The solidarity of self-interest: Social and cultural feasibility of rural health insurance in Ghana

Arhinful, D.

Citation for published version (APA):

General rights
It is not permitted to download or to forward/distribute the text or part of it without the consent of the author(s) and/or copyright holder(s), other than for strictly personal, individual use, unless the work is under an open content license (like Creative Commons).

Disclaimer/Complaints regulations
If you believe that digital publication of certain material infringes any of your rights or (privacy) interests, please let the Library know, stating your reasons. In case of a legitimate complaint, the Library will make the material inaccessible and/or remove it from the website. Please Ask the Library: https://uba.uva.nl/en/contact, or a letter to: Library of the University of Amsterdam, Secretariat, Singel 425, 1012 WP Amsterdam, The Netherlands. You will be contacted as soon as possible.
Introduction

From time immemorial, social and economic insecurity have been endemic to human societies. Correspondingly, societies have evolved provisions to guarantee its members certain minimum standards of help or assistance during times of insecurity. These mechanisms are products of the historical and cultural development of the societies concerned, reflecting their specific cultural values. Traditional social security, therefore, has been a simple, collective, indigenous social institution whereby members of a society or community afflicted with social and economic contingencies such as sickness, disability, old age, famine, widowhood or orphanage, are protected, based on customary reciprocity. What are the essential features of the social security organisation of traditional Ghanaian society and how did they function? This chapter examines that question based on the writings of
published authors and my own research material. Specifically, I focus on what the forms and principles of traditional social security support in Ghanaian society were, how they operated in the past and how they still function at present in the family and welfare groups. The underlying theme of the discussion is that as a result of social and economic changes in the Ghanaian society, aspects of traditional social security arrangements are disintegrating.

Factors that are contributory to the disintegration of traditional social security include modernising factors such as increasing education, aspirations for better economic conditions, higher standards of living, increased urbanisation, westernisation, globalisation, changes in attitudes, different patterns of consumption and radical changes in work roles and social stratification. I begin the discussion by tracing the patterns and important principles upon which traditional social security was based. This will be followed by a description of how support was given during times of insecurity in the past and the present based on three examples: sickness, death and old age. This is done in order to show how the principle of reciprocity worked and is still working. I then follow it up with a discussion of the limits of past support against the background of their common romanticism and conclude with a reflection on the effectiveness of traditional support within its historical perspective. Where necessary, examples focus on the Akan\(^1\) of Southern Ghana, because of their predominance in terms of population and the fact that they constitute the bulk of my targeted population in this study. Indeed, their rich culture and traditions of social security may bear semblance to other societies in Africa south of the Sahara.

Social framework of traditional social security in Ghana

---

\(^1\) The Akan ethnic group is the largest in Ghana and constitutes 49.1 percent of the entire population (2000 Population and Housing Census, GSS, 2000: 5). They occupy most of the southern half of the country namely Western, Central, Eastern, Asante and Brong Ahafo regions as well as the northern parts of the Volta region. They can also be found in various occupations in the remaining five regions of Ghana. The subgroups who speak variants of a common language of Fanti/Twi are the Asante, Ahanta, Akuapim, Akyem, Aowin, Brong, Fanti, Kwahu, Nzema, Sefwi, Twifo and Wass. Although they were never politically united until they came under the rule of the British colonial government, they have a common culture (Arhin 1994:307-308, Okali 1987).
**Kinship based family system**

The basic unit of social organisation around which traditional social security revolves is the family, based on kinship. According to Rattray (1956:62), 'the family unit was a corporation; action and even thought were corporate affairs'. The kinship organisation, particularly in the past, constituted the basis for formal political and religious organisation and influenced the social stratification in many Ghanaian ethnic groups. Social relations, defined by the kinship system, served among other purposes to determine in advance the rights and duties of members in case of emergencies. Other rules relating to property, inheritance, ownership of land and collection of family contributions became the customary laws governing the larger group. Thus, the group bore the moral and social responsibility for the welfare of its members such as maintenance, housing, health and other problems when they emerged.

Most ethnic groups in Ghana limit kinship decent through a single line of male or female ancestry (unilineal decent). The typical family thus consists of a group of people related by blood who trace their past to a common past ancestor or ancestress. Among the Akan, the principle of matrilineal descent is followed and forms the foundation for social order. Every person is by birth a member of his mother's lineage and a member of the chiefdom in which this lineage is located. The localised lineage, referred to as the *abusua*, is generalised throughout the society by an organisation of dispersed clans. Dispersal of members of a (matriline) lineage through marriage or migration does not deprive them of their lineage rights and status since they still find their real home in their natal homes.

