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WOMEN AND HEALTH SEEKING BEHAVIOUR IN RELIGIOUS CONTEXTS: REPRODUCTIVE AND ANTE-NATAL CARE IN GHANAIAN RELIGIOUS MOVEMENTS, A CASE STUDY OF THE TWELVE APOSTLES CHURCH

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Introduction

This paper looks at the religious dimension of the Ghanaian health care system focusing on the reproductive and antenatal practices of the Twelve Apostles Spiritual church. The study observes that as biomedical delivery services in Ghana become more technologically sophisticated, the cultural construction of medicine also becomes more prominent. Remarkably, some Western "scientifically" trained medical personnel, either having exhausted all the scientific approaches or genuinely believing in the cultural competence of healing, are referring patients to spiritual churches for treatment.

The involvement of Spiritual Churches, also known as African religious movements, and their newer versions, the Pentecostal/Charismatic churches, in the health delivery system of Ghana has been one of the most important developments after World War I. African religious movements, which combine aspects of African and Euro-Christian cultures into a synthesis "advertise their Christian elements without undervaluing their African credentials" (Sanneh 1983: 180), were formed through the initiative of African women and men at the end of the nineteenth century (Boahen 1975: 87) in response to inadequacies of Western Christianity and domination (see Turner 1967, 1974; Fernandez 1978). Other reasons have been given for the rise of these churches which I will not go into here. However, Sanneh (1983: 180) describes the rise of these movements as a "process that enhanced the importance of traditional religions for the deepening of Christian spirituality".

Brief History of the Twelve Apostles Church

In Ghana, the emergence of African religious movements, specifically what is known as *Sunsumsore* or Spiritual Churches, could be attributed to the visit of the wandering Liberian prophet, William Wade Harris, to Ghana (Gold Coast) in 1914. Prominent among the converts in Ghana was Madam Grace Tani, a former traditional priestess of the *Tano* Shrine

in Nzema. After the Prophet Harris had left Ghana, and contrary to Harris' instruction to his converts to "await further instruction", Madam Tani set a precedent by founding a new religion in 1914 called the Wade Harris Twelve Apostles or simply the Twelve Apostles Church, becoming also first prophetess in Ghana. (Debrunner 1967; Walker 1979; Sackey 1989)² Thus, the woman, Madam Grace Tani founded the first-ever spiritual or healing church.

The main pre-occupation is healing. Healing, an integral part of African Traditional Religion, is also the most important activity common to all contemporary religious movements in the country, be they *Sunsumsore* (Spiritual Churches), Pentecostal/Charismatic or indeed more recently some Mission Churches. The term healing, in the African context, is a blanket label that refers to amelioration or relief in aspects of everyday life as well as great afflictions, so that a cure from a toothache, stomach pain, mental illness or infertility signify healing, just as making profits in commercial activities, or defeating an opponent in any event such as litigation, repossession of fortune or job, passing an examination, success in an interview for a job, promotion, winning political elections or improving human relationships. Healing, therefore, can be defined as a change or improvement in a person's former situation in life, be it health, economic, political or social well being through the intervention of religion. These ailments/misfortunes are believed to have spiritual causality and hence they need spiritual treatment (Sackey 1996). Their other activities which include prophecy, speaking in tongues, analysing dreams and misfortunes, averting impending afflictions, and giving solutions to socio-economic problems, make the churches both curative and preventive agencies in the development of human welfare, particularly in the health care service.

The health care system of a people includes their beliefs and patterns of behaviour and those behaviours are governed by cultural rules (Kleinman 1980: 26). Traditionally, medicine is an integral part of African religions, but during the colonial period African medicine was suppressed by the introduction of biomedicine. While African religious specialists were discredited, at the same time Africans were denied access to the biomedical facilities (Twumasi 1982: 202; Mullings 1984: 47). Spiritual churches have re-introduced medicine into religion through the practice of healing during worship. In this regard they have not only made a conscious attempt to re-integrate medicine into the practice of religion but, they have provided an alternative to biomedicine, making medicine more pluralistic.

The Church of the Twelve Apostles was chosen as a case study for these reasons: (1) it was the first ever spiritual church or indigenous religious movement to be founded in Ghana, (2) it was also the first church founded by a woman whose main concern was with women's

reproductive health, and (3) indigenous spiritual churches have been relegated to the background with the advent of the newer religious movements such as Pentecostal/Charismatic churches. The study therefore seeks to highlight some of the health delivery practices of the older spiritual churches, examine the typical reproductive problems for which women seek remedy in spiritual churches, the strategies in decision making pertaining to the choice of health care as well examines the efficacy of treatment in the churches.

Two categories of people were interviewed for this study. These comprise the clergy, five prophetesses and one prophet and twenty female clientele of Twelve Apostles Church "gardens" at Krisan and its neighbourhood. Krisan in Nzema (Western Region of Ghana) is very significant because it is the hometown of the founder of the church, Madam Grace Tani I, though it is not the official headquarters of the Twelve Apostles Church.³ The two prominent gardens are the Canaan Garden in Krisan headed by Grace Tani III, the granddaughter of the founder and the Gyidi na Nya Nkwa Garden which is headed by Hagar Quarm, a 56-year-old prophetess with 24 years of experience. The field methods included structured questionnaire and interviews. Relevant pictures were also taken for illustration.

The Twelve Apostles Church at Nzema claims that the religious objects or insignia of the Prophet Harris that comprised a bamboo cross, a Bible, calabash, a beaded gourd used as rattle, a white robe and an enamel cup, (all important ritual symbols) were transferred to Prophetess Grace Tani. As such there is the belief in the transference of the charisma of Harris through these objects to Grace Tani. This concept is symptomatic of the Weberian theory of charismatic prophets and the idea of optimisation, a process whereby either the prophet himself or his disciple (here Grace Tani) secures the permanence of his preaching (Weber 1965: 60). With these insignia and the mobilisation of her immense knowledge of traditional religious rituals, Grace Tani formed a viable religious community, with healing through worship as its main objective, as expressed by the church, "we are here to heal" (Baeta 1962: 15).

