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**A STUDY OF TRADITIONAL METHODS USED IN
PROMOTING HEALTH AMONG LACTATING MOTHERS:
CASE STUDY OF GOMOA DISTRICT**

BY

CECILIA RABINA ANDERSON

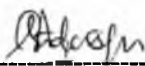


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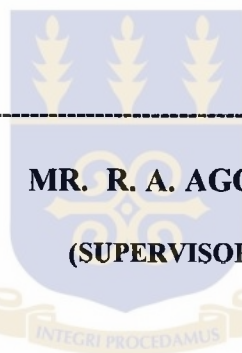
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ACCEPTANCE PAGE



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ABSTRACT

Traditional health care methods for lactating mothers have existed since time immemorial and were heavily depended upon by the Gomoas and other traditional societies in general. With the introduction of modern health facilities however, emphasis shifted from their use to modern methods and facilities. These, over time, proved to be unavailable and cost prohibitive.

The objectives of this study were to find out how popular traditional methods are among the Gomoas, what people's perceptions about them are, and how they could be improved. It also aimed at finding out what some of the problems with modern methods are for mothers in the Gomoa district.

Data was collected mainly through interviews. Data analyses were mainly descriptive, though quantitative methods and tabular data were used.

The findings revealed that traditional methods are still used despite the availability of modern methods, and these methods could (and should) be improved through various ways and for various reason. Traditional healers were reluctant to label their drugs, because they consider the preparations and dosages as their "trade secrets"

It is the view of the researcher that traditional methods of promoting health should be given a more serious attention.

DECLARATION

I declare that this dissertation is the result of my own research work carried out in the Institute of Adult Education, under the supervision of Mr. R. A. Aggor and Mr. C. Akwayena.

References cited in this work have been fully acknowledged.



DEDICATION

This work is dedicated to my father,
The Reverend Philip Robert Anderson
of blessed memory,

and my husband,
Mr. Kofi Bentsi Bentil.

ACKNOWLEDGMENT

I would like to express my deep appreciation to all those who helped me complete this dissertation.

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My thanks also go to Mr. Abbiw of Botany Department (U.G.) and my respondents for their co-operation during my field work.

Finally, my thanks to the following friends who offered great assistance:

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I am however solely responsible for any shortcomings in the work.

Cecilia R. Anderson (Ms)

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Map of Gomoa district

“It has been estimated that some 80% of the world’s inhabitants rely chiefly on traditional medicines for their primary health care needs and it can safely be assumed that a majority of traditional therapy involves the use of plant extracts or their active principles,”

(World Health Forum, No. 4, 1993).

There are many reasons why people patronize traditional medicine. These include the non-availability of modern health facilities in some communities. Modern health facilities are also expensive and inaccessible to some people. Further, traditional societies are more familiar with traditional medicine. A World Health Organisation (WHO) survey completed in 1983 confirmed that developing countries are interested in making use of traditional resources in implementing their primary health care programmes (Abbiw, 1990).

Traditional methods of promoting health among lactating mothers and their children include:

- i. Prolonged duration of breastfeeding and sexual abstinence during lactation
- ii. the use of potions and medicines and

- iii. certain local foods given to lactating mothers and their children.

One way by which traditional societies control fertility is by the use of a number of locally available plants and other substances which are either drunk as potions, added to food or rubbed on certain parts of the body. For example, some plants like saponana officinalis and combretodenron africanum are used as spermicides.

The rapid rate of modernization, urbanization and social change experienced in many African countries have resulted in migrations. People switch from traditional to modern methods when they move to urban areas where modern health facilities are available. It is difficult to determine how common traditional methods of fertility regulation are today, because those who migrate have not been monitored to know whether they still use traditional methods or have changed to modern methods.

Traditional societies recognize the need for adequate birth spacing as a way of reducing the strains and constraints on the mother's health as well as that of the child. They therefore find ways to achieve this. Traditional practices have over the years encouraged such natural practices like breastfeeding which, after many years of scientific research, has been proven to be the best for babies.

In Ghana, as part of Primary Health programme being undertaken by the World Health Organisation, the Ministry of Health introduced the Maternal and Child Health Programme. The aim of the programme is to improve the health of mothers and children and reduce the incidence of infant mortality. The programme is to

ensure that breastfeeding prolongs to over eight months for working mothers and over sixteen months for non-working mothers throughout Ghana, (Asima, 1992).

It is rightly established that human breastmilk is nature's food for babies. It has the right nutrients for the first few months of the baby's life and is always ready and at the right temperature. It is clean and less expensive than artificial milk and baby foods.

Sucking from the breast contributes to a baby's security. Breast-fed children rarely become too fat and rarely get diarrhoea. Colostrum (yellowish sticky milk) which the mother produces during the first ten months or so after the birth of the baby is very good for the baby, because it is richer in nutrients than the white breastmilk which comes later. Colostrum contains substances which help protect babies from diseases in the first few months of life (Ritchie, 1985). Thus mothers are advised by health personnel and the elderly in society solely to breastfeed their babies for the first four months after birth. After that, breastmilk could be supplemented with other nutritious foods such as mashed beans, eggs, meat, fish, cooked vegetables and cereals (Werner, 1987).

Another traditional practice is the observance of postpartum sexual abstinence by lactating mothers. According to Ginneken (1974), this has been acknowledged by demographers as a more or less effective and rational method of child-spacing in traditional societies. It is believed that breastfeeding and observance of postpartum

sexual abstinence ensure good health for infants and mothers, particularly in areas where good substitutes for breastmilk are either too expensive or non-existent.

The use of plants and their extracts for healing by herbalists, medicinemen and other specialists was the main method of treating various illnesses before the advent of western medicine. The practice still continues especially among rural communities many of whom do not have easy access to hospitals and health posts.

Herbal healing is also practiced in urban areas as a result of the shortage of imported drugs. "In many areas especially in the tropics, an abundance of medicinal plants offers people access to safe and effective products for use in the prevention and treatment of illness through self medication" (World Health Forum, No. 4, 1993). Plant medicine is prepared and administered as tinctures, infusions, concoctions, decoctions and extracts, or enemas and poultices (Abbiw, 1990). Plant-derived drugs have an important place in both traditional and modern medicine. It is therefore necessary to make special efforts to maintain the great diversity of plant species which would help alleviate human suffering in the long term (World Health Forum, No. 4, 1993).

Local foods also play a vital role in traditional health care delivery. Local foods given to lactating mothers include a mixture of pulses and seeds such as beans, groundnuts and cereals like maize (Ritchie, 1983).

However the safety of traditional methods is a problem. It is difficult to determine how safe these methods are, especially with plants. Whether the traditional methods are safe or not, traditional societies use them, especially in places where people do not have access to modern health facilities. In such places, and where the traditional methods have been de-emphasized but have not been adequately replaced by modern facilities, there is a high rate of mortality and morbidity.

It is possible that if traditional methods are improved and people are encouraged to go back to them, those who cannot afford modern methods would resort to traditional methods. If this happens, the problem of morbidity, malnutrition and infant and maternal mortality can be reduced and the pressures on modern health facilities will also lessen.

1.2 The Problem

The Gomoa district is an area where modern health facilities are not adequate and not easily accessible. Thus, lactating mothers in the area mostly depend on traditional methods for the promotion of health.

The problems of cost and availability of facilities are the reasons people normally assign to explain the popularity of traditional methods. The reasons why lactating mothers resort to traditional methods have not been scientifically examined. The problem is therefore to find out what exactly these reasons are.

1.3 Objectives

The study seeks to find out the extent of use of traditional methods used in promoting health among lactating mothers and some underlying reasons for their preference among the Gomoas. Some specific areas to be researched will be:

- i) How widespread the use of each identified traditional method is.
- ii) What the level of knowledge of the Gomoas is in terms of traditional methods of promoting health among lactating mothers.
- iii) The perceptions or attitudes of the Gomoas towards the use of traditional methods of promoting health among lactating mothers.
- iv) The problems related to the use of traditional or modern methods of promoting health among lactating mothers.
- v) How traditional methods used in promoting health among lactating mothers can be improved.
- vi) How the knowledge about the use of traditional methods to promote health among lactating mothers can be propagated.

1.4 Significance of the Study

This study will contribute to the body of written knowledge about traditional methods of promoting health and will provide information which, among other things, would help:

- i) Create awareness among people as far as traditional methods of promoting health among lactation mothers are concerned.
- ii) Encourage a wider acceptability of these traditional methods especially where modern methods are not readily available or inaccessible.
- iii) Provide policy makers and people in authority with basic material with which they can formulate appropriate policies and design programmes to improve traditional methods of promoting health among lactating mothers.

1.5 Methodology

(a) Population:

The population for the study consists of all women (lactating and non-lactating), all health workers - both traditional (for example herbalists, fetish priests and traditional birth attendants) and orthodox medical practitioners (for example doctors, nurses) geographically located in the Gomoa district.

(b) Sampling Technique:

A study of this nature requires the use of purposive sampling techniques to select lactating and non-lactating sample as well as health workers. Lactating mothers were sampled from hospitals, clinics, health posts and maternity homes, because these are places where they could be easily reached. Also, because of these modern facilities available to them, they had a choice between traditional and modern methods and could therefore give reasons for their preference.

Simple random sampling was used to get the sample size. This was because the researcher wanted each member of the population to have equal chances of being chosen.

C) Sampling Frame:

A sample size of 100 people was selected from five towns in the Gomoa district which had a hospital, health posts, clinics or maternity homes. This was to make selection of lactating mothers possible and a little easy for the researcher. Number of samples drawn from each town depended on the size of the population. See Table 1.1 below.

Table 1.1 **Population of Study Areas and Sample Size For Each Locality**

SAMPLING FRACTION

<i>LOCALITY</i>	<i>POPULATION</i>	<i>SAMPLE</i>	<i>LACTATING MOTHERS</i>	<i>ELDERLY</i>	<i>HEALTH PERSONNEL</i>
Apam	13,423	69	23	23	23
Gomoa Oguaa	1963	10	4	3	3
Gyaaman	1858	10	3	4	3
Dawurampong	1765	9	3	3	3
Mprumamu	365	2	1	-	1
<i>TOTAL</i>	<i>19,374</i>	<i>100</i>	<i>34</i>	<i>33</i>	<i>33</i>

The sample size of 100 respondents was divided as follows:

33 health workers

34 lactating mothers and

33 elderly people

The sample size was so divided because all three groups are equally important.

d) Tools for Data Collection:

The instrument for data collection was the interviewing schedules. This instrument was chosen because the respondents included both literate and illiterates.

e) Date Source:

The main data source for this study was the respondents. However, information from relevant literature was also used to supplement the information obtained from the respondents. The input of an expert on traditional plants (in terms of identification and naming of some specific medicinal plants and their use on lactating mothers) was used.

f) Data Analysis:

The data analysis was mainly descriptive. However, quantitative methods of analyzing data such as the use of tables, percentages and frequency distribution were used where appropriate.

g) Research Design:

A field survey was used because it enabled the researcher to select and study samples chosen from the population. This led to a proper perception of issues because the topic under study involves sociological and psychological variables which are best understood when researched through this method. It also provided a better insight into the issues of why traditional methods were used by some more than others, and why people still used them and the levels of efficacy of these methods.

