READING THE MIND OF THE SPIRITS: DIVINATION AND HEALTH-SEEKING BEHAVIOUR AMONG THE DAGOMBA IN THE NORTHERN REGION OF GHANA

SALIFU ABUKARI

(10174411)

THIS THESIS IS SUBMITTED TO THE UNIVERSITY OF GHANA, LEGON IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE AWARD OF DOCTOR OF PHILOSOPHY DEGREE IN SOCIOLOGY.

NOVEMBER, 2017
DECLARATION

I, SALIFU ABUKARI, hereby declare that this thesis is my own work from a study carried out in the Northern Region of Ghana. This thesis was written under the supervision of my supervisors, Professors Kodjo Senah, Steve Tonah and Philip Baba Adongo. As far as I am aware, this thesis has not been submitted in part or in whole to any university for the award of any degree or certificate.

..........................................................  ................................................
SALIFU ABUKARI  DATE
(CANDIDATE)

SUPERVISORS

..........................................................  ................................................
PROFESSOR KODJO SENAH  PROFESSOR STEVE TONAH
(PRINCIPAL SUPERVISOR)  (SUPERVISOR)

DATE.........................  DATE.........................

..........................................................
PROFESSOR PHILIP BABA ADONGO
(SUPERVISOR)

DATE.........................
ABSTRACT

Finding explanation for the causes of ill-health and other misfortunes has been and continues to agitate the human mind. Among the Dagomba of the Northern Region of Ghana, consulting diviners for virtually every situation, good or bad, makes diviners 'critical actors in the health-seeking behaviour of the people. This study explored the significance of divination in the health-seeking behaviour among the Dagomba. Specifically, the study was guided by the following objectives:

(i) To describe the practice of divination and how it affects health decision-making;
(ii) To examine reasons why a sick Dagomba will shop for the services of both a diviner and an orthodox medical practitioner;
(iii) To examine gender relations and its consequences in the practices of divination; and
(iv) To describe the circumstances under which divination is employed.

The study design was descriptive and qualitative methods of data collection were employed. In-depth interviews were held with thirteen diviners, nine health professionals, three patients of diviners, and the chief diviner and chief custodian of Dagbon culture. Thirteen focus group discussions were held with men and women groups. Observations were also used to complement the data collected. Both the IDIs and FGDs were recorded and transcribed into English language. Themes were developed based on key issues resulting from the data. The data was analysed using NVIVO 10 software. The findings of the study are that:
• Divination was used to distinguish between illnesses of supernatural origin and illnesses described as normal or natural so that appropriate therapy could be sought for patients.

• Patients and their relatives sometimes combined diviner and modern services at the same time. This is premised on the belief that some illnesses have both spiritual and physical aspects and as such they need both therapeutic regimen.

• Women were not permitted to consult diviners because of patriarchy and the alleged nature of woman. However, generally, women were also not permitted to practice divination for fear of being branded witches.

• Various types of divination practices were identified among the Dagomba. These included soothsaying; sand-reading; occultism; and clairvoyance.

In addition the study revealed that agents such as witchcraft, old customs, ancestral spirits and nature spirits were responsible for the causes of most illnesses.

In conclusion, this study has documented the role divination plays in the daily life of the Dagomba. The study also articulates the importance of diviners in the health-seeking behaviour of the Dagomba and calls for consideration of the role of divination and diviners in the entire health architecture of the Dagomba.
DEDICATION

I dedicate this thesis to my late parents, Mba Tinkpan Tamalnaa Abukari and Mma Pagna Iddi. I also dedicate this work to my lovely children; Salifu Ndeiya Hamidatu and Salifu Sa-eed Maltima. May the Almighty God shower His blessings upon them.
ACKNOWLEDGEMENT

In the course of writing this thesis, a lot of people assisted me in several ways and I am grateful to them. My foremost thanks go to the Almighty God for giving me the strength, endurance, confidence and guidance to write this thesis. I sincerely thank Professor Kodjo Senah of the Department of Sociology, University of Ghana, Legon, for not only supervising the thesis but also serving as a mentor and making sure I finished the work. I am thankful to him for his patience and the interest he showed throughout the writing of this thesis.

I am equally grateful to Professor Steve Tonah, also of the Department of Sociology, University of Ghana, Legon for not only supervising my work but also providing me with feedback on issues related to this thesis. Also, I would like to express my deep gratitude to Professor Philip Baba Adongo of the School of Public Health, University of Ghana, Legon, for his excellent guidance, care, patience and for providing me with materials to facilitate the completion of this work. May the good Lord guide and protect them in all their endeavours.

I also wish to express my gratitude to my research assistants, Mr. Mohammed Saani, Mr. Alhassan Kayaba, Mr. Abdulai Jagbagu, Mr. Abdulai Mumuni, Mr. Shei Fuseini and Mr. Mohammed Awal who assisted me with data gathering for which I am thankful.

I am grateful to all the diviners, the health personnel of Metropolitan Health Directorate in Tamale, the Tamale Teaching Hospital, the SDA Hospital, the Tamale West Hospital, and of the Yendi, Gushengu, Karaga and Zabzugu District hospitals. I would also like to express my appreciation to Miss Karimatu Mohammed of the University for Development Studies’ Credit Union Office for her support throughout the production of this thesis.
Finally, I wish to express my sincere thanks to my wife Mrs. Hawa Abukari for her patience, courage and understanding during my long absence in pursuit of academic laurels.
## TABLE OF CONTENTS

DECLARATION ............................................................................................ Erreur ! Signet non défini.

ABSTRACT ............................................................................................... Erreur ! Signet non défini.

DEDICATION ............................................................................................ Erreur ! Signet non défini.

ACKNOWLEDGEMENT ........................................................................... Erreur ! Signet non défini.

TABLE OF CONTENTS ......................................................................... Erreur ! Signet non défini.

LIST OF FIGURES .................................................................................. Erreur ! Signet non défini.

LIST OF TABLES ................................................................................... Erreur ! Signet non défini.

ABBREVIATIONS .................................................................................... Erreur ! Signet non défini.

CHAPTER ONE ........................................................................................ Erreur ! Signet non défini.

**HUMANKIND IN SEARCH FOR SECURITY** ........................................ Erreur ! Signet non défini.

1.1 Introduction ....................................................................................... Erreur ! Signet non défini.

1.2 Problem Statement .......................................................................... Erreur ! Signet non défini.

1.3 Main Objective ................................................................................ Erreur ! Signet non défini.

1.3.1 Specific Objectives ...................................................................... Erreur ! Signet non défini.

1.4 Research Questions ......................................................................... Erreur ! Signet non défini.

1.5 Significance of the Study .............................................................. Erreur ! Signet non défini.

1.6 Organisation of the Study ............................................................. Erreur ! Signet non défini.

CHAPTER TWO ........................................................................................ Erreur ! Signet non défini.

LITERATURE REVIEW ........................................................................... Erreur ! Signet non défini.

2.1 Introduction ....................................................................................... Erreur ! Signet non défini.

2.2 Divination .......................................................................................... Erreur ! Signet non défini.

2.3 Health-seeking Behaviour ............................................................. Erreur ! Signet non défini.

2.4 Religion and Health .......................................................................... Erreur ! Signet non défini.
2.5 Circumstances Influencing People’s Choice for Treatment ..... Erreur ! Signet non défini.
2.6 Disease Causation and the Spirit World ....................... Erreur ! Signet non défini.
2.7 Traditional Medicine and Religion .......................... Erreur ! Signet non défini.
2.8 Brief History of Modern Medicine in Ghana.............. Erreur ! Signet non défini.
   2.8.1 Ministry of Health (MOH) .................................. Erreur ! Signet non défini.
   2.8.2 Ghana Health Service ....................................... Erreur ! Signet non défini.
2.9 Theoretical Frame Work: ....................................... Erreur ! Signet non défini.
CHAPTER THREE .............................................................. Erreur ! Signet non défini.
PROFILE OF THE STUDY AREAS ................................... Erreur ! Signet non défini.
3.1 Introduction ............................................................. Erreur ! Signet non défini.
3.2 Brief history of Dagomba ....................................... Erreur ! Signet non défini.
3.3 The Dagomba household ....................................... Erreur ! Signet non défini.
3.4 The World View of the Dagomba.......................... Erreur ! Signet non défini.
3.5 Ethnic Relations ....................................................... 66
3.6 Political Organisation of the Dagomba .................... 68
3.7 Land Tenure System ................................................. 68
3.8 Geography and Economic Activities ....................... 69
   3.8.1 The Study Sites .................................................. 70
   3.8.2 Tamale Metropolis ............................................. 71
   3.8.3 Profile of Gushegu ............................................. 75
   3.8.4 Karaga District .................................................. 76
   3.8.5 Zabzugu District ................................................. 76
   3.8.6 Yendi Municipality ............................................. 77
CHAPTER FOUR ............................................................................................................ 80
METHODOLOGY AND DATA COLLECTION ........................................................... 80
  4.1 Introduction ............................................................................................................. 80
  4.2 The Methods ........................................................................................................... 81
    4.2.1 In-Depth Interview ........................................................................................... 84
    4.2.2 Focus Group Discussions (FGD) ..................................................................... 86
    4.2.3 Observation ...................................................................................................... 88
  4.3 Entering the Field .................................................................................................... 92
  4.4 Data Analysis .......................................................................................................... 93
    4.4 .1 Qualitative Data ............................................................................................... 93
  4.5 Ethical Issues........................................................................................................... 94

CHAPTER FIVE .............................................................................................................. 96
DIVINATION AND HEALTH DECISION-MAKING .................................................. 96
  5.1 Introduction ............................................................................................................. 96
  5.2 Types of Diviners .................................................................................................... 96
    5.2.1 Soothsaying ...................................................................................................... 96
    5.2.2 The Afa or Mallam Divination ......................................................................... 98
    5.2.3 Jinwariba .......................................................................................................... 99
    5.2.4 Gbanigba Divination ...................................................................................... 100
  5.3 Becoming a Diviner .............................................................................................. 101
  5.4 Consultation Process ............................................................................................. 105
  5.5 Consultation ‘Fees’ ................................................................................................. 111
  5.6 Referrals ................................................................................................................ 113
  5.7 Divination and Health-seeking.............................................................................. 116
    5.7.1 Poisoning (dihili) ............................................................................................ 116
LIST OF FIGURES

Figure 2.1 Conceptual Framework: Problems and Desires When Seeking for Security………………………………………………………………. 56

Figure 3.1 Map of Northern Region Indicating MMDAs and Study Communities 72

Figure 5.1 Diviner Bag (Bag Kolgu) and Diviner Calabash (Bag Gmani)………… 106
Figure 5.2 Diviner Stick (Bag Doli)........................................................................ 108
Figure 5.3 Diviner Items (Bag Bihi) ........................................................................ 109
Figure 5.4 Diviner Item (Bag Bihi)......................................................................... 111
Figure 5.5 Divination Area. ..................................................................................... 112
LIST OF TABLES

Table 4.1 Translation of Mini Divination Sessions........................................ 88
Table 4.2 Selection of Participants for Qualitative Study.................................91
<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHPS</td>
<td>Community-based Health Planning and Services</td>
</tr>
<tr>
<td>DA</td>
<td>District Assembly</td>
</tr>
<tr>
<td>DCE</td>
<td>District Chief Executive</td>
</tr>
<tr>
<td>DDHS</td>
<td>District Director of Health Services</td>
</tr>
<tr>
<td>DHMT</td>
<td>District Health Management Team</td>
</tr>
<tr>
<td>FGD</td>
<td>Focus Group Discussion</td>
</tr>
<tr>
<td>GES</td>
<td>Ghana Education Service</td>
</tr>
<tr>
<td>GHS</td>
<td>Ghana Health Service</td>
</tr>
<tr>
<td>GSS</td>
<td>Ghana Statistical Service</td>
</tr>
<tr>
<td>HATS</td>
<td>Health Assistant Schools</td>
</tr>
<tr>
<td>HBM</td>
<td>Health Belief Model</td>
</tr>
<tr>
<td>HCP</td>
<td>Health Care Practitioner</td>
</tr>
<tr>
<td>IDI</td>
<td>In-depth Interviews</td>
</tr>
<tr>
<td>JHS</td>
<td>Junior High School</td>
</tr>
<tr>
<td>KNUST</td>
<td>Kwame Nkrumah University of Science and Technology</td>
</tr>
<tr>
<td>LGA</td>
<td>Local Government Act</td>
</tr>
<tr>
<td>MA</td>
<td>Medical Assistant</td>
</tr>
<tr>
<td>MDC</td>
<td>Medical and Dental Council</td>
</tr>
<tr>
<td>MMDAs</td>
<td>Metropolitan, Municipal and District Assemblies</td>
</tr>
<tr>
<td>MoH</td>
<td>Ministry of Health</td>
</tr>
<tr>
<td>NCC</td>
<td>National Commission on Culture</td>
</tr>
<tr>
<td>NCCE</td>
<td>National Commission for Civic Education.</td>
</tr>
<tr>
<td>NMC</td>
<td>Nurses and Midwives Council</td>
</tr>
<tr>
<td>PHC</td>
<td>Population and Housing Census</td>
</tr>
<tr>
<td>Abbreviation</td>
<td>Description</td>
</tr>
<tr>
<td>--------------</td>
<td>------------------------------</td>
</tr>
<tr>
<td>SHS</td>
<td>Senior High School</td>
</tr>
<tr>
<td>SPSS</td>
<td>Statistical Package for Social Science</td>
</tr>
<tr>
<td>TBA</td>
<td>Traditional Birth Attendant</td>
</tr>
<tr>
<td>WHO</td>
<td>World Health Organisation</td>
</tr>
</tbody>
</table>
CHAPTER ONE
HUMANKIND IN SEARCH FOR SECURITY

1.1 Introduction

Ill-health is a fact of life and therefore human beings engage in all kinds of activities to maintain good health. This is why every modern state has a governmental unit (Ministry of Health) responsible for ensuring healthy citizenry. Health is therefore a security issue for the individual and for the polity.

This study investigates the role of divination in health-seeking behaviour among the Dagomba in the Northern Region of Ghana. Many scholars in anthropology have written extensively about health-seeking behaviour in many cultures. For example, Evans-Pritchard (1937) writes on the Azande to explain how the Azande belief in witchcraft affects the social structure of the society. According to him, the Azande believe that sorcerers can cause illness by performing magical rites. Due to this, the Azande employed diviners, oracles and medicine for protection and security.

In her ethno-psychiatric study in rural Ghana, Field (1960) asserted that witches cause all kinds of mishaps in the society. Besides causing illness, death and sterility, witches can also cause crops failure, accidents, financial losses, ill-luck and all kinds of disasters. According to Field, witches also cause relatives to become drunkards and impotent. This prompts people to visit shrines and diviners to seek for protection and security. In her ethno-psychiatric study on search for security among rural Ghanaian residents, Field, identified some of the following problems and desires that caused Ghanaians to visit shrines and diviners. Among the most frequent cases Field identified were frustration, men and women searching for reproductive solutions, unhappiness, men in search for wealth and those seeking treatment for various illnesses, prosperity, protection, business growth, and many others. (See appendix IV).
As Mbiti (1990:1) indicates, “Africans are notoriously religious, and each people have their own religious system with a set of beliefs and practices. Religion permeates all the departments of life so fully that it is not easy or possible always to isolate it.” According to him the study of African Traditional Religions is the study of the peoples themselves in all the complexities of both traditional and modern life. As such, the health-seeking practices of Africans are embedded in the practice of religion and in the form of sacrifices and ritual performance coupled with the use of herbs and roots. “Religion is the strongest element in traditional background, and exerts probably the greatest influence upon the thinking and living of the people concerned (Mbiti, 1990:1).

Opoku (1978) observed that the practice of medicine is closely associated with religion. According to him, religion in Africa covers every facet of life and helps people to cope with their problems. Hence, matters pertaining to health is not only about illness but also about preservation of life and this invariably falls in the realms of religion.

Assimeng (2010) argues that there is a close relationship between the practice of religion and the practice of medicine in Africa. It is believed among Africans that normality is enhanced in society if there is good relationship between men and other human beings and between men and the powers that control the universe.

Assimeng (2007) has asserted that the starting point of traditional cosmology in Ghana is the recognition of the Supreme Being or Creator. The Supreme Being is regarded as the source of power and all life. Beside the different appellations for God the Creator, he is also referred to as the Omnipotent and the traditionalist worship him as such and seek for protection and prosperity as well as peace and tranquillity.

Field (1960) stated that in Africa, people live in conditions of recurrent mishaps that create situations of insecurity and uncertainty. However, this uncertainty and insecurity vary among societies. For example, accidents, famine, witchcraft and sorcery
and other calamities have worried humankind, and humankind has had to resist this fear in all situations including visits to diviners and shrines for safety and solution.

Senah (1992) writes on health-seeking behaviour among the Ga in southern Ghana and explains that as soon as patients begin to feel unwell they first diagnose ‘fever’ (malaria) and seek for antimalarial tablets from a chemist. According to Senah (1992) if the condition is not improving, the patient’s next point of call is the village clinic or they resort to the use of herbal concoction. When there is still no improvement then, the relatives will employ the services of a diviner, traditional healer or spiritualist. Senah has written extensively on cases of illnesses where patients resorted to traditional medicine through divination and became well.

Assimeng (2010) explained that in the course of human development, human beings are able to explain and adjust to certain experiences in their daily lives, through the use of common sense. However, when certain experiences cannot be explained by the use of common sense such experiences are categorised and named supernatural. Those experiences that cannot be explain by common sense are explained by religion.

Meyer (1999) indicated that in the early days of human development, it was believed that mental illness was caused by supernatural factors such as spirits and demonic possession, sorcery, witchcraft or deities, as such treatment was mystical, and sometimes crude. The procedure for treatment was to bore a hole into the skull of the patient using crude stone instruments. The belief was that the evil spirits that possessed and were causing this illness would pass through those openings and release the individual to be cured. Many patients who went through this procedure survived and lived for many years (Gyekye,1996).
Koenig and Ahmed (2012) explained that priest doctors in Ancient Mesopotamia treated mental patients with magico-religious rituals as it was believed that mental pathology was masked demonic possession. Hence exorcisms, incantations, prayer, atonement and other various mystical rituals were used to drive out the evil spirit. Other means attempted to appeal to the spirit with more human devices—threats, bribery, punishment and sometimes submission, which were hoped to be an effective cure.

Aja (1999) opined that since the germ theory has failed to account for the causes of many illnesses from the perspective of the African, it is believed that some factors such as sorcery, witchcraft, breaking of taboos, spirits intrusion, ghost of the dead and acts of the gods inflict illnesses on people and such illnesses cannot be verified by the germ theory. Hence their diagnosis and aetiology take a different dimension. There is a belief among Africans that there is an ontological harmony in the universe and any attempt to change the harmony will bring illness. The disease could be physical or metaphysical and if it is metaphysical, its diagnosis and aetiology cannot be found within the germ theory.

Hall et al., (2010) intimated that witchcraft, sorcery and magic are cultural practices used to control flow of power, resources and wealth in Haiti. According to the authors, witchcraft, sorcery and magic are security measures people in Haiti employ to ensure survival and protection in the society. These phenomena according to the authors are also used as a diagnostic process to determine whether their clients’ misfortunes and fortunes result from supernatural activities. Adam (2001) asserted that in South Africa, people believe in satanic powers, evil ancestors, magical herbs, inherent evil personal powers, demons and “African science”. According to him, many people suffer illnesses such as infertility, impotency, anthrax, continuous headache and all these are attributed to witchcraft.
White (2013) asserted that spell casting and witchcraft are techniques some people adopt in Namibia as a way of causing illness to those they feel are their enemies. They also have the belief that certain illnesses defy the conventional method of treatment. Such illnesses according to the author include snake bite, repeated miscarriages, continuous headache, infertility, barrenness and anthrax. Many traditional healers are of the view that breaking taboos could also cause sickness in people. As such, many people suffer illnesses purported to be caused by breach of taboos in many communities in Africa (Gyekye, 1996).

Meyer (1987) intimated that the Hebrews had a belief that all illnesses were inflicted upon human beings by God as punishment for committing various crimes. Evil spirits that were thought to cause some illnesses were attributed to God. However, God was also perceived as the ultimate healer and Hebrew physicians were priests who had special ways of appealing to the high powers in order to cure sickness. In line with spiritual healings, ancient Persians attributed illness to demons and believed that good health could be achieved through proper precautions to prevent and protect one from diseases. These included adequate hygiene and purity of the mind and body achieved through good deeds and thoughts (Koenig et al., 2012).

Assimeng (2010) asserted that Ancient Egyptians attributed the causes of mental illness to many factors and recommended that those afflicted with mental pathology be engaged in recreational activities such as concerts, dances, climbing, and painting in order to relieve symptoms and achieve some sense of normalcy. The Egyptians were advanced in terms of medicine, surgery, and knowledge of the human body. In all of these ancient civilizations, mental illness was attributed to some supernatural forces, generally a displeased deity. Most illnesses, particularly mental illness, were thought to be afflicted upon an individual or group of peoples as punishment for their trespasses. In addition to
the widespread use of exorcism and prayer, music was used as therapy to affect emotion, and the singing of charms and spells were performed in Babylonia, Assyria, the Mediterranean-Near East and Egypt in hopes of achieving a cure (Meyer, 1999).

Meyer (1987) cited Freud (1939) on his study of Personality and Psychoanalytic Theory. Freud believed that the human mind was divided into three; the id, the ego and the superego. The id functions unconsciously, driven by the desires for sex and aggression. The superego functions as both conscious and unconscious, demanding that the individual denies the id’s desires and instead live a good life, striving to meet society’s ideals. The ego also functions both consciously and unconsciously and deemed as mediator between an individual’s id and superego, always working to find a balance between what one desires and what society considers acceptable. Freud believed that anxiety arose as these three parts of the human mind battled each other, resulting in mental illness and that if the individual could only reveal and address the content of his/her unconscious self then mental ailments would be cured (Meyer, 1987).

Lutheran and Federation (2002) asserted that Africans, like other people, believe in faith and express fear of the unknown. According to the authors, Africans are aware of the dangers inherent in human interaction with nature and the world and as such they give their lives and future to the supernatural being who gives them protection. African cosmology is rooted in religion which believes in the existence and reality of the spirit world and the spiritual being. Lutheran and Federation (2002) again explained that a study of African prayers expresses qualities of spirituality such as holiness, purity and cleanliness of the heart. It portrays humility, faith, trust and confidence that people have in relationship with the spirit world. African religion provides a variety of protective rituals, magical powers and charms. These they designed to guide victims against
witchcraft, sorcery, evil spirits, bad luck, infertility, thieves and promoting recovery from
illness and misfortunes and forestalling failure in life (Gyekye, 1996).

Opoku (1978) intimated that Africans recognised the existence of mystical forces
and men with special knowledge and ability can tap them to their advantage. According to
him the mystical forces can be turned into the form of witchcraft, sorcery and magic. These
things can be used by people with knowledge and power for evil ends. For example, the
San in the Kalahari Desert in Namibia, West Africans and Australian Aborigines believe
in witchcraft. Most societies that believe in witchcraft attribute sickness, death, lack of
prosperity, failure of crops and other misfortunes to evil powers of people who are deemed
to possess them. These phenomena are issues people have been battling with for ages.

Aja (1999) opined that human beings suffer from different kinds of diseases.
According to the author, since the germ theory has failed to account for the causes of many
illnesses in the perspective of many Africans, it is believed that among some African
societies some factors such as sorcery, witchcraft, breach of taboos, spirits intrusion,
ghosts of the dead and acts of the gods inflict illness on people. As such those illnesses are
mystical and their treatment is not found within many societies.

Apart from organic illness causation, which is accepted and recognised, there are
also supernatural explanations of illness such as punishment from offended ancestors,
witchcraft and sorcery and fore-ordained destiny or the consequences of anti-social
behaviour by the offender. According to African Traditional Religions, broken relations
may result in illness or death of a person. Misfortunes such as droughts, epidemics and
locust raids may sometimes be attributed to broken relationships and only when good
relations are practised that things will be normal. The prevention and cure of these
misfortunes include taking herbs and roots as well as ritual cleansing and the offering of
sacrifices. Both the spiritual and organic aspects of treatment are considered when it comes to illness management or life crisis.

Nukunya (2013) intimates that instances for which divination may be required include, the desire to find causes of illness or misfortune, searching for a lost property, what to do to ensure success and anything for which information may be needed for the benefit of a client. Ill-health is a fact of life and across cultures people fall sick but how individuals respond to illness differ from society to society. For example, some societies respond to illness through the use of chemicals, others respond to it through the spiritual perspective while some adopt pluralistic methods. Indigenous traditional African religions are not against orthodox medicine, but its followers believe that there are certain illnesses that cannot be treated by orthodox medicine and need spiritual attention. For example, among the Laibon Pastoralists in Kenya, a man may lose his cattle due to illnesses, a woman may have successful pregnancies but lose all her children after birth or a victim may be driven to become mad, blind or even die. The only effective way to avoid these is to consult a diviner who can determine their sources and combat them with protective medicine.

Annus (2010) posits that divination is a system of acquiring knowledge to learn the causes of misfortune, whether present, past or future and ways to revoke such causes to better one’s fortunes. Meyer (1999) intimates that divination is a belief in the supernatural and invisible powers by which a person could obtain health, honour, wealth or other pleasures. As Ngutor, Lumun and Terwase (2013:10) indicate, “Divination is an effort to gain vision into a question or a situation by using occult methods, a standardised process or a ritual.” It is a systematic process of organising what appears to be disorganised, such that they (diviners) provide explanations to problems at hand. Divination is socially oriented and takes a ritualistic character, normally in a religious context. Some societies
use divination as protective medicine and is widely sought by individuals such as barren women, warriors and others who suspect that their enemies are trying to harm them with witchcraft, sorcery and spirits possession.

In many societies, illnesses attributed to the supernatural cannot be experienced most often through the senses. Such maladies emanate from witchcraft, sorcery, and spirits possession. Hence, there is the general belief that illnesses whose aetiology requires diviner services to mediate between the patient and the supernatural forces cannot be treated with biomedicine. Traditional medical practice among the Dagomba typifies the structure of the system found in many societies (Oppong, 1973). In many societies, spirit mediums exist in order to maintain good relationships between human beings and the spirits of deceased ancestors. Those who are capable of communicating with such spirits normally fall in a trance at such time; the spirit is believed to reveal what is vexing it and what must be done to appease it (Imperato, 1976). Often diviners are sources who advise the patient that the cause of his/her illness is the neglect of an ancestral or other spirit (Azongo and Yidana, 2015). Divination is a technique for obtaining knowledge from supernatural beings about hidden or future wants. It is concerned with ‘grasping’ the hidden world of spirits and ancestors by relating it to the visible world of living human beings (Fortes, 1987).

The Dagomba consult diviners when medicine fails to bring about a cure, and a deeper cause is sought (Oppong, 1973). They also regularly consult diviners about their dreams, relationship at home, pregnancy, chieftaincy, and names of children, illnesses and the total wellbeing of a family or a community. Bierlich (2004) indicates that the Dagomba consult diviners when sicknesses befall them. Most illnesses have spiritual dimension in the view of the Dagomba, and the cause and treatment must be sought through divination. This is where divination and health complement each other in Dagbon society. The
Dagomba are similar to several other ethnic groups in terms of searching for the cause of ill health.

Given the interplay between the natural and the supernatural in dealing with health in many cultures, the WHO’s definition of health indicates that the characteristics of health encompasses not only the physiology of the body but also interpersonal interactions and temperamental well-being of a person. It means if one is psychologically and socially traumatised, then one is sick. Although this definition covers a wide range of human activities, emphasis is not placed on the spiritual component of human health. However, in some societies the notion of disease and health include religious beliefs, spiritual beliefs and the supernatural in general. This is consistent with Cockerham's (2007) assertion that members of the Assemblies of God in Scotland subscribe to the belief that the devil causes illness and afflictions such as mental illness, blindness, dumbness and epilepsy, as well evil spirit possession. The Assemblies of God accepts the idea of divine intervention based on biblical passages and accepts the bible as literal truth. This supports Twumasi's (2005) assertion that Ghanaians, especially in rural areas ascribe most of their illness to witchcraft and supernatural entities.

1.2 Problem Statement

In many societies, the supernatural is believed to be an important factor in illness causation. Hence, there are as many supernatural agents believed to be responsible for the causes of many illnesses (Awalu, 2009). These supernatural forces can only be understood by supernatural means (Abotchie, 1997; Adongo, Philips, & Binka, 1998; Nukunya, 2004). Health is a highly cherished value and is desired by all. Hence, human beings make all efforts for its maintenance. Darwin (1859) [cited in Anthony (1998)] argued that living organisms adapt to the environment for existence. As such, health-seeking behaviour is an
adaptive mechanism for human survival. In this regard, most Dagbon communities have soothsayers who guide the rites of ancestral veneration. According to Oppong (1973) every traditional Dagomba landlord has a shrine (bugli) for making sacrifice and making libation to the spirits of the ancestors, thereby establishing links between past and present generations.

Like many other societies, the Dagomba appreciate the need for the natural order in the universe and have the belief that things do not occur haphazardly. All issues and events have logical and empirical relationship to one another. For example, if rain ceases to fall, if crops and animals die (alaamu n lu), if the wind ceases to blow (pohim be zera), then something is wrong. That is why the need to find the causes of these phenomena is an integral part of the life of the Dagomba. Observations among the Dagomba indicate that divination is indeed their major source of investigating to find causes of many events including illness and wellbeing. Among the Dagomba, physical sickness may be a personal experience, but its aetiology and treatment may not be understood without making reference to socio-cultural factors in relation to others who are perceived to be responsible for it (Awalu, 2009). For example, a sickness could be related to failure to pacify the ancestors or gods. Thus, dankpema, (the senior most male in the family) may do a search for remedy through divination. Among the Dagomba, most illnesses are investigated for their causes in the spiritual realm. They claim that an illness may be seen as a curse from the ancestral world for certain misconduct, irresponsibility or wrongs committed on the part of the individual. Additionally, illness may be seen as punishment and venting of anger on the lineage members by the ancestors.

Indeed, the Dagomba regard most illness as supernatural. Therefore, illness may be diagnosed through divination by a diviner to ascertain its causes and to provide
treatment. The problem with the Dagomba divination in health-seeking practice is that, as long as the patient does not respond to treatment, the family or the relatives will continue to consult diviners in order to arrive at the real cause of the sickness or ascertain the supernatural agent responsible for the cause of the illness. Until the results of divination are concluded, the patient is not offered any treatment. The continued consultations may take such a long time that some sicknesses may develop complications before the patient seeks medical attention. Indeed, many patients would have suffered major complications before reporting to the health facility. Literature on divination so far has not examined divination in relation to its continued practice to reveal the agent responsible for the cause of the illness. The majority of the studies examined the phenomena in relation to the general role of divination in the society. A study that links divination to health-seeking practices is by Adongo et al., (1998) where ancestors were interviewed about their view of family planning in the Kassena Nankana District in the Upper East Region of Ghana.

Existing literature do not take into cognisance the effects of illness complications on continued diviner consultation on the patient. As such, this current study explores the significance of divination and its impact on health-seeking practices with special reference to illness and well-being among the Dagomba in the Northern Region of Ghana.

1.3 Main Objective

The main objective of this study is to explore the significance of divination and their impact on health-seeking behaviour among the Dagomba. Ultimately this study is intended to contribute to the discourse on health-seeking behaviour in non-western cultures.
1.3.1 Specific Objectives

The study sought to specifically achieve the following:

(1) To describe the practice of divination and how it affects health decision-making;
(2) To examine reasons why a sick person will shop for both the services of a diviner and orthodox medical practitioner;
(3) To examine gender relations and its consequences in the practices of divination;
(4) To describe the circumstances under which the practice of divination is employed;

1.4 Research Questions

(1) Under what circumstances will the practice of divination influence people’s choice for treatment decision-making?
(2) Under what circumstances will a sick person shop for both diviner and orthodox treatment?
(3) To what extent does the practice of divination influence gender relations in health-seeking Practice?
(4) How is the practice of divination employed with special reference to illness and well-being?

