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Women in Traditional Healthcare in Contemporary Ghana: Evidence from the Volta and Oti Regions

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ABSTRACT
This study employed the qualitative method to study two indigenous women healers in Ghana – a traditional bone setter and a priestess healer. Placing the discussion within gender perspectives, the study chronicled the biography of these healers in the Volta and Oti regions of Ghana, their knowledge acquisition, healing practices, and the challenges that they face. The study found that the bone setter's knowledge of healing was a family heritage, while the priestess acquired the shrine for reproductive purposes. The two practitioners have healed many patients in their communities in the areas of bone fractures and infertility issues. However, finance, poor record keeping, spiritual attacks, health challenges, and depletion of medicinal plants were identified as challenges confronting the female traditional healthcare practitioners in their respective communities. The study concludes that women, through their immense contribution to primary healthcare, support their family economy and provide a balance in a male-chauvinistic healthcare system. They therefore engage in their healing practices to navigate the male corridors of power and domain. This study contributes to scholarship on medical anthropology by discussing the role of women traditional healers in contemporary Ewe and Krachi societies. It also contributes to knowledge production in the field of gender studies, drawing insights from two distinct yet related geographical settings.

Keywords: *Women in Traditional Healthcare, Healing Practices, Gender Roles, Traditional Bone Setter, Priestess Healer*

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INTRODUCTION
Traditional medicine existed in Africa long before the introduction of biomedicine.[1] Prior to the introduction of biomedicine, African Traditional Medicine Practitioners were the gatekeepers of healthcare. These indigenous healers explored magico-religious concepts, acts, and symbolism to provide therapeutic solutions to their patients[2] and were recognized by their communities.[3] The World Health Organization (WHO) defined an African traditional healer as someone recognized by his/her own community to have the competence in using plant, animal and mineral substances to provide health services based on the social and cultural backgrounds.[4] Traditional Medicine Practitioners used herbs,

[1] Wilbur Hoff, "Traditional Health Practitioners as Primary Health Care Workers," *Tropical Doctor* 27, no. 1_suppl (1997): 52–55.
[2] A. Peter. Twumasi, *Medical Systems in Ghana: A Study in Medical Sociology* (Tema: Ghana Publishing Corporation, 1975).
[3] John E. Onuminya, "The Role of the Traditional Bonesetter in Primary Fracture Care in Nigeria," *South African Medical Journal* 94, no. 8 (2004): 652–58.
[4] WHO, *The Promotion and Development of Traditional Medicine*, 622nd ed. (Geneva: Technical Report Series, 1978).

animal, and mineral substances to promote the well-being of their communities[5] and attended to children, the poor, rich, men, and women in the society.[6] It has been observed that there are over one million traditional healers in Africa[7] who include herbalists, diviners, faith healers, traditional birth attendants,[8] veterinary healers, spiritualists, bone setters, animal bite specialists, eye healers, shrine operators, and herbal healers.[9] These healers explored the holistic approach to diagnose diseases and offer therapeutic solutions to patients suffering from various diseases. [10]

Generally, in Africa, gender roles defined work, occupation, and professions. In pre-colonial Ghana, for example, traditional healing was the prerogative of both men and women who served as gatekeepers of illnesses and diseases, using herbs, plants, spiritism, and mineral substances to heal their clientele. However, throughout the colonial history of Ghana, western and traditional medicines were dominated by men due to British imperial influences. In spite of this, women who engaged in healing continued to be visible in the practice of traditional medicine in Ghana.

Before the advent of biomedicine, gender roles defined the practice of traditional medicine in Africa. Annan-Yao asserted that "[g]ender is a socially constructed term depicting the system of relations between women and men which designates behaviour, attitudes, roles, status, and other processes that govern relationships among the sexes in a given socio-cultural, socio-economic, or socio-political context."[11] Blackstone affirmed this position by positing that "…gender roles are based on sex, society's values and beliefs about gender and largely a product of the interactions between individuals and their environment, and behaviours believed to be appropriate for what sex."[12] There is no gainsaying that men and women played diverse roles in pre-colonial African social and political systems; "each gender had its traditional role in the development of society"[13] where numerous responsibilities were conferred on them to ensure complementary and balanced roles.[14] Putting a spotlight on gender roles in Africa, Leith articulated the following:

> Culturally, African women were transmitters of the language, the history, and the oral culture, the music, the dance, the habits, and the artisanal knowledge. They were the teachers and were responsible for instilling traditional values and knowledge in children. Men were also essential in the transmission of knowledge to the youth because they had a different type of knowledge of the earth and environment, and also of ceremonies and traditions that were performed exclusively by men.[15]

This assertion bears eloquent testimony to the fact that men and women played diverse roles in the African society, including health and healthcare. Accordingly, both men and women held the knowledge of medicine, served as primary caregivers, "…restored and preserved their patients' health through herbarium and spiritism."[16] Using the qualitative method, this study places two women healers in the male corridors of power in the Volta and Oti Regions of Ghana, focusing on their lives and times, acquisition of knowledge, modes of healing, and challenges confronting them in contemporary times.

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[5] Marcel J H Ariës et al., "Fracture Treatment by Bonesetters in Central Ghana: Patients Explain Their Choices and Experiences," *Tropical Medicine & International Health* 12, no. 4 (2007): 564–74.

[6] A. EL Hag et al., "Complications in Fractures Treated by Traditional Bonesetters in Khartoum, Sudan," *Khartoum Medical Journal* 3, no. 1 (2012).

[7] L. O. Thanni, "Factors Influencing Patronage of Traditional Bone Setters.," *West African Journal of Medicine* 19, no. 3 (2000): 220–24.

[8] Ilse Truter, "African Traditional Healers: Cultural and Religious Beliefs Intertwined in a Holistic Way," *South African Pharmaceutical Journal* 74, no. 8 (2007): 56–60.

[9] Gerard Bodeker, Florian Kronenberg, and Gemma Burford, *Policy and Public Health Perspectives on Traditional, Complementary and Alternative Medicine: An Overview* (Geneva: World Health Organization, 2007).

[10] A. Shirley Thorpe, *African Traditional Religion* (Pretoria: University of South Africa, 1993); Charles Amoah Dime, *African Traditional Medicine: Peculiarities* (Ekpoma: Edo State University Press, 1995)..

[11] Elizabeth Annan-Yao, "Analysis of Gender Relations in the Family, Formal Education and Health. Gender, Economies and Entitlements in Africa. ," *CODESRIA Gender Series* 2 (2004): 1–17.

