

ЖІНКИ В ОХОРОНІ ЗДОРОВ'Я ТА БІОМЕДИЦИНИ ГРОМАДИ ГАНИ**Самуель АДУ-Г'ЯМФІ,**Університет науки і технологій Кваме Нкрума, Кумасі (Гана)
mcgyamfi@yahoo.com**WOMEN AND BIOMEDICAL HEALTHCARE IN A COMMUNITY IN GHANA****Samuel ADU-GYAMFI**Kwame Nkrumah University of Science and Technology, Kumasi (Ghana)
ORCID /0000-0002-0193-867X

Аду-Г'ямфі Самуель. Жінки в здравоохранении и биомедицине общества Ганы. Несмотря на значительный вклад женщин в медицине и охроне здоровья, он был часто в истории медицины и в другой научной литературе в основном опущен. Поэтому наше исследование содержит очевидную **новизну**: актуальную потребность рассмотреть разностороннюю роль женщин в истории здравоохранения Ганы. Недавнее эмпирическое исследование о вкладе женщин в биомедицинскую помощь в Обуаси в регионе Асанти Ганы - стало полезным **источником** для написания этой статьи. **Цель исследования** пролить свет на эмпирические данные, собранные от женщин-практикующих медицинских спивробитникава в общине Обуаси. **Методология статьи** опирается на описательный, статистический и сравнительный методические подходы. **Выводы.** Предлагаемое исследование, которое было написано на материале широкого круга исследований, среди прочего, утверждает, что многочисленные проблемы женщин в области медицины не смогли помешать им подняться выше статуса-кво.

Ключевые слова: женщины, вклад, биомедицина, здравоохранение, Обуаси Гана.

Introduction. Historically, women have discharged duties in every aspect of the society aside what has been defined as their traditional roles as mothers, nurses, cooks, processors and house-keepers¹. It is reported that, during the colonial period, women supported and played active roles in fighting European and British imperial control². Again, the active roles women have played towards the building of medical practice and the care of women in particular have seen the passing of several civilizations including the contemporary times³. Historically, among the Akans of Ghana, women played significant roles within the traditional authority structure and provision of support in the area of healthcare⁴. These efforts notwithstanding, the literature posits that colonization waned the position of women by neglecting their roles⁵. Osseo-Asare has reported that those who took over the political system at independence were biased towards women⁶.

Comparatively, in the United Kingdom, for centuries, medicine and health among others were male dominated professions⁷. Specifically, it was not until the late nineteenth century that women were admitted into UK medical schools⁸.

In America too, medicine was a male-dominated profession until 1847⁹. In Ghana, the first five Science Laboratories were opened in 1964 to only males¹⁰. In contrast, their female counterparts studied courses such as sewing, cooking and family hygiene. This underlines the fact that women were not given the opportunity to engage in learning, hence female human resource in the medical field was unequivocally limited. Since inception, biomedicine in Ghana also operated, and still operates, along patriarchal and other related hierarchies¹¹.

The above notwithstanding, women have shown that they have the capacity to take-up careers in healthcare and sometime outshine their male counterparts¹². Studies on women and health posit among other things that there have been an increasing number of women within the healthcare systems across nations¹³. Research on Ghana and Africa in general including the United States among other nations have shown women outnumbering men within the healthcare sector¹⁴. Adu-Gyamfi et al. have reported from Berlin G. et al. that concerning the US, women nurses are 80% more than their male counterparts¹⁵.

¹ Manuh T. "Women and their organizations during the convention people's party", Institute of African Studies, 1991 [In English].

² Ibidem

³ Jefferson L. et al. "Women in medicine: Historical Perspectives and Recent Trends", *British Medical Bulletin*, 114.1, 2015, P. 1–11 [in English].

⁴ Adu-Gyamfi S., Adjei R. "Traditional Medicine: Narratives from an Indigenous People", Lambert Academic Publishing, 2017 [in English].

⁵ Twumasi P. A. "Medical Systems in Ghana: A Study of Medical Sociology", Ghana Publishing Corporation, 1975 [in English].

⁶ Osseo-Asare, A. D. "Scientific Equity: Experiments in Laboratory Education", *Isis*, N 104.4, 2013, P. 713–741 [in English].

⁷ Jefferson L. et al. 2015. "Women in medicine: Historical Perspectives and Recent Trends", *British Medical Bulletin*, 114.1, 2015, P. 1–11 [in English].

