Cultural change and medical practice among the Kwawu people of Ghana, c. 1700-2019

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The cultural values of any group of people correlates with their practice of medicine. Cultural values in the Kwawu community and the world at large has gone through a cornucopia of changes over time. In this vein, the practice of medicine and healing in the Kwawu community which are embedded and constructed culturally have experienced some changes or gone through metamorphosis. Although the values of culture -on their own- changes overtime, this paper relates most of the changes within the community to the European domination of the African continent. Factors such as Christianity, formal education, individualism, urbanization and others as discussed in this empirical research, have served as the major drivers of social change; the combination of which have served as social forces impacting the nature of medical practices among the people of Kwawu. Using a qualitative research approach, the study accounts for the changes in culture and how it has influenced the medical practice of the Kwawu people of Ghana. The current contribution concludes, among other things, that the youth are the major exhibitors of social change. Practitioners and clients (patients) have therefore recognized the need to use up-to-date technology and skills to meet the changing needs and preference in the area of healthcare and medicine.

Keywords: culture, medical practices, change, traditional medicine, biomedicine, Kwahu, Ghana

1. Introduction

The practice of medicine has been an integral part of humanity and has gone through a cornucopia of changes over time. Globally, people have shown resilience in their fight against anything that has the potential of threatening their existence including diseases. As a result of this, societies have over the years, developed various approaches towards the definition, control and protection of themselves against ailments. Landy (1977) has argued that every cultural setting has its unique explanations attached to the etiology and effects as well as the approaches towards the healing process. Culture has been an effective tool which defines the kind of medical practice as well as the medical systems available in every society. With medical practices having had long established ties with the way people

live (Adu-Gyamfi 2016), societies have, through various phases, developed their own institutions of medicine needed to address the burdens of diseases (Twumasi and Bonsi 1975: 340). Since pre-modern era, questions on the construction of diseases and illness have been central and universal to the social praxis of the cultural setting of the society in question (Langdon and Wilk 2010). In essence, whether or not a person contracts a sickness; the kind of disease he acquires, and the kind of treatment he receives depends immensely upon the social, cultural and psychological as well as biological factors of the society (Landy 1977).

Since time immemorial, the tendency of associating diseases to evil spirits in Africa has been very paramount across societies (Adu-Gyamfi and Adjei 2017). To that extent, diseases in Africa in the pre-modern era –and still in contemporary times– are associated with the demeanor of a person or persons and deviations at both personal and social levels (Adu-Gyamfi 2016). Partially, the attribution of the etiology of diseases to one's misconduct served as a measure of social control as individuals who lived in the pre-colonial era resorted to putting up good behavior within their societies (Landy 1977). Thus, in Africa, the social construction of the various diseases that befell the people and their responses accorded them were in relation to the overall social structure and maintenance of same (Langdon and Wilk 2010; Landy 1977).

Culture encompasses the arts, customs, lifestyles, background and habits exhibited by people of a particular nation or society (Acerbi and Parisi 2006; Akuoko 2008). Banks and Banks (2009: 33) defined the term as, "consisting primarily of the symbolic, ideational, and intangible aspects of human societies." This implies that the quintessence of culture features more on the immaterial social components of society such as values, symbols, interpretations and practices as opposed to artifacts, tools, instruments and other material or tangible aspects of human societies (Akuoko 2008; Banks and Banks 2008). Culture virtually rules all facets of human life. It is examined in totality to include every aspect of life including religion, eating habits, recreational activities and fashion among many others, of a group that share them. To that extent, it is instructive to argue that, the construction of disease, health and illness as well as treatment of same cannot be dissociated from the discourse on culture (Langdon and Wilk 2010). Over the years, anthropologists have argued that the concept has been dynamic, undergoing changes overtime. Essentially, the cultural factors of Africans have been shaped immensely with their interactions with the West.

Similarly, the approaches for the treatment of diseases have not been static but have equally responded otherwise to the various social changes. Scholars of medical anthropology and especially those that are interested in medical practices have reported among other things that, response to changing cultural practices have revealed that the evolution of health related issues cannot be

overlooked when one is dealing with the general concept of social change (Lieban 1973; Landy 1974; 1977; Fiereman 1985; Langdon and Wilk 2010). As healthcare systems are culturally construed (Dunn and Janes 1986), pre-historic people of Africa relied on the best remedy they could think of based on their knowledge (Kelly 2009). This notwithstanding, the colonial era marked a turning point in the (medical and cultural) history of Africa and Ghana in particular. The era under review introduced new forms of cultural practices coupled with medical values which have since then affected the indigenous African practices (Nukunya 2003; Adu-Gyamfi and Anderson 2019). Significantly, the era was much influential as it began to alter the belief system of the people of Ghana and Kwawu in particular (Twumasi 1975). To stretch the debate, the literature on African medical systems contend that the African encounter with the West, and especially, Europeans greatly affected the indigenous medical practices and practitioners in general (Abdullahi 2011). It has further been reported in the literature that, the latter's form of education provided a sense of resistance against indigenous cultural practices including the practice of medicine (Twumasi 1975). Particularly, scholars are of the view that colonialism introduced a new form of medicine reckoned widely as scientific, orthodox or biomedicine (Twumasi 1975; Adu-Gyamfi 2010; Asante and Avornyo 2013; Adu-Gyamfi and Adjei 2017). Within the discourses of this kind of medical system, attention shifted from the definition of diseases as supernatural to diseases being the effects of physiological or biological defects in or on the body of an organism (Landy 1977; Adu-Gyamfi and Adjei 2017). Healing was to be in consonance with the new paradigm as there was the need to justify the science in the treatment of all afflictions (Brenya and Adu-Gyamfi 2014).

The foundation that was laid in the colonial era has found its way into the post-colonial period with social change still affecting the practice of medicine. Among other things, the changes in culture has made healers adaptive to these changes (Landy 1974); the escalation of trans-local connections within Ghana and Africa in general has made traditional healers position themselves strategically in the pluralistic and globalized medical arena (Van der Geest and Krause 2014) and the choice for a particular therapy has been dependent on such factors as education, mobility, religious belief system as well as economic well-being. With the inevitable changes in societal norms and values, the roles of traditional healers have also changed overtime. For example, the whole thesis of Landy (1974) is positioned around the relationship between this changing society and the role of traditional healers. Landy further reports that indigenous healers have adapted to their changing societies to avoid extinction. Similarly, culture, regardless of its dynamism, has underpinned the actions and inactions of the Kwawu people since the pre-colonial, colonial, through to the post-colonial eras.

The discourse above is a prove that the subject under review is not a recent phenomenon as scholars and the literature have paid particular attention to the changing nature of both medicine and culture through time. Notwithstanding the above, the attention of scholars have not reflected the dynamic relationship between changes in cultural factors and medicine. As reported by Lieban (1973), the relationship between diseases and cultural factors have been a relatively neglected theme by scholars in history and anthropology. Essentially, the attention of most scholars have not been directed toward the extent to which the relationship between culture and medical practices affect each other. Scholars have partially addressed the level to which these social changes (in culture) affect the practice of medicine in some parts of Africa with little or no emphasis on the Kwawu people of Ghana. The current research addresses such a hiatus. The main objective of this empirical research is to ascertain the level to which the changing phases of culture affect the practice of medicine and vice versa. Again, this study is geared towards revealing such courses of actions that have influenced the medical culture of the people of Kwawu in the Eastern Region of Ghana.

Geographically, the locale of this research is Kwawu, an area which is found in the Eastern part of Ghana. The area shares boundary with Asante Akyem South in the north, Atiwa District to the south, Birim North to the west and the shores of Lake Volta to the east (Adonteng 2009). As a territory known widely for its activeness in trade, the community has witnessed a plethora of interactions with people from different cultural backgrounds. Historically, it has been reported that, the inhabitants of Kwawu have been migrating to occupy places across Kwawu and even beyond the shores of Ghana to engage in different economic activities (van der Geest 2007; Bartle 1997). According to scholars, the emigration of the Kwawu people to various places outside Ghana, stabilize the local economy of their families in the Kwawu community. Among other things, these travelers contribute to the family income by establishing businesses for their relatives, pay school fees, funeral bills, and medical expenses among others (van der Geest 2007). As a territory that mostly witness emigration and immigration, it is instructive to argue that such community will not be devoid of the infusion of various cultural practices. This makes Kwawu a suitable place for a study on cultural change and how the same affects medical practices.