[12] M. Amy Blackstone, "Gender Roles and Society," in *Human Ecology: An Encyclopedia of Children, Families Communities, and Environments* , ed. Julia R. Miller, Richard. M. Lerner, and Lawrence B. Schiamberg (Santa Barbara, CA: ABC-CLIO, 2003), 335–38.

[13] Oseni Taiwo Afisi, "Power and Womanhood in Africa: An Introductory Evaluation," *The Journal of Pan African Studies* 3, no. 6 (2010): 229–38.

[14] William St. Clair, *Imperialism and Traditional African Culture* (Cambridge: Cambridge University Press, 1994).

[15] Ross Leith, *African Woman* (New York: Macmillan Publishers Ltd. , 1967), 34.

[16] Michael Osei, "Women and Medicine on the Gold Coast, 1880-1945" (The University of Western Ontario (Canada, 2023), ii.

Studies show that "[d]espite the remarkable amount of scholarship on gender and health in developing countries, a relatively small amount of work is devoted to discussions on the intersection between political economy, gender, and traditional medical practices."[17] This is the gap that this study seeks to bridge, particularly in contemporary Ghanaian medical history, where women (female) traditional healers have been paid less attention and recognition in their practice, though they constitute major stakeholders in the primary healthcare sector of the country. Two research questions guide this study: What roles do women traditional healers play in providing healthcare to people in their communities in contemporary times? and What challenges confront women traditional healers in the Volta and Oti Regions of Ghana? The findings are presented in subsequent sections.

LITERATURE REVIEW

Women and Medicine in the Gold Coast (Ghana)

The practice of medicine by women has been acknowledged in world history.[18] Studies show that "[w]omen have always been central concerning the provision of healthcare…" providing family care, community care, serving as midwives and in other areas of medicine.[19] In effect, "the study of women and medicine in the pre-colonial and colonial times is relevant in understanding the intersection between gender, health, and colonialism in Africa."[20] Before the arrival of Europeans to the Gold Coast, oral accounts indicated that women served as traditional birth attendants, priestess healers, spiritualists, herbalists and traditional bone setters, among others, "…wielded considerable authority and influence in the realm of traditional medicine"[21] and created therapeutic procedures and solutions to respond to the healthcare needs of the population.[22] Within the Akan medical system, medical knowledge was categorized into "'basic', 'peripheral', and 'specialized and in-depth knowledge.'"[23] However, this medical knowledge was not unique to the Akan group of people, as other ethnic groups such as the Ewe, Mole-Dagbani, Guan, and Ga-Adangbe, among others, possessed diverse knowledge in the practice of traditional medicine. Therefore, women healers navigated the space in the practice of medicine and healing, knowledge they acquired through several years of apprenticeship and training from their family members.[24]

In the Gold Coast, specialized indigenous healers who acquired detailed knowledge in traditional medicine were described as the "keepers of the keys to life and death"[25] and women who served as priestess healers, herbalists, traditional birth attendants, and bone setters accounted for a significant proportion of these healers, contributing to sustainable life and a healthy society.[26] For instance, priestess healers in Gold Coast responded to the healthcare needs of their communities through the use of deities who were often "…represented physically by crudely sculpted figurines made of bone, stone, wood, or brass bowl filled with mystic plants and sealed with wax which possesses spiritual entities."[27] Priestess healers explored methods such as the invocation of deities, spells, incantations, and exorcism to diagnose, treat, and prevent illnesses and diseases.[28] In addition, female spiritualists, cult-healers and priestesses of ancestral deities also practiced traditional medicine by exploring the technique of diagnosis known as divination, which involves casting of objects such as cowries, eggs, kola nuts, bones and other techniques,

[17] A. Charles Anyinam, "The Role of Female Spiritualists in Africa: Persistence with Change," *Canadian Woman Studies* 17, no. 1 (1997): 103–6.
[18] A. Marjorie Bowman, Erica Frank, and I. Deborah Allen, *Women in Medicine: Career and Life Management* (New York: Springer, 2002).
[19] Samuel Adu-Gyamfi et al., "Women and Medicine: A Historical and Contemporary Study on Ghana," *Ethnologia Actualis* 19, no. 2 (December 1, 2019): 34–56, https://doi.org/10.2478/eas-2020-0003.
[20] Osei, "Women and Medicine on the Gold Coast, 1880-1945," 1.
[21] Osei, "Women and Medicine on the Gold Coast, 1880-1945," 3.
[22] Jonathan Roberts, "Medical Exchange on the Gold Coast during the Seventeenth and Eighteenth Centuries," *Canadian Journal of African Studies/Revue Canadienne Des Études Africaines* 45, no. 3 (2011): 480–523.
[23] Kwasi Konadu, "Medicine and Anthropology in Twentieth Century Africa: Akan Medicine and Encounters with (Medical) Anthropology," *African Studies Quarterly* 10, no. 2 & 3 (2008): 45–70.
[24] Anyinam, "The Role of Female Spiritualists in Africa: Persistence with Change," 104.
[25] Osei, "Women and Medicine on the Gold Coast, 1880-1945," 25.
[26] Emmanuel Evans-Anfom, *Traditional Medicine in Ghana: Practice, Problems and Prospects* (Accra: Academy of Arts and Sciences, 1986).
[27] Michael Swithenbank, *Ashanti Fetish Houses* (Accra: Ghana University Press, 1969), 10.
[28] Osei, "Women and Medicine on the Gold Coast, 1880-1945," 26.

including sand reading, mirror and water gazing. Healing features sacrifices, confessions, atonement, and the administration of medications.[29]

However, female herbalists used herbs and other medicinal plants to heal their patients. This is evident in the works of Anquandah, who found numerous medicinal pots that served as storage facilities for herbal concoctions in the Accra plains, which portends how herbalists had mastery over medicinal plants and their use to heal their patients.[30] Among the Ga-Adangbe, evidence shows that [h]erbalists (both men and women) employed plants, such as *Anyumokudale* and *Ijede* to treat convulsion and mental diseases, respectively, and *Blakatso* (*Ficus platyphylla*) to alleviate acute stomach disorders.[31] These female healers, therefore, prescribed medication, provided services described by Kilminster et al. as sick-nursing, wet-nursing, caring, and nurturing the young.[32] Among the Ewe, parents who have experienced twin birth (mother of twins – *vena*) automatically qualify to practice as herbalist, bone setter, and traditional birth attendant, as they have innate powers due to twin birth.[33]