1.5 Significance of the Study

This study seeks to explore the significance of divination and its impact in health-seeking behaviour among the Dagomba. Divination practice is a major part of the overall health delivery system and plays an important role and serves as alternative means of health-seeking mechanism among the Dagomba. As such, diviners who deal with such illnesses do complement the services of orthodox health practitioners in providing health care services to the people. The Government of Ghana seeks to contribute to socio-
economic development and creation of wealth through health promotion as well as access to quality health care and nutrition with special emphasis on primary health care at the regional, district and sub-district levels (MOH, 2007).

The significance of this study is to examine the role of divination as a health-seeking mechanism for illnesses patients describe as supernatural which can only be treated with the intervention of diviners. The mandate of the Ghana Health Service is to provide a comprehensive and accessible health service.

If divination practice is a means of health-seeking among the Dagomba, then it should be taken into consideration, so that pragmatic measures and policies can be implemented to address the health needs of the people. Therefore, the importance of this study to the Ministry of Health cannot be underestimated, since it will create the opportunity to investigate the relevance of divination as a means of health-seeking among the Dagomba so that pragmatic measures can be taken to help solve some of the health problems confronting the people. The Northern Region is one of the poorest regions in terms of health care. Therefore, access to health facilities that deliver meaningful health services is one way to reduce poverty in the region.

Lastly, a careful study of available reports on the divination practice has revealed that no comprehensive study has yet been done on the divination practice as a measure of providing health care services in the Northern Region. As such, it is the aim of this study to assess the importance of divination in the Northern Region.

1.6 Organization of the Study

The study is organised into eight chapters. Chapter one provides the background to the study, the problem statement, the objectives of the study, research questions, significance of the study, and organisation of the study. Chapter Two focuses on the
literature review which is made up of introduction, divination, health-seeking behaviour, religion and health, circumstances influencing people’s choice for treatment, traditional medicine and religion, and conceptual framework. Chapter Three provides the profile of the study area. This includes, the social structure of the Dagomba, brief history of the Dagomba, world view of the Dagomba, ethnic relations, politics and religion, the land tenure system, geography and economic activities. A brief description of the study sites is also provided. Chapter Four presents the methodology of the study. It includes methods of entering the field, method of data collection, methods employed, in-depth interviews, focus group discussions, observations, data analysis and ethical issues. Chapter Five focuses on divination and health decision-making, the types of diviners in Dagbon, consultation process and health “professionals” view about divination. Chapter Six investigates the circumstances for employing diviner and modern health care services, and reasons for combining diviner and modern health care services. Chapter Seven discusses gender issues and divination. It includes women and diviner consultation and women as diviners. Chapter Eight sums up the entire thesis bringing up the major findings and recommendations based on the objectives of the study.
CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

Ill health is universal and yet its construction varies from society to society. The differences in meaning have attracted the imagination of many scholars including anthropologists and sociologists. This chapter reviews literature on divination, traditional healing and health-seeking behaviours. It also reviews work on the factors that influence peoples’ search for security in the face of ill-health.

2.2 Divination.

The literature identifies various types of divination. Some of these are I Ching, tarot, astrology, numerology and runes (O’Brien, 2007). The I Ching is of Chinese origin and involves reading patterns on tortoise shells. It consists of sixty-four hexagrams and commentary on the symbols on the tortoise shell. According to O’Brien, each hexagram is made up of six lines, each of which is either yin (representing a broken line) or yang (a solid line). By randomly generating the six lines one by one or the other of the various methods and then reading the commentary associated with the resulting hexagram, the sense of that commentary is then used as an oracle. The tarot divination is of European origin used in the fifteenth century. It is a subset of Cartomancy, a practice of using cards to gain insight into the past, present or future by posing a question to the cards. Tarot divination is used to measure potential outcomes and evaluate influences surrounding a person, an event or both. Taromancy (divination through the use of tarot cards) is done to predict the future, present and the past.
Nukunya (2013) has asserted that astrology is an Indian and Chinese form of divination. It is the study of movements of celestial objects as a means of obtaining information about human affairs and terrestrial events. However, many scholars do not agree with astrology as a divination system; it is said to be a belief rather than divination.

Assimeng (2007) intimated that numerology is another form of divination. According to him, it is a tool that works with numbers. Each number from 1 to 9 has a particular meaning or energy. The numbers are used according to birth dates and one’s name to determine which numbers have a particular relevance for an individual. Numerology is a method of divination that does not require any psychic abilities. There are different ways to calculate both one’s name and birth numbers to learn different aspects of one’s life. For example, adding the numbers of one’s first name tells about one’s relationship in life.

Another form of divination is rune, a way to predict one’s future and fortunes. O’Brien (2007) has observed that rune stones are made up of 24 ancient alphabetical symbols. According to him, they can be made of different materials – wood or glass normally kept in a box. They are normally made with a book of instructions defining the symbols. In the usual practice of rune, a white piece of cloth is laid on the ground and used to determine the direction of a cast. Here the runes are cast in the east-west axis or facing the sun. After casting the stones onto the cloth, the ones which have fallen on the right side up are read and depending upon whether the rune is the reverse or not will have a bearing upon its meaning and the reading as a whole.

A number of studies have been conducted on divination in Ghana and the world at large. (see for instance Evans-Pritchard, 1937; Oppong, 1973; Mendonsa 1982; Goody, 1987; Abotchie 1997; Nukunya 2004; Annus, 2010; Nukunya, 2013; Imam 2015; Azongo and Wombeogo, 2015; Azongo and Yidana, 2015) Divination serves many
purposes in many societies. Mendonsa (1982) for instance, linked political stability among
the Sisala of Upper West Region of Ghana to the practice of divination. He observed that
divination is used to contain deviant practices among the Sisala. Abotchie (1997) also
linked crime reduction among the southern Ewe in the Volta Region to the practice of
divination. He argues that divination is used to expose criminals in the Ewe society as such
many people shy away from criminal activities.

Imperato (1976) observed the role of divination in the treatment of illness among
the Bambara of Senegal. His findings are that the Bambara use divination in the
management of illnesses. He found that the divination methods used by Bambara
diviner/healers and herbalists are the same. For example, diviners usually throw stones and
cowry shells on the ground and their positions are interpreted. This system of divination
reveals the cause of a patient’s illness. Once the cause is revealed, appropriate therapeutic
measures are taken to treat the sick. Maclean (1977) has asserted that among the Yoruba
of Nigeria, man is seen to be in constant interaction with spiritual principles and powers.
The ancestors, the gods, and the spirits of the universe, plants and animals all have
influence on his present existence and are capable of being used to solve his problems.
According to her, the problems of man can best be addressed by the powers of
divination which can foresee the present, the past and the future before events can occur.

Fratkin (2004) writing on divination among the Laibon pastoralists in Kenya, posits
that in addition to the diviner’s ability to divine and prophesy, certain Laibon diviners
acquire knowledge to prepare powerful medicine which are worn as charms or bracelets
for protection against physical dangers, such as diseases and attack by wild animal or by
human beings using sorcery. According to him, only Laibon divination can determine the
presence of sorcery and protect the individual from its effects.
Azongo and Yidana (2015) have argued that diviners are thought to possess spiritual powers and are able to detect the ills affecting people and society and suggest remedies from the deities and invisible world to solve societal problems. Both curative and preventive medicines are prepared depending upon the problem at hand. Mendosa (1975) in his study of the characteristics of Sisala diviners observed that divination is a powerful mechanism for the release of anxiety in the Sisala society. He said that in a society where illness is not diagnosed by modern medicine, where dryness of wells and water holes as well as crops success are not determined by the weather, divination provides answers to these. Muslims, Christians and the educated elites find it difficult, indeed, to resist the ‘concreteness’ of divination when faced with affliction.

Azongo and Yidana (2015) writing on the role of diviners in the management and resolution of life crisis among the Talensi-Nabdam in the Upper East Region of Ghana assert that if an illness is perceived as witchcraft-oriented, it would be managed by a diviner. They concluded that the role of divination is to find out the ultimate cause of illness and provide remedies or refer the patient to a healer for further treatment.

Ngutor et al., (2013) studied the role of divination in the treatment of diseases in the Kwande Local Government Area in Nigeria. The study found that immediately a person falls sick the relatives consult a diviner who uses supernatural means to identify the problem and diagnose its source. If the problem is ancestral spirits oriented, the diviner may prescribe sacrificial procedures to be carried out. However, if the problem is demon oriented, the diviner may give first aid and refer the patient to a healer for further treatment. Time and efforts taken to diagnose the patient depend on the number of spirits identified and how well they are established in the victim. A small number of spirits can easily be exorcised but when they are many, it is sometimes difficult to exorcise them. This finding is consistent with Meyer (1999) whose work on demonology among the Ewe of Peki
posits that Satan and evil spirits are responsible for the catastrophes plaguing the world. As such an individual can be possessed by more than 400 demons consisting of fallen angels and spirits of dead people who had failed to break away from Satan because of their sinful lives. According to the author, it is through divination that these issues can be made known to the people for solutions.

2.3 Health-seeking Behaviour

Health-seeking behaviour is the range of activities that an individual or group of people undertake to promote or restore health. Ahmed, Chowdhury and Bhuiya (2000) asserted that the desired health-seeking behaviour is for an individual to respond to an illness by first seeking help from a trained clinician from a recognised health care setting. According to the authors, people choose traditional healers, diviners and village homeopaths for treatment of certain illnesses because of their belief. The fact is that different illnesses are given different interpretations based on the cultural realities of a people.

Mackian (2003) argued that providing education and knowledge to the individual is not adequate to promote change in behaviour and that a lot of factors indicate a complexity of influences on an individual’s behaviour at a given time and place. He noted that good health-seeking is seen as community collective interactive elements that influence the well-being of the inhabitants. In a study of vaginal discharge in Sudan, Campbell, Campbell and Mzaidume (2001) indicated that husbands should be involved in health education programs about vaginal discharge since husbands have influence over their wives when it comes to decision-making at home. Hence, health-seeking behaviour can best be handled by men. However, Mackian (2003) has asserted that the individual’s set of information influences him to make a meaningful decision. As such, the available
information for the individual to make decision is only a minute part of the situation. In some communities it is noted that good health, prosperity and goodwill is achieved through promotion of interpersonal relations between humans and the spiritual world.

Writing from the perspective of clinical psychology, de-Graft Aikins (2014) notes that certain sicknesses are considered mechanical and therefore cannot be handled by a spiritualist or a church. For example, broken bones or the need for surgery can be conveniently handled by a doctor and not a spiritualist. In this perspective, Christian Science healing is thought to be incompatible with modern medicine. It is clear that an appeal to spiritual or the divine being promotes a sense of psychological well-being in the individual (Soud, 2005).

Permoser et al., (2010) studied religion and health and the degree of religious involvement among a sample of elderly persons living in New Haven in the USA. The results indicated that those who are highly involved in religious activities showed least depression and physical disability. In this regard, Permoser et al., (2010) notes that there is a relationship between religious involvement and the health of a person, as sick people use religion to cope with illnesses.

Amegbor (2014) cited Larson (1998) reviewed epidemiological literature and survey relevant to the relationship between religiousness/spirituality and mental health of people at the end of life. They gave attention to well-being, religious coping, cognitive dysfunction, anxiety, depression and suicide. The study revealed that religious persons reported generally higher levels of well-being. The study also found fairly consistent inverse association of religiousness with rates of depression and suicide. There was negative association between religious participation and cognitive dysfunction, but the association with anxiety was inconsistent with some studies showing a correlation between
high level of religion and anxiety. According to the study, the effect of religion on mental health is generally protective in direction but modest in strength.

Cockerham (2007), writing about folk medicine in the United States of America indicates that folk medicine is popular among many people in the United States of America. Common ingredients include substances such as ginger, tea, whisky, honey, sugar, lemon juice, baking soda, aspirin, pepper, garlic, salt, butter, sassafras, and mustard. Cockerham (2007) studied folk healers in Chicago and maintained that both healers and their patients had belief systems that do not differentiate between science and religion and that all life events, including illness are viewed in relation to the total environment as natural or unnatural, good or evil. Being healthy is an instance of good fortune such as having a good job or faithful spouse. Being sick is an example of misfortune, such as unemployment and marital strife. Hence life is generally good or bad, and the cure for one problem might cure all problems (Snow, 1978). The healers equally believe that, all illnesses can be cured, either by medicine or by magic. This belief is supported by the idea that illness is either natural or superstitious. The natural illnesses are those maladies caused by abusing the natural environment (staying out too late, eating too much, failing to wear warm clothing) or as punishment by God for sin or not living up to the Lord’s expectation. Imperato (1976) noted that, in the case of divine punishment, the afflicted person must make contacts with God either directly or indirectly through an intermediary such as the faith healer, prayer or repentance. The unnatural illnesses are outside of God’s plan and beyond self-treatment or treatment prescribed by friends or relatives. When the mind is affected, the unnatural illness is thought to be beyond the capability of a medical officer who is usually associated with the treatment of natural illnesses. The cause of unnatural illness can be worry or stress. However, the aetiology is ascribed to evil influences or acts of sorcery.
2.4 Religion and Health

In philosophy of religions, Marx argued that religion is a maladaptive response whereas Durkheim (1912) asserted that in the course of human-divine relations, religion is good for both social order and personal well-being. Research on religion and health posits that there is a link between religion and physical or mental health, (Permoser et al., 2010; Koenig and Ahmed, 2012). Many of these studies associated a positive relationship between religions with health indicators. Religion plays a key role as a coping resource on mental health and overall wellbeing of some people.

Religion in general is believed to have positive aspects on mental health. As Koenig et al., (2012) posit, 78% of studies have reported significant correlations between well-being and religion/spirituality. Religion lowers suicide, anxiety, marital instability and promotes social cohesion.

The relationship between religious coping and health has been an issue of social interest (Koenig et al., 2012; Ferraro & Kim, 2014). Both sociologists and psychologists tackle the topic following different trajectories. One trajectory centres on the importance of the structural aspects of religion, such as denomination, level of involvement and commitment, local congregations and cultural frameworks. The other trajectory involves social psychological aspects of religion. Its role as a cognitive framework, a source of meaning and purpose and a network for support (Koenig, 1997).

Many cultures, have considered mental diseases to be caused by demon possession or punishment by God (or gods) for sin or other misbehaviour (Sakeah, Henry and Kojo 2014). There were exceptions where some physicians understood that mental illness was fundamentally a medical problem. However, religious explanations dominated. Meyer (1999) intimated that ancient Greeks and Romans looked upon mental conditions as a
burden on society. Accordingly, mentally challenged persons were mistreated by ancient Greek and Roman societies. The ancient Greeks and Romans commonly practised infanticide when children had congenital malformation or were sold to be used for entertainment (Meyer, 1999). Since mental retardation and mental illness were considered demonic possessions or punishments, the individual was looked upon as less than human.

Abotchie (1997) noted that religion and spirituality have a close relationship with mental health throughout human history. However, in the 21st century post-modern world, their roles have attracted attention and debate in the context of clinical practice.

Assimeng (2007) asserted that religious and spiritual concerns with illness and healing are as old as human history. The shaman is the first spiritual healer who can be regarded as a prototype of modern physician and psychotherapist. Shamanistic healing in the various aspects of humanism in comparison with modern psychology and psychotherapy has been extensively investigated by cultural anthropologists since the 1950s. The investigations have dealt with issues of spirituality within the framework of culture and mental health. In a lecture in 1932, Jung emphasised the importance of a religious outlook on life. He maintained that religious and spiritual life has a close association with physical and mental health in a negative or positive way.

Assimeng (2010) intimated that organised religious affiliation and expression are patterned along racial and ethnic lines in many nations. However, few practical studies on religion and physical health systematically examine racial and ethnic variability in these relationships; many studies do not analyse racial variability when testing the relationship between indicators of religion and physical health outcomes (Ferraro and Kim, 2014).

The structure of traditional religion finds its expression in the belief in the hierarchy of the supernatural entities which are responsible for many illnesses and misfortunes. The head in the supernatural entities is the High God (Supreme Being),
followed by lesser gods, ancestors etc. The Supreme God has many names in traditional religion. In Ghanaian traditional religion, the belief is that death is not the end of life. When death occurs, it is only the physical body that is affected but the soul goes to the land of spirits to join other departed souls. Akan, Ewe and Ga have stool houses for the ancestral spirits. Hence the well-being of an African is associated with the spirits of the ancestors (Opoku, 1978).

Assimeng (2010) intimated that the needs of men are known to the ancestors since they have ever lived on earth and therefore should be in a position to help the living by giving more children, abundant harvest, more wealth, normal life, solidarity and harmony among men, peace and health. Okon (2012) cited Evans-Pritchard (1937) that witchcraft accusations are motivated by jealousy, hatred and envy as well as fear. He also noted that witchcraft does not strike at random and that for witchcraft accusation to come from someone, the supposed victim must have some relationship with the accused for example, kinship, friends, colleagues or fellow students, or living in the same neighbourhood. Witchcraft may be inherited or acquired.

Magic also forms part of the practice of the traditional African religions. Magic is a process of manipulation of physical objects to affect supernatural ends. Apart from the physical objects, the essential elements are spells or incantation which together with the condition of the performer effect the result. Unlike witchcraft, magic is not inherited; magic is always a voluntary act. Divination is also used in health-seeking among traditional medicine practitioners. It is based on the belief that by the proper manipulation of certain special objects it is possible to foretell the future of the unknown or interpret events. Instances for which divination may be required among Ghanaians according to Nukunya (2013;p 93) include; trying to find the cause of sickness or misfortune and searching for a lost property.
2.5 Circumstances influencing people’s choice for treatment

Several factors influence patients to access health care from traditional medical practitioners. Osafo (2014) writing on the psychology of health in Ghana, intimates that factors that drive people to access health care from the traditional medical practitioners include the perceived spiritual aetiology of the condition, accessibility and affordability of health care. He indicates that while some Christian hospitals such as those of Catholic, Presbyterian, Anglican, etc. may refer mental patients for the psychiatric care, Pentecostal and Charismatics churches view disease in spiritual dimension, suggest demonic and spiritual sources as the cause of the illness and prescribe spiritual treatment (Sorsdahl et al., 2009).

A study on some people living with HIV (PLHIV) revealed that the reasons underlying patients’ efforts for seeking spiritual therapies were due to the conceptualisation of their illness as a spiritual challenge and also their attribution to diabolical interference of the supernatural. Such thinking led some to substitute their Anti-Retroviral (ART) drugs with spiritual therapies, including the services of pastors, diviners and mallams (Asamoah, 2011; Ferraro and Kim, 2014).

The Christian Science church in America which was founded by Mary Baker Eddy in 1866, advocates religious healing in place of medical treatment (Cockerham, 2007). The practitioners believe that sickness and pain are an illusion, and maintain that most illnesses are not God-given but are believed to be produced by a distorted view people have of their spiritual nature. They equally share the view that all forms of diseases are considered symptomatic of underlying spiritual condition that can be healed only through prayers. According to them, the key to life and health is obtained through spiritual discovery.
However, practitioners are not considered to be equal to medical doctors but are required to help the sick person find a cure through prayer. Healing consists of prayers meant to convey to individuals a deeper understanding of their spiritual being. This understanding is held to be a crucial factor in eliminating the mental attitudes from which all diseases are thought to originate.

Another factor that influences clients to visit religious centres for treatment is the reality of healer shopping through biomedical, ethno medicine and faith healing practices as well as late presentations and manifestation of poor medical knowledge about (chronic) diseases leading to complications and avoidable deaths (de-Graft Aikins et al., 2005; de-Graft Aikins, 2010). According to the authors, there is no national policy on chronic disease in Ghana. This is compounded by lack of funds; inadequate human resource, unregulated ethno-medicine practices and inadequate knowledge about (chronic) diseases.

Koenig (2010) asserted that children die as a result of the fact that their parents denied them orthodox medical care for religious beliefs. Religious traditions (especially Christianity and Islam) do subscribe to an intelligent designer of the universe (Koenig et al., 2012). Such view of the world leads to a thinking of a supernatural basis for almost every occurrence. One such view is the belief in diabolical interference. Several researches in Africa and Ghana, specifically report popular beliefs in diabolical aetiology for most illnesses (Osafo et al., 2014). Such view may discourage health seeking from orthodox centres. For example, belief in the supernatural determinism of a cardiovascular disease prevents patients from early treatment and adhering to their medications (Tagoe, 2014).

2.6 Disease Causation and the Spirit World

There is a general belief among Africans that man lives with many spirits in addition to the close relationship they have with each other. For this reason, illnesses may result
from any one of the above mentioned relationships. Bierlich (2004) writing on Dagomba
traditional medicine indicated that among the Dagomba, disease causation can be
categorised into two: natural and supernatural causes. Mild illnesses do not generally
explain supernatural aetiology but a serious illness does, whether in an individual or the
outbreak of epidemic disease.

However, Imperato (1976) writing on folk medicine and causation of illness among
the Bambara society in Senegal identified supernatural forces as responsible for the causes
of illness and misfortune in sub-Saharan Africa. Imperato (1976) categorised these forces
as ghosts, spirits, witchcraft and sorcery. He however intimated that this belief does not
hold true for all societies.

Most societies believe in the existence of the Supreme God who created the universe
and all forces within it. Bierlich (1994) also asserted that among Muslims in Africa, God
is viewed as allowing illness and misfortunes through certain agencies. For example, there
is a strong belief in jinn among Muslims. The jinn are spiritual entities, but not ghosts who
possess special powers that can cause harm or misfortune. Fratkin (2004) intimated that
among Laibon pastoralists in Kenya, spirits/ghosts are another group of authors of illness
causation. Accordingly, ghost is a part of spiritual element which remains behind on earth
after the death of a person or an animal (Awedoda, 1998). Some societies have different
ways of appealing to the ghost of ancestors. Ancestor worship prevents and reduces the
pleasure of forces capable of causing illness and misfortune.

Imperato (1976) posit that among the Banyoro of Uganda, the ghost of ancient folk
heroes and kings exert powerful influence in the affairs of the living and are appeased from
doing harm through the Cwezi spirit cult.

Witchcraft is another source of spiritual illness causation among Africans. Witches
are individuals who possess an innate malicious power which works to cause harm to either
health or property (Imperato, 1976). This power is believed to be found in the gastrointestinal tracts of witches where it grows in length and size with advancing age. According to Pritchard (1937) witchcraft substance is inherited in certain families. It may be unknown to the individual until he is accused. Witches are thought to operate mainly in the night and their powers are believed to attack the spiritual portion of their victim’s organs. More often than not women are accused of being witches.

Bierlich (2004) asserted that sorcery is another means of illness causation among the Dagomba. A sorcerer is an individual who consciously engages in bad magic for the purpose of harming someone. Hence any one can engage in sorcery as opposed to witchcraft. According to Bierlich (2004) sorcerers usually use materials such as nails, hairs, herbs, paring etc. as secret formula for imparting a magical maleficent power.

In the light of modern science, it is not possible to see witchcraft, sorcery, jinn and spirits in operation, but some societies believe they work. However, Imperato (1966) intimates that among the Luo, in Kenya, witchcraft substance can be seen at night in the form of red round glowing ball of fire moving across the countryside. Imperato (1976) in Tauxier (1927) recorded that in 1907 an epidemic of influenza occurred in the village of Songhobougou, Senegal, and this was attributed to the nyama (spirits) of a vulture which had been shot near that village by a French colonial officer.

In 1957 a European shot and killed a bustard (a large bird) near a village in the Segou region of Senegal and an epidemic of measles occurred shortly thereafter and was attributed to the angry nyama (spirits) of the bird. The villagers were extremely angry at the European. The villagers then presented the facts to the European and he laughed at those who came to complain. They requested that he pays for an animal to be sacrificed to appease the gods or the nyama of the bustard. He refused. A few days later the European died from acute strychnine poisoning. Spirits and ghosts may inflict illness by acting
outside the victim or may possess the victim. The above narration indicates that peoples’ concept of illness can be constructed. And they can choose to use a method they feel is appropriate for its treatment.

In his bid to explain some African aetiologies of disease, Pool (1994) observed that there is always a distinction between illnesses which are caused by people and illnesses which come from God/natural illnesses. According to Pool, those illnesses that come from people cannot be treated at the hospital but through a diviner or traditionalist. Those that come from God or nature can be treated at the hospital. There is also a third category that is caused by the ancestors or spirits. Those illnesses are not treated at the hospital either. According to Pool (1994), Africans interpreted each category of these illnesses in line with their belief system. God caused illnesses to happen naturally and which can easily be treated with herbs. However, illnesses caused by people, ancestors, and spirits need some elements of revocation in order to cleanse the sick person before he or she gets well. All illnesses caused by witchcraft appear to fall in this category of illnesses caused by people.

Bierlich (1994) asserted that among the Dagomba, for one to avoid illness and secure prosperity, the person needs to maintain a balanced relationship with the land on which he lives and with his ancestors through regular sacrifices. He also must observe taboos relating to the bush and avoid quarrelling or competing with his kinsmen and non-kinsmen alike. This is because the Dagomba believe that people use their witchcraft and medicine against rivals. As such, when a person falls sick, the understanding is that he has broken the taboos and therefore has lost protection from his ancestors.

Oppong (1973) asserted that there is no division between the living, the dead, the bush, the land and the individual among the Dagomba. Awalu (2009) indicates that the Dagomba believe that illness is innate and that the person is created with illness. Awalu explained that the Dagomba see many diseases (diarrhoea, aches, sores, congested nose
etc.) as normal life pattern when growing up and demand no explanation. They are part of everyday life experience. Helman (1994) writing on culture and illness asserted that, in social settings, rituals renew certain basic values of that society, regarding relationships of man to man, man to nature, and man to the supernatural world, and that all these relationships enhance the well-being of the society.

2.7 Traditional Medicine and Religion

Traditional societies have different beliefs about the world around them. As such, their observations, experience and interpretations are not based on empirical evidence. Their experiences go beyond the use of the five senses. Hence, illness interpretations may be viewed on the basis of the supernatural and spiritual. As such, its aetiology, prognosis and diagnosis may be viewed in the traditional lens (Opoku, 1978).

WHO (2002) define traditional medicine as the sum total of all knowledge and practices, whether explicable or not used in diagnosis, prevention and elimination of physical, mental or social imbalance and relying exclusively on practical experience and observation handed down from generation to generation whether verbally or written. WHO (2004) again defined traditional medicine as diverse health practices, approaches, knowledge and beliefs incorporating plant, animal and or mineral based medicines, spiritual therapies, manual techniques and exercises applied singularly or in combination with manual techniques to maintain well-being as well as to treat, diagnose or prevent illness. In this light, traditional medicine is not based on empirical treatment alone but also on the psychological.

Richter (2003), writing on traditional medicine and traditional healers in Southern Africa asserted that traditional healers are made of up of two categories; the diviner
herbalists and healers. The diviners use both spiritual and herbal means for treatment whiles the healers use spiritual means for treatment.

Twumasi (2005) asserted that the practice of traditional medicine in Ghana lies in the assumption of the existence of supernatural forces. He indicated that traditional healers do not separate the natural from the spiritual or the physical from the supernatural. Twumasi (2005) distinguished between four types of traditional healers in Ghana: the traditional birth attendants, faith healers, spiritualists (diviners) and traditional herbalists. According to Twumasi (2005), the traditional birth attendant deals with reproductive problems and assist in deliveries. Faith healers also focus on healing sessions based on the bible. They are leaders of the revival, sectarian and African based syncretic churches. The spiritualists (diviners) on the other hand, use methods of possession, divination and other ritual means to diagnose and heal illnesses. The herbalist is the last category who approaches healing by the use of herbs in their treatment.

Across cultures, the natural response to illness is seeking treatment. The process of diagnoses and treatment of illnesses are the preserve of the health professional in every socio-cultural set up. Shizha & Charema (2011) intimated that in the African tradition diviner herbalists and midwives are very critical for health and well-being. As such in most rural areas in Africa, traditional healers are widely consulted for causes of illnesses and ritual cures are constantly prescribed to help the sick persons. Opoku (1978) writing on traditional medicine in Ghana indicated that the causes of illness and death which are related to witchcraft, sorcery and supernatural forces continue to gain roots in Africa.

In sub-Saharan Africa, when people are confronted with certain illness they consult a diviner herbalist. Diviners are perceived to be skilful clairvoyants and are therefore viewed to hold the key to secretes of lifelines; they are believed to have knowledge of the underworld, with the ability to see things and transmit that knowledge to others in need.
(Malidoma, 1993). Shizha and Charema (2011) intimated that any illness or sickness has a cause and causer. Both the cause and the causer can be known through consultation of a diviner.

The African Union declared the period 2001 to 2010 as the Decade of African Traditional Medicine (UNAIFS, 2000). The WHO (2001) survey on legal status of traditional and complementary alternative medicine revealed that out of 44 African countries surveyed, 61% had legal provisions regarding traditional medicine. Shizha & Charema (2011) said traditional healers are a major source of health service for the majority of people in the rural areas. It is estimated that between 80% and 85% of the population in sub-Saharan Africa obtain health education and health care from traditional medicine practitioners (WHO, 2002). According to WHO’s (2001) statistical report on traditional medicine, practitioners far outnumber modern health care practitioners and are located widely and are culturally accepted.

Among the Zulu of South Africa and the Ndebele of Zimbabwe, being ill is not only associated with environmental factors but also spiritual and societal influences. Thus, in treating a particular illness emphasis is not on the disease but on the cause. Hence, illness may be caused by destructive and evil spirits including witches and wizards (Awedoba, 2006).

Gbdossou et al., (2000) intimated that the African idea of health and illness is similar to other traditional concepts; it is likened to the human agents such as ancestors, spirits, enemies witches and gods and the physical agents such as rain, river, food, sun dust trees etc. so the traditional healers prepare their medicine with the help of the ancestors and the gods. Peltzer (2008) asserted that in Malawi about 80% of the population make use of traditional medicine and traditional healers for their health.
A study by WHO (2002) intimated that by 1990 in Swaziland, one out of every 100 people visited traditional healers as against one out of every 10,000 people visiting medical doctors. Also in Mozambique, one in every 200 people visit traditional healers as against one in every 50,000 visiting a medical doctor. In rural southern Africa, about 65% of the population seek treatment from the traditional healers before visiting a medical doctor (WHO, 2002).

Jones (2004) carried out a surgical study among the Banyoro of Uganda and argues that traditional surgical skills are developed in two ways: these are surgeons who learned both anatomy and the techniques while performing mutilations ordered by chiefs and kings. They could also have learned a great deal from performing autopsies and post-mortem examinations of dead mothers. With this field study in Uganda, he believed that African surgeons might acquire anatomical knowledge and surgical skills over a long period of training. However, Banyoro is a peculiar society whose knowledge and surgical skills were handed down orally (Jones, 2004). Subsequent generations suffered a fatal blow in the 19th century during a series of armed conflicts which claimed the lives of many who had knowledge and skills in the local surgical field (Jones, 2004).

Writing about the history of traditional medicine in Ethiopia, Kassaye et al., (2000) asserted that Ethiopian traditional medicine is not only concerned with curing of illness but also the protection and promotion of human, physical, spiritual, social, mental and material well-being. The writers however categorised traditional medicine practices in Ethiopia into spiritual healing, protection, curative and surgical practices and maintained that about 80% of the Ethiopian population use traditional medicine in line with cultural acceptability of healers, and low cost of traditional medicine.
In Ghana, Mali, Nigeria and Zambia, the first treatment offered to 6% of children suffering from malaria is traditional herbal medicine (WHO, 2001). Steinglass (2007) indicated that traditional healers approach illness in a holistic manner. They treat their patient’s spiritual and psychological well-being together. This is consistent with Munk’s remarks on the role traditional healers play in the psychological well-being of their patients. WHO (2002) estimated that up to 20% of Africans use traditional medicine and in sub-Saharan Africa the ratio of traditional healer to patients is 1:500 and that of the medical doctor is 1:40,000. Thus, WHO in 1977 recognised the importance of collaborating with traditional medicine.

In writing on Western and traditional medicine, Richter (2003) indicated that there is a friction between Western and traditional medicines. Western medicine looked at material causation to understand and treat illness whiles traditional medicine sees it in the spiritual and supernatural perspective in the form of witchcraft and angry ancestors in order to treat illness. According to Richter (2003, pp. 7), amongst the people of Africa “it is believed that if a sick person does not obtain treatment and died, his spirits will cause further disease.” However, it is significant to note that the belief systems of illness and health according to traditional healers and traditional medicine vary from society to society.

To this end, Shizha and Charema (2011) asserted that African traditional medicine focused on the holistic approach to health and well-being of patients. Opoku (1978) observed that the religious aspect of Africa recognised the existence of supernatural forces in the universe and men who have knowledge and ability can tap it to do their business.

