration and emphasis on scientific healthcare in Ghana, indigenous medicine provides indigene with good health geared toward economic development.⁵²

Healthcare and Ethical/Moral Responsibility. People conceptualize health with what they hold to be morally good, thus, what the society accepts to be morally right or good. This is because members of societies, particularly in Africa, consider a competitive way of life to be “healthy” since it fits their cultural mores. Bad or wrong deeds in their view affect human health negatively. It is believed that good cultural and social norms contribute to the standard of health in different societies. Health issues bring about social inequality which requires that a moral decision is taken to promote healthcare. This is because all societies may not equally distribute the resources that promote personal well-being. Indigenous culture serves a vital purpose in preserving ethical standards that ought to guard behaviors in the people’s medical practice and healthcare. Since humanity forms a central basis in African traditional ethics, practitioners are morally responsible and work for protection of human dignity and respect.⁵³

48 O. Bojuwoye. ‘Traditional Healing Practices in Southern Africa: Ancestral Spirits, Ritual Ceremonies, and Holistic Healing’. In: R. Moodley and W. West (Eds.). *Integrating Traditional Healing Practices into Counselling & Psychotherapy*. (Thousand Oaks, CA: Sage Publications, 2005), 61-72.

49 W. H. Watson. *Black Folk Medicine: The Therapeutic Significance of Faith and Trust*. (New Brunswick, NJ: Transaction Books, 1984).

50 Myles Mander, Lungile Ntuli, Nicci Diederichs, Khulile Mavundla. ‘Economics of the Traditional Medicine Trade in South Africa’. (2007), 189-192. (www.hst.org.za/uploads/files/chap13_07:27/11/2017).

51 John J. Macionis and Linda Gerber. *Sociology* (Pearson Education Canada, 1999), 6.

52 R. Chatora. ‘An Overview of the Traditional Medicine Situation in the African Region’. *African Health Monitor*, Vol. 4, No.1, (2003), 4-7.

53 J. J. Macionis and M. L. Gerber. (1999), 506.

As stated in a previous assessment of your manuscript, the following several sections should appear much earlier in your manuscript. Introduction, Methodology, Empirical Data, Results

4. Methodology

The main objective of this research is to investigate Akan healthcare delivery system and its effect on modern healthcare practice in Ghana. This knowledge on healthcare delivery system is encapsulated in the cultural and religious traditions of the Akan people. The choice of Akan healthcare knowledge is based on the fact that this socio-cultural group forms about 47 percent of the total population of Ghana and also reflects health concepts and practices of the other ethnic groups.⁵⁴

Employing the mixed method, the research approach was cross sectional (thus, among health personnel in various medical fields, traditional healers and non-healthcare practitioners within communities such as Bantama, Sepe Timpom, Asokore Mampong and Ayeduase in the Kumasi metropolis)⁵⁵. The case design used in the research was employed purposely to allow a detailed assessment of Akan culture and healthcare delivery within the research units.

The study relied on both primary and secondary sources of data collection. Reviewing beliefs and practices of healthcare delivery is essential for the paper because any religion/culture has a traditional health knowledge for explaining what causes illness, how it can be cured or treated, and who should be involved in the process. Concerning primary data, the study made use of a specific procedure of data collection which involved views and opinions of respondents of the research units in Kumasi. It became relevant to analyze views of respondents in order to ascertain the prominence of their religion/cultural knowledge in healthcare. This is because such a knowledge system is perceived to enhance healthcare delivery.⁵⁶

The research involved a sample size of 200 respondents, which included nurses, physicians, midwives, herbalist traditional birth attendants, spiritualists, bone setters, students, teachers, traders and research assistants who are a section of the populace in the Kumasi metropolis. The method of simple random sampling was used for selecting all categories of respondents. Aside these (200) respondents, an additional number of 10 traditional healers based on their knowledge on Akan healing practice were interviewed. The Akan like any other socio-cultural group in Ghana share a tradition of rich cultural and profound knowledge in treating and healing infirmities of various kinds. Much of the traditional knowledge on healthcare delivery is obtained from the intellectual resources of African Traditional Religion. In presenting data obtained from the field, the research made use of the descriptive method of analysis (descriptive analysis).