Despite the significant roles women play in the practice of traditional medicine, their medical profession was negatively influenced by colonial rule.[34] In the Gold Coast, their practice was disrupted, characterized by restriction, exclusion, marginalization, and exploitation, contributing to gender bias in the practice of medicine. The colonial medical policies relegated women from the practice of medicine, pushing them to the fringes of healthcare in the Gold Coast, a situation which made the practice of traditional medicine male-dominated.[35] In spite of these challenges, female healers remained resilient in their practice of medicine in the Gold Coast, training and passing on the knowledge across generations. Ogunlusi et al. noted that due to the high cost of biomedical care, the cash and carry system, and the bureaucratic delivery practices of the hospital, many indigenous people continue to rely on traditional medicine to remedy their healthcare needs.[36] This phenomenon has contributed to the high patronage of traditional medicine in Ghana.[37] It is therefore argued that the availability, accessibility, affordability and familiarity of practices of female healers in Ghana are the reasons why patients continue to patronize their services. Anyinam provides a statistical distribution of female healers in the Eastern and Ashanti Regions of Ghana and found that in the Eastern Region, out of 218 traditional medicine practitioners, 62% were females. Narrowing it further to 140 priest/priestess healers, he found that 83% represented females. In the Ashanti Region, out of 103 traditional healers, 25% were females, demonstrating that women healers remain relevant in the practice of traditional medicine in contemporary Ghana.[38] The gap in this study remains the fact that very scanty literature is available on the history of women in medical fields, and the few studies conducted on women and healthcare often discussed their contributions in the periphery.[39] This current study fills this gap by putting a spotlight on two women healers in the Volta and Oti Regions of Ghana.

METHODOLOGY

This study is inclined towards the qualitative method and engages in ethnography and phenomenology. Ethnography is an approach which focuses on the study of a cultural group in a natural setting. It involves

[29] Anyinam, "The Role of Female Spiritualists in Africa: Persistence with Change," 105.
[30] James R. Anquandah, "Accra Plains, Dangmeland: A Case Study in the Eclectic Approach to Archaeological and Historical Studies," *FASS Bulletin* 1, no. 1 (1996): 74–82.
[31] James Anquandah, "African Ethnomedicine: An Anthropological and Ethno-Archaeological Case Study in Ghana," *Africa: Rivista Trimestrale Di Studi e Documentazione Dell'Istituto Italiano per l'Africa e l'Oriente* 52, no. 2 (1997): 289–98.
[32] Sue Kilminster et al., "Women in Medicine− Is There a Problem? A Literature Review of the Changing Gender Composition, Structures and Occupational Cultures in Medicine," *Medical Education* 41, no. 1 (2007): 39–49.
[33] K. Godknows Nukunya, *Tradition and Change in Ghana: An Introduction to Sociology* (Accra: Ghana Universities Press, 1992).
[34] Laura Reichenbach and Hilary Brown, "Gender and Academic Medicine: Impacts on the Health Workforce," *BMJ* 329, no. 7469 (October 2, 2004): 792–95, https://doi.org/10.1136/bmj.329.7469.792.
[35] Osei, "Women and Medicine on the Gold Coast, 1880-1945,"26.
[36] J D Ogunlusi, Innocent C Okem, and L M Oginni, "Why Patients Patronize Traditional Bone Setters," *Internet J Orthop Surg* 4, no. 2 (2007): 1–7.
[37] Peter Omonzejele, "Current Ethical and Other Problems in the Practice of African Traditional Medicine," *Med. & L.* 22 (2003): 29-38; Sajad Ahmad Salati and Ajaz Rather, "Bone Setter's Gangrene of Hand– a Preventable Disaster," *Journal of Surgery Pakistan (International)* 14, no. 3 (2009)..
[38] Anyinam, "The Role of Female Spiritualists in Africa: Persistence with Change."
[39] Samuel Adu-Gyamfi, "WOMEN AND BIOMEDICAL HEALTHCARE IN A COMMUNITY IN GHANA," *Актуальні Питання Суспільних Наук Та Історії Медицини*, no. 4 (2020): 59–64. doi:10.24061/2411-6181.4.2020.223.

a researcher observing and deeply assimilating the daily activities of a cultural group and constructing narratives of personal experiences of a social group.[40] Phenomenology, on the other hand, "…is an intellectual engagement in interpretations and meaning making that is used to understand the lived world of human beings at a conscious level," and aims to comprehend and characterize a phenomenon's fundamental elements.[41] The two approaches were adopted to engage with the lived experiences of the two female healers, their patients, and community members in a natural setting in order to construct the clinical reality of these women healers.[42]

This study was carried out at two sites - Klefe Achatime in the Ho Municipality of the Volta Region and Dadekro in the Krachi West Municipality of the Oti Region (see map 1). Klefe is a peri-urban community located about two kilometers from Ho, the capital city of the Volta Region, and it is 248 kilometers above sea level. Dadekro, on the other hand, is located in the Krachi West Municipality of the Oti Region and lies at the geographical coordinates, 7° 48' 0" North, 0° 10' 0" West.

Figure 1: Map showing the study sites
Source: Authors creation, Ho, Volta Region, 25th June, 2024

[40] John W. Creswell, *Qualitative Inquiry and Research Design: Choosing Among Five Approach* (California: Sage Publication, Inc., 2007); Paul Aktinson and Martyn Hammersley, "Ethnography and Participant Observation," *Strategies of Qualitative Inquiry. Thousand Oaks: Sage*, 1998, 248–61..

[41] Sadruddin Bahadur Qutoshi, "Phenomenology: A Philosophy and Method of Inquiry.," *Journal of Education and Educational Development* 5, no. 1 (2018): 215–22; Ho, L. Delve and Alans Limpaecher, "Practical Guide to Grounded Theory Research," Essential Guide to Coding Qualitative Data, 2006..

[42] Norman K Denzin and Yvonna S Lincoln, *The Sage Handbook of Qualitative Research* (sage, 2011); Arthur Kleinmann, *Patients and Healers in the Context of Culture: An Exploration of the Borderland between Anthropology, Medicine and Psychiatry* (Berkeley, Los Angeles, London: University of California Press, 1980).