⁸ Ibidem

⁹ Staff Care. "Women in Medicine: A Review of changing Physician Demographics, Female Physicians by Specialty, State and Related Data", *Statesman Drive Iving*, N 1 (14), 2015 [in English].

¹⁰ Osseo-Asare, A. D. "Scientific Equity: Experiments in Laboratory Education", *Isis*, N 104.4, 2013, P. 713–741 [In English].

¹¹ Roberts, J. "Remembering Korle Bu: Biomedical Heritage and Colonial Nostalgia in the 'Golden Jubilee Souvenir'", *History in Africa*, N 38, 2011, P. 193–226. <https://www.jstor.org/stable/41474550> [In English].

¹² Beatley B. "Another Look at Women's Education." *Journal of Higher Education*, N 22.1, 1995, P. 1–18 [In English].

¹³ Berlin G et al. "Women in Healthcare Industry", Mckinsey Company, 2019 [In English].

¹⁴ Adu-Gyamfi S. and Brenya E. "Nursing in Ghana: A Search for Florence Nightingale in an African City", *International Scholarly Research Notices*, 2016, P. 1–14 [In English].

¹⁵ Berlin G et al. "Women in Healthcare Industry", Mckinsey Company, 2019 [In English].

Their contribution notwithstanding, studies have shown that, women have been neglected and marginalised by societies including scholars who write on health and medicine¹⁶. This problem is further exacerbated when scholars refuse to emphasize the contribution of women to healthcare profession. Significantly, there has been scant literature concerning historical writings of women's contribution to the medical fields. As a matter of fact, there are several works which focus on women; see for example, Manuh (1991), Osseo-Asare (2013), Aidoo (1985), Arhin (1983) and Adu-Gyamfi and Brenya (2016) among many others¹⁷. Few studies have paid keen attention to the efforts of women and the roles of women in the field of healthcare. Concerning Ghana, there is still a hiatus; emphasis on research on women have been varied but it continues to leave the real discussions of the contribution of women at the periphery. Within the schemes of things, I discuss indigenous women biomedical practitioners at Obuasi- the Asante Region of Ghana. Here, I draw from receptive female practitioners, who sincerely shared their thoughts and daily experiences as health practitioners. I draw broadly from a research we conducted in the Obuasi area of Ghana, aspects of which have been published. From here, I pursue an intellectual interpretation of my dialogues with the women who have risen above historical and cultural bottlenecks as well as the drivers that keep them in the medical profession –women nurses, women midwives. I devote aspects of my writing to a discussion on challenges of women as healthcare practitioners–increasing workload, lack of logistics, patients' non-compliance and longer working hours. Finally, I present some useful conclusive remarks to my interpretation of the dialogues I had with these enterprising female biomedical health practitioners.

Rising above Historical and Cultural Bottlenecks.

Several cultural and historical factors have hindered women from leading and playing active roles even in medical professions that are closely linked to the direct care of women. In the traditional or indigenous medical fields, women in Ghana and Obuasi in particular have played roles that are contiguous to modern midwifery¹⁸. In Africa, during the colonial period, biomedical care –physician role among others were the reserve of Europeans; native Africans were subordinated to the roles of orderlies to perform menial tasks^{19 20}.

Again, cultural beliefs continues to hinder women with rough interceptions²¹. From my dialogues with the women

medical practitioners in Obuasi-Ghana, I infer that historically, women were believed to be cut-out for domestic chores. The discourses on women report that these cultural norms about the specificity of women's role in the community continue to ensure the progress of women beyond their compounds²². Studies by Manuh (1996) and Abane (2004) show that historically, men were entrusted with the responsibility of leading the household. Even though among the Akan communities, the discourses have centred on complementarity roles between men and women, the institution of biomedicine followed the Victorian values which were imbibed by the local people and practitioners during the colonial era²³.