2. Methodology

The study used a qualitative research technique based on information gleaned from both primary and secondary sources. The primary data include oral interviews and participant observations; they are sources that are closely related to ethnography. The semi- structured interview format was employed with a sample of fifty (50) participants; some of whom hail from Kwawu while others are non-native

residents. The key informants were above seventy years. The researchers adopted the stratified random sampling technique and stratified the population based on their respective ages (i.e., children, the youth and the aged). Participants were randomly selected from each age group and interviewed to glean information on the subject matter. Essentially, narratives on the indigenous cultural and medical practices that have shaped the living patterns of the people through time were obtained from the elderly within the community. It should be noted that, participants agreed that their names should be acknowledged in the research, where necessary. With no equivocation, the researchers have duly acknowledged respondents. The youth included in this study were mainly interviewed to ascertain whether their cultural values have been altered following the changes in culture and medical practices. Based on participant observation, a member of the research team –being a resident of the area - studied the real life experiences of persons and their medical choices in relation to their exposure – contact with formal education, urbanization, Christianity and economic activities.

The secondary sources consulted were books, reports, journal articles and online materials. These materials were particularly contacted due to the relevant information they possess on the subject matter. Information from earlier scholars on the discourse under review served as a basis for take-off in this current study. Significantly, these secondary data have also been used to corroborate the primary data and vice versa. We have duly acknowledged and further referenced the various literature that we contacted in piecing the current empirical study. The information gleaned from these sources have been presented thematically to reflect our discourse on cultural change and medical practice among the Kwawu people of Ghana.

3. Results and Discussions

All cultural settings have through time developed their own ways of defining the etiology, pathogenesis and the approaches in responding to diseases (Ackerknecht 1945: 428). The findings of this study postulate that several factors have resulted in the rapid changes in culture among the Kwawu people. In view of these alterations, the medical practices of the people have also been affected positively and adversely. The various factors which have resulted in these changes are thoroughly discussed below. In the first instance, we pay attention to the origins and ethnography of Kwawu. Then we focus our attention on the significant factors that have shaped the discourses on the medical culture of the people within the period under review.

3.1. History and Ethnography of Kwawu

The people of Kwawu are part of the larger Akan group who also speak the "Twi" dialect, like the Asante, Akuapem, Akyem, and Denkyira. Like her fellow Akan groups, Kwawu is made up of different people originating from different backgrounds. Many of the people who are inhabiting the present day Kwawu lands do not have a common ancestral history (Achempong 2010). Presently, there are Ewes, "Northerners," Hausas and Krobos occupying the area of Kwawu. Oral traditions suggest that the first inhabitants of the region migrated from Asante in their quest to escape from hostilities that were ongoing within the Asante Empire (Queenmother of Nkawkaw-Asubone Traditional Area, interview, April 1 2019). This fact has been confirmed by scholars such as Perregaux (1903), Wallis (1953) and Kyerematen (2000). According to Perregaux (1903: 445), the land hosted people prior to the hostilities that ensued among Asante and Denkyira, which forced both Osei Twum and Ampong Agyei to migrate to the Kwawu Mountains. He further reports that the name Kwawu appeared in an old book published in Amsterdam long before these hostilities (Perregaux 1903). In support, Acheampong's study in 2010 on Kwawu reported that a "Dutch Map of 1629 mentioned two Kwawu (Quahoe) states with the following descriptions: "Quahoe – rascal people" and "Quahoe rich in gold" (Acheampong 2010: 40).

Irrespective of the above, both scholars and oral traditions trace the origin of Kwawu to Adanse and Asante Mampon in the present day Asante Region of Ghana. It has been reported that, around 1700, there were three brothers of the Royal family in Adanse, namely; Frempong Manso, Osei Twum and Ntim Gyakari - who later became the tyrannical ruler of Denkyira (Perregaux 1903). Long before the commencement of the Asante-Denkyira clash in 1699-1700, the whole Adanse country had been troubled with hostilities (Wallis 1953). In their quest to escape from these hostilities, Nana Osei Twum and Frempong Manso together with some of their *(nkoa)* slaves and nephews fled from the cruelty of their brother- Ntim Gyakari. In the course of the journey, Frempong Manso decided to settle at "Oda," a small village closer to the Kwawu Mountains. Osei Twum however decided to travel a bit further and discovered a big and tall mountain with his servants. They started to build a village on top of the highland to house themselves. They first settled at Bukuruwa and later moved to Mpraeso through their explorations (Perregaux 1903).

The next wave of migration traces the origin of the Kwawu people to Asante Mampong. With this narrative, oral tradition makes reference to Ampong Agyei who was a relative of Esono Gyima of Asante Mampon. Both Perregaux (1903) and Wallis (1953) point to the fact that between 1700 and 1720, a civil war broke out between the villages of Ampong Agyei and a certain Osei of Dwaben. After the defeat of Agyei, he escaped punitive tendencies of his opponents, which could have been death. He eventually chose the mountains of Kwawu as a habitat with his slaves. On the mountain, Ampong Agyei instructed

one of his slaves – *Odiabene* – to clear a portion on the mountain to spy on potential intruders. After the death of the slave, the family of Agyei moved to the portion of the land he inhabited and named the place *Abene* in remembrance of his slave.

However, oral tradition presents a slightly different narrative on this wave of migration. Some informants argue that Ampong Agyei was rather chased out of Asante Mampong by his uncle, Esono Gyima who was then the head of the royal family. The main reason behind the chase was that Ampong Agyei refused to help the family in a war. Agyei was thus, compelled to migrate to occupy what was to become the stool land of Kwawu–*Abene.*

There have been several narratives on how the name Kwawu was adopted. Perregaux (1903) mentions throughout the exploration of Osei Twum and his family, his nephew embarked on a journey with one of their most loyal slaves. Upon their exploration the *akoa* ("slave") died so the nephew of Twum ran home to break the news. According to Perregaux (1903) upon hearing the sad news, Osei Twum exclaimed in astonishment: *O! akoa wu ui* and from that time the whole country was referred to as *Okwa-U* (Kwawu; Acheampong 2010: 40).

In contrast, some informants make it clear that the etymology of Kwawu has its root from cautions which were given to people in the local adage as *ko wu*, meaning "go and die" (Queenmother of Nkawkaw-Asubone Traditional Area interview, April 1 2019). This caution was in twofolds; one, it was a caution given to people in the past whenever they planned to migrate and settle on the mountain to endure the cold and unfavorable weather conditions on the highlands (Queenmother 2019). Secondly, the caution was given to prospective intruders who made plans to fight the people on the mountains of Kwawu. Closely related to this was what the people of Kwawu adopted as defensive mechanism against their enemies. As put forward by one participant, "our forefathers resorted to the act of rolling stones to kill the enemies that came closer to the mountain" (Queenmother, interview, April 1 2019). In this sense, *ko wu* became what was known later as *kwa-wu* and was rendered by Europeans as Kwahu, its current form.

The political authority of the whole Kwawu rests in the hands of the *Kwawumanhene* (paramount chief) who doubles as the Kwawu *Abenehene*. As the Paramount Chief of the Kwawu traditional area, he is linguistically referred to as *Daasebre.* The *Omanhene* of Kwawu is selected from the *Bretuo/Tena*, the clan which is believed to have first inhabited the area (Bartle 1973). Aside the paramount chief, there are other chiefs who head the various towns which are organized into chiefdoms. The area called Kwawu after its first unification started with seventeen (17) towns. At the apex of these towns were Chiefs who wielded both legislative and judicial powers with their respective elders.