Using the purposive sampling technique, thirty (30) participants were recruited for this study; fifteen (15) each from the two study sites. They include two (2) female healers, two (2) chiefs (one from each community), six (6) community members (three from each community), and twenty (20) patients (ten each from the two sites). The patients are further categorized into inpatients and outpatients. The inpatients include patients who were receiving treatment during field work, and outpatients refer to those who were treated and discharged by the two female healers. In all, five (5) inpatients and five (5) outpatients each were selected from the two communities. Fieldwork was done by the two researchers as follows: the lead author collected data in Klefe (Volta Region) while the co-author focused on Dadekro (Oti Region) due to the linguistic competence of the authors in Ewe and Krachi (Guan), respectively. Thirty (30) in-depth interviews were conducted across the two study sites, tape recorded, and supplemented with photography. The researchers also used observation during the healing sessions of the two healers. Data analysis was performed using the narrative approach that focuses on life stories, people's experiences, and emotions.[43]To ensure rigour, data were transcribed and translated from the local languages (Ewe and Krachi) into the English language, but retained the crucial local expressions during the transcription process. The transcribed data were coded through open coding, where each interaction, action, and event were compared with other statements to draw similarities and differences.[44] Furthermore, the data were coded into interpretable and meaningful categories, and the main themes that emanated from the direct speeches of the participants laid the foundation for the writing of short memos.[45] Accordingly, vivid quotes from participants were incorporated into the interpretations and meanings produced from the analysis of data. Finally, ethical principles such as informed consent, confidentiality, anonymity, voluntary participation and harmlessness were observed in the field. To establish ethical principles, pseudonyms were given to the respondents to ensure anonymity in the data analysis.

PRESENTATION OF FINDINGS AND DISCUSSIONS

Mary Labi: A traditional Bone Setter at Klefe Achatime

Mary Labi was born in the year 1947 at Taviefe Avenya, a farming community located in the Ho Municipality of the Volta Region of Ghana. Her parents hailed from the Adalekpo Clan of Taviefe Avenya. She did not have formal education because during this period (colonial rule), girl-child education was not given priority and attention. Her father was a farmer and a traditional bone setter, while her mother was a trader. Mary Labi thus supported her father in farming and bone setting, and also supported her mother in trade. The practice of bone setting was a heritage in Mary Labi's patrilineage. The Adalekpo clan of Taviefe Avenya is known for its special knowledge in bone setting. Interactions with the bone setter indicated that her great-grandfather, who was a great warrior, instituted the practice of bone setting in Taviefe. She stated that her great-grandfather fought in various wars, including the Taviefe-Matse War, Taviefe-Ho War, the Akwamu War, and the Asante War of the 19th century.[46] During these wars, her great-grandfather treated warriors who suffered various forms of fractures. When her great-grandfather died, the practice was passed on to her grandfather.

[43] P. Arthur Bochner, "Notes toward an Ethics of Memory in Autoethnographic Inquiry," in *Ethical Futures in Qualitative Research: Decolonizing the Politics of Knowledge*, ed. Norman K. Denzin and Michael D. Giardina (Left Coast Press, 2007), 197–208; Linda A. Bliss, "Phenomenological Research," *International Journal of Adult Vocational Education and Technology* 7, no. 3 (July 1, 2016): 14–26, https://doi.org/10.4018/IJAVET.2016070102.

[44] Jonathan A. Smith, Maria Jarman, and Mike Osborn, "Doing Interpretative Phenomenological Analysis," in *Qualitative Health Psychology: Theories and Methods* (1 Oliver's Yard, 55 City Road, London EC1Y 1SP United Kingdom : SAGE Publications Ltd, 1999), 218–40, https://doi.org/10.4135/9781446217870.n14.

[45] Virginia Braun and Victoria Clarke, "Using Thematic Analysis in Psychology," *Qualitative Research in Psychology* 3, no. 2 (January 21, 2006): 77–101, https://doi.org/10.1191/1478088706qp063oa.

[46] Jakob Spieth, *The Ewe People: A Study of the Ewe People of German Togo, 1854-1914* (Berlin: Dietrich Reimer (Ernst Vohnen), 1906); Divine Edem K. Amenumey, *The Ewe in Pre-Colonial Times: A Political History with Special Emphasis on the Anlo, Ge, and Krepi* (Sedco Pub. Limited, 1986); Michel Verdon, "Re-Defining Pre-Colonial Ewe Polities: The Case of Abutia," *Africa* 50, no. 3 (July 7, 1980): 280–92, https://doi.org/10.2307/1159119..

Figure 2: Mary Labi treating a fracture of the limb.[47]

During this period, Mary Labi's father learnt the trade and eventually took over the practice when his father also died. While growing up, the young Mary Labi began to learn the art of bone setting from her father. She observed the processes, activities, and techniques involved in bone setting, including the harvesting of herbs, the preparation of herbs, and the application of herbs on patients. Other techniques include holding patients during treatment, massaging fractures, determining the nature of fractures using the bare hand, boiling and applying hot water to fractures, tying fractures using local ropes, and cleaning injuries and wounds. Mary Labi learnt these skills from her father through observations, instructions, and practice alongside her father. In her words: "[d]uring my father's time as a practitioner, I trained under him. But it was not a formal training since the natural knowledge was already there. What I did was to observe what he did to perfect the art."[48] It is therefore clear that Mary Labi understudied her father, which eventually made her a bone setter.

Healing Practices

Mary Labi has been practicing as a traditional bone setter for the past fifty-seven (57) years. She engages with simple, complex, multiple and complex fractures. She works throughout the week, except on Sundays, which are reserved for church service. Each patient has a special day to visit the center for treatment. Daily, she sees a minimum of eight (8) and a maximum of twelve (12) patients, each of whom is treated once a week. Due to a lack of accommodation, patients live in their homes and travel to and from the center to receive treatment. An interviewee indicated that:

> She is a very competent healer. She treats all of her patients throughout the week. Each patient has a special day to come to the center to receive treatment. Because there are many, each patient is treated once a week. But this is very effective, contributing to the healing of bone fractures.[49]

Labi's materials and aids for treatment include shea nut butter, talcum powder, hot water, white calico ropes, bandage, liniment, cotton, sterile gauze, scissors, and wooden slabs. These materials are inevitable in the effective bone setting process at the center. Hot water is used to massage open and closed fractures. In cases where blood clots are suspected in a fracture, hot water therapy melts the blood clot and ensures that injuries are cleaned to prevent infections.

[47] Source: Author's fieldwork, Klefe Achatime; 2021.
[48] Interview with Mary Labi, a traditional bone setter, Klefe Achatime, 1 September 2021.
[49] Interview with a Community Chief, Klefe Achatime, July 2021.