Every lineage or extended family has a leader, whom the Akan refer to as the *abusuapanyin* (family head). Leadership usually falls to an elderly male member (from the mother's side) of the extended family who is selected because of his superior wisdom, personal qualities and experience. The *abusuapanyin* is ordinarily responsible for the general well being of the group. He is also the administrator of the family property, the custodian of its traditions, the arbitrator of disputes among lineage members and their representative to the chief's council. Such authority is supported by the spiritual order; the *abusuapanyin* is seen as the intermediary between the living and the lineage ancestors. He undertakes his functions with the support and advice of the 'elders' who are accorded
honour in Ghanaian society as the transmitters of myth and custom and arbiters of proper conduct. The respect accorded to the aged, as with that due to those in authority and the mysterious, is conceived out of a belief that they are in close proximity to the ancestors and for that matter the sacred. Thus, there is an expectation that something evil will result from its negation (Sarpong 1974, Twumasi 1975).

**The Marriage institution**

Marriage is the fundamental building block of the society. The practices that are followed are patterned to sustain and foster kinship or lineage alliance and internal integration. In its ideal form, marriage was not left in the hands of the boy and girl who desired to get married but brokered as a social contract between the two families. Potential in-laws or representatives of the potential couple first investigate each other and come to an agreement to establish new obligations of mutual respect and aid between the two families. Both families are active counsellors during the courting and their wholehearted endorsement is essential for the success of the marriage. One underlying reason for the interest of potential in-laws in the marriage of their children is to ensure that the future social security of both families is guaranteed. They thus probe the background of the potential bride to know whether she “came from a good, prided and wealthy home; free from indebtedness; will work hard and; be able to bear and raise her children well” (Twumasi 1975:18, emphasis mine). Marriage was thus an integral part of the extended family or kinship structure, and marriage between two people imposes new reciprocal obligations and duties on the families.

**Economic institution**

In the economic sphere, the traditional system of production was mainly subsistence and the important pre-condition through which the traditional family fulfilled its obligatory social security responsibilities was through land assets. Land was held as property for the use of an entire family and was not for sale. Members were entitled to a small portion of family land for their own support. The subsistence system of farming ensured that all adults had a small piece for farming and an inherent right to settlement on it if needed be. Members of the family therefore enjoyed the profits and advantages of such property without altering or
damaging the substance. In situations where a member was not able to undertake his own farming due to incapacity such as illness, the social network provided a safety net through the principle of reciprocal obligation. Food and economic security was therefore guaranteed for every member if they worked with reasonable diligence on family lands and conformed to the expectations of the group.

The individual's economic interest in that traditional system was, however, subordinate to the demands for the welfare of the entire group of which he or she was a part. The obligation to provide assistance for the needy did not depend on the altruistic feelings and inclinations of individuals, but was fixed by definite social norms determining who was responsible for the care of whom. To check abuses, norms for proper conduct were designed to protect the social order by acceding custodianship of the land to the ancestors through the abusuapanyn whose orders they are obliged to obey. The ancestors were believed to watch the living to monitor their conduct and insure the land was used in a manner that benefits the entire lineage. Violation of those rules of conduct laid down to govern property was said to bring illness or accident to the individual or disaster to the lineage members (Twumasi 1975: 20).

As a consequence, the traditional system of production and distribution was based on reciprocities, which were derived from the complex web of ties that link kin. This was fostered by the interrelations between the kinship, marriage and economic institutions. The reciprocal obligation enjoined both the family and the individual to work together and cooperate to ensure the welfare of the family and its members. The ideal set before him was that of mutual helpfulness and co-operation within the group of kinsfolk. Each member therefore helped the others, in health or sickness, in success or failure, and in poverty or plenty. How these worked in the past and how they have changed through time is discussed in the subsequent sections.

How did the traditional support system function in the past?

In order to appreciate the practice by which the lineage group provided assistance to a needy member in the ideal sense, I shall illustrate it with three common insecure situations: old age, sickness and death. The main objective here is not so much to give a description of a
Old Age Support

In Ghana, the aged were traditionally perceived as an integral part of the family unit, holding definite and high ranking position. The aged were the people of wisdom whose advice the young sought eagerly. He or she was the repository of knowledge who settled social disputes, officiated at marriages, births and funeral ceremonies. He or she was a *Nana* an elder to the young and youth, both inside and outside his compound. An affront to him or her was considered displeasure to the ancestral gods. Sarpong (1974:65) describes this ideal position as follows:

> Old age is sacred as the person is thought to be in closer proximity to the ancestors. He is likely to die before the others - than the young... Hence it is in relation to the sacred that a respectful attitude should be shown towards authority, old, the mysterious and the spiritual.

The aged, both female and male, resided with their families, and played very important roles in the kinship and social affairs of the communities.

Old women were regarded as endowed with great wisdom; successful rulers consulted and depended upon their astuteness and experience. For example, the wisdom of old women was depicted in difficult dispute settlements when the council of elders would retire to consult with the remark that "we are going to consult with the Old Woman" (*ye reko susu ho akyere Nana Aberewa*). When an elderly woman was widowed, she usually returned to reside with her family where she played an active role in their social affairs. This role usually included counselling of young women and girls about their moral and social development. Old men or elders were also generally responsible for the administration of the affairs of the family. They met often to deliberate and make decisions about diverse matters that affected the entire family or just individual members. They administered the family property under the leadership of the *abusuapanyin*. The elders also settled many disputes affecting members of the family and other relations. Old people, therefore, played the roles of priests, teachers,
disciplinarians, marriage counsellors, psychiatrists, legal experts, administrators and more. The Akan, for example, capture this sentiment with the saying that a family is accursed if it has no old person (*abusua bɔne na panyin nni mu*).