Classification of Disease in Traditional Society and the Church

The classification of diseases in Spiritual Churches is similar to that pertaining in African traditional practice in the sense that it takes a holistic approach to the phenomenon. The African framework of health and disease differs from that of the Western world, which is premised on the Cartesian dualism distinguishing mind/body as separate entities and considering disease to be mainly the work of germs. Disease was also distinguished from

illness defining disease as bodily dysfunction and illness as individual experience of disease. Furthermore disease may occur in the absence of illness and vice versa (see Young 1982: 260-4). Later, Young (1982: 264) redefined sickness, which was conceived of as a blanket label to events involving disease and/or illness, as “the process through which worrisome behavioural and biological signs, particularly ones originating disease, are given socially recognizable meaning”. In other words, social relations are related to disease and illness. Kleinman (1980) developed a framework for the interpretation of disease that perceived medicine as a cultural system, an interpretation that is more akin to the holistic approach Africans have towards disease. According to him:

Medicine can be viewed as a cultural system—a system of symbolic meanings anchored in particular arrangements of social institutions and patterns of interpersonal interactions. In every culture, illness, the responses to it, individuals experiencing it and treating it, and social institutions relating to it are all systematically interconnected. The totality of these relationships is the health care system. (Kleinman 1980: 24)

This cultural interpretation of illness has been stressed also by Prins (1992), Appiah-Kubi (1981) and Adamo (1999) who contend that healing in African indigenous culture is a corporate matter and that in African societies, a symptomatic of correct relationship with one’s environment and the spiritual world is a prerequisite to achieving health. Therefore the aim of therapy for diseases is to restore equilibrium in these relationships. Those responsible for antisocial acts are believed to be human beings with evil spirits, for example witches. Earlier writers, whom Fosu (1981) critiques as having misconceived the natural/supernatural dichotomy in disease classification among Africans, seem to have been oblivious to the link between medicine and culture. These argued that Africans classified diseases only in supernatural terms because they could not differentiate between the two. Warren (1974) clarifies this contention further by emphasising that the Bono-Akan classify diseases into several different categories, though the supernatural is also a component of all diseases. This, I think finds basis in the belief that in every sickness the part of the human being that suffers most is the *okra*, which is a spiritual component of a person. In other words, illness impairs the effective functioning of the individual because his *okra* could not prevent the disease from occurring, as reflected in the saying *ne kra eguan*, “his *okra* has run away” or *ne kra apa n’akyi*, “his *okra* has failed him” (Opoku 1978: 96). Hence the *okra* as well as the material body must be washed through a special ceremony (*akraguare*).

Just like in many African societies, all spiritualist healers maintain that even though some diseases may have a natural cause every disease has a spiritual component (Mullings 1984: 46). The founder of the Twelve Apostles Church was convinced that diseases have spiritual basis and believed that witchcraft was the causative agent of all sickness (Sackey 1989: 24). Again, while most diseases may be treated by all categories of health practitioners, such as traditional medical practitioners, spiritual church prophets/pastors or biomedical personnel, afflictions like witchcraft, infertility, and mental illness can be treated effectively outside the realm of biomedicine (Mullings (1984: 52).

However, there is collaboration between some prophetesses and medical doctors. While some medical doctors in the hospitals refer cases they consider “spiritual”, such as psychiatric and sterility cases in both women and men to the churches, the prophetesses also refer cases that need surgery (especially Caesarean operations) to the hospitals.⁴ As will be evident in this case study, a woman narrates how a Western trained Ghanaian medical officer sent her to the Twelve Apostles Church because according to him her inability to conceive had spiritual causes. In an earlier study a European medical officer who had spent several years of practice in Ghana advised a female patient who visited his clinic to see a spiritualist.⁵ These are good and interesting examples of how some medical officers (both of local and foreign origins) in Ghana view cultural beliefs as important aspects of curative medicine.⁶

Healing in the Twelve Apostles Church

Although all religious movements claim the ability to diagnose and alleviate the spiritual causes of human diseases and problems, their approaches vary. The following represents some of the various forms of healing in the churches as identified by Sackey (1991): (1) faith healing only, relying on the power of the Holy Spirit through prayers. Here abundant use is made of symbols such as the crucifix, bible, candles, incense, Florida Water and Holy Water and healing by laying on of hands; (2) combination of faith healing and bio-medicine; (3) combination of faith healing and herbal medicine, (4) a blend of the three forms: faith, bio-medicine and herbs, (5) Fasting and different forms of physical punishment are employed to induce healing.

The art of healing in the Twelve Apostles Church known as *sunsum eduma* (spiritual work) is reminiscent of Madam Grace Tani’s former religio-cultural background as a traditional priestess. It is reflected in Tani’s own pre-conversion religious activities, the most outstanding of which was “water carrying”, known now as “raising of the cup” (Sackey 1989: 24-5). While the prophetesses would attribute this ritual to Prophet Harris, the only male prophet interviewed for

this study would rather ascribe Biblical explanations to this practice.⁷ Here faith is the essential requirement of healing. This is demonstrated by prayer, fasting, and submission to the healer or prophetess. However, tangible objects deemed sacred serve as aids to healing.

The Garden

Healing takes place in the Garden, which is the centre of all ritual activity of the church. The Garden is a sort of building foundation or platform, usually made of concrete cement in the form of a rectangle or a square. In the centre of the garden is the Holy of Holies in which stands a large white wooden cross.⁸ The garden contains a covered well called *David akokyem* (the shield or protection of David) or simply David. Every garden has a prophet/prophetess (*nkomhyenyi*) or *osofo* (pastor) as the overseer who also performs the greater part of the healing.

Healing takes place during religious services, on a specific day, usually Friday, and healing as and when the patients come:

We do not have any specific day set aside for healing, we are like doctors, and we work daily. If one comes with an ailment we work on it for her, you must have *time* for her when he/she reports sick. Friday is devoted to prayers but we do healing when necessary. When the *bofo*⁹ comes and he directs us what is to be done, we do it. For instance if a non member out of curiosity comes to the garden and the *bofo* finds out something wrong with him/her, he can direct what can be done for the person to be healed.

Sacred Objects Used in Healing

Before discussing the diseases /problems that are diagnosed and treated in the garden it is important to mention certain objects that are sacred to the church, and very crucial in the performance of ritual and healing. These include for example the bamboo Cross, the Bible, enamel cup, the calabash and gourd rattle that were inherited by the founder, Grace Tani from the Prophet Harris. To these Madam Grace also added other objects and substances namely blessed water called the David water, sponge, soap, Florida water, herbs, candles, and *adiga* a protective device that together form the core "heuristics" in healing at the church. While all these symbols have specific roles to play in different rituals and healing of various sicknesses in the church, I will focus only on the objects that are relevant to healing female reproductive problems, especially barrenness, miscarriage etc.