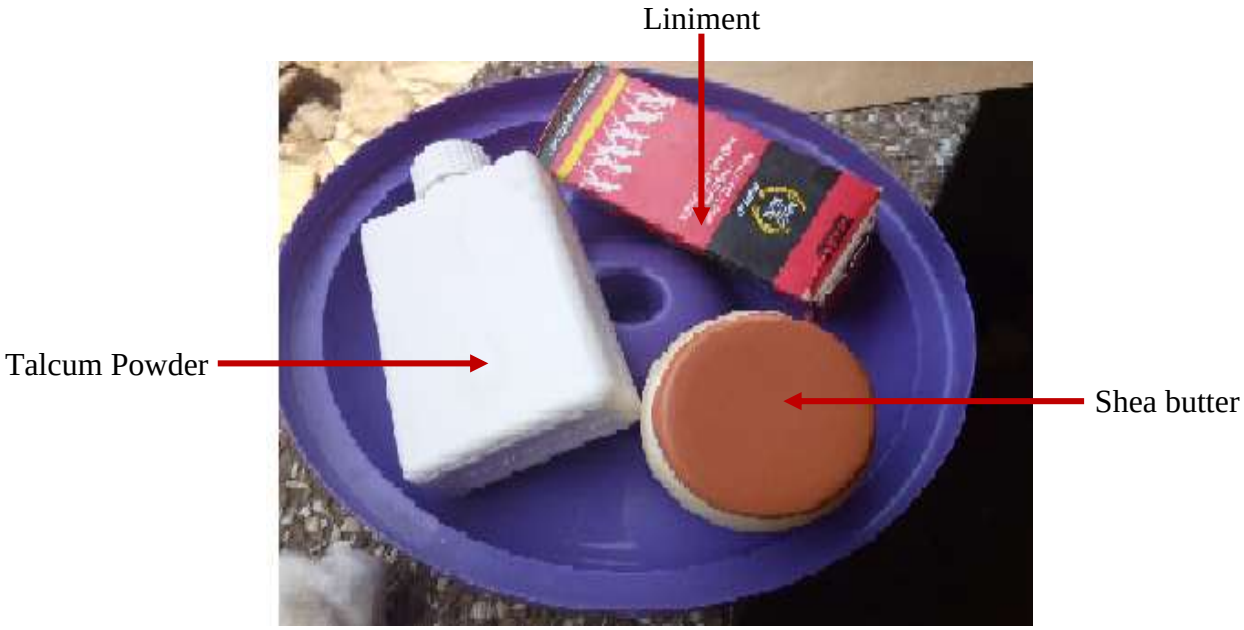

Figure 3: A picture of liniment, shea butter, and talcum powder.[50]

Shea nut butter is used to smooth and soften the skin to promote effective fracture massaging. Liniment functions as an analgesic, as it is believed to penetrate the affected bones to facilitate healing. Sterile gauze and cotton are used to cover fractures that present wounds and injuries. With other aids such as potassium permanganate, hydrogen peroxide, and Savlon solutions, wounds are cleaned and dressed to prevent infection. Finally, complex and multiple fractures are supported, using wooden slabs (local plaster casts) to firmly hold broken bones together. These wooden slabs are tied using white calico ropes and bandages. All these modern healthcare aids facilitate the healing of bone fractures in Klefe Achatime. Mary Labi is observed to not use herbs in her practice due to the influence of social change; however, she commands enormous knowledge about the medicinal plants commonly used in the healing of fractures. Finally, she uses her naked hand to determine the nature and degree of the fracture, helping to identify the methods of treatment to apply. In recent times, she also relies on radiological assessment to examine the fractures that patients present to her center. This illustrates the impact of social change on traditional healing practices among the Ewe people. Due to her competence, she remains popular in her practice, attracting patients from Ho, Kpetoe, Akatsi, Kpando, Dzemeni and Accra. Her contributions are recognized by the community, which makes family members, friends, and old clients recommend new clients to her center.

Nana Akosua Nkrumah: A Priestess of the Akomagyo-Lente Shrine in Dadekro, Kete-Krachi

Nana Akosua Nkrumah was born in Dadekro in the 1940s. After marriage, she was unable to have children. Due to the problem of infertility and the social stigma associated with barrenness, she consulted the Dente deity, and the priest gave the *Akomagyo-Lente* deity to help her bear children. To date, the *Akomaggyo-Lente* deity is responsible for fertility in the Kete-Kach area, and is believed to have assisted many women to (re)produce children. Major deities believed to be responsible for fertility among the Krachi people include *Dente*, *Fofie*, and *Mprah*. These shrines, unlike the *Akomagyo-Lente*, are headed by priests. *Akomagyo* is an Akan term which means a 'peaceful heart.' In an interaction with the priestess, she narrated:

> I was not reproductive after I got married, while my colleagues were giving birth, some of whom had five children. Because I did not have children, I did not have peace at home. I then consulted the Krachi Dente deity to assist me bear a child. It was then that Dente gave the *Akomagyo-Lente* deity to me to provide children.[51]

[50] Authors fieldwork, Klefe Achatime; May 2021
[51] Interview with Nana Akosua Nkrumah, priestess of the Akomagyo-Lente shrine, Dadekro, Kete-Krachi, 21st March, 2021.

The acceptance of the *Akomagyo-Lente* deity by Nana Akosua Nkrumah marked the beginning of her practice as a priestess. She established a shrine to the deity and began to practice as a healer, providing responses to fertility problems in the area. Data for 2021 and 2022 show that *Akomagyo-Lente* was the most visited shrine for fertility in the Kete-Krachi area. The *Akomagyo-Lente* shrine is a stool covered with a white calico cloth that is placed on a sheep membrane. The shrine is contained in the bedroom of the priestess. In addition to the stool, there are calabashes that serve as receptacles for petition; they also serve as receptacles for donations such as kola nuts, cowries, and monies. On specific occasions, the priestess sits on the *Akomagyo-Lente* stool to perform her duties.