In the light of their importance to society, there was an informal support for the aged. Members of the family assumed collective responsibility through children and grandchildren. Accommodation was provided in a family or relative’s house, if the old person did not have his or her own house. Socially, the bond between parents and children did not weaken after the marriage of the “child”. Instead, there was a continuity of relationship with the extended family throughout life, which guaranteed some form of security in old age. One important benefit derived from links with the extended family was that, apart from actual material assistance to the aged, it provided social support through replacement for intimate members of the family lost by death or migration so that the old person did not have to stay alone. When the system worked normally and perfectly, it was not a burden on any particular individual. Each person contributed his or her bit freely, knowing that in his own old age, he or she could depend on similar support from the younger family members and relations. Through this process, traditional social security was maintained for older members of society.

**Help during sickness**

Before the advent of colonial rule, indigenous health care systems provided the main means of remedy and relief when health care was needed. Significantly, in traditional Akan society, most elders were expected to know what herbs might be used for the cure of certain common ailments. Typically, the first action that the family took when a member fell ill was to try one of those known remedies. Consultation with a professional healer was sought only if the self-remedy failed. Traditional healers held consultations, treated ailments and offered protective charms to people who sought their assistance. Four main types of traditional healers are identified: traditional birth attendants, faith healers, spiritualists (diviners or traditional priests) and herbalists.\(^2\) Herbalists, who constitute the largest group of traditional healers, approach healing through the use of herbal medicine and had knowledge of plants, their roots and leaves and the diseases they are expected to cure. Traditional birth attendants specialised in pregnancy and pregnancy related problems, while faith healers were mainly leaders and

---
\(^2\) For more information on this, see Twumasi 1989.
representatives of sectarian religious movements. Spiritualists included fetish priests and priestesses, diviners and ritual leaders. Analytically, faith healers operate as a religious movement while spiritualists operate as intermediaries of a god or spirit. Healers usually had an attendant who ran errands for them, collected herbs and other remedies or assisted the healer in various aspects of the healing ritual.

A disease was the concern of the entire family, which took responsibility and supported the person throughout it, both financially and emotionally. In the past, if and when a healer decided to treat a patient, the sick person's kinsfolk would appoint one from among their number as the okyiginafo or supporter or representative. This representative discussed the details of the treatment with the healer and took responsibility for any fees to be paid or for procuring any supplies the healer would require. Of this Busia (1962:14) notes:

The appointment of such a representative was enjoined by custom. Everyone looked to his kinsfolk for support and security; their failure to name an Okyiginafo would amount to disowning the patient. No Akan family would fail a relative in this way, for it would be a standing reproach to the family.

If the illness was a serious and protracted one, there would be a blood relation attending to him as well. If it were a married man, his wife or wives would nurse him. Field (1961:127) has noted in her study of ethno-psychiatry among the Akan that the number of clients who sought assistance at shrines of traditional healers included "other vicarious supplicants who appeared to be well-disposed people, wishing to leave no stone unturned to help a sick parent, uncle, sister, husband or wife but not possessing any authority to bring the patient away from home".

Before the healer prescribed any medicine to the patient, he discussed the ntoase or deposit that ought to be paid with the representative. This usually consisted of a fowl, alcohol (usually a bottle or half of a bottle of local rum) or money. When medicines were handed out, the family representative and attendants were given detailed instructions regarding their usage with the accompanying taboos and observances. Similarly, when food taboos were prescribed, those attending to the patient also observed them, for by eating what was forbidden to the patient, they might defile the medicines and so destroy their potency. The
healers’ fee was sometimes settled after the commencement of the treatment. More often, the patient himself or his family promised in advance what they would give if the patient got better. A rite of purification, which was believed to wash away any ‘uncleanliness’ that may have caused the illness, marked recovery from serious illness. The members of his family also joined that ceremony. The peak of the celebration is the presentation of gifts such as eggs, money, fowls and other food items, some of which is sent to friends to inform them of the recovery and sanctification.

Support during death

In spite of all efforts to heal a patient, he or she may die. According to an old Akan belief, death is a return to the world of the spirits or *asaman*. Once death has occurred, the subsequent funeral rites passed through elaborate phases in which the family’s role was outstanding. This involved preparation of the body for its journey to the spirit world, mourning before the burial, putting the body into the coffin and committing it into the grave (burial), and continued mourning after the burial.