According to traditional belief, these mystical forces can be turned into witchcraft, sorcery and magic which are neutral but can be used by those who have the power to do
good or evil. Almost all societies that believe in the existence of witchcraft indicate that some of the suffering of men such as illness, death, lack of prosperity, failure of crops and misfortunes are attributed to these powers which some individuals are deemed to possess. For example, Bushmen in the Kalahari in Namibia, Australian aborigines etc. believe in the existence and practice of these powers.

Twumasi (2005) asserted that in some African societies, witchcraft is accepted as reality. For example, the Akan of Ghana recognise that there is good and bad witchcraft. Opoku (1978) again explained that witches feed on human flesh, inflict material loss on people, cause bareness and sterility. For example, witches can make rich people lose their money, cause people to be thieves, make others turn into drunkards. They can perforate a person’s pocket and make him lose his money without knowing that there is a hole in his pocket. Witchcraft is used to explain why certain phenomena occur for example, when someone falls sick or his crops fail or his house burns down without any tangible empirical reason. Witchcraft is used to explain the occurrence of the misfortune.

Gyekye (1996) intimated that broken relationships sometimes result in illness or even death. Misfortunes such as death, droughts, and epidemics are normally attributed to broken relationships. It is only when relationships are normalised and restored that things turn out well. Religion in Africa covers every aspect of man’s life and helps them to cope with the vicissitudes of life. It is therefore true that in matters of health, religion plays a greater role not only in restoration after illness but also in its preservation among many societies.

The cure and prevention of these illness include undergoing ritual cleansing through herbs and roots, offering of sacrifices and paying reverence to the ancestors. Opoku (1978) indicated that from the perspective of an African, man is a compound of
material and immaterial substance. As such, in the treatment of illness, both organic and spiritual aspects of the disease are considered. This helps to maintain a balance between the spiritual and material in man’s sound health.

Ancestors are also believed to be involved in the practice of medicine. They send cures to their relatives whenever they fall sick, that is why when someone dies the mourners send messages to the ancestors through the dead person for prosperity, good health and well-being. White (2013) asserted that there is a scientific aspect of the traditional medicine despite the fact that it is religious in nature. The medicinal values of plants and roots are acquired through observation of nature and practical experience. For example, one potent anti-snake bite medicine in Ghana was obtained by a hunter who watched two snakes fight till one was defeated and the stronger one later plucked a particular leaf and put it into the defeated one’s mouth to revive it. The hunter then took those leaves home and it subsequently became useful in the treatment of snake bites (Opoku 1978).

Oppong (1973) posited that every Dagomba chief has medicines (tim) for the protection of his status and every enskinned chief is seated upon a sacred stool and bathed with sacred herbs and medicines to provide him with powers and protection. She further intimated that after birth, a woman and her baby are given medicine to drink for protection and strengthening. Fortes (1937) asserted that medicines (tim) among the Tallensi are substances or objects that work either to treat illness or for magical purposes (Meyer, 2013).

WHO (1976) defines the African traditional medicine or healing system as the sum total of practices, measures, ingredients and procedures of all kinds whether material or not, which from time immemorial has enabled the African to guard against
disease, alleviate suffering and cure him/herself. In this regard, the practice of medicine is the application of medicinal substances. Bierlich (1994) indicates that medicine is used among the Dagomba as personal and associated with a person’s identify. That it identifies a person’s powers and position in the society. They symbolised images of personal powers that have the ability to protect one’s self and others and to cause harm and kill one’s enemies. It has both positive and negative connotations.

Bierlich (1994) further explained that midwives, bone setters, etc. use medicine in their practice. The preparation of medicines is combined with prayers and sacrifices to the ancestors from whom they inherited the knowledge. Also, medicine can be used for other purposes, for example, to protect (Nguli) and kill (Ku) an enemy. However, the Dagomba believed that the efficacy of any medicine or plants depends upon “luck” (Zugusuun)

Medicine can be seen in two dimensions. First it is a practice for treating illness, maintaining and protecting health. The other is causing harm and inflicting suffering to others. For example, medicine used for room protection can equally be used to weaken and confuse a rival (Oppong, 1973).

Bierlich (2007) writing on health, wealth and magic among the Dagomba, asserted that the Dagomba inherit certain potentials such as power, skills, manners, smartness etc. For example, one’s ability to divine as well as possess other occupational knowledge such as blacksmith, butcher, drummer, fiddler and cobbler are said to be passed on from the mother line to the children with the exception of witchcraft. As such, maternal ancestors are of great importance to the Dagomba child. Hence in terms of treatment of illnesses the mother side plays a greater role in the treatment. In the light of this, Oppong (1973) explaining the continuity and change among the Dagomba, intimated that a mother’s brother is respected and is not disliked to the same degree as the father’s sister.
Staniland (1975) indicates that in the competitive economy where job seeking, promotions, passing of examinations, securing and safe guarding one’s wealth from enemies are concerned, a Dagomba feels safe to approach his maternal ancestors in order to secure success. According to him, ancestral worship, be it communal or individual takes the form of prayers and sacrifices. When a condition becomes worse, a Dagomba will seek help from ancestral spirits (Wuni) through prayers and sacrifices. Bierlich (2004, p. 99) intimated that traditional medicine is a “method of healing founded on its own concept of health and disease which comprise unscientific knowledge systems that developed over generations within various societies before the era of western science”. Awalu (2009) writing on Dagomba supernatural beliefs acknowledged that the traditional Dagomba passed on orally, customs and traditional medicine from father to son through generations and these are jealously guarded in certain families.

Shizha and Charema (2011) asserted that traditional medicine practitioners are everywhere in Africa and contribute to the basic health needs of the population. For example, due to the high cost of modern pharmaceuticals, many people prefer traditional medicine to orthodox medicine. Gyekye (1996) writing on African traditional values, posited that traditional medicine caters for about 75-85% of the rural folk and 45-65% of the urban dwellers in Ghana.

Konadu (2008) estimates that 85% of people worldwide seek traditional medicine first before western medicine. The importance of traditional medicine therefore cannot be over-emphasised. For example, in Ghana a census held in 2010 indicated that there are 400 people to every traditional medicine practitioner compared to the ratio of 17,733 in orthodox medicine. The basic idea about traditional medicine is belief that the human
being is both a somatic and spiritual entity. As such, illness can be caused by the supernatural as well as bacterial invasion of the human body.

In relation to rituals performance with regard to health in traditional medicine, Helman (1994) writing on rituals and management of misfortunes indicated that rituals have some important social, psychological and symbolic character in health-seeking practice. The author further asserted that rituals renew and express certain basic values in a social setting regarding relationships of man to man, man to nature and man to the supernatural world. Each ritual is made up of many symbols and serve as a place for traditional values and knowledge. Every symbol in a ritual represents specific cluster of values, norms, beliefs, sentiments social roles and relationships in the context of the community in question.

According to Helman (1994), each symbol in a ritual tells the group about the values of the society, its organisation and how they viewed the natural and the supernatural worlds. This informs the people about any dangers ahead. In other words, how they feel about the world by misfortunes such as accidents, famine, war, death, ill-health and conflicts in the society.

However, each symbol needs to be decoded in order to be understood in a particular cultural context, for example a doctor wearing a white coat in a hospital setting is different from an agricultural officer wearing the same coat on his farm or a doctor using potent symbols such as a white coat or a stethoscope in his ritual of healing. In the same way, a traditionalist employs certain religious symbols or artefacts such as plants, talisman, divination, stones, holy water etc., which also have a powerful healing force that connects the gods, spirits or ancestors (Helman, 1994).

In the treatment of certain illnesses among the Zulu people in southern Africa, Jolles and Jolles (2000) posited that the colours of medicine is regarded more potent than
the pharmaceutical properties of the medicine. For example, among the Zulu, medicines are divided into three colours, black, red and white. Black represents night time, darkness, dirt, pollution, death and danger. White indicates good things of life such as good health and good fortune. White also represents social interaction and daylight. Red symbolises the transition between black and white, like sunset or sunrise. So, a Zulu traditional healer treats his patients with a mind of balance between the person and the environment. This is attained by removing from the patient what is bad through the use of red and black colours and thereby strengthening the body of patients by the use of the white colour. The white colour is used to transform a patient from illness to health, from darkness to light, from danger to safety, from death to life as day light represents life and good health. A healer treats his patients by removing them from mystical darkness through the black medicines, through the reddish twilight of sunrise by red medicine and black in day light and life by white medicine.

Opoku (1978), writing on the functions of rituals among the Akan in Ghana asserted that there are two functions of misfortune rituals. They are manifest and latent. The manifest function is carried out to solve a specific problem while the latent function is to re-establish disturbed relationships between human beings. In some non-industrial societies, rituals of misfortune are performed to repair disturbed relationships with the social and the supernatural world.

Rubel (2005) intimated that in non-industrial societies, illnesses are interpreted in relation to social fabric and reason for treatment goes beyond restoring the person to good health, but serves as social therapy for the whole social set up to ensure that the interpersonal stress that led to the illness has been resolved. The essence of this ritual is to restore the harmonious relationship between man and man, and man and the deities.
According to Helman (1994), there are two types of rituals for misfortune; one type is used to find the cause of illness and the second seeks to remove the misfortune or the cause. In Africa and Asia, 80% of the population still use traditional medicine rather than modern medicine. In 2005, traditional medicine worth US$14 billion was sold in China; at the same time, Brazil earned a revenue of US$160 million from traditional treatments. Traditional religion is believed to be generally concerned with an explanation of ills or misfortunes and how to prevent these.

In order to understand divination as a health-seeking mechanism in the traditional healing perspective, a brief history of modern medicine is reviewed in the next section to provide the reader with reasons why Dagomba and other societies seek alternative medicine through divination and other sources.

2.8 Brief History of Modern Medicine in Ghana

The evolution of modern medicine in Ghana can be traced to several phases ranging from the periods 1880 - 1919, 1920 -1930, 1931-1950 and 1951 to present (Addae, 1996). Each of these periods is marked with historical changes and modifications of public health policy. Biomedicine as compared to traditional medicine is usually associated with diseases of the physical body only and are based on the principles of science, technology knowledge and clinical analysis invented in America and Western European countries. The pattern and time course of the evolution of modern medicine in Ghana follows British colonial medical policies of West Africa. According to Addae (1996), British civil administration started its work in the Gold Coast between 1830 and 1844, under the leadership of Captain George Maclean.

The European powers began to establish health facilities in the Gold Coast in 1872 (Twumasi, 2003). However, until 1874 no clear medical policy was formulated for the
country (Addae, 1996). The history of scientific medical service in the Gold Coast dates back to the colonial era in 1844 when British medical officers were posted to serve the colonial Administrators and the Senior Officers who were working in the civil service of the Gold Coast (Twumasi, 2005).

With the passage of time, various missions also brought in their medical officers to provide health needs to their personnel. They built dispensaries throughout their areas of operations. By 1878, the mission and the colonial medical officers had recruited some Ghanaians into the health service to bath, feed the sick, and dress wounds and administer drugs to patients under European supervision. According to Addae (1996), formal medical work started in Accra after 1878 and spread to the other parts of the country. By 1890, medical policy became necessary for several reasons. First, British power and influence had increased leading to population increase with its attendant problems.

The second reason was the increased mortality of the European population by the then deadly disease, malaria. The high death rate of Europeans was alarming. As such in 1899, the Secretary of State Joseph Chamberlain explained to the House of Commons that the Gold Coast was a colony where every European carried his life in his hands. On account of this, Joseph Chamberlain proposed the establishment of schools of tropical medicine in London and Liverpool in 1898 with the aim of reducing European mortality in the colonial tropical climate. There was great concern for the well-being of the Europeans and the provision of medicinal infrastructure to cater for their health. According to Addae (1996) the first civil health facility was built in 1878 at Keta, Accra, Cape Coast and Elmina and in the early 1890s, Governor Griffith called for health facilities where medical doctors would be stationed permanently in four towns, Dixcove, Saltpond, Winneba and Ada.
With this, health facilities were located at the centres of European population. The anxiety arose out of fear for Europeans living in towns that did not have any medical officers. These facilities were meant for use by European officials and non-officials, African government officials, troops, police and the house constabulary (Addae, 1996).

Around 1912, Governor Clifford came to Ghana as a Secretary of State and gradually changed the policy to favour Africans. He admitted the injustices to Africans who paid the major part of the taxes and had no access to primary health care. In 1914, he provided health care for Africans by extending dispensaries to the natives. By the time he left the colony in 1919, he had trained 28 dispensers and 64 nurses in the major hospitals of the colony. Governor Griffith laid the foundation for the building of the West African hospital in Accra, but could not implement it because of the First World War.

However, when Guggisberg became Governor, he implemented the policy in 1927 and that was Korle Bu Hospital. Twumasi (2005) asserted that by 1920, there was a change regarding access to health care by the indigenous population in the colony. As such, the economic value of health in the colonial communities was recognised and the policy changed to safeguard and improve the health of the indigenous people. It was during Governor Guggisberg’s era that a clear and comprehensive health policy was executed in the Gold Coast. Guggisberg’s health policies remained in force through to the 1950s and beyond.

It was around the 1950s that the medical policies of the Gold Coast government was clearly defined upon the acceptance of the report of the Maude Commission that enquired into the health needs of Ghana. By 1951, Nkrumah accepted the proposal of Maude Commission of enquiry to expand both the health centres and Medical Field Units as the most practical way of addressing the health needs of the people (Addae, 1966). Some of the policies contained in the documents were to expand medical field units, improve
existing hospitals and health facilities, establishment of health centres in the country and increase the number of dressing stations.

Twumasi (2003) indicates that Western medicine had difficulty being accepted by Ghanaians. The traditional system had not developed enough to sustain or support this institution. The traditional cosmology of illness causation includes that of the supernatural and spiritual beliefs which cannot be subjected to experimentation. On the other hand, that of scientific medicine deals with germ theory of illness causation that is experimentation to find the real cause of illness. However, the society at that time was full of people with supernatural beliefs which influenced their orientation towards scientific beliefs.

By 1957, the government had started building health centres to provide health care services to the people. Almost all the regions had health centres except Central and Western regions because their people were attending Korle-Bu Hospital for their health needs. The government also set up a medical unit to control many of the environmental diseases and to provide scientific medicine and health education to the rural folks. For example, the Kintampo Research Centre was set up to act as a research unit and to provide medical education and determine the nature and types of health problems in the area. One issue affecting the Ghanaian health system is the shortage of doctors or health personnel. Many of the medical trained officers migrate to other countries in search of greener pastures, and thus there is a mal-distribution of medical doctors in the country. Currently, Ghana has four (4) Teaching Hospitals, nine (9) Regional Hospitals, and several Polyclinics, and many health centres, and thousands of CHPS Compounds and health personnel. However, the ratio of medical personnel to citizens is way above the WHO stipulated ratio. Because of the above-mentioned problems, the Ministry of Health was created as an agency to help formulate health policies, provide leadership, and coordinate
health service programs for effective health service delivery (MoH Procurement Manual Report 2004)

2.8.1 Ministry of Health (MOH)

The Ministry of Health and its allied bodies are responsible for policy formulation, provision of leadership and support, coordination of health service programmes and other interventions aimed at scaling health outcomes. The essence is to improve the health status of all people living in Ghana through effective and efficient policy formulation, resource mobilisation and regulation of health care by different health agencies.

The Ministry of Health has a specific mandate to contribute to socio-economic development and the development of local health and vitality through access to quality health for all people living in Ghana using motivated personnel. The policy thrust of the Ministry of Health is to reduce inequalities in access to care and increase coverage quality and use of health service so as to achieve a healthier national population (Pehr, 2010).

The key mandate of the Ministry of Health is the creation of a health administration system that ensures the effective implementation of various health programmes and health service delivery activities. In terms of facilities and the capacity for health service delivery across Ghana, the average number of personnel increased from 49 in 2007 to 82 in 2011. (GHS Annual Report, 2011) In public hospitals, the staffing rose from 86 in 2007 to 170 in 2011. This growth indicates how the ministry is delivering its work in Ghana (GHS Annual Report 2015).

The Ministry of Health acts as a collaborator between the health sector and communities, other health sectors and private providers both allopathic and traditional medicines. Twumasi (2003) intimates that the Ministry of Health provides policy guidelines and the Ghana Health Service under it provides all the integrated health services
in the country. Thus, the ministry performs with the help of other allied agencies. Hence, the Ghana Health Service was created as an agency under the Ministry of Health to help implement both primary and secondary health care services.

### 2.8.2 Ghana Health Service

The Ghana Health Service is an agency under the Ministry of Health which was enacted under the Act 525. The Ghana Health Service is responsible for primary and secondary health care delivery in Ghana ranging from community levels, sub district and regional levels. The services are delivered through government institutions such as regional referral centers, community-based health planning and services (CHPS), maternity homes, pharmacies, psychiatric and leprosaria etc.

In line with the vision to provide and improve access to health services, the regional hospitals are upgraded to offer more specialised care and the next level of referral for more complicated cases as well as general in-patient care, out-patient services, laboratory care and surgeries. The public hospitals, that is the district hospitals are the first point of contact; they are geographically defined with the status of first referral facility providing many clinical services. (MRH Pilot Program Based Budget, 2015)

The health centers provide basic curative and preventive services as well as reproductive health services. The Community – based Health Planning and Services (CHPS) is another level of health care delivery by Ghana Health Service. It is a clearly defined area within a sub district in a community where community health officers provide community-based services such as visiting homes within the communities. This was established in 2003. Its focus is to provide health care services to the Ghanaian rural folk. In line with total health service provision, Ghana Health Service again provides maternity clinics where health facilities are focused or directed on providing reproductive and family
planning services to both rural and urban folks in Ghana. Hence health services are being brought to the door step of the consumers or clients.

Again, pharmaceutical health facilities that dispense drugs are operating at the various hospitals and clinics to ensure access and availability of drugs at all times. With regards to tertiary level operations, the Teaching Hospitals provide tertiary services and act as referral points in the country while specialist services are provided in addition to its teaching responsibilities. Each hospital provides services to both Ghanaians and other nationalities. The agencies responsible for the regulation of these services such as Medical and Dental Council (MDC) Pharmaceutical Council, Nurses and Midwives’ Council and the Food and Drugs Authority focus on protection of consumers and provide adequate personnel at the various health posts for quality health care delivery.

In conclusion, the literature on traditional healing practices is respectable. However, comparatively, that on diviners and divination is small. What is evident from the literature is that like other people, the Dagomba employ divination to create a sense of order in their world and may use other health systems when the need arises.

2.9 Theoretical Frame Work:

Against the background of the discussion, social constructivism and rational choice theories are found appropriate for this study. The social construction of reality is a philosophical perspective that holds the view that the world is socially constructed. Berger and Luckmann (1966) argued that what people think and do, they are likely to experience the real consequences in their actions and inactions. That is, peoples’ thoughts become real and affect their real life-situations.

Berger and Luckmann (1966, p. 312) focused their attention on the “process by which any corpus of ‘knowledge’ comes to be socially accepted as ‘reality’”. By “reality
construction” they mean the process whereby people continuously create through their actions and interactions, a shared reality that is experienced as objectively factual and subjectively meaningful”. They assume that everyday reality is a socially constructed system in which people bestow a certain order on everyday phenomena, a reality which has both objective and subjective elements. By subjectivity they mean that reality is personally meaningful to the individual. By objectivity they are referring to the social order in the institutional world, which they view as a human product. Luckman and Berger opined that both objective and subjective worlds are real and portray meaning to the society at a time.

At the centre of this theory lies the issue of how every reality is socially constructed as “here and now”. This reality has something to do with the past and future. The key concepts of Berger and Luckmann’s theory is the “moment” of dialectical process, encapsulated as externalisation, objectivation and internalisation. Externalisation is the first moment of Berger and Luckmann’s dialectical process of social reality as ongoing human production (Berger and Luckmann, 1966, p. 275). They see the social order as both the “result of past human activity” and it “exists as human activity continues to produce it.”

Externalisation is two-fold: one dimension is that human beings can create a new social reality, like forming a new friendship or starting a new business. The other dimension is that human beings can recreate social institutions by their ongoing externalisation of them such as maintaining and renewing old friendship.

Objectivation is the second moment of Berger and Luckmann’s theory. Objectivation is a process where an individual sees everyday life as an ordered pre-arranged reality that imposes itself upon but is seemingly independent of human beings. As indicated by Berger and Luckmann (1966), the reality of everyday life appears already
objectified, that is made up of an order of objects that have been designated before the appearance of the individual.

According to this theory, humankind is always in the process of meeting its needs and desires, it is in this process that humankind creates the world. Humankind is biologically deprived of its world, so it constructs its own world. This world in real terms is the cultural world. Its main aim is to provide the strong structures for human life that are lacking biologically. It stands to reason that the humanly created structures cannot have the same stability compared to the structures of the animal world. Culture, indeed, became humankind’s “second nature and remains something quite different from the natural world precisely because it is the product of man’s own activity” Berger and Luckmann (1966, p. 314). Culture must be continuously produced and reproduced by humankind. Its structures cannot be permanent and therefore, inherently precarious and predestined to change.

Linking the above stated theory to the practice of divination and health-seeking behaviour among the Dagomba, one appreciates that sometimes some illnesses are socially constructed and their consequences become real in the minds of the social actors. For example, certain illnesses such as impotency, mental illness, anthrax and sambu are described as supernatural or spiritual illnesses. As such, their treatment forbids the application of injections and defies the conventional method of treatment at the hospital. This finding supports Mackian, Bedri and Lovel’s (2004) assertion that diseases have both objective and subjective experiences, the subjective components refer to the patient’s perception of the aetiology of the disease as determined by their culture (illness). The objective components involve the diagnosis by a doctor or healer and the treatment skewed towards recovery of the patient (sickness).
The rational choice theory supports the constructivists’ theory or ideas and is also used to guide and explain the processes involved in health decision making or choosing a particular therapy option.

The theory of rational choice is guided by the thinking that human beings are *homo economicus* and direct their actions to what they assess to be the most desirable means of reaching their goals. In the face of scarce resources, people weigh alternative means and ends and choose between them. Hence the term rational choice. In sociology, rational choice is associated with the exchange theory. Therefore, in health-seeking practices, people chose to access diviner services on the basis of the satisfaction they anticipate to derive from such services as against the orthodox services. Hence, the people weigh the alternative means and ends and choose to go for divination to solve their health problems.

The exchange theory perceives rational choice theory of social interaction as exchange of tangible or intangible goods and service such as food, shelter, and social approval or sympathy. According to the theory, people make the choice to participate in an exchange after examining the costs and benefits of alternative courses of action and choose the most desirable of them. In explaining social exchange theory, Homan (1974) related it to the basic principle of human activity which he referred to as the small group behaviour. Homan refers to elementary behaviour as behaviours that appear and reappear whether or not people plan for it. Homan related elementary social behaviour to individual psychology and motivation. He intimated that the satisfaction of social phenomena is ultimately psychological and added that psychological principles are the basic building blocks of explanations in all social phenomena (Homan, 1974).

The conceptual framework (Fig. 2.1 page 57) summarises the theoretical basis of this study. The variables in the framework are the circumstances that compel clients to visit diviners to seek for protection or search for security. The framework presents two
levels of explanations with regard to problems and desires that compel patients to consult diviners. They are manifest and latent problems and desires. The first level deals with manifest or general problems and desires of patients that compel them to consult the diviners leading to solving the specific or latent problems. The manifest ones consist of (1) protection (2) decision-making (3) prosperity (4) health (5) power/politics and fame. Each of the manifest problems have specific or latent desires to be addressed. For example, specific issues under health include, cure of impotency menstrual problems, anthrax, cure for child’s illness, pregnancy problems, etc. With regards to protection, specific issues include protection from specified dangers, protection from worrying dreams, and protection from child mortality and thanksgiving for the death of an enemy. In decision-making, clients seek for request for divorce, women and men seeking for husbands and wives, determining the cause of death, seeking for help in law suits etc.

Furthermore, power also has the following latent desires that compel people to consult diviners: the search for political power, the search for favour over a competitor, the request for bad omen over an enemy etc. Prosperity is another manifest problem with the following specific problems: complaints about poverty, seeking help for business enterprise, urgent need for money, complain of loss of wealth, request for good harvests etc. With regard to fame, specific issues include success in examination, seeking for recognition in society etc.

In summary, applying this theory to the practice of divination, people make a choice between going to a diviner or seeking allopathic medicine, so, they take into consideration the cost of consultation, drugs, accessibility, availability, affordability, before embarking on diviner or hospital treatment. According to Homan (1989), the decision to make a choice is equally psychological. As such, an individual’s decision to seek diviner treatment is based on the kind of psychological satisfaction he/she may
receive from diviner treatment, especially, a situation where some illnesses are regarded as spiritual and supernatural which according to the diviners and community elders defy conventional forms of treatment.

Figure 2.1 Conceptual framework: Problems and desires when seeking for security.
Source: Author’s construct. 2017
CHAPTER THREE
PROFILE OF THE STUDY AREAS

3.1 Introduction

The essence of this chapter is to profile the socio-cultural environment in which the Dagomba resort to divination as therapy management. The chapter presents the profile of the study area in thematic areas such as economic activities, geography and climatic conditions. The chapter also discusses the activities of the people in the region in relation to their health-seeking practices. The chapter further describes the profile of the various MMDCs where data was collected. The research sites are Tamale, Yendi, Gushegu, Karaga and Zubzugu.

3.2 Brief History of Dagomba

Staniland (1975) observed that the story about the origin of Dagbon is complex. According to the author, the Dagomba as an ethnic group did not originate from Ghana, but rather they came from what is today northern Nigeria. They travelled through Mali, Ivory Coast and Burkina Faso before they finally settled in their present location in the Northern Region. It is on record that Toha-zee the “Red Hunter” is the ancestor who led the south-western migration (Tamakloe, 1931).

Toha-zee’s grandson Naa- Gbewaa, is considered the common ancestor of the Dagomba and other related brothers, the Mamprusi, Nanumba and the Moshi. Sitobu, Naa Gbewaa’s son, is purported to have formed the Dagomba kingdom and the royal lineage of the chiefs of Dagbon (Buah, 1981).

According to Awedoba (2006) the Dagomba share a common mythical ancestor in the person of Toha-zee (The Red Hunter) with the Mamprusi, Moshi and Nanumba. Tohazee’s great great grandson, Na Nyagse is the first Dagomba King (Tamakloe, 1931).
Unlike other acephalous people such as the Konkomba and Tallensi, the Dagomba are an organised group of people ruled by a king in Nigeria. According to Tamakloe (1931) the Dagomba took the present area they occupy from the acephalous Konkomba, Chokosi and Baasari between 13th and 15th centuries. The Dagomba came with the institution of chiefship.

The Dagomba formed a centralised kingdom made up of different social and economically undifferentiated estates (Fage, 1964). These estates are royals (nabihi), descendants of the conquerors, and the commoners, dagbandaba, descendants of the original inhabitants of the land, and the Muslims, muslimnima (Bierlich, 2007).

However, it will be erroneous to conclude that all Dagomba villages have all these three estates. It is only in the big towns that one can find all the three levels in operation. In the typical villages, only the commoners and those of chiefly background can be found.

According to Bierlich (2007), Islam was introduced in Dagbon by Mallam Mahama Matazu. He came from a town called Matazu in northern Nigeria and settled in Savelugu in Western Dagbon in 1686. This occurred in the era of the Savelugu paramount chief called Mahama Mogu Woliga while Ya Na Gariba was the king in Dagbon (Tamakloe, 1931).

Naa Zangina Mahamadu was the first Dagomba chief to have embraced Islam. This occurred around the beginning of the eighteenth century (Tamakloe, 1931). In spite of the influence of Islam, ancestral worship is still the dominant religious practice among the Dagomba. It plays a significant role in the daily lives of the people. Without the support of the ancestors, the economic activities, local plant medicine, marriages, education and many things will not work well among the Dagomba. The Dagomba have adopted Islam but still worship the ancestors for support and guidance in their daily lives (Bierlich, 1994). To the outside world, they practice Islam and yet still believe in ancestral worship. For
example, Mallams officiate during naming ceremonies of new born babies, Mallams pray for the dead and take part in the funeral performance as well as other important occasions such as festivals.

The present capital of Dagbon is Yendi which is the seat of the Ya Naa. Dagbon has its important towns with sub-chiefs enskinned by the Ya Naa. They are Mion, Savelugu, Tolon, Kumbungu, Gushegu, Zabzugu, Karaga, Sampimo, Gukpegu and Sunsung.

3.3 The Dagomba Household

Oppong (1973) indicates that the social structure in any society can be referred to as the organisation of basic units of households in that community. As such, the basic unit of social organisation among the Dagomba is the household. This is a group of people who live in a single, walled or compound houses. The head of any household is the eldest male who wields domestic authority and supervises the moral, religious, cultural and economic activities of members of his household. He also prays to the ancestors on behalf of the members especially during traditional festivities.

The family is made up of a number of people who trace their relationships through males and females to a common or great grandparent. The kindred are headed by a common head who exercises his authority over ownership of property such as land, trees, cattle, shrines and a host of others which he holds in trust. He also possesses inheritable traits such as the power to divine. The head of the family is the oldest man of the older generation and is regarded as the one who is nearer to the ancestors. He informs all members of the family when a particular family festival is to be celebrated. For example when he is to eat new yam, he informs other family members to contribute fowls for a sacrifice to be made to the ancestors and the family shrine (Oppong, 1973). His other
functions include arrangement and sanctioning of marriages, sharing of inheritance among the heirs of the deceased and in some cases, naming of children and training and fostering of younger members children.

The social structure of the Dagomba is made up of three levels: the household level which is made up of the members within the household headed by the family head. The extended family level (*dang*). This is the extended family headed by the eldest member in the family (descending kindred) and their wives related by kinship or marriage or both (Awalu, 2009).

Normally a man who is related to the members of *dang* by kinship becomes the head of the *dang* or the extended family. He is referred to as *yili vidana*. Then, the community level where the chief and his divisional chiefs also form a structure or level.

Usually in a large household, such as that of a chief or wealthy person the *yili vidana* has many wives. The *wali jira* sometimes plays the role of a mother to the younger co-wives, some of whom may be as young as *wali jira’s* own children. They address her by the name *mma* (mother). The members of a household include *yili vidana*, his wives and children, his unmarried brothers and sisters or who are divorced or widowed. Also, relatives of his wives who have come to stay with them either by choice or fosterage, are part of the family.

Within the family there may be *pagakpema* (senior or elder woman) who is the mother or sister of the *yili vidana*. The *pagakpema* wields so much authority that sometimes she is in conflict with the other members of the household such as brothers of the *yili vidana*, his wives and children (Awalu, 2009). If the *pagakpema* is a sister to the *yili vidana* the name preferred for her is *bihi piriba*. (Children’s aunt or father’s sister).

In a typical Dagomba home, the *bihi piriba* sits close to the elder when sacrifices are offered. (*bagayuli Malibu*). She reminds him of the names of the ancestors he has
forgotten. She also keeps custody of the family god (Wumbei or tilo). However, she is not allowed to perform ritual sacrifices because of the belief that she may cause harm to others members of the family.

In the absence of the family head, his younger brothers act on his behalf. If the younger brother is absent, then the first son of the family head has the authority to act on behalf of the family. For example, in times of ill health, it is the family head who goes to consult a diviner. In his absence, his younger brother(s) if any, performs that function. If the younger brothers are not around, the first son of the family head does the divination on behalf of the father. There is no authority vested in a woman to consult the diviner in Dagbon. So, women are not allowed to practice and consult diviners no matter the degree of the illness of a family member.

If a woman is suspected of practicing divination or is found consulting diviners, such a woman is branded a witch. Hence, there is no social space for women to seek health using divination; even if it is allopathic medicine, the husband has to authorise her to go for it. So, authority runs down from the family head to the last male member in the family.

During interviews, the researcher met literate women who were formally employed and who said without their husbands’ approval they could not send their children to hospital for treatment. A probing question as to whether they could go for divination in cases of ill health yielded a negative answer. However, the gendered dynamics of divination as alluded to above did not exist in the whole of Dagbon. During field visits by the research team in Tamale and Yendi, we interviewed women diviners.

