Journal of Biology, Agriculture and Healthcare
ISSN 2224-3208 (Paper) ISSN 2225-093X (Online)
Vol.3, No.10, 2013

Indigenous Health Practices for Infant and Child Health in Ghana

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Abstract
Under the aegis of 'Sankofa', this article argues that there is the need to contest indigenous health practices and its relevance in contemporary health care system in Ghana. Using qualitative data from selected communities in Central, Greater Accra and Ashanti Regions, this article seeks to unearth the current state of indigenous health practices for infant and child health in Ghana. Information were collected from In-Depth Interviews, Participant Observation and Focus Group, involving grand/mothers and the elders in the selected communities of the three Regions for the study. The article argues that each society hands down information and knowledge on infant and child health from generation to generation by teaching certain attitudes, practices, beliefs, legends, customs and habits. Studies conducted so far in Ghana, have played oblivion to bringing out the Ghanaian nuances on indigenous health practices and the specific developmental stages of children. Since majority of the respondents could speak Akan dialects, the article therefore employs the Akan terms for 'infant and child' as a tutelage for presenting the results and discussions. The article further argues for the need for complementary health practices based on both the indigenous and modern health practices for infant and child health in Ghana.
Keywords: Child, Infant, Sankofa, Indigenous Health Practices, Ghana.

1. INTRODUCTION

Indigenous health practices are increasingly gaining research currency especially in developing countries (Bour 2003, Akenzua, 2004, Yuri, 2007, Bour, 2008 and Gyasi et al., 2011). The Convention on the Rights of the Child (CRC) was set out in 54 Articles on two Optional Protocols in relation to the United Nations treaties on human rights in September 1989. The purpose of this convention was to ensure that the special needs of children are addressed by governments and society, in addition to fundamental human rights. Article 24 states that parties recognize the right of the child to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and the rehabilitation of health. Parties shall also strive to ensure that no child is deprived of his or her right to access to such health services. Furthermore, Sub-section 2C states parties shall pursue full implementation of this right and, in particular, shall take appropriate measures to combat disease and malnutrition among others, within the framework of primary health care. Children are at the heart of the United Nations' Eight Millennium Development Goals (MDGs). MDG 4 is committed to reducing infant mortality. United Nations Children's Fund (UNICEF) joins governments, other agencies and civil society to achieve these goals by 2015. The rapid rates of modernization, urbanization, and social change experienced in African countries make it difficult to determine how often these traditional teachings and practices for child health are still used.

Notwithstanding, in the absence of modern medical facilities, indigenous teachings and practices concerning child health have proved to be a useful substitute. This is because traditional medicine, like the orthodox medicine, has as a primary aim, restoring the physical and mental well being of a patient. A survey conducted in a number of states in the European Union in 1991 revealed that 1440 herbal drugs were used in the European Economic Community by patients (WHO, 1996). A report by the WHO indicate that over 80 per cent of the rural population in developing countries rely on traditional medical care for their medical care needs (Ayitey-Smith, 1998; WHO, 2001). Generally, most rural communities in Ghana continue to see traditional medicine as vital and permanently part of their own health care systems. As realised by WHO (2001), in 1996, the total annual sale of herbal medicines reached US$ 14 billion worldwide. It will therefore be myopic on the part of health planners in Ghana to ignore the potential economic impact on non-exploitation of our traditional medicinal sources.

In some cases, they have been more harmful than good to the child's health. This foregoing assertion is conterminous with the Akan concept of 'Sankofa'. Etymologically, 'Sankofa' is a mythical Akan bird and it is often represented as dipping its beak in the oil gland above its waist to oil its feathers. The concept thus seeks mutuality and synergy between "traditional values and the contemporary global cultural milieu by affirming the co-existence of the past and the future in the present" (National Commission on Culture 2004, p.23). Put differently, 'Sankofa' is about taking from the past what is good and using them to serve the present and future.

Ashcroft et al's (1989) 'the Empire Writing Back' argues that ex-colonised countries should seek to contest the representations that often place them in positions of 'othernesses'. Extending this argument, 'Sankofa' is not one of atavistic and wholesale retrieval of 'things' in the past to guide the present and future, but really to contest these 'pasts' and how they can be useful for the present. Consequently, the aegis of Sankofa is to unearth the practices that are internecine and sometimes out-and-out dangerous to the wellbeing of the current citizens, whilst hammering on the usefulness that must be upheld by the current citizens in Ghana. Quite dismally, despite the rather overt usefulness of Sankofa to contribute to the dialectics on indigenous health practices in Ghana, the concept has been overlooked largely, as a result this article adds to the scarce literature on Sankofa and indigenous health teachings and practices in Ghana.