The Cup

The enamel cup, *kɔpoow*, is the most important and indispensable single object in the ritual and healing practices of the church. This cup is given to every prophetess at the end of her training after successfully going through a ritual test as a symbol of her authority as a healer. It is very significant in healing because it is the container in which spiritual medicine for healing is produced. The central action of ritual in the church is called *edur sɔwee*, the act of collecting medicine for healing which is done by means of the cup. The cup holder is the only person who can gather medicine from above (Breidenbach 1975: 94). As Breidenbach (1975:102) writes: "it is the prophet, the holder of the cup" who can enter the inside of the garden and minister to those outside the wall of the garden. The central action of ritual in the church is called *edur sɔwee*, the act of collecting medicine for healing which is done by means of the cup. The cup is the 'catcher of medicine', it is more than a container for water; it is 'vessel of healing power.' A person who holds the cup is also one who has access to healing power. Such power is derived from the fact that the adept has an alliance with a particular spirit (*sunsum*), which allows this person to be agent of effective healing.

"The David"

"The David", as already stated, is a covered well in the Holy of Holies of the garden. It contains blessed water called *David eduro nsuo* (David's healing water) or simply *David*, and is very crucial in healing. It is called "David" for two reasons, first David built a well for his people, and second, the water in this well is said to have the kind of power that David used against the giant Goliath (see also Breidenbach 1975: 96), and with that they can fight all diseases. This is an interesting analogy because, metaphorically, it could be argued that the Twelve Apostles Church, as a spiritual church, is one of the youngest religious bodies in Ghana to have gained prominence among long established religions, while the David, in this sense water, is a natural element which has the ability to heal because it is blessed by God through the agency of the prophetess. Similarly, David was only a boy, who could use a stone, also a natural element, to defeat the well-equipped and mighty giant Goliath. He could do this because God had anointed him. Prophetesses of these churches, rather than the orthodox churches, have also been endowed with this unique power of healing by God even though the big religions hold African religious movements in no measure of esteem.

Sometimes, a bowl of water placed on a table inside the church building represents the David as was observed at Calvary. However, both prophets and members use the David in various ways: it is used for drinking, washing and bathing (purification), for enema and as an emetic all geared towards driving away the spirit of diseases and to affording protection as

well. The David is water that is very efficient in curing stomach-ache, reproductive disorders, and protecting pregnant women. It performs wonders, especially in the curing of madness when mixed with Florida water and applied in the nostrils of a mad person.

As obtains in traditional practice, the act of washing is important to spiritual churches because it cleanses both the material entrails and spiritual entities of the person. According to Prophet Daniel Nvida, who always sought Biblical interpretations for their actions, the act of washing with the David water cleanses or expels any *sunsum fi* (evil spirit), which is also the causative agent of a person's affliction, and its basis is found in Ezekiel 37. Washing with water or hydrotherapy in African traditional religions is to expel any contamination that sickness or misfortune is believed to have brought to a person's *okra*, a practice which has found resonance in the new religious movements. Peltzer (1999: 396) for example regards baptism through immersion in the river in South African faith healing as a rite of separation between washing the past life and sins away in the purifying water and rebirth into a new state and healthier life. Another positive effect of hydrotherapy especially drinking of water is that water increases the consumption of oxygen up to about 75% and it eliminates about 85% of carbon dioxide (Adamo 1999: 83, quoting Ubrurhe)

Gourd Rattle

This is a kind of beaded gourd, which produces music that drives away evil spirits during healing services, particularly on Fridays.

Florida Water

Florida water is an Eau de Cologne. It is believed that a few drops of this fragrance added to the David for bathing purposes have the properties of driving away evil spirits. This is related to the belief about strong fragrances among Ghanaians. For example, among the Akan, strong scented herbs (e.g. *emi. nuunum prekese*)¹³ onions and especially garlic are used as protection against evil spirits.

Candles

Candies have the properties of light and warmth, which are supposed to be obstructions for evil spirits. Spirits are believed to operate in the dark and have an aversion toward light and warmth. In everyday life fire gives security and health. The candles are lighted during prayers in the garden by the patients as protection against evil spirits, strongly perceived as the causative agents of every sickness

Adiga

The *adiga* is a protective amulet or device made of red and while calico woven together by hand into a waist belt by the prophetess or her assistant, as the spirit would direct. It is worn

around the neck and waist by pregnant women and sick children. It is always blessed to become powerful so that it can ward off evil spirits. The importance of a protective device like the *adiga* is based on the general belief that evil spirits especially witches and co-wives in a polygynous marriage might attempt to destroy the reproductive capabilities of their co-wives or cause malformation of their developing fetuses. The *adiga* may be likened to the wearing of waist beads in Ghanaian societies. Beads are not used only for adornment but also for protection. There are beads for every occasion and in the case of pregnant women waist beads made up of *ahuhu eni*, *agvinamou eni* are worn as protective devices for the pregnant woman as well as her unborn baby (Sackey 1985). However, when one is wearing the *adiga* she should not engage in sexual intercourse, otherwise the *adiga* loses its potency and makes her vulnerable to the machinations of evil spirits. Therefore, the *adiga* must be removed before sex, after which the person must bathe before wearing it again. In case the *adiga* gets polluted through sex a few drops of Florida water and David restore its potency.

The idea that the *adiga* must be removed before intercourse for fear of pollution is ambivalent. It is ambivalent because sexual intercourse, the very means through which conception can take place and by which, all being well, the problem of the childless state would be solved, is regarded as polluting when wearing the *adiga*. Having established that evil spirits are behind the problem of infertility,¹¹ placing the protective *adiga* aside, could rather invite evils that would then be most free to disrupt the would-be conception process at that crucial time of intercourse. Thus, if the *adiga* is a protective device against evil forces then its use should be even more so important during the sexual act.

The foregoing essentially reinforces the emphasis laid on protection from evil spirits, and confirms the idea that disease is caused by evil spirits. Therefore the main objective of healing is directed towards delivering a person from the control of such spiritual agents. Hence the significance of the above objects in treatment.

Herbs

The use of herbs is another form of healing at the Twelve Apostles Church. Various kinds of herbs are used by some of the prophetesses who are versed in the knowledge of herbal medicine in addition to prayers, and "the David" etc. Some of these herbs have medicinal properties, e.g. as blood coagulants (coagulating medicine), i.e. it stops bleeding in pregnant women; others have the properties of oxytocin, which is used to expel the after-birth. Other herbs under the generic name *amodine aayile*, are given to facilitate labour.