These have not entirely stalled the progress of women in the contemporary setting of Ghana. The factors that drove this growth or progress include prestige and passion, education and job security. Concerning prestige and passion, existing literature claims that most women enter into the health profession as a result of passion to care for humanity²⁴. In my local dialogues with women biomedical practitioners in Ghana, they argued among other things that choosing their professions as nurses and midwives was borne out of their compassion for humanity and the will to serve others. It was further reported in my dialogues with the women that their passion to become midwives in particular, sometimes drove them to go through hectic times to acquire the relevant training and certification to practice²⁵. The toil the average Ghanaian young woman goes through to rise to become a midwife cannot be gainsaid. Due to their innate passion to become nurses and midwives, these young women are neither stopped by poverty nor detractors. They sometimes labour in other vocations until they get enough funds to pursue their biomedical healthcare aspirations²⁶. In fact, a significant section of my informants, thirteen in number, in the Obuasi area of Ghana, hinted that the nursing profession is a call to serve humanity. It requires a people who are selfless, compassionate, patient, empathetic and sensitive. It requires the ability to bring hope and love to the helpless and the needy in the society²⁷. It has been argued that most nurses and midwives were naturally born with the attitudes and characters exhibited by Florence Nightingale; the care for humanity²⁸. It is argued that about 60% of nurses quit work within their first year due to the lack of passion for the profession and absence of compassion towards people in particular²⁹.

¹⁶ Anyidoho N. et al. "Shakespeare Lives in Ghana: Roles, Representations and Perceptions of Women", ISSER, 2016 [In English].

¹⁷ Arhin K. "The Political and Military Roles of Akan Women," in C. Opong (ed), *Female and Male in West Africa*. Allen and Unwin, 1983, P. 91–98.; See also: Aidoo A.A. "Women in the History and Culture of Ghana", *Research Review*, N 1.1, 1985, P. 14–51 [In English].

¹⁸ Twumasi P.A. "Medical Systems in Ghana: A Study of Medical Sociology", Ghana Publishing Corporation, 1975 [In English].

¹⁹ Ibidem.

²⁰ Opare M., Mill J. E. "The Evolution of Nursing Education in a Post-independence Context-Ghana from 1957 to 1970", *Western Journal of Nursing Research*, N 22.8, 2000, P. 936–944 [In English].

²¹ Alesina A., Giuliano P., Nunn N. "On the Origins of Gender Roles: women and the Plough.", *The Quarterly Journal of Economics*, N 128.2, 2013, P. 469–530 [In English].

²² Abane H. "The girls do not Learn Hard Enough so they cannot do certain types of Work.' Experiences from an NGO-Sponsored Gender Sensitization Workshop in a Southern Ghanaian Community", *Community Development Journal*, N 39.1, 2004 [In English].

²³ Manuh T. "Women and their organizations during the convention people's party", Institute of African Studies, 1991 [In English].

²⁴ Adu-Gyamfi S. and Brenya E. "Nursing in Ghana: A Search for Florence Nightingale in an African City." *International Scholarly Research Notices*, 2016, P. 1–14 [In English].

²⁵ Mary, Interview, Obuasi, (April 16, 2019).

²⁶ Lucy, Interview, Obuasi-Kokoteasua, (17th April 2019).

²⁷ Rahamat, Interview, Obuasi-Abompe, (17th April, 2019).

²⁸ Adu-Gyamfi S. and Brenya E. "Nursing in Ghana: A Search for Florence Nightingale in an African City." *International Scholarly Research Notices*, 2016, P. 1–14 [In English].

²⁹ Tye J. "10 Leadership Lessons from Florence Nightingale", 2015, URL: <https://www.connectionculture.com/post/10-leadership-lessons-from-florence-nightingale> [In English].

My dialogue with local informants suggests that the element of prestige attached to the medical profession act as a gravitas for women to pursue same. They opined among other things that health workers deal with human lives and are seen as God-sent. Beach et al. (2007) argued that respect is frequently regarded as an important dimension in the profession of medicine³⁰. Writing in the latter part of the 20th century, Gostin put forward the argument that commanding respect will aid the development of natural or instinctive preference from patients and people in general³¹. Significantly, it has been contended that this form of respect imposes a distinctive moral feature upon the responsibilities of physicians and health workers³².

Concerning education, the literature on Africa argues that, few women during the colonial era and at the dawn of independence had attained formal education with the ability to read and write; they were specifically trained to be nurses and midwives³³. According to Lori et al. (2012), Ghana's Ministry of Health (MoH) in the quest to address the challenge of limited healthcare providers, have aimed at improving nursing and midwifery practice by expanding and opening new nursing and midwifery schools³⁴. This opportunity has motivated a larger portion of the women population in Ghana as a whole to enrol in these schools to take up spaces in the health profession³⁵. From a different perspective, based on the findings of Heath and Jayachandran (2017), I argue that the increase in female enrolment in formal education has increased their numbers in the health sector in Ghana³⁶. Comparatively, a study in China has revealed that aside the large number of women in the country, women have achieved parity, with the potential of achieving superiority, in terms of their numbers among their fellow men in professional and technical occupations³⁷. The debates above suggest that, the provision of equal opportunities to women and men in the area of education has caused a rise in the number of women being trained to become midwives and nurses.