1.2. GHANA GOVERNMENT'S INTERVENTION IN INDIGENOUS HEALTH PRACTICES

The Ghana government, recognizing that children are vulnerable and require special protection appropriate to their age, level of maturity and individual needs, ratified the UN Convention on the Rights of the Child and was the first country to do so in February 1990 after the convention came into force in September 1989. Ghana, to protect her children against harmful traditional practices included a whole chapter on the rights of a child in the 1992 Constitution. As part of effort to ensure the rights of children, the government created a Ministry now called Ministry of Gender, Women and Children and Social Protection. There is also the Women and Juvenile Division (now Domestic Violence and Victims Support Unit-DOVVSU) of the police service in Ghana to ensure the enforcement of child's rights and deals with issues of child abuse. The ministry in its efforts has also outlined some policies which are geared towards child's right and development. An example is the ratification of the International Labour Organisation Convention 182, in 2000, that prohibits worst forms of child labour globally. Ghana adopted the UN Convention on the Right of the Child (CRC), which was established in 1989. Before the adoption of the CRC, Ghana National Commission on Children was established to see to the general welfare and development of children and coordinate all essential services for children in the country, with the view to promoting the rights of the child. Such rights include access to quality health care and wellbeing as mandated by the CRC. Indeed, the significance of the CRC is embedded within non-negotiable standards and obligations built on varied legal systems and cultural traditions around the world. The CRC therefore emphasises indigenous health practices and its importance in the current global health services.

In addition to these international and national concerns for child health, evidence from the study suggested that traditional and socio-cultural practices and teachings that ensured personal hygiene, reproductive health and child's rights to health have existed in communities in the Ashanti, Central and Greater Accra Regions of Ghana. Unfortunately, the elements of these teachings have not been acknowledged in government programs, almost twenty years after Ghana ratified the UN Convention. The issues of traditional and modern health practices and programs and approaches to child's right to health (survival) and access to health care become juxtaposed as a holistic effort to ensuring child health and ultimate survival. This underscores the study's conception of health. From this perspective, the traditional teachings, learning, instructions and socialization processes become a critical integrated part of the modern conventional conception of healthcare, specifically, the right of the child to health. It is generally shown in many research conducted on indigenous-related health issues that traditional medicine is effective in treating numerous medical conditions such as malaria, typhoid fever, arthritis, jaundice, impotency, sterility, stroke, fractures, boils, piles, HIV/AIDS, mental illness, among others (Mwangi, 2004; Bour, 2008 and Gyasi et al., 2008). Gyasi et al (2011) have however, stressed that safety use of the traditional medicine and indigenous practices in general is not standardized, although there is some form of interaction between the two health care providers, the indigenous health practitioners and the orthodox health practitioners. Indeed, there is no formal coordination and official legal backing, towards streamlining such a process.

2. APPROACH AND METHODOLOGY

Data was collected from 300 respondents. There were 100 adolescent mothers; these were married and single aged between 15-24 years. Grandmothers and elders provided important sources of traditional knowledge, most of which have been given orally and not documented. Additional information was obtained from Traditional Birth Attendants (TBAs), herbalists and healers. Ethnographic methods were used to collect mainly qualitative data, through a variety of methods. Snowball method was used to select adolescent mothers with two or three generation of mothers, that is the adolescent mother, her mother, her grandmother and great grandmother if the latter was alive. Some information was collected on the respondents' demographic, social, economic and reproductive health. Qualitative methods from focus group discussions (FGDs); in-depth-interviews (IDIs) with mothers, traditional healers, traditional birth attendants; conversation; narratives; and participant observations with mothers, grandmothers and elderly women, were used. According to Chilisa (2005, p.679), African oral cultural legacies illustrate how "African communities have collected, analysed, deposited, retrieved and disseminated information". This foregoing assertion is in concinnity with the Ivorian proverb 'the death of an elder is like a burnt library' (because elders are considered to be repositories of oral knowledge) and the Akan

