

Modern medicine conquers witchcraft

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Seen through western eyes, beliefs in supernatural forces are common in Ghana and other African countries. Death, suffering and diseases are often attributed to witchcraft. Over thirty per cent of its inhabitants believe such evil forces could be responsible for the spread of HIV/AIDS.

When meeting Ghanaian colleagues, professor and sociologist Knud Knudsen at the University of Stavanger was confronted with intellectually challenging issues.

"The spread of [AIDS](#) is usually larger in less well-off areas. With lower income, little education and a higher share of illiteracy, Ghana's Northern regions are traditionally poorer than the Southern ones. Still, people in the Upper East Region seem to have a better grasp of the actual infection mechanism behind this terrible epidemic," Knudsen says.

Mapping people's perceptions

Together with Ghanaian PhD-student Phyllis Antwi, Knud Knudsen has written an article due to be published in the international journal *Global Health Promotion* later this year. The authors examined data from the Ghana Demographic and Health Survey from 2003, involving 10,000 respondents of both sexes between the ages of 15-49.

The survey was quite expensive, and in part internationally funded. And it provides a unique starting point for trying to understand Ghanians'

attitudes and practices in relation to AIDS, Knudsen explains.

In addition to fertility and [family planning](#) in Ghana, the survey charted people's awareness and conduct towards AIDS and other sexually transmitted diseases. Respondents were asked questions about alternative transmittance models, thereby enabling the researchers to compare their perceptions with modern medical knowledge.

Traditional beliefs are underestimated

Knudsen thinks the belief in witchcraft as a cause of AIDS, is an underestimated factor when developing relevant health programmes. Implementing standard programmes is difficult if people do not understand how the disease is transmitted.

"To Ghanians in general, witchcraft is a fact of life. Women who have been declared witches are often expelled, and forced to live in special villages. People may feel sorry for them, but this does not seem to alter their belief in witchcraft as a brutal reality," Knudsen says.

People seem to be able to live in both the traditional and the modern world. They may be Christians or Muslims, while still holding on to their ancient beliefs.

"They may listen to the priest, but they also listen to the local witch doctor. If people fall ill, consulting a physician is not necessarily their first choice."

Seeing is believing

People living in the poorer Northern regions have benefited from previous medical initiatives. This may explain their readiness to trust

medical expertise. Long-term health programmes were implemented in the Upper East Region, years before the area was affected by the AIDS epidemic.

In 1987, a well-known project for monitoring the effects of vitamin A distribution was initiated in the Kassena-Nankana district. Health conditions among children suffering from diarrhoea, bronchial diseases and measles, were significantly improved by the programme. Furthermore, the strain on health services was eased. Initiatives supporting nurses in health care services contributed to a 60 per cent reduction in child mortality rates, compared with similar regions.

"Support among local chiefs and village elders is crucial when launching new initiatives," professor Knudsen points out.

"When people have experienced that the science-based medical model works, they tend to accept it."

A big strain on society

Although Ghana is not among the African nations most severely affected by the [HIV](#)/AIDS epidemic, the problems there are still serious. Around three per cent of the population is infected, which is relatively low compared to other countries sub-Saharan countries, Knudsen explains.

However, people in Africa are more likely to die from the disease, which again worsens its negative effect. AIDS is rarely contracted by children and the elderly, rather by men and women between 24 and 40 years of age. As a result, there are villages where children are brought up by the old, and the local economy has stagnated.

HIV/AIDS also implies additional strains on health workers. Rather than putting up with difficult working conditions in Africa, well-qualified

physicians go to London and New York, where they are likely to get better jobs and higher pay. Furthermore, modern medical aid is expensive. There are ongoing discussions in Ghana about how patients should be treated, and how to cover the costs.

Examples to be followed

There is no consensus among international scientists and health organisations on how HIV/AIDS in Africa should best be combated, professor Knudsen observes. Still, together with his co-author Phyllis Antwi, who is an experienced health administrator and teacher at the School of Public Health, he can see that successful efforts are being made.

Ms Antwi holds up Navrongo and Upper East Region as evidence of the success of long-term, goal-oriented efforts.

"These examples can teach us how to develop better health education," says Knudsen.

In his opinion, health education in Africa has often been characterized by a top-down, Western approach. A number of campaigns have demonstrated international organisations' limited understanding of the African mindset, he asserts.

As an example of a better approach, he refers to local dance groups, like those seen in Ghana. According to Knudsen, they have proven themselves to be very effective, especially in addressing young people.

"Being a country with high illiteracy rates, Ghana has a strong oral tradition. Combining this with traditional dancing, these groups are successfully promoting health education in rural areas," Knudsen says.

"If one understands people's mindset, one is more likely to connect with them," he concludes.

Provided by University of Stavanger

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