The field survey format served the purpose thus, enabling a definite conclusion on the role of traditional methods in the health care delivery system especially for rural lactating mothers. The results are laid out in the preceding chapters.

1.6 limitations of the Study

The study had certain limitations. It was carried out in the Gomoa district. However, only five localities in the district - Apam, Gomoa Oguaa, Gyaaman, Dawurampong, and Mprumamu - were selected out of the 76 in the district. These were selected because they had a hospital, clinics, health posts and maternity homes where lactating mothers could easily be located. Even though some of the other localities in the district have some modern health facilities, the research did not cover all the localities due to time and resource constraints. It would have been best if the research had covered the whole district.

Secondly, the lactating mothers were interviewed at the health centres in their various localities. They admitted knowledge of traditional methods but were initially reluctant to admit usage. It is possible that the presence of medical personnel was intimidatory and may have affected their response.

Some of the elderly women were unwilling to provide information needed by the researcher especially with regard to the number of children they had. They had to be assured the information was needed just for the study. It is possible they did not tell the truth.

There is only one hospital in the Gomoa district where almost all serious cases are referred. This makes the hospital almost always crowded and keeps the staff very busy. As a result, it was difficult for the staff to find time for the interview. Some had to rush through the interview to be able to attend to their patients.

Despite these limitations, all essential information was gathered.

1.7 Theoretical Framework

Change involves the reconsideration of cultural practices and traditional ways of doing things. People in the Gomoa district have had to alter their health practices due to certain factors which caused them to reconsider their traditional ways of providing health to lactating mothers. This study is therefore being done within the

framework of change to provide the right perspective for the analysis of the issues surrounding the shift from traditional to modern methods and back.

As had been noted earlier, women in the Gomoa district formerly depended heavily on traditional methods to promote the health of lactating mothers. However, in recent times, women in the district rely more on modern methods which were not available in the past. Even though lactating mothers now depend on modern methods to promote their health, these modern methods are not available in most localities and are therefore not accessible and are expensive. This has caused a return (by some) to the traditional methods.

These changes from traditional to modern and back to traditional methods of health promotion could be explained as social change, since it is a significant alteration of social structure (Twumasi, 1975). Change as put in IDRC Reports (No. 1, 1993), goes with reconsidering the value of cultural practices, conventional social attitudes, traditional beliefs and ancient forms of collective behaviours among others that many people thought have been transcended by progress and modernization.

Throughout the centuries, societies evolved by learning from experience. They possessed the collective ability to accumulate and transmit knowledge from generation to generation, and to apply it to produce new knowledge. The speed of changes now presents new treats which make people find increasingly difficult to preserve the shared products of human learning (IDRC Reports, No. 1, 1993).

Traditional societies like the Gomoas learnt to use traditional methods to promote health of lactating mothers and their children through oral tradition, an aspect of informal education. The social changes resulting in the changes from traditional methods to modern and back to traditional methods have probably come about as a result of several factors.

One school of thought has it that social conditions which necessitate change can be internal or external. According to them, the internal changes are gradual and very minimal whereas the external changes are drastic because the elements of change introduced into the society are alien to the system. Some examples of external factors necessitating social change include the introduction of Christianity, formal education, money economy and urbanization (Aggor, 1991).

In Southall's (1962) introductory summary to various studies done on change in modern Africa, he noted that

“social change within aboriginal Africa was on the whole a change within systems of a certain type rather than a change of systems, while there has obviously been most radical changes since the establishment of colonial rule”.

Southall (1962) considered these changes as resulting from the introduction of colonial rule, participation in money economy and missionary activities. For him, these changes weakened traditional authority.

Brokensha (1966) in his study of Larteh (Guans) of Akwapim noted that “two of the most important precipitating factors inducing social change were the introduction of Christianity and cocoa farming.”

In his study on social change among the Gas, Azu (1974) commented that colonial rule brought with it a new economic system which has resulted in diversification of traditional economic system, development of cities and towns, improved means of communication, introduction of Christianity and formal education.

Several factors have been mentioned as bringing about change in society. However, only four of the factors: introduction of Christianity, formal education, urbanization and money economy will be discussed.

The introduction of Christianity in traditional societies affected traditional social systems. This came about because Christian converts were indoctrinated and taught norms different from traditional ones. The values the converts adopted objected to many traditional practices, so converts refused to participate in certain practices, for example, pouring of libation, visiting of shrines and ancestral worship. Christians saw traditional methods as pagan and since traditional medicine practitioners mostly

attached their medicine to shrines and poured libation to gods before administering treatment, traditional medicine was seen as an offshoot of paganism. As such, Christian converts stuck to western medicine which they found safe and compatible with their beliefs.

To reduce the influence of traditional practices on converts, some of the converts moved to establish separate mission settlements. Christians looked and still look up more to their priests and pastors for all forms of assistance prayer, financial, protection rather than to herbalists, medicinemen and elders in society who still practice ancestral worship.

Social change also comes about as a result of acquisition of specialized knowledge and skills. As geographic borders became more permeable, and knowledge more easily transformed into a marketable commodity, there was growing realization that the traditional wisdom imprinting our cultural identities is being lost (IDRC Reports, No. 1, 1993). Formal school system was based on western culture and those who go through it acquire western values, tastes and ideas which often differ from those held by traditional societies. For example, a school of thought has it that traditional methods of health promotion are used by the illiterates in society whereas modern methods are mostly used by the literate. As such, the literate often view traditional methods and culture as inferior to those they have acquired due to western influence, probably resulting in changes from traditional to modern methods of promoting health among lactating mothers.

Social change also comes as a result of urbanization. The introduction of money economy called for movement of people from one locality to another in search of jobs. This leads to the growth of towns and cities. When this happens, the influence of traditional authorities and customs are weakened, if not removed. Individuals meet people from different cultures and are influenced by different customs and traditions. They in turn influence others. With these influences, the way of life is changed considerably. Similarly, when people leave their traditional localities for urban centres, they easily leave behind things like traditional methods of promoting health and go for modern ones which may be available and accessible due to lack of influence of traditional authorities.

The change from modern back to traditional methods may however be described as mainly internal. This change has come about not due to external influence, but as a result of lack of modern health facilities in some localities, their inaccessibility and poverty. Traditional societies like the Gomoa have been able to accommodate the many changes without losing their identity or abandoning their traditional methods.

CHAPTER TWO

BACKGROUND TO THE STUDY AND LITERATURE REVIEW

2.1 Background to The Study

Health care delivery is of prime importance in any society. Serious efforts are made by individuals, groups and governments to promote and ensure good health by way of providing modern health facilities in various localities both urban and rural. Despite these efforts however, health facilities are limited especially in rural areas and small towns. Even in urban areas, the whole population does not have access to health facilities. A few well-to-do people who can afford to visit private hospitals and maternity homes do so. Government hospitals are often crowded and without adequate amenities and drugs. At certain times, people go back home from hospitals without being attended to. Some of those who are attended to are not able to buy the prescribed drugs. The cash and carry system (where patients have to deposit money before they are attended to or given drugs) puts these modern facilities beyond the reach of many patients. Those who cannot afford them keep their patients at home, and this often leads to severe deterioration of their conditions and death at times.

An alternative way of promoting and maintaining their health (to avoid the cost at hospitals, clinics and health posts) has been for most rural people to make use of

traditional methods. For the large section of the population without modern health facilities, their health officer is the traditional medicineman (Dugbaza, 1980).

In traditional societies, women are important players in the practice and usage of traditional medicine. One very important category of women who resort to traditional methods of promoting health are lactating mothers, who find it cost effective and an easily obtainable way of providing health care for themselves and their children. Lactating mothers, especially those who cannot afford modern health facilities, depend on traditional methods. These include taking special soups and stews to aid breastfeeding and general health. Lactating mothers use soups and stews fortified with certain leaves like '*Kwatema*', in order to be able to produce enough breastmilk. Meat, fish and liver are used where available. Substitutes for meat and fish are a mixture of pulses and seeds such as beans, peas, groundnuts, soya beans and sesame 'simsim' served with cereals such as millet, maize, rice, wheat and with green leafy vegetables and fruits (Ritchie, 1983).

Traditional methods of promoting health among lactating mothers also include the use of special herbs and potions to prevent or cure certain diseases. One other effective traditional method is the observance of certain taboos and mores. Among the Gomoas, One such taboo is preventing lactating mothers from exposing their babies under four months in the open after six o'clock in the evening. The idea behind this taboo is to prevent the baby from being exposed to cold weather. This prevents or reduces the incidence of colds, coughs and other respiratory diseases.

Another traditional method of promoting health among lactating mothers generally observed in Ghana is prolonged duration of breastfeeding and sexual abstinence after giving birth. The reason behind this is to allow the mother to be able to breastfeed her baby for about two years before becoming pregnant again. It gives her time to become well-nourished and strong, makes her able to take good care of her baby, wean it slowly and give it more attention before a new baby arrives (Ritchie, 1983). Although the actual intention is promoting the well-being of mother and child, this practice is enforced through the use of a taboo. The women are made to believe that semen pollutes breastmilk therefore sex and breastfeeding are mutually exclusive (Centre for Disease Control (CDC,) 1983).

Among the Gomoa, as in some other Ghanaian traditional societies, when a woman gives birth, she moves away from her husband and stays with her parents for one year. The reason behind this is to prevent another pregnancy soon after giving birth. Its effect is to allow the mother to fully recover from the strain of child birth. In the absence of modern contraception methods, these traditional methods are used to space births.

“The prolonged dependence of children on breastmilk for their nutritional needs and the physical problems of carrying and feeding more than one baby at a time are some of the factors which motivate couples to try various means to space their births including the observance of postpartum sexual abstinence by lactating mothers which

has been acknowledged by demographers as a more or less effective and rational method of child-spacing in traditional societies (Van Ginneken, 1974).

Formerly, women in the Gomoa district depended almost solely on traditional methods of promoting health. More recently, the trend is towards the use of modern methods and facilities which include health posts, hospitals, clinics, sterilized feeding bottles and other nutritional supplements. This has led to the de-emphasizing of the cheaper traditional methods with which the people are more familiar.

The modern methods are rather expensive for women in rural areas who do not fully understand aspects of it (like dosages) due to illiteracy and detachment from the practitioners (doctors, nurses). This is unlike the traditional methods which they better understand and can seek information about from their local herbalists and medicinemen. Moreover, facilities like hospitals and health posts are few and far between in the non-urban areas.

In the Gomoa district, there is only one mission hospital and few clinics, health posts and private maternity homes which are quite expensive and therefore financially inaccessible to most people in the district. Some lactating mothers start attending clinics but stop, while others do not attend at all. Meanwhile, traditional methods have been de-emphasized over time. The result has been that people are not able to afford modern methods of promoting health. This category of people therefore go

without any form of consistent health care, which leads to infant and maternal malnutrition and mortality.

Should traditional methods be improved and people encouraged to go back to them (in case they have problems with modern methods), the health of lactating mothers and their children will be improved.