Death was a separation and to those who were closest to the deceased, it was a painful one. The sense of loss and the value placed on group solidarity was given expression in various phases of the funeral rites. Frantic outbursts of wailing publicly announced the death and drew neighbours to the scene to join in a stunning pandemonium of wailing and lamentation. Those attending the burial also gave drinks, donations of money or cloth, pillows, or mats for burying the dead to the bereaved relatives. These gifts were publicly announced and shown to all present. Another aspect that indicated that the death of a member was the concern of an entire community was symbolised in their participation. People stopped their usual activities and joined the mourning in spite of the immense cost in time. More importantly, death was a matter of great concern to the *abusua*, such that they would go to great lengths to pay their last respects and give a decent burial to their departed. They adorn the body with as much jewellery as possible, depending upon the status and economic position of the deceased and his close relations.

Furthermore, before the body was put into a coffin for burial, rites were performed at which burial things were presented by close lineage members of the deceased. This (called the *adesiedee*) may include pieces of cloth, rings, sums of money tied in handkerchiefs,
mats, pillows and toiletries. While it is believed that such paraphernalia are required by the deceased for the journey to, and residence in, the land of the dead, and the living are morally obliged to provide them, the quality and quantity of the gifts enhanced or diminished the social standing of the lineage. During the funeral, the whole community and the abusua in particular gather to sympathise with the bereaved and give donations, which might be in the form of money or drinks to help with the funeral expenses. Arhin (1974:312) has beautifully captured the entire attention and public display by the family as follows:

The duty of performing the funeral rites enjoined the family to spare no pains in making the performance 'a memorable event', so that it could be said that it was well attended, ebae, and exciting, esoe.

To sum up, the enthusiasm and dedication with which funeral rites were conceived and carried out depicted an important mechanism of traditional social security. The burial gifts and exchange of gifts, drinks and money were both obligatory and reciprocal. In the past these were performed with economy but varied according to the political rank of the deceased.

Welfare groups support
As with all human institutions, traditional family support mechanisms based on family was not always functional. Accordingly, society evolved other welfare or cooperative mechanisms through which the individual obtained or sought assistance, as it was needed. These included both small and bigger welfare groups such as community and neighbourhood groups. The most common of this was the labour partnership system, which the Akan refer to as mnoboa. Essentially it was a collective self-help group that may be comprised of age-mates and friends who assisted each other for a number of days in farming activities such as clearing bush, planting or harvesting crops, hunting (referred to as atwee), building a house or some marketing venture. At an opportune time, the individual who had received help reciprocated the support he received from others by offering a similar form of assistance to a group effort. Indeed, the nature of the
arrangement ensured that the need for money to hire labour did not become necessary or problematic.

Like all indigenous support systems, *nnoboa* was purely based on reciprocity and a moral obligation to help one another. Tradition imposed a restraining influence on members not to default on their honour and obligation. A member would lose membership of the group if he did not live up to expectation. Since that would mean living outside the society, each member tried to fulfil his responsibility in a creditable manner.

Another old indigenous practice involved the mutual financing assistance called *Susu* by the Akan. As with *nnoboa* or ROSCAs (rotating credit savings and credit associations or *tontines* in francophone Africa) it is an arrangement by which a limited number of people, friends or professionals, contribute money daily, weekly or monthly for the use of one of the group members. Each member of the group is entitled in turn to the entire collection of the week or month. In areas where *Susu* are popular, someone collects the money everyday or weekly, depending on the agreement the members had entered into with the collector. Money was paid out to members less a day’s savings, which was considered an allowance for the person who collects the money daily.

Present day changes in the traditional system of social security

In the course of time, changes have occurred. In present times the traditional social security system has been limited in several respects by the socio-economic transformations of society. Evidence of this change is very visible in the way and magnitude the system provides its traditional social support functions both within the family and welfare groups.

*Aged support at present*

Although most Ghanaians would want to believe that their family ties are still very strong and doubt that there are citizens without a home to go to, the neglect of parents by their children is becoming common. As far back as the mid 1960’s annual hospital services reports in Ghana raised concerns over the number of old people (aged between 60 and 90 years) who had difficulty in going home after they had been discharged. This was because
their relatives were reluctant to take home an aged patient whose condition had not much improved or was not going to improve in health. Even in rural district capitals like Nkoranza, a pastor of a local church indicated that "for some old people, what to put on is a problem and what to eat is a problem". A typical case is the story of an 80-year-old woman, which was narrated to me. It was indicated that although all her children were living outside the town and she was surrounded by several of her grandchildren, she was being fed by church members who lived near her. Some opinions in the community suggested that "some people felt there is no need bothering about those who are already old and getting near to their graves". Other writers have also noted the situation of the aged in present day Ghanaian society. Some have reported increasing abandonment or "dumping" of old sick relatives in hospitals due to difficult home situations (Apt 1975:178). Others have also noted that the loneliness, marginalisation, the dire poverty and lack of adequate help that the elderly suffer in rural communities. The situation is partly attributed to reciprocity and sometimes "blaming the elderly for having neglected their children when they were young" (Van der Geest 1997:24).