saying '*tse tse wɔ bi ka'* (the past has a voice for the present). Eshun (2011) thus argues that the hegemony of neopositivist approaches suppress the embodied oral knowledge, which is at the helm of the world-views of especially Africans. This observation shows semblance with the prevalence of 'epistemological dromophobia'—i.e. the 'fear' of including less known methodologies and methods in social science research, especially among African researchers (Eshun, forthcoming). This is evident in the way that many African social scientists continue to believe almost religiously that the entrenchment of epistemologies and methodologies of Northern heritage compel *nolens volens* that they should conform to, rather than contribute to the 'provincialisation of Euro-Americanism'. Continuing with his argument, Eshun (2011) has therefore argued that there is the urgent need for polymorphous approach to conducting research on Africa to reflect its 'shibboleths'.

The study involved communities selected in the Central (Frami, Brenu Akyinim; Abuesi, Komfoeku-Denkyira/Fanti and Ahanta); Greater Accra (Ngleshi Amanfro; Gidan and Tuba-Tubaman); and Ashanti (Adugyama and Esereso) Regions of Ghana. These areas were selected to provide comparability, diversity in geographical, ecological, ethnic, linguistic and other socio-cultural differences.

3. RESULTS AND DISCUSSIONS

Results presented are mainly from the In-depth Interviews, Focus Group Discussions, conversations and narratives from grandmothers and some elders of the selected communities for the study. Conversations with and narratives from the elders and grandmothers indicated that each society hands down traditions from generation to generation by teaching certain attitudes, practices, beliefs, legends, customs and habits. Gyimah (2002) and Chilisa (2005) stress that cultural practices are not static but are constantly negotiated within changing social, economic and environmental contexts. Indeed, "the degree of conformity to socio-cultural practices and their perceived impacts on infant and child survival are expected to be more pronounced among groups whose traditional institutions are least affected by modernisation" (Gyimah, 2002). In tandem with the foregoing assertion, the results of this study indicated high levels of utilization of indigenous health service and practices for child illnesses among others in rural Ghana. Indigenous practices on health practices have four basic goals; these include teachings, learning, instructions and socialization processes based on and suited for the prevailing mode of life of the indigenous group and beyond. The study revealed four major findings on infant and child health in Ghana. These findings are organised under four main sub-themes that throw different hues on indigenous practices on infant and child health in the country.

Every ethnic group in Ghana has a name they give to the different developmental stages of children with the corresponding health needs. Since majority of the respondents could speak Fanti and Twi (two major Akan dialects), the article therefore employs the Akan terms for 'infant and child' as a tutelage for presenting the results and discussions. Among the Akans, the first developmental stage of a child is the 'Asukonoma' (Akan-meaning an infant- less than 5 months old). The second developmental stage is the 'Abofra' (Akan-meaning a toddler). The third developmental stage is 'Akodaa' (Akan-meaning a child from 5 years onwards). These stages show different and related indigenous health practices as the elucidations under the results and discussion in its totality will reveal. The last section under the results and discussions focuses on current changes in parenting in Ghana, and its implications on infant and child health.

3.1 INFANT AND CHILD HEALTH

It is worth considering that to Africans, no material wealth equates to the satisfaction of having children. For a man, a child manifests his manhood and establishes him as a respectable and responsible person among his colleagues and a woman's greatest pride is her children. As a consequence, the desideratum of most ethnic groups in Ghana is focused on perpetuating ones pedigree. Indeed, "a person may be biologically dead, but as long as the person has children living, he or she is considered as not 'really dead'. As a result, the very fabric of the Ghanaian traditional practices to a great extent, borders on issues of health. Indeed, reviews of the life cycle of the Ghanaian children show amply that they have received various teachings and practices that influence their health through their lives. At the forefront of indigenous health practices are those that really concern infant and child. Indigenous health practices on infant and child health, starts even before pregnancy. Such practices which include right nutrition, personal hygiene and sexual abstinence, reflect the values and beliefs held by members of the community. Traditional health approach is holistic, comprehensive, spiritual, physical and communal, all processes aimed at developing all aspects of individuals and child health. This is illustrated in the text of the libation during the outdooring and naming ceremony of the child among the Ga ethnic group, during which all participants are addressed. But paramount in the ceremony is the spiritual and physical wellbeing of the new member of the community—the child. Implicitly, ceremonies such as outdooring indicate that children have rights to health, a right which should not only be the concern but must be protected by all members of the community.