In addition, job security has been a basis upon which a majority of my informants in the Obuasi area of Ghana pursue or remain in the biomedical sphere or health profession. The

question of rampant unemployment in Ghana remains a critical issue³⁸. Unemployment stands as one of the major challenges threatening the globe and Africa in particular³⁹. Significantly, aside economic problems, the issue of unemployment have had numerous impacts at the individual level⁴⁰. The literature argues that unemployment has the proclivity to result in psychosocial stress and emotional distress which can consequently result in serious mental health complications⁴¹. Dialoguing with the nurses and midwives within the Obuasi community, they admitted that the aim to secure a job coupled with the interest of improving their living conditions and to evade unemployment informed their decision to be health practitioners.

An informant hinted that the monthly allowances provided to nursing students by the Government of Ghana and the readily available occupation after school motivated her to join the profession. Again, in another dialogue, an informant hinted that as a result of the inadequate healthcare personnel in the country, women who enrol in the nursing training mostly qualify to secure a place in the profession in Ghana⁴². Similarly, an earlier study within the discourse of nursing claims that, nursing profession in Ghana is seen as a safe haven for those who want to secure jobs since they are readily posted upon completion of their studies⁴³. In Australia, it has been reported that the availability of jobs within the nursing profession serve as both intrinsic and extrinsic rewards for specialising in the profession⁴⁴. Significantly, this tendency has increased the number of nurses across the globe⁴⁵.

The Question of Nature and Nurturing. The question of nature and nurturing is also in sync with the earlier dialogues in the first section. In a broader study, Adu-Gyamfi et al. referred to Frimpong (2016), who has reported that nursing is perceived to be a caring, nurturing, feminine, motherly and soft profession considered ideal for women⁴⁶. Since its inception, biomedical practices, were reported to be readily accessible to women due to the fact that the nature of the job was in line with the traditional role of women⁴⁷. Significantly, the activities and practices associated with midwifery, through history, have been a reserve for women⁴⁸.

³⁰ Beach M.C. et al. "What Does 'Respect' Mean: Exploring the Moral Obligation of Health Professionals to Respect Patients", *Journal of General Internal Medicine*, N 22(5), 2007, P. 692–695 [In English].

³¹ Gostin L. O. "Informed Consent, Cultural Sensitivity and Respect for Persons", *JAMA*, N 272.10, 1995, P. 844–845 [In English].

³² Beach M.C. et al. "What Does 'Respect' Mean...", op. cit., P. 692–695.

³³ Akiwumi A. "Higher Education for Nurses." Ghana Universities Press, 1970 [In English].

³⁴ Lori J. R., Rominski, S., Richardson J., Agyei-Baffour P., Kweku N. E., and Gyakobo M. "Factors influencing Ghanaian Midwifery Students' Willingness to Work in Rural Areas: A Computerized survey", *International Journal of Nursing Studies*, N 49.7, 2012, P. 834–841. doi:10.1016/j.ijnurstu.2012.02.006 [In English].

³⁵ Diana, Interview, Obuasi, (April 26, 2019).

³⁶ Heath R. and Jayachandran S. "The Causes and Consequences of Increased Female Education and Labor Force Participation in Developing Countries", *Oxford Handbooks Online*, 2017, DOI: 10.1093/oxfordhb/9780190628963.013.10 [In English].

³⁷ To S. "China's Leftover Women: Late Marriage among Professional Women and its Consequences", Routledge, 2015 [In English].

³⁸ Regina, Interview, Obuasi, (April 26, 2019).

³⁹ Silva D. A. and Marcolan J. F. "Unemployment and Psychological Distress in Nurses. *Rev Bras Enferm*, N 68.5, 2015, P. 493–500. DOI: <http://dx.doi.org/10.1590/0034-7167.2015680502i> [In English].

⁴⁰ *Ibidem*.

⁴¹ *Ibidem*.

⁴² Ofori, Interview, Obuasi, (April 30, 2019).

⁴³ Adu-Gyamfi S. and Brenya E. "Nursing in Ghana: A Search for Florence Nightingale in an African City", *International Scholarly Research Notices*, 2016, P. 1–14 [In English].