Figure 4: Akomagyo-Lente shrine, Dadekro, Kete-Krachi.[52]

Healing Practices

Data collected from the field showed that among the Krachi people, a woman cannot speak of good health, well-being and conjugal peace in the absence of childbirth. Childlessness, therefore, is scorned, and women who find themselves in this problem use multiple methods to find a solution, such as going to the hospital, prayer centers, and consulting shrines. Women with issues of infertility report to the *Akomagyo-Lente* deity and other related deities like the *Dente*. As part of healing processes, the priestess prepares herbal concoctions to enhance fertility, reduce prolonged labour by pregnant women, and prevent malicious spiritual attacks on patients. Healing is also characterized by sacrifices of animals at the shrine, where blood is poured on the wall of the room. Petitioners remove their sandals and bow before the deity in awe and humility to attract the sympathy of the deity to respond to their problems. Petitioners are required to sleep in the shrine to become fecund. Sleeping in the shrine enhances healing in two ways; first, it protects patients from spiritual attacks believed to be the cause of their infertility. Besides, sleeping at the shrine prepares clients psychologically to receive healing. Activities at the shrine relating to infertility are concealed from the public. This act is meant to protect petitioners from potential spiritual attacks of people and spirits believed to be the cause of infertility. Sometimes, healing of infertility issues is characterized by spirit possession, where the priestess becomes possessed and spends some time in the bush, harvesting plants for healing.

It is important to note that though the services rendered by a foster girl (*kabitegyi*) partly addresses the issue of barrenness, it does not address the questions of biological parenthood and its associated psychological issues. This assertion is justified by an informant as follows:

> The services of a foster child do not completely satiate the psychological challenges of barrenness. A barren woman may either be insulted or become the center of ridicule or discussion in society. To prevent this, barren women often consult the *Akomagyo-Lente* deity to remedy their problems. The reason being that a woman who has once experienced miscarriage in her lifetime is better than one who has not carried a fetus in her womb before.[53]

[52] Authors fieldwork, March, 2021, Kete-Krachi.
[53] Co-author. "Shrines and healing in the Kete-Krachi area: The case of Dente." PhD dissertation, University of Ghana, Legon. 2023.

The extract above explains the reason behind the utilization of the *Akomagyo-Lente* shrine in the traditional healthcare system in the Kete-Krachi area. It is analyzed from data that social expectations for reproduction account for the patronage of the *Akomagyo-Lente* shrine. Evidence in the field showed that between December 2021 and December 2022, the *Akomagyo-Lente* deity was the most consulted on fertility problems (see Table 1).

Table 1: Estimated statistics of visits to shrines for 2021-2022.[54]

	Shrines visited					
Complaints	**Dente**	**Fofie**	**Obourfa-Dadiefa**	**Akomagyo-Lente**	**Papakesie/ Kikpare**	**TOTAL**
Illnesses attributed to spirits	6	7	19	6	20	58
Fertility/Reproduction	9	8	6	12	5	40
Physical illnesses	-	4	16	2	15	37

From Table 1, it is observed that apart from fertility issues, other illnesses attributed to spirits and physical illnesses are dealt with in the *Akomagyo-Lente* shrine. However, fertility issues attract more attention than other health issues, with an estimated total of 12 consultations.

Figure 5: Priestess Nana Akosua Nkrumah.[55]

Comparative Analysis and Gender Implications

In many communities in the Volta Region, like those in the Oti Region, bone setting is normally the domain of the males. As indicated earlier, Mary Labi inherited the knowledge of bone-setting from the patrilineage, but is currently tutoring her daughter in the practice of healing. It is significant to note that although Labi and Nkrumah are the sole healers in their respective domains, they also rely on the support of the males while healing their clientele. For instance, healing may require some muscular tasks, and it is here that the assistance of males is needed. This is because some patients in their pain state arising from some fractures tend to be more aggressive and uncooperative in the healing process. Besides, patients may be too heavy to carry to the homes of the healer or even be placed appropriately for healing to be carried out.

In furtherance, in both bone setting and healing in the shrine, the prohibition placed on menstrual blood renders the roles of the males inevitable. Among the Ewe and the Krachi people, menstrual blood is prohibited. Although the two healers are in their menopausal stage, they indicated their experiences

[54] Authors fieldwork, Kete-Krachi, March 2021.
[55] Authors fieldwork, Kete-Krachi, March 2021.

while in their adolescence which is relevant to be shared in this discussion. Spirituality is a critical component of shrines, and by extension, the healing process. Menstrual blood among the Ewe and the Krachi people is harmful to those who come into contact with such women. Menstrual blood is believed to neutralize sacred spaces such as the shrines. This view of the Ewe and the Krachi people is crucial in the discourse on gender. While the strength of the males is particularly solicited, especially in the case of bone setting, the spiritual explanations that undergird healing in the *Akomagyo-Lente*, for instance, taboos associated with menstrual blood – give the males a role-play. The *akyeame* (male assistants) are therefore important in the *Akomagyo-Lente* shrine as they step in to conduct certain rituals on behalf of the priestess, interpret messages of the priestess during spirit possession, and help to harvest medicinal plants for healing.

Finally, the husbands of these healers take on the roles of their wives during healing and perform household chores such as sweeping, cooking and taking care of children. Husbands of healers also plant food crops to cater for the family. Besides, healing provides a source of livelihood for the women, which economically empowers them through earning of income. The practice of healing enables these women to support their families and take care of their households to reduce the burden on their husbands. This complementary role safeguards the family economy and provides for the daily needs of children.

Challenges Confronting the Women Healers

In Klefe, one major challenge that confronts the traditional bone setter is financial constraints. Some participants stated that some patients who receive treatment at the center often do not pay for services rendered to them; they flee from the traditional healthcare centre upon recovery to avoid payments. In the words of the bone setter, she indicated:

> When people come to seek my services and I charge them, they will agree to pay, but when they are getting better, they will run away and will not pay the rest of the money. Because of this, many people owe me, but I will not ask them since I leave it to God.[56]

Poor record keeping has also been found as a challenge confronting the bone setter. Because of her low educational background, she is unable to keep a proper record of all the clients she has healed, which is why the researchers could not get any concrete and reliable data regarding the number of people she healed in her fifty-seven years of practice. The only record she kept was X-ray photographs of patients she treated. Based on these X-rays, it could be estimated that she has treated over 300 patients at her center between 2017 and 2022. Aging affects the services rendered by healers. Labi expressed as follows:

> Right now, I have realized that I am getting tired quickly. I went to the hospital and the doctor told me that I have not been sleeping well. I don't have enough rest. I am not sick, but I realized that I am getting weak. Dipping my hands in hot water in the process of healing my clients also affects my health. I don't fall sick [frequently], though, but I feel that I am becoming very weak.[57]

Despite her old age, the statement above confirms that Labi attends to many clients, making it impossible, in some cases, to have enough rest or sleep. The final challenge identified in the field is spiritual attacks. She argues that some fracture cases that are presented to her center have spiritual causes. Therefore, once she is attending to such patients, she experiences occasional spiritual attacks. This manifests itself in the dreams, severe pains in bodily parts, and petty sicknesses. To avert this problem, she always prays to the Supreme Being (*Mawu* in Ewe) before commencing treatment.