Economically, the people of Kwawu believe the idea of trade is inborn. Garlick traces the motive that underpin the establishment of numerous businesses by the Kwawus in Ghana's capital Accra and other parts of the country. According to Garlick (1967), trading has been part of the socialization process in the family. Significantly, it has been reported that historically, when the *Prah* deity asked the various Akan groups to channel their desires for redress, Asante opted for food, while the Kwawus chose trade. Garlick further hints that Obomeng, Obo and Twenedurase actively engaged in slave trading aside from flourishing in the trade in cloths and fish. Also, they engaged in the sale of kolanut for cowries with the Hausas and the Dagombas. More importantly, it is recorded that while the rich indulged in rubber trade, the poor in the community took to other commodities (Garlick 1967). In contemporary times, the the people of Kwawu are well-known for their business and trading activities. Significantly, the trading tradition of the Kwawu people and the search for economic opportunities have seen the establishment of businesses across the country, particularly in the country's capital (Garlick 1967).

Like all Akan groups, the people of Kwawu are also organized and divided primarily along family, lineage and clan ties (Akuoko 2008). Among the people of Kwawu, the family has been and continues to be the basic unit of socialization. From the pre-colonial days till date, the people of Kwawu take much pleasure in the extended family system. This family system consists of the nuclear family together with aunts, uncles, grandparents, nephews and cousins. It is -or was- not only by birth that one could become a member of a particular family; through other modes such as marriage and adoption, people outside the family could be integrated as active members of the family. Similar to other Akan groups, the people of Kwawu are also organized along the eight known clans among the Akans namely; *Aduana, Asakyiri, Ekuona, Bretuo, Asene, Agona, Asona and Oyoko.* The people trace their lineage through the matrilineal side assigning any individual a sense of belongingness and inheritance traits (Nukunya 2003). Prior to European influx, evidence shows that properties were owned communally by all family members who maintained equal rights in utilizing them. Although still prevalent, property is rarely owned by the large family system; most inhabitants acquire properties for themselves and their nuclear family with disregard for the large extended family system.

In the pre-historic era, the only religion that was available and known to the people of Kwawu remained the African Traditional Religion, where the Supreme Being locally known as *Onyankopon* was worshipped through local deities (Bartle 1973). This rehashes the argument that the idea of the Supreme Being was not brought about as an achievement of the introduction of either Christianity or Islam into the area, but has been prevalent since time immemorial among all generations in the community. Aside from the Supreme Being, the people of Kwawu also believe in the existence of deities,

popularly referred to as *abosom* in their local dialect. Among the powerful deities include *Buruku, Tigare, Atia Yaw, Asubone,* and *Nansing* among many others who were, and are still consulted in times of crises, epidemics and festivities (Bartle 1973). Earlier scholars and oral traditions have provided evidence on how these gods shaped the notion of health and healthcare among the people of Kwawu. According to oral tradition, the deity, *Atia Yaw,* communicated to the people through the traditional priests, whenever there was going to be a disaster or a misfortune. It is reported that the deity further gave directions on how to curb same (Amofah, interview, 2019).

There is also the belief in ancestors among the Kwawu. Inferences from the narratives of the interviewees revealed that the people of Kwawu regard ancestors as those people who lived exemplary lives and died *owu pa* – natural or proper death. Ancestors are believed to provide protection for their lineages and family members against all forms of evil to which diseases are no exception. In the course of pouring libations, reference is made to the ancestors as *Nananom nsamanfoɔ.* Closely related to the above is funeral rites, which is considered as the main ritual sanctioned for the dead. Siginificantlty, it is believed that when one dies, the spirit visits the house on the fortieth day. To that extent, the family adds no footwear to the dead in the hope to curb noise making as the spirit visits on the stipulated day (Amofah, Interview, 2019).

The belief in life after death is yet another intricate religious belief of the people. The people of Kwawu, like majority of the African ethnic groups, regard death as a mere transition from the physical stage to the spiritual world. From the various responses, the researchers acknowledged that if a person dies without fully completing his or her mission on earth, s/he returns to fulfill the mission through the concept of reincarnation.

Annually, the people celebrate festivals to portray togetherness and unity. Among these festivals include all the *Adae* festivals. In Kwawu however, they take pleasure in only celebrating the *Adae Kese (Big Adae)* with disregard for the other *Adae* festivals. During the celebration of festivals in Kwawu, prayers are always said in the form of pouring libation to deities and ancestors. While praying for successful year ahead of them, prayers are also said to relieve the people from all forms of calamities, including diseases and epidemics. In the observance of these traditional festivals, the people of Kwawu exhibit their rich culture in the form of dressing and dancing. Among the traditional dance performed during these festivities include *kete, adoa, adankum* and *aboma.*

Today, Easter - mainly a Christian festival - is the most popular of all festivals celebrated in Kwawu. The celebration of Easter has advertised the Kwawu community across the borders of Ghana including Africa and publicized the country to foreigners from other continents. In the course of the Easter celebration, foreigners and native Kwawu travelers both from within and outside the country march

to Kwawu to partake in the Easter celebrations (Bartle 1997). Among the activities observed are paragliding, health walks, street jams including other programmes organized to educate the people.

One distinct thing among the Kwawu is their marital system. Earlier literature like Bartle (1997) has extensively discussed the marital dynamics and patterns among the Kwawu people. Bartle reports that residing together as husband and wife (neo-local marriage) was not a central element of the community's social structure. Historically, when couples travelled to satellite villages to farm, they resided together and returned to their separate lineage houses when they returned back home to the Kwawu community. During the colonial era, when rural-urban drift saw many people travelling to cities and even overseas, the same pattern prevailed; husbands and their wives lived neo-locally while away from the area and duo-locally; temporarily, when they returned home for occasions such as funerals and Easter (Bartle 1997). Irrespective of changes that the modern community has witnessed, the above social functions and organizations persist among the people of Kwawu.

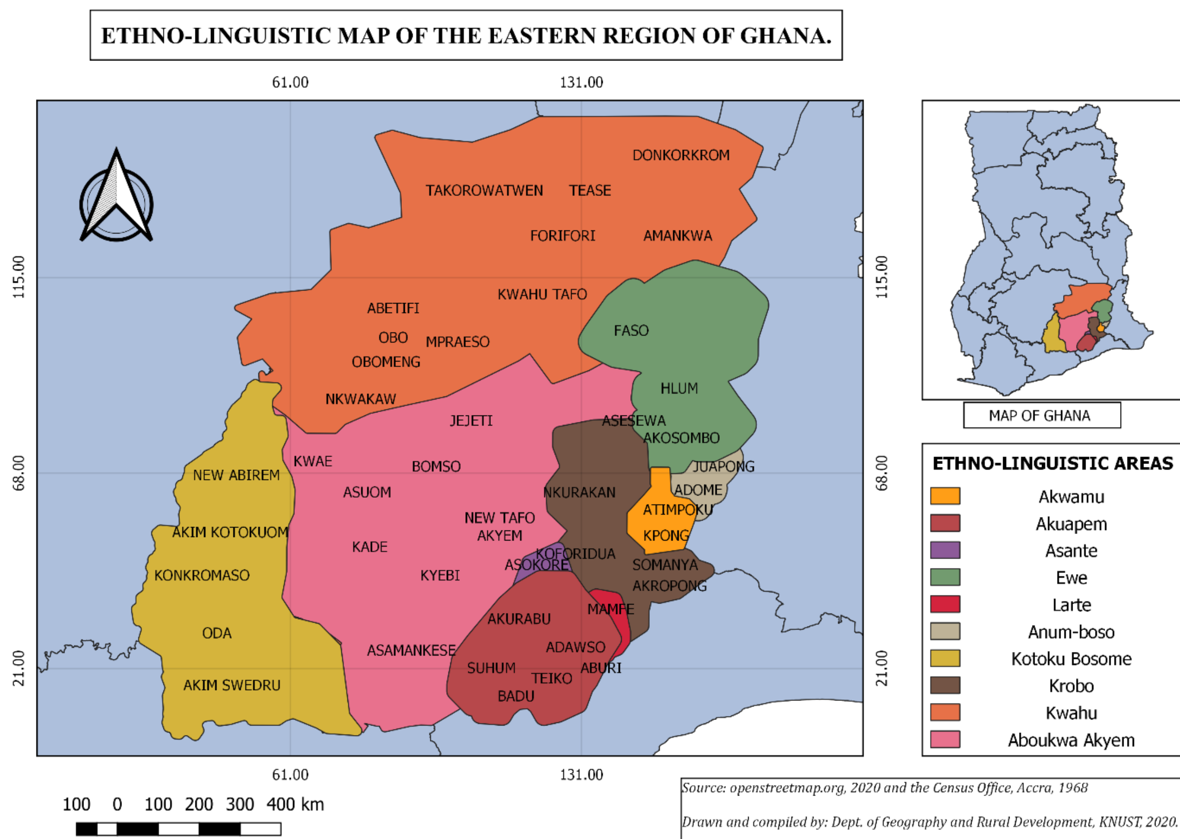
Essentially, since medical and healthcare systems are embedded in every cultural setting (Langdon and Wilk 2010; Landy 1974), it is a disservice to treat cultural features without making recourse to the practices of medicine among the people. Culturally, the people regard all those preventive and curative practices that serve as protectors and providers of health care needs as medical practices. The inhabitants of Kwawu rely on both spiritual and physical means to meet their health needs or challenges. As will be shown elsewhere in this study, the people had a popular medical substance for the treatment of their tropical infections. This was referred to as *dudo.*