Generally, teachings and practices on health emphasized the following: nutrition, breastfeeding and post partum sexual abstinence; use of water (cold, warm or hot), massage using oils such as shea-butter, palm kennel

oil, beads to monitor growth and diarrhoea; a medicinal brass of bowl containing such items as metal, charcoal, clay, sponge; plants, roots, barks, herbs, mixtures among others. All these were expected but not limited to cure, prevent and promote hygiene, good health, exercise and survival skills of the child and mother. The older women; grandmothers, traditional birth attendants; healers make reference to health in general and child health specifically in direct and indirect ways. Several activities take place to ensure the child will be healthy with special emphasis on maternal and child health, stressing breastfeeding and post partum sexual abstinence. Uncleanness and hygiene of the mother, etiology of diseases-diarrhoea, malnutrition "Kwashiokor" associated with early sexual relations, contaminated breast milk of mothers are some of the oral teachings by the older women. The important role of the older women is expressed in the words of an Ashanti older woman, "It is important that the older women look after the baby and also the mother. They provide post natal care; assist with cleaning the baby, with herbal solution, massage among others" (60 years old Ashanti woman).

In many ethnic groups in Africa, women are initiated when they reach puberty, and this initiation is common to both ethnic groups in Ghana, exemplified by the Dipo puberty rites by the Krobos of Ghana. During the initiation, "specific education on womanhood is given to the nubiles, and this is ineluctably linked to childbirth and childcare" (79 years old Ashanti man). For example, it is believed widely that infants carry especial scent from the ancestral-world ('asomando' scent), and that needs 90 days of special attention to remove, which may involve cleaning the areas of the back of the ears and armpits among others. In general, much of such education was informal. Currently, in rural Ghana (and many other places too), oral culture remains a significant feature of lifeworlds, with common everyday usage of poems, dances, proverbs and folktales (Eshun, 2011 and Eshun and Madge, 2012). This oral culture underpins indigenous health practices. Indigenous health practices therefore are often less documented and may be employed by many people to managing numerous conditions, without sometimes, being overtly aware of it. Like traditional medicine, indigenous health practices are therefore accessible and effective. It therefore plays a significant role by reducing life-threatening ailments of humanity. This study therefore adds to the scanty but growing literature on the potentials of traditional medicine and indigenous health practices in general and their importance in contemporary healthcare delivery in Ghana.

3.1.1 THE SUCKLING INFANT "ASUKONOMA"

Asukonoma is the child not more than five months. Traditionally, a child is believed to have come to stay when it survives more than 7 days after birth. Thus the naming ceremony in most ethnic groups in Ghana, takes place on the eighth day. It is on this day and days after this that there is even more enthusiastic effort by the mother and society in ensuring the survival of the child. It is also believed that the child must be kept indoors for the first week of birth. This practice has both its spiritual and health implications. The spiritual aspect has to do with the belief that the baby is vulnerable to spiritual attacks and therefore must be protected from 'evil eyes'. The health implications, has to also do with the fact that some of the visitors may have some diseases that the new baby can easily contract, especially the air-borne ones.

The meaning of 'Asukonoma' means the child is breastfed. At this stage, the child does not eat any heavy food, except breast milk. At this early stage, there is great emphasis on health, wellbeing and nutrition for both the infant and the mother. Traditionally, nursing mothers were supposed to see their husbands in an interval of 90 days, underneath this stance, were the issues of checking against early pregnancy and promoting the health of the infant child. Indeed, the grandmothers, can advice, and sometimes even scold the nursing mothers to refrain from sex, since this is traditionally thought to 'pollute' the breast milk with the concomitant health impact on the baby. It has been debated cogently by some of the respondents that even the position of the child when they are breastfed psychologically engender security for the child and aid in their overall health as captured by this quote, "there is a lot of benefit from breastfeeding, the baby tilted in the mother's arms, and the eyes looking up to the mother, foster a bond and security, a practice that assures the baby of being loved, cared for and protected and as a result contributing to their overall health and usefulness in society" (39 years old Asante woman). Traditionally, breastfeeding the baby was mandatory and post partum sexual abstinence was strongly emphasized for the mother in rural areas in Ghana. However, there is a disturbing trend raised by some respondents that some new mothers bottle-feed their children on the premise of maintaining the shapes of their breasts, and some make it come across as if it's some kind of fashion to rely on bottle food. A 35 years old Ga woman states, "The use of bottle food is both common among the educated and the illiterate, some think they are nutritious than breast milk and even at weighing they will pretend they are breastfeeding, when in reality the babies are fed with bottle food".