5 Empirical data

Demographical Responses. All within the Kumasi metropolis which is predominantly an Akan community, all 200 respondents consisted of 131 males and 69 females (see Table 1). Data received indicated that not all respondents had obtained formal education. The education background of respondents varied from basic to post-tertiary education. A majority of 87 respondents had obtained tertiary education, while a minority of 13 respondents had received post-tertiary education. Meanwhile 4 respondents had no formal education. Also, respondents were of different age groups which ensured that all categories of persons were involved in the research. The age-ranges of respondents were as follows; below 25 years (16), 25-40 years (72), 41-55 years (67) and above 55 years (45). Among respondents were traditional medical practitioners (59), modern healthcare personnel (70) and non-healthcare practitioners (71). The demography of all respondents engaged in the study is elaborated in the table below.

Table 1.

54 V.S. Gedzi. Principles and Practices of Dispute Resolution in Ghana. Ewe and Akan Procedures on Females' Inheritance and Property Rights (Maastricht: Shaker Publishing, 2009), 20.

55 The Kumasi Metropolis is one of the 30 administrative districts in the Ashanti Region of Ghana. The metropolis is located between Latitude 6.350N and 6.400 S and Longitude 1.300W and 1.350 E and elevated 250 to 300 meters above sea level. It is approximately 270km north of the national capital, Accra. The Metropolis shares boundaries with Kwabre East and Afigya Kwabre Districts to the north, Atwima Kwanwoma and Atwima Nwabiagya Districts to the west, Asokore Mampong and Ejisu-Juaben Municipality to the east and Bosomtwe District to the south. It has a surface area of approximately 214.3 square kilometers which is about 0.9 percent of the region's land area. However, it accommodates about 36.2 percent of the region's population.

56 EuroMed Info. "How culture influences health beliefs", (n.d.): (www.euromedinfo.eu/how-culture-influences-health-beliefs.html/: 5/3/2017).

Demographical responses

Demography	Variables	No. of Respondents	Percentage (%)
1 Gender	Male	131	65.5
	Female	69	34.5
2 Age-Range (in years)	Below 25	16	8
	25-40	72	36
	41-55	67	33.5
	Above 55	45	22.5
3 Formal Education Background	Basic	27	13.5
	Secondary	69	34.5
	Tertiary	87	43.5
	Post-tertiary	13	6.5
	No formal education	4	2
4 Profession	Traditional medical practitioners	59	29.5
	Modern medical practitioners	70	35
	Non-healthcare practitioners	71	35.5

6. Results

Respondents' Views about Culture and Healthcare Delivery. The analytical strategy employed in this present section is to first clarify what is meant by traditional medicine/healthcare delivery and its effects and significance for modern healthcare delivery. Hundred and seventy-seven respondents indicated that they were conversant with traditional medical delivery and its effect on healthcare in Ghana, while 3 respondents Traditional medicine/healthcare was explained by respondents as the use of natural remedies (herbs and animal products) in diseases treatment; the form of medicine/healthcare indigenous to a group of people; herbs, roots, barks, branches, seeds and other natural liquids for preventing diseases and promoting human health. Others understood traditional healthcare as the basic form of treatment and medicine common among Africans usually involving spiritual invocations. In this sense, respondents' definition of traditional medicine brings out its holistic nature.

Several respondents shared views on the nature of Akan culture and its relationship with healthcare. Since this study is on the Akan knowledge on traditional healthcare delivery, it becomes relevant for respondents to answer questions on Akan religio-cultural practices which enhance healthcare delivery in Ghana. Among all 200 respondents, 190 of them indicated that they are aware that religion/culture influences healthcare. However, 10 respondents stated that they are not aware of such an influence on healthcare. Furthermore, 184 respondents mentioned that they are aware of some religio-cultural practices that influence healthcare in Ghana, while 14 respondents taught otherwise. Specifically, 180 respondents stated that they were also aware of some Akan religious and cultural practices that enhance healthcare in many Akan communities in Ghana. Meanwhile 20 respondents stated that they were not aware of such cultural practices.