Help in sickness at present
A critical examination of the traditional support system also reveals a similar stressful situation concerning sickness in present times. Indeed, the role of the family in providing emotional support during illness is still quite prevalent, but nowadays where the support involves herbal treatment, members with knowledge of particular remedies may provide this only if it means getting them free or at very minimal cost. For most treatments that require hospitalisation or high cost, the trend is that responsibility for health care has shifted more and more towards the nuclear family. In exceptional cases, some individual members of the family (if they have the means), would assume the responsibility for the cure of sick relatives. But in general the help that one receives from family members has predominantly become "merely visiting the person at his or her sick bed or in the hospital" (fa w'ani k2hwe no w2 baabi a 2da w2 ayaresabea). The following contribution of a participant in a male focus group discussion in Suhum clearly summarised the present day scenario regarding family help towards sickness as was commonly described to me in most conversations.
The way the family used to help its members through nephews and uncles, as was the case in the past, has changed. In modern times what is happening is that help in the family when it is needed is offered within the nuclear family. I can testify with my own experience. My father fell ill but the family looked up to me as the son to look after him. I actually struggled financially and took him to several places until my resources ran out. In fact it was only when my father died that the family came in to help.

In summary, the section of the family that nowadays carry the tangible responsibility of a member is typically the immediate family members.

Help during death:
Although the essential aspects of funerals are still carried out, much has changed in present times to what they used to be. At present, the responsibility for organising funeral is increasingly falling on the immediate family members. However, contrary to the situation with old age and sickness, extravagant funerals have become more fashionable among Ghanaians in general and the Akan in particular, with expenditure having in most cases no relation to the deceased’s estate. During a male FGD session at Dawa in the Dangme West district, a participant emphasised this point as follows:

In the olden days it was not so expensive to organise funerals. Now, in times of bereavement, a lot of debt is incurred. Now, when there is a funeral unlike the past when they used just the cultural groups that were available locally, they go in for bands men and spinners, which are very expensive. Others expenditures involve refreshments, 'take-aways' [packed meals] and a whole lot of things. These things add up to make the cost of funerals very high these days.

The items that require the most expenditure nowadays include mortuary charges (because people keep the body of the deceased for longer periods), invitation cards, and advertisements on radio, newspapers and public places, with details of all the close relatives of the deceased at home and abroad. Of course these serve the purpose of emphasising the social status of the deceased and informing the world at large of the
programme, and at the same time inviting them to support the family in kind and cash. To obtain the money to undertake these activities, families now go to the extent of obtaining a loan from a bank or individuals to cover the cost of the funeral. Significantly, funerals add an interesting dimension to the operations of rural banks in Ghana. They are the only insecure situation that they grant families loans to undertake, which seems to suggest the notion that funerals are, after all, viable activities worthy of loans. The expenditure is later defrayed through the nsawa, donations that sympathisers provide based on reciprocity. A person’s contributions at other people’s death will determine how much he or she gets when he or she is bereaved. It may also depend on the social status and prestige in society of the person who is contributing. In some communities, there is a fixed sum that every adult ought to pay at the death of a resident of a town, but the tendency is for people to exceed that in expectation of reciprocity. Indeed, in Nkoranza district, attempts to keep the amount small were flouted and have become unenforceable. Receipts are given when donations are made and individuals and families faithfully keep records in a notebook for reference purposes. The system ensures that those who do not contribute to other people’s funeral expenses do not get any donations when they are bereaved.

Welfare groups nowadays
The striking thing about the origin and/or major function of most existing help and welfare groups in several Ghanaian communities is the importance of the provision of mutual aid during the death of a family member or an immediate relative of a member. My interactions with leaders of some of these community groups indicated that quite a number actually came into being through circumstances related to death; some become dormant for most of the time and are resuscitated only when a member dies. The composition or membership criteria are diverse and include ethnic origin, common town, village or community, tribal occupation and age groups. Significantly, most of them have written rules and regulations and their main objectives include fostering unity among its members; but in practice, funeral benefits take precedence over all of their other activities. Monetary assistance other than help during funerals is strikingly rare. They usually have a funeral sub-committee that sees to the organisation of funerals in the group. Sickness benefit, on the other hand, is often handled in footnotes and the typical pattern is a token support from
the group or what members provide individually from their own free will when they visit the sick.

During my conversations with leaders of some of these organisations, one reason given for the undue attention placed on death was the emotional sentiments attached to it and its public dimensions.

Help during death is the foundation of our group. Our culture places more emphasis on death or funerals and you see this in the number of visitors one receives when someone is dead compared to when the person was sick. The essence is to help the person overcome the pain and grief and, since it is a public affair, to assist him/her entertain the visitors who would attend the funeral. If we start providing assistance for other things like sickness then we would have to increase the dues. That would be difficult for us because it means that people would turn to the group when they have any difficulty, some genuine, some not. Death, however, comes unexpectedly and there is no argument about it when it happens. Financially, many people experience difficulty. When that happens and you receive support, it strengthens you to meet the burden and that is why funerals are the centre of our activities. That does not mean that we are placing emphasis on death. It is part of our history.