Fasting

Fasting is a very important aspect of healing. It is the abstention from solid and liquid foods for a period of time in the anticipation that material pleasure or satisfaction will be replaced with spiritual aspiration, that is, healing. According to Adamo (1999: 83) fasting is an important aspect of indigenous therapeutic methods in Africa. To cure an ailment, patients are instructed to abstain from food for days or weeks, though this method is usually used for curing obesity, indigestion, mental and some chronic diseases. Quoting Mume (1978) Adamo writes that fasting is the most effective house cleaning known. Fasting is an eliminator of toxins; it has also restorative functions. Perhaps the restorative aspect of fasting is what is stressed in Spiritual Churches, since fasting is a method of cure for almost all ailments including reproductive disorders, miscarriage etc.

The Healing Process

The problems brought to the gardens are many and varied but the following represent some of the female problems recorded during this study. They have been written in no special order of frequency or preference:

- ❖ Barrenness/infertility
- ❖ Inability to menstruate
- ❖ Difficulty with labour
- ❖ Miscarriage
- ❖ Coma after hospital delivery
- ❖ Successive infant mortality
- ❖ To seek protection against *saman mmerewa*
- ❖ To avoid a second Caesarean operation
- ❖ Inability for foetus to develop
- ❖ Ectopic pregnancies
- ❖ *Kooko* (fibroids) in womb
- ❖ Overturned womb (underdeveloped womb)
- ❖ Closed womb (blocked fallopian tubes?)

Even though both prophets and prophetesses are healers, only women handle problems connected with female reproductive organs. This is even the case where a man is the owner of the garden.

As has been established (Baeta 1962; Breidenbach 1975; Walker 1979), the majority of patients who visit the church are women seeking help for one reproductive problem or

another. From the data collected in this study, approximately half of the women who visit the gardens each year do so because they want children. From the study I realised that there are different categories of women seeking children. Some of them had children already but they wanted some more. Others have entered a new relationship and wanted to seal that union with a child even though both the women and men have children from previous marriages/encounters; while others had same-sex children and wanted to have a child of the opposite sex. I made a similar observation in an earlier study of Spiritual churches where about 9% of the women seeking help were barren (Sackey 1991). The WHO estimates that infertility affects between 35 and 70 million married couples worldwide (Symre 1991: 73). Therefore infertility is not a condition only among the less economically developed nations such as African countries.

TABLE 1: WOMEN SEEKING HEALING IN THE GARDENS

NAME OF GARDEN	ANNUAL ESTIMATION	SEEKING CHILDREN	SUCCESS
Canaan	50	25	Complete
Gyidi Na Nya Nkwa	40	25	Partial
Apostles	10	5	Complete
Ke Nya Nkwa	20	10	Complete
David Angama	Many	4	Complete 100%

Divine Consultation With the Cup

The healing process begins with the “divine consultation with the cup” called *edur sɔwee* or raising of the cup in the garden. The cup is filled with ordinary tap water and the prophetess prays vehemently over it before lit candles at the cross in the centre of the garden. She raises the cup to the sky until the hand carrying the cup jerks. This means the spirit of God has descended upon the water and has thereby transformed it into Holy Water. From the water thus transformed, the healers are able to make a diagnosis of the person’s problems because according to them “God then directs us to follow specific instructions on how to go about the specific case in question.” This water is different from “the David” and it is given to the patient to drink after the consultation. Drinking it indicates her consent to undergo treatment at the garden, then we go ahead to work on her.”

Treatment

After the "consultation with the cup" God directs them to follow specific instructions on how to heal barren women. "If God reveals that the problem is caused by evil spirits we work first on the evil spirits." These may include the saying of specific prayers at given times, and reading Biblical texts (if the patient is literate in English or any Ghanaian language). Individuals may be asked to fast. In any case it is the spirit that determines the kind of fast a person must undergo. *Pregnant women do not fast*. The prophetess fasts on their behalf. If the pregnancy progresses then prayers and bathing with David are prescribed for morning, afternoon and evening. The seventh month of pregnancy is devoted to intensive prayer sessions and fasting by the healer.

According to the prophetesses, "by the grace of God, anyone who makes a request gets her heart's desire." It means they get pregnant. It depends also on faith. Here the essence of faith healing is emphasised.¹² This idea of faith is evidenced by the fact that the objects and substances that are used, which to the Western scientific oriented researcher may not have any healing properties in them, are believed to be efficacious by the clientele.

Treating Infertility

Fertility is cherished in African societies because barrenness is the greatest tragedy that can befall a woman in Africa. Indeed, it is a great scourge in many parts of the developing world (Symre 1991: 73). Its implications are many. On the one hand, apart from being a license for polygyny, the barren wife is subjected to psychological trauma by way of divorce, ridicule, insults and maltreatment both by her in-laws and even her own family members, and the afflicted will do anything to get a child, as illustrated by Case Study 1 below. In this case the woman is prepared to pay as much as 100,000 cedis to the church if she should get a child. On the other hand, barrenness is said to cause the disintegration of lineages, if not whole human societies in the long run. The Igbo, for example take childlessness seriously because it prevents the rebirth of old ancestors (Modo 1999: 202). Invariably when infertility occurs in a marriage, it is not only that the women are blamed but more distressingly, the women themselves have internalised the idea that they are the cause and this leads many women to seek help in these churches which claim to be specialists in such cases. In former times, a barren woman was an outcast, but these days barren women may obtain help from some of these churches, and this must be seen as a positive development. On the other hand, because some women are desperate to deal with the embarrassment of the childless state they are at

the mercy of the healers and may be vulnerable to the undue influence of the healer especially the males (Sackey 1991).

Also, the supplicants believe in the charismatic legitimacy of the healer, which is why they go to him/her, with the strong desire to get healing, babies, and solutions to their existential problems. This behaviour may fit the Weberian concept of legitimacy (particularly charismatic legitimacy) which has gained application in the area of health care (MacCormack 1992: 426). Charismatic legitimacy is based on faith in God's manifestations with the prophetess or prophet as "pure legitimacy". People with vision of hope for health believe and follow the prophetess or prophet in obedience to attain their goals. In other words, people invest legitimacy in healers to whom they turn. In seeking legitimacy in healers, people reassure themselves that the system of healing is meaningful and they undertake the quest for healing with conviction. Sometimes, as already stated, some of these spiritual healers, especially the men abuse this trust in regard to their female patients/clients sexually (see Sackey 1991; 1996).¹⁵ In this study one patient, Abena (Case 1) demonstrates how this legitimacy works when she said she would not go to the hospital but "I will go if I am asked to (by the prophetess)."