2.2 Socio-economic Background of Study Area

a). Demographic Characteristics:

The Gomoa district is in the Central Region of Ghana. The capital is Apam. According to the 1984 census, the total population of the Gomoa was 74,917. The majority of the population lived in rural areas. The urban population was 22,700, (30.3%), whilst the rural population was 52,217 (69.7%). The district is made up of 76 localities. The sex ratio was approximately 1:1. The female population was a little more than the male. The total number of males was 35,284 and females, 39,633. The number of economically active people as at 1984 was 10,533. The dependency ratio therefore is high -7:1 - (Total population divided by number of economically active people).

Considering the age distribution of the Gomoa district, it is clear that the majority of the population, (66.2%) both male and female were children (as at 1984) under 19 years of age. See Table 2.1 for details.

Table 2.1 **Age Distribution of the Gomoa District**

<i>AGE GROUP</i>	<i>NUMBER</i>	<i>PERCENTAGE (%)</i>
1-4	5,620	7.6
5-9	16,385	22.8
10-19	26,521	35.8
20-49	22,027	29.8
50+	2,990	4.0
<i>TOTAL</i>	<i>73,993</i>	<i>100</i>

Most of the people, according to Table 2.1, fall within the 10-19 age group - 26,521.

Only 2990 (4%) of the total population, according to 1984 population census report, were 50 years and above.

The total population of the Gomoa was 74,917 as at 1984 and since the age distribution table was constructed using population in all residences in the district, making a total of 73,993, it may be explained that the remaining 924 people either did not have places of residence or were migrants.

The age distribution for the sexes can be found in Table 2.2.

Table 2.2 **Age Distribution of the Gomoa district - both sexes**

<i>AGE GROUP</i>	MALE		FEMALE		<i>TOTAL</i>
	<i>NUMBER</i>	<i>%</i>	<i>NUMBER</i>	<i>%</i>	
1-4	2,581	7.8	3,039	7.7	5,620
5-9	7,842	22.6	8,993	23.0	16,835
10-19	12,480	35.9	14,041	35.8	26,521
20-49	10,410	30.0	11,617	29.6	22,027
50+	1,443	4.1	1,547	3.9	2,990
<i>TOTAL</i>	<i>34,756</i>	<i>100</i>	<i>39,237</i>	<i>100</i>	<i>73,993</i>

Table 2.2 shows the female population to be more than the male population by 4,481. However, the sex ratio remains approximately 1:1. The rural population was by far, more than the urban population as has been established earlier. According to the 1984 population census report on population in residences, the urban population was 21,826. See Table 2.3.

Table 2.3 **Age distribution of Gomoa district - Urban population**

<i>AGE GROUP</i>	<i>MALE</i>	<i>FEMALE</i>	<i>TOTAL</i>
1-4	427	369	796
5-9	1,285	1,519	2,804
10-19	2,965	3,694	6,659
20-49	4,351	5,528	9,879
50+	795	893	1,688
<i>TOTAL</i>	<i>9,823</i>	<i>12,003</i>	<i>21,826</i>

Considering the age distribution, majority of the urban population fell within the 20-49 age group. With the rural population, most of the people were between the ages of 10 and 19. See Table 2.4.

Table 2.4 **Gomoa district Rural Population Age distribution**

<i>AGE GROUP</i>	<i>MALE</i>	<i>FEMALE</i>	<i>TOTAL</i>
1-4	2,154	2,670	4,824
5-9	6,557	7,474	14,031
10-19	9,515	10,347	19,862
20-49	6,059	6,089	12,148
50+	648	654	1,302
<i>TOTAL</i>	<i>24,933</i>	<i>27,234</i>	<i>52,167</i>

Considering the age distribution of the five selected localities for the study, the trend remains almost the same in that the female population is more than the male. See Table 2.5.

Table 2.5 **Age distribution of sampled localities**

<i>LOCALITY</i>	<i>MALE</i>	<i>FEMALE</i>	<i>TOTAL</i>
Apam	6,201	7,222	13,423
Gomoa Oguaa	903	1,060	1,963
Gyaaman	823	1,035	1,858
Dawurampong	812	953	1,765
Mprumamu	152	213	365
<i>TOTAL</i>	<i>8,891</i>	<i>10,483</i>	<i>19,374</i>

b) **Geographical Characteristics:**

The Gomoa district falls within the dry equatorial climatic region. This belt receives the least amount of rainfall in Ghana. The annual rainfall is between 740 and 890 millimetres. Relative humidity is however high throughout the year which compensates for the scanty annual rainfall. (Dickson and Benneh, 1988).

The annual average temperature is above 25o C. Generally, the whole area falls within the coastal scrub and grassland vegetation except the mangrove vegetation found along coastal lagoons where the soil is water logged and salty.

The Gomoas engage in farming as their major activity and their major crop is maize. Cassava is also an important crop. Fishing is the second major occupation especially for the towns along the coast, such as Apam and Mumford.

c) Social Facilities:

Modern health facilities in the Gomoa district are few and far between compared to the size of the population. The district, according to Ghana's 1984 population census, had 25 health facilities. These consisted of 15 traditional health centres (that is, where herbs and herbal preparations are used in the treatment of ailment), 3 health posts, 4 maternity homes / clinics, 1 hospital and 2 rural/urban health centres. Out of the total of 25 health facilities, 10 are modern health facilities, which when compared to the total population, is inadequate. For many, they are also inaccessible due to distance and cost.

The population is predominantly illiterate. From the 1984 population census report, the number of primary schools in the district were 54. The secondary schools in the Gomoa district as at 1984 were Apam Secondary School and Potsin Ahamadihya Secondary School.

2.3 Traditional World View of The People in The Gomoa District

The traditional world view of the people forms the hallmark of their normative behaviour. Every detail of their daily existence and activity - economic, political, judicial - is conditioned by their fear of gods, goddesses and spirits of deified ancestors who are deemed to be active participants in both mundane and celestial events, and who watch over both societal and communal ethics and individual immorality (Kudadjie, 1974). Thus, any deviant behaviour receives punishment from the spiritual world.

The Gomoas believe in life after death and believe also that the ancestors are living dead who still occupy their place in the family and could either bless or punish people according to their deeds. For them, the gods and ancestral spirits are ambivalent spiritual forces of destruction or blessing (depending on their mood) and they need to be appeased (Isichei, 1976).

The Gomoas also believe in the Supreme Being though they do not offer him some of their sacrifices and do not even have a shrine or any abode for him because he neither blesses nor curses directly. They believe that natural phenomena such as rivers, sea, land, thunder and lakes are inhabited by spirits, so they offer sacrifices to these things. They consider the sea god by the Fanti name 'Nana Bosom Po' who gives fish and the earth goddess by the Fanti name 'Asase Afua' to be the predominant among the gods and goddesses and so thank them during their festivals.

Due to the strong belief of the people in reincarnation, they do not pardon any woman who does not give birth. This is because they believe she is hindering the return of the ancestors. The Gomoas believe that any misfortune that comes the way of a person comes as a punishment for evil done by the person or a relative. Thus, for them, ill-health is one of the devices which may be inflicted upon the traditional deviant. They do not fully believe that ill-health could come as a result of drinking untreated water from rivers and shallow wells, poor diet and poor sanitation and hygienic conditions. When sickness becomes prolonged, it is traced to the action of the supernatural world which had found its way into the group.

They believe that members have to be on good terms with other members of the society, especially relatives of the matrilineage in order to enjoy good health and prosperity (Twumasi, 1970). To avoid misfortunes such as illness and death, a ritual ceremony is performed to bring about good omen in the intervention of the spiritual into the temporal world.

2.4 Literature Review

Several scholars have written in the area of orthodox maternal and child health delivery. However, very little literature exists on traditional methods of maternal and child care. Information about traditional methods of promoting health is not documented but are kept and handed down orally from generation to generation. Some vital information gets lost in the process, especially when some people die without passing on the knowledge to their descendants. Many times, the information is diluted and adulterated as it is passed from person to person and is interpreted differently. Knowledge about maternal and child health has suffered the same fate.

Maternal and child health includes all efforts to promote health and prevent illness in mothers and their children. Health, in this context, includes physical, mental and social well-being (Georke and Stebbins, 1968). Health reflects “the state of complete physical, mental and social well-being, and not merely the absence of disease” (Bown and Okedara, 1981). Lucas (in Bown and Okedara, 1981) puts forward the view that health is the result of successful adaptation of an organism to its physical, biological and social environment. For him, an important functional determinant of human health is therefore human behaviour. This is well exemplified in traditional societies where a person’s well being is dependent on his relationship with his environment on which he subsists generally. For example, in the case of a farmer, where his behaviour is destructive to the environment, for instance, if he causes a bush fire, he suffers through the loss or reduction in the environment’s

capacity to sustain him, because his natural rhythm of work (that is, farming) may be disrupted. It would result in a loss of herbs and other substances which he might need to relieve his ailments.

Health as defined above has been equated to peace of mind and absence of pain. One prerequisite for this is to have peace around and environmental balance. The behaviour of the person is very vital in maintaining this balance. Total health therefore is largely a function of human behaviour.

Maternal health cannot be separated from maternal hygiene. Bringing about maternal hygiene means approaching childbirth with hygienic living so that any bad conditions may be discovered and corrected (Turner, 1959). Thus, one way of promoting health among lactating mothers is by way of ensuring maternal hygiene. According to Goerke and Stebbins (1968), promoting health among children as a way of meeting their environmental health needs may include making the children's environment comfortable, clean and safe. Water, milk and food supply must be free of harmful toxins or infectious agents. Disease carrying insects must be excluded. Accidents and hazards need to be removed or controlled in order to prevent the too frequent tragedy of accidental death or permanent disability.

Providing physical needs of infants also include keeping them reasonably clean and approximately dressed. Werner (1987) expressed the view that children are more likely to be healthy if their homes and bodies are kept clean. This includes bathing

children regularly, washing their hands before and after meals, washing their hands after bowel movements and not allowing them to go barefooted. This fact of hygiene is an important factor in promoting maternal and child health. Turner (1959) writes about the health care required by infants as relating to feeding, rest and cleanliness. According to him, “the formation of correct habits, almost from the time of birth, is important for the child’s physical and emotional health” It is very necessary therefore that the mother learns from physicians, health centres, literature or elderly people in the society, infant and maternal hygiene, and the essentials in caring for her baby and herself to ensure health.

With regard to the Gomoa district, learning from physicians and health centres is hampered by the fact that there is only one hospital in the whole district. There are a few clinics and health centres which are quite expensive and therefore not accessible to most of the mothers. Mothers therefore learn mostly from elderly people in the society.

A. Nutrition:

Nutrition is another important factor which cannot be ignored when dealing with maternal and child health. Good nutrition throughout life, particularly during childhood is of paramount importance in fostering the physical, mental and emotional well being of a population (Jellife, 1978).

More often than not, lactating mothers and their children in third world countries run the highest risk of developing one type of malnutritional disorder or another. A survey conducted in Southern Benin on a representative sample of the population to determine the prevalence of anaemia and how iron deficiency contributes to the causes of anaemia showed the most anaemic group to be children aged six to twenty-four months (Chauliac et al, 1991).

In Africa, poverty and lack of nutrition education are largely responsible for the problem of malnutrition among lactating mothers and their children.

Women all over the world form about 30% of the world's labour force, perform about 60% agricultural work, produce about 50% of all food, receive about 10% of the world's income but possess less than 1% of the world's wealth (Titmus, 1989). Despite this low, economic standing of women world-wide, mothers and older children are the main providers of care for babies and younger children, whose needs are greatest of all.