The typical Dagomba village is a typical fairly compacted nucleated settlement of circular compounds surrounded by farmlands and bushes, the central nucleus of which is the house of the chief. It is usually sub-divided into quarters or walls; each quarter characteristically is inhabited by largely interrelated social and religious groups. Each
quarter is also headed by a man who has some degree of authority within his section to settle domestic quarrels, delegate responsibilities and discharge duties given him by the chief and represent the quarter on village-wide issues.

As part of the social structure of the Dagomba, all households, families and quarters within a particular community are under the authority of the village chief. Village chiefs are also responsible to chiefs who are higher in rank (Oppong, 1973).

In addition, the various set of kin or quasi kin come together to form an ethnic group. The ethnic group is under a paramount chief who is the overlord of the ethnic group who sees to the appointment of the sub-chiefs. He also performs other duties in respect of the customs and traditions of that ethnic group (Bierlich, 1994).

### 3.4 The Worldview of the Dagomba

The influence of Islamic religion has grown considerably and Islam appears to predominate among the Dagomba. However, it may be hasty to conclude that in terms of religious practice and experience, the Dagomba are predominantly Muslims. The private life of the Dagomba is influenced by the philosophy and principles of traditional religious beliefs which reflect in the belief of multiple and diverse spiritual phenomena.

The Dagomba also believe and practice magic (*tim/tima malibu*) and occultism. The Dagomba believe that the practice of polytheism do not undermine the belief in the one Supreme Being who is said to be the creator of the universe. The Dagomba also believe in the existence of supernatural beings that are capable of influencing people’s lives and determining people’s fate. The supernatural forms part of the social life of the Dagomba. The world view of a Dagomba like any other ethnic group in Ghana, is fostered by the belief in the existence of supernatural forces.
The Dagomba refer to their land as Dagbon. They live mainly in the Northern Region of Ghana and farming is their main occupation. The idea of the traditional religious belief is based on the notion of God (*Naawuni*) the Supreme Being (*Natiam Lana*). They equally believe in the worship of gods (*Buga Jambu*) and revering of ancestors (*Bag Yuua Malibu*). They also practice magic (*Tim/ Tima Malibu*) and believe in witchcraft and sorcery (*Bukpahigu and Sotim*). The Dagomba hold the belief that worshiping the spirits and other gods does not undermine the oneness of God. He is the Lord of the Universe (*Bin namda Zaa duuma*), but he is so great that he cannot be worshipped directly but through other gods and spirits who will carry messages to him (Awalu, 2009). As such, the Dagomba believe in the existence and influence of the supernatural forces that could cause misfortunes to occur.

Despite the influence of Islamic religion among the Dagomba, a devout Moslem can seek protection from the ancestors, or gods/spirits (*Wumbei or tilo*) in times of needs and difficulties. However, many Moslems in Dagbon bear the names of gods who gave them protection or provided children. Names such as *Lansa, Jebuni, Tidoo, Wumbei* etc. are few examples. The world view of a Dagomba is not much different from that of any other ethnic group in Ghana. It reflects and fosters the belief in the existence of supernatural forces which can be utilised by human beings who have spiritual powers to do good or evil (Gyekye, 1996; Twumasi, 2005).

The ideology of the Dagomba is that the world is occupied by spirits of different forms and shapes which perform different functions. They are believed to live in many places of the earth including man-made objects, e.g. tractors, grinding mills, cars, bicycle, caves, trees, mountains etc. According to Oppong (1973) the supernatural entities are the Supreme Being (*Naawuni*), gods (*Wumbei, buga*) ancestral spirits (*Bagyuya*) earth gods (*Tingbana*) witches (*Sonima*).
The individual is born and socialised within the physical, social and spiritual realm of the Dagomba. This provides him with a unique culture and social structure that makes meaning of the world around them. Hence, the worldview of a Dagomba is embedded in the culture and social life of the people. Within the Dagbon society, an individual is born into and lives within communities. As such, the individual is the product of the society. For example, individuals are born into dang, (descending kindred) on both father and mother sides. These existed before the individual and will continue to exist after he/she is gone.

According to Gyekye (1996) and Konadu (2008), the society comes first before the individual who exists within it. In this way, the social reality of the Dagbon is as real as the individual reality. For example, personal reality such as illnesses cannot be understood without making reference to social reality of relationships with others.

Awalu (2009, p.213) explaining the Dagomba supernatural beliefs intimates that among the Dagomba:

In physical terms, an illness may be a personal experience however, its aetiology and treatment may not be understood without reference to the socio-cultural factors and relationships with others that are believed to be responsible for the pathogenesis and which will affect the prognosis or possible outcome of the therapy that may be employed.

For example, mental illness may be a result of retribution for disrespect shown to elders or offence against ancestral spirits.

Despite the influence of Islamic religion among the Dagomba, a devout Moslem can seek protection from the ancestors, or gods/spirits (Wumbei or tilo) in times of needs and difficulties. However, many Moslems in Dagbon bear the names of gods who gave them protection or provided children. Names such as Lansa, Jebuni, Tidoo, Wumbei etc.
are few examples. The world view of a Dagomba is not much different from that of any other ethnic group in Ghana. It reflects and fosters the belief in the existence of supernatural forces which can be utilised by human beings who have spiritual powers to do good or evil (Gyekye, 1996; Twumasi, 2005).

The ideology of the Dagomba is that the world is occupied by spirits of different forms and shapes which perform different functions. They are believed to live in many places of the earth including man-made objects, e.g. tractors, grinding mills, cars, bicycle, caves, trees, mountains etc.

The individual is born and socialised within the physical, social and spiritual realm of the Dagomba. This provides him with a unique culture and social structure that make meaning of the world around them. Hence, the worldview of a Dagomba is embedded in the culture and social life of the people. Within the Dagbon society, an individual is born into and lives within communities. As such, the individual is the product of the society.

According to Gyekye (1996) and Konadu (2008), the society comes first before the individual who exists within it. In this way, the social reality of the Dagbon is as real as the individual reality. For example, personal reality such as illnesses cannot be understood without making reference to social reality of relationships with others.

Awalu (2009) explaining the Dagomba supernatural beliefs intimates that among the Dagomba, “In physical terms, an illness may be a personal experience. However, its aetiology and treatment may not be understood without reference to the socio-cultural factors and relationships with others that are believed to be responsible for the pathogenesis and which will affect the prognosis or possible outcome of the therapy that may be employed. For example, mental illness may be a result of retribution for disrespect shown to elders or offence against ancestral spirits (Awalu, 2009).
Despite the influence of Islamic religion among the Dagomba, a devout Moslem can seek protection from the ancestors, or gods/spirits (Wumbei or tilo) in times of needs and difficulties. The world view of a Dagomba is not much different from that of any other ethnic group in Ghana. It reflects and fosters the belief in the existence of supernatural forces which can be utilised by human beings who have spiritual powers to do good or evil (Gyekye, 1996; Twumasi, 2005).

The ideology of the Dagomba is that the world is occupied by spirits of different forms and shapes who perform different functions. They are believed to live in many places of the earth including man-made objects, e.g. tractors, grinding mills, cars, bicycle, caves, trees, mountains etc. According to Oppong (1973) the supernatural entities are the Supreme Being (Naawuni), gods (Wumbei, buga) ancestral spirits (Bagyuya) earth gods (Tingbana) and witches (Sonima).

The individual is born and socialised within the physical, social and spiritual realm of the Dagomba. This provides him with a unique culture and social structure that make meaning of the world around them. Hence, the world view of a Dagomba is embedded in the culture and social life of the people. Within the Dagbon society, an individual is born into and lives within communities. As such, the individual is the product of the society. For example, individuals are born into dang, (descending kindred) on both father and mother sides. These existed before the individual and would continue to exist after he/she is gone.

According to Gyekye (1996) and Konadu (2008), the society comes first before the individual who exist within it. In this way, the social reality of the Dagbon is as real as the individual reality. For example, personal reality such as illnesses cannot be understood without making reference to social reality of relationships with others.
Awalu (2009, p. 214) explaining the Dagomba supernatural beliefs intimates that among the Dagomba:

In physical terms, an illness may be a personal experience, but, its aetiology and treatment may not be understood without reference to the socio-cultural factors and relationships with others that are believed to be responsible for the pathogenesis and which will affect the prognosis or possible outcome of the therapy that may be employed.

For example, mental illness may be a result of retribution for disrespect shown to elders or offence against ancestral spirits.

Traditional people are mystical in the sense that their observations, experiences and interpretations of the world around them are not based on the five sense organs. Their experiences go beyond the reality of seeing, feeling, smelling, tasting and hearing. This influences the way they interpret illness as they do not view from a modern science perspective, but rather from the supernatural way of diagnosis and prognosis of illness. For example, an animal, as people may see it, may not be an actual animal but a human being turned into such animal according to the traditional people (Gyekye, 1996).

The Dagomba have the belief that the supernatural and the social worlds exist and play key roles in their social and physical well-being. According to Oppong (1973) the Dagomba believe that human beings possess spirits in the form of shia (soul) and wuni (gods). The shia are the spirits that reside in the person’s body and have constant interaction with him/her. What happens to the Shia equally happens to the body of the person. Wuni, on the other hand, is a personal god kept by an individual. It demands sacrifices intermittently to ensure the total wellbeing of the individual. As such, as long as such sacrifices are made, the individual is protected and bestowed with health. In addition to this, it is a common belief among the Dagomba that some people live in dual forms, that is, spiritual and physical. For example, twins are believed to exist in both human and spiritual forms.
Furthermore, some human beings acquire some powers and use it to acquire forces in either the physical or spiritual forms. For example, *jinwariba*, (seers) and witches acquire this type of powers and use them *timə mima*, (medicine men/women) *Afa nima* (Muslim spiritualists) acquire their powers spiritually. These people are able to communicate with the spirits and instruct them to cause fortune or misfortune. Some of them include *Bagsi* (Diviners), *Tindaan nima* (Land priests) and other spiritualists in the society.

### 3.5 Ethnic relations

Ethnic relations among the Dagomba can be understood by considering the historical, social, economic and cultural backgrounds of the various ethnic groups in the Northern Region. Awedoba (2006) observed that the evolution of ethnic groups in the Northern Region started in the Fifteenth Century. Some of them developed into ethnic kingdoms. The establishment of the various kingdoms came in the wake of conflicts as they fought with each other for land and authority. Each ethnic group wanted to wield power over the others.

The Dagomba, Nanumba, Mamprusi and Gonja kingdoms were created and named after each ethnic group. Those ethnic groups which could not withstand the superiority of these four major ethnic groups were considered minority ethnic groups and were therefore incorporated into the kingdoms of those that were created. Thus, in the large multi-ethnic kingdoms, those minority groups were restricted until they began to fight for their autonomy. For example, the Nawuri and Konkomba fought against the other major ethnic groups in the Northern Region.

In view of the historical development of various ethnic groups, one can conclude that the ethnic relations between the minority and the majority in particular have been
hostile. This assertion is supported by Tamakloe (1931) who argued that the relationship between the Dagomba and Konkomba has been hostile and that it was worsened by the sporadic raids into the Chokosi, Konkomba, Bimoba, lands to obtain slaves for annual tribute to Asante”. This is further supported by Tamakloe's (1931) assertion that one major cause of ethnic hostility is the content of history books and historical narrations to the younger generations of a particular ethnic group who were purported to have been defeated at a war or been subjects to another group.

The social life of the various ethnic groups is similar to one another. The social organisation of each ethnic group is similar to the other. There are inter marriages among the various ethnic groups. These established the fact that there is some degree of congenial social relationship among the various ethnic groups in the northern region.

Another aspect of the ethnic relations between the Dagomba and the other ethnic groups in the Northern Region can be seen in the cultural practices that are common among the various ethnic groups. These are the celebrations of the “Damba” and “Bugum” (fire) festivals. Interestingly, those festivals are celebrated by each ethnic group each year on a common day. The festivals are seen to promote common purpose, culture, unity and common destiny among the various people. Again, the people in the Northern Region have the same way of dressing, the wearing of the smock which has gained national attention and can be attributed to the people of Dagomba and their neighbours. They also eat a common dish such as “tuo zaafi (TZ).

Awedoba (2006) asserted that the most common profession among the ethnic groups in the Northern Region is agriculture. As such, one ethnic group can farm within the territory of another ethnic group to earn a living.
3.6 Political Organisation of the Dagomba

The land of the Dagomba is found within the Voltaic Basin of the Northern Region of Ghana, in the Guinea Savannah area. Staniland (1975). The land has a light vegetative cover. It is flat and open with many shrubs and few trees (Bierlich, 2007). The white Volta and its tributaries pass through the land of the Dagomba (Awalu, 2009). The soils are generally not infertile. The most fertile lands are found within Tamale the regional capital. The Upper voltaic rock form the large portion of the land area (Oppong, 1973).

The nature of the rocks makes it difficult to drill for underground water. As such, the majority of the population in the rural areas drink from unprotected sources, such as streams and ponds. The Dagomba occupy a total land area of 21,402 sq., km (Haaber Tle, 2003). The modern political organisation of the Dagomba is found within ten districts: Tamale, Savelugu/Nanton, Karaga, Gushegu, Yendi, Mion, Tolon, Sagnerigu, Kombungu and Zabzugu. These correspond to their traditional division of the area. In terms of geography, Dagbon is found in the Northern Region between 9° 30' and 10° 30'. The neighbours of the Dagomba are Gonja in the South and West, Mamprusi to the North, Konkomba, Chokosi, and Nanumba to the East, North East and South East respectively.

3.7 Land tenure system

Awedoba (2006) dealt specifically with the acquisition of absolute title to land by a community, tribe, stool or the skin. The three methods of acquisition that he observed were conquests, settlement and purchase or gift. He outlined the mode of acquisition through conquests as follows: a war-like tribe invades a country under a supreme commander, overruns the invaded tribes and captures them as slaves, massacres or drives them away from their own land or country by force of arms. The invaders may occupy the devastated and evacuated towns and set up defence against attacks by the conquered tribe.
Thus, the Dagomba, Gonja, Nanumba, Mamprusi by expelling the Konkomba and other acephalous tribes from their original settlement acquired their land by conquest. This has been recognised and emphasised by various accounts. For example, among the Dagomba, Imam (2015) notes that the Yaa-Naa owns the land. When the Konkomba were conquered in the beginning of the Fifteenth Century, the rule of the fetish priests was abolished and the ownership of the land was taken away from them. Awedoba (2006) has also noted that in Yendi, the Naa owns all the land in Konkomba country. He is the owner of the land by right of conquest.

Imam (2015) asserted that land as a property is owned by men among the Dagomba. When a man dies in Dagbon the first son inherits the property including the land. Women do not own land among the Dagomba. So, at the domestic level, when a woman needs land she obtains it from her brothers or from her husband or her husband’s brothers but she has no permanent ownership of the land even if she is the first born of her father.

3.8 Geography and economic activities

The Northern Region is the largest of the ten regions. It covers a land area of about 70.384 square kilometres or 31% of Ghana’s land mass. The region is made up of twenty-six (26) MMDAs with Tamale as the regional capital. The Northern Region shares boundaries to the north with the Upper East and West regions and Republic of Togo to the East, Ivory Coast to the West and the Ashanti and Brong-Ahafo regions to the south. Due to its closeness to the Sahel regions, the Northern Region is much drier than the southern part of Ghana. Its vegetative cover is the savannah grassland with scattered drought resistant trees such as neem (*Azadirachta indica*), baobab (*Adansonia digitata*), acacia (*Acacia murrayana*), Shea nut (*Vitellaria paradoxa*), mango (*mangifera indica*), mahogany (*swietenia macrophylla*) pawpaw (*carica papaya*) dawadawa (*Parkia*).
biglobosa) guava (*Psidium guajava*) kapok (*Ceiba pentandra*) ebony (*Diospyros melanoxylon*) trees.

The Northern Region experiences two seasons between July and December and the average annual rain fall is between 750 to 1050 mm. The dry season which comes with the dry wind from the Sahara (known as the Harmattan winds) is also between January and March.

The productivity of every economy is directly related to the workforce of its population. The majority of the population (75%) in the Northern Region is engaged in agriculture. The proportion of population engaged in agriculture varies across districts in the region. For example, about 87.2% of the population of Zabzugu engage in agriculture while Tamale Metropolis has the least number of farmers because of other occupations. According to G S S (2013) only 5.7% of the population in the Northern Region are professionals and clerical staff. The agricultural activities mainly found in the area include farming, hunting, forestry and animal husbandry. Other economic activities in the region include education, communication, hotel management and fishing which form 10% of the total industrial activities in the northern region (GSS, 2013).

In Ghana, towns and villages are grouped into districts with authority vested in the District Chief Executive. At the local level, the chiefs also have authority over their subjects. Due to this, succession is passed on from father to son or to children. According to Imam (2015) succession among the Dagomba is patrilineal and a person cannot occupy a chieftaincy position higher than the one held by his father (Imam, 2015).

### 3.8.1 The study sites

Linking the above social structure of the Dagomba to their communities, the following is the profile of the various communities where this study was conducted:
Dagbon is located among the 26 MMDAs in the Northern Region and made of 10 MMDAs. They are Tamale, Yendi, Gushegu, Karaga, Tolon, Kumbungu, Zabzugu, Savulgu, Mion and Sagnerigu.

3.8.2 Tamale Metropolis

Tamale Metropolis is situated in the central hub of the Region and shares boundaries with the Sagnerigu District to the West and North, Mion District to the East, East Gonja to the south and central Gonja to the South-West. (GSS, 2013) The Metropolis lies between Latitude 9°16 and 9°34 North and Longitude 0°36 and 0°57 West of the Greenwich Meridian (GSS, 2014). Tamale is strategically located with a market potential for local goods from agriculture.

The Tamale Metropolis is about 180 meters above sea level. The topography of the metropolis is dominated by relatively undulating lowlands with few isolated hills. The metropolis receives only one rainy season in a year. The daily temperature varies from season to season. During the rainy season there is high humidity and slight sunshine with heavy thunderstorms compared to the dry season with dry Harmattan winds from November-February and intense sunshine from March-May.

The metropolis is not endowed with important water bodies, and this to some extent, has affected regular flow of water into households within the metropolis. The only natural water sources are the few streams which dry up during the dry seasons. Tamale is found within the savannah woodland and the major trees found in this area are the same as those mentioned above.

The main soil types in the metropolis are sandstone, gravel, mudstone, and shale that have weathered into different soil grades. Tamale Metropolis has a high population growth after the place experienced an upward surge in migration, thus making it a
cosmopolitan area. The Dagomba are the majority with other ethnic groups such as the Gonja, Mamprusi and Nanumba and others.
Figure 3.1: Map of Northern Region indicating MMDAs and Study Communities

The area has a rich cultural practice which is depicted in the annual festivals, Damba, Bugum, and Eid. The metropolis is made up of Muslims, Christians and Traditionalists. The Metropolis has four markets, Central Market, Aboabo, Kukuo and Lamachegu. There is also an uncompleted supermarket structure which was started in the 1970s and was abandoned. The sanitation facilities provided in the metropolis ranged from 24 seat water closet (WC) and 10 seater KVIP and aqua privy in some of the markets. There is an abattoir located at Shishagu in the Tamale South sub-metro which is capable of generating waste for bio-gas.

The Metropolis has many financial institutions which include Bank of Ghana, Barclays, Standard Chartered, Stanbic Bank, Ghana Commercial Bank, and Agricultural Development Bank, among others. The road network in the Metro is quite good especially those linking the other districts and within Tamale. 70 percent of the communities are connected to the national electricity grid. (GSS,2014) Electricity supply has been quite stable and is being expanded to other urban rural communities.

The Metropolis also has access to telecommunication networks such as Glo, Expresso, Airtel, MTN and Vodafone. The Metropolis has a modern sports stadium which is managed by the Ghana Sports Council. The Tamale metropolis is the transit point for tourist to other districts and regions in the northern part of Ghana. These include the Mole National Park at Damongo, (N/R) Crocodile Pond in Paga (UER) Laribanga Spiritual Stone (N/R) and others. The next community profile in relation to the above is the Gushegu community which is described below.
3.8.3 Profile of Gushegu

The Gushegu District is located on the eastern corridor of the Northern Region and shares boundaries to the east with Saboba and Chereponi districts, Karaga district to the west, East Mamprusi district to the north and Yendi Municipality and Mion district to the south. The total land area of the District is approximately 2,674.1 Square kilometres (GSS, 2014).

The Gushegu District has all the physical and the environmental characteristics of the Northern Region. The district is endowed with the tributaries of Daka, Nasia, Naboygu and Oti rivers. There are no major rivers in this District for water supply. However, the people of Gushegu get their water for domestic consumption from bore holes and stand pipes which do not flow regularly.

The District is predominantly inhabited by the Dagomba who make up of 57.43%, Konkomba 33.05% and the other ethnic groups make up 10% of the population (GSS, 2010; GSS, 2013). Gushegu District has a variety of festivals unlike Tamale metropolis. Damba and Bugum are the major annual festivals.

The major economic activities of the District are farming, agro processing, trading in foodstuff and commercial activities. The main trunk roads include Tamale- Karaga-Gushegu, Yendi-Gushegu and Nakpanduri-Gbintiri - Gushegu roads. About 80% of the population is engaged in the agricultural sector. Major crops cultivated in the district are groundnut, beans, sheanuts, maize etc. The Gushegu district has one district hospital and two health centres located at Kpatinga and Nabuli and 16 CHPS compounds out of which 13 are operational. All these facilities provide health care services to the people within the District. Gushegu District has 111 schools. 24 are Kindergarten and Nursery schools, 74 are Primary schools, 12 Junior High Schools, one Midwifery Training School and a Senior High School.(GSS, 2014b).
3.8.4 Karaga District

The Karaga District was carved out of the then Gushegu Karaga District. The District has a population of 77,706 made up of 37,336 males and 40,370 females (Assembly Report, 2006). Karaga District is located in the north-eastern part of Northern Region. It has a total land area of 3,119.3 square kilometres and shares boundaries with Mamprusi east and Mumprusi west districts of the North, Savelugu/Naton to the West and Gushegu to the south and east.

The vegetative cover of the District is guinea savannah characterised by tall grasses and short trees. The District is dominated by the Dagomba but there are other ethnic groups such as Konkomba, Frafra and Fulani. Farming is the main occupation for the majority of the population in the Karaga district. They cultivate crops such as maize, rice, yam, beans and groundnuts. Animals reared include fowls, sheep, goat, pigs, cattle, etc. Shea butter production is also an important commercial venture. Karaga District has 18 kindergarten schools, 71 Nursery schools, 95 primaries, 15 Junior High Schools and 1 Senior High School. (GSS, 2014).

3.8.5 Zabzugu District

The next community to discuss is Zabzugu district where data was collected for this study. Zabzugu district is located in the eastern corridor of the Northern region and covers an area of 1,100.1sqkm2. It shares boundaries with Tatale/Sanguli District to the east, Yendi Municipality to the West, Nanumba District to the south, and the Saboba District to the north. Zabzugu District experiences the same climate, rainfall and dry seasons like the other counterparts. Temperature ranges between 21°C-36°C giving rise to high temperature ranges. (G S S, 2014). The vegetative cover of the District is the guinea
Savannah. The soil type is sandy loam which is good for the cultivation of crops such as yam, groundnuts, cassava, maize, millet, sorghum etc.

The economic trees grown are dawadawa, mango, shea, teak, kapok etc. The District is endowed with natural water bodies such as the river Oti. Others are natural streams, dugouts, valleys and hills. The District has a population of 63,815. (G S S, 2014).

The District has one rural bank which serves many workers and traders. The major means of transport is by road. Motor vehicles and bikes are the main means of transport. The tourism potential in the District include Naa Zangina’s grave and Mosque at Sabare, water falls, the graveyard of spiritual shrines at Sabare and others. Zabzugu district has 63 Nursery schools, 54 primary schools, 16 JHS and 1 SHS. There are 3 health centres, 3 CHPS compound and 1 District hospital. (GSS, 2014).

3.8.6 Yendi Municipality

The Yendi Municipality is located in the Eastern corridor of Northern region. The Yendi Municipality lies between latitude 9° – 35° North and 0° 30° West and 0° – 15° east. The Greenwich Meridian passes through many towns and villages in Yendi Municipality, which has a land mass of 1, 446.3 sq.km (GSS, 2013; GSS, 2014).

The Yendi Municipal experiences two seasons like the other counterpart districts and the metropolis. These are the rainy and dry seasons, which follow the same patterns as described above. Temperatures range between 21°C to 36°C giving rise to a high temperature range.

The vegetation is tropical savannah with tall grasses and short trees. The soil is sedimentary rocks of predominantly voltarian sandstone shales and mudstone. These produces ochrosols, sandy soils, alluvial soils and clay. These types of soil are good for cultivation of yam, groundnuts, beans, rice, cassava, etc. The cash crops cultivated include
shea plants, dawadawa, mango, kapok etc. (GSS, 2013; GSS, 2014). The population of Yendi Municipal is 117,780 with the Dagomba being majority (GSS, 2013; GSS, 2014) Other ethnic groups are Konkomba, Akan, Ewe, Basare Moshie, Chokosi and Hausa.

The major annual festivals celebrated in the area are Bugum (fire), Damaba, Edul fitr and Edul Adha. The municipal has one government hospital located at Yendi, four health centers situated at Yendi, Bunbonayili, Ngoni and Adiso. It also has four (CHPS) compounds located at Sunson, Kuni, Kamshegu, and Oseido. There are two clinics, one is owned by the government while the other is privately owned (GSS, 1999) There is also one Health Assistants Training School (HATS) in Yendi.

Farming is the main occupation in the Municipality. Other economic activities are trading, weaving, agro-processing, fish mongering and meat processing, wholesale and retail of general goods. Animals that are reared include, poultry, goat, sheep, pigs, cattle etc. for commercial purposes.

The tourism potential in the Municipality include the following: grave of Babatu in Yendi. (Samore and Babatu were Ghanaian slave raiders who died and were buried in Yendi), footprints of Kambon Na Kpema in Adibo; (the Kambon Na kpema was a war leader of the Dagomba who climbed a kapok tree in Adibo on horseback during the German war with the Dagomba. The footprints are still on the kapok tree) graveyards of Germans and the Dutch who died during the war between Europeans and the Dagomba; and Na Dataa Tua in Yendi; (this is a baobab tree in Yendi where people who had an affair with the chief’s wife were beheaded).

The Municipality also has four banks: Agricultural Development Bank, Ghana Commercial Bank, Bonzali Rural Bank Ltd and First National Bank. Other financial institutions are Bayport Financial Institution Service, Yoli Financial Institution Service, etc.
In conclusion, the study areas profile communities and people who are largely traditional in spite of the dominance of Islam. The major occupation is subsistence agriculture and the people’s lives are dominated largely by traditional modes of domestic arrangements. It is within this setting that the study was carried out. The next chapter focuses on the data collection approaches employed in the collection of data for this study.
CHAPTER FOUR

METHODOLOGY AND DATA COLLECTION

4.1 Introduction

The need for validity and reliability of social science research methods in investigating social phenomenon cannot be over emphasized. Social science research methods contribute to human development in many ways. Patton (2002) observes that social science research methods provide social scientists with the necessary methodological tools, mental and intellectual posture with which they effectively confront the critical analysis of social issues and problems. The need to know and be familiar with the use of techniques, which are skills with which social scientists practice their professional activities is important for the growth and development of society.

Kumekpor (2003) intimated that research methodology equips an individual with a better awareness of the possibilities of his field of study. According to him, social science research provides the individual a satisfaction of one of the most important requirements of the scientific methods to accurately and objectively communicate his results to colleagues, interested parties and future investigators in the field. In fact, it is a training to produce verifiable and communicable knowledge.

Bryman (2008) indicate that social science research technique provides a common language to enable social scientists to formulate the verbal results of their studies into more precise quantitative forms, which can be world-wide understood by other social scientists.

Creswell (2013) asserted that social science methodology equips its practitioners with basic knowledge and understanding of methods, procedures, techniques, principles and assumptions that underlie the tools, which are used in accumulating knowledge in a particular discipline. For example, to be competent in any branch of social sciences, one
needs to be theoretically and methodologically sophisticated in that particular field of social science.

Cameron (2011) intimated that social science research methods help in business development in terms of research benefits. According to him, most successful companies like those engaged in the production of consumer goods and mass-market items invest in research and development. He again said that different business companies engaged in science and engineering processes such as agriculture, food and beverage, health care, communication technology, construction and others have high expenditure because they see importance of product innovation and improving services through research.

This current study is an ethnographic work involving diviners, and their clients, health workers and community elders. Again, to gather popular opinion about the practice of divination among the Dagomba in the northern region of Ghana, FGDs were held with family heads and community elders.

4.2 The Methods

This work is an ethnographic study involving in-depth interviews, observations and focus group discussions. Bryman (2004) asserted that ethnographic work is the study of orderliness of people and their cultures and beliefs systems. It is designed to explore cultural phenomena, where the researcher observes society in a subjective point of view. In other words, it involves a systematic data collection, description and analysis of data for development of theories of cultural behaviour. Also, it is an investigation of culture through an in-depth study of the members of a culture. Graham (2012) observes that ethnographic inquiry assumption is that any human group of people interacting together for a period of time will evolve a culture.
In order to comprehend the effectiveness of divination as health-seeking mechanism in the perspective of diviners, community elders, health workers and custodians of the Dagbon traditional area, the researcher stayed in the communities where this study was done for six months. Indeed, the researcher took part in all activities the community members undertook. These included observing some divination sessions and the celebration of the major festivals in the study area that is, the fire, damba, idul-adha, and idul-fitr festivals. In addition, the researcher observed how funerals, naming ceremonies, mortuary rites and other social activities were performed in the study area. All these observations equipped the researcher with the needed knowledge to study divination phenomenon.

Ethnography provides answers to everyday life of the environments of the participants and helps to identify discrepancies between what people say they do and what they actually do. This approach enables the researcher to understand the reality, interpretation, order, cohesiveness and solidarity of social reality among a group of people or social phenomenon. Ethnography places a human face on data through real life stories that teams can relate to and remember.

In-depth interviews and focus group discussions were conducted with diviners and their clients, health professionals and the chief soothsayer. Focus group discussions were held for both men and women and family heads in the community. The qualitative data were analysed with the use of NVIVO software.

The need for qualitative approach was informed by the fact that qualitative research is intended to approach the world ‘out there’ and to understand, describe and explain social phenomena ‘from inside’ in a number of different ways (Graham, 2012). So, in dealing with individual and group life experiences, one cannot comprehend human behaviour without understanding the meanings they attach to their actions that is their beliefs, values,
feelings, interactions, communications, individual and group experiences. Hence, the researcher needs to understand the thoughts of the people through face-face interaction and to explain their feelings and thoughts from their own perspective.

However, one of the greatest difficulty of the researcher was the fact that he is a Dagomba and had to conduct the research in the Dagomba community, but with the ethics of research, the study was carried out with neutral mind to ensure validity and reliability of the information gathered.

The population under study are the Dagomba and the phenomenon is divination and its effects on health-seeking behaviour. As such, diviners, healers and allopathic health providers were selected for this study. People with lived-experiences of divination were included as participants. These include elders and people who have patronized the services of diviners. Family heads (dogri kpamba) who oversee the welfare of their family members were also part of the sources of information. Health caregivers with relevant information about the subject of divination and health-seeking behaviour of the people interviewed as participants in this study. Snowball and purposive sampling procedures were used to select thirteen (13) diviners, nine (9) allopathic health care providers and two (2) traditional custodians for in-depth interviews. In addition, thirteen focus group discussions were conducted with both male and female groups.

Bryman (2008) asserted that qualitative researchers tend to focus on less sample representativeness or on detailed techniques for drawing a probability sample; instead, they focus on how the sample or sample collection of case, units, or activities illuminates key features of social life. The purpose of sampling is to collect cases, events, or actions that clarify and deepen understanding of a phenomenon.
4.2.1 In-Depth Interview

In-depth interviews are useful tools for learning about the individuals’ perspective, as opposed to group norms in focus group discussion. In-depth interviews are very effective qualitative research tools for letting the individuals speak their personal experience, opinions and feelings.

Graham (2012) observed that in-depth interviews allows a researcher to gain insight as to how individuals appreciate, interpret and order the world around them. According to him, this can be achieved by paying particular attention to the individual’s explanations respondents provide for whatever experience and believes and by probing them about the relationships they see between particular phenomena and belief.

Kumekpor (2002) indicates that in-depth interviews are appropriate tools for addressing sensitive issues that people might not be comfortable to discuss in group settings. This somehow provides privacy for the interviewee, especially issues that have to do with personal experiences, such as prostitution and drug dealing.