Among the 180 respondents, some of the cultural practices stated included taboos which prevented talking while eating, singing while bathing and avoiding urination in water bodies to prevent disease outbreak. Respondents again mentioned cultural practices that kept the environment clean and free from infections. Cultural practices, in their view, teach people to comport themselves. Among cultural practices that promote healthcare stated by respondents were puberty rites, communal labor, hygienic and proper storage of food.

When respondents were asked how often they think religious and cultural knowledge influence healthcare delivery in Ghana, 59 respondents said 'often', 81 said 'very often', 24 mentioned 'not often' and 36 shared no idea. In view of this, 177 respondents indicated their use of traditional medicine as against 23 who do not use traditional medicine. Among the 177 respondents, 44 often used traditional medicine, 59 very often used traditional medicine, 18 of them not often use it, while 56 did not know how often they use traditional medicine. Respondents rated traditional medical delivery as follows; bad -44 respondents, worse -12, good -63, very good -31, and excellent -17 respondents. However, 33

respondents failed to rate traditional medical delivery in Ghana. This points to the fact that the majority of respondents believed that traditional medical delivery is of good quality among residents in the Kumasi district.

7. Traditional versus modern medical knowledge systems

The existence of different medical systems has continuously aided healthcare in Ghana. Respondents shared views on the clash of different medical system in Ghana. With regard to the clash of traditional and modern medical knowledge systems, 113 respondents believed that traditional medicine influence modern medicine in Ghana. Some respondents stated that the existence of traditional medical knowledge serves as a cushion to reduce workload on modern medical facilities that dominate medical practices in Ghana. Others stated that modern medicine has been influenced by traditional practice in terms of herbal medicine. However, 87 respondents taught otherwise. These respondents were of the view that rather modern medicine influence traditional medicine. According to them, modern medicine has influence traditional medical practices by introducing scientific and hygienic procedures into it. Others also believe that it has influenced traditional medical knowledge by improving herb prescription and dosage.

In view of this, 91 respondents stated that they prefer modern medicine to traditional medicine. Meanwhile, 109 respondents preferred traditional medicine to modern medicine. Among the 91 respondents, a majority of 27 indicated their reason for preferring scientific medicine as due to the fact that scientific medicines are scientifically tested and produce under hygienic conditions. According to 21 respondents, scientific medicine is very precise in terms of prescription and dosage; 12 respondents mentioned availability of laboratory analysis as their reason for preference; 23 respondents mentioned that scientific medicine is highly effective compared to others. Meanwhile a minority of 8 respondents said it was affordable. Respondents' views are described in the table below.

Table 2.

Reasons respondents prefer modern/scientific medicine

No.	Pros	No. of respondents	Percentage (%)
1	Medicine are scientifically tested and produce under hygienic conditions	27	13
2	Scientific medicine is very precise in terms of prescription and dosage	21	11
3	Availability of laboratory analysis	12	6
4	Scientific medicine is highly effective	23	12
5	Affordability of scientific medicine	8	4
	Total	91	46

Source: Authors' construction (2016)

Among the 109 respondents who preferred traditional medicine to scientific medicine, their reasons were that it cures diseases quickly compared to scientific medicine; promote both spiritual and physical health (holistic health); indigenous value of traditional medicine; popularity or commonness; little or no side effects. Many respondents were also of the view that cultural value and frequent use of traditional medicine in homes has ensured its easy application. Furthermore, respondents stated that they prefer traditional medicine due to its relevance in promoting traditional medical knowledge. The table below describes the distribution of respondents' reasons for traditional medicine.

Table 3.