In most localities, mothers traditionally take the main responsibility for children. Fathers are however also responsible and support their wives in many cases. Even though women are supported by their husbands, resources are not enough in many cases to make them able to take adequate care of themselves except the few in higher positions. This may lead to a deficient maternal diet which may seriously

interfere with a mother's ability to nurse her baby. Deficient diets during pregnancy may lead to low birth weight.

This is

“nearly always the result of socio-economic life-style or behavioural factors on the part of the mother and family. These factors include insufficient antenatal care, inadequate maternal nutrition ... or insufficient birth spacing

(World Health, No 3. May - June 1993)

Low birth weight is seen as one of the serious public health problems in the world today. “It is estimated that over 20 million low birth weight children are born every year, more than 90% of them in developing countries. This accounts for the high proportion of infant mortality” in these areas (World Health, May - June, 1993). Children who suffer from low birth weight are likely to suffer high rates of childhood illnesses if they survive and even permanent and severe disabling conditions among which is mental retardation, behavioural disorders, impairment of vision and deafness (World Health, May-June, 1993).

A1 Maternal Nutrition:

Ensuring maternal health for lactating mothers and their children include adequate diet during lactation. Adequate diet during lactation is about the same during pregnancy except that more milk is needed by lactating mothers and their children

for extra calcium, and total caloric needs are higher. There may be the need for additional small mid-meals which may be suggested by a physician (Turner, 1959).

It is often said that pregnant and lactating women require more of the soups and stews in family meals than their husbands do because they have to provide the materials for the growth of the baby in the womb and for making milk. If the mothers can afford it, they have to take in fish, milk and meat, especially liver. If not, a good mixture of pulses and seeds such as beans, peas, groundnuts, Soya beans, sesame 'simsim' and cereals such as millet, maize, rice, wheat, green leafy vegetables and fruits should be taken (Ritchie, 1983). If lactating women eat a lot these foods, they will be healthy themselves and be able to produce enough milk to feed their babies. A well nourished mother according to Turner (1959), will be able to supply sufficient breastmilk to keep her baby healthy.

B. Emotional Health Promotion:

Health as defined earlier, does not leave out emotional needs. Thus, in promoting emotional health among infants, they first need to be loved.

“Inadequate human contact and stimulation may result in disturbed behaviour, a failure to thrive and even death. It is not necessarily the presence of the infant’s biological mother that is important, but rather the fact that he receives “mothering” kinds of attention such as cuddling ...” (Goerke and Stebbins, 1968)

This sort of attention and help is not only needed by the child, but also the lactating mother. The family constitutes the biological, cultural and social unit where “life-styles” develop. The lactating mother needs the support of all the family members to give her and her baby the best possible help in life (World Health, May - July, 1993).

The call on the family to assist the lactating mother and her child has come about as a result of the fact that

“the family is the first emotional and social support mechanism we experience, our first teacher, our first health provider, and it is usually the women in the family who assume responsibility for each of these essential functions”
(World Health, November - December, 1993).

In the African context of the extended family system, this is even more important. Each member of the family looks to the whole family for collective support. This is normally given by way of outdoorings and various ceremonies which are fora for the extended family and friends to show support for the baby and the lactating mothers.

C. Modern Methods of Promoting Maternal Health:

As a modern way of promoting health among lactating women and their children, lactating women are asked and encouraged to attend post-natal and child welfare

clinics where they are advised by health personnel as to how best to care for themselves as well as their babies (Davies, 1984).

When lactating mothers attend child welfare clinics, their children are vaccinated against the six childhood killer diseases of small pox, diphtheria, tetanus, measles, whooping cough and poliomyelitis. Mothers are also advised to keep their babies away from persons with tuberculosis or cold. This is to prevent the babies from contracting such diseases. To promote child-health, “care should be taken to avoid all possibility of conveying germs from the nose or mouth to the body” (Turner, 1959). Lactating mothers are also advised to train their children during infancy in regular habit of eating, sleeping and elimination of waste in order to promote health among their children (Turner, 1959).

When lactating mothers attend child welfare clinics, they are taught how to prepare certain local foods which are highly nutritious for their children. Further, when a lactating mother registers at family health clinics, she “has her temperature, pulse, respiration, blood pressure and haemoglobin level checked, her urine tested, “heaf” test performed and her general health assessed” (Adegoroye, 1984). Such tests are usually carried out by medical personnel especially, public or community health nurses. In case any disease is detected, the case is referred to a medical officer who would give treatment. All these go a long way to reduce maternal and child mortality and morbidity.

As a way of helping improve mothers' and children's health, health workers organize activities on such issues advising families to take special care of high-risk mothers and babies. The high-risk mothers and babies are those who have problems following births. (Werner and Bower, 1982).

D. Traditional Methods of Maternal Health Promotion:¹

As mentioned earlier, traditional methods of promoting maternal and child health include the controlling of fertility - prolonged duration of breastfeeding and sexual abstinence, the use of potions and medicines and certain local foods given to lactating mothers and their children. Lack of documentation however makes it difficult to determine how commonly these methods of fertility regulation are used.

Prolonged duration of breastfeeding and sexual abstinence which form part of traditional child-spacing mechanisms are often used as ways of promoting health among lactating mothers and their children to ease the strains on the mothers and their children.

As stated earlier, the observance of postpartum sexual abstinence is another way of promoting health among lactating mothers. This practice, according to Ginneken (1974), has been acknowledged by demographers as an effective and rational method of child-spacing in traditional societies.

¹*Akan words are in quotes and scientific words are underlined*

In tropical areas, there is so much dependence on protein deficient “root” crops, so mothers are made to observe a long postpartum sexual abstinence in order to avoid getting pregnant while still lactating. This is because another pregnancy would cause a reduction in the quality and quantity of breastmilk, culminating in sickness or death of the nursing child (Whiting, 1964). According to Whiting, long postpartum taboo is found in regions of the world where there is a problem of protein deficiency.

According to Lesthaeghe (1980), the postpartum taboo on sexual intercourse, for example, serves in the short run to ensure a certain interval between births, ensures maternal and child health and curtails child mortality. There is a strong traditional belief binding lactating mothers to wean their nursing children immediately they become pregnant as a way of protecting the health of their children. Thus, the reason behind postpartum sexual abstinence is to maximize the duration of breastfeeding by avoiding a pregnancy that could come too soon, and by doing so, enhance the chance of child survival (Caldwell and Caldwell, 1977).

Other traditional methods are used to stimulate the production of breastmilk. Due to the great importance attached to breastfeeding in tropical countries, many plants are used by women to stimulate the flow of breastmilk. They are often drunk or rubbed on the breast (Centre for Disease Control, USA, 1983). Example of plants used include root scrapping of *Capparis erythracarpus* “Apana” applied to incisions on the breast, pound leaves of *Hibiscus surattensis* (in Tanganyika) rubbed on the breast, decoction of tubers of tiger nuts “Atadwe” and raw young roots of cassava,

decoction or infusion of root bark of switch sorrel “Fomitsi” It also includes dried pulverized root bark of the Sodom apple in soup, the young leaf of Urera Oblongifolia cooked with groundnuts, young leaf of fiscus capensis “Nwadua” in palm soup, and the trunk sap of umbrella tree “Dwumma” boiled with maize and palm-wine from the palm tree as drink (Abbiw, 1990). A nursing mother without sufficient breastmilk is asked to use “Kwatema” leaves for palm soup “Abemuduro” and take it daily to help produce breastmilk (Fosu, 1993).

Other plants are used as spermicides. For example, saponaria officinalis and combretodenron africanum are used to aid child-spacing. The latter is used in La Cote - D'Ivoire and has been shown to have an anti-implantation effect in rats (Centre for Disease Control, USA, 1983).

Plant medicine is used by traditional societies to a large extent to cure certain diseases a lactating mother and child might contract. Women are seen to “possess knowledge of the healing powers of plants and herbs and are skillful medical practitioners and birth attendants” (Republic of Ghana and UNICEF, June 1990). Normally, the ingredients include pepper, ginger, local carbonate of soda and spice tree or Ethiopian pepper “Hwenetia”. Unless otherwise stated, infusions, concoctions and decoctions are taken internally (Irvine, 1961 in Abbiw, 1990).

If a lactating mother becomes anaemic after childbirth, she is treated with the bark decoction of African Peach “Sukisia”, a cold infusion of bark, root and wood of

tallow tree, a decoction of the root and leaf of mallotus oppositifolius “Satadua” and pounded leaves of baobab as tonic (Abbiw, 1990).

When the mother becomes weak, root decoction of Negro coffee boiled with butter and unspecified parts of morus “Wonton” is given (Abbiw, 1990). Further, in cases of diarrhoea and dysentery, bark decoction of Ethiopian pepper “Hwenetia” is given to the child or bark infusion of screw pine “Nton” Congo Jute “Asonsom” with root and red mangrove are prepared especially for children. For the mother, usually, Bridelia ferruginea “Apamfufuo” or root decoction with cassava flour, marabon thorn in cold water with spices and lime-juice is taken orally (Abbiw, 1990).

Local foods given to lactating mothers include mixture of pulses and seeds such as peas, soya beans, sesame “Simsim” and cereals such as millet, rice, wheat with green leafy vegetables and fruits (Ritchie, 1983).

It is a fact that traditional methods are practiced and they have some effects both positive and negative. However, the actual extent, effects and other issues concerning them have received little formal attention.

CHAPTER THREE

PRESENTATION AND DISCUSSION OF DATA

3.0 Data collection, Aims and Methods

The study aimed at finding out which method (traditional or modern) the Gomoas preferred and why, and the problems associated with the use of the method. The main method for data collection was by interviews. This is because respondents included illiterates who could not fill out questionnaire.

A total of 100 respondents were sampled from five localities in the Gomoa district - Apam, Gomoa Oguaa, Gyaaman, Dawurampong and Mprumamu. The five localities were chosen because they had either health posts, clinics or a hospital where lactating mothers could be easily reached. Since modern health facilities exist in these localities, the mothers have a choice between traditional and modern methods and can therefore give reasons for their preferences. Before discussing their preferences, there is the need to know the socio-economic characteristics of respondents. Some of the tables in subsequent pages show some socio-economic characteristics of the respondents.

3.1 Socio-economic Characteristics of Respondents

A. Age Group of Respondents

Table 3.1 Age Group of Respondents

<i>AGE (RANGE)</i>	<i>NUMBER OF RESPONDENTS</i>	<i>LACTATING MOTHERS</i>	<i>ELDERLY</i>	<i>HEALTH PERSONNEL</i>
15-19	14	14	--	--
20-24	10	3	--	7
25-29	21	13	--	8
30-34	10	2	--	8
35-39	10	2	--	8
40-44	2	--	--	2
45-49	3	--	3	--
50-54	10	--	10	--
55-59	3	--	3	--
60-64	6	--	6	--
65-69	8	--	8	--
70+	3	--	3	--
TOTAL	100	34	33	33

The greatest number of respondents could be found in the 25-29 age group. From a closer examination of the field data, it was noted that the group consisted mainly of lactating mothers. However, some health personnel also fell into the group. Next to

the 25-29 age group was the 15-19 age group. These were all teenage lactating mothers. There were only two respondents from the 40-44 year group. The male respondents interviewed were 9 health personnel and 11 elderly men in the families who possess some knowledge about how women use traditional methods to promote the health of lactating mothers.

