

**Cultural Complications: A Study of Cultural Effects on Maternal Healthcare in
Rural Ghana**

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Summer 2006

With the support of an Undergraduate Research Grant from the Kellogg Institute for International Studies, I was able to travel to a rural region of Ghana to conduct a research project in medical anthropology. In my previous service experience in Ghana, I was struck by the limited availability and lack of regularity of prenatal care for the poor women in the Volta Region of Ghana. I also experienced the devastating effects of two maternal deaths on a close-knit village in this area. I decided to return to the area to investigate maternal healthcare among the rural population. Specifically, I sought to understand the nuanced cultural contexts and interactions among the governmental hospital obstetricians, rural midwives, and traditional birth attendants. With a more complete picture of the healthcare dynamics of the area, I hope to provide a more effective and culturally sensitive healthcare policy that more efficiently utilizes the scarce funding available.

With this objective in mind, I arrived in the regional capital city of Ho in June of 2006. After settling in with my host village, I set out to gain access to the first and most obvious component of healthcare in the area, the Volta Regional Hospital. This large government-sponsored hospital served as the setting for the most advanced and complete care in the region. With the generous hospitality of the hospital staff, I observed the maternity ward and maternity clinic for three weeks. The nurses, doctors, and nursing students guided me to the various areas of the ward in an attempt to give me a better

understanding of their methods of care. From pre-natal consultations to full term births, I witnessed the maternal healthcare at the most technologically advanced site in the region.

On the other end of the healthcare spectrum are traditional birth attendants and midwives serving at rural clinics. When I was not working at the hospital, I traveled to these rural clinics in the outlying areas around Ho. The nurses and midwives staffing these rudimentary clinics faced challenges beyond their capabilities. Equipped with only minimal stockpiles of medications and outdated equipment, these clinics could often only provide the most basic of prenatal care and usually were forced to refer complications to the hospitals in the city.

Within the context of this background of the medical care available, I sought to understand the cultural complications at the village level that may prevent or hinder women from receiving the proper care they need. By interviewing pregnant women, local chiefs and village elders, I was able to learn about typical problems that may arise not from the lack of medical care, but from difficulties that stem from cultural traditions. For example, the men of the family often are not present during delivery. They “run to the fields” in order to escape the trials of labor that the women bravely endure. Usually, this is not a problem as the women may deliver safely in a clinic with a midwife or traditional birth attendant. However, if a complication is identified, the midwife may urge the woman to go to the hospital immediately. However, the patriarch of the family is the one to make the final decision whether or not to make the expensive journey to Ho. If he is not around, the women are at an impasse. Such a complication is just one example of the many challenges women and healthcare providers face in this rural context.

In an attempt to find some solutions to this complex problem, I will continue to research maternal healthcare projects from around the world. With a broad foundation of secondary materials and studies, I will attempt to formulate policy that will be successfully applicable in rural Ghana and other similar locales. With this further research, I hope to present a thesis at an anthropological conference with viable solutions to this massive problem.