Water and health issues are inexorably interlinked and this resulted in seeking for respondents views on the role of water in indigenous health practices. The study reveals a clear picture that water is a crucial component in the infant and child health care. Water is used (cold, warm or hot), to maintain general cleanliness. Indeed, the new mother is expected to sit on a crucible with hot water as part of the healing process. This practice carries on for about three weeks after a baby is born. Statistics show that the rate of infant mortality in Ghana increased by 12.3 per cent between 1998 and 2003, whilst child mortality also increased by 2.8 per cent (Asiedu, 2009). This

dismal picture is attributed to poor health service delivery, poor nutritional status of children and lack of sustainable portable water sources in the country. According to the non-governmental organisation WELL, infant and child mortality in Ghana is linked directly to lack of portable water in the country. Each year, many children die from diarrhoeal diseases which are water and sanitation related (Hougen and Sesiah-Lewis, 1998). A 27 year old respondent from Central Region stresses, "the tap water can stop flowing for weeks and weeks, that has a way of compounding the problem of maintaining the cleanliness of the child and the general cleanliness in the household, and relying on the sachet water is helping out, but how can we use that in washing, it would be very expensive". The respondents also revealed that there is extensive massage for both baby and mother. The massage involves using various kinds of oils which include shea butter, palm kennel oil and others. Indeed, a good massage is noted to aid circulation and sound sleep for the child. To ensure that there is stock of medicine in the house, traditionally brass bowls were kept by the older women and items such as herbs, mixture, white clay, soft sponge, charcoal and others are kept in them. The Fantes refer to this bowl as 'eguradze' (literally meaning items for bathing, although its significance goes beyond just bathing and cleaning). This practice was expected to address and also prevent any health problem of the infant and the mother.

Traditionally, the use of beads, have been very significant in issues concerning the health of infants and children. New mothers wear white beads to signify their happiness for having the baby. Besides the white colour, there are various other colours of beads, which are used to decorate the baby as well as help the mother and guardians of the baby to diagnose through the excrements of the baby any health conditions. For example, red, yellow and deep green colour often helped in diagnosing the type of diarrhoea the baby was having. Furthermore, beads of various colours and shapes are tied round the wrist, waist and ankles to monitor the growth of the infant. One respondent also expressed joy that when she had her first child the husband named the child after his father (this is a very common practice in Ghanaian societies). However, after the outdooring ceremony, the husband's father carried the child in his arms and then spat in the mouth of the child as a symbolic act of bonding with his namesake, "there are cases, where fathers-in-law can spit into the mouths of the new born named after them, thinking such act may instill their characters and looks into the babies" (43 years old Fante woman). However, such a practice holds serious health implications, for example a father-in-law, who suffers from tuberculosis and any other disease that is transferable through buccal contact, can easily infect the child with the pathogens.

3.1.2 TODDLER "ABOFRA"

Abofra means the toddler, meaning the child is in the developmental stage where it does not know wrong and right. At this stage, the child can pick food from the ground, and can soil itself without any consideration. The toddler "abofra" is characterised by crawling, picking, and seeking to taste almost anything being eaten. The breastfeeding and massage for the suckling infant is continued during this second stage. In addition, as weaning foods are introduce to the toddler, there is emphasis on practices that prevent health problems associated with environmental hygiene and spiritually connoted ailments. These include the use of herbs, plants, metals as gold, silver, copper, brass among others to prevent environmentally related problems such as cold, cough, and other respiratory infections. Since the baby is gradually to be weaned, the food that is given to the baby need to be prepared hygienically and introduced gradually. In fact, under most circumstances, the indigenous approaches have invariably been preventive rather than curative, using traditional and culturally recognized medicinal herbs, plants and metals.