B. Educational Background

It is believed that the level of education of a person often determines the type of health facility that person will use. It is often said that literate people prefer modern methods of health promotion to traditional ones. The survey revealed that 70 respondents have had formal education. Out of the 70 (100%) literate respondents, 47 (67%) have had primary education and 3 (4%) have had basic education whilst 14 (20%) and 6 (9%) have had secondary and tertiary education respectively. Only 30% of the respondents have not had any formal education. Table 3.2 shows the educational level of respondents.

Table 3.2 **Educational Level of Literate Respondents**

<i>LEVELS REACHED</i>	<i>NUMBER OF RESPONDENTS</i>	<i>LACTATING MOTHERS</i>	<i>ELDERLY</i>	<i>HEALTH PERSONNEL</i>
Primary	7	4	2	1
Middle	40	21	15	4
Junior Secondary	3	2	1	--
Secondary/SSS/ Technical/ Training	14	1	--	13
Vocational	--	--	--	--
Tertiary	6	2	1	3
<i>TOTAL</i>	<i>70</i>	<i>30</i>	<i>19</i>	<i>21</i>

The findings revealed that the population is not predominantly illiterate as established (in Chapter 2) on social facilities in the Gomoa district.

Despite the high literacy rate, 71% of the people reached only the primary and basic levels. The level of education was therefore rather low. Only 9% reached tertiary level. Among the reasons respondents gave for the low educational level was poverty.

The relationship that exists between level of education and the type of methods used by respondents is shown in table 3.3. It was conclusive from the study that level of education has no significant influence on the use of traditional methods in that literate respondents use traditional methods just as much as illiterates.

Table 3.3 **The Use of Traditional Methods and Educational Status**

(Lactating mothers only)

USE OF TRADITIONAL METHODS EDUCATIONAL STATUS	THOSE WHO FORMERLY USED TRADITIONAL METHODS	THOSE WHO STILL USE TRADITIONAL METHODS	THOSE WHO NEVER DID
Literate	23	20	7
Illiterates	2	4	2
TOTAL	25	24	9

C. **Religion**

Religion plays a role in people's choice when it comes to traditional and modern methods of promoting health. Some religious groups consider traditional methods as fetish and therefore forbid their usage. Table 3.4 shows the religion of all respondents as well as that of those who use traditional methods.

Table 3.4 **Religion of Respondents and Users of Traditional Methods**

<i>RELIGION</i>	<i>NUMBER OF RESPONDENTS</i>	<i>USERS OF TRADITIONAL METHODS</i>
Christian (Orthodox)	65	33
'Spiritual Church'	17	8
Moslem	3	--
Traditional	5	2
No Denomination	10	2
<i>TOTAL</i>	<i>100</i>	<i>45</i>

Of the 100 respondents, there were 65% Christians and 3% Moslems. As the table shows, Christians used traditional methods. This defeats the notion that Christians consider traditional methods as fetish. Although their religion did not forbid them, Moslems interviewed did not use traditional methods during lactation. They simply preferred modern to traditional methods.

D. Occupational Characteristics

Data collected on the occupation of respondents showed most of the respondents (50%) were traders and 22% were in white collar Jobs. This is illustrated in Tables 3.5. This is due to the seasonal occupational changes where trading is the major

occupation in the lean season and fishing/farming, the main occupations in the rainy seasons.

Table 3.5 **Occupation of Respondents**

<i>OCCUPATION</i>	<i>NUMBER OF RESPONDENTS</i>	<i>PERCENTAGE (%)</i>
Farming	3	3
Fishing/Fish Mongering	11	11
Trading	34	34
White Collar Job	22	22
Housewife	6	6
Apprentice	3	3
Herbalist/Medicineman	16	16
Retired/Unemployed	5	5
<i>TOTAL</i>	<i>100</i>	<i>100</i>

The Reason for the high incidence of trading was that the interview was carried out in the lean season when the fish catch was low. Also, the data was not collected during the rainy season when people could farm. They had therefore resorted to trading till the next fishing and farming seasons.

E. Household Characteristics

The survey showed that most of the respondents had between 0 and 3 children. This relatively low figure might be the result of family planning lectures given to mothers any time they attended maternal and child health clinics.

Table 3.6 **Number of Children of Respondents**

NUMBER OF CHILDREN	NUMBER OF RESPONDENTS	PERCENTAGE (%)
0 - 3	62	62
4 - 7	30	30
8 - 11	8	8
<i>TOTAL</i>	<i>100</i>	<i>100</i>

From Table 3.6, we notice that 62% of respondents had between 0 and 3 children and 8% had 8-11 children. Those who had between 8 and 11 children were mostly elderly women between the ages of 59 and 70 who used mostly breastfeeding and postpartum sexual abstinence to space their children. It is interesting to note that even though these elderly women had many children, the births were well spaced, (according to them). It can therefore be said that the postpartum sexual abstinence and breastfeeding used to space births is somehow effective. The point being stressed therefore was on child spacing and not the number of children one had.

3.2 Level of Knowledge of Respondents of Traditional Methods

The data collected revealed that respondents were aware of traditional methods of promoting health (among lactating mothers), their various uses and modes of application. Details are shown in Table 3.7.

Table 3.7 Traditional methods identified by respondents

NOTE: Botanical names are underlined and Akan names are in quotes.

	<i>METHOD</i>	<i>USE</i>	<i>MODE OF APPLICATION</i>	<i>PERCENTAGE OF RESPONDENT USERS</i>
1	“Omanyidua”, “Osisiw”, young leaves of <u>ficus</u> <u>capensis</u> “Abedur”, fever plant <u>Ocimum</u> <u>gratissicum</u> “nunum” in palm soup	To increase yield of breastmilk	added to palm soup	38
2	Mashed Fante Kenkey	“	drunk	7
3	Roasted corn and groundnuts	“	chewed	9
4	Ground ginger, pepper or palm oil in porridge	“	drunk	4

	<i>METHOD</i>	<i>USE</i>	<i>MODE OF APPLICATION</i>	<i>PERCENTAGE OF RESPONDENT USERS</i>
5	Concoction of candle wood <u>Zanthoxylum</u> <u>Zanthoxyloides</u> “kanto”, Fever plant “nunum” <u>Ocimum</u> <u>gratissicum</u> “Samandebir” ginger, sesame “simsim”	to cure a sore womb	enema	26
6	Concoction of “egynagyinantsent sen”. <u>Justica flava</u> “ntumunum”, <u>Acanthospermum</u> <u>insipdum</u> . “mpatoa nsoe”	“	“	17
7	Mango bark and leaves	“	enema	4

	METHOD	USE	MODE OF APPLICATION	PERCENTAGE OF RESPONDENT USERS
8	Concoction of mosquito plant <u>Clausena anisata</u> "samandebir" <u>Uvaria chamae</u> "Akotompotsin", West African black pepper, <u>Piper guineense</u> "famuwusa" added to alcohol	"	drunk	4
9	Palm fibre "Abasantrew" added to ash white clay	to heal a sore womb	enema	4
10	<u>Uvaria chamae</u> "Akotompotsin", "Acheampong" herbs	Removal of excess blood from womb	"	9
11	"Oketsew bqr" herb ground with white clay	to stop bleeding	drunk	4
12	Boiled mahogany bark "Okumankra"	to cure stomach ache	"	7

	METHOD	USE	MODE OF APPLICATION	PERCENTAGE OF RESPONDENT USERS
13	Boiled concoction of <u>Acanthospermum insipidum</u> "Mpatoa nsoe" spice tree "hwenetia", ginger and pepper	"	"	8
14	Indian heliotroppe <u>Heliotropium indian</u> "Akokqenyidam" added to white clay	"	enema	4
15	Honey added to <u>Aframomum Melegueta</u> "Sorwusa"	"	drunk	5
16	Peeled orange seeds	"	chewed	12
17	Preparation of <u>Justicia flava</u> "ntumunum", <u>Acanthospermum insipidum</u> "Mpatoa nsoe", white clay and guava leaves	to stop diahorrea	enema	9

	METHOD	USE	MODE OF APPLICATION	PERCENTAGE OF RESPONDENT USERS
18	Concoction of boiled Neem leaves, mango bark and Christmas bush <u>Alchornea cardifolia</u> "Ogyamba"	to cure fever, jaundice or malaria	used in bathing	4
19	Pineapple leaves and lime boiled together	"	drunk	17
20	Boiled guava leaves, mango leaves and mango bark	"	"	23
21	Ground ginger and West African black pepper, <u>Piper guineense</u> "famu wusa"	to stop shivering by generating heat and increasing blood circulation for quick relief	smearred on boby	4
22	small green vegetables <u>Solanum torvum</u> "Amadwur" (believed to have high iron content)	to cure anaemia	added to soup and stew	47

	<i>METHOD</i>	<i>USE</i>	<i>MODE OF APPLICATION</i>	<i>PERCENTAGE OF RESPONDENT USERS</i>
23	Cocoyam leaves “nkontomire”	“	“	11
24	“Tinkalor”, physic nut <u>Jatropha curcas</u> “Adadzie” leaves in palm kernel oil “otsentsenam”	heals boils	smeard on affected part	11
25	Mahogany bark “okumankre” and Bataku	cure coughs	chewed	9
26	Roots of <u>Mallotus oppositifolius</u> “satadua”	“	mashed and boiled as tonic for babies	4
27	Ground “toantsin”	Heal waist pains	smearsd on waist	4
28	Ground tomato leaves and fever plant <u>Occimum gratissicum</u> “nunum”	to heal headaches	nasal drops	2
29	Boiled mango bark, coconut bark, physic nut, <u>Jatropha curcas</u> “adadzie” bark and Natron “kau”	to cure toothache	gargled	6

	<i>METHOD</i>	<i>USE</i>	<i>MODE OF APPLICATION</i>	<i>PERCENTAGE OF RESPONDENT USERS</i>
30	Pawpaw seeds	worm expellant	chewed	17
31	“Gyewahome” herbs added to wine	Aid birth spacing	drunk	7
32	Cold water and certain ingredients (undisclosed)	to promote general health and ward off evil spirits	for “spiritual” baths at night common among the “awoyo” ‘spiritual’ churches	2

From Table 3.7, it can be seen that respondent know quite a lot about traditional methods which are believed to cure a number of health problems lactating mothers may have.

It may be noted, however, that most of the methods mentioned are used by mothers themselves and not their babies. This is because children are believed to be too tender to use raw traditional medicine. Lactating mothers interviewed said they normally did not use traditional methods for their babies because modern health personnel - doctors and especially Community Health Nurses - warn them against that practice. However, 5% of respondents use the methods on children because their relatives insist they do so, while 10% feel they are mature enough to withstand the risks involved in the use of traditional methods.

Taboos

None of the respondents talked about any form of taboo as a way of promoting health among lactating mothers. This may probably be due to modernisation and education. Formerly, due to illiteracy, taboos like lactating mothers should not have sex (because “sperms pollute breast milk”) were effective ways of spacing children. In recent times, however, contraceptives are used to space births. Now, the educated read books and teach others how to space their births. Community Health Nurses also educate both literate and illiterate people about child spacing. Due to education, certain taboos are dying out. This may be due to elders not passing on the taboos to the new generation, most of whom attend schools, and are taught the scientific basis for doing certain things which were considered taboos in the past.