Reasons respondents prefer traditional medicine

No.	Pros	No. of respondents	Percentage (%)
1	Cures diseases quickly compared to scientific medicine	16	8
2	Promote both spiritual and physical health (holistic health)	31	16
3	Indigenous value of traditional medicine	19	9

4	Popularity, Availability or Commonness	22	11
5	Little or no side effects	21	10
	Total	109	54

Source: Authors' construction (2016)

In answering questions pertaining to spirituality, 106 respondents accepted the relevance of spirituality particularly in traditional medicine. Among these respondents, spirituality was a prerequisite in traditional medicine. However, 94 respondents failed to accept the relevance of spirituality in traditional medicine. Among this group, their religion prevented them from accepting traditional spirituality. While some respondents in an interview suggested that medicine must be secularly developed, others appreciated the use of spirituality in traditional medicine. They believed that

One hundred seventy-seven respondents indicated that spirituality is relevant not only in traditional medicine, but in modern health care as well. Meanwhile 23 respondents resented. When respondents were asked of how often medical practitioners in Ghana consider the spirituality of patients, a majority of 74 mentioned not often, followed by 71 and 43 respondents who mentioned often and very often respectively. Meanwhile a minority of 12 respondents shared no idea on this question.

8. Significance and future of indigenous culture and healthcare

Respondents again stated their views and opinions on the significance of indigenous cultural knowledge on healthcare. When respondents were asked how relevant Akan culture and religion were to healthcare, 93 respondents stated that it was relevant, 25 said very relevant, 39 stated not relevant, while 43 failed to share any idea. Respondents further stated their opinions on current influence of traditional medicine on modern medicine as follows. 65 respondents stated traditional medicine is relevant in modern healthcare delivery in Ghana; 98 respondents believed that it was very relevant; 17 said not relevant and 20 had no idea.

Respondents shared their views on the relevance of culture and traditional medicine by stating that culture and healthcare in the Akan society is a common phenomenon as well as an affordable means of treating diseases. They believed that indigenous medicinal culture was aid in curing disease quickly and easily because it is readily available. Also, other respondents stated that Akan culture and medicine effectively aid in treating all kinds of disease which can hardly be treated by scientific medicine. They added that the state of Akan medicine and cultural knowledge ensure that preparation of traditional medicine is free of perilous chemicals and side-effects. They opined that since in recent times many modern minds are comfortable with the use of traditional medicine its application has improved and become common. Its improvement is in the fact that many herbal homes have developed into modern scientific herbal centers that continue to involve traditional methods. Table 4 presents the distribution of respondents' views in respect of the relevance of traditional culture and medicine.

Table 4.

Respondent views about the relevance of religion/culture and traditional medicine

No.	Pros	No. of respondents	Percentage (%)
1	Common and affordable means of treating diseases	46	23
2	Curing disease quickly and easily	39	19
3	Treating all kinds of disease	67	34
4	Free of perilous chemicals and side-effects	48	24
	Total	200	100

Source: Authors' construction (2016)

One hundred forty-three respondents stated that indeed the Akan medical culture/knowledge be merged with scientific and modern medicine in Ghana. However, 57 respondents were of the view that traditional medicinal culture van be merged with modern healthcare will be problematic for the country. Finally, 109 respondents mentioned that traditional medical culture must be allowed to influence modern healthcare, though 91 resented.

9. Observations

Promotion of Indigenous Medicinal Culture and Knowledge in Disease Treatment. The presence of indigenous healthcare in many societies – both modern and primitive has led to the promotion of indigenous medicinal knowledge in disease treatment and prevention. The art of preventing and treating diseases or infirmities has become a common phenomenon in many Ghanaian communities. The inclusion of indigenous medical practice in mainstream medical practice has been described as a major step in the development of modern healthcare. Promoting indigenous medicinal knowledge has always been essential in the quest to seeking the right care for every kind of illness. Today, many people exploit natural medicinal products in their environment and have developed and validate indigenous therapeutic and preventive approaches using scientific methods.