According to the study there are two main causes of infertility or barrenness in women. These are *saman mmrewa* and *mogya nkaa*.

Saman Mmerewa.

This is a condition whereby water collects in the womb. This water can become "heated" thereby killing the foetus. There are two causative spiritual agents for *saman mmrewa*; these are deities and evil spirits such as witches. It is believed that a deity may later in life possess a person whose birth it had facilitated. As a result the woman's ability to bring forth may be suppressed, or impaired by the particular deity. Other evil spirits (witches) can also cause *saman mmerewa*. It is held that infertility can be attributed to witchcraft. A prophetess explained that, "for example, if there are sisters and one is more fruitful, the others may be envious and bewitch her offspring (nieces) so that they cannot have children." A similar spiritual causation to explain barrenness is shared by Tanzanians who think that barrenness is caused by the devil that sucks the babies in the womb (Kente 1988).

Significantly, prayers and rituals are used to exorcise it, and according to them, medicine men and doctors cannot drive it away; only prophetesses of Twelve Apostle gardens can do this and make the woman fertile. The prophetess or *osofo* first seeks divine intervention and upon directives requests for specific items from the patient for the ritual of exorcism. These

may consist of a carved wooden doll and strips of named waxed prints, between 7 and 12 pieces.¹⁴ The pieces of cloth are tied round the doll, whose ears are pierced and adorned with earrings, and beads are put around the neck, waist and anklets. Different kinds of food items including palm oil are put on a plate and together with the doll taken to a junction with three paths. The afflicted person accompanies the *asifo* to the junction and after some prayers have been said, the group returns home, leaving the sacrificial items behind. En route, no member of the purification party should look back. Having dealt with the spirit, the patient then is given the David as medication for bathing and enema.

Mogya Nkau

Another affliction that needs mention is *mogya nkaa*. This is a term used to describe retained menstrual blood. This retained blood is supposedly dirty and can destroy the foetus. Generally, women experience menstrual flow for 3-5 days, however, in some cases some of the menstrual blood is retained and this retained dirty blood destroys the foetus or retards its development. This condition is treated with prayers and herbs, for example *korliesa*, a herbal mixture drink that induces free menstrual flow of blood. Even though the prophetesses are aware that this affliction is physiological it is still believed that the primary causative agent is spiritual. This means that *mogya nkaa* is caused by spirits but its manifestation is observable.

Diagnosing Gravidity

Some of the women who come for help stay in the garden, while others come and go. Each individual is responsible for her upkeep with support from family and husband who are allowed to visit. According to Prophetess Grace Tani III, it takes these women about two to three months to conceive after they have been treated. When the women have announced that they are pregnant, "we ask them to go to the hospital to authenticate their claim. Then we continue to pray till their time is due." After they have conceived they stay at Canaan for protection, or *adiga* the protective amulet is given to them for protection against evil spirits.

Reckoning the Date of Delivery

Delivery is reckoned in various ways either by relying on the date of conception as stated on the form from the hospital that the patients are requested to bring, or it is revealed to the prophetesses. Again the prophetesses can do their own examination since they are themselves trained Traditional Birth Attendants (TBAs).

Those who come to the church already pregnant also go through the same diagnostic system of divination with the cup, then treatment is given accordingly. Prayers are offered to ward off any evil that might threaten and the *adiga* is also given for protection. Most of those who come already pregnant complain of difficulty with labour. Again divine guidance is sought and the David is administered for drinking and washing of the stomach. The administration of the David for drinking and washing ensures not only protection but also easy delivery.

Analysis

From the case studies, except for one woman who went to the church on her own initiative, all the other women were introduced to the church on the recommendation of other people, such as a pastor, relatives, friends and a medical officer after having sought help elsewhere. The decision to come to the church therefore was not solely theirs but with the involvement of other people. This indicates that the health choice behaviour must be recommended or approved by personalities who play meaningful roles in the life of the patient.

Reasons for Patronising the Churches

Some of the reasons given for patronising the churches are as follow: Certain conditions are believed to be spiritual and can only be healed in the churches. A recent example is the story of a woman who was pregnant for eight years and could be only delivered in a spiritual church (see *People and Places* (P&P) November 4-10, 1999:1,3).

Some women go the churches because of the high cost of healthcare, namely, because of the 'cash and carry' system, which makes it obligatory for people to pay before health services are provided. Many people especially women cannot afford this pre-payment and some of them run away from the hospital before they are fit to be discharged. Hospital personnel have thus mishandled others who could not escape and overstayed. The *Ghanaian Times* for Oct. 28, 1999:1 reported that ten nursing mothers and their babies had been detained at the Koforidua Central Hospital for unpaid bills. In this regard the churches are more humane than the hospitals and Yaa testifies to this in Case VII in the appendix: "Osofo stood by me and I had my baby safely. She wanted to discharge me after one month, but I pleaded with her to let me stay, so I spent three months here". Also mothers and babies, at least, sleep on mats, not on the bare floor as is the practice in certain hospitals, for example

Korle Bu where “some newly born babies and their mothers are given space on the bare floor” of the Maternity Ward (see Sackey 1996: 218).

Proximity is another reason why people patronise these churches. Most Spiritual Churches lie in proximity to the patients in the rural areas, whereas the clinics and hospitals are mainly urban centred; more important, *Spiritual Churches have time for their patients.*

Efficacy

However unscientific the healing methods may appear to non-believers, the prophetesses are able to diagnose the causes of their ailments within their cultural framework. Some prophetesses have knowledge of herbs and, therefore, apart from the David used for drinking, bathing and for enema, which is the standard form of healing, they also apply herbs for treatment. The standard treatment has no side effects because it is natural, though I must say that the use of enema during pregnancy can be rather dangerous as it could induce abortion, or might weaken the expectant mother. The use of enema should be minimised, at least in the first trimester or when a patient has a history of miscarriage.

All the patients in the selected case studies think that the treatment and care at the gardens is very good and effective and would recommend others to seek help there. However, the importance of faith in this endeavour needs to be emphasised. Indeed, the prophetesses as well as the patients underscore faith. As one patient for example expresses, “my advice is that when you come here for treatment do not waver but have faith and undivided attention and God would provide your need.”