Bryman (2004) observes that in-depth interviews offer reward and experience to both the participant and the interviewer alike. According to him, in-depth offer opportunity to the participants to express themselves ordinary life would rarely afford them. In this way, many people find it interesting and cathartic to share their opinions and life experiences to someone who shows interest in it.

This study used four different in-depth interview (IDI) guides; one for health workers, one for diviners, one for custodians, and one for patients treated by diviners. In this study, 13 popular diviners were purposively selected, two custodians of Dagbon traditional area, three persons who were treated by diviners, and nine health workers were selected and interviewed individually. In each of the case, the researcher was personally
introduced to each of the diviners by the custodians of the local culture in the various communities. After the normal exchange of pleasantries, the purpose of the research was explained to the diviners as well as other participants before they granted the interviews. During the interview session, the researcher posed questions and recorded the responses at the same time, while one research assistant took photographs and the other one recorded verbatim all answers provided by the participants.

An in-depth interview is an approach of data collection where longer time is spent on fewer questions, but a larger amount of information is collected in greater detail (Kumekpor, 2002). It involves conducting interviews with individual or group of respondents to explore their views on some ideas or situations. There can either be structured or unstructured in-depth interviews. In line with the above, in-depth interview is an open-ended discovery method which aims to explore respondents feeling, thoughts, behaviour, opinion or ideas.

Patton (2001) asserted that interviews are of three kinds; that is, general interview guide, standardized open-ended interview and informal conversational interview. Kumekpor (2002) observed that in the face-to-face interview, the interviewer traces and contacts the respondents and carries out the interview. The respondent and the interviewer sit together, see each other, observe each other’s expressions and react to questions and answers. One advantage of in-depth interview is that it provides much detailed information as compared to the other methods of data collection in the qualitative research. However, its setbacks include, the fact that it is subject to facilitator’s bias and its findings lack of generalization.
4.2.2 Focus Group Discussions (FGD)

A Focus Group Discussion is a useful tool for that social researcher can use in exploring and examining what people think, how they think, and why they think the way they go about the social issues of importance to them, without pressuring them in making decisions or reaching a consensus (Bryman, 2004).

Creswell (2008) observed that Focus Group Discussion is an ideal tool for examining stories, experiences, thoughts, beliefs, needs and concerns of individuals and groups. The method is significantly important for allowing respondents to develop their own thoughts and frameworks to ascertain their own needs, concerns, words and terms.

Graham (2012) ascertain that group work permits the researcher to access different communication types which people use in their daily interaction and this may include joking, arguing, teasing, and remembering past events. He further observed that a FGD interview is a useful research tool when a researcher does not have a depth of knowledge about the participants. According to him, FGD provides rich and detailed information about feelings, understanding, thoughts, perceptions and impressions of people in their own words.

Patton (2004) intimates that FGD interviews are valuable for obtaining in-depth understanding of the many interpretations of the particular issue of the research participants. It allows researchers to search for the reasons why particular views are held by individuals and groups. It equally offers possibilities for a researcher to explore the gaps between what people say and what they do.

For this data collection approach, a group of eight to 12 family heads were selected in Tamale, Gushegu, Yendi, Karaga and Zabzugu MMDAs in the Northern Region. Altogether, there were thirteen focus group discussions sessions. In Gushegu for example,
two focus group discussions were conducted, each consisting of ten (10) members. One group was held for female and the other for male. In Yendi two FGDs were conducted one for male, and the other for female. Each group was made up of eight (8) members. In Tamale two FGDs were conducted, Karaga and Zabzugu had one group each. The choice of family heads was informed by the study of Abotchie (1997), and Adongo et al., (1998) where their results pointed to the fact that men consult diviners on behalf of the family members. This was confirmed by earlier studies of Rattray (1932) who conducted ethnographic study among the Talensi in the Northern Region of Ghana.

During the focus group discussion sessions an atmosphere of peace and harmony was created between discussants and the facilitators. This was done to enable participants express their opinion freely. The researcher was assisted by two research assistants in this regard, the researcher was asking the questions recording and observing, while the other one was taking photographs, the last one was taking notes and observing while the discussion was going on. Focus Group discussion is interested in the ways individuals discuss issues as members of a group, rather than simply as individuals. In other words, with a focus group, the researcher is interested in such things as how people respond to one another’s views and build up a view out of the interaction that takes place within the group.

This approach helps the researcher to utilise group dynamics in order to tap experiences of the interviewees – to ascertain maximum variation of responses with enough depth. Patton (2002) intimated that interaction between participants in a group sometimes provides invaluable information and understanding of issues under discussion. Focus group discussion can explore peoples’ belief, idea, attitudes and opinions. Graham (2012) intimates that a focus group is a group interview of approximately six to twelve people who share similar characteristics or common interests. A facilitator guides the
group based on predetermined set of topics. Focus groups are one of the few methods in which data are gathered from a group and useful as part of a mixed method approach.

### 4.2.3 Observation

Observation is one of the tools in data collection in qualitative study. It is the act of noting a phenomenon in the field setting with the five senses of the observers, often with an instrument, and recording it for scientific purpose (Creswell, 2013). The observer may watch the physical settings, participants, activities, interactions, conversations and his/her behaviour during the observation. Creswell (2013) categorized observation into four types; complete participant, participant as observer, nonparticipant and complete observer. Observing in a setting is a special skill that requires addressing issues such as deception of the people being interviewed, impression management, and the potential marginality of the researcher in a strange setting (Bryman, 2008).

In this regard, observation was undertaken as the voice - recording was taking place; the researcher watched keenly and jotted down issues and body languages not captured by the recorder. Field notes include what the researcher sees, hears, experiences, tastes, feels, and observes in the course of a conversation. The observation process included description of the physical settings, participants, what was discussed, verbal and non-verbal communications such as gestures, impression management of interviewees and the interviewers, etc. Mini-sessions of divination were carried out for the research team to experience divination processes.

The following incantations were recorded during a mini divination session. The Dagomba expressions and their English equivalents are reproduced in Table 4.1

**Table 4.1: Translation of Mini Divination Sessions.**
<table>
<thead>
<tr>
<th>Dagbani</th>
<th>English Equivalent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kpuga ko tin nerigu</td>
<td>The gods that have clear vision even in deep seas</td>
</tr>
<tr>
<td>Gahin suma ka che beri</td>
<td>Distinguish between right and wrong</td>
</tr>
<tr>
<td>M be nya bin shagu bag gman</td>
<td>I have not seen anything yet in the diviner’s calabash</td>
</tr>
<tr>
<td>M ba turi pali pegu ka n dini pali gmani yer yi yer yer</td>
<td>My father’s insults were heaped in a basket and mine in a calabash full to the brim.</td>
</tr>
<tr>
<td>M be nya n dini bala n ti tio so yeli</td>
<td>I am not in a position to know my own problems let alone somebody’s</td>
</tr>
<tr>
<td>Wuna yim be ko ka jahi yi be ko</td>
<td>Deities should distinguish themselves from personal gods.</td>
</tr>
<tr>
<td>Ti zugu beri</td>
<td>Our ill luck</td>
</tr>
<tr>
<td>Napon behi</td>
<td>Toes / our journey</td>
</tr>
<tr>
<td>Zuri</td>
<td>Booty/ our harvest</td>
</tr>
<tr>
<td>Nyehigi di.</td>
<td>Opportunities are open for one to enjoy and be treated and healed.</td>
</tr>
<tr>
<td>Kpu kpulizim be bag gman</td>
<td>There is mystery/ darkness in the diviner calabash</td>
</tr>
<tr>
<td>Yelbobgu be bag gman</td>
<td>There are numerous issues found in the diviner’s calabash.</td>
</tr>
<tr>
<td>Togsije be bag gman</td>
<td>There are challenges in the diviner’s calabash.</td>
</tr>
<tr>
<td>Yel zemda be bag gman</td>
<td>Issues one may underrate are in the diviner calabash.</td>
</tr>
<tr>
<td>Ninmohi be bag gman</td>
<td>There are serious issues in the diviner calabash.</td>
</tr>
<tr>
<td>Nyan kun di be bag gman</td>
<td>Frustrations are many in the diviner calabash.</td>
</tr>
<tr>
<td><em>Daan kolgu nyagri ni bobli</em></td>
<td>Clan diviner’s bag you have to take care of it, despite the inconveniences.</td>
</tr>
<tr>
<td>-----------------------------</td>
<td>--------------------------------------------------------------------------</td>
</tr>
<tr>
<td><em>Mba tundi ka n tumda dang yeli</em></td>
<td>My father works and I also work, is a clan affair.</td>
</tr>
<tr>
<td><em>Mma tundi ka n tumda dang yeli</em></td>
<td>My mother works and I also work, is a clan affair.</td>
</tr>
<tr>
<td><em>Daan kolgu ku nyagi zino fashie dogim</em></td>
<td>A clan diviner’s bag cannot be handle by an outsider.</td>
</tr>
<tr>
<td><em>N kuli zila kpe kpulgilim ka kuli bong gmanila m be nya n dini bala n ti tio so yeli</em></td>
<td>I have been sitting here confounded. I have not been able to see my own problems let alone somebody’s.</td>
</tr>
<tr>
<td><em>M be boh di kolgu n yaan nim n zan gbibli ma. Yisim ya zani nwuhi so sheli tilaa ni be.</em></td>
<td>I did not acquire this divinership, you the ancestors handed it to me. Get up and show the direction where this illness can be healed.</td>
</tr>
</tbody>
</table>

After this recitation, the diviner cast the cowries on the ground and then interpreted their relative position and showed where the treatment could be obtained.

Thirteen (13) diviners, nine (9) health professionals and sixty (60) family heads were selected for in-depth interviews and focus group discussions. The researchers used tape recorders, notebooks, pens, pencils, cameras and many more to gather information. According to Creswell (2013) data collection qualitative study, is a series of interrelated activities aimed at gathering good information to answer emerging research questions.

Data collection procedure includes, observation, journals, diaries, minutes, memos, archival materials, medical records etc. Others are semi-structured and unstructured interview guides, focus group discussions, and life histories. Table 4.2 shows a summary of the interview process.
Table 4.2: Selection of Participants for Qualitative Study

<table>
<thead>
<tr>
<th>Type of interview</th>
<th>Community / health facility</th>
<th>Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>In-depth interviews with chief soothsayer and mba Kuknaa</td>
<td>Kuga Fong = Kugnaa</td>
<td>One from each community</td>
</tr>
<tr>
<td>In-depth interview with diviners</td>
<td>Yendi</td>
<td>Three from Yendi community</td>
</tr>
<tr>
<td></td>
<td>Karaga</td>
<td>Two</td>
</tr>
<tr>
<td></td>
<td>Gushegu</td>
<td>Three</td>
</tr>
<tr>
<td></td>
<td>Tamale</td>
<td>Three</td>
</tr>
<tr>
<td></td>
<td>Zabzugu</td>
<td>Two</td>
</tr>
<tr>
<td>In-depth interview with health care providers</td>
<td>Tamale – TTH Yendi Hospital</td>
<td>Two medical officers two nurses</td>
</tr>
<tr>
<td></td>
<td>Gushegu Hospital</td>
<td>Two senior nurses</td>
</tr>
<tr>
<td></td>
<td>Zabzugu Hospital</td>
<td>One senior nurse</td>
</tr>
<tr>
<td></td>
<td>Karaga Hospital</td>
<td>One senior nurse</td>
</tr>
<tr>
<td>In-depth interview with clients of diviners</td>
<td>Karaga</td>
<td>One Senior nurse</td>
</tr>
<tr>
<td>Focus group discussion with family heads</td>
<td>Yendi</td>
<td>Two groups = 16</td>
</tr>
<tr>
<td></td>
<td>Tamale</td>
<td>Two groups = 14</td>
</tr>
<tr>
<td></td>
<td>Gushegu</td>
<td>Two groups = 16</td>
</tr>
<tr>
<td></td>
<td>Karaga</td>
<td>One group= 8</td>
</tr>
<tr>
<td></td>
<td>Zabzugu</td>
<td>One group= 6</td>
</tr>
</tbody>
</table>

Source: Field Data, 2017

Two custodians were purposively selected on the basis of their knowledge of Dagbon customs and traditions including divination. In addition, thirteen diviners were selected based on their popularity in divination. They were ten married men and three married women all aged between 40-70 years. Beside divination, they were also engaged in farming and trading to support their living. A total of nine health professionals were also selected based on their knowledge of their professions and divination. They were two
medical officers and three senior nurses. Three patients who were treated for snake bite and mental illness respectively by diviners were also interviewed. Again, eight focus group discussions, made up of 8-12 family heads and women who had knowledge on divination were conducted. The selection of the diviners and the other participants was done based on the popularity of the diviner or the participant in question.

4.3 Entering the Field

The period for data collection of this study was six months, from March-August 2016. Three districts, one metropolis and one municipality were selected for this study. In each of the study areas, I got community gatekeepers who were also teachers and came from the various communities where the research was being conducted. I equally recruited them as researcher assistants. The participants and respondents were identified and located by the community gatekeepers. In each district, the researcher made several field visits with the research assistants to familiarize himself with the participants as well as the discussants before the in-depth interviews and focus group discussions were conducted. The following discussants and participants were identified and located for the interviews: diviners; health professionals; people with lived experiences; that is diviner clients who were treated and discharged and family or clan heads. All areas where these interviews took place were mapped. During the data collection process, the researcher visited thirteen diviners from the five MMDAs. On each visit, the diviner or the personality concerned was pre-informed through the custodians of the local culture or the assemblyman.

However, as the Dagbon custom demands, on each visit to a village, cola nuts were sent to the chief and the opinion leaders to seek their permission to carry out the study. In Yendi Municipal, in-depth interviews were conducted with three diviners, two traditional
heads, that is Kugnaa (chief custodian) and Sonaa (chief soothsayer). Again, three focus group discussions were held with both male and female groups.

After the interviews in Yendi, the research team visited Gushegu and conducted in-depth interviews with one female and three male diviners, one health professional at the Gushegu district hospital and conducted two focus group discussions with male and female clan heads. All these activities were carried out with the help of the custodians of the local culture who doubled as the research assistants. After Gushegu, the next community the research team visited was Karaga where in-depth interviews were conducted with two diviners, one health professional and three diviner clients who were treated and discharged by the diviners on snake bites and mental illness respectively. Again, this was done with the help of the custodians of the local culture. The following week the team visited Zabzugu where the custodian of the local culture and the assembly man led the research team to the diviners and the health professional. At Zabzugu, in-depth interviews were conducted with two diviners, two health professionals, and two focus group discussions conducted on male and female groups.

Tamale Metropolis was the last community where the team conducted the interviews. In Tamale, the purpose sample technique was again used to select three diviners based on their popularity and upon the research assistant’s instruction. The diviners, health professionals and the opinion leaders granted us interviews. Also, three focus group discussions were conducted among men and women for the quantitative data.

4.4 Data analysis

4.4.1 Qualitative data

The qualitative data were elicited from interviews from the key informants, observations; in-depth interviews from diviners; health workers and cases, which were treated and discharged by diviners. Focus Group Discussion was also conducted with both
male and female discussants in the selected communities. Subjects or patients treated and discharged by the diviners were also interviewed. The data was analysed by transcribing the recorded information from the field. After the transcription, the data was then uploaded on to the NVIVO platform for coding. After the write up, the data was then analysed and interpreted according to themes and ideas The NVIVO 10 software was used to analyse the qualitative data for easy interpretation.

4.5 Ethical issues

The acceptance of ethics assessment in social science research gained currency in the 1980s and 1990s when ethical review methods gained space in biomedicine, which was applied to social science research involving human respondents in the field (Creswell, 2008).

Kumekpor (2002) observed that several difficult issues arise in an attempt to apply ethical methods in social science research. According to him, one of them is whether it is a good practice to conduct a covert research. According to Kumekpor (2002), covert research is appropriate and necessary to achieve a good understanding of a social phenomenon. An example is conducting research into the social life of drug dealers, drug users and prostitution.

Bryman (2004) asserted that one difficulty of ethics in social science research is the role of the researcher as participant observer. According to Bryman, a research of this nature brings the researcher and the respondents in to closer relationship. However, some ethnographers opined that a relationship of this kind may lead to a conflict and deception, and most researchers may find it difficult to make objective assessments once they are personally involved (Kumekpor, 2002).
This study was submitted to the University of Ghana College of Humanities Ethical Review Committee for approval (See Appendix V). Bryman (2008) has asserted that researchers should be responsive to the needs of interviewees. These include free consent and privacy of the participant and sensitivity to respondent’s customs and traditional practices in general. This study considered all these. The researcher explained the orientation of the study to the participants and offered them the freedom to participate or to withdraw at any point in time. The researcher also protected the information about the participants who took part in this research to the best of his ability. At the end of the session, each participant was offered a few bars Sunlight soap to show appreciation.
CHAPTER FIVE
DIVINATION AND HEALTH DECISION-MAKING

5.1 Introduction

The major objective of this study was to ascertain the role of divination in the health-seeking behaviour of the Dagomba. In this chapter, the researcher focuses on the diviners’ encountered in the field and their modes of divination and the clients who utilized their services.

Many societies believe that ancestors are directly or indirectly responsible for successes and failures in life. Thus, divination has become an important means of unravelling many metaphysical wants and their meanings, including the Dagomba. Literature on divination has shown that many cultures resort to divination occasionally. However, the Dagomba appear to use divination very often in their daily lives.

5.2 Types of Diviners

During the data collection, it became evident that diviners are not one class of practitioners. In the field, the following types of diviners were encountered; soothsayers, afa or mallam, jenwariba and gbanigba. However, this study dealt with the soothsayer/diviners only because of the orientation of the study.

5.2.1 Soothsaying

According to the diviners, this type of practitioner uses the diviner stick (bagdoli), calabash (bag gmani), bag (bag koligu) and what Nukunya described as diviner items (bag bihi). According to the diviners, soothsaying is a calling by the ancestors or the gods of a family. It is not acquired by an individual. The person who is called by the ancestors normally falls sick or exhibits some abnormal characteristics such as mental illness, spirit
possession, and unusual illnesses. This may prompt the family head to go for divination to find the cause of the abnormal behaviour of his family member. Through this investigation, it may be revealed that the sick person has been chosen by the ancestors to become a diviner. This will only happen when a diviner in the family dies. According to the diviners, this type of divination is inherited matrilineally or patrilineally.

According to the diviners, when it is established that a person has been chosen, it behoves on the family to fix a day for the performance of the necessary rituals. The rituals include shaving the hair of the neophyte and giving him/her spiritual bath; slaughtering a goat and removing its skin without making holes on it; putting pepper into the nostrils of the neophyte to enable him perform his role as a diviner; making fire at night and dancing round it with the neophyte; and singing spiritual songs and preparing of food for the following day, when people will be invited to feast and wish the neophyte well.

According to the diviners, the neophyte will then be given to an old diviner to teach him the art of divination using the stick and the other items. The items used in divination such as pieces of iron, cowry shells, stones, seeds, materials of different colours, etc. have their representation in real life. An older divine will teach the new entrant how to use these things. Here, there is no specific number of years for training given to the neophyte. It all depends on how fast he learns and be able to use the items for divination. Some may take one year, others may take two or more years to learn and practice.

The diviners also noted that there is no specific fee for apprenticeship, since it is a call to service by the ancestors. However, to show appreciation to the master-diviner, the relatives of the neophyte sometimes give food items and visit the trainer regularly during the training session. The neophyte is not camped by the trainer, he stays in his house and goes to the trainer at specific times for the training activities, especially during divination periods. According to the diviners, during the training sessions, the neophyte observes the
master pronounce the names of the ancestors, gods of the land, the spirits and sometimes the herbs he uses in treating certain ailments. Beside observation, the neophyte is taught to carry out certain specific tasks for the master to assess him, if in the opinion of the master, he has performed well, the master will call his fellow diviners, and in a special ceremony they will officiate the neophyte into the service of diviners.

5.2.2 The Afa or Mallam Divination

This type of divination is associated with the introduction of Islamic religion among the Dagomba. Bierlich (2007) explained that Islam was introduced to the Dagomba in 1686 by Mallam Mahama Matazu during the era of Ya Na Gariba. Since then Islam has developed and influenced the social life of the Dagomba to the extent that mallams officiate social activities such as naming ceremonies, funerals and other important occasions.

The Afa diviner is another type of divination among the Dagomba. According to the diviners, this type of divination came as a result of the arrival of the Islamic religion among the Dagomba. This type of divination started with the chiefs who employed mallam as clerks to ensure that they transcribed what the people were doing and to pray for the peace in their communities. Nukunya (1969) explained that the afa divination among the ewes originated from Nigeria as the result of migration of people in the West African Region. The mallam starts with learning Quranic verses, which are used to do sand reading. Sand-reading is a practice where the Mallam uses sea sand and writes verses of the Quran in it after a client has narrated his or her problems to him and he then reads the meaning of what he has written on the sand to the client. According to the diviners, sometimes the clients are made to place their palms on the sea sand and the marks on the palm will be interpreted to the client. At the same time, the mallam uses cowry shells alongside the
sea sand to practise and foretell the past, present and the future events. After the sand reading, the Afa will prescribe some sacrifices and rituals for the client to perform.

The Afa is not chosen or called. One is recruited into this profession through serving the master mallam who possesses this knowledge and the Quranic verses as well. According to the diviners, while it takes about one year to learn all the rules and regulations and the interpretations, others can take up to five to ten years to train as Afa. Some of the Afa diviners use cowries for their work. According to them, the number of cowries varies from one diviner to another. Some can use only four cowries, while others may use up to between 100 and 256 or 285 depending upon power of that Afa. At times, the Afa diviner may combine the soothsayer method with the Afa type and use all to offer services to clients. So, when a client comes, the diviner will ask to know whether the client wants the Afa type or soothsaying or both. After the divination session, some of the Afa may write some verses in the Quran and prepare concoctions for the client to take home to drink, bath, and sometimes to wash the vital parts of the body. They equally prepare talisman and other charms for clients for protection.

5.2.3 Jinwariba

This type of diviner is called or chosen for a family by the spirits or the ancestors. The age of the individual does not matter. It is said that once the person is chosen, he or she begins to see entities such as dwarfs, spirits of all kinds and spirits of dead relatives. However, through divination, it will be revealed that the person has been chosen to become a jinwara. This normally happens when a substantive jinwara in the family dies. After the funeral the neophyte is initiated through a ritual process. After the ritual, the neophyte is attached to a master jinwara to teach the neophyte how to practise divination.
According to the diviners, it can take five to ten years to become knowledgeable in the practice. Their powers are associated with the spirits and the cultic practices. The jinwara is said to be more powerful than the other diviners mentioned earlier. The jinwara also uses the cowry shells, stones and blood encrusted horns purported to contain the spirits of the jiwara. During the divination sessions, it is the spirits that talks, and see the problems of the client and the Jinawra interprets this to the client. According to the diviners, the client may hear the voices of the spirits but may not be able to make meaning out of it hence, the Jinwara interprets to the client. After the divination sessions the diviners also prescribe sacrifices to be performed by the client. Again, the diviners provide protective medicine against danger and enemies to clients.

5.2.4 Gbanigba Divination

_Gbanigba_ diviners use _Juju_ (medicine) and _neili_ (clairvoyance) to practise. According to the diviners, the _Gbanigba_ goes to search for the _Juju_ and then goes to the soothsayer to search for the spiritual knowledge to do their business. Before a client arrives at his place, the diviner is said to have seen the problems he or she is about to consult. According to the diviners this type of divination is not a call but individuals acquire it through training and practice and it then became their profession. This type of divination also uses spirits such as _alizin nima_ (air spirits) in their work. The diviners can call the spirits to come and help him in the course of his work. According to the diviners, these types of spirits when at work, speak in tongues, which the ordinary person will hear but cannot understand, but the diviner does. According to the diviners, this type of divination is the fake type because the practitioners are not called but rather they combine soothsaying ideas with _juju_ to practice.
5.3 Becoming a Diviner

The art of divination is considered sacred among Dagomba diviners. Some divinations are not acquired; they are called by the ancestors. In most of the divination practice, no one decides to become a diviner at will. According to the diviners, one becomes a diviner through inheritance. It can be passed on from father to son or from a maternal uncle to his nephew or from a grandmother to her son or grandson or daughter/granddaughter. When the person who is called or chosen by the ancestors becomes an adult, he/her may be inflicted by a certain strange illness and in the process of treating him/her, a soothsayer is then consulted to find the cause of the ill health. The diviner will ascertain information about the real cause of this illness and the remedy. For example, one of the diviners disclosed that his sister had mental problems and when it was detected that she had been called to the diviner profession, a day was set aside for the rituals to be performed for her. During the rituals, it was revealed that he was rather called and not his sister. After this, his sister became well. Diviners have their own way by which they acquire the skills of the profession. One diviner narrated that he was not getting what he wanted in life. There were disappointments throughout his life hence through divination he was told to go for the diviner bag (bakolgu) from his matrilineage and that was how he became a diviner.

The following are the responses from some of the diviners interviewed regarding how they acquired their professions:

When it was time to sleep, I will not be able to sleep. I will be singing and dancing alone. After some observations the elders said my behaviour was strange, but nobody called to tell me personally. Have you seen this scar in my right arm? (He showed it) I had jaga. (Yaws) Everybody had some in their body. But I had only three. One was in my anus, one was in the stomach and the other was at my back. It was one white man who injected us and it went away. When I was injected, my arm got swollen and the resultant sore took a long time to heal. Then my father
reported it to the white man and he gave me medicine, which was whitish and bitter. Then the sickness went away. After that I farmed and all the products got burned. I will farm and harvest the produce but it will not get home; the foodstuff will be destroyed by fire. Again, my first-born died suddenly and I picked a stone from his grave and went to a soothsayer to make an enquiry about my son’s death. I did not tell the soothsayer that I came with a stone from my child’s grave and he ask me to consult the diviner bag (Bakolgu) which I did. He told me I came with a problem relating to death, and I asked him whether he could elaborate further and he pointed to my pocket where I kept the stone I picked from the child’s grave. I then, narrated the problem to him and consulted further and he told me that I was chosen to become a diviner and that the diviner bag (bagkolgu) had killed my son. So, I was asked to go to my matrileage at Nanton Saandu for the initiation rites. The diviner told me that if I were to grow stall like a kapok tree, I would have a stunted growth like the shortest tree in the desert. I went and saw my uncle and he asked me to bring some guinea corn, a goat, knife and other items for the initiation rites. Since then I have not encountered the problems again. The dancing, farming and not getting anything and other problems, all vanished.

(Diviner N nyen Ndini).

The above narration explains divination as a calling and has something to do with the ancestors or spirits but not acquired by an individual. Another diviner gave the following narration in the same vein:

My needs were not met. If I proposed to a lady, she would return my money. Out of nine women I proposed to, none of them accepted to marry me. During Naa Ablabila’s era, (1954) I was already a man who could marry. It was Naa Mahamadu’s enskinment (1969) that I proposed to my current wife with twenty pesewas and she accepted it. That was after I accepted to take the bakolgu. She later was divorcing me and I went and performed the ritual rites and she stayed and produced all these children. It was later I married the other three women and produced the additional children. After I took bakolgu, I have achieved all that I have today. If you enter my room it is full of yugu gbana (alligator skin), ba gbana (dog skin), sabihi (talisman) all these were in search of a woman or wealth but I did not get it. It was the bakolgu I took and got my wives and all that I have. Since
then I have never run short of money, no chief has ever invited me and I failed him in divination. My child has never searched for a woman to marry and failed.

(Diviner Mooh)

The explanation in this narration justify power struggle between diviners who are called and diviners who acquired their divination through other means. It emphasizes how authentic the calling is and if one is not called the person cannot practise effectively.

The following narration was also taken from a different diviner in the same perspective:

I inherited it from my grandmother. I was just a small girl when I was with my aunt in Kumasi. I even carried food to sell during the construction of the Kumasi Sports Stadium. I came home and fell sick, I and was confound in the room for three months. The illness was not killing me, but I was not getting well too. One day, I decided to go to Kasulyili to see my maternal uncles. During the preparation, I heard a voice telling me to go to Gbanyemni in Tamale, instead of Kasuliyili. When I came out I saw some money on the ground and I picked it and made preparation to go to Tamale. In Tamale, I was told that I had been called to the diviner profession. So, within two weeks, I bought the items for the preparation of the rituals. That is how I became a diviner. I have never given birth; I learnt the bakolgu was disturbing me. I had three miscarriages and never became pregnant again.

(A female diviner)

One characteristic feature of the diviner acquisition was falling sick or exhibiting strange behaviours, which is unusual of the practitioner. This behaviour justifies divination as directed by the ancestors. However, because it cannot be verified, the authenticity is questioned by positivists.

This was also a perspective from another diviner on how he was called to the diviner profession:
My grandmother was a hunter and could go under water for one week. She left and went under a river for four days and came out with a crocodile. That crocodile was in the water with human beings and my grandmother managed to kill that crocodile and brought it out. When they dissected the crocodile, they found bakolgu inside it, and it became a bakolgu for her. When she died it went to my father’s brother and when he also died it called on my sister and made her mad. Upon divination, it was revealed that she had been called. When they organised to perform the ceremony and rituals for the bakolgu it rather called on me instead of my sister. After that she became well.

(Diviner Suhudoo)

Other diviners indicated that they learnt the practice from their grandparents. They also intimated that soothsaying is a tradition and one has to be chosen before one can practice it. As to whether women can become diviners and practice like their male counterparts, most of the diviners answered in the affirmative and indicated that the bakolgu can call on a woman and she will not be able to give birth until she accepts to practice it or else she will be ill and cannot be treated until she takes up the bakolgu. In addition, some of them intimated that, farming without good yields coupled with erratic behaviour and not getting a woman to marry were all because of the Bakolgu. Again, when they farm their produce will be destroyed by fire. All of these problems were attributed to the bakolgu. According to them, their conditions in life become normal after they had gone to take the initiation rites.

The above narrations indicate how divination as a profession is acquired among the Dagomba. It is believed that most divine practices are called by the spirits or ancestors but not acquired by an individual. Indeed, the practice of divination is linked to spirituality and religion among the Dagomba.
5.4 Consultation Process

Almost all the diviners interviewed mentioned similar tools for their businesses. The items mentioned included a goatskin bag, (bagkolgu), a diviner stick (bagdoli), and a number of small objects such as buttons, blood encrusted horns, beads, nails, teeth of animals, coins, seeds, cowries, pebbles, refined stones (bagbihi), calabash (baggmani) and a bell (bagyilinga). The goatskin bag (bagkolugu) contains all the items mentioned above. The diviner stick is about one and half meters long use for divination. The calabash is used to contain the diviner items in the divination process. Each object represents a particular feature or thing in a real-life situation among the people.

Figure 5.1 Diviner bag (bag kolgu) and calabash for divination (bag gmani)
Mendonsa (1982) described such objects as symbols of life, which have meaning throughout generations within a particular society. All the materials found in the bag have explicit meanings known to regulate observers. For instance, two or three leather rings tied together means twins, red material symbolizes sorcery, dog or hyenas’ teeth means dimli enemies, a glass that looks like a thermometer means hospital, hair means one has been tied up spiritually (Kabrei).

During the divination sessions, the diviner’s stick and the other objects such as cowry shells are used as tools for the divination. The cowry shells and the other items symbolize or represents features on earth. For example, a dog’s tooth means danger, a piece of white material means success, black material means darkness, etc. During the process of divination, a client holds the lower part of the diviner stick and the diviner holds the upper part loosely. The diviner’s stick makes a move on its own. If it touches a particular object, the diviner will interpret the meaning of that object to the client. For example, if the stick touches the red material or a dog or hyena’s teeth, that signifies danger. The diviner will then inform the client the results of the divination. The client will enquire further to ascertain the source of the problem. Where the problem came from. Then the stick may point to an object that symbolizes human being or to the sky and that indicates that the issue is from ancestors from ancestors or from God. The client will then ask for a way out and the stick may point to another object that represent pacification of ancestors or making of sacrifice to an old tree in the village or in the bush. It could also point at a fowl’s wing or feather to appease the gods or ancestors.