Provision of Holistic Healthcare (Healthy Bodies and Sound Minds). Traditional knowledge shares a significant role in the promotion of good health. It ensures this through prevention and treatment of diseases common among local communities. These days, the activities of traditional medicine have spread in many modern communities in Ghana. As a branch of the health sciences and a sector of public life, all forms of medicine are concerned with maintaining and restoring human health through the study, diagnosis, treatment and possible prevention of disease, injury and other damages to the body or mind. In Ghana, herbal medicine is usually the first approach used to treat any kind of illness. Lack of access to medical facilities, poor roads/infrastructure and affordability of treatment are some main reasons for the prevalent use of traditional healers. Traditional healers are the first line of contact in the healthcare system in rural areas. The accessibility of healthcare in Ghana is illustrated by a doctor-patient ratio of 1:20,000 for scientific medicine and 1:200 for traditional healing.⁵⁷

About 80 per cent of the people in the developing countries rely heavily on traditional medicine as the source of Primary Healthcare (P.H.).⁵⁸ It is locally available; has the potential of greatly cutting down the amount of money developing countries use in importing drugs and it is culturally acceptable to the majority of our people.⁵⁹ The objective is to make significant contribution to healthcare in order to make herbal medicine a natural choice for all.⁶⁰ Recently in Ghana traditional healers have claimed the ability to handle all types of ailment ranging from simple wounds to tumors. For instance, in obstetrics and gynecology, herbs have been used to promote healthy growth of the fetus and to prevent miscarriage in pregnancy. Vitaminised plants like *Fluerya destuans* (urticacca) and piper unbellatin (piperaceau) and cocoyam leaves are given weekly in palm-soup preparation⁶¹ to ensure healthy development of the fetus.

10. Study implications

Medicine and Healthcare are for all People from Different Walks of Life. Their main aim is to ensure wellbeing and proper healthcare system in an era when good health has been considered as the spur of human development. In view of this, the research elaborates the immense contributions of traditional medicine in the quest for promoting and maintaining proper and quality healthcare in Ghana. The study also acknowledges the role of cultural/indigenous knowledge in healthcare delivery among the Akan in Ghana and in modern societies. Though known in many societies, this knowledge is not fully accepted by modern society due to the factors of modernity and science. The study has sought for its publicity. Furthermore, the study tries to re-orientate wrong public perceptions and knowledge held with regard to traditional healthcare delivery. It is to project that traditional values, principles and systems of local people are essential in their quest for promotion of healthcare.

11. Conclusion

Traditional medicine or healthcare continues to play tremendous roles in global communities, especially in the South even though it has not been fully accepted and acknowledged by many. Despite the external influence exerted through modernity and scientific developments, religious/cultural

57 M. Tabi, M. Powell, & D. Hodnicki. 'Use of traditional healers and modern medicine in Ghana'. *International Nursing Review*, Vol.53, No.1, (2006), 52-58.

58 World Health Organization Media Centre. 'Traditional Medicine'. (www.who.int/mediacentre/factsheets/fs134/en/: 10/3/2018).

59 Robert Akowuah Dwamena. Centre for Traditional and Herbal Medicine (1998). (www.ir.knust.edu.gh/xmlui/handle/123456789/2961: 10/3/2017).

60 Indigenous Medicine and Health Systems. (www.cfiks.org/research/healthsystem/medicine.htm: 10/3/2017).

61 Robert Akowuah Dwamena. Centre for Traditional and Herbal Medicine (1998).

knowledge in healthcare has proven worthy in addressing many health needs of countless individuals, especially the poor across Ghana and with specific reference to the Akan. It has existed alongside modern healthcare, which in recent years has become the main source of healthcare delivery. The existence of indigenous healthcare with other forms of medical care has positive impact on the socio-economic life and total well-being of people. There is therefore the need to tap more into this religious-cultural knowledge on medicine and healthcare. The influence of healthcare on diagnosis, treatment and prevention of disease, illness, injury and other physical and mental impairment in human beings require attention and adoption into modern scientific medicine. The research is very important because it has projected the value of traditional healthcare and calls for a systematic inclusion of its methods of healthcare delivery into modern healthcare system. Secondly, it has contributed to local and international religious/cultural theories on healthcare delivery.

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