Another important requirement for effective results at the church is confidence. A patient has vowed to have subsequent deliveries in the garden instead of the hospital due to the “confidence that I have in Osofo Ariza’s treatment.” The same confidence was expressed by another who was threatened with death at delivery, because although still married she was carrying another man’s child. Indeed, Abena who has just been cured of amenorrhoea has great confidence that she will achieve her desire of having babies. She can now have her period without being induced artificially. The confidence of these patients and prophetesses in spiritual healing has also been substantiated and boosted by Western trained doctors who send patients they cannot treat to the gardens. If the doctor whom the patients trusted to cure them refers them from the hospital to the church, then the church must be more powerful. Is the doctor a church member or does he just believe in medicine as a cultural system? Could it imply that some doctors consider culture as a last resort to solving health problems?

Patients agree that healing at the church is efficacious because their problems are spiritual and there exist mechanisms for spiritual protection at the churches, a protection that the hospitals cannot give them. There is direct rapport between patient and healer. Again, most people like Abena (Case 1) who are not literate in the Western sense have to speak through the nurse/interpreter, where the essence of Abena's aetiology could be misrepresented. In the garden, the relationship between patient and healer is on a one-on-one basis and the latter has time for the patient. The congenial rapport that prevails at the gardens has a psychological healing effect on the patient, in addition to the legitimate charismatic concept. At one point Abena said that she wouldn't like to go to the hospital again but quickly added "but I will go if I am asked to," that is if the prophetess requests.

Cost-effectiveness

Treatment at the gardens was described as cost-effective and sometimes even gratis. There are no standard charges for treatment. The client makes a pledge about how much he/she will offer when healing is achieved; it could be after one month, nine months, one year or more. However, a small token as part-payment of whatever is promised must be paid and the rest after full recovery. This part-payment is a kind of contract that signifies, "We the priests have agreed to treat you, and you the suppliant allow yourself to be treated".¹⁵ The charges do not accumulate in relation to the time spent at the garden as is the case at the hospitals. Sometimes, if the patient has no means of paying she is treated gratis. This is a feature of African culture, which has also been confirmed by Mullings (1984: 133), who writes that traditional healers often treated patients almost for nothing depending on the ability to pay.

The cost-effectiveness of the garden can be illustrated with Abena's case (Case 1). Abena has had a long medical condition of inability to menstruate and had attended hospital several times spending huge sums of money. For example she had spent a lot of money on X-rays and medication without any favourable results. Fortunately for her she need not pay much because no requests for payment have been made. Apart from her feeding cost, the only payment she has made is 1,000 cedis being the payment for the *adiga* that was prepared for her. However, Pastor Badu her home pastor who recommended Canaan to her and Abena have pledged to pay the church 50,000 cedis and 100,000 cedis respectively when she becomes pregnant.

Disadvantages of Garden Treatment

It seems that the same treatment is given to every ailment, and this implies certain assumptions. It presupposes that all spiritual ailments are alleviated in the same way.

Secondly, it assumes that the same spirits cause all diseases although there are a myriad of spirits in the African religious thought. However, as indicated by the healers, some are caused by witchcraft while deities cause others. Again, the question is, why would a deity that caused the birth of a particular person also defame her by visiting her with infertility, in the case of *saman munrewa*? Does this mean a deity wants to prove both its power to make and unmake, or is this a theory calculated to discredit the concept of deities, which the churches so much abhor? Finally, the idea of blaming witches as the causation for diseases is one concept that must be abrogated because witchcraft accusation has caused the disintegration of families, since the supposed witch is almost invariably a close family member, and a woman too! (see Sackey 1991; 1999). *Thus, the apparently wonderful idea that women are helping each other by healing women is dented, in the sense that women (prophetesses) blame other women (supposed witches) to heal other women (the barren).* In other words, the prophetesses are robbing the dignity and reputation of other women in order to magnify themselves. This causation theory of infertility should be re-examined and abrogated. Other avenues must be sought to explain the causes of female reproductive disorders rather than using women against each other.

Another disadvantage and dangerous practice stated earlier on is the use of enema. The application of enema causes the bowels to empty their contents and I suppose the pressing that often accompanies this action exerts pressure on the abdomen that could lead to abortion and other complications.

Fasting is another practice that must be re-evaluated. Even though it was stressed that pregnant women do not fast, the non-pregnant child-seekers do fast. A barren woman looking desperately for a child would most probably not have enough appetite and therefore to fast under this condition might further weaken her. It is known, even by non-medical persons like me, that every human being requires energy for the normal functioning of the body as well as for growth and healing. Thus, prescribing fasting for women who are already psychologically stressed from the inability to reproduce may not only worsen their condition but also affect their energy level. The dry or special fasting that deprives the person of both liquids and solids for three days would lead to serious dehydration that could later lead to other medical conditions.

Complications

In the cases of complication the prophetesses pray vehemently and achieve positive results. However, some of the complications are beyond them, and these are referred to the Eikwe Catholic Hospital, which is about a mile away from the Canaan garden, and about five

miles from Gyidi na nya Nkwa garden. According to them: "By the Grace of God there has not been casualties during delivery because of the early referrals". Indeed, the prophetesses claim there have been no fatalities in their gardens because the spirit and power of God guide their work, and secondly because of their link with the hospital. However, complications should be acted upon promptly by referring the patients to the hospitals rather than spending time on vehement prayers. A few deaths have occurred in other churches where the church leaders and parents of the sick have wasted too much time in prayer instead of sending them to the hospitals.

Integrating Medical Systems: Conclusions

One important observation that was made is the dynamism of the Twelve Apostles Church. Although its prophets have had their own methods of dealing with reproductive problems and delivery, they have also not hesitated to add an aspect of biomedicine in the field of female health delivery. The church requires its newly ordained prophetesses to train as Traditional Birth Attendants (TBAs) since one of the major occupations is midwifery. Also, they recognise limitations in treatment and refer patients to the hospital in serious cases beyond their capabilities, as well as for confirmation. In short, the churches complement the work of the hospitals.

Indeed with their training as TBAs the prophetesses go out to the nearby villages to attend to pregnant women who may need their services. Therefore, the services of spiritual churches are not restricted to only those who come to them. They also reach out to their wider community and in so doing help with the national health delivery system and by extension national development.

The idea that all prophetesses register with the state clinics and undergo a six-week training in midwifery after which they receive a certificate and a delivery kit should be upheld. With this they have the legal backing and spiritual capabilities to handle pregnant women who come to the church for delivery. Through this midwifery course the prophetesses are also obliged to send any complicated cases to the hospital. Perhaps, the midwifery services and nurses associations should provide the first step towards the incorporation of Spiritual Churches into the country's health delivery system to complement the existing health care.