The diviners also use a bell made by a blacksmith. This, they ring during divination session. This sound is used to alert the gods or the ancestor about the presence of a client and to seek for their help in solving the client’s problem. The sound of the bell invokes the spirits or ancestors to consider the matters brought before them by a client for their
consideration. The other objects such as cowry shells, bones, glass, marbles, bullets, toy car, coins, etc. are used to confirm the outcome of divination. The diviner will throw the above-mentioned objects on the ground and their relative positions are interpreted to the client.

**Figure 5.2: Diviner stick (*bag doli*)**


Divination often takes place in the diviner’s room with a very narrow entrance. A typical diviner’s room is an old round architecture roofed with grass and thatch walls with no ceiling. The floor is locally cemented with no furniture in the room.
In the room, only old items are found and animal skin is spread on the floor for clients to sit on. A client may go alone or be accompanied by a relative or a friend. They will all sit on the floor of the office. The consultation starts when the client offers whatever he has as consultation fee. It could be money, cola nut or anything. Then the diviner will pour the content of his diviner bag (bagbolugu) on the floor. Then he will invoke the spirits and the ancestors by ringing the bell to alert them and call on them to help solve the client’s problems. The main diagnosis of a client’s problem is the movement of a diviner stick held by both the client and the diviner together. A client is supposed to have knowledge in divination. Hence, the diviners will only have to interpret things in relation to what brought him to the diviner.
The following is a narration provided by a discussant in a focus group discussion in Zabzugu:

In the process of performing their duties, all the diviners believe that they had been chosen by some gods to save humankind. The diviners have no influence over the results of the divination. The gods reveal all that they see to them through the bagkolgu and they interpret it to the clients.

This narration here explains the authenticity of the diviners’ results which is revealed to them by the spirits and the manipulation of the diviner. Also, it emphasizes how the calling to the diviner profession is done through the ancestors and that no one decides to become a diviner and start practicing at will.
Figure 5.4: Divining items (*bag bihi*)

Source: Field Survey, 2017
5.5 Consultation ‘Fees’

All the diviners interviewed asserted that there is no consultation fee charged for divination; whatever the client comes with is accepted as a ‘fee.’ It ranges from money to food items; sometimes the client comes with nothing. According to the diviners, the items offered as consultation ‘fees’ are meant to appease the *bagkolgu* and to give it more
strength. However, the diviner may use it with the permission of the bagkolgu. The following is the response of a diviner regarding consultation ‘fees:

Soothsaying has no charge. I am not a doctor to sell drugs to patients. Whatever a client brings is acceptable except when the divination requires a chicken, which the client must buy. A good diviner does not charge ‘fees.’ Divination is a calling or tradition which is inherited. So, whatever a client brings is acceptable. Even if he does not have anything, the diviner has to offer his services. There is no charge for divination; anyone who charge’s is not a good diviner.

In the above narration, the diviner is emphasizing on consultation fee, which is almost free. Even when a client has no money, he has to receive services. I believe this is one of the reasons why many people patronize diviner services these days.

The following is a narration by another diviner regarding changes in the practice of divination among the Dagomba:

Soothsaying is not a car which one drives and charge a fare. It is a tradition and a calling, if one is not called, the person cannot practice it effectively. Now people use it to make money instead following the tradition. If one is a genuine diviner and someone comes with small amount or without money, one has to divinate and tell him what he can do to become well or solve his problems but not to use him to make money.

(Diviner Mooh)

The narration emphasised divination as a traditional practice and not money-making venture. However, due to changes in modern times people introduce new ways of divination and making money out of the practice. That is why one finds it difficult to tell who a fake diviner is. So, there is no fee in divination.

The above narrations supports Sorsdahl (2009) study which observes that traditional medical practitioner’s consultation is free. He indicated that while some Christian
hospitals (such as the Catholics, Presbyterians, Anglican etc.) may refer mental patients for psychiatric care, Pentecostal and Charismatics view disease in a spiritual dimension and suggest demonic and spiritual sources as the cause of the illness and hence they give spiritual treatment. The above study confirms the views of focus group discussants who asserted that diviners do not have specific charges as such could divine free of charge for a client.

5.6 Referrals

Most of the diviners interviewed intimated that it is the diviner’s bag (Bakolgu) that does the referral. This occurs when a diviner has no antidote to a client’s illness. In this case, the diviner relies on his stick for direction. For example, if it is a hospital case, the diviner’s stick will touch any object relating to a hospital the patient will be directed accordingly. The diviners further explained that upon physical examination of a patient, if the diviners detect that the patient is anaemic or dehydrated they refer such a patient to the hospital. According to them, the colour of the eyes and the palm of the patient are indicative of the patient’s health statues. The patient is then advised to go to the hospital for blood or water transfusion, after which he/she comes back for spiritual treatment if there is the need.

Some diviners also claimed that the hospital also referred patients to them. For example, a diviner who is well known for the treatment of snakebite and fractures claims the hospital refer patients of snakebite and fractures to him for treatment. This was confirmed by a patient who was treated and discharged by the hospital and was referred to the diviner for the removal of the snake fang in his body. Some of the health professionals interviewed intimated that they refer patients with fractures to some diviners or healers
who are specialists. Hence, both diviners and health workers agree that referrals do occur especially in cases of fracture.

The following are the responses from a health worker and a diviner regarding referrals:

Illnesses such as complex fractures are normally referred to the traditional herbalist or diviners who are specialists and know how to set it well. So, in such cases we refer to either Tamale Teaching Hospital (TTH) or the traditional healer.

(A senior nurse at Yendi Hospital)

Both diviners and health workers agree there are referrals. However, they hold different opinions. While diviners hold the view that the stick does the referral without their control, the health workers opinion is about speciality in the art of treatment. For example, a health worker reported that some diviners and healers are specialists in bone setting and fixing as such they refer some after dressing complications for bone setting and snakebites.

Another nurse from Gushegu district hospital said the following regarding referrals:

There are certain illnesses that cannot be cured, we manage them. For example, hypertension, which is known as (zimdoro) cannot be cured. It is managed. So, when patients come with such conditions we diagnose and put such patients on medication. That is, we provide palative care. Such illnesses may be what they describe as illnesses that cannot be treated at the hospital and therefore, demand diviner or herbal treatment. However, there are diviners and herbalists who are specialists in bone-setting and equally treat snake bites in this community. After hospital treatment, the victims themselves do ask whether they can go to have the snake fang removed. We refer them to those specialists. They have the indigenous method of using gum
(taansuri) from a shea plant to remove the snake fang after treatment at the hospital.

(A senior nurse at Gushing)

A diviner narrates the following regarding referral of patients to the hospital:

There are certain illnesses that cannot be seen. It is inside the patient. For such patients, I ask them to go to hospital. It happened that a certain girl fell sick and collapsed and they concluded that she had died. But when I went and placed my hand on the chest and pressed it she responded hmmmm, hmmmmmm, and I mentioned her name and she responded and I asked her to get up and she did. I gave her yogu Tim (medicine for anthrax). When she took it, she got well and I later recommended that she should be sent to Nalerigu Hospital because there was hidden hernia in her chest that needed to be operated upon, which I could not do. She is the one in charge of mobile money transfer in Gushegu here.

(Diviner Nyenn Ndini)

The above narration emphasised on referral based on the diviner’s knowledge of hidden illnesses that demand orthodox treatment. However, he asserted giving local medicine for the patient to survive before referral was made.

A female diviner has this to say regarding referrals:

I do sometimes refer patients to the hospital because I cannot transfuse water or blood. If someone is feeling dizzy, I refer such a person to the hospital. It happened that a certain woman had a snakebite and I treated her. Within three days she came to tell me she had heart burns and was feeling weak. I recommended that she should be sent to Yendi Hospital that night. The hospital examination showed that there were no signs of a snake bite, but she was suffering from dehydration before the snake bite. They gave her infusion that night and discharged her the following day and she came back and I did the necessary rituals and she left.

The diviner sees herself as spiritual person and as such, treats spiritual illnesses. Those that involve physical treatment, she refers to the hospital. However, patients later go back for spiritual treatment if there is any.

The study found that diviners see themselves as intermediaries between the gods/ancestors and the living and therefore can help solve societal problems. Performing role as health care providers they see themselves as the custodians of the spiritual and
supernatural means by which people can find answers to their spiritual problems. The diviners claimed that through divination, they can determine whether a patient’s illness is ‘hospital illness’ (illness that can be treated at the hospital) or supernatural illness.

5.7 Divination and Health-seeking

This section examines the role of divination in the treatment of illnesses claimed to have supernatural origin by the diviners and the community elders. Hence, respondents as well as participants views were examined.

Respondents have a notion of the causes of particular illnesses and therefore, demand supernatural explanations through divination as to whether they should visit a health facility or not.

Some of the illnesses and conditions mentioned that could not be treated at the hospital were: Poison (dehili); anthrax (yogu); evil plot (sambu, Wag-gurigu, pag barigu); mental illness (yin yari); boils (narili); spirits possession (alizinima); impotency (yokpin); snakebite (wag dimly); infertility (dogim kalinsi); menstrual problems (sampugli) and pregnancy problems (pag pahi nim doriti) and burns (bintul wobgibu).

Among the Dagomba, some diseases and misfortunes are often handled with uncertainty with the notion that, there are human-made diseases and natural illnesses. This situation calls for the services of diviners to find the actual cause. Beliefs around the conditions are further explained below.

5.7.1 Poisoning (dehili)

This condition is believed to be associated with human mischief. As such, its solution is within the domain of the diviners and herbalists. It is believed that when a person dies and someone wants to harm others he takes the body fluid or saliva of the dead
and secretly keep it in a cotton wool and dries it. Each time he wants to cause harm to others, he will put it in water and squeeze it in to the water or food of the victim to drink or eat. This will make the stomach of the victim to bloat and the person will fall sick and die. However, when such illness is reported early to a diviner or an herbalist it can be cured. It is believed that modern medicine has no solution to this illness.

The following is a narration of one of a discussant in a focus group discussion.

**Dihili** can be contracted from two sources; a dead person’s fluid or from a particular plant. Both sources are dangerous for human beings. The one from a plant destroys the liver, heart and the lungs of the victim when eaten, making the whole body of the victim to swell and then, finally he dies. This type of disease cannot be treated at the hospital. However, the one from the dead fluid of a dead person destroys the liver and makes the stomach bloat, making it difficult for the victim to survive. Diviners can trace the source of the illness and they also possess an antidote to these types of illnesses if they are reported early to diviners.

(community elder)

This illness according to the narration reflect the peoples view about the supernatural and how it affects their lives. The illness mentioned can come from two sources that is from plants and fluid from a corps. The belief is that it can be used to cause illness.

5.7.2 **Snake bite**

According to the diviners’ snake bites are normally treated by herbalists, diviners and modern doctors. In such cases, the victims normally start treatment with the local medicine prescribed by an herbalist and diviners. However, in cases where patients are weak and start bleeding, they are rushed to a health facility. According to them, divination usually associates snakebites with spiritual causes and hence, there is high tendency to resort to spiritual treatment. The general belief is that once people get bitten by a snake they will definitely experience symptoms during the rainy season. As such it is the traditional medicine that cures snakebites and removes the fang completely.
A diviner has this to say on snakebites, “Both traditional and modern methods of treatment of snake bite work. However, the herbalist can give herbs to the patient and he/she will vomit all the snake venom and rub some herbs on the affected part to reduce or remove the pain completely.” Another, Diviner timtooni opined, “Also, an herbalist can remove all the snake’s fangs from the body of a patient. But modern doctors will only prescribe medicine to reduce the pain but when it rains the pain will return.”

The snakebite is seen as a spiritual illness as such it treatment goes beyond allopathic medicine. Even if a patient with snakebite is discharge from the hospital, he/she still seek local treatment to augment the allopathic treatment, as there is the belief that such illnesses re-occur when the rain set in. Here the diviners have recognized the modern method of treatment of snakebite in addition to their treatment. Hence, these two worlds can coexist to provide services to their clients.

5.7.3 Binbarigu/ Pagbarigu doro

This condition is believed to be associated with evil spell, where it is believed that a man can cast spell on his wife spiritually. In such a case, any man who has sex with her, his penis will get stuck in the woman’s vagina or the man’s scrotum will get perforated and water will drop from it till he dies.

However, according to the diviners when such condition is reported to a diviner or an herbalist it can be treated. According to the popular opinion, the diviners and healers have antidotes to this kind of illness. On the other hand, someone can also cast evil spell his food items or property in general and if a thief goes to steal the items and eat them the person’s mouth will shift from its original place to another part of the body. It is believed that modern medicine has no solution to this condition.

A diviner has this to say regarding pag barigu doro:
This type of condition occurs when someone traps his wife or food items and another person goes to steal part or all of it. If it is food items, and the thief eats the food his/her mouth will shift from its original position to another part of the body. However, if it is a woman and another man secretly has sex with her, the man’s penis will get stuck in the woman’s vagina until someone with such medicine can rescue him or after the sex has taken place, the man’s scrotum will get perforated and water will start dropping from it till he dies. However, when it is reported to a diviner or a healer it can be treated. No medical doctor has antidote to this condition.

(Diviner Yumzaa)

The above narration explains this illness as spiritual and is preserve for the treatment of a healers and diviners.

5.7.4 Burns:

This condition is believed to be associated with supernatural entities if even it is treated at a health facility. According the diviners no matter how this condition is treated in a hospital, the belief is that certain deities need to be removed and sacrifices offered to appease the gods and ancestors. As such diviners are consulted to find the cause and cure of all burn cases.

A health worker has this to say regarding burns:

It is the belief that with all kinds of burns, be it from fire, hot water or oil, when someone is treated at a health facility he/she still need to visit a diviner, herbalist or a medicine man to perform certain rituals to drive away evil spirits that are responsible for the cause of the burn. Though the sores might heal one still need to get a person with spiritual power to protect him/her from getting another burn in the future.

(A nursing officer)

The diviner’s role in the management of illness cannot be over emphasized in these communities. Diviners treat almost all illnesses, which the people cherish and uphold. The people believe that the supernatural is influencing their health-seeking practice with regard to the use of diviners.
5.7.5 Boils (narili)

There is general belief among the Dagomba that a person with a boil of any kind should not take an injection or receive allopathic treatment. This comes as a result of a belief that hypodermic needles are not to be introduced into the body of a boil patient. When such a thing occurs, it is believed that the result is likely to be fatal. This makes most patients even if they are on admission refuse injections because boils are associated with deadly yogu (Bierlich, 2007).

Bierlich’s (2000) findings regarding fear of injections among the Dagomba in Ghana has resonance with this finding for a medical officer at Tamale Teaching Hospital had this to say regarding boils:

The people have the belief that if they come to the hospital with boils and they are injected they will die. As such, if they have a boil they will not come to hospital until it bursts. Even with the sore they still refuse to be injected so we administer antibiotics.

It is a belief that anthrax can take any form, as such if they develop a boil it is likely to be anthrax, and it is forbidden to take an injection if one has anthrax, thus affecting their health-seeking behaviour.

The medical officer's view was supported by a narration from Diviner Timtooni as follows:

Boils don’t like injection and if a patient refuses advice and goes to receive an injection, such a patient will die. That is the reason why we treat boils at home and when they burst, we then advise the patient to go to hospital for cleaning and dressing.
This narration emphasizes boils as supernatural illness, which forbids one to take an injection. Boils according to the diviners and community elders can take different forms of deadly disease called yogu. This illness when injected clots the blood of the patient and he dies immediately. So, boils are associated to this deadly disease which forbids injection. The above narration supports the earlier narration on the same issue.

5.7.6 Impotence / Infertility (yoo kpin)

Reproduction is an important social phenomenon among the Dagomba. A childless person is not regarded in the Dagbon social structure, as such children are seen as wealth and prestigious elements. Hence, the Dagomba see child bearing as part of their culture where the new-born replaces the dead in the social structure.

There is a belief among the Dagomba that impotency and infertility are spiritual illnesses. As such, a witch or sorcerer can remove the testicles (lana) and womb (dogri surigu) of a man and a woman, respectively making him or her infertile or rendering such person unproductive. This condition according to them can only be diagnosed by a diviner, who can detect the source of the condition and a cure from an herbalist healer. The following is a narration by a member in a focus group discussion regarding impotency.

Impotence is a supernatural illness usually caused by an envious person or a witch or a sorcerer. They do this because of your wealth or your hard working nature. A jealous person can remove the testicles of a man resulting in his inability reproduce. In the case of a woman, her womb can be removed.

This also present the world view of the Dagomba regarding impotence and infertility as spiritual illness. This kind of illness is associated to witchcraft and sorcery. As such, its therapy is supernatural in nature.
5.7.7 Anthrax (yogu)

This type of illness is usually contracted when one eats meat of an infected animal. Hence, anthrax is a guessed equivalence to this illness. There is a general belief that yogu produces boils in the body of an infected person and therefore patients avoid injection. According to popular belief, when a patient of anthrax is given an injection, the result is likely to be fatal. As such in popular imagination, yogu and boils are related.

This view was confirmed by a diviner in one of the study areas. He observed thus:

Yogu and boils look similar. Hence, patients with such conditions need not go the hospital because their conditions have supernatural elements and cannot be handled by a doctor at the hospital. They are best treated by herbalists and diviners who have supernatural therapy for them.

(Diviner Suhudoo)

The condition above share similar characteristics with boils. However, it is more fatal than boils. A boil can take the form of yogu and kill a patient, but yogu is independent on its own. A senior nurse in the Zabzugu District Hospital further buttressed the diviner’s assertion, “When patients suspect a condition to be boils or yogu, they will tell you the illnesses forbids injections and that if you inject them they will die. The victims will not agree to be injected or accept any body piercing object.”

Regarding the use of divination to make health decisions, the majority of the discussants in the focus group discussions were of the view that illnesses from spirits and ghosts cannot be treated at the hospital because they are supernatural illnesses. However, some participants had the belief that illnesses from the supernatural realm can be treated at the hospital and that they had experienced such conditions and sought treatment from diviners and doctors. This means that even those who hold the view that spiritual sicknesses can be treated at the hospital, they still consult diviners before they visit the hospital. Also, those who believe that illnesses from spirits and ghosts can be treated at the hospital and have not consulted a diviner explained that all illnesses can be treated by a
In sum, a greater number of discussants use divination to seek healthcare even though they believe that illnesses caused by spirits and ghosts can be treated at the hospital. According to them they go to diviners to seek guidance as to what remedy should be applied. In-depth interviews with diviners and diviner-clients revealed that divination is often employed as a diagnosis. It is mostly resorted in order to determine factors responsible for the cause of the illness. An in-depth interview with a diviner-client elicited the following response, “At all stages of treatment of an illness, divination is employed to diagnose the cause of sickness. It is when divination is employed that the right therapy can be advised.”

This narration explains the important role divination plays in therapy management and the treatment of a patient at all level of health-seeking among the Dagomba. This assertion resonates with the findings of Imperato (1976) on the role of divination in the treatment and management of illnesses among the Bambara of Senegal. From his work, divination methods used by Bambara diviner-healers and herbalists are similar to those of the Dagomba. For example, Dagomba and Bambara diviners usually throw stones and cowry shells on the ground and their relative positions are interpreted by the diviners. This system of divination reveals the type of supernatural cause involved in a patient’s illness. This according them may be spirits, ghosts, witchcraft, sorcery, etc. Once the cause is revealed, the appropriate therapeutic measures are taken to treat the victim.

5.8 The influence of divination and health care

In the previous section we discussed the role of divination in the treatment of supernatural illnesses, in this section we will be discussing influence of divination and health care delivery.

Focus group discussions and in-depth interviews results indicate that participants had a belief that there are natural and supernatural illnesses. The common causes of natural
illnesses in the communities are perceived to be poor environmental and personal hygiene. The spiritual illness is believed to be caused by the ancestors, gods’ spirits and ghosts. This can only be diagnosed by spiritual or supernatural means and be treated through supernatural methods. Therefore, it stands to reason that people will visit diviners when they suspect a particular type of illness to be caused by supernatural forces. For instance, one of the diviner-clients’ said the following:

The very reason why we consult diviners whenever we fall sick is that nothing in this world happens without a cause. As such, we visit the diviner to find the main cause of the illness. That is, whether the illness is caused out of the annoyance of the ancestors and if so, how we can overcome such problem. So, it is good to consult diviners before and after the illness is cured so that it will not occur again.

The narration indicates the important role divination play in the society. The author explains how divination is used as a mechanism to find answers to problems that face humankind.

In a Focus Group Discussion, discussants gave various reasons why patients or relatives visit the diviners while they are on admission in a health facility. The reasons given centred on the belief that the doctors at the hospital do not know it all. Hence, it is advisable to seek other causes of the patient’s illness to augment the hospital treatment. The major reason offered was that patients wants to know whether their illness was caused by supernatural factors or natural factors so that appropriate therapeutic measures would be taken. For example, snakebite, boils, impotence, infertility, mental illness and anthrax (yogu) are believed to be conditions associated with the supernatural and therefore, need verification from diviners. The belief with regard to the illnesses is that supernatural causes of illness cannot be completely treated by the hospital doctor, a nurse or modern medicine but rather diviners will find their causes and sometimes provide treatment. The following response was taking from a discussant in FGD:
You see, sometimes when you are admitted at the hospital, the hospital authorities will tell you to send your sickness home for treatment. This means they can no longer help you (the patient). So, we resort to divination and it works well for us.

The above assertion by the community elder, is contrary to what health workers mean by sending a patient home. A health worker provides the following rationale in an IDI session in Yendi:

Sometimes when the illness is a chronic one like stroke, diabetes, hypertension we ask patients to go home and manage it because it cannot be cured. It can only be managed. These are the diseases the patient says doctors ask them to go home and treat. We don’t ask them to go home and treat because we do not have medicine or knowledge. These diseases need management because they are chronic. Hence, we put them on medication and ask them to go home and manage it.

(Senior Nurse in Yendi)

The health worker’s explanation for management of chronic illnesses is what the people consider as illnesses that cannot be treated as such need home treatment. This perception needs to be clear in terms of communication of the health workers to patients who come seeking their services. A community elder has this to say in FGD session:

Relatives back home play very an important role in the treatment of patient at the hospital. While the hospital is providing treatment, relatives also engage in divination to find the root causes of the illness and how it should be treated completely.

The explanation here indicates why the people engage in the combination of divination and allopathic treatment. While relatives engaged in divination means they sought another treatment in addition to the allopathic treatment.

Community elders agreed with the information from the diviners. For example, information from the community elders and diviners are similar in the sense that both rush patients with the serious conditions to the hospital before they divine to find the root cause of the illness. Again, they agree that while doctors are attending to the patient at the hospital, the relatives must also consult the diviners to find the root cause of the illness.
and the mode of treatment. Hence, divination is an important aspect of therapy management in Dagbon.

Probing further to find whether there are certain conditions that require patients to go to the hospital before consulting a diviner, Diviner Gabsi explained thus:

There are certain conditions a diviner cannot manage like inadequate blood, water and breast milk. As such, patients are asked to go to the hospital before they report later to the diviner for the necessary spiritual rites and sacrifices to be made at home. In my view all patients should be sent to the hospital before seeing the diviners.

The narration here indicates reasons necessitating diviner referral of patients to the hospital. However, some of the diviners observed that they could provide antidotes for anaemia, dehydration and inadequate breast milk. Another diviner responded to the same question in the following manner:

I always tell my clients to go to the hospital first before they come for consultation. This is because I cannot manage conditions such as fractures and dehydration. I prefer my clients to visit the hospital for physical treatment while they come later for spiritual treatment from me.

(Diviner Timtoom)

This narration is similar to the narration provided above and share similar characteristics. Some of the community elders gave reasons why they consult diviners after being treated and discharged from the hospital. One community elder explained thus:

When someone is bitten by a snake and the person is admitted and discharged, the hospital authorities do not remove the fangs of the snake from the patient’s body. After he/she is discharged from the hospital he/she needs to consult a diviner to remove the snake’s fangs otherwise, during the rainy season, the pain will start again.

Others give reasons ranging from protection to further snakebites and removing the snake teeth after hospital treatment. Another community elder further observed thus:

When someone is suspected to have been food-poisoning we consult the diviner to find out what illness it is and who is responsible. If a diviner tells us it is food poison, we ask the hospital authority to discharge our patient so that we can take him home for treatment because such illnesses cannot be handled by the hospital. It happens here in Karaga often and we send the patient home and treat him locally.
This is an opinion of the community elder regarding supernatural illnesses whose aetiology falls outside allopathic treatment. According to him, the relatives of a patient may ask for discharge against medical advice for local treatment in their opinion and belief.

This means that it is not the diviner’s inability to treat certain illnesses that may call for referral of a patient but illnesses suspected to have supernatural origin can also make them sought for referral for appropriate treatment in their view.

Some of the health workers confirmed the belief of the people. According to one of the health workers, the local belief is one of the reasons why the people have to find from their ancestors, gods and spirits through divination. One health worker narrates how this belief affects health care delivery in his area of operation thus:

Most of the patients do consult diviners before during and after hospital treatment. The people have the belief that nothing happens without a cause. So, they use divination for diagnosis treatment and preventive. They fear the unknown so divination is the source for knowing the unknown. Beside they want to prevent what had happened and to seek for good health and success through sacrifice. This belief makes them request for discharge against medical advice because diviners advise them to bring patients home for treatment because those conditions are not hospital conditions.

This narration shares similar idea with the previous narration by the other senior nurse.

Focus group discussants and In-depth interviews with community elders and custodians of Dagbon culture revealed that the majority of the respondents do not visit hospital regularly. A participant had this to say in a FGD, “There is no need going to the hospital once the diviner can tell you the cause of your illness and ways for treatment. Diviners have a way of detecting whether an illness is hospital illness or home illness.” The narration explains the popular view of the people regarding treatment of the diviners and the confidence they repose on the diviner medicine.

Focus group discussants corroborate the findings of the in-depth interviews sessions. The majority of the discussants believe that certain illnesses are not meant for the hospital, so the diviner’s medication is believed to be potent for such illnesses.
According to a health worker in the study area, there is patronage of diviner services as more than patronage of the hospitals and clinics. Regarding the problem that may take a participant to the health facility without consulting a diviner, few participants in the in-depth interview mentioned malaria. However, the majority who reported the same condition sought diviner’s help prior to their visit to the hospital. This means that it is not in all cases that people consult the diviners to make a decision before seeking formal health care.

Focus Group Discussions findings corroborate with the IDIs as majority of participants’ perceived illness to have both natural and supernatural causes. For example, common colds, cough, and headaches are regarded as natural illnesses and are seen as normal. However, illnesses such as swellings, boils, anthrax, mental illness, epilepsy and spiritual possessions are believed to emanate from sorcery, witchcraft, and ancestral spirits. Such illnesses according to them, demand divination because they defy conventional therapeutic treatment. In such a situation, a diviner may be consulted for a spiritual diagnosis. There is a popular believed that divination will discover the sources of the illness to ensure that an appropriate solution is sought. In most societies, illness attributed to the supernatural cannot be experienced through the five sense organs. Such maladies emanate from witchcraft, sorcery, and spirits possession. Hence, there is the general belief that illnesses with aetiology which require diviner services to mediate between the patient and the supernatural forces cannot be treated with biomedicine.

When the issue of pregnancy and menstruation (sanggeli) related conditions were mentioned the majority of the participants reported such ailments to the health facility without visiting a diviner, while few respondents reported such ailments to the health facility and sought diviner services.
5.9 Diviner treatment outcome and: Health professionals view

In the previous sections of this chapter, we discussed diviners’ role in health care provision. In this section, we are going to examine some health workers view of divination as a health seeking mechanism among the Dagomba.

The health workers had mixed feelings about the role of divination in the provision of health care among the Dagomba. While some of them intimated that the diviner’s role is positive, others were of the opinion that their activities delay patients from reporting at the hospital early. In most cases some health professionals did agree that the diviners are the first point of contact in the health care delivery in the various communities and as such they should be recognized. Others rejected it on the grounds that their treatment lack scientific rigour.

The following responses were taken from a health worker during the IDI sessions:

Whether we like it or not clients go to the diviners for treatment. So, it is about time we recognized their role and integrate them into the main health delivery system. This is because they form the front liners in our communities for providing health care services to our clients.

This narration of this health worker supports the diviners’ role in health care provision. He further argued that diviners are the first point of contact by people seeking health services, as such their role should be recognized by GHS and MOH in health care provision. A medical officer had this to say on the same issue thus:

As a health professional, I am not against someone using divination. But my problem is that some of them believe it to the extent that even if it means dying, he will die. This situation should be changed. However, even in the orthodox treatment, the psychological aspect of the patient is important in his/her recovery. So, their belief systems form part of the healing process of the patients. As such we need to integrate them into the health system and offer them training to enable them function properly.
This narration carries the view with the previous narration and as such explain the same phenomenon.

Health professionals, who argued in support of the negative role of diviners, intimated that the diviners make patients delay in reporting their illnesses early at the health centres. They also provide concoctions to patients when they are on admission and encourage patients to seek discharge against medical advice. Summing up these problems, the health worker argued that the diviner’s role in health care delivery is not helping the patients. A health worker indicates that patients go to make sacrifices upon diviner’s advice. When one sums up the amount used to purchase the items, it may even be higher than the cost of drugs in the hospital. One health worker at the maternity ward said that the diviners have medicine they call ‘Kaklugu tim’ (Oxytoci) which actually helps but it has a lot of disadvantages.

The following narrations were taken from a health worker during the in-depth interview session about the kaklugu tim (Oxytoci):

Some diviners and herbalist give Kaklugu tim (Oxytoci) to aid delivery. I agree with them to some extent. But the dosage is the problem. They either administer an under-dose or over-dose. This makes the muscles of the uterus to contract. Contraction of uterine muscles brings about the restoration of the uterus. Sometimes it is not the dose but the timing, because the time the contraction must be stronger is the time the woman is fully dilated. But when labour is just setting in and the cervix has not started opening and the contractions are going on, it will rupture the uterus. However, when the cervix starts opening and the woman takes the kaklugu tim, it will speed up the process. But when the cervix is closed and she takes it there is contraction but the path is not open yet and the child is forcing to come out from a close door and that may rupture the uterus because it will break the walls and affect the uterus and the baby as well. So, it is the timing. If health professionals do not take serious measures, the woman will bleed to death. Sometimes the baby will die as well.

The medical officer’s narration supports the role of divination in health care delivery with regard to maternal and child health. Since he agreed the diviners have medicine that can aid delivery if properly administered attest to the potency of the diviner medicine. However, the danger lies in the measurement of the medicine.
In effect, this chapter discusses types of diviners in Dagbon, how divination is acquired, consultation process and fees, referrals, divination and health seeking, influence of divination in health seeking process and health professionals view about divination as health seeking mechanism.

5.10. Linking the theory to the findings

The theories that informed this study are the social constructivism and rational choice theories. The practice of divination is premised on the fact that people construct their social reality based on what they experience as far as they want to find solutions to their health problems. Social construction of reality is a philosophical assumption that holds the view that the world is socially constructed. Luckman and Berger (2010) argue that what people think about and do are likely to experience their real consequences in their actions and inactions. That is, peoples’ thoughts become real and affect their real live-situations.

The theory of rational choice is normally guided by the thinking that people are rational and direct their actions to what they think to be the most desirable means of reaching their goals. In the face of scarce resources, people weigh alternative means to alternative ends and choose between them.

Linking the above theories to the practice of divination and health-seeking behaviour among the Dagomba, sometimes some illnesses are socially constructed and their consequences become real in the minds of the social actors. For example, certain illnesses such as impotency, mental illness, antrax, (yogu) sambu, (evil spell) pag-barigu (evil spell) are described as supernatural or spiritual illnesses. As such, their treatment forbids taking injections and defies the conventional method of treatment at the hospital. Again, in the practice of divination, people make choice between going to a diviner and
seeking allopathic treatment. Their decision is based on the consideration of the cost of consultation, drugs, accessibility, availability, affordability, before embarking on a diviner or hospital treatment. According Homan, the decision to make a choice is equally psychological as such an individual decision to seek a diviner’s treatment is based on the kind of psychological satisfaction he/she may receive from diviner treatment, especially, supernatural illnesses.

5.11 Contribution of the study to knowledge

The study explored how people resort to divination as a therapy option, and has contributed to knowledge by bringing to bear the role of divination in health-seeking practices.

Further, the study found that diviner consultation was a taboo for women in the study area, simply because of the alleged nature of women. Women are not permitted to practice and consult diviners for the fear that they will be branded witches. However, the role of women in the socio-economic development of a household cannot be over-emphasized. As such, they are at the centre of health production for children and elderly in every home. Hence, if they are allowed to practise divination they would also contribute to the wellbeing of their families and the community at large.