Linguistically, there is a multidimensionality in the usage of the name Kwawu. It is significant that Kwawu is an ethnic identity on one hand, but also the place and the lands of Kwawu on the other (Bartle 1973). Currently, the area is made up of more than 20 towns and villages including Abetifi, Pepease, Obo, Obomeng, Mpraeso, Atibie and Nkawkaw, with the latter noted for serving as a midway between Accra and Kumase (Bartle 1973). As at 2019, the Kwawu traditional area, covering an area of 7312.3sq.km, had a population of 565, 318 (GSS 2019).

Table 1. provides information on the demography of the area and Map 1. shows the ethno-linguistic situation of the Eastern Region of Ghana.

District	Population	Land Size
Kwawu Afram Plains North	126,248	2341.3km^2
Kwawu Afram Plains South	142,762	3095km^2
Kwawu East	95,040	860km^2
Kwawu South	85,953	602km^2
Kwawu West Municipal	115,315	414km^2
Total	565, 318	7312.3km^2

Table 1. The population and land size of the Kwawu traditional area by District (source: Ghana Statistical Service, 2019; Eastern Regional Coordinating Council, 2018).



Map 1. Ethno-linguistic map of Eastern Region of Ghana (source: openstreetmap.org, 2020 and the Census Office, Accra, 1968)

The climate of the Kwawu area is relatively cool "with nights as cool as May nights in Europe," as noted by the Basel Missionaries in 1885. The Missionaries once termed one of the towns in Kwawu (Abetifi) as the Switzerland of West Africa (Adonteng 2009). Located on mountains, the present location of the Kwawu people has influenced the kind of diseases they contracted as well as the responses and remedies provided to same. Historically, their location on the mountain has been reported as a hideout

and a defensive mechanism against intruders. It has been reported that prior to the rise of Asante, the earliest settlers of Kwawu lived in caves (Bartle 1973). Over the years, their interactions with the outside world has contributed immensely to the changes in their social activities and medical culture in particular. Factors contributing to this are discussed below.

3.2. Factors that shaped the medical culture of the people

Various factors have altered and affected the social construct of Kwawu. This has resulted in the transformation of thoughts and beliefs including medical or healing practices among the people through time. We discuss the various factors that shaped the medical culture of the people under the following themes: assimilation of European culture; introduction of modern hospitals; the influence of pecuniary economy on health; how urbanization leads to the neglect of indigineous values; individualism, science and technology and the conclusion of the research.

3.2.1. Assimilation of European culture

The development of taste for western goods in Ghana has its roots from the 15th century when Europeans started trading with the people of the Gold Coast (presently Ghana). Europeans exported goods such as cotton, cloth, ivory and beads to be exchanged with gold and other precious ornaments with the Gold Coasters (Rodney 1969: 13). This practice has developed over time and has resulted in indigenous population showing preference for Western costumes and diet among other values. In many areas in Ghana, including Kwawu, the youth have resorted to the use of anything foreign than upholding their own locally produced goods. By accommodating these eurocentric values, they sideline the indigenous practices of the community. As hinted by a respondent:

> "[...] the youth are now copying everything European into our town. It sounds uninteresting to them whenever the topic of culture is brought up. They think they do not need anything from the past to inform their present. To them, following the lifestyle of the white people is better. This act of the youth has led to the overall deterioration of our cultural values" (Interview with Agya Amofa, April 2019).

As revealed in the study, reports from majority of the respondents indicated that they had embraced eurocentric ideas with little knowledge about indigenous cultural practices. As pointed out by a youth, the times of our grandparents were *gagya* (a jargon word used among some youth of Kwawu to denote "uncivilized"); that is, they did not know what was good. This act of acculturation has as well had

tremendous impact on the practice of medicine among the people. Following the evolution of biomedicine/scientific medicine, people have neglected the use and practice of indigenous medical practices and adapted to the western medical system. In Kwawu, people in the pre-colonial era relied on the indigenous practitioners (herbalists, traditional birth attendants and indigenous priest healers) for their medical needs. Aside the provision of medical needs, these healers provided social and emotional support which were in essence related to the community rules (Abdullahi 2011). This notwithstanding, the utilization of these traditional medical systems began to fall as the indigenes started developing the taste for scientific medicine. In view of this, the term "dudo" (herbal concoction mostly taken early in the morning and in the evening by indigenous people to ensure good health and generally prevent diseases) and considered to be a powerful and efficacious therapy consumed for both curative and preventive purposes has lost its value. Today, the notion of this therapy has reduced as majority of the youth in Kwawu are not even conversant with what the term *dudo* means.

3.2.2. Introduction of modern hospitals

The present day scientific hospitals have their roots from charitable guesthouses where care was initially administered to the poor in the form of feeding, providing clothes and offering hospitality to strangers. At the end of the nineteenth century, hospitals were redefined with scientific medicine being incorporated into its system (Risse 1999: 145). Prior to colonization in Ghana and Kwawu in particular, hospitality which focused on the care for the sick and the injured was primarily administered by Indigenous Priest Healers (IPHs). The European construction of hospitals in Ghana and Kwawu in particular affected the various practices of medicine among the indigenous people. It was not until 1878 that the colonial administration built its first civil hospital at Accra to cater for the health needs of the European population (Addae 1996). In Kwawu, the earliest hospital constructed in the area include the Kwawu Government Hospital and the Holy Family Hospital in Kwawu Atibie and Nkawkaw respectively. With the alarming perception that everything of western root or orientation is superior to anything of African source, the general population promptly acknowledged the logical restorative practices brought into the nation by the Europeans.

Prior to the European introduction of dispensaries and hospitals into the territory referred to as Kwawu, medical knowledge was commonly transmitted from one person to another within the family or kin group. Responses from participants point to the fact that all the members of the Kwawu community, especially the young ones, were required to learn and know the effectiveness of the medicinal plants and leaves around them. The knowledge concerning these medicinal products were acquired through active interactions with the family members and the elders of the community. In

view of this, some of the youth found opportunities in traditional medical practice. As hinted by a healer,

> "I learnt a lot about herbs through the support of my paternal grandfather. He sent me regularly on errands and I always acted exactly as I was directed. I never knew it was a form of training. When he was about to die, he taught me how, when and the need to plug leaves and apply them on sick people. He finally blessed the act for me as a "gift" before his death" (Nyame, interview, April 1, 2019).

Findings from this research suggest that since family members transmitted knowledge to their young ones, it was common to see family practitioners who besides meeting the health care needs of the family, also extended their services to the community. This practice persisted from the pre-colonial times to the present.