⁴⁴ Hickey N. "Why nursing? Applying a socio-ecological framework to study career choices of double degree nursing students and graduates." *JAN*, 2012, URL: <https://doi.org/10.1111/jan.12029> [In English].

⁴⁵ *Ibidem*.

⁴⁶ Frimpong D. K. "Men in female-dominated profession: the lived experiences of Ghanaian male nurses in the United States", Lesley University, 2016 [In English].

⁴⁷ Adu-Gyamfi S. and Brenya E. "Nursing in Ghana: A Search for Florence Nightingale in an African City", *International Scholarly Research Notices*, 2016, P. 1–14 [In English].

⁴⁸ Adu-Gyamfi S. and Adjei R. "Traditional Medicine: Narratives from an Indigenous People", Lambert Academic Publishing, 2017 [In English].

In my dialogues with the local people, the informants hinted among other things that the availability of women have the potency to speed the recovery of patients. Specifically, a patient argued that, “women possess empathy and other features that support the recovery of patients”⁴⁹. Karimi (2015) has reported that showing clients empathy is key to the nursing profession⁵⁰. Similarly, one physician hinted that, “women are patient and have the motherly tendency to care and as such, take care of other people like their own wards”⁵¹. As reported by Pompilio; “the stereotypical toxic masculinity roles claim that men are not empathetic; they cannot nurture; they are not compassionate. Those roles are reserved for females”⁵². This has the tendency of discriminating against males who are enrolled in the nursing profession. A further dialogue with patients in the Obuasi community of Ghana showed that women nurses in Ghana are doing very well except for the few bad ones⁵³.

Women and Biomedical Practice. This section pays attention to the role of women as nurses and midwives. The literature posits that women as biomedical practitioners in Ghana commenced with the activities of the first nursing sisters in the country. Women received tutelage in biomedical training, especially in the area of medical nursing to enable them to function well⁵⁴. The role of women in the biomedical sphere, from this time onward remained a core part of healthcare⁵⁵. According to Adu-Gyamfi and Brenya (2016), prior to the introduction of biomedical care into Africa, nursing care was a role assigned to females⁵⁶. This is anchored in the understanding that women are by nature able to take care of the people including the sick. This argument notwithstanding, the literature reports that the first nursing school in the world was peopled by only males⁵⁷.

Significantly, the World Health Organization reports that the nursing profession encompasses collective and autonomous care of individuals of all ages, families, groups and communities – sick or well in all settings⁵⁸. Again, the literature reports that nurses stimulate health, prevent illness, restore health, and play diverse roles to reduce the suffering of patients⁵⁹. Information

from the literature is anchored by the dialogue I had with practitioners in Obuasi. One informant hinted that she attends to emergency cases, manages trauma and generally takes care of patients⁶⁰. Similarly, a retired nurse reported that nurses give medications, injections, observe or monitor the health of patients make beds and clean wounds among other responsibilities⁶¹.

The World Health Organization (WHO) has reported that midwifery involves care of women during pregnancy, labour and the postpartum period as well as care of the new-born⁶². Since its inception in 1917 in Africa, modern midwifery has been paramount in the provision of healthcare⁶³. From its inception, midwifery has been viewed to be part of the natural roles of women; they are required to naturally attend to women during childbirth⁶⁴.

The existing literature posits that women are encouraged by midwives to follow some basic tenets to ensure that they maintain and improve their physical and psychological well-being including that of their unborn babies. For example, the pregnant woman is charged to stay away from alcohol and to eat a balanced diet⁶⁵. It has been reported that TBAs regularly visited and gave guidance and necessary advice to their clients immediately after conception⁶⁶. The counsel the midwives give continues postpartum. Some of the counsel they give include sex education to encourage spacing of birth, counsel on breastfeeding and diet for both mother and baby among others, postpartum⁶⁷.

Challenges of Women as Healthcare Practitioners. This section focuses on the discussion of the challenges women face as they perform their roles as healthcare practitioners in the Obuasi community with wider ramifications on the people of Ghana and Africa in general. The issues that are discussed here include the challenge of increasing workload, lack of logistics, patients’ non-compliance, and the question of longer working hours.

I turn my attention to the question of adequate and effective staffing. It is a continuous challenge to have a growing human population with limited medical infrastructure and

⁴⁹ Opanyin Kwasi Poku, Interview, Obuasi, (April 27, 2019).