Documentation of Traditional Methods

It was also noted that all the traditional methods described by respondents were not documented but respondents got to know them by means of oral tradition, which is still a powerful channel for informal education. Table 3.8 illustrates how respondents got their knowledge about the use of traditional methods to promote health among lactating mothers in the Gomoa district.

Table 3.8 **Sources of information on the use of Traditional Methods**

<i>SOURCES OF INFORMATION</i>	<i>NUMBER OF RESPONDENTS</i>	<i>PERCENTAGE</i>
Parents	28	42
Grandparents	13	19
Health Personnel (traditional & modern)	11	17
In-laws	2	3
Friends	6	9
Other relatives	7	10
<i>TOTAL</i>	<i>67</i>	<i>100</i>

Note : Respondents here refer to lactating mothers and elderly people only.

The above table shows that all respondents got to know about traditional methods of promoting health among lactating mothers in the course of their daily interaction with people in their environment and not through any books or formal learning. This supports the fact that learning, (in this case, informal learning) is not a recent invention for many ethnic groups of Africa (Jakayo, 1994). There is so much knowledge to be acquired through informal education in traditional societies. Quite a lot of the knowledge possessed by our ancestors have not been adequately documented. Thus, should we rely solely on formal and non-formal education as means of learning, we will lose a lot of information including those on traditional methods of promoting health among lactating mothers.

Out of the 100 respondents interviewed, 33 were elderly people (between the ages of 45 and 70), who one would expect to possess much knowledge about the use of traditional methods. When these 33 (100%) elderly respondents were asked whether or not they were imparting their knowledge to younger ones, 18 (55%) said they were, whilst 15 (45%) said they were not. Some 13% out of the 45% who were not imparting their knowledge explained that they did not think traditional methods were safe enough to be taught to people. Out of the 45%, 18% said some traditional methods were effective, but they do not wish mothers to continue using them because there are modern ways which are better in many ways. Further, 14% said none of their daughters have given birth and other relatives who give birth never ask them to teach them the use of traditional methods. As such, they have not taught anybody how traditional methods are used.

Of the 18 (55%) who were imparting their knowledge to younger ones, 22% said they let relatives collect herbs for them and then show them their use. Another 16% teach relatives how concoctions are made, and 11% prepare concoctions for people or teach them how to prepare the concoctions themselves. The remaining 6% advise family members to consult herbalists and medicinemen when they are sick.

All these are forms of informal education which is a common way of acquiring and imparting knowledge. Respondents revealed that there are no agencies at the moment helping them impart their knowledge to the youth. This results in a loss of information because some knowledgeable people in the Gomoa society will die

without passing on their knowledge to younger ones. This might happen because the youth are not interested, or the elders feel traditional methods are secrets to be protected, or because there are no agencies to facilitate such impartations to the youth and subsequent generations.

Use of Traditional Methods and reasons for their use

With the exception of 29 respondents, all others (female respondents only) had used and are still using the traditional methods of promoting health.

Table 3.9 The use of Traditional Methods

<i>TRADITIONAL METHODS USERS</i>	<i>NUMBER OF RESPONDENTS</i>	<i>PERCENTAGE(%)</i>
1. Used Traditional in the past	51	64
2. Still use them	48	60
3. Never did	29	36
<i>TOTAL of 1 and 3</i>	<i>80</i>	<i>100</i>

As Table 3.9 indicates, 51 (64%) of the respondents used traditional methods when they were lactating mothers. However, 3 (4%) of the respondents had quit the use at the time of the study.

Some of the reasons they gave for quitting were that herbal concoctions were not hygienically prepared. Also, the pepper content in some concoctions were too

much. Of the 80 (100%) respondents, however, 29 (36%) had never used any form of traditional methods. Their reasons for not using traditional methods were that they were discouraged and advised by orthodox health personnel not to use them (especially, herbal concoctions), since they could lead to deterioration of health in certain cases.

Some lactating mothers interviewed relied solely on the use of traditional methods for their latest delivery. Some used modern methods while others combined modern and traditional methods of promoting health among lactating mothers. This is illustrated in Table 3.10.

Table 3.10 Methods of health promotion lactating mothers used for their latest delivery

<i>METHOD</i>	<i>NUMBER OF RESPONDENTS</i>	<i>PERCENTAGE (%)</i>
Modern	13	38
Traditional	4	12
Both	17	50
<i>TOTAL</i>	<i>34</i>	<i>100</i>

The survey showed that 38% of the lactating mothers used modern methods for their latest delivery. This was because of the family planning education mothers received from orthodox health personnel. According to them, modern methods are safer.

Due to the strong belief the Gomoas have in traditional methods, quite a number of the respondents, (50%) combined traditional and modern methods. The local people believe orthodox medicine cannot heal all diseases so when added to traditional ones, lactating mothers who are ill will be completely healed.

When respondents were asked which methods they preferred (traditional or modern), most of them - 72% declared for modern methods. Details are found in Table 3.11.

Table 3.11 **Health methods preferred by respondents**

<i>METHOD</i>	<i>NUMBER OF RESPONDENTS</i>	<i>LACTATING MOTHERS</i>
Modern	72	24
Traditional	13	4
Both	15	6
<i>TOTAL</i>	<i>100</i>	<i>34</i>

Most respondents (72%) preferred modern methods and gave several reasons for their preference. Some general reasons given by respondents were that even though they used traditional methods, the methods are crude. That is, herbal concoctions are mostly prepared in an unhygienic manner. For example, herbs are not properly washed and most herbal concoctions are taken in large quantities.

Further, herbal concoctions used for enema contain so much pepper and other spices which according to the orthodox health personnel interviewed, cause intestinal, anal and stomach inflammation.

Out of the 72% (72) respondents who preferred modern methods, out of which 24% were lactating mothers, 37% (37) did so because these methods are safer and are prescribed by physicians. The physicians and other medical personnel know the action/reaction and side effects of drugs (which could be monitored). Also, the correct or exact dosage to be taken is also known. This makes intake less risky. For 13% (13), modern drugs heal many diseases faster than traditional ones because orthodox health personnel are able to diagnose disease better and faster and offer appropriate medication. One herbalist interviewed said she personally preferred modern medicines because by her own experience, they are more effective than traditional medicine. Other 8% (8) preferred modern methods because that is all they know. Another 3% (3) had been educated by health personnel, particularly Community Health Nurses to use modern methods at all costs, because they are safer. According to the orthodox health personnel, they advise people to go for modern methods because herbalists and medicinemen often keep patients in their homes and give them herbal concoctions. They sometimes wait till the situations gets out of hand before transferring the sick people to the hospital. Further, 5% (5) of the respondents said they did not know how to prepare herbal concoctions themselves and since they were not sure of getting it everywhere they go, they would rather go in for orthodox ones which could be obtained from hospitals, pharmacies

and chemical shops. Moreover, some herbs cannot be obtained in the lean season and since they do not want to be changing herbs, they rather prefer orthodox medicine which is almost always available.

Only 3% (3) reject traditional methods, especially the use of herbal concoctions because of their religious faith. For them, traditional medicines are often attached to shrines and their faith does not permit them to visit shrines. As a result, they go in for modern methods. The remaining 3% (3) complained of the bitter taste of the herbal concoctions, stating they preferred modern medicines because they could almost always go in for tablets which they find easy to swallow.

The 13% (13) of the respondents who preferred traditional methods to modern ones have the following as their reasons for their choice. For 2% (2), they did not have enough funds to benefit from modern health facilities. They claimed they could not afford the “cash and carry system” whereby they have to deposit money before they are given drugs. This category knows how to prepare herbal concoctions themselves, so they did not need to visit any herbalist.

For another 2% (2), it is the problem of accessibility. They have the herbalists around to whom they could go for treatment. They did not see why they should go to the hospital at Apam which is always crowded, or even visit the clinics and health posts in their localities. According to them, herbs are available and cheap. They are easily obtained if one knows which herb to use to cure which disease.

The remaining 9% (9) said traditional methods are what they have used since time immemorial and are what they are used to. As such, they could not leave them for new ones. They believe herbal concoctions bring quick relief for certain sicknesses, especially stomach ache and bone fracture, so they stick to them.

The 15 respondents who preferred both methods explained that both are useful and so none should be left out.

3.3 Views of Respondents on Problems with traditional and modern methods of promoting health among lactating mothers

A total of 53 out of 100 respondents interviewed expressed views about problems lactating mothers face with the use of traditional methods. The remaining 47 however, did not have any problems with the use.

The views of health personnel both traditional and orthodox were solicited on the use of traditional methods by lactating mothers, because they deal with health problems of lactating mothers and they know how health is promoted among them.

Of the 100 people included in the sample, 33 were health personnel resident in the localities. The ranks and official titles of health personnel interviewed were herbalists/medicinemmen, District Medical Officer of Health (D.M.O), Public Health Nurses, Midwives, Community Health Nurses and District Public Health Nurse (D.P.H.N.).

Several reasons were given by the 53 respondents who have problems with traditional methods. For them, especially the orthodox health personnel, enema sometimes results in retention and intestinal perforation needing urgent surgical intervention. Enema also causes excessive strain on muscles. This sometimes causes anal prolapse and uterine prolapse.

Because traditional medicine is normally taken in large quantities in its raw form, it sometimes causes weakness, dizziness and nausea. This happens especially when the patient takes an overdose of the medicine. This may lead to deterioration of health. Some of the herbs, as mentioned earlier, are not hygienically prepared, as such people are not sure about the safety of herbal medicine.

Other problems are:

- i. Diagnoses are subjective and are not based on generally accepted processes or procedures.
- ii. Prescriptions are arbitrary and based on the herbalists' own ideas.
- iii. Doses are not given properly, that is, amounts to be taken and periods are indefinite and
- iv. Ingredients used in preparing concoctions are normally not measured and are sometimes excessive, for example, pepper.

With regard to modern methods, fewer people had problems. Some 75 out of 100 respondents did not have problems with the use of modern methods. Only 25 had

problems. Problems mentioned regarding the use of modern methods mainly concerned the side effects of drugs like chloroquine and camoquine, the rising cost of drugs, non accessibility of modern health facilities and non availability of modern health facilities in some localities in the district. These, they said, make the few health facilities become over tasked, leading to early breakdown. There are too many patients per doctor, so some go back home without being attended to. This confirms a point made earlier (in chapter 1, under general introduction) that in rural areas of Ghana, there may be one doctor to about 70,000 people and 1:4,000 in urban areas (Abbiw,1990).

3.4 Improving Traditional Methods

Respondents were not asked only to talk about the problems with the use of traditional methods, but also to express their views on how the methods could be improved. Some suggestions they made are listed below:

- i) Diseases should be diagnosed by physicians before patients are given traditional medicine by traditional practitioners.
- ii) Herbalists, medicinemen and all traditional healers should write or let others write proper instructions on drugs before giving them out to patients.
- iii) Adequate information on ingredients and side effects of traditional medicines must be made available to patients. This will reduce the risk of people taking overdoses or suffering unknown side effects.