Like other societies elsewhere, due to modernity, the people of Kwawu considered receiving care at the hospitals rather than from indigenous medical practitioners. This change is as a result of the polluted perception of etiologies among the local people. Previously, the people regarded most diseases as supernatural ailments (Twumasi 1975). This is not however to conclude that the people in the pre-colonial era had no knowledge about natural causes of diseases; they knew the impact of the environment on man (Brenya and Adu-Gyamfi 2014: 89-90). With the advent of colonial rule in Africa, biomedicine came in with a different form of theory for defining the etiology of diseases. Under this theory, attention was duly given to the impact of microbes on the body (Lieban 1973). This idea has undoubtedly been accepted by the people as they visit the hospitals with any form of ailments before sometimes enlisting or resorting to indigenous practitioners. In their quest to serve the medical needs of those that still prefer indigenous drugs compared to the consumption of modern medicine, several practitioners have considered the building of herbal hospitals where they use scientific methods to administer herbal medicine to some indigenes. Popular among these herbal hospitals in Kwawu include the *Soafa Scientific Herbal Hospital*, *Ofa Kissi Herbal Home* and *Dr. Dei Herbal Clinic.* The existence of these herbal hospitals in addition to the biomedical/orthodox ones have lessened the popularity of the indigenous healers within the Kwawu vicinity. Thus, it could be said that the introduction of modern hospitals and scientific medicine in Kwawu, and Africa at large, have undermined the practice of indigenous medicine (Abdullahi 2011). Among the Kwawu people, the evolution of scientific hospitals and biomedicine in particular have rendered the family practitioner moribund. Aside the negative connotation associated with scientific hospitals and medicine by practitioners of indigenous medicine, Asante and Avornyo are of the view that the introduction of scientific medicine and modern hospitals

have helped to decrease the death rate and resulted in the improvement of life expectancy among the people of Ghana (Asante and Ayornyo 2013: 256). Respondents are of the view that, aside their medical care, hospitals also give health and health care education including preventive measures and expert advice to their patients. In an interview, one participant explained that since hospitals (scientific and modern) are now readily available to deliver health care that is particularly more reliable compared to the services of traditional healers, it is rather favorable for most of the people -except those who find it difficult to pay for their medical bills (interview, Adomaa, 2019). However, in Ghana, the challenge to healthcare financing has been partly resolved by the National Health Insurance Scheme (Adu-Gyamfi 2019). A respondent hinted: "I do not waste time visiting these traditional healers whiles the hospital is available; my children would not even allow me to patronize the services of traditional healers" (Queenmother of Nkawkaw-Asubone Traditional Area, interview, April 1 2019).

3.2.3. The influence of formal education on the indigenous medicine and the culture of Kwawu

Education has been part of the cultural values of the people of Ghana and Kwawu in particular. Prior to the influx of Europeans into Ghana, education was informal, children were required to learn the skills of adulthood from virtuous elders within the community (Higgs 2012; Fafunwa 1974). This form of education ensured the transmission of cultural values among generations with the basic aim of instilling virtue into the leaners (Bloch *et al.* 1998). According to Fafunwa (1974), children and the youth were trained for immediate induction into the society. As part of the transmission of cultural values, medical knowledge was also transmitted to the younger generation. The missionaries however introduced formal education where students were required to attend classes regularly to learn European culture (Nukunya 2003: 123). According to Nukunya, the primary reason for the introduction of formal education by the missionaries was to facilitate missionary works by helping to curb the issues of language barriers (Nukunya 2003: 124). Consequently, children who were enrolled in the schools spent more hours in school than in the house. Eventually, accommodation was provided in schools to house children which meant students had to spend months in schools and only return to the house for short breaks. According to the historical evidence gathered, this act through time has served as a major impediment to the transmission of cultural and medical knowledge as the tendency of interacting with elders is reduced (Amofah, interview, April 25, 2019). In Kwawu, most of the youth respondents confirmed that they have never had such interaction with regard to indigenous cultural and medical knowledge with their parents or any other elder in the community. In his *Medical Systems in Ghana (1975)*, Twumasi argued that education of this nature turn the youth away from their cultural values. It has also been reported that people who get exposed to this form of education are forced to develop the

love for the music, dance, foods, habits and dressing of the Europeans (Nukunya 2003). To that extent, formal education and schooling serve as the basis of rebellion against anything inherent in traditional knowledge (Twumasi 1975).

Findings from the study suggest that those who have been educated in the formal setting frown on most of the indigenous cultural practices. It is imperative to also note that in Ghana, the term modernity was introduced into many communities due to the inception of formal education. This resulted in most people especially the educated elites referring to the indigenous medical practitioners as barbaric, savage and uncivilized and thus not worth practicing their indigenous knowledge and techniques (Amofah, interview, April, 25 2019). In schools, a retired teacher reports that, "many of the indigenous beliefs are termed as superstitious." In view of this, the people – especially the formally educated – do not respect the taboos and traditional rules set out in the traditional community (Fori, interview, April 19, 2019).

Aside from these factors, western education on one hand has made tremendous impact on both the cultural and medical practices of the people of Kwawu. With the introduction of formal education, school leavers have developed the taste for European way of life and certain indigenous practices have been modified to compete with western practices (Bonsi 1980; Adu-Gyamfi *et al.* 2016). Historically, following the attempt by the colonial administration in the first half of the twentieth century to modernize indigenous therapies or remedies as well as validate them by modern procedures, it became necessary for indigenous healers to obtain license to legitimize their practice. The quest for acknowledgment and the requirement for indigenous healers to enhance their practice required the development of conventional healers' affiliations or associations like the Society of African Herbalists, which was formed at Sekondi on 12th December, 1931. Its first president was Aaba. Their motivation was to raise the neighborhood routine with regards to "Therapeutic or Medical Herbalism" to a high and refined standard and to look for a free and unhindered practice for its members (Osseo-Asare 2014). This influenced some indigenous practitioners who modernized their practices to suit the changing times. Indigenous specialists like bonesetters started using X-ray reports to enable them to decide the course of the treatment or the edge from which the bone was to be set. The study also revealed that some indigenous practitioners also encouraged their patients/clients to use paracetamol and other modern drugs to help ease their pain in the course of their treatment. Our research in the Kwawu community has revealed that indigenous practitioners who have not been able to modernize their practices have -and are- gradually moving into oblivion. The issue of cleanliness has also been given avowed interest in the practices of traditional healers among other related practitioners. As part of its mandate, the Food and Drugs Authority (FDA) in Ghana, inspects the practices of indigenous

practitioners to ensure conditions that are captioned under their constitutions are met before issuing license to traditional and/or herbal practitioners (FDA report, 2013). Also, the Traditional Medicine Practice Council (TMPC), a sub-group of Ghana's Ministry of Health, in their hope to achieve integration and to change the misconceptions surrounding indigenous medical practice, checks the actions and inactions of traditional medical practitioners to ensure that they conform to best practices (TMPC 2018). Among other conditions, these stakeholders ensure the delivery of quality products while ensuring proper hygienic standards in their practices (FDA report 2013; TMPC 2018).

It is instructive to see that issues concerning dosage among traditional healers and traditional medical consumers have over the years been a major challenge to the stakeholders of traditional medicine. Specifically, discourses on traditional medicine have brought to the fore, that, there still remain questions concerning the lack of standardized dosage of indigenous medicines in Africa and Asia (Abdullahi 2011; Teng *et al.* 2016). Again, concerning education, questions relating to prescriptions have been partially taken care of in Kwawu. The producers of traditional drugs now indicate how the therapy is to be consumed. Problems associated with overdose and abuse of certain traditional drugs have thus been attributed to the perceptions of the indigenous rural communities. A respondent exclaimed that, "If you follow the prescription well, you would not experience any side effect of the therapy" (interview with Ama Anyei, April, 25 2019). In this vein, education is very paramount in encouraging the use of proper prescription of drugs especially within the herbal milieu.

From the ongoing discussion, it can be inferred that people who had had formal education due to their exposure to other cultures are more likely to abandon certain lifestyle like the practice of indigenous medicine. In Kwawu, a close observation could lead to an inference that Christians have keenly supported scientific medical practitioners by condemning the activities of local healers. According to a participant, when a person from a household gets sick, it is recommended that he or she visits the hospital. Also, when the particular disease or sickness is considered spiritual, prayers are offered and nothing else. The local spiritual healers are consulted but seldomly. Due to the "new orientation", several people see indigenous healers as primitive, with their practices mostly considered as superstitious (Hawa, interview, 2019). Some are also of the view that science has an antidote to all manner of ailments. In Kwawu, the assimilation of the cultural values of the Europeans and the transfer of eurocentric- ideas to the community has been a major challenge to indigenous spiritual healers since it has undermined their activities.