To date, Susu groups are quite common but their primary function involves savings and/or rotating credit financing for its members.

Based on the foregoing information, it seems the current pattern regarding traditional social security support in Ghana appears to be that while the help offered by the extended family is increasingly diminishing, one thing that the family never ignores is death. The issue becomes more interesting considering that more is spent on funerals with each successive one. People commonly refer to this as “cultural and part of our history” but why an aspect of a culture that seemingly serves a similar end is disintegrating (care for the aging) while an aspect of it is gaining strength (expenditure on funerals) is a problem of great social scientific importance. It appears that the return in investment from funeral expenditure through donations and the social prestige from extravagant public display are factors that have strengthened the social patronage and support of funerals as compared to
support during sickness and old age. The remaining section takes a look at the factors that have contributed to the general disintegration of traditional support mechanism nowadays.

Appraisal of traditional support in an historical perspective

Without asserting that traditional social security arrangements were perfect ways of supporting one another, they were nevertheless relatively effective ways of assisting members in the society. However, there is a tendency to romanticise the effectiveness of the old system when it is being discussed relative to the situation at present. Thus in reference to its moral obligatory role of supporting its members, it is common for people to describe the family symbolically not only as effective and very good, but as loving (onua d2) and compassionate (te-ma) in the past, but nowadays selfish (pesemenkomenya) and wicked (atrimoden). The view of a participant in a female FGD at Dodowa captures this sentiment:

In the past there was brotherly love and as a result when your child or sister's child is sick, others in the family did not mind looking after the person but now they pretend they have not seen what is going on. The only help they may give you is to ask whether you have taken the sick person to hospital. In the past however, the entire family felt responsible. There is no brotherly/sisterly love (onua d2).

Another participant at the same discussion group reinforced the point with the following observation:

The love we are talking about was such that when someone bought a piece of land to build a house and another brother also later decided to do a similar thing, the former would encourage the latter to build the house next to his on the same plot. But nowadays people put up bungalows for only their wives and children and they fence it and put a dog there to protect their property and separate themselves from the rest of the family. The underlying reason is that, nowadays, people look after their
personal interests. There is no love. People have become “too wise” and selfish and that is what has led to the present situation.

Although a family’s generosity might have been much better, in terms of the solidarity and its capacity and ability to help, it is an overstatement to assume that society in the past was much more generously gratuitous in the manner in which it dished out support to those who needed it than what it is now. My findings from the field indicate that within traditional memory the magnitude and quality of traditional support is commonly romanticized when people compare it to the past.

As one opinion leader at Nkoranza, who has been effectively involved in the scheme from the beginning told me, past support usually originated from the nuclear unit of the family of the sick person. Accordingly he disagreed with the view that the extended family always had a ready-made solution to people’s problems:

It’s never true. If they were helping, I think it would not be difficult for them to help in the insurance if somebody could not pay the premium. When there was a problem in the family, the solution started from the tso tso mu tso, the inner circle (but more appropriately the nuclear family), which comprises the father, mother and children. Then it moved to uncles and nephews and grandchildren. So when there was a problem, the family looked up first and foremost to the immediate family. When the immediate family could not provide the support alone then they turned to other members of the family till it got to the head of the family. It sometimes even went beyond the abusuapanyin (family head) to the chief of the town. In all this, one thing that the family never ignored was death.

In effect, it can be said that in the past, it was only if and when the resources of the nuclear family were not enough to meet the problem at hand that the family head or the extended family members were approached for assistance. What the head of the family would do under such circumstances would be to convene a family meeting of elders to solicit their support. The effectiveness of the family in providing support at any given situation and at any given time depended on the resources of the family, the status of the person in the
family and above all, the type of contingency. Sometimes the presence of 'resourceful' and 'kind' individuals in the family was very helpful in many respects.

Again, when people commonly speak about traditional support in the past they say nothing or at least very little about its exclusions and checks and balances that ensured that the family was not helped in every case. People who were perceived as not conducting themselves well were denied support. Those who engaged in sanctioned behaviour such as adultery, murder or stealing, for example, did not receive help but those who suffered from 'natural ailments' like leprosy did receive help. A contributor at a male FGD at Nkoranza explained it as follows:

They (meaning the family) were selective. For example, the society abhorred taking or going after other people's wives and those who ventured into such a thing were usually warned. If they did not heed the warning and they contracted any disease from the relationship they were not helped. But where the illness involved an accident or some natural communicable disease unrelated to any social offence, the family was quite supportive. For example, the family was supportive when a member was affected by leprosy. They would go to every extent to find a cure for the victim.

Reciprocity was also very important in that system of support. Another participant in the same male FGD group gave his view:

Before the family provided help, they considered what the person has offered to the family in the past. If he was someone capable but who did not provide any assistance to the family himself, they may also not help him. As the saying goes, one only reaps where one has sown. It is when you cast your bread upon the waters that it multiplies. I know someone who was rich in the past but because he neither respected the family nor offered any help to the family in the past, the family also refused to help him when he fell ill and needed help. It was only when he died that the family buried him.