Also, the study revealed that when divination is used in health-seeking practise, it is more of diagnostic by giving interpretation to illnesses and conditions to determine whether they are of supernatural origin or natural causes. However, some diviners claimed they were herbalists as well and could diagnose and treat illnesses at the same time. As such, consulting diviners for health may compliment allopathic care since the modern health care is not able to diagnose illnesses described as supernatural. According to the diviners who took part in the study, people with illnesses and conditions such as snake-
bite, impotence, swells, spirits possession, mental illness, food poison, anthraxa, _sambu_ (evil spell) and _pag barigu_ (evil spell) consider their conditions as supernatural and will therefore consult diviners for confirmation to determine the therapy options. For these patients, diviners are the first point of call even if they are under modern health care treatment, they will consult diviners for interpretation of their conditions.

The study further revealed that patients and their relatives sometimes combine diviner and modern treatment at the same time. They reason that some illnesses are both spiritual and physical and as such need both diviners and allopathic treatment. Besides, the diviner’s medicine or service is affordable, accessible and sometimes free consultation. Hence, Ministry of Health and Ghana Health Service should recognize diviners to include the spiritual component of illness in their treatment procedures.

The study also adds to the new paradigm shift in the health policy which, advocates pluralistic health-seeking landscape which recognized modern medicine, herbal/traditional and alternative health providers. Indeed, it adds to multi-sectorial dimension by focusing on divination, which form an integral part of socio-cultural and spiritual dimension of health.
CHAPTER SIX

EMPLOYING DIVINATION FOR HEALTH CARE

6.1 Introduction

One of the main objectives of this study is to investigate the role of divination in the health-seeking behaviour of the Dagomba. According to the community elders, divination practice occurs if misfortune occurs repeatedly or if the onset of illness or misfortune is sudden and severe. However, in normal cases, people usually try first to cure illnesses with medicine or magic rather than resort to ritual means which draw in the spirits. This assertion is supported by Abotchie (1997) who observed divination among the Ewe in Ghana where diviners speak in strange tongues which reinforce the spiritual component of their work. The mystical reality of the traditional peoples' world is experienced in their dreams, illness and misfortune. They can differentiate between dream time and wakefulness. According to Awedoba (2006), a dream holds as much truth and reality for the dreamer and those in the dream as if the content of the dream had actually taken place in real life. Their belief is that it is through dreams that secrets from the supernatural world are revealed. Warnings, cautions and promises are made known to individuals through the dream medium. Annus (2010) observes that the notion of causality is illusionary among many people. According to the author, it is fluid in the sense that cause and effect need not necessarily be related.


This study revealed that both physical and supernatural illnesses were recognized and identified by patients, hence the combination of treatment. During the in-depth interview session some of the health workers revealed that relatives of the patients come to the hospital with a variety of substances or objects such as talisman, *Rukiya* water
(spiritual water) and concoctions for patients to drink and bath with. The following is a narration of a health worker regarding how patients seek for diviner and orthodox medicine for treatment.

Relatives still bring medicine to patients on admission at the hospital from home upon the diviner’s advice. Sometimes they do say that the patient’s illness is not hospital illness, so relatives do ask for their discharge against medical advice. In other instances, the diviner’s treatment is administered on the blind side of the health professionals in addition to hospital medicines.

(Senior Nurse)

This narration by a health worker explains the world view of the people regarding reasons why they combine diviner and allopathic treatment. The popular belief is that illnesses may be more than one in a patient, a patient may demand both the diviner and hospital care. Diviners will be able to find out this phenomenon through divination. When such situation occurs, they will advise the relatives to combine the treatment.

In an in-depth interview, one diviner observes that some illnesses may require different treatment. Those that the diviners cannot treat completely are referred to the hospital but at the same time the diviners play their part in the treatment process. For example, Osafo (2014) asserted that patients combine traditional treatment with modern medicine because of the suspicion of involvement of spirituality in their illness. One of the diviners, Diviner Nnyen Ndini had this to say regarding combining treatment:

Sometimes there are multiple illnesses which cannot be treated at the hospital alone. For example, a patient may be anaemic and dehydrated as well as be under spiritual possession. So, I will prepare the herbs for the patient to bathe with and drink to drive away the spirits while the hospital will treat the physical illness. Ever since I settled here, I have treated fifteen people (15) of that nature. For example, one woman was sick and was pale. I asked that they send her to the hospital. After that I sent herbs for her to bathe and drink to drive away the jinns.

This narration is similar to the previous one by the health worker. They all share the same opinion regarding combination of treatment by patients and relatives. The treatment offered here is both spiritual and modern since diviners are able to detect dehydration and
refer patients to enable them to receive physical treatment at the hospital. However, a nurse likened the spiritual illness to psychological illnesses that patients report to their clinics.

The custodians of Dagbon traditional culture also narrated that there are situations where a diviner will ask the relatives of a patient to bring the patient home for treatment because the illness is not a “hospital illness”. Supernatural are regarded as spiritual illnesses hence cannot be treated by allopathic medicine.

A custodian of Dagbon culture had this to say regarding the combination of treatment:

There are several cases when diviner treatments are combined with hospital treatment. Sometimes, the relatives may realize that the illness is supernatural so upon advice the diviner may tell them to bring the patient home for treatment. On the other hand, when relatives run short of money and can no longer pay for the hospital bills, they demand the discharge of the patient against medical advice. I have witnessed that personally. Diviners may employ divination and realize that they must explore orthodox medicine as well for the patient to get healed if the illness is complex or the illness may not be hospital illness but home illness.

(Nyab Zaapayim)

The above narration equally carries the same idea as stated in the preceding narrations. Here the art of divination requires patients to be discharged sometimes against medical advice with the notion that some illnesses cannot be treated at the hospital. However, our interaction with some of the health professionals indicate that all illnesses can be treated at the hospital. However, the people have beliefs regarding certain illnesses which are perceived unnatural and hence need a different approach in their treatment. In a focus group discussion, one of the discussants in Gushegu indicated that:

When a relative is ill you must divinate first to find the cause of the illness and offer direction for treatment. The treatment sources may be many depending upon the type of illness. Sometimes, it could be multiple illnesses that demand both hospital and diviner healing. So, while the patient is at the hospital, a diviner may provide his services. Most diviners are not comfortable with this arrangement. The narration here emphasized diviner treatment combined with the hospital treatment for the welfare of clients.
During the in-depth interviews with the diviners, most of them did agree with focus group discussants that certain illnesses need hospital treatment and they must refer such cases to the hospital. For example, blood and water transfusion and certain fractures that need operations cannot be handled by the diviners hence these are referred to health professionals. However, some diviners do not subscribe to the combination treatment since it is difficult when it comes to who to give the credit. Hence, some of the diviners had divided opinion as to the combination of diviner and hospital treatment. One of the diviners narrated this during an in-depth interview in Zabzugu:

Once a friend came with pains in the testes. He befriended some one’s wife and he was struck by a disease called pagbarigu (evil plot). The hospital authorities could not diagnose it as I did spiritually. However, I asked the hospital authorities to do their part first because we could not treat him concurrently. This is because I do not combine my treatment with the hospital treatment. Sometimes, I will wait for the hospital to discharge the patient first before I offer my treatment. Sometimes, the patient may die by the time of being discharged. I do not combine because when he/she is treated, who treated him. Is it the hospital or me the diviner?

(Diviner Gabsi)

The explanation here emphasized the inability of allopathic medicine. This kind of disease explained above is purely spiritual according to the diviner in question. If such illness is sent to the hospital it demands both diviner and allopathic treatment. That may be where combination of treatment takes place.

The above finding is similar to findings of Senah (1992) about the role of divination in the management of illness crisis among the Ga in Ghana. Senah (1992) found that the Ga use divination in the management of illness crisis. According to him, the divination methods used by Ga are like that of the Dagomba. For example, diviners link their operations to spirits and ancestors who reveal the type of supernatural causes involved in a patient’s illness and subsequently found solutions to the problem.

Existing literature indicate that several factors influence patients to access health care from traditional medical practitioners. Osafo (2014) intimated that factors that drive
people to access health care from traditional medical practitioners include the perceived spiritual aetiology of mental disorders, accessibility and affordability, influence of friends and free consultation. He indicated that while some Christian hospitals such as those owned by Catholics, Presbyterian and Anglicans may refer mental patients for psychiatric care, Pentecostals and Charismatics, on the other hand, will view illness in a spiritual dimension and suggest demonic and spiritual sources as the cause of the illness and hence seek spiritual treatment (Sorsdahl et al., 2009).

6.3 Divination as a multi-purpose event

This section deals with the multi-purpose package divination serves to humankind. Human needs are many and one method cannot deal with all of them. However, people who utilize divination services hold the view that divination serves a lot of purpose.

The Dagomba consult diviners when medicine fails to bring about a cure to seek a deeper cause is sought (Oppong, 1973). They also regularly consult diviners about their dreams, relationship at home, pregnancy, chieftaincy, names of children, illnesses and the total well-being of a family or community. Bierlich, (2004) indicates that the Dagomba consult diviners when sicknesses befall them. In the view of the Dagomba, most illnesses have spiritual dimensions, and the cause as well as the treatment must be sought through divination. This is where divination and health complement each other in Dagbon society. The Dagomba are like several other ethnic groups in terms of searching for the cause of ill health.

In line with the above, when respondents were interviewed on why they go for divination, most of the participants attributed it to sleepless nights, bad dreams, ill health, seeking for fortunes and protection. Again, some intimated that if a wife is pregnant and
one wants to know which ancestor is reincarnating one may resort to a diviner. Oppong (1973) observes that diviners are consulted on every conceivable occasion among the Dagomba such as at birth to find which ancestor is reincarnating, during misfortunes to find the causes and solutions, at marriage, death, after dreams, at succession to office, undertaking a new economic activity or business enterprise.

One of the participants in a FGD narrates the following about the Dagomba practicing divination:

As my brothers have indicated, hospital or spiritual illness we divinate to seek for the causes and solutions. It is through divination that we can see the way out. When one is ill or comes across a dwarf and it gives you illness, we must go to a diviner or herbalist to seek clarity. Again, when it is time for farming, we go to a diviner to seek information as to how to get good harvest and achieve farm success. The diviner may tell you to make some sacrifices to prevent some calamities. Following the delivery of a new-born, you seek divine guidance to obtain a suitable name or the identity of the person the child inherits. For example, every Dagomba landlord divines for peace in his house, avoidance of witchcraft, illness, envy, jealousy and the like. Again, when one is searching for chieftainship you divine to get the suitable candidate. Also, a dream about death or seeing a strange animal in a dream such as snake, cow, elephant, horse or donkey, all have their interpretation. A diviner will help interpret all these for you. (Diviner Moh)

The above narration explains how divination serves multi-purpose function among the Dagomba. For example, a discussant asserted that divination is used to treat illnesses, promote economic growth, and determine chieftaincy issues, marriage and many others. As such it is about the total well-being of the human being. The study found that for the majority of the participants, divination is about total well-being of a person. It is a process of making one good and safe in life. For example, a diviner may direct an individual to make a sacrifice for protection against one’s enemies and for good health. Divination is about everyday activity to see what will happen, what is happening and what had happened such that one can take decisions ahead of time. This will give one the opportunity to plan for total well-being when one is searching for chieftainship or business prosperity. This
finding supports the findings of Mendonsa (1982) who linked political stability among the Sisala in the Upper West Region of Ghana to the practice of divination.

Nukunya (2013) further indicates that diviners play several roles in the management of health and searching for lost property. Existing literature indicates that diviners are consulted for several reasons. These include health, marriage, politics, death, illness, social, economic and security reasons. O’Brien (2007) asserted that life is full of mystery and human beings are always searching for answers to these great mysteries. For example, these mysteries are fuelled by questions such as: why are we here? Who or what controls our destiny? How does life work? What does the future hold? Archaeological findings showed that the desire to learn about the spiritual needs of humankind has been studied by many for a long time. This desire to know influences many people to seek divination services to help them make a better choice. O’Brien observed that people practice divination to make life choices such as for business, political, economic, education, social and family issues among others.

The literature agrees with some of the findings on the diviner’s clients consult them in search of solutions to problems and social issues. Clients might seek cures for epilepsy, impotency, broken bones, back pain, gonorrhoea and shortage of breast milk in nursing mothers. Additionally, clients request for protection, prowess for decision-making, political power, prosperity, fame and health. This finding agrees with participants’ view on the role of divination in the community. Most of the discussants in the FGD, acknowledged that diviners provide such services. This study further supports the findings of Mendonsa (1982) who links political stability among the Sisala in the Upper West Region of Ghana to the practice of divination. Furthermore, Abotchie (1997) in a study of divination as a measure to curb crime among the people of southern Eweland, indicated that diviners speak in “strange tongues” as they disclose messages from one deity or
ancestor. Which indicate that a member of a lineage had violated a taboo for which expiationary rituals were required in the absence for which the consequence is fatal.

In writing about divination among the Tallensi people, Goody (1987) indicated that it is an important aspect of their social life. According to him, divination is a road map for linking the dead and living. The dead may cause harm, illness misfortune, death, accidents and frustrations if the living do not behave appropriately. On the other hand, the dead may also enhance fertility, good health, success and long life for the living so long as they do not break existing taboos or cause any misbehaviour for which the dead claims credit.

In the IDI findings of this study, participants who consulted diviners asserted that divination is about total well-being. This finding was confirmed by Forge (1982) on the role of divination among the Tallensi. He observed that people practice divination to ascertain divine wisdom, for spiritual decision-making and peace of mind. According to Forge, authentic divination takes the form of meditation and prayer rather than predicting the future. It is a two-way affair whereby we get feedback from the divine order behind appearances.

Belik, Elias and Katz (2009) intimated that cultural innovators create new culture based on values which were relevant to some societies 2000 years ago. These people took into cognizance poverty, environment, civil rights, alternative health care, social justice, peace and spiritual exploration. They have their own way of direct communication with the divine and participate in discovering their own spiritual meaning of which divination is an example. Evans-Pritchard (1937) asserted that people divine because human life is complex, fast paced and filled with decisions that must be made quickly. Some people want to know how to access timeless wisdom and solutions to problems that logic cannot
handle. Divination was used by the shaman or priest to provide direction and wisdom to solve humankind’s problems.

O’Brien (2007) associated the development of wisdom with the practice of divination. According him, development of wisdom is associated with experience and interaction of past, present and the future. However, this may be supported by divination systems since divination has to do with the interpretation of present, past and the future events.

6.4 Circumstance necessitating diviner service

Regarding the respondents’ view on circumstances that would necessitate diviner’s service, the majority of the discussants in a FGD associated the circumstance to health, spiritual, business plans, breaking taboos, clairvoyance and other reasons. These findings are supported by Field's (1960) study on search for security in rural Ghana where participants in the study attributed their reasons for visiting shrines to the need for protection, health, security, power and the like.

Interviews with key informants and FGD discussants revealed that all illnesses can be manipulated spiritually. Thus, diviner interventions are needed. For instance, illnesses such as epilepsy, repeated miscarriage and body swellings that are reportedly caused by witches and sorcerers cannot be treated without the services of a diviner.

The in-depth interviews with the diviners confirmed the above findings. A diviner said that all illnesses demand diviner intervention. One of the diviners, Diviner Tiyumba had this to say, “Some illnesses do not demand physical healing but sacrifice making. For example, pacifying the ancestors or “yelkura” to avert calamities demand diviner services. However, our inability to perform such acts can spell doom.”
The narration emphasized the spiritual aspect of human condition which cannot be handled by allopathic medicine. According to the diviners, some illnesses are psychological and do not need any tablet or shrub to heal the patient. It is only divination that provides answers to those problems.

This finding supports the findings of Meyer (1999) who posits that diviners are consulted when there is misfortune and calamities in the society. According to Meyer, divination provides information for the total well-being of an individual and society. Hence, the management of illnesses and misfortunes are addressed by diviners.

Assimeng (2007) observes the number of people under a person’s control or supervision indicates one’s social standing. That equally informed one’s responsibility towards the people including health-seeking practices.

Focus group discussants indicate that the number of spouses and children one possesses influences the resort to divination since a family head must seek the health of relations under his authority. As a discussant said, “Every family head owes it a duty to protect every family member. So, the number of spouses one has influences his need to consult a diviner since he has to ensure the health of all members of his family including himself”

The narration here observes the role of the family head as the provider of health. Hence, the larger the size of the family, the higher the chances of diviner consultation since he has to ensure everybody’s health.

Assimeng (1999) asserted that children are considered as wealth in the Ghanaian society. As such, the number of children one has indicates one’s social status in the society. This view supports the observation of Azongo and Yidana (2015) on the practice of divination among the Tallensi Nabdam in the Upper East Region of Ghana. The authors intimated that the number of wives and children a person possesses serves as a direct
indicator of the higher chance of consulting diviners for the health of the children and wives. However, the findings of this study in the urban communities in Tamale and Yendi provided a contrary view. In the FGD and IDI with community members in Tamale and Yendi, respondents emphasized on smaller family size and providing quality education rather than quantity.

6.5 Social change and divination

Social change according to Asamoah (2011) is the transformation of culture and how that culture is passed on from generation to generation in the course of history. These may include the material goods produced in the process of social labour.

There have been some changes experienced in the practice of divination among the Dagomba. According to the diviners and community elders’ one observable change that has occurred in the practice of divination these days is that many people see divination to be a money-making venture. For this reason, a lot of people undertake divination but do not follow the procedures meant to solve human problems. Due to this perception, it is difficult to tell who is a true or false diviner.

During the field work, many participants and respondents indicated that divination in contemporary times is actually practiced by people who are not qualified to do so. For example, women and children are not supposed to divinate for cultural and customary reasons. However, according to the diviners, monetary desires encourage people to go into divination. As such, people for whom diviners are not supposed to offer services to are being divinate and hence, there is no more seriousness attach to divination.

Another change is that with the introduction of Islam and Christianity many people who have embraced these religions shun divination practice and regard it as evil. According to community elders, many Dagomba who are Christians and Muslims do not
accept the practice of divination as it goes contrary to their teachings and beliefs. In the Mendonsa (1982) study among the Sisala, participants describe the art of divination as evil but when they are faced with problems they turn to the practice.

A diviner observes thus:

Yes, these days there are fake diviners who do not follow the right procedure and traditions. Hence many problems are not really seen and solved. For example, these days’ people advertise divination services. No serious diviner will ever come out to tell people to come for divination. By this act one cannot see their problems and help them solve it.

(Diviner Suhu doo)

The diviners themselves observe and experience how their profession is being practiced. These diviners complain about fake, non-initiated practitioners diluting the profession. As such, the well-initiated diviners are protecting this profession. This is power struggle among the diviners in anthropological terms.

The above finding resonates Mendonsa (1982) observation regarding social change in the practice of divination among the Sisala in the Upper West Region of Ghana thus:

Divination is a powerful mechanism for the release of anxiety in Sisala society. In the society, where illness is unchecked by modern medicine, wells can go dry or water holes dry up and crop success is at the mercy of the elements of weather, divination provides the answers in the world of questions. Even Muslims, Christians and the educated elite find it difficult, indeed, to resist the ‘concreteness’ of divination when faced with affliction. More than once I have been sitting with a diviner and had an educated Christian enter the room to consult. In one case I had a conversation the previous day with a Christian friend about divination in which he regarded the practice as mere superstition of ‘uneducated’ pagans. Yet when faced with the severe illness of his wife, he resorted to the ways of his forefathers.

The implication here is that people’s attitude towards illness and its treatment depends to a large extent on their understanding of the situation and interpretation of the causes of the illness. In situations where people accept the allopathic approach to illness causation and treatment, their attitude will be different from those who understand illness from the perspective of supernatural causation (Mill & Anarfì, 2002; Mohammed, 2014).
Health care practice is normally guided by both science and spiritual lenses. This is, in turn, dependent on the nature and causes of illnesses and how treatment should be administered. For example, religion is not only based on spiritual and moral concerns about people but also by both the physical and psychological well-being of the individuals. This is shown in the philosophy of most religions such as Islam and Christianity. Almost all religions in the world have the idea of spiritual causes of illness. For example, the treatment of demonic possession and witchcraft is related to faith-based treatment. According to Coleman (1976), in the United Kingdom the treatment of mentally ill patients was in the hands of the clergy with the therapy being in the form of prayers, touching of relics, holy water, the breath and spittle of the priest, exorcism and visits to holy places. All these activities take place within the religious/spiritual dimension in the form of treatment.

6.6 Religion and Diviner Consultation

Religion permeates into every aspect of human life (Mbiti, 1990). This section of the study seeks respondents’ religious affiliation and how religion influence their health-seeking behaviour regarding the practice of divination.

The study found out that Islam, Christianity and indigenous religions are the main religions of the respondents. Focus group discussion findings indicate that Islam is the dominant religion followed by ATR and Christianity in the study area. The finding from In-depth Interviews and Focus Group Discussions indicate that Muslims believe that divination is real even though it is not in agreement with the tenants of their religion. Also, some Christians consult diviners for various reasons.

The cosmology of the Dagomba has been dealt with in chapter five. Agents responsible for illness causation is part of the Dagomba cosmology. However, this
information fits well here for the understanding of how divination is employed among the Dagomba.

6.7 Agents responsible for illness causation

The Dagomba believe that illnesses do not occur in a vacuum. According to them, there are certain elements responsible for illness causation among the Dagomba especially illnesses regarded as supernatural. Some of the agents would be discussed in this section.

In this study it was revealed that there are certain supernatural agents responsible for illness causation. Most of such agents cannot be seen by ordinary human beings but rather by a diviner or spiritualist. Some of the supernatural agents’ responsible for many illnesses include nantoo (a special bird), alizini, kukkpariga (spirits), sogu (witchcraft) bag yuli (ancestral spirits), yal’kura (old customs) and the like.

6.7.1 Nantoo (Nanto hi plural).

Nantoo does not feature in the ordinary everyday language of a Dagomba because its relationship with any event is nothing but illness and death. According to some diviners it looks like a flying animal. Others say it looks like a lizard and, to some, a grasshopper. However, most of the people say it is a flying creature that looks like a bird. It is perceived to cause many problems including ill health and death. When nantoo strikes, it is a diviner who can find the cause of the affliction or calamity. Some diviners may go ahead to give treatment if they have the antidote. Nantoo cannot be seen by ordinary persons except when a diviner or a healer or a spiritualist makes them visible.
6.7.2 Sogu (Witchcraft)

Witchcraft in Dagbani means Sogu. The Dagomba believe that some people have the supernatural power to possess the witchcraft substance used to cause harm to others. According to the diviners, a witchcraft substance may take the form of a pot, gourd, shell or seed of a plant. A Sonya can transform itself into any substance or creature such as a snake, scorpion, cat, wind or insect. The Dagomba believe that a witch can use a substance to cause people to fall sick and even die. It is believed that they can also make women and men become barren and impotent by spiritually removing the womb or testicles respectively. Some of the diviners interviewed intimated that by destroying the witchcraft substance, the witches become powerless. Some of the diviners said they have antidotes to witchcraft that causes illnesses if the person is not yet dead. According to them sometimes the witches may remove the intestines, liver or stomach of a victim and fill the ‘vacuum’ with cotton. Whatever the situation may be, the diviners claimed they are able to give treatment. However, some diviners indicated that whoever treats a witchcraft victim is also a witch. This notion stems from the belief that a diviner will also be afflicted or attacked if he does not possess the substance to treat the victim.

6.7.3 Yal’ kura (vocations)

Every Dagomba belongs to a vocational group. They are the fiddlers (gonje nima), barber (wanzam nima), butchers (nakohi nima), drummers (lunsi), and blacksmiths (machelnima) to state a few. Each person is expected to learn and practice the vocation of the kin group. Sometimes divination may reveal that the cause of the illness is yal’ kura (tradition/culture). When illness of that sort occurs, treatment may involve rituals to initiate the person into the vocation. Thereafter the person is expected to possess the instrument
to practice that vocation or use it symbolically on festive occasions to prevent calamities and illnesses.

6.7.4 *Alizini* (air spirits)

The *alizini* is a spirit which cannot be seen by the ordinary person. They exist and live with human beings. The belief is that they can cause a number of illnesses such as mental illness, spirits possession and epilepsy. The general belief is that they live on mountains, in caves, on the top of big trees as well as in other places. It is believed that any person who sees them will fall ill. They travel at midday and midnight. They equally can take the form of natural bodies such as human beings, rivers, wind and mountains. Any illness caused by *alizini* is referred to as *pohim n vubo*, meaning wind has blown over him or her, or bad wind has hit him/her.

6.7.5 *Baga yuli* (ancestral spirits)

*Baga yuli* are the belief and practices associated with the worship of ancestral spirits. It is the belief among the Dagomba that ancestral spirits have greater influence in the individual’s life. They give protection, health and wealth to the individual and expect, in return, good behaviour and reverence through the offering of sacrifices. On the other hand, when these sacrifices are not offered the ancestors are provoked and withdraw their protection and guidance and this may cause the individual to suffer misfortunes including illness. This illness is often diagnosed by a diviner. This influences clients to patronize such places for different treatments. This finding supports that of Bierlich (1994) who asserted that among the Dagomba one can avoid illness and secure prosperity by maintaining a balanced relationship with the land on which he lives and with one’s ancestors through regular sacrifices as well as by observing taboos relating to the bush and
avoiding quarrelling or competition with kin members. This is because the Dagomba believe that people use their witchcraft and medicine against their rivals. When a person falls sick the understanding is that he has broken the taboos and, therefore, has lost protection from his ancestors. The chapter has examined how divination is employed as a health-seeking mechanism. Reasons for combining diviner and allopathic treatment, circumstances necessitating the practice of divination, divination as a multi-purpose event, social change and divination, agents responsible for illness causation among the Dagomba as well as religion and diviner consultation. The next chapter focuses on gender issues in the art of divination.

CHAPTER SEVEN

GENDER AND DIVINATION

7.1 Introduction

Gender differentiation informs the how we dress, act, talk, move as well as make sense of others. In other words, gender is the set of roles, activities, expectations and behaviours assigned to females and males by society (Connell, 2009). Many cultures recognize two basic gender roles of being either masculine (having the qualities attributed to males) or feminine (having the qualities attributed to females). People who step out of their socially assigned gender roles are sometimes referred to as transgender.

Many anthropologists in Africa lay emphasis on seniority in gender relations. For example, in matrilineal Akan societies in Ghana men and women gender positions change in the course of their lives. In pre-colonial Asante, ‘old age blurred the lines of gender politics since men and women could occupy high offices (Miescher, 2005). In a biographical portrait of Yaa-Akyawaa Yikwan, Olsen and Wilks (2002) indicated that elite Asante women went through gender stages as girls, young women with puberty,
nobility and finally post-menopausal women. Women at this stage no longer posed spiritual danger. They had become ‘ritual men’ who, in special circumstances, occupied male stools or chiefly office. (Miescher, 2005).

This practice enhances the female attaining social positions reserved for men. This is also well documented in the case of Yaa Asantewaa, the Queen mother of Ejisu, who led the war against the British occupation of Asante in 1900-1901 (Buah, 1981). It was in this context of leadership that she made her famous speech to the Asanteman Council on the war of the Golden Stool. She declared: “Now I see that some of you fear to go forward to fight for our King. If it was in the days of Osei Tutu, Okomfo Anokye and Opoku Ware, chiefs would not sit down to see their King taken away without firing a shot. No European could have dared speak to chiefs of Asante in the way the Governor spoke to you this morning. Is it true that the bravery of Asante is no more? I cannot believe it. It cannot be! I must say this: if you, the men of Asante, will not go forward, then we will. We, the women, we will fight! We will fight till the last of us falls in the battlefields” (Buah, 1981,p 115).

7.2 Women and Diviner Consultation

When the issue of women participating in divination was raised with the diviners, some of the diviners said it was a taboo for a woman to consult a diviner. This was supported by the focus group discussions where most of the discussants observed that a woman cannot consult a diviner by herself without the consent of her husband. Even if it is a hospital case, the man must give orders and financial support. According to the discussants, there are cases of illnesses that a woman is not supposed to see the patient in question. For example, anthrax and convulsion are purported to have supernatural
connotations. As such, women are not allowed to go near the patient. A discussant explained anthrax illness as follows:

Anthrax is one of the illnesses suspected to be caused by supernatural forces. The disease is believed to be caused by an agent called nantoo (Nantohi plural). It can attack any part of the human body in the form of a boil or swelling. It has no respect for any living organism. It can kill cattle, sheep, goats, human beings and even plants. Whenever it kills any animal and one consumes the meat, the person will also die. In addition, when it attacks a person, it forbids injection otherwise the person may die instantly. There is also a belief among the Dagomba that women possess the nantoo for mischievous reasons. It may happen that a woman is behind the illness of a patient so she cannot consult a diviner to seek health for such a patient.

The above narration explains the position of women in Dagomba society. According to the community elders a woman has no position when it comes to divination and health seeking in general. This is the preserve of men since women are suspicious when it comes to dealing with human life. However, the narration and the explanation are all gearing towards power struggle between men and women in the Dagomba society.

In the same vein, a participant in a focus group discussion offered the following observation regarding the practice of divination by women:

If a woman consults diviners what kind of wisdom will a man use to rule her? Meaning they will all get to know the secrets in the world. Tradition does not permit women to soothsay. But today women have gotten money more than men and they come here for divination. But I question them about their husbands. If they do not have or bring a husband I will not divinate her.

(Diviner Mbangba)

The above explanation presents the views of the Dagomba perception about women. The narration here indicates power struggle between men and women in Dagbon. As such, illnesses purported to have supernatural origins are associated with women to serve as a control measure. In the in-depth interviews, the majority of interviewees agreed that women have no place in the Dagbon society so far as divination is concerned. As such, they cannot consult diviners.

When the issue of women practicing divination was raised in the in-depth interviews with the diviners, almost all of them indicated that tradition does not permit women in the Dagbon society to practice divination. One of the diviners indicated that he will not go for consultation from a woman diviner. However, some diviners had mixed feelings because they intimated that women can practice divination since there are women diviners. They explained that just as the divination can call on a man, so can it call on a woman as well.

One of the diviners has this to say regarding women practicing and consulting diviners:

> It is not a taboo to divinate for a woman. If a woman practices divination, no epidemic or affliction will occur. But the problem is that women are different from men in their make-up. Women are emotional and cannot keep secrets. However, the world is ruled with secrets. What a man can see and keep secret, a woman cannot. A diviner may realize that a patient may not survive as a result of terminal illness. This may be whispered to a man. The same thing said to a woman will attract weeping and shouting before the diviner and this may destroy relations.

(Female Diviner, Wumnaaya)

This narration examines why women cannot practice or consult diviners. She said that women are different from men emotionally. As such women cannot keep secrets, thereby, citing why they cannot consult. However, there are women diviners and their presence indicates a norm rather than a taboo.

Some of the diviners however explained that if a woman refused a call to divination she cannot give birth. As such, there are women soothsayers as well. However, by
tradition, a woman is not supposed to go to a diviner for consultation services because it is a man’s duty. The above findings justify the male dominance and cultural power imposition of males in the Dagomba society. This finding supports the works of Adomako and Okyerefo (2005). They observe that in the Akan society girls are considered as moist and soft whereas a boy grows into the hard strength of manhood. Men are described as hard, difficult and annoying. They are stubborn and cannot easily deflect from their purpose. A boy needs discipline because once he becomes a man, he is like a gown tree and cannot be redirected into a different shape. Females, on the other hand, are by their nature soft, pliant and bendable. They are easy-going and not as fussy as men. They are easily satisfied and take life as it comes whilst men attempt to shape life to their desires.

How do these views resonate with divination and gender among the Dagomba?

In a focus group discussion, discussants intimated that male domination is complete among the Dagomba based on the man’s status as a household head (yili yidana). The head of a household has authority over the labour force who work for him in his farm and he provides their needs including health. A discussant narrates the following:

Men consider themselves as legitimate owners of the local Dagbani medicine. Procuring and processing medicine demands some skills, strength and knowledge about trees of which women have no idea. They do not know the names of the trees which are found in the bush. In addition, some words must be spoken and sacrifices made but it is a taboo for a woman to make sacrifice in the Dagomba society. (Community Elder)

The narration supports male dominance and monopoly of knowledge in medicine over females in the Dagomba society. It emphasized male knowledge of herbs and male ability to perform sacrifices which is a taboo for women. All these practices are a power struggle for resource ownership.