- iv) Genuine traditional herbal practitioners should have identification cards or tags issued by the Ministry of Health. With this, unqualified traditional practitioners would be eliminated. This will solve the problem of quacks selling substances to patients and endangering their health.
- v) The medicine should be prepared such that it will benefit those who take pepper as well as those who do not. This could be done by reducing the pepper content in concoctions for those who do not like much pepper and also preparing pepper-free concoctions for those who do not take in pepper at all.
- vi) It was widely suggested that preparation of concoctions must be done in a hygienic way. This should include thorough cleaning of herbs, pots and bottles, and all utensils used in concoction preparation. The aim is to prevent patients from contracting diseases like diarrhoea after taking herbal concoctions to heal other sicknesses.
- vii) Training centres should be opened for practitioners where they will be trained to help improve their practice and the health of their patients, for example, indisposed mothers who use traditional methods.
- viii) Investigations into traditional methods should be carried out by competent people or specialists in the area of traditional methods to explore how best their methods can be improved.
- ix) More research has to be carried out in the area of traditional methods of promoting health among lactating mothers. The useful recommendations of

these researchers have to be implemented by relevant agencies and the government, so that the improved methods can be taught to practitioners.

- x) There should be a collective effort of herbalists to pool their knowledge together. This will help bring out the hidden knowledge about traditional methods to be developed and improved for the whole society.
- xi) There is also the need for a positive attitude from orthodox health personnel - doctors, pharmacists and pharmacologists - to help identify and propagate useful traditional methods.
- xii) The Government should create a favourable atmosphere for the improvement of traditional methods. There should be financial support for researchers and any board which might be set up for the improvement of traditional methods used in promoting health among lactating mothers.
- xiii) Users of traditional methods should accept change in whatever direction the improved methods will take. That is, there is the need for education. People have to be educated about the need to accept and adopt the improved traditional methods instead of the old methods. By this, people will not hide and secretly continue to use the traditional methods.

3.5 Attitude of Local People Towards Traditional and Modern methods of Promoting Health among Lactating Mothers

Various categories of orthodox health personnel were interviewed to get their views and perceptions from different angles about traditional methods of promoting health among lactating mothers. Of the 17 interviewed, 8 were Community health nurses.

Their number is higher because they interact most with the lactating mothers both at maternal and child health centres and in the various localities. They know them and their methods well. The health personnel were asked what the attitude of the local people was towards traditional and modern methods of promoting health among lactating mothers in the Gomoa district.

According to them, the Gomoas generally accept traditional methods and readily go for them. That is to say, they have a positive attitude towards traditional methods and recognise them to be more effective in the cure of certain diseases like sore in the womb after childbirth. The Gomoas, according to the health personnel, are generally more interested in traditional methods than orthodox ones, even though they use both. Because of their interest in traditional methods, the Gomoas have a lukewarm attitude towards modern methods. According to the community health nurses, the people do not patronise their services especially during farming seasons, because they feel it is a waste of time spending the whole morning seeing health personnel while others are busy on their farms.

The views of the health personnel that the Gomoas are more interested in traditional methods contradict the views of the lactating and elderly respondents in that 72% (lactating and elderly respondents) said clearly that they preferred modern to traditional methods of promoting health. The contradiction could be explained by the fact that because the lactating mothers were interviewed at the hospital, clinics

and health posts, they did not want to show their preferences for traditional methods, because they had been warned by orthodox health personnel not to use them, especially enema, which they resorted to frequently. Since the health personnel have lived among them for sometime, they could tell from their attitude what they preferred, even though they could be wrong.

According to the health personnel, the local people prefer traditional methods because they are what the people are used to and are less expensive. Some of the local people fear the reaction of certain drugs like chloroquine, so they rather go in for traditional methods.

As said earlier, local people feel people spend so much time at the hospital, clinic or health post. As a result, they prefer using traditional methods during farming and fishing season, because they are easily obtained from their neighbourhood. For them, traditional methods are more accessible and almost always available.

It is believed by the orthodox health personnel that the local people go in for traditional methods also because of their low level of education. From the data collected, out of 70 (100%) literate respondents, 67% had primary and middle school education, only 4% reached the Junior Secondary School level. Also, 20% had secondary education. The 9% who had tertiary education were mostly health

personnel. None of the respondents with tertiary education used traditional methods. Their reasons were that they were not sure of their safety, so they preferred modern methods since the orthodox health personnel are well trained and are therefore qualified to administer treatment to patients. From the findings, it may be inferred that the respondents prefer traditional methods because of their low educational level.

Furthermore, the Gomoas are seen to believe in native medicine because native medicines have spiritual aspects associated with them and they are also culturally acceptable. The local people (especially those belonging to “spiritual churches”) are taught by their priests and elders in the society that herbs are given by ancestors and gods in dreams to be used to cure diseases and to drive away evil spirits which may try to harm them. Since some of the people have so much belief in gods and ancestors, and believe all things come from them, they use the methods in order not to offend or provoke the gods and ancestors. Others (9%) also use traditional medicine simply because they are forced to do so by elders in their families.

When the health personnel were asked whether they would recommend that lactating mothers use traditional methods of promoting health in combination with modern methods, all of them agreed. They even added that certain cases like bone fracture are better cured with herbs than with orthodox medicine. They also said local foods

are easily obtained in the locality. The health personnel also said that they could not dispute the fact that herbs give rise to some potent drugs.

What is needed, according to them, is documentation of the methods, giving of correct dosage, clear modes of application and making the side effects of medicines known. Until these are done, lactating mothers should only be allowed to use local foods and consult physicians in all cases to prevent calamities.

When asked whether hospitals, health posts and clinics should adopt some traditional methods, 79% of the health personnel said yes on condition that patients' conditions should not get critical before they are rushed to the hospital. If this is done, traditional practitioners could be monitored by orthodox health personnel.

The 21% who did not agree to this said traditional practitioners should have their own centres to treat diseases. However, diseases should be diagnosed by physicians before traditional practitioners attend to patients.

The results indicated that most of the people preferred modern methods as a first choice but said they used it only as a last resort when they could afford it.

The end result therefore is that more people use the traditional methods. Knowledge about the superiority of modern methods was widespread but availability and accessibility prompted the use of traditional methods more regularly. The way forward would be to either make the modern methods more available or improve the traditional methods. Further recommendations are in the next chapter.

CHAPTER FOUR

SUMMARY. CONCLUSION AND RECOMMENDATIONS

4.1 Summary

The study is about traditional methods used in promoting health among lactating mothers, using the Gomoa district as a case study.

The Gomoa district was chosen because it has limited modern health facilities and the local people depended on traditional methods of health promotion to cater for themselves.

There were 100 respondents sampled from the five localities of Apam, Gomoa Oguaa, Gyaaman, Dawurampong and Mprumamu. These were made up of 33 health personnel (both traditional and orthodox), 33 elderly people who were believed to possess some knowledge about the use of traditional methods on lactating mother, and 34 lactating mothers. The group of respondents were purposively and randomly selected.

The objectives defined for investigation in the study were as follows:

The study sought to find out the extent of use of traditional methods used in promoting health among lactating mothers and some underlying reasons for their preference among the Gomoas. Specific areas researched were:

- i) How widespread the use of each identified traditional method is.
- ii) The level of knowledge of the Gomoas in terms of traditional methods of promoting health among lactating mothers.
- iii) The perceptions or attitudes of the Gomoas towards the use of traditional methods of promoting health among lactating mothers.
- iv) The problems related to the use of traditional and modern methods of health promotion.
- v) How traditional methods can be improved.
- vi) How the knowledge about the use of traditional methods can be propagated.

The background to the study was provided as follows:

The Gomoas in olden times depended heavily on traditional methods to promote health among lactating mothers. However, with the introduction of modern health facilities, the trend changed. People resorted to modern methods, only to find that they were not available in all localities and therefore inaccessible. This caused some

to return to the traditional methods they formerly used. The change from traditional to modern and back to traditional methods is viewed in this paper as a result of Christianity, urbanisation, formal education, accessibility and poverty.

It was found out that though several scholars have written in the area of orthodox maternal and child health delivery, very little literature exists on traditional methods of maternal and child care. Literature was reviewed under the following headings:

- i) Nutrition
- ii) Emotional health promotion
- ii) Modern methods of promoting maternal health
- iv) Traditional methods of promoting maternal health

Data was collected through interviews, using a different set of questions for each group of respondents - lactating mothers, elderly people and health personnel. The analysis of data was mainly descriptive, though quantitative methods of analysing data such as tables and percentages were also used.

The study confirmed that traditional methods were available before modern methods were developed and are still patronised widely.

Respondents gave several reasons for using traditional methods. Among these reasons were:

- i) Modern methods are expensive and not available in most rural communities. They are therefore not accessible. Even in urban areas where they are available, they are not enough for everybody to benefit from them.
- ii) Local people are more familiar with traditional methods. For them, the methods heal certain diseases faster, for example, bone fracture.

All respondents got the knowledge about the use of traditional methods through informal education and the few imparting the knowledge are doing so through the same means without the help of any established agency.

It was clear from the study that the educational level of the respondents was low in that 71% had up to basic and first cycle education. If nothing is done about them, documentation of the methods will remain a problem while oral tradition continues, leading to loss of information as far as traditional methods are concerned.

Technology transfer will be limited with low educational level because it is more difficult to transfer knowledge accurately using oral methods. Education would therefore have equipped them with a better way (written and oral) of transferring knowledge.

It was noted (against the normal expectation) that 50% of the respondents were traders. This may be explained by the fact that the study was carried out in the lean season which was neither a fishing nor farming season. As such people resorted to trading till the next fishing and farming seasons.

The fact that Gomoas use traditional methods extensively did not mean they were comfortable with them. Out of the 100 respondents, 53% faced some problems with the use of these methods including:

- i) Intestinal perforation needing urgent surgical intervention.
- ii) Dizziness.
- iii) Nausea.

These therefore made the safety of traditional methods questionable and brings to the fore the need to improve the methods, if people are going to be encouraged to patronise the methods.

With regard to modern methods, only 20% of respondents had problems, mainly accessibility and poverty. It was suggested by respondents that:

- i) Seminars and practical courses should be organised by the Ministry of Health for traditional health practitioners, where they will be taught how best to improve their methods for the good of all.

- ii) Training centres should be opened for traditional health practitioners where they will be trained to acquire skills and knowledge to help them improve upon their work.
- iii) There is the need for a positive attitude of scientific health personnel - propagate useful traditional methods.
- iv) Herbal concoctions also need to be prepared in a more hygienic manner, reducing the pepper content as much as possible.

Promoting good health for lactating mothers is equal to ensuring good post-natal care. To be healthy, lactating mothers need personnel and facilities which would ensure that they get good advice and care to enable them regain their strength after childbirth and remain healthy to feed and properly care for their children. The babies also need to be properly cared for to ensure proper growth and freedom from diseases. If diseases come, there should be ways of quickly finding a remedy.

Modern medicine has proven ways of ensuring the health of lactating mothers and where available they can be obtained to ensure good post-natal care. The problem with areas like the Gomoa district however is that modern methods are not available and are expensive. Mothers therefore resort to traditional methods, although those methods are mostly arbitrary; and their safety and reliability cannot be certified, thus, leaving lactating mothers at risk.