In the opinion of a health staff member at Dodowa, the family's attitude towards health care has always been inadequate relative to that towards funerals:
Since time immemorial what and how I have known it is that we support funerals more than death. Only a few people provide assistance when a relative is sick. It is considered that people are capable of making all the money when they are healthy and alive so when they become ill they are not helped.

As a last resort, when the needed money was not available, family property such as a cocoa farm or land might be offered as a guarantee for a loan to finance the funeral. The property was not sold but merely used as a collateral for a loan. In extreme cases, however, such property may be sold outright. Indeed in older times, if the family did not have property, human beings were sometimes used as collateral security (awowa) to work for the creditor for a period of time agreed upon to defray the cost.

From a rational perspective, two hypotheses support the greater assistance funerals attract relative to that which sickness and aging attract. One of these relates to the asymmetry of information in relation to the two. Whereas feeling unwell is deductively non-objective or relative to the person reporting the condition, when death happens, it is an objective, undisputed phenomenon. Secondly, except in situations of disasters, the incidence of sickness is statistically and phenomenally more common, so there is a tendency for people to take it for granted or feel too taxed to commit their resources to it unless it involves people closely related to them.

On the basis of the forgoing it is possible to give a few general characteristics of traditional Ghanaian social support:

- It was organised on a family basis and operated within the extended family.
- Members of the extended family considered themselves as 'one people' because they traced their origin to a common unknown ancestor.
- The extended family members are enjoined by a strong feeling of solidarity.
- Being essentially a 'solidarity group', there was a shared feeling and consequently a moral obligation to help one another for their common good.
- Help was offered during stressful situations such as funerals, sickness and old age, but also during secure and happy occasions such as the naming ceremonies of
children and marriage. Help was also offered for future security in terms of education and trading (setting up a business).

- The organisation of help or assistance is based on values and governed by norms imposed by tradition that the entire group respects.
- Such values and norms were validated by magico-religious beliefs and practices; it was believed that the ancestors punished those who violated them.
- Help, when it was needed, originated from the nuclear unit of the extended family.
- Typically, it was the head of family, abusuapanyin, who was ideally responsible for making sure that help was organised and provided when it was needed.
- Help or support was however not automatic. Exceptions were made when the situation involved a person who had engaged in a socially sanctioned or deviant behaviour such as sexual offence or stealing.
- Provision of support at any given time depended on resources of the family and the “standing” of the person in the family.

**Context of socio economic changes**

In spite of the romanticism that is commonly associated with traditional support mechanisms, their effectiveness nowadays seems to be diminishing. In order to appreciate this near disintegration however, it is important to place the changes within their proper historical perspective. My view is that to a great extent the present day ineffectiveness is attributable to social changes, which have led to the adoption of new values. It is deducible from statements of ordinary people that the family nowadays has sacrificed its unity of purpose for ‘personal interest’. Logically that seems plausible, considering the emphasis that people now place on themselves and their individual interests. What is happening must be understood in terms of the fact that people are merely behaving rationally by placing their prime sense of moral obligation where they can best optimise their socio economic needs.

Compared to the present, family solidarity was strong in the past because at that time members in a given social system needed one another for their economic survival. The important unit of that solidarity support mechanism was the extended family because of the need for interdependence in the system. The need for one another also guaranteed a strong
bond of love and unity which in consequence morally enjoined members to help or assist one another when the need arose. Each person became one another’s keeper. That kinship or extended family unity was also facilitated by the close pattern of settlements and living arrangements. Support, when it was needed, was therefore easier to find in the past since the close living arrangements ensured that other family members were already aware of what was happening without necessarily having to be informed.

The most important precondition for the functioning of that economic unit and its survival in the traditional subsistence economy, land, was readily available. That land belonged to the entire family, and ownership was vested in the family head. Such land for farming or other economic activities was virtually free when it was needed. Family members who needed a piece of land for farming or any other economic activity had to approach the head of the family to make their request. All things being well, such requests were honoured. Indeed within the framework of the prevailing arrangements regarding family lands and property such as cocoa farms, individual members had no individual rights to the resources except with the consent of the family head and elders. When situations demanded it, the family could negotiate some of its assets or property as collateral or sell them outright in order to help provide assistance for a member in a stressful situation. As I have already indicated, family members were sometimes even used as sureties to redeem the problems of others.