In the Kete-Krachi area, one major challenge facing priests and priestesses is the extinction of medicinal plants. Interactions with the priestess and other priests indicated that plants such as *kiniŋiniŋi* and *kafrↃ* have become difficult to find in Kete-Krachi. According to the priest, the former plant grew along water bodies while the latter was common in the neighbourhood of Kete-Krachi. The priestess of *Obourfa-Dadiefa* indicated that *kiniŋiniŋi* is difficult to find lately, except in the forest areas, because of environmental depletion. The priest of Tano also indicated the difficulty in finding the *asagyiriwa* plant,

[56] Interview with Mary Labi, a traditional bone setter, Klefe Achatime, March 2021.
[57] Interview with Mary Labi, a traditional bone setter, Klefe Achatime, March 2021.

which is essential for the cure of infertility.[58] The scarcity of medicinal plants in the Kete-Krachi area is also linked to the global effect of climate change. Locally, the causes of extinction of medicinal plants can be understood by interrogating agricultural activities in the Kete-Krachi area. The Krachi people are largely agrarian and cultivate yams in commercial quantities. Therefore, farmers in the area apply herbicides and weedicides such as Sarosate, Gramoxone (Paraquat), and Nicokine to kill grasses before planting crops and to control the weeds after planting. These weedicides contribute to the extinction of medicinal plants in the area. Similarly, the slash-and-burn practice also affects medicinal plants.[59] Besides, traditional healers serve as a threat to the environment, where they uproot plants rather than harvesting their parts to conserve them. The priestess Nana Akosua Nkrumah affirmed the position of the other priests and priestesses, where she indicated that due to the extinction of these herbal plants, most healers have resorted to establishing small botanical gardens in their homes to conserve plants critical for healing.[60]

RECOMMENDATION

This study recommends that the Traditional and Alternative Medicine Directorate of the Ghana Health Services should pay attention to women in traditional healthcare in Ghana by building their capacities and training them on contemporary healthcare practices, which will seek to integrate them into modern healthcare systems to complement the work of biomedical professionals in Ghana. This is necessary as spiritual explanations about the aetiology of diseases are critical in the Ghanaian concepts of health.

CONCLUSION

This study focused on two women healers in Klefe (Volta) and Dadekro (Oti) communities of Ghana. The study detailed how the bone setter and priestess healer acquired their knowledge about healing, their practices, and the challenges they face in their profession. The study found that Mary Labi's bone setting practice was a family heritage, while the priestess acquired the *Akomagyo-Lente* deity to remedy her fertility challenges. The research also shows that the two female healers have responded to the needs of many people in the area of bone setting and fertility issues in their respective communities. Additionally, the study finds that finance, poor record keeping, health challenges, spiritual attacks, and the depletion of herbal and medicinal plants are some of the challenges facing these female healers in their communities. Nevertheless, women continue to contribute immensely to primary healthcare, provide a balance in the male dominance of traditional medicine practice, and use their healing practices to navigate the male corridors of power and domain. As a result, the study placed the discussion within gender perspectives and argued that both Labi and Nkrumah rose beyond the male corridors of power, particularly in the arena of traditional healing, supporting family economy and balancing male dominance of the practice of traditional medicine in the gender discourse.

BIBLIOGRAPHY

Adu-Gyamfi, Samuel. "Women and Biomedical Healthcare in a Community in Ghana." *Joint Ukrainian-Romanian Scientific Journal*, no. 4, 28, (2020): 59–64.

Adu-Gyamfi, Samuel, Kwasi Amakye-Boateng, Ali Yakubu Nyaaba, Adwoa Birago Acheampong, Dennis Bafour Awuah, and Richard Oware. "Women and Medicine: A Historical and Contemporary Study on Ghana." *Ethnologia Actualis* 19, no. 2 (December 1, 2019): 34–56. https://doi.org/10.2478/eas-2020-0003.

Afisi, Oseni Taiwo. "Power and Womanhood in Africa: An Introductory Evaluation." *The Journal of Pan African Studies* 3, no. 6 (2010): 229–38.

Aktinson, Paul, and Martyn Hammersley. "Ethnography and Participant Observation." *Strategies of Qualitative Inquiry. Thousand Oaks: Sage*, 1998, 248–61.

Amenumey, Divine Edem K. *The Ewe in Pre-Colonial Times: A Political History with Special Emphasis on the Anlo, Ge, and Krepi*. Sedco Pub. Limited, 1986.

[58] Interview with the priestess of *Obourfa-Dadiefa*, Kete-Krachi, April 2021.
[59] Interview with the priest of *Dente*, Kete-Krachi, May 2021
[60] Interview with Nana Akosua Nkrumah, Dadekro, Kete-Krachi, March 2021.

Annan-Yao, Elizabeth. "Analysis of Gender Relations in the Family, Formal Education and Health. Gender, Economies and Entitlements in Africa." *CODESRIA Gender Series* 2 (2004): 1–17.

Anquandah, James. "African Ethnomedicine: An Anthropological and Ethno-Archaeological Case Study in Ghana." *Africa: Rivista Trimestrale Di Studi e Documentazione Dell'Istituto Italiano per l'Africa e l'Oriente* 52, no. 2 (1997): 289–98.

Anquandah, James R. "Accra Plains, Dangmeland: A Case Study in the Eclectic Approach to Archaeological and Historical Studies." *FASS Bulletin* 1, no. 1 (1996): 74–82.

Anyinam, A. Charles. "The Role of Female Spiritualists in Africa: Persistence with Change." *Canadian Woman Studies* 17, no. 1 (1997): 103–6.

Ariës, Marcel J. H., Hanneke Joosten, Harry H J Wegdam, and Sjaak Van Der Geest. "Fracture Treatment by Bonesetters in Central Ghana: Patients Explain Their Choices and Experiences." *Tropical Medicine & International Health*, 12, no. 4 (2007): 564–74.

Blackstone, M. Amy. "Gender Roles and Society." In *Human Ecology: An Encyclopedia of Children, Families Communities, and Environments* , edited by Julia R. Miller, Richard. M. Lerner, and Lawrence B. Schiamberg, 335–38. Santa Barbara, CA: ABC-CLIO, 2003.