It is also very important for mothers and guardians to pay extra attention to the children at this stage. The children at this stage have penchant for reaching for anything in sight. They can play with fire, without knowing its consequences, as a result the parents are supposed to keep a strict eye on the activities of the toddler. One respondent recounted a rather heartrending occurrence, "A colleague, had swimming pool in his house, the toddler was near the summer hut, in a rather bizarre circumstance, they left the toddler unattended to and when they came to their realization, the toddler was drowned in the pool, my colleague nearly lost his mind due to this very sad occurrence" (79 years old Asante man). Consequently, the Akan meaning of Abofra is a compound word of 'abo' and 'fra'. The 'abo' means-created and the 'fra' means 'as part of human and animal. In other words, the child as this stage is human being in toto, yet the behaviour he or she puts up is so close to animals and thus needs attention. It is also worthy to note that, at this stage the child is not really punished for any action, since s/he is deemed to be quite oblivious to right and wrong.

One respondent therefore states, "Children need example to follow, without examples they do anything and it starts right from the early childhood" (64 years old Asante man). Some of the respondents also indicated that some of the children at this stage are given special yam as a spiritual ceremony to fortify the child's weaning from the 'spirit-world' into the 'human-world'. This special meal is called 'eto' (Akan meaning mashed yam with red oil sprinkled on it). It is worth noting that still in this developmental stage of the child, the mother still maintains a healthy eating habit to ensure that the baby has a healthy source of milk.

3.1.3 THE YOUNG CHILD "AKODAA"

The akodaa is a child from 5 years onwards. The young child "akodaa" at this stage, can be sent by

anybody, household or community. The emphasis at this stage is on socialization of health and other practices. The process is orally based, and done by all especially older women and grandmothers. The process at this stage includes practices by which all aspects of the health of the child is developed, direct physical health as well as socialisation processes such as teaching the child, behaviours which promote good health, hygiene, nutrition, exercise, games, survival skills, moral and social values. In the traditional set up therefore, even though the child has only one biological mother, the promotion of good health is a communal responsibility, with many educators and providers. Significantly, in as much as traditional health practices are to complement the orthodox or the modern practices, care givers such as parents and kinsmen have the responsibility to promote the health and wellbeing and are expected not to indulge in any practice that has any potential adverse effect on the health of the child. Fighting with other children is also rampant in this stage of the child.

Among the residents of Bukom (a typical Ga community), these children can be left to fight over a long period to determine the eventual winner. Indeed, the winner may fill the mouth of the loser with sand from the seashore to show that he or she is the undisputed victor. An unchecked fighting among the young child brings with it a health implication, whether immediate or for the future. As a result, elders often come across as referees, knowing they bear the brunt of such occurrences. Nonetheless, the children seeking to assert themselves may choose to fight at the seashore or other obscure places, cheered on by their supporters. One respondent stressed that, "The reason why the children will fight till they have an eventual winner is that, without this, they will have to live to fight again" (58 years Ga old woman). This underscores the Akan proverb that 'a child without a guardian is the one that has a sack of evil tied to his or neck". In other words, an unguided child has propensity to engage in a lot of mischievous activities and thus, need to be taught and trained to restrain from such activities. Respondents also expressed their concern, where some children are engaged in labour that impact negatively on their health. Frequent sending of children saps their energy and sending them to buy alcohol or light cigarette sticks have a way of introducing these children to anti-social behaviours in society since they look up to the elders for good examples. On addressing issues of child labour in Ghana, there are various interventions, but the issue of child labour is so entrenched in Ghanaian societies. As a result, there is an urgent need for concerted effort from all stakeholders both nationally and internationally to help uproot this menace.

3.1.4 CONTEMPORARY PARENTING AND IMPLICATIONS ON INFANT AND CHILD HEALTH

Traditionally, parents often had their relatives staying with them, and while they were out working or on other business, the children were left in the care of the relatives. These days, increasing numbers of Ghanaians are living in their own houses, and although it was unheard of to leave a child alone, now it is a common practice. Some parents even allow their children to use the internet unsupervised, which has its own health and social implications. Whereas in the past, children often spend much time together with their parents, these days' children spend less time with their parents (Boerma and Baya, 1990).

In the past, children were 'spoken to' and by custom were not supposed to 'speak back', this however is gradually changing, where children are able to express themselves and in so doing may lead them to be open about their health conditions. Consequently, Agya Koo Nimo, a renowned Ghanaian cultural mouthpiece expressed that, "The overt lack of dialogue between children and their parents, often led to the children developing their own systems of discipline, with its associated social and health implications" (Pers. Comm., 2013).