3.2.4. The influence of pecuniary economy on health in Kwawu

Prior to the influx of Europeans, the people of Ghana engaged in trade internally and with the outside world through the system of barter and the use of different currencies during different epochs in history. It is reported that, at the dawn of the Trans-Atlantic Slave Trade, Europeans exchanged rum and tobacco for slaves in Africa (Doortmont and Smit 2007). By the turn of the nineteenth century, however, the West African economy became monetized, with gold dust and cowry shells being the major medium of exchange (Doortmont and Smit 2007; Issawa 1982). Among the Kwawu, it has been reported that the people hunted, killed and traded in elephant tooth with Europeans (Konadu and Campbell 2016). The other currencies of trade and exchange included; iron, brass, gold and silver coins (Nukunya 2003; Lentz 2006). The reliance on the above as means of exchange did not come without significant impediments. Therefore, being aware of the unstable currency and system of trade as a challenge to business activities, European trade with the indigenous people promoted currency in the form of papers and coins (Nukunya 2003; Issawa 1982).

The introduction of pecuniary economy brought changes to the social lives of the people. As the need to acquire more money arose, people took to jobs that would increase their income and that of their families. The findings of this study corroborates the argument that prior to the colonial era, healers did not take money; they relied on voluntary gifts from their clientele (Brenya and Adu-Gyamfi 2014: 89). In Kwawu, the social system was built on the belief that when healers charge the patient for the services rendered to them, the efficacy of their services could reduce. It was thus not recommended for healers to charge the people. After recovery, the client supplied items such as domestic animals and food items to show appreciation of the services that was rendered to them. Due to the inevitable changes in their social system however, the traditional healers in Kwawu gradually commercialized their activities by taking monetary payments. However, these charges are relatively less as compared to that of the biomedical practitioners and facilities. A healer hinted that:

> "[...] our (healers in Kwawu) services are affordable and normally we charge small fees. One reason is that most of the people who rely on our services are paupers; the rich people, except few, and the middle-class mostly visit the hospitals. Also, the herbs are readily available and are easy to come by. On this note a healer who is filled with empathy does not have to charge the sick for his/her services; sometimes we prescribe therapies for the sick for free. Some return to show appreciation whiles other do not." (Anyei, interview, April 25, 2019).

Similarly, earlier sources indicate that clients incur relatively lesser cost by enjoying more benefits from contacting indigenous healers than visiting hospitals (Mahomoodaly 2013; Kpobi and Swartz 2019;

Nxumalo *et al.* 2011; Adu-Gyamfi and Adjei 2017). While the charges for the latter is deemed costly, it has been reported that payment for the services of indigenous healers is flexible (Adu-Gyamfi and Adjei 2017). They may accept their reward or payment either in cash or in kind – acceptance of livestock, eggs and foodstuffs among others. In Kwawu, however, findings from the current study suggests that the cost for indigenous healing practices could sometimes be free, with the healers accepting appreciation as their reward. Information from both the literature and the current study on Kwawu indicate that, the utilization of indigenous medical practices is a direct reflection of a person's income (Adu-Gyamfi and Adjei 2017; Oyebode *et al.* 2016). It is thus, imperative to report that, in contemporary times, it is very unlikely for high income earners in Kwawu to adopt indigenous medical practices and vice versa. In contrast to the above, Nxumalo *et al.* (2011) argue that payment associated with visiting traditional healers costs households in South Africa more than ten percent of their expenditure and has subsequently, influenced the declining utilization of indigenous medical practices.

The current study has also revealed that the love for money and unemployment have led to the rise of fake practitioners in Kwawu. These fake healers produce and sell fake traditional drugs through hawking. The feature of prescribing fake drugs is not a recent phenomenon. Adu-Gyamfi (2015) is of the view that, to solve, or at best, to control the proliferation of quackery, the colonial administration resorted to the registration of indigenous practitioners and subsequent formation of associations to accentuate their quest for recognition and acceptance from European officialdom. In the 21st century, the situation has become alarming. In spite of the efforts put in place by the Food and Drugs Authority (FDA) and such health-related bodies to curb this act, it still persists due to the alarming rate of unemployment among the people. This act of hawking which has seen the proliferation of quack drugs has also led to a plethora of the indigenous people shifting to consume orthodox medicine rather than traditional medicine. As reported by a respondent:

> "[...] I do not consume traditional drugs again. This is because, in the past, I bought them whenever I heard the advertisement from the information centers and radio stations. They had proven very useful for a very long time. One day, I woke up only to realize my body has swollen. I was sent to the hospital and after diagnosis, I was informed that the traditional drugs that I have been taking caused me that harm" (Adomaa, interview, April, 26 2019).

In support of the above, some respondents hinted that the introduction of the pecuniary economy has resulted in the proliferation of quack drugs due to hawking – especially by the Fulani who have migrated into the community - and this act is believed to deter several indigenes from consuming

traditional drugs. This notwithstanding, several bodies have been charged with the responsibility of checking the proliferation of fake drugs in Ghana and Kwawu in particular.

Findings suggest that the most effective procedure used to check the activities of fake practitioners remain the attachment of legal considerations towards health related issues. Public education has tooled or informed people about their health and they rely upon legal grounds to ensure their medical or health needs are met. As hinted by a participant:

> "[…] I know numerous drugs that can be used to treat various diseases. I can provide a 'one-touch' traditional drug for someone with fibroid but I am afraid. The reason is simple; when the blood that has formed the fibroid starts to come out and the woman is sent to the hospital because of the bleeding, the doctors will trace and arrest me. You see, those doctors are jealous of us and are trying any means necessary to condemn the practices of traditional medicine because they think they suffered before gaining their medical knowledge and certificates" (interview with a former practitioner, March 2, 2019).

The above expresses the avowed interest in attaching legal considerations or influence to health issues. This has been seen as the most effective tool among all those put in place for checking the activities of fake practitioners. In contemporary times, health laws have been enacted to protect patients' right to proper healthcare (Ghana Health Service, 2017). The various laws on health protection enlist a cornucopia of principles by which healthcare providers are guided. Key among these include; the principles of accessibility, efficiency, continuity, fairness, comprehensiveness, quality and safe health treatments (Laws on Health Promotion, 2017). Across the globe, and in Kwawu in particular, these principles help to shape healthcare provision by increasing the possibility of positive outcomes while decreasing healthcare risks and medical errors. It is instructive to state that in Kwawu, most indigenous healers have not been recognized as healthcare providers; healthcare workers only point to the few orthodox practitioners. To that extent, any indigenous practitioner who erroneously treats a patient is deemed a culprit subject to punitive measures. By this, it is believed that quack practitioners are deterred from their act of hawking fake drugs. Previously, when nothing of this sort existed, healers were autonomous. Today, they (healers) are critical in the course of their work, especially when administering care to their clientele who are being protected legally. This has strengthened healthcare provision and further limited the autonomy of healthcare providers.

3.2.5. The role of Christianity in transmitting western culture to the Kwawu community

Christianity has contributed immensely to the changing patterns in the Kwawu society. Concerning the people of Kwawu, almost everything they did in the past was rooted in their cultural construct. With the continuous competing interest of traditional religion and Christianity, the religious beliefs of the people of Kwawu have been altered. The people also believe that Christianity has rendered the existing taboos in the Kwawu area ineffective. As indicated by Opanin Amofah:

> "[...] previously, our chiefs made taboos to help keep the society in order. Among these taboos were days set to prohibit farming activities. On taboo days, the people seized the opportunity to participate in communal labor. These days, as a result of Christianity, no one follows these taboos. They break them anyhow and in Kwawu here, people rarely participate in communal labor" (Amofah, interview, April 25, 2019).

The tenets of Christianity run counter to everything related to traditionalism (Nukunya 2003: 114). Significantly, the principles of Christianity continuously impact the medical practices of the people of Kwawu. The people of Kwawu who have been Christianized associate traditional medicine and traditional healing with evil practices. Earlier research have argued that the campaign of Christians is geared towards condemning traditional practices among the indigenous people (Twumasi 1975: 42; Kiringe 2005; Adu-Gyamfi and Adjei 2017). According to Adu-Gyamfi and Adjei (2017), Christians preach against the practices of the Indigenous Priest Healers (IPHs). They define the latter as evil, barbarous and superstitious.