Bliss, Linda A. "Phenomenological Research." *International Journal of Adult Vocational Education and Technology* 7, no. 3 (July 1, 2016): 14–26. https://doi.org/10.4018/IJAVET.2016070102.

Bochner, P. Arthur. "Notes toward an Ethics of Memory in Autoethnographic Inquiry." In *Ethical Futures in Qualitative Research: Decolonizing the Politics of Knowledge*, edited by Norman K. Denzin and Michael D. Giardina, 197–208. Left Coast Press, 2007.

Bodeker, Gerard, Florian Kronenberg, and Gemma Burford. *Policy and Public Health Perspectives on Traditional, Complementary and Alternative Medicine: An Overview*. Geneva: World Health Organization, 2007.

Bowman, A. Marjorie, Erica Frank, and I. Deborah Allen. *Women in Medicine: Career and Life Management*. New York: Springer, 2002.

Braun, Virginia, and Victoria Clarke. "Using Thematic Analysis in Psychology." *Qualitative Research in Psychology* 3, no. 2 (January 21, 2006): 77–101. https://doi.org/10.1191/1478088706qp063oa.

Clair, William St. *Imperialism and Traditional African Culture*. Cambridge: Cambridge University Press, 1994.

Delve, Ho, L., and Alans Limpaecher. "Practical Guide to Grounded Theory Research." Essential Guide to Coding Qualitative Data, 2006.

Denzin, Norman K, and Yvonna S Lincoln. *The Sage Handbook of Qualitative Research*. sage, 2011.

Dime, Charles Amoah. *African Traditional Medicine: Peculiarities*. Ekpoma: Edo State University Press, 1995.

Evans-Anfom, Emmanuel. *Traditional Medicine in Ghana: Practice, Problems and Prospects*. Accra: Academy of Arts and Sciences, 1986.

Hag, A. EL, Mohamed Imad, M. EL Hag, and Osman Bakri. "Complications in Fractures Treated by Traditional Bonesetters in Khartoum, Sudan." *Khartoum Medical Journal* 3, no. 1 (2012).

Hoff, Wilbur. "Traditional Health Practitioners as Primary Health Care Workers." *Tropical Doctor* 27, no. 1_suppl (1997): 52–55.

John, W. Creswell. *Qualitative Inquiry and Research Design: Choosing Among Five Approach* . California: Sage Publication, Inc., 2007.

Kilminster, Sue, Julia Downes, Brendan Gough, Deborah Murdoch-Eaton, and Trudie Roberts. "Women in Medicine− Is There a Problem? A Literature Review of the Changing Gender Composition, Structures and Occupational Cultures in Medicine." *Medical Education* 41, no. 1 (2007): 39–49.

Kleinmann, Arthur. *Patients and Healers in the Context of Culture: An Exploration of the Borderland between Anthropology, Medicine and Psychiatry*. Berkeley, Los Angeles, London: University of California Press, 1980.

Konadu, Kwasi. "Medicine and Anthropology in Twentieth Century Africa: Akan Medicine and Encounters with (Medical) Anthropology." *African Studies Quarterly* 10, no. 2 & 3 (2008): 45–70.

Leith, Ross. *African Woman*. New York: Macmillan Publishers Ltd. , 1967.

Nukunya, K. Godknows. *Tradition and Change in Ghana: An Introduction to Sociology*. Accra: Ghana Universities Press, 1992.

Ogunlusi, J. D., Innocent C Okem, and L M Oginni. "Why Patients Patronize Traditional Bone Setters." *Internet J Orthop Surg* 4, no. 2 (2007): 1–7.

Omonzejele, Peter. "Current Ethical and Other Problems in the Practice of African Traditional Medicine." *Med. & L.* 22 (2003): 29.

Onuminya, John E. "The Role of the Traditional Bonesetter in Primary Fracture Care in Nigeria." *South African Medical Journal* 94, no. 8 (2004): 652–58.

Osei, Michael. "Women and Medicine on the Gold Coast, 1880-1945." The University of Western Ontario (Canada), 2023.

Qutoshi, Sadruddin Bahadur. "Phenomenology: A Philosophy and Method of Inquiry." *Journal of Education and Educational Development* 5, no. 1 (2018): 215–22.

Reichenbach, Laura, and Hilary Brown. "Gender and Academic Medicine: Impacts on the Health Workforce." *BMJ* 329, no. 7469 (October 2, 2004): 792–95. https://doi.org/10.1136/bmj.329.7469.792.

Roberts, Jonathan. "Medical Exchange on the Gold Coast during the Seventeenth and Eighteenth Centuries." *Canadian Journal of African Studies/Revue Canadienne Des Études Africaines* 45, no. 3 (2011): 480–523.

Salati, Sajad Ahmad, and Ajaz Rather. "Bone Setter's Gangrene of Hand– a Preventable Disaster." *Journal of Surgery Pakistan (International)* 14, no. 3 (2009).

Smith, Jonathan A., Maria Jarman, and Mike Osborn. "Doing Interpretative Phenomenological Analysis." In *Qualitative Health Psychology: Theories and Methods*, 218–40. 1 Oliver's Yard, 55 City Road, London EC1Y 1SP United Kingdom : SAGE Publications Ltd, 1999. https://doi.org/10.4135/9781446217870.n14.

Spieth, Jakob. *The Ewe People: A Study of the Ewe People of German Togo, 1854-1914*. Berlin: Dietrich Reimer (Ernst Vohnen), 1906.

Swithenbank, Michael. *Ashanti Fetish Houses*. Accra: Ghana University Press, 1969.

Thanni, L O. "Factors Influencing Patronage of Traditional Bone Setters." *West African Journal of Medicine* 19, no. 3 (2000): 220–24.

Thorpe, A. Shirley. *African Traditional Religion*. Pretoria: University of South Africa, 1993.

Truter, Ilse. "African Traditional Healers: Cultural and Religious Beliefs Intertwined in a Holistic Way." *South African Pharmaceutical Journal* 74, no. 8 (2007): 56–60.

Twumasi, A. Peter. *Medical Systems in Ghana: A Study in Medical Sociology*. Tema: Ghana Publishing Corporation, 1975.

Verdon, Michel. "Re-Defining Pre-Colonial Ewe Polities: The Case of Abutia." *Africa* 50, no. 3 (July 7, 1980): 280–92. https://doi.org/10.2307/1159119.

WHO. *The Promotion and Development of Traditional Medicine*. 622nd ed. Geneva: Technical Report Series, 1978.

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