⁵⁰ Karimi H., Masoudi-Alavi N. “Florence Nightingale: The Mother of Nursing. Nursing and Midwifery studies”, N 4 (2), 2015. e29475, URL: <https://doi.org/10.17795/nmsjournal29475> [In English].

⁵¹ Dr. Agnes, Interview, Obuasi, (15th April, 2019).

⁵² Pompilio E. “Gender Roles in Nursing. Elite Healthcare”, 2020, URL: <https://www.elitecme.com/resource-center/nursing/gender-roles-in-nursing/> [In English].

⁵³ Osei, Interview, Obuasi, (15th April, 2019).

⁵⁴ Opare M., Mill J. E. “The Evolution of Nursing Education in a Post-independence Context-Ghana from 1957 to 1970”, *Western Journal of Nursing Research*, N 22.8, 2000, P. 936–944 [In English].

⁵⁵ Ibidem.

⁵⁶ Adu-Gyamfi S. and Brenya E. “Nursing in Ghana: A Search for Florence Nightingale in an African City.” *International Scholarly Research Notices*, 2016, P. 1–14. [In English]

⁵⁷ Pompilio E. “Gender Roles in Nursing. Elite Healthcare”, 2020, URL: <https://www.elitecme.com/resource-center/nursing/gender-roles-in-nursing/> [in English].

⁵⁸ “World Health Organization (19th June to 22nd July 1946), Constitution of the World Health Organization”, *International Health conference*, New York, April 25, 2018 [in English].

⁵⁹ Adu-Gyamfi S. and Brenya E. “Nursing in Ghana: A Search for Florence Nightingale in an African City”, *International Scholarly Research Notices*, 2016, P. 1–14 [in English].

⁶⁰ Mercy, Interview, Obuasi (April 21st, 2019).

⁶¹ Mansa, Interview, Obuasi (April 21st, 2019).

⁶² World Health Organization, World Health Organization, 2018. Retrieved April 21, 2019, from www.who.int/topics/midwifery/en/ [in English].

⁶³ UNICAF. “How did Midwifery Start in Ghana.” Askmeghana, 2015, URL: www.askmeghana.com [in English].

⁶⁴ Akiwumi A. “Higher Education for Nurses.” Ghana Universities Press, 1970 [in English].

⁶⁵ Adu-Gyamfi S., Gyasi R. M., Poku B. A. “Women Assisting Women in a Village in Ghana: The Role of Traditional Birth Attendants in Wurubegu-Anansu” *International Journal of Body, Mind and Culture*, N 5.1, 2018, P. 46–60. doi:10.22122/ijbmc.v5il.118 [In English].

⁶⁶ Twumasi P.A. “Medical Systems in Ghana: A Study of Medical Sociology”, Ghana Publishing Corporation, 1975 [In English].

⁶⁷ Adu-Gyamfi S., Gyasi R.M. and Poku B. A. “Women Assisting Women in a Village in Ghana: The Role of Traditional Birth Attendants in Wurubegu-Anansu”, *International Journal of Body, Mind and Culture*, N 5(1), 2018, P. 46–60, doi:10.22122/ijbmc.v5il.118 [in English]; Adu-Gyamfi S et al. “Women and Medicine: A Historical and Contemporary Study on Ghana”, *Ethnologia Actualis*, N 19.2, 2019, P. 34–56. Doi: 10.2478/eas-2020-0003 [in English].

adequate health personnel to meet the growing health needs of the people^{68,69}. The case of Obuasi is a quintessential Ghanaian case. In the Obuasi community, limited health professionals have increased the burden on female practitioners in particular. This challenge which has exacerbated the lack of interest and political will of respective governments in Africa and Ghana in particular has reduced the pace or the possibilities of expanding the health-force and the female health-force in particular. The increasing challenge of workload is further compounded by the limited motivation (salaries) allowances for the Obuasi female biomedical practitioner in particular. Adu-Gyamfi and Brenya imply that the exodus of Ghanaian female nurses and midwives to the North America and Europe is partly due to the lack of encouragement and insufficient salary⁷⁰. This inadvertently increases the workload on female practitioners in particular.

Again, my informants argued that, as African and Ghanaian women, they are also managers of the homes. To that end, excessive pressure at the work place adversely affects the delivery at home as managers. This is in consonance with the work of Rajan (2018) which argues that increasing workload results in tiredness at the workplace, causes weight loss, stress, irritation and general body pains⁷¹. This invariably affects the healthcare profession in the Obuasi community of the Asante Region.