In the big hospitals like Korle Bu and the Military hospital in Accra, some of the medical officers are born-again Christians and even pastors. These doctors, whom I call 'combi-doctors', combine spiritual healing and biomedicine. It is therefore not surprising when doctors refer patients to Spiritual Churches.¹⁶ The churches in turn refer complicated cases

that need surgery to the hospital so that there is some sort of integration and reciprocity among the practitioners of medicine in the sacred and the secular spheres.

Superficially, it may seem that the Spiritual Church as a dimension of health care seems to be the last option on the scale of the hierarchy of medical resort chart. This means people seek healing elsewhere but turn to the churches only after they have been unsuccessful. However, the intense care and conviviality at the spiritual gardens seem to indicate that the patients have made the right choice in coming to the garden where they live and relate with other people with similar or even worse problems, and where they take consolation from each other. This atmosphere does not exist in the medical institutions where the human touch to treatment is almost non-existent. Prophets and patients together actively participate in healing in the church while the patient is a passive recipient in the hospitals and clinics.

In addition to the lukewarm institutional attitude, drugs are also unavailable at the hospitals, and if available they are very expensive. This contrasts with treatment at the church gardens where the maintenance costs are minimal and affordable for all and sundry. In some cases also, the drugs are expired and may not work effectively. Sometimes also some of the drugs are fake and of low quality (*Daily Graphic*, Monday 28 February 2000: 1), and as a result patients may lose confidence in the established hospital services and personnel. Sending patients from the hospitals to the church by relatives could mean that the hospitals are not competent, spiritual or holistic enough. On the other hand, transferring of a patient from the hospital to a church by a doctor makes the patient lose hope in the hospital and rather fortifies her faith in the church. The implication is that the church that employs an African religio-cultural approach to healing is more potent. It would be interesting to find out the religious affiliations of the doctor in Case 2 (Appendix) and other religiously inclined doctors in order to determine how religion and medicine can co-exist or be properly integrated in contemporary times.

Further Research

The emphasis of the respective gardens is on conception and antenatal care, which provides an alternative, complementary and inexpensive health care system. However, a cursory observation on postnatal care showed that the treatments offered under postnatal care are inadequate and more research and education should be undertaken in this area. For example the importance of immunisation against childhood diseases should be imparted to the prophetesses to avoid the situation where spiritual churches have kicked against the immunisation of their children against polio because they solely believe in faith healing, and in one instance the security forces had to use force to effect the immunisation process (*Daily*

Graphic Monday 10 January 2000: 3; Tuesday 25 January 2000: 13). Finally, it would be worthwhile to know how much the churches know about HIV/AIDS. They might recognise a pregnant mother with HIV/AIDS by means of divination, but how do they prevent the disease from spreading? Here again, education is important and it would be beneficial to their large female clientele if government made it obligatory for this category of health providers to receive basic training in the epidemiology of HIV/AIDS, after thorough research on the perspectives of spiritual churches on HIV/AIDS has been undertaken. Certain mechanisms must be put in place so that those who patronise these spiritual churches will have their treatment claims reimbursed as is done for others in the civil service and other departments.

Appendix: Six Case Studies

Case Study 1

Abena from Akyem Akrofum (Eastern Region); 25 years old.

Aetiology of Abena:

I got to know about Canaan through Osofo Badu who is a member of the church in my hometown. I came all the way to Canaan garden in the Western Region because of childbirth. My problem is that I cannot menstruate. I would only menstruate when a doctor had prescribed medicine for me. This condition started at the age of 15 and now at 25 I have never had a child before. I have spent a lot of money on X-rays. During the one month that I have stayed here, I was given David *nsuo*, and I have started menstruating. I hope to get a child through the intervention of the prophetess Grace Tani III.

Diagnosis/Prescription:

There are blood clots in my womb and I have been told that witches are causing my problems. I have been assured that when I drink David continuously it would clear all blood clots in my womb.

Treatment:

The treatment here comprises a cold bath with David three times a day, drinking and rubbing the stomach with the David, prayers and fasting usually from 6am-6pm and sometimes from 6am-12noon.

My assessment of the treatment is that it is efficacious because before I came to Canaan here, I was not menstruating at all but I finished menstruating on Friday (16/7/99). The colour of the menstrual blood is clear red. I will go back to my husband for one month and then return to Canaan. I would stay at Canaan where I will get protection. I would readily come back here because my problem is spiritual.

Costs/Charges:

Apart from her feeding cost, the only payment she has made is 1,000 cedis being the payment for the *adiga* that was prepared for her. However, her home pastor who recommended Canaan to her, Pastor Badu, has pledged to pay the church 50,000 cedis when/if Abena becomes pregnant. Abena herself has also pledged 100,000 cedis should she get a child. The amount of the pledges shows how important childbirth is to women. It also shows the faith that both Abena and her pastor have in the garden healing. Since this is on-going it will be interesting to do a longitudinal survey on Abena to see her progress, and to see indeed if she will conceive and have her heart's desire.

Case Study 2

Ama from Half-Assini; 20 years old.

Aetiology of Ama's sickness:

I came to Canaan because I am looking for a child. I have been here for one month. Somebody who had been here before recommended this place to me. My problem is that I miscarry in the third month of pregnancy. This has happened three times and the doctor who has been treating me advised me to seek spiritual attention.

Diagnosis/Prescription:

I have been told that my sickness is caused by *saman mmerewa*, an evil spirit that destroys the foetus whenever I become pregnant. I have also been advised that I have to go back for some ritual purification to exorcise the evil spirits (*saman mmerewa*). I am not pregnant now, but my husband has promised to visit me.

Treatment:

My treatment consists of enema, bathing with David and going for prayers. The enema is done thrice daily, morning, afternoon and evening. I also drink some of the David. Osofo also gives me herbs but I cannot determine their names. Sometimes I fast from 6am-6pm and when I am feeling unwell I fast for half day. I believe that one treatment here would help me.

Case Study 3

Rebecca, 23 years, from Nkroful.

Aetiology:

I was brought to Osofo Hagar's garden when I fell into a coma after delivery in the hospital. I spent about three months here and left but my health was poor so I came back to stay here for two years. Since then I have had all my subsequent five deliveries here. Only one of the six

children died. The last child was delivered safely only two weeks ago. I came here already pregnant.