With its Christianized nature today, one aspect of healing that has been acutely affected in Kwawu is spiritual or faith healing. Faith or Spiritual healing "[...] is the kind of healing which no logical or rational explanation can be adduced to" (Adu-Gyamfi 2016: 39). In essence, spiritual or faith healing involves the spiritual interventions given to people who are suffering from diseases that have no logical explanation in science. Prior to the introduction of Christianity into the Kwawu area -and even after its introduction till today- this art of healing has persisted among the indigenous people due to their belief in diseases as afflictions caused by malevolent spirits or forces. Thus, spiritual healing is not dissociated from the religious beliefs of a people. This has been the case since time immemorial (Adu-Gyamfi, 2016: 39). In the pre-colonial era, spiritual healing remained the vocation of the IPHs.

The influx of Christianity was accompanied by the evolution of some spiritual churches like the Pentecostal and Zionist Aladura and other syncretic churches within the period under review (Adu-Gyamfi 2016). The belief in evil and harmful spirits have been upheld in the cultural values of the Kwawu people. With the introduction of these spiritual churches, attention has thus been shifted from

the IPHs to churches that offer prayers to heal the sick. This massive shift is due to the fact that, these spiritual churches are confined within Christianity; their services are seen to be compatible with the doctrines of their new found faith as compared to that of the IPHs. This notwithstanding, the services of these local spiritual healers are still prevalent in the twenty-first century. As people still contract sicknesses that are deemed as spiritual and irrational within the confines of science, reliance on these healers subsists. Illnesses that are regarded as supernatural like madness, and are caused by *'dua-bɔ'*[1] and *'aduro-toɔ'*[2] are reserved for indigenous healers while those that are caused by microbes are treated by modern physicians (Landy 1974: 106-7). Although both the spiritual churches and the IPHs provide spiritual interventions, the activities of the former is believed to be dissimilar from the IPHs with respect to healing. The activities of such cults namely ; *Atia Yaw Shrine, Tigare Shrine, Nansing Shrine, Ofa Attah Spiritual Center and Okomfo Adama Spiritual Center* are very notable for delivering incessant spiritual interventions for the indigenous people of Kwawu. In Kwawu, almost all the spiritual healers double as herbalist. Aside the use of incantations and spell-casting, they also prepare some potions with some herbs (Adu-Gyamfi 2016: 42). This is consistent with the findings of Adu-Gyamfi (2016: 45) whose argument is that some spiritual healers in Asante also function as herbalists. Our interactions with the Kwawu people revealed that Christians and -to a lesser degree- Muslims have changed the perceptions and philosophies of the people of Kwawu cocnerning several things that existed in their culture. Significantly, people who still live by the dictates of the African Traditional Religion are treated with contempt and are regarded as "uncivilized" (Twumasi 1975).

A close study of the Kwawu society has shown that Christians have played leading roles in ushering in western culture into the community. It is rare today to see Christians visiting IPHs for treatment. They either rely on hospitals or prayers offered by spiritual churches. However, when they find it necessary to visit IPHs, they do so secretly in order to avoid excommunication from the church (Adu-Gyamfi and Adjei 2017: 49).

[1] *Duabɔ* is a local term which connotes the invocation of gods to cause harm and sometimes death to a victim and/or his family members. It is mostly prevalent in situation that causes pain to a person; wrong accusations, twisted facts. Also, the bearing of false witness could cause one to rely on *duabɔ*. Literary translated as grievance imprecation, duabɔ in all the Akan towns, and Kwawu in particular is a taboo which can call for punitive measures for the invoker (Agyekum 1999).

[2] *Aduro-toɔ* also involves the use of a deity to cause ill health to a victim. Unlike *duabɔ*, *aduro-toɔ* can be sanctioned to both innocent individuals and culprits. Specifically, the deity can be in a form of powder sprinkled on the path of the targeted individual.

3.2.6. How urbanization leads to the neglect of indigenous values

As people move from their traditional communities to relatively developed towns with denser population, their daily activities and interactions are likely to have bearing on their indigenous cultural and medical practices. Nukunya (2003) has argued that urbanization was in existence prior to colonialism. Through trade, people moved from both within and outside of Kwawu to trade in major towns and eclectic communities. However, urbanization was on the rise during the colonial era as Europeans started developing the areas they settled (Nukunya 2003). Toward this end, the growth of towns has brought numerous changes in the social lives of the people.

Like other parts of Ghana, the Kwawu people emigrate from their homes to relatively urbanized areas within and outside of Ghana for reasons such as education and the search for new economic opportunities (Bonsi 1980; Tabi *et. al.* 2006). The presence of industries, companies and schools in Accra, Kumase, Cape Coast and other important towns have made these towns epicenters for emigrants. As the indigenous people embrace this form of migration, there is the likelihood for people to neglect their indigenous values as the heterogeneity of people leads to the adoption of new cultural values. These people who emigrate from their various towns learn many cultural values from the major cities and transfer them into their communities (Queenmother of Nkawkaw-Asubone Traditional Area, interview, April 1 2019). As urbanization exposes emigrants to new habits and cultural patterns, there is the tendency for loss of indigenous cultural norms, religious customs and social support system (Bhugra and Becker 2005).

Also, the Kwawu community has over the years existed as an important center for trade, education and medicine. People from neighboring towns and villages like Oda, Abepotia, Pankese and others immigrate to the township. Trading remained, and still remains, the most prestigious among the economic activities in Kwawu. Among the Kwawu, young men look for legitimate means they could, to save the necessary capital to establish shops. An enquiry into the explanation behind the power of the Kwawu among the biggest business people follows the historical backdrop of British-Asante War of 1874, when the Kwawu split far from the Asante Confederacy. The Kwawu exchange with the north in slaves was supplanted by the versatile trade, which proceeded until 1914. Fish, salt, and imported wares and other items were sold on their arrival from the north (Garlick 1967: 478). Aside its neighboring residents, immigrants from as far as the northern parts of Ghana and other places come into the community to settle and engage in other economic activities. Among other things, the immigrants from the northern part of the country have grabbed opportunities in the community as they continually migrate to undertake duties including, head porterage, cleaning and restaurant attendants among other important and menial tasks (Opare 2003). Another factor that attracts people to the

community is the celebration of Easter festivities. Annually, when the stipulated time for the celebration of Easter is due, people within Ghana and even beyond, travel to the community to take part in the various activities that herald the celebration of Kwawu Easter.

All the migration patterns discussed above have resulted in the intermingling of people from different backgrounds, which further results in the exchange and transmission of cultural and medical knowledge. Essentially, the emigrants develop the insatiable taste for different cultural and medical practices within the place they settle (Opare 2003). During their regular visits to Kwawu, they contribute to the changing nature of culture by introducing those values which have shaped their lives in the cities including their taste for biomedicine or orthodox medicine.

3.2.7. Individualism

The shift from communalism – whereby people in the pre-colonial era in particular came together to pursue common interest – to focus on individual quest for things and ambitions has adversely affected the cultural practices of the Kwawu community within the period under review. The individualism construct de-emphasizes the role of children, parents, grandchildren and the extended family care. The role of grandparents was highly recognized in the past. As clearly reported by an informant:

> "[...] previously, our children made their kids available to us for them to run errands for us during our old age. These days, you rarely see your grandchildren unless during special events and festivities like Easter. This has made it difficult to even get someone to run errands for us, the older people. As a result, the children are not able to imbibe cultural and medical values of our community. They only rely on schools for 'school ideas which are derived from European ways of life; these ideas lack relevant information concerning the cultural values of Kwawu" (Amofah, interview, April, 25 2019).

Prior to colonialism, the culture of the Kwawu people was built on a foundation where members of each nuclear family played different roles in their respective lineages. When someone fell sick in the Kwawu area, the family members communally cared for the health needs of the patient by performing or providing their support (Abena Kuru, interview, 2019). When asked about the nature of health care in the pre-colonial era, a participant hinted:

> "When someone became ill in the (pre-colonial) era, everyone in the community –and not the family members alone- had a duty to perform. Since it was relatively a small community, everyone knew everyone in the area and the news of a member of the community being sick was easily communicated within the community. As the family

> members catered for the health needs by employing every means possible, members of the community contributed to the healing process by paying regular visits to the patients and also suggested new therapies which could also be helpful. The kind of love and gesture the members of the community showed toward the patient during their regular visits could even heal such patient from emotional and psycho-social stress" (Nyame, interview, April 13, 2019).