This finding is not peculiar to the Dagomba. According to Mahmood (2001), African feminism requires a theoretical account of embodied gender differences that is
grounded in the complex realities of African women’s everyday experience. This theory specifies and analyses how lives of women intersect with a plurality of power formations, historical encounters and blockages that shape women’s experiences across time and space. This account must also recognize the concrete specificity of individual gendered experience and how this connects to and is different from the experiences of Western feminism. In the absence of legislative reforms that lay emphasis on gender, women and children are not given recognition for the practice of divination. Since it involves metaphysical processes which are customary-based, women are not permitted to enter the profession as some diviners claimed. Other reasons have been stated earlier. Children are regarded as minors and cannot keep secrets hence they are also not allowed to practise divination.

In many African societies, gender has a close relation to seniority. Having achieved the position of an elder, men and women embody a different gender. This significance of elderhood exemplifies the flexibility and multiplicity of gender. For example, Oyewumi (1997) has questioned the salience of gender as an analytical category among the Yoruba in Nigeria. The author intimated that the Yoruba language does not recognize gender as a grammatical marker. The author cited gender as a western phenomenon and urged scholars to develop analytical concepts such as lineage, seniority and motherhood that are more rooted in African content.

Relating the above discussion to an in-depth interview with one of the diviners showed that when a woman goes for divination services in the Dagomba society such a woman is described as a witch. Again, some diviners said they will only divinate for women who have no husbands. During the in-depth interview with the custodians and focus groups discussants, participants claimed it is a taboo for women to practice
divination. Some of the diviners gave the reason that when women sit before them for divination, they cannot see their problems.

The following narration was taken from one of the diviners, Mandeiya during the in-depth interview session, “A woman may be responsible for the illness of her husband or a relative in the family, so what help will she bring to the house if she goes for divination?” This narration justifies men’s power over women in the practice of divination in the Dagomba society.

These findings support Connell (2009) on gender in Western societies in relation to power and domination. Connell (2009) indicated that in Western societies, there are different forms of masculinity structured by hierarchy of power. One form of masculinity is domination which is hegemony based on patriarchy where women serve as subordinates. African societies, particularly in the colonial situation, with the imposition of outside gender norms and competing local values, it is not always obvious which notion of masculinity were dominant, since understanding of gender depended on specific context, power relations, and actor’s subjective position (Pal, Sharma, Prabhakar and Pathak, 2008; Miescher, 2005).

Gender issue are very paramount among the Dagomba. In their traditional world view a woman’s role is to be supportive. As such, there are certain duties that a woman cannot perform. For example, Bierlich (2007) asserted that women have no right to lead in prayer or offer sacrifice and medicine like men. The Dagomba are of the opinion that if women have access to medicine they will use it negatively on the men. This practice excludes women from the domain of healing among the Dagomba. Following from this, one of the diviners in Tamale observed that when a woman sits before him, he cannot see the problems simply because she is a woman. Women must come with their husbands,
brothers or elder son for divination. When asked for his reason his answer was that because of her genitalia he cannot see the woman’s problems for him.

Another diviner reported that but for the Abudu and Andani conflict in Dagbon, he would have been divinating for women alone because the bagkolgu he is using today was inherited from his grandmother. He further argued that at the hospital, a female doctor attends to the sick without any objection. Hence, males and females access divinatory services when they seek the services. He went on to comment on how he was accused for divinating for women. He refuted the notion that people go for divination because they are afraid of women or that the women are afraid of the men. He ended by adding that he will divinate for both married and unmarried women to help them conduct their business as well as improve upon their health and family relations.

With regards to the gender issue, a diviner observed during an in-depth interview session.

Whose bagkolgu am I using? It is for my grandmother. Some say why do they go for divination? Is it not for the fear of women they go for divination? And when women come, I will not drive them away. Much as you fear them, don’t they also fear you? Have you ever gone to the hospital and a female doctor wants to examine you and you refuse because she is a woman? I will divine them today and I will divine them tomorrow. Nyema sheijei nima” (Listen to the bastards).

(Diviner Timtooni)

This narration examines gender in relation to females practising and consulting diviners in relation to female doctors practicing in the hospital. The narrator justifies his argument by saying they perform the same duties, as such women are qualified to practise divination.

This study found that there is male dominance in Dagbon society so far as health-seeking behaviour is concerned. According to the chief custodian of Dagbon, a woman has no contribution when it comes to health-seeking of a child or a family member. It is a role
of the family head. Hence, the role of female is seen as supportive in decision-making at home. This assertion supports existing literature on socialization among African societies. In her study of socialization among the Goba boys and girls in masculinity and femininity, Connell (2009) indicated that the socialization into masculinity and femininity is accented and embodied through the social segregation of the sexes, gendered tasks and tools with which to accomplish them as well as the gendered use of space.

Connell (1987) explained that as they grow up, Goba boys and girls differentiate themselves by separate sex groups. Girls stay around the kin-group compound or follow kin to the female areas such as the water pump, the Catholic Church or the fields. Women’s space has to do with the home as well as their productive and reproductive tasks. Girls are expected to help, according to their age, and to look after the younger children. Boys on the hand, have a much flexible life, which some women and older girls have openly envied. In addition, Connell (1987, p.85) explained that the social definition of men as holders of power is translated not only into body mental images and fantasies but also muscular tension, posture, the feel and texture of the body. This is one of the main ways in which the power of men becomes naturalized.

When the issue of whether a woman can consult a diviner when her husband is sick came up discussants observed that sometimes it is the woman who is responsible for the illness of the husband. Hence, she cannot go to find out about the cause of the illness otherwise she will kill him. Besides, it is the duty of the man and not the woman to search for the health of the family. Women are also seen as people who can easily spread information of a diviner to the general public.

One of the custodians of Dagbon intimated that a woman who practices divination in the Dagbon society will not see her grey hair in the husband’s house (meaning she will die young). The separation of women on social issues is not a new phenomenon in Dagbon.
In terms of religion, specifically Islam and African traditional religion, women are not seen leading men in prayers. That does not mean that women do not practice Islam. But there is full separation between women and men in the practice of the religion. Women can recite the Quran and lead other women in prayers. Hence, there is no equal treatment.

Women can also teach each other, study the Quran and preach to each other. The religion does not give women the chance to even appear in public. For example, Mahmood (2001) writing on Egyptian women indicated that for the first time in Egyptian history, women have mobilized to hold public meetings in a mosque to teach Islamic doctrine. The women’s mosque movement has affected changes in a range of social behaviours among contemporary Egyptians including how one dresses and speaks, what is deemed proper entertainment for adults and children, where one can invest one’s money, how one takes care of poor and the terms by which public debates are conducted.

According to some discussants women who are diviners possess male characteristics. Consequently, they are as powerful as men. Most of them have the “third eye” and can defend themselves and their families when it comes to spiritual issues. However, some men are of the view that when the power of divination falls on a woman, she cannot give birth until certain rituals are performed to make her flower and bear fruit.
CHAPTER EIGHT

CONCLUSIONS AND RECOMMENDATIONS

8.1 Introduction.

In many societies around the world, knowledge about disease associated with the supernatural forces normally creates situations where people adopt different ways of ensuring that their communities enjoy good health, prosperity and goodwill. In line with this, Twumasi (2005) asserted that good health, prosperity and goodwill is enhanced in societies through the promotion of good interpersonal relations among the society’s members on one hand and between humans and the spiritual entities on the other. It is significant to note that because health is desirable and cherished by all societies people in different parts of the world have adopted different ways of achieving maximum health. However, efforts towards achieving the good health is as diverse as the social, political, religious, cultural, economic, spiritual and physical circumstance of a people at any given time.

This study focuses on the Dagomba belief about divination and health care. Indeed, it examines the role of divination in the management and treatment of illnesses among the Dagomba. Among the Dagomba, supernatural forces are believed to be an important factor
in illness causation. As Senah (1992) indicates, the discourses about evil forces and belief of such forces is pervasive among Ghanaian societies. According to him, many Ghanaians today, both literate and illiterate can cite at least one instance of how evil forces struck their lives or relative. Good health is desirable and its attainment is diverse as the socio-cultural circumstance of a people. As such, in situations where medical facilities can neither offer adequate explanation to disease afflictions nor the ancestor responsible for illness causation, one will expect patients to seek divine interventions to satisfy their health needs.

This study investigates the role of divination and health-seeking behaviour among the Dagomba in the Northern Region of Ghana. Issues discussed include the use of divination to make health decisions, why a patient will combine diviner and orthodox medicine for treatment, gender issues and divination and circumstance for employing divination. Ultimately, this study may contribute to the discourse of health-seeking behaviour in non-Western cultures.

The main objective of this study is to explore the significance of divination and its impact on health-seeking behaviour among the Dagomba in the Northern region of Ghana. In specific terms the study focused on the following:

1. To describe the practice of divination and how it affects health decision making.
2. To examine reasons why a sick person will shop for both diviner and orthodox medicine.
3. To examine gender relations and its consequences in the practice of divination.
4. To describe the circumstances under which the practice of divination is employed.

To address the above objectives, qualitative methods were used for data collection. Thus, in-depth interviews were held with the thirteen diviners, nine health professionals,
two custodians of cultural heritage and three patients treated by the diviners. Thirteen focus group discussions were held with sixty community elders across the five districts studied. Observation was also employed as a tool for data collection.

8.2 Major Findings

The findings showed that divination is used to distinguish between illnesses of supernatural origin and illnesses described as normal or natural so as to prescribe the appropriate therapy for patients with conditions in either categories. As such, the following illnesses were identified as supernatural in origin: *Sambu* (evil spell), *Pag-Barigu* (evil plot), *Wag-gurigu* (evil spell), epilepsy (*darimihi*), mental illness (*yinyari*), snake bite (*wag demli*), impotency (*yoo kping*), anthrax (*yogu*), boils (*narili*), swells (*morilim*) and convulsion (*dogu daribu*). Those with such conditions are likely to visit diviners before going to a health facility. However, illnesses such as stomach disorder, headache, bodily pains, convulsion and cough, are considered as normal and likely to be treated at the hospital. It was also realized that divination is not only used for health-seeking practices but also for many other life crises.

The study revealed that patients and their relatives sometimes combine diviner and modern treatment at the same time. Reasons such as some illnesses being both spiritual and physical and therefore, both diviners’ and allopathic treatment. Besides, diviner medicine is affordable, accessible, free consultation and perceived spiritual aetiology.

The study found that diviner consultation was a taboo for women in the study area, simply because of the alleged nature of women. Women are not permitted to practice and consult diviners for the fear that they will be branded witches. However, the role of women in the socio-economic development of a household cannot be over emphasized. As such, they are at the centre of health production for children and the elderly at home. Hence, if
they are permitted to practice divination they would contribute to the well-being of their families and the community at large. The community through the MMDAs should provide gender sensitisation programmes to ensure equal access to health-seeking practices including divination.

It was also revealed that there are certain agents which are responsible for the causes of most illnesses among the Dagomba. Some of the agents mentioned during the discussions include, witchcraft (sonya), yelkura (old customs), ancestral spirits (bag yuli), spirits (alizini or dwarf) and nantoo (mystery bird).

The study further revealed that the services of the diviner delays timely reporting of illnesses to the health facility by patients. Most of the patients must consult diviners before they report at the hospital, by which time, most sicknesses conditions would have deteriorated. Some health professionals, therefore, do not encourage diviner practice as it worsens the plight of most patients. These were health professionals who think diviners should not be considered as part of the health delivery system.

8.3 Other findings

It was revealed that most of the diviners do not consider themselves as health care providers or healers. Rather, they see themselves as custodians of spiritual knowledge which people tap into to find out the causes of their problems and seek solutions. However, there were some diviners who claimed to have knowledge of herbal medicine and could use them to treat patients who suffer from different illnesses.

The study also reveals the following types of divination practices among the Dagomba. They include soothsaying, jinwariba, afa or mallam and gbanigba. The soothsayer type is the one that use cowry shells, bag, stick and calabash. It is a calling. The
jinwariba is the one that use spirits and cowry shells. It is also a calling. The afa type is the one that use sand reading and the verses of the Quran for divination. The gbanigba type also uses spirits and “juju” in divination. In terms of the utilization of diviner services, it was deduced that respondents across the educational strata were clients of diviners. The finding is that most of the discussants in the FGD session were clients to the diviners irrespective of their educational background.

The study found that diviners do make referrals to the hospitals of cases they cannot handle. The diviners also claim the hospitals refer some cases such as food poisoning and complex fractures to them.

8.4 Conclusion

Recognizing the role of divination in health seeking practices among the Dagomba in the Northern Region of Ghana is an important step towards creating social, political, health and economic well-being of men and women in the society. Since access to basic health is a right that is guaranteed by the 1992 Constitution of Ghana, diviner activities also play a role in referring the sick to seek treatment at healthcare centres.

Some of the health professionals described the diviners’ role in health service delivery as key in the health delivery system. As such, they recommended their integration into the main health delivery system. The moral imperatives in divination require both understanding and a strategy to engage the diviners scientifically to the betterment of their clients. One can therefore say that diviner imperatives when well negotiated and sanitized, and the orthodox system equally open up to understand traditional systems, then both can be bed fellows to support the poor health service users in the country.
The practice of divination as health seeking mechanism provides clients the opportunity to ascertain whether the illness is supernatural in origin or natural so that appropriate therapeutic measures could be taken to remove the malady.

The study revealed that diviners refer illnesses that require water and blood transfusion, surgery and inadequate breast milk to hospitals because they lack the technique to provide those services. There was only one exception where a diviner claimed that he has an antidote to inadequate breast milk and blood. Besides, most divination services are often diagnostic in nature and their activities could complement the orthodox medical practice but not to compete with orthodox health services.

The study further revealed that the services of the diviner delay patients in reporting their illnesses to the health facility on time. Most patients must divine before they report at the hospital, by which time, their conditions would have degenerated. Some health professionals, therefore, do not encourage the diviner practice as it worsens the plight of most patients. These were health professionals who think diviners should not be considered as part of the health delivery system.

Many governments, including the government of South Africa and Ghana have recognized the importance of traditional medicine and diviner practice. Consequently, the study of traditional medicine has been included in the health delivery system. For example, South Africa is recognizing witchcraft as part of studies in the school curriculum. Ghana, on its part, has introduced the study of herbal medicine as part of the medical programme at KNUST in Kumasi,
8.5 Recommendations and Policy Implication for the Study

(1) The findings show that divination is used to distinguish between illnesses of supernatural origin and illnesses described as normal or natural in order to seek appropriate therapies for patients. As a matter of policy, the Government of Ghana’s efforts at recognizing and introducing the study of herbal medicine in the universities coupled with the Ministry of Health’s efforts of integrating traditional medical practitioners into health delivery system should include diviners. By recognizing diviners in the main health delivery system, they will contribute in diagnosing illnesses purported to have supernatural or spiritual origin. This will help complement orthodox clinicians’ roles in health care delivery in the traditional and alternative medicine directorate.

(2) The study revealed that patients and their relatives sometimes combine diviner and modern treatment at the same time. They reason that some illnesses are both spiritual and physical and as such need both diviners and allopathic treatment. Besides, the diviner’s medicine or service is affordable, accessible and sometimes is free of consultation fees and is perceived as spiritual aetiology. The Government of Ghana, MOH and GHS should initiate programmes to include the spiritual component of illness in their treatment procedures.

(3) The study found that diviner consultation was a taboo for women in the study area, simply because of the alleged nature of women. Women are not permitted to practice and consult diviners for the fear that they will be branded witches. However, the role of women in the socio-economic development of a household cannot be over emphasized. As such, they are at the centre of health production for children and the elderly at home. Hence, if they are permitted to practice divination they would contribute to the well-being of their
families and the community at large. The community through the MMDAs should provide
gender sensitisation programmes to ensure equal access to health-seeking practice
including divination.

(4) The study revealed that the customary and cultural practice have influenced the lives
of the people such that the practice of divination forms part of the culture. The government
should incorporate cultural skills into the medical and nursing training curriculum such
that trainees will be equipped with cultural skills to enable them to appreciate cultural
values of the people including their methods of treatment or health-seeking behaviours.
Again, the culture of the people does not allow women and children to take part in
divination and other cultural activities which deny them access to traditional healthcare.
The MMDAs should partner with the opinion leaders in the communities to roll out gender
sensitisation programmes to ensure equal access to health-seeking practices for both men
and women.
REFERENCES


http://doi.org/10.1016/j.socscimed.2014.08.030.


http://doi.org/10.1097/NMD.0b013e3181a61dbc.Traditional


70(2), 230.


APPENDICES

Appendix I: In-Depth Interview Guide for Diviners

My name is Abukari Salifu a PhD student at the Department of Sociology, University of Ghana, Legon. I am conducting a study on divination and health-seeking behaviour among the Dagomba in the Northern Region of Ghana. This study is part of my Doctor of Philosophy degree. I would be grateful if you could assist me by answering the following questions. All information given would be treated as confidential.

QUESTIONS

A. I want to find out about your divination profession.

Probes

1) Can you name the types of diviner practices among the Dagomba?
2) How did you become a diviner?
3) Since when have you been practicing as a diviner?
4) What tools do you use in divination?
5) How long does it take your patients to be cured of their condition?
6) When are you consulted? Mornings, afternoon or night?
7) Do you charge consultation fees?
8) What form does the consultation fee take?
9) Is there any change in the way divination is practice these days?
10) At what point in the practice of divination do women get involved?

B. Roles of diviners in relation to illnesses of people

Probes

1) What kinds of illness do your clients consult you with?
2) How do you administer treatment?
3) What are the outcomes of the consultation in terms of the solutions you provide?
4) Do you sometimes refer your clients to other diviners or traditional healers or hospitals?
   Under what conditions will you do that?
5) Will you prefer a sick person to consult you first or the hospital?
When someone is admitted at the hospital, do they still consult you for treatment? Under what circumstances should such a situation occur?

Does your diagnosis agree with the hospital diagnosis? What is their difference? If your diagnosis is different from the hospital what is your advice to the client?

6) Do you recommend combination of hospital treatment with your treatment?

7) Do clients ask questions about the outcome of your diagnosis?

8) How do you determine a client’s level of satisfaction about your diagnosis?

9) Do clients come back as a result of the failure or success of your outcomes?

C. I want to know information about your clients

Probes

1) Who are your clients? What category of people do you divine?

2) What is the religious orientation of your clients?

3) Do your clients come for treatment or they come for consultation only?

4) Where do your clients get information about your work?

D. Client compliance with diviner’s diagnosis

Probes

1) Under what circumstances will a client disagree with your diagnosis/findings?

2) What do you do about such a case?

3) What happens if clients do not obey your rules?

4) Can you withdraw without the knowledge of the client?

5) Do clients come back for further consultation after they refuse your diagnosis
Appendix II: Focus Group Discussion Guide for Community Elders

My name is Abukari Salifu a PhD student at the Department of Sociology, University of Ghana, and Legon. I am conducting a study on divination and health-seeking behaviour among the Dagomba in the Northern Region of Ghana. This study is part of my Doctor of Philosophy degree. I would be grateful if you could assist me by answering the following questions. All information given would be treated as confidential.

QUESTIONS

Probes

A. General functions of diviners
1) What are the functions of diviners?

B. Health functions of diviners

Probes
1) Why do you consult a diviner?
2) What type of condition do you send to hospital instead of a diviner?
3) What role do diviners play towards our health needs?
4) If a sickness is in the form of demonic attacks, spiritual possession and the supernatural in general what role do diviners play?

C. Combining diviner/hospital treatment
1) Under What circumstance would you consult a diviner whiles receiving treatment at the hospital?
2) When there is disagreement between hospital treatment and diviner diagnosis what do you do?
3) Would you still visit the diviner when hospital treatment is quite ok?
4) Has there ever been any agreement with hospital treatment and diviner treatment?
5) Which treatment is most efficient hospital or diviner?
6) Do all diviners provide treatment service?

Do diviners treat all illnesses or specific illness?

D. Discussion as to who consults diviners in the family
1) Who consults the diviner when the landlord falls sick?
2) Do women consult diviners when any family member falls sick?
3) Can a child consult a diviner?

E. What kind of sickness is reported at the hospital?

1) Which illness would you send to hospital?
2) What are their symptoms?

3) Which illness is reported to the diviner?

4) What are their symptom?
Appendix III: In-Depth Interview Guide for Orthodox Health Professionals

My name is Abukari Salifu a PhD student at the Department of Sociology, University of Ghana, and Legon. I am conducting a study on divination and health-seeking behaviour among the Dagomba in the Northern Region of Ghana. This study is part of my Doctor of Philosophy degree. I would be grateful if you could assist me by answering the following questions. All information given would be treated as confidential.

QUESTIONS

A. Type of services provided

Probes

(1) Who are your clients?

(2) What type of health care services do you provide to your clients?

(3) Do your clients employ first aid measures before reporting at your centre?

(4) Do you have any other health post in your catchment area?

(5) If yes in question 4 above, what sort of treatment do they provide?

B. Patients who visit diviners before going to the hospital.

(1) Are you aware of diviner seeking treatment by your patients?

(2) Do some of your patients visit diviners before reporting at your center?

(3) What kind of illness do they report at your center?

(4) Do some of your patients combine diviner treatment with orthodox treatment?
APPENDIX IV

The following are some of the phenomenon Field’s identified as issues that send Ghanaian men and women to shrines.

1. Request for protection
2. Request for business growth and development
3. Complains of “not prospering
4. Marital problems including request for divorce
5. Thanks for the birth of a child
6. Complaints of long childlessness
7. Sick children
8. Thanks for cure of illness
9. Protection requested from specified dangers
10. Complaints of impotency
11. Request for help in lawsuits
12. Complaints of worrying dreams
13. Women in want of husbands
14. Thanks for the death of an enemy
15. Men in want of wives
16. Complains that pregnancy does not grow
17. (1) Request for childbirth
18. Requests for pregnancy and for safe delivery.
Appendix V: Ethical Clearance

UNIVERSITY OF GHANA

Ethics Committee for Humanities (ECH)

PROTOCOL CONSENT FORM

Section A- BACKGROUND INFORMATION

This study investigates the role of divination and its influence in health-seeking practices among the Dagomba in the northern region of Ghana. Like other societies, the Dagomba appreciate the need for order in the universe and have the belief that things do not occur haphazardly. As such, all phenomena including illness is investigated through divination to ascertain the course of such phenomenon. However, the Dagomba regard some illness as supernatural and therefore, an illness may be diagnosed through divination by a diviner to ascertain the real cause of such illness and find therapeutic measures to it. In the Dagbon society, when someone falls sick, the relatives consult diviners to find the cause of such illness. For as long as the patient does not respond to treatment, the family will continue to consult diviners. This continuous consultation takes a long time that most illnesses get worsen or exacerbates the patient’s condition before he/ she seeks for medical attention. This study seeks to find out whether this practice really serves the health needs of the Dagomba. It will also investigate to find out the illnesses that require diviner services. Again, the study will examine the religious practices and the world view of the Dagomba with special references to illness and well-being. It will also investigate the circumstances under which the practice of divination influence people’s choice for treatment in the study area.

Title of Study: Divination and Health-seeking Behavior among the Dagomba in the Northern Region of Ghana.

Principal Investigator: Abukari Salifu

Certified Protocol Number 10174411

Section B– CONSENT TO PARTICIPATE IN RESEARCH
This study seeks to investigate about the uses of divination and its influence in health-seeking practices among the Dagomba. If you agree to participate, you will be asked some questions regarding the role of diviners in the health-seeking practices among the Dagomba, how the diviners are consulted and who consults them. Again, we will like to know the results of your consultation with the diviners and its influence in health-seeking practices. This session will take us forty-five minutes at a location of your convenience or choice.

General Information about Research
The purpose of this study is to explore and analyze the significance of divination and its impact in health-seeking behavior among the Dagomba. In the Dagbon society it is believed that certain illnesses cannot be treated by orthodox medicine but needs spiritual attention. Such illnesses are sent to diviners or spiritual healers for treatment. This study will identify such illnesses and the procedures and methods that the diviners use to treat their patients in the Dagomba society.

The time required for participants in this study is forty-five minutes per session (45 minutes)

The estimated number of sessions is four per participant
The procedure to be adopted for this study is the mixed method. That is qualitative and methods will be used to elicit information for this study. Purposive sampling will be used to sample diviners based on their popularity. Health professional and community elders will equally be selected purposively whilst snowball sampling will be used to sample diviner clients. Focus group discussions will be held with community elders. In-depth interviews will be held with health professional and diviners. Simple random sampling will be used in six districts out of ten districts in the Dagbon Traditional Area. Probability proportion to sample size will be adopted to sample the population in the various communities. Households will then, be selected randomly to obtain the individuals for the interviews.

Benefits/Risk of the study
The research is purely for academic purpose and may not be of direct benefit to you as a participant to this study. However, by participating you would be adding knowledge to the existing knowledge or in the field of study. Any anticipated fear such the risk of disclosure of personal information about the participant, the researcher would like to assure you that any information provided would be treated with utmost respect and protection. Your identity would be protected and wherever necessary, the researcher would employ pseudonyms to protect you.

Confidentiality
All information provided would be treated with the needed confidence. Your name is not needed and any verbatim quotation in this study would use pseudonyms where possible. The recorded interviews and the written notes would also be kept safe and confidential. As a participant and key informant, we oblige you to sign this consent form or thumbprint it or give oral recorded consent.

Compensation
There is no payment attached to this research. As a consequence, you will not be paid for taking part in the interview of this research. Except thanking you, there will be no compensation to be paid to any participant.
Withdrawal from Study
As indicated above, participation is voluntary. You may choose to withdraw from the study at any point. You also have the right not to answer any question you are not comfortable with at any time.
You can change your mind and withdraw any time without force.

Contact for Additional Information
Abukari Salifu, Department of Sociology, University of Ghana - Legon
0244540547/0203320200
saliyoungs@yahoo.co.uk
If you have any questions about your rights as a research participant in this study you may contact the Administrator of the Ethics Committee for Humanities, ISSER, University of Ghana at ech@isser.edu.gh / ech@ug.edu.gh or 00233- 303-933-866.

Section C- VOLUNTEER AGREEMENT

"I have read or have had someone read all of the above, asked questions, received answers regarding participation in this study, and am willing to give consent for me, my child/ward to participate in this study. I will not have waived any of my rights by signing this consent form. Upon signing this consent form, I will receive a copy for my personal records."

________________________________________________
Name of volunteer

__________________________________________________  ________________
Signature or mark of volunteer                             Date

If volunteers cannot read the form themselves, a witness must sign here:
I was present while the benefits, risks and procedures were read to the volunteer. All questions were answered and the volunteer has agreed to take part in the research.

________________________________________________
Name of witness

________________________________________________
Signature of witness                             Date

I certify that the nature and purpose, the potential benefits, and possible risks associated with participating in this research have been explained to the above individual.

________________________________________________
Name of Person who Obtained Consent

________________________________________________

186
UNIVERSITY OF GHANA

OFFICE OF RESEARCH, INNOVATION AND DEVELOPMENT
Ethics Committee for Humanities (ECH)

NEW PROTOCOL SUBMISSION FORM

Requirements:

i. A new protocol must be submitted to the ECH at least five weeks before the proposed commencement date of the research.

ii. All sections of the form must be completed before protocol can be considered for review.

iii. 11 hard copies of proposal must be submitted to the ECH in addition to other documentations as spelt out in the SOP. A soft copy of proposal and other documentations should also be emailed to ech@isser.edu.gh /ech@ug.edu.gh

Section A – Background Information

1. Project Title: Divination and health-seeking behavior among the Dagomba in the Northern Region of Ghana

2. Proposed Date of Commencement: 01-03-2016

3. Principal Investigator (Name, Title, Qualifications, Postal Address, Institution/Department, Phone number, Email address) Abukari Salifu Mr. MA, G. DIP SOCI. MPH, Pop. and Reprod. Health and B.ed Foundations. Dept. of Sociology, University of Ghana, Legon 0244540547/ 0203320200. salyoung@yahoo.co.uk

4. Co-Investigator(s) (Name; Title; Qualifications; Postal Address; Institution/Department; Phone number; Email address) N/A
5. Supervisor Investigator(s) (Name; Title; Qualifications; Postal Address; Institution/Department; Phone number; Email address; Supervisors name, Title and Contact). Prof. Kodjo Senah, 0243771547, Prof. Steve Tonah, 0244179793, Department of Sociology, University of Ghana, Legon and Prof. Philip Baba Adongo. 0244806015 School of Public Health, University of Ghana Legon.

5a. Indicate status

<table>
<thead>
<tr>
<th>Section B – Project Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Proposed Project Duration - From: (01/03/2016) _____ To: 01/07/2017/)________</td>
</tr>
<tr>
<td>2. Collaborating Institution (if applicable) N/A</td>
</tr>
<tr>
<td>3. Funding Status of Project?</td>
</tr>
<tr>
<td>Funding pending ☐ Funded ☐ Not funded X Other ☐</td>
</tr>
<tr>
<td>4. Source of funding (Name and Address) N/A</td>
</tr>
<tr>
<td>5. Research Location(s) Dagbon Traditional area, Northern Region.</td>
</tr>
<tr>
<td>6. Data Collection Instruments (ie. Interview, questionnaire, observation et cetera)</td>
</tr>
<tr>
<td>In-depth interviews, Observation, Interview guide, Focus group discussion and assisted interview questionnaires</td>
</tr>
<tr>
<td>7. Consent Process (Circle all that applies):</td>
</tr>
<tr>
<td>9. Work Plan (Attach Work Plan)</td>
</tr>
</tbody>
</table>

(iv) Local language
<table>
<thead>
<tr>
<th></th>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>If Yes, state why?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Will the study involve participants who are particularly vulnerable or unable to give informed consent? (e.g. people under the age of 18, people with learning disabilities, students you teach or assess, etc.)</td>
<td></td>
<td>x</td>
<td></td>
</tr>
<tr>
<td></td>
<td>If Yes, state the category of persons?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Will it be necessary for participants to take part in the study without their knowledge and consent at the time?</td>
<td></td>
<td>x</td>
<td></td>
</tr>
<tr>
<td></td>
<td>If Yes, state why?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Will the study involve any audio or visual recording of people in public places?</td>
<td></td>
<td>x</td>
<td></td>
</tr>
<tr>
<td></td>
<td>If Yes, State which type?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Will the study involve the discussion of sensitive topics? (e.g. sexual activity, illegal drug use, illegal activities, death, whistleblowing)</td>
<td></td>
<td>x</td>
<td></td>
</tr>
<tr>
<td></td>
<td>If Yes, state the topic type?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Will the study involve invasive, intrusive or potentially harmful procedures of any kind?</td>
<td></td>
<td>x</td>
<td></td>
</tr>
<tr>
<td></td>
<td>If Yes, State procedures?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Is physical pain or psychological stress from the proposed project likely to cause harm or negative consequences beyond the risks in normal life?</td>
<td></td>
<td>x</td>
<td></td>
</tr>
<tr>
<td></td>
<td>If Yes, State how?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Will financial inducements (other than expenses) be offered to any of the participants?</td>
<td></td>
<td>x</td>
<td></td>
</tr>
</tbody>
</table>
Name of person completing the form: Abukari Salifu

Role on the study: Principal Investigator

Signature:

Date: 28-01-2016

For all student projects:

Student Investigator: __________________  Date: _________________  Supervisors Signature: _______________  Date: _________________

For Thesis Supervisor(s)

I, the undersigned supervisor, have read through the proposal thoroughly (Scientific Review of the proposal) and reviewed the research instrument(s).

Supervisors Signature: __________________  Date: _________________  Supervisor: __________________  Date: _________________

Note:
As the Principal Investigator/Student Investigator on this project, my signature confirms that:
(i) I will ensure that all procedures performed under the study will be conducted in accordance with UG-wide policy statement on ethical conduct of research involving human subjects as well as the Standard Operating Procedure of ECH.
(ii) I understand that if there is any change from the project as originally approved, I must submit an amendment to the ECH for review and approval prior to its implementation. Where I fail to do so, the amended aspect of the study is invalid.
(iii) I understand that I will report all serious adverse events associated with the study within seven days verbally and fourteen days in writing.
(iv) I understand that I will submit progress reports each year for review and renewal. Where I fail to do so, the ECH is mandated to terminate the study upon expiry.
(v) I agree that I will submit a final report to the ECH at the end of the study.