Treatment:

Maame Osofo prayed to God for support under the cross, she called on God to ensure safe delivery. The medicines given me include herbs, David *nsuo* for enema. Then I had a safe delivery and the child and I are very strong.

Case Study 4

Adeaba, 30 years old from Nkroful.

Aetiology:

I came to Gyidi Na Nya Nkwa after marriage when I learnt that there is a particular disease that afflicts females and makes childbirth difficult for them. We were three friends who were pregnant and the first to deliver died. When my mother heard of it she asked me if I attended church and when I said no, she chided me and asked me to come and see Osofo Hagar for protection. She has been good to me with her prayers and intercession. I made use of medicine (herbs) provided by her and gave birth safely. I also delivered five other children successfully here. I don't go to the hospital while I am receiving treatment here, and I have never delivered at the hospital. All my five children were born here in the garden. The first is 14 years old, the second is 13, and the last is 4 years.

Treatment:

The treatment here consists of prayers, medication, and blessed water for drinking and for bathing. We put lavender [meaning Florida water] in the water meant for bathing, and smear our body with it too. We don't use any other herbs except what Maame Osofo provides. David is added to water for us to take a bath.

Case Study 5

Akuba, 32 years, from Esiam.

I came here in 1985 because of successive infant mortality. My first child died, so also did the second child. My new husband brought me here to Osofo Hagar who has treated me since. I have been here for about 13-14 years. Sick people are treated here. Others are made to go away if they cannot be helped.

Prescription:

Purification rites were performed for me and the five children I brought forth here are all alive. For the purification, I provided Florida water and candles and some smaller items,

which I have forgotten, for prayers to be said for me. I also pledged to give one sheep, Florida water and candles if I get my request. My last child is two and half years old.

Treatment:

The treatment consists of prayers and washing with the David. I strip naked and Maame Osofo prays and washes my stomach to ward off evil. Florida water is also put in water for drinking and bathing. I have not used any herbs here.

Case Study 6

Yaa , aged 33, from Anwia

Aetiology:

I came here because I needed a child.

Diagnosis:

When I came here the osofo through divine consultation found out that witches and *saman nmerewa* were responsible for my state of childlessness.

Treatment:

The *osofo* applied water, which is David in my treatment. She did not use any herbs but used David, which she gave me for enema, bathing and drinking, then I got pregnant. I can say that God blessed me when I came here because I was delivered. Osofo washed my belly with David three times a day, and it was only the David that I used. I had enema in the morning and evening with David. I also used some for my bath three times a day.

When I was pregnant I visited the hospital only once because one is expected to go. It took me there days to labour at the garden before my child was born, but Osofo stood by me and I had the baby safely. She wanted to discharge me after one month but I pleaded with her to let me stay so I spent three months here.

Cost/Charges:

The treatment did not cost much. I provided one packet of candles for receiving David and for prayers. I only redeemed my pledge, which I consider a token gift to Osofo Ariza.

Case Study 7

Adwoba, aged 30, from Anwia

Aetiology:

When I had my first child, I was operated upon. When I conceived for the second time, the doctor said I was going to be operated upon again so my mother brought me to Osofo Ariza's garden and I delivered safely. My third conception was threatened with operation so I came back to this garden and again had my baby delivered safe and sound.

Diagnosis:

Concerning the threat of Caesarian operation, the *osofo* found out that there were problems that she dealt with spiritually.

Treatment:

The prophetess gave me David for enema, bathing and drinking which facilitated my delivery without any operation. I had David for enema and used some for bathing throughout the treatment. After the delivery my baby and myself were given David to bathe with.

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Notes

¹ This paper was read at an Institute occasional seminar on Family Health, in the series organized on Issues in Sustainable Development.

² See also Baeta (1962), Breidenbach (1979) for different comments on the progenitorship of the church.

³ After the death of Grace Tani I, there were dissensions in the church which led to secessions but the main groups are the Nzema group with headquarters at Kadjebir and the Fante group at Kormantse.

⁴ Personal conversation with Sofo Grace of Grace Divine Ministry, Twiekrom 1978, and Sofo Nancy of the Calvary Revival Church, Abura Dunkwa 1999.

⁵ At the Twelve Apostles garden this woman was diagnosed to be possessed by the Spirit of God that wanted her to do spiritual work. She was healed and she became a healer herself (see Sackey 1996).

⁶ Currently, there seems to be a new synthesis of biomedical-spiritual health care in the big hospitals, precisely Korle Bu and Military hospitals, where some of the medical officers are "born again" Christians and pastors belonging to Charismatic churches. These combine biomedical and spiritual aspects in both diagnosing and treating patients (Sackey Field Notes 1995).

⁷ Prophet Daniel Nvida attributes this practice to Jeremiah, though he couldn't cite the exact Biblical chapter and verse. It is also believed that this practice of cup raising might have been introduced by Prophet Harris. See also Sackey (1989: 23).

⁸ A large white wooden cross adorns the centre of every Twelve Apostles compound.

⁹ It was explained that the terms *bofo* and *sunsum* (spirit) are used synonymously among the Nzema Twelve Apostles, though among the neighbouring Fante-Akan *bofo* refers to angel. "The Fante say *Sunsum* and the Nzema say *Bofo*, both the terms refer to one and the same thing."

¹⁰ These three herbs are also used in Asante widowhood rites since they are deemed to protect the widow from any harm from the spirit of the deceased husband or any other spirit.

¹¹ See the discussion on the causes of infertility below.

¹² Sometimes the idea of faith healing may be overstretched, whereby some churches refuse biomedical treatment even at the verge of death. A recent example is the Christ Apostolic Faith Healing Church in the Volta Region of Ghana, which refused to have their children immunized against polio (*Daily Graphic* Jan. 10, 2000: 3).

¹³ Perhaps this is one reason why in the Twelve Apostles Church only women are permitted to attend to women's reproductive problems.

¹⁴ In Ghana wax print cloths have names, eg. *Efie mbosea* (home stones), meaning it is the closest stone or person that harms another; *wonku wo a, na woresee wo* (if they can't kill you outright, they destroy you slowly).

¹⁵ Sofo Nancy, Calvary Reformed Church, Abura Dunkwa.

¹⁶ However, these doctors in question who are members of the newer forms of Spiritual Churches would rather send patients to Charismatic rather than the older churches. For more details on the relationship between these churches see Sackey 1996 and 1999; also my Field Notes on African religious movements, 1995, and personal conversation with some combi-doctors.