The above is further stretched with the question of inadequate logistics. Manso et al (2013) among others have reported on the lack of drugs to treat patients in some instances⁷². Apanga and Awoonor-Williams (2018) have also reported that in Ghana there are limited logistics and facilities. These among others affect proper healthcare delivery⁷³.

Also, the relationship between health workers and patients have sometimes remained problematic. Several patients have been non-compliant to the female health workers in the course of receiving treatment⁷⁴. This makes it difficult for health workers in the feminine gender in particular to encounter challenges in the discharge of their duties. Nurses, midwives and physicians included in the research have reported about patient non-compliance and limited support from their families. Several studies have reported on medical non-compliance in North America and Africa. Some of the works include Trivedi

and Asch (2019)⁷⁵ and Lauffenburger (2019)⁷⁶. These studies have reported on medical non-compliance and impatience. For example, Sharif et al. (2003) have reported that due to non-adherence to medical advice, patients who were hitherto cured of their diseases return to the hospitals with severe complications⁷⁷. Similarly, my finding has revealed that, although discharged in a recovered state, there has been several instances where most discharged patients return to the hospital with serious complications of same treated diseases.

Women nurses in Obuasi have played diverse roles including supporting, directing and guiding patients to be in good shape. A further conversation with these women practitioners within the Obuasi community revealed among other things that spending longer hours at work has been detrimental to their health and well-being. This is supported by earlier research by Tucker and Folkard (2012) which argues among other things that longer working hours can cause fatigue and stress which can further lead to reduction in physical well-being and disruption of family life⁷⁸.

Indeed, when women like their male counterparts spend excessive time at the workplace, it reduces the length of time they spend with their families. It can derail a lot of things within the nuclear family unit. Manuh (1991) has reported that women are specifically tasked with holding their household units and families together⁷⁹. Once women in the biomedical sector spend more time at work, their role of “holding the household units together” is challenged. To emphasize, family conflicts increase as a result of absentee wives due to longer working hours at the medical facilities⁸⁰. It is prudent to argue that long duration at the work place also has the proclivity to affect efficiency at the hospital. Roger et al. (2004) have reported that healthcare workers who work more than twelve hours per day increase their risk of medical or healthcare error⁸¹.

Conclusion. The current discourse has paid attention to the role of women in biomedical healthcare in Ghana with emphasis on my dialogues or conversations with biomedical women practitioners in Obuasi—located in the Asante Region of Ghana. It is clear that women practitioners in Ghana and Obuasi in particular have consistently contributed to the health sector just like their male counterparts. The increasing challenges

⁶⁸ Rajan D. “Negative Impacts of Heavy Workload: A Comparative Study among Sanitary Workers”, *Sociology International Journal*, N 2 (6), 2018. DOI: 10.15406/sij.2018.02.00086 [in English].

⁶⁹ Lori, J. R., Rominski, S., Richardson, J., Agyei-Baffour, P., Kweku, N. E., and Gyakobo, M. “Factors influencing Ghanaian Midwifery Students’ Willingness to Work in Rural Areas: A Computerized survey”, *International Journal of Nursing Studies*, N 49(7), 2012, P. 834–841, doi:10.1016/j.ijnurstu.2012.02.006 [in English].

⁷⁰ Adu-Gyamfi S. and Brenya E. “Nursing in Ghana: A Search for Florence Nightingale in an African City”, *International Scholarly Research Notices*, 2016, P. 1–14 [in English].

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notwithstanding, women biomedical practitioners in Ghana and the Obuasi Township in particular continue to remind the world that when women are given the required support and recognition in the area of medical care, they can improve upon the healthcare of Ghana and the continent of Africa in general. There is no doubt that the support women give in the area of nursing and midwifery has decreased maternal and infant mortality. Some years ago, a Ghanaian educator, intellectual, Pan-Africanist and Priest, James Kwegyir Aggrey hinted that if you educate a man you educate an individual, but if you educate a woman, you educate a nation. Indeed, there is more gains in ensuring increasing participation of women in all spheres of life including healthcare.

Аду-Г'ямфі Самуель. Жінки в охороні здоров'я та біомедицинні громади Гани. Внесок жінок у розвиток суспільств і медицини у всьому світі не може бути переоціненим. Їхній внесок у галузі медицини великий; це вбачається, зокрема, в їхній ролі серед інших лікарів