Sure ways to promote the health of lactating mothers would therefore be to improve the traditional methods they use to make them safer, more reliable and efficient. If traditional methods are improved, people will use them confidently and those who cannot afford modern methods will adopt them, leading to improved health for all.

4.2 **Conclusion**

It can be said that all 100 respondents sampled from the five localities of Apam, Gomoa Oguaa, Gyaaman, Dawurampong and Mprumamu generally had some knowledge about traditional methods of promoting health among lactating mothers.

Methods mentioned most were the use of herbs, for instance, in palmnut soup to induce flow of breastmilk, and concoction and decoction of herbs to cure diseases like:

- i) Anaemia
- ii) Sore womb
- iii) Coughs

The educational level of the people was low; 71% had only primary and basic level education. It is interesting to note that even though Gomoas use traditional methods

to a large extent, the majority prefer modern methods because they are not sure of the safety of traditional methods.

With regard to how widespread the use of traditional methods are, the study revealed that 70% of the respondents (lactating mothers and elderly people) used the methods. However, 3% quit their use with the reason that traditional medicines are not hygienically prepared.

On the issue of the level of knowledge of the people regarding the use of traditional methods, it was found out that the local people have a very good knowledge about traditional methods and their use.

Considering the attitude of the local people towards the use of traditional methods, according to the orthodox health personnel interviewed, even though the Gomoas extensively use traditional methods, they do not reject modern methods of promoting health among lactating mothers. Rather, they combine their use.

As to whether or not respondents faced problems with the use of modern and traditional methods, the study also revealed that despite the fact that the Gomoas use traditional methods, they face some problems with their use. The problems include

dizziness and nausea with large dosages, inflammation of intestines and stomach due to enemas and problems from unhygienic preparation of concoctions.

A quarter of the respondents had problems with the use of modern methods of health promotion. This was mainly related to the high cost of modern methods.

Regarding how traditional methods can be improved, certain suggestions were made.

These included:

- i) Proper documentation of identified traditional methods
- ii) Organisation of seminars, workshops and symposia for traditional practitioners where they will be taught how best they can improve their methods and proper labeling of drugs.

It was found out that all knowledge acquired by respondents regarding traditional methods were through informal education.

If traditional methods are improved and propagated, it will encourage a wider use and by so doing, reduce the strain and stress on modern health facilities.

Traditional methods are the preferred health care option for rural areas compared to modern methods, despite the problems associated with them. People are driven by

poverty and lack of access to traditional methods. Until these problems of poverty and lack of facilities can be solved, it is imperative that efforts should be made at every level, (Governments, NGOs, and all concerned) to upgrade, improve and make traditional methods safer and more efficient.

4.3 Recommendations

The study revealed that the safety of users of traditional methods of promoting health among lactating mothers in the Gomoa district is a problem. Also, knowledge about the traditional methods is not propagated well enough. The researcher therefore recommends the following:

1. There should be documentation of all traditional methods of promoting health in Ghana. These may be investigated and adopted for general use. This may be supervised by the Ministry of Health.
2. There is also the need for a positive attitude of scientific health personnel - Doctors, Pharmacists and Pharmacologists - to help identify through research, improve and propagate useful traditional methods as suggested by respondents. Although this is done at Mampong, it can be done on a larger scale.
3. Traditional methods and ways of improving them could be introduced as part of pharmacy course in the universities, so that the process of refining the methods would be continuous.

4. Traditional practitioners - Herbalists and medicinemen - should be trained formally or informally by health personnel regarding the improvement of traditional methods to improve the health of all.
5. Seminars and workshops should be organised for traditional practitioners where they will be taught how best their traditional methods could be improved.

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- iv. Secondary/SSS/Technical
- v. Vocational
- vi. Tertiary
6. Religion:
- i. Christian
- ii. Moslem
- iii. Traditional
- iv. Others (Please specify)
7. Occupation:
- i. Farming
- ii. Fishing
- iii. Trading
- iv. Office Work (white collar job)
- v. Others (specify)
8. Number of Children:

(B) For Lactating Women Only

9. Are you aware of any traditional method used in promoting health among lactating mothers and their children?

Yes No

10. If yes, which traditional method(s) are you aware of (please describe them).

11. How did you get to know how traditional methods are used?

12. Which of the methods described in question (10) do you use/have you ever used?

13. How are the named methods used to promote health among lactating mothers in your locality?

14. Why do you use traditional methods?

15. Which method did you use for your latest delivery, Traditional or Modern?

16. Was it by choice or for lack of alternatives?

17. (a) Which method of promoting health among lactating mothers do you prefer - Traditional or Modern?

(b) Can you please say why you prefer the methods?

18. (a) Do you have any problems with traditional methods of promoting health among lactating mothers? Yes No

(b) If yes, what are the problems?

19. (a) Do you have problems with modern methods of promoting health among lactating mothers? Yes No

(b) If yes, what are the problems?

20. How do you think traditional methods can be improved?

21. (a) Which should be given priority and developed, Traditional or Modern?

(b) Please explain your answer.

(C) For Health Workers - Both Traditional and Orthodox

22. What is your official title?

23. Are you resident in the locality? Yes No

24. How long have you worked here?

25. Are you aware of any traditional methods used to promote health among
lactating mothers in this locality? Yes No

26. (a) If yes, what are some of these methods?

(b) How are each of them used?

27. Generally, what is the attitude of the local people towards these methods?

28. What is their attitude to modern methods of promoting health?

29. What do you think explains these attitudes?

30. Are there problems with traditional methods of promoting health among

lactating mothers? Yes No

31. If yes, please state and explain them.

32. Are there problems with modern methods of promoting health among

lactating mothers? Yes No

33. If yes, what are they?

34. (a) Which should be given priority and developed, Traditional or Modern methods?

(b) Explain your answer.

35. (a) Do you personally think traditional methods should be used in combination with modern methods? Yes No

(b) Explain.

36. (a) Do you think hospitals, clinics and health posts should adopt some of the traditional methods for use? Yes No

(b) Explain.

37. (a) Should lactating mothers be allowed to use both traditional and modern methods of promoting health at the same time?

Yes No

(b) Explain.

38. How do you think traditional methods can be improved?

(D) For Elderly People Only

39. Are you aware of any traditional methods used to promote health among lactating mothers? Yes No

40. If yes, which traditional methods are you aware of (please describe them)?

41. (a) Did you use the methods described above as a lactating mother?

Yes No

(b) Do you still use them? Yes No

42. If yes, how are they used to promote health among lactating mothers?

43. (a) Which method of promoting health among lactating mothers do you prefer - Traditional or Modern?

(b) Explain.

44. (a) Do you have any problems with traditional methods?

Yes No

(b) If yes, what are the problems?

45. (a) Do you have any problems with modern methods?

Yes No

(b) If yes, what are the problems?

46. How can traditional methods be improved?

47. How did you get to know how traditional methods are used?

48. (a) Are you imparting your knowledge to younger ones?

Yes No

(b) If no, why?

49. If yes, how are you imparting your knowledge?

50. (a) Are there any agencies helping you impart your knowledge?

Yes No

(b) If yes, name them.

APPENDIX 2

GHANA SUKUUL PON A OYE LEGON

NSEMBISA NHYEHYEE WO FANTSI KASA MU

TSIR: EBIBIDUR NA AKWAN A WO DZE HWE ABAATAN:

TSITSIR GOMOA MANTAM

A. ABRABO MU NSEMBISA

1. Nfe

2. Bqbea: Besia Benyin

3. Bron

4. Ako sukuul da? Nyew Oho

5. Se akq sukuul da, edur hen?

6. Osom

i. Christiansom

ii. Kremosom

iii. Abosomsom

iv. Wwara kyere wo som

7. Edwuma

- i. Ekwaeye
- ii. Apoye
- iii. Adzeton
- iv. Office/Abrogodwuma
- v. Woara kyere w'edwuma

8. Wo mba dodow

B. ABAATAN NKOTSE

9. Ana enyin ebibidur na akwan bi a oma abaatan na hon mba apowmudzen a?

Nyew Oho

10. Se nyew a, ma owo hen na enyim? (kyerekyere mu)

11. Eyi den hun ebibidur na akwan a oma abaatan apowmudzen?

12. Ebibidur na akwan a edzikan abobo edzin yi, ma owo hen na edze aye wo ho da?

13. Wo ye den dze ndur na akwan a abobo edzin yi sa abaatan yarba?

14. Ebeɓ adze ntsi na edze ebibidur na akwan ye wo ho?

15. Ereko wo yi, ebeɓ edur na akwan na eyeɓ, abrofo dur anaa ebibi dur?

16. Nna ono na epe anaa fofor biara nnyi ho?

17. (a) Ebieɓ yi, ma owo hen na epe paa, ebibi dur na akwan anaa abrofo ndur na akwan?

(b) Kyerekyere mu kakra.

18. (a) Biribi wo ebibi dur an akwan a wo dze hwe abaatan ho a empe?

Nyew Oho

(b) Se nyew a, kyere ma empe.

19. (a) Biribi wo abrofo dur na akwan a wo dze hwe abaatan ho a empe?

Nyew Oho

(b) Se nyew a, kyere ma owo ho a empe?

20. Ehwe a, ebibi dur na akwan a wo dze hwe abaatan na hon mba yi, wo be ye no den na we tu mpon?

21. (a) Ma owo hen na wo ndzi ho dwuma no kan, ebibidur na akwan anaa abrofo ndur na akwan?

(b) Kyere wo mbuaye no mu kakra.

D. MPANYIN NKOTSEE

39. Ana enyim ebibidur na akwan bi a oma abaatan na hon mba apowmudzen a?

Nyew Oho

40. Se nyew a, ma owo hen na enyim? (kyerekyere mu)

41. (a) Edze ebibidur na akwan ye woho aber a eye obaatan?

Nyew Oho

(b) Eda ho dze ye woho anaa?

Nyew Oho

42. Ebibi dur na akwan yi, wo dze ye abaatan ho den?

43. (a) Ebien yi, ma ɔwɔ hen na epe paa, ebibi dur na akwan anaa abrofo ndur na akwan?

(b) Kyerekyere mu kakra.

44. (a) Biribi wɔ ebibi dur na akwan a wɔ dze hwe abaatan ho a empe?

Nyew

Oho

(b) Se nyew a, kyere ma empe.

45. (a) Biribi wɔ abrofo dur na akwan a wɔ dze hwɛ abaatan ho a empe?

Nyew

Oho

(b) Se nyew a, kyere ma ɔwɔ ho a empe.

46. Ehwe a, ebibi dur na akwan a wo dze hwɛ abaatan na hɔn mba yi, wo bɛ yɛ no dɛn na we tu mpon?

47. Eyɛ den hu ebibidur na akwan a ɔma abaatan apowmudzen?

48. (a) Nyimdzee a ewɔ wo ebibidur na akwan ho yi, ana edze re kyerekyere wo ase fo anaa?

Nyew

Oho

(b) Se oho a, ebɛn adze ntsi a?

49. Se nyew a, ere ye no den?

50. (a) Ana aban ananmusifo bi rebqa ma edze wo nyimdze yi akyerkyere nkrofo anaa?

Nyew Oho

(b) Se nyew a, bobq edzin.