Currently, the strict gender-based work opportunities are changing, and women are also taking up higher positions. Consequently, issue of breastfeeding and the long period of breastfeeding is increasingly becoming a challenge. Gyimah (2002) stresses that the risk of death is expected to be higher for infants which have never been breastfed. Globally, the baby food industry is worth about US$35billion a year, with around US$25 billion coming from the sale of milk formula for infants (cf. Bour, 2008). Increasingly however, the nutritional components of packaged baby food are often under scrutiny, nonetheless there is huge percentage of mothers who rely on package food. In a survey of 2,400 mothers and 1,200 health workers in Pakistan, 20 per cent of the employees said they have received gifts from companies to encourage them to promote formula (Ibid.). A point in case is the Nestle Company, where their product can be marketed in a way that may seem more nutritious and hygienic, compared to breast milk. Indeed, as at 1993 breastfeeding was at a dismal percentage of 17 per cent. However, the Ghana Breastfeeding Promotion Regulation in 2000 has contributed immensely and as at 2007, 63 per cent of Ghanaian children below six months are now exclusively breastfed (cf. Bour, 2008).

Furthermore, some of the respondents stressed on the changes in disciplining of children in contemporary Ghanaian society. The rather physical beating of children now has legal implications. Teachers can longer just fall on their canes as the only mode of ensuring discipline. Almost every Ghanaian adult has personal story on how a particular teacher used the cane in ways that were rather brutal and unneeded. Not only did it encourage truancy, it also fostered the mindset of pain as the only way of training a child. The rather strange thing actually has to do with the fact that, some of these teachers hated their teachers who were always brutal with canes, yet they seemed to see no need to regulate its use. Societies change and so should be classroom management. One

respondent stated 'see this mark on my left hand, this teacher heard me talking a bit with my friend while he was teaching, he called us and used two canes at the same time, and you could see he was visibly very angry and gave me the bloodiest punishment in school—he accidently came to my office one day and besides all the reception and hospitality I bestowed on him, I could not help telling him in no uncertain terms that he was overly excessive with the cane, to which he readily apologised". The Ghanaian society doesn't want brutal force in schools anymore, and now there are amendments for strategic disciplining in schools.

Furthermore, the Domestic Violence and Victims Support Unit of the Police in Ghana is specifically concerned with curbing this trend of abuse of children and any form of home violence. Interestingly, some old women also expressed that the verbal treatment of children at home and in schools also needs changing. It is a known practice that mothers have often sought to have a go at their husbands by insulting their husbands indirectly by insulting the children by making a particular reference about their husbands. One of the respondent's perhaps sums this up aptly, "I used to say to my boy, look at your big head like your father, roaming and roaming about as if you don't have a place to call your own" (54 years old Ga woman). Another respondent summed it up poignantly, "This type of communication in parenting goes a long way in affecting the self-image of children and their overall health conditions". Some parents also stressed on the issue of bullying in schools and called on Ghanaian authorities to endeavour to uproot the canker.

4. CONCLUSION

This article argues that the prominence and efficacy of indigenous health practices are still widespread in rural Ghana. Copious research has shown that this is based on the fact that indigenous medicines are more affordable, readily available, and as a result are easily accessible to many of the rural folks (Hougen and Sesiah-Lewis, 1998, Yuri et al., 2007; Bour, 2008 and Gyasi et al., 2011). According to Gyasi et al (2011) the use of indigenous medicine and practices in primary health in Ghana is inexorably tied to cultural factors, personal values, and religious and health philosophies of people. The foregoing argument is imbricated in the Akan concept of 'Sankofa', which provides a renaissance for the maintenance of treasured positive indigenous health practices, grown out of the 'indigenes' roots and not grafted, and that provides the foundations that promote infant and child health in Ghana (Ashcroft et al., 1998). Indubitably, old women especially in rural Africa are 'living libraries' of indigenous child health practices. As a result, elders in societies in Africa and their traditional knowledge, stories, traditions, anecdotes on child health practices need urgent documentation. Against this backdrop, the article argues for synergistic and complementary health practices based on proper documentation of indigenous teachings and practices geared towards sustainable health service delivery for infant and child in Ghana.

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