With the introduction of western forms of education and religion, there has been a consequent weakening of the family structure and kinship ties hence, individuals focus on their own interest paying little or no attention to the extended family system (Landy 1974; Pouter 2016). The concept of individualism is mostly prevalent in the urban areas and Kwawu is not an exception. In contemporary times, individuals lean on their innate abilities and knowledge to consult and make a determination for their own health and wellbeing. This is detached from the traditionalism from which they evolved (Bonsi 1980). Thus, the pre-colonial concept which ensured that all members of the community were responsible for the care of the sick person within the wider community and the family in particular has eroded to self-actualization which ensures that individuals pursue medical interest or make choices, mostly on their own.

3.2.8. Science and technology

Advancement and improvement of medical infrastructure in Africa and Ghana in particular remains at a crawling state. The literature argues that the development of Ghana's medical services and the health sector in particular has been at a slower pace with some projects halted for years (Adu-Gyamfi *et al.* 2019). This notwithstanding, the country has witnessed healthcare innovations that hinge on science and technology to improve the provision of healthcare. There is the belief – factually obvious – that the introduction of science and technology have helped to make complex activities easier (Adu-Gyamfi *et al.* 2019). In the area of healthcare delivery in Kwawu, science and technology have been able to aid the delivery or provision of medical care. Among other things, the community has witnessed an improvement in their medical practices. With the increasing interest in science and technology, several research have been conducted to ascertain the real etiologies of diseases as well as their impacts on human health. In his work, Adu-Gyamfi (2016) revealed that, with the invention of microscope and antibiotics, there has been several innovations in the practices of medicine. Essentially, the inclusion of science and technology in healthcare delivery has been reported to reduce the complications of human and medical error. In Kwawu, over the years, innovations in science and technology have led to a reduction of the workload on health workers. A participant hinted that:

> "The medical practices of this community has witnessed profound innovations. In the past when we were sick, we only relied on our knowledge and that of our healers to ascertain the particular etiology as well as the cure for such ailment. Due to civilization and science and technology, doctors use various devices to ascertain a disease, the causative agent and support the course of treatment" (Adomaa, interview, 2019).

In a similar manner, a woman reported that:

> "What is the essence of relying on herbalists in this modern era while computers can be used to ascertain the causes of diseases and show you the cure for your ailment? For my family, we all visit the hospital to receive treatment because the technological advancement in the hospital enhance health delivery. It seems technology has been added to every bit of health in the world and our community in particular. These innovations are even prevalent in those small herbal clinics; the drug sellers in this community even check your temperature before prescribing drugs for you" (Hawa, interview, 2019).

The reliance on science and technology has overturned the medical culture of the people of Kwawu by curbing the typical imaginative guessing that was attached to unfamiliar diseases that were reported to healers. For a long time, malaria was associated with the in-take of bad air by the Europeans during the early days of colonialism (Addae 1986). It was thus, not until science and technology were able to define the real etiologies that the Europeans in the colonial Gold Coast became aware of the anopheles mosquito and its impact on humanity (Addae 1986). The work of laboratorians and other health workers including general physicians and other specialists have been enhanced due to the changes in medical culture and approaches towards cure in particular (Adu-Gyamfi *et al.* 2019: 3). Today, the development of antibiotics for treatments is being intensified with the production of new ones to fight bacterial-causal diseases (Wittebole, De Roock and Opal 2014). In contemporary times, some of the various traditional medical practitioners (TMPs) have applied knowledge in science and technology in order to modernize and enhance their practices (Asante and Avornyo 2013: 263). In addition, advances in research and new findings have enhanced the practices of practitioners today. It has also modernized their medical practice by keeping it up to date.

In Kwawu, herbal hospitals such as *Doctors Dei, Soafah Scientific Herbal Home, and Ofa Kissi Herbal Center* have modernized their practices by using machines to prepare drugs. Aside this invention, these hospitals use machines to detect the causes, effects and treatment of certain diseases. They also resort to laboratory tests to ascertain the type of disease patients are infected with to ensure a better course of treatment. The inclusion of science and technology have advanced health care delivery in the

Kwawu community. Using these medical equipment, practitioners are able to produce herbal medicine in bulk for sale. Soafa Scientific Herbal Home for example produces herbal tea which is believed to be effective for the prevention of several diseases that are endemic in the Kwawu area and Ghana in general. The findings from the field also suggest that, herbal medicine, which is obviously the oldest of all medical sciences, are now generally dispensed in pills, syrup, tablets or capsules due to technological advancement.

4. Conclusion

The cultural values of any society have ties with its medical practices. People make their medical choices based on their culture and, generally, their beliefs. The study has shown the interrelationship between culture and medical practices with emphasis on the extent to which cultural changes influence the medical practices of the Kwawu community and Ghana in general. This paper argues that the belief system, availability of medical hospital, cost, the type of diseases and the knowledge on medical technology as well as geographical placement are the basic factors that affect a patients' choice for a particular medical practice to proffer solutions to his or her ill health.

In pre-colonial Kwawu, the people solely relied on traditional forms of healing which incorporated the cultural values of the people. They patronized the services of the traditional healers like the herbalists, traditional birth attendants (TBAs) and indigenous priest healers (IPHs). During this era too, the reliance on herbs and spiritual healing became paramount; the African population relied on this kind of medical system to meet their health needs.

Colonialism brought new forms of medical as well as cultural practices. Through the introduction of new paths such as literacy and numeracy, Christianity, rapid growth in urbanization, individualism and scientific medicine; the traditional life of the peopleof Kwawu has been altered massively. The impacts of these already stated factors saw the weakening of the traditional society and societal values in particular. As this era sought to condemn traditionalism, the alterations in cultural values impacted the healer and healing in general. Healers have been influenced as they are now trying to be adaptive to some principles of science and technology to enhance their practice and sustain their relevance in the fast changing soceity. Christianity and education have on their part shifted the people from their cultural values by tagging some traditional healers and their practices as heathen. The rise in urbanization has resulted in the intermingling of people to further exchange cultural values amongst these heterogeneous people. The invention of technology and the addition of same to aid health care delivery has had the potency of revealing the real etiology of certain diseases. Here, the insistence on preventive rather than curative measures is of interest to the Kwawu today.

As western culture has gained much footing in Africa and Ghana in particular, the taste for European goods and ideas over the traditional ones has developed among the people of Kwawu with the youth leading the charge as major exhibitors of same. Social change has instigated cultural change and has eventually affected the indigenous medical practices which are in sync with cultural practices. In essence, the analysis of this study emphasizes that exposure to Christianity, urban life, formal education, science and technology, and individualism among others have the propensity to shape individual's choice for a particular medical orientation. Today, the modern and urban Kwawu people are more likely to choose the hospital as their first point of care by frowning upon the indigenous medical practices, especially those that are believed to be tied with superstition. It can be surmised that, since culture has links with medicine, changes in the values of the former would as well affect the practice of medicine among any people or group. In essence, as culture has a direct relationship with medicine, so does changes in cultural values inform the indigenous medical practices. This notwithstanding, a significant number of the people still rely on the services of indigenous healers. The services of indigenous priest healers (IPHs) in particular persist even in contemporary times.

Among the Kwawu people of Ghana, there is a maximum appreciation for the contribution of scientific medicine since its introduction into the traditional community. There is the belief that biomedicine has helped to decrease mortality and improved the life expectancy of the people (Asante and Avornyo 2013: 256). It is however noteworthy that in Kwawu, the pre-colonial people who relied solely on traditional medical practices lived relatively longer than the present generation, who are increasingly developing their taste for biomedical care due to social and cultural change. The paradox associated with this dilemma has not been resolved. It is useful to do further studies concerning increasing death rates due to cultural change and technological advancement in communities which hitherto had high life expectancy within the colonial and immediate post-colonial periods.

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