However in the course of time, population increases led to increased pressure on land resources. Excessive use caused the depletion of the economic viability of the land, due to the continued dependence on the indigenous means of cultivation. This has been in spite of the fact that people have adopted modern ways of living in other areas of social life. Growing individualism also created division of family lands and an era of sale to private hands began. More people also meant scarcity of the limited land and less economic opportunities at home. It did not take long for some of the active population to look for favourable opportunities for existence elsewhere. Land therefore virtually lost its importance as the main source of sustainable economic activity on which most families depended for total economic and social security. With this change, the family’s position as an effective traditional social security mechanism dwindled in importance.
Closely related to land ownership and acquisition is the issue of inheritance systems and succession to property and positions in the traditional kinship system. This was primarily based on family decent and was well accepted, respected and followed. In the old system, there was no discrimination. *(Saa bre no, eye a na nyi yi mu nni mu.)* In the Akan matrilineal system for example, nephews (sisters'-sons) inherited their uncles' (mothers' brothers) property. The inheritance system and the existence of family property therefore ensured that family assets and privileges were maintained within the extended family. In effect, that bolstered family solidarity. At present, however inheritance has shifted in favour of children. State legislation on interstate succession has shifted succession to spouse and children, that is, the nuclear family, as opposed to the extended family.

The unique characteristic of traditional political authority in Ghanaian society was its sacred origin and basic commitment to the past. What was legitimate and the best way to act in society was conceived as "the way our fathers have ordained" *(Apter 1972:83).* Accordingly, anything that threatened the sacred sources threatened the continuity and legitimacy of traditional authority. Nowadays, modernisation and education and new faiths such as Christianity have provided people with values outside the traditional organisation of society. For example, education has now replaced the knowledge that the elderly provided and, together with money, offered new ways of defining the acquisition of social status. Indeed, many elderly people in present times would be quick to complain that the youth are no longer ready to listen to them and take their advice. They refuse to take part in certain traditional practices and rituals. Interestingly, although Christianity is supposed to have inculcated into society the principles of love, compassion and sharing, many adherents tend to pay only lip service to such values. One participant in a female focus group discussion in Dodowa explained the moral context of this ambiguity to me as follows:

Yes, our forefather's worshipped gods but they also cared for one another more than the present generation. We now worship and make a lot of noise about God but we do not practice love for one another. Rather we love money more than our fellow human beings.
On the other hand, Christian values have also equipped society to defy ancestral beliefs on which respect for the aged in the past thrived. A consequence of this change is the weakened traditional belief in the sanctions meted out by supernatural agencies such as the ancestors and the gods, against those who violated the norms of society.

Furthermore, a *sine qua non* of the seemingly weakened traditional support at present is the modern economic order which has put money at the centre stage of survival and the reality that cost of living has become very high and difficult for many ordinary people to obtain. More than ever before, people need and use money to do almost everything rather than family members or family lands. That makes it seem as if people in the family now love money than their own kin relations which some informants perceive and describe as "fetish love for money" (*wedo sika kyen w3nho*). This contrasts with the situation in the past where there was limited need and use of money. As one traditional ruler explained:

> Those days, there was nothing like sending someone to the hospital to see the doctor, but there was a way to help them against diseases. They were helping each other by way of communal labour, keeping their environments clean and free of disease. In times of sickness, they used their herbal medicine and the family helped one another in this aspect. At times, we³ asked for sheep and fowl to be used to treat the person. In the end if the person recovered, we paid the one who provided the things either in cash or kind. The help we are talking about was our own manpower and not money. Nowadays money is the problem.

Money is the problem. Due to the difficult economic conditions people have become thrifty and are selective about those they spend on. As most informants describe it, it is as if there is no *omuadz ne tema* (love and compassion) in the family anymore or the family has become ‘too wise’ or ‘too civilised’ (*anibue*) or selfish (*pesemenkomeya*).

Together, these factors have de-emphasised the principles of solidarity and reciprocity that were so important for survival in the past and the social logic upon which the traditional system was based. From a social analytical point of view, the present changes can be situated within the general idea in development literature that as society develops from a traditional society toward a more modern economy, extended families

---

³ The speaker here uses "we" to emphasise what was traditional or "our culture"
develop towards nuclear families (Murray 1981, UN 1986). When that happens, there is less need for interdependence because there is no need to rely on land as the economic backbone of the society. Indeed the creation of new economic opportunities and new forms of social stratification and reward systems other than those based on kinship have provided alternatives that have enabled people to gain a livelihood outside the traditional system. That does not presuppose that people have lost their sense of moral obligation; but in the context of such social changes, the fulfilment of those social obligations is likely to be placed where the individual’s, rather than the groups’ self-interest are optimised.

One of the key themes of the official propaganda for the implementation plans of health insurance in Ghana is that Ghanaian social and cultural system has a built in social insurance system through the extended family system whereby family members have collective responsibility for the welfare of members of the family.

The discussion so far, suggests a very important dilemma to the Ghana programme. How can the disintegrating system of traditional social support mechanisms serve as a social foundation or even facilitate a new system of social insurance involving a more heterogeneous membership? Although indigenous mutual aid systems exist, they tend to have a strong focus on the dead rather than the living. That partly explains why the organisation of funerals on the basis of traditional principles still commands a lot of support in Ghanaian society. The important question to address is: How Ghana can then transform some of the principles of funeral organisations into a sickness support risk sharing mechanism. What are the opportunities for grafting the scale of solidarity in the organisation of funerals into health insurance activities? These are issues that subsequent chapters will help to unravel on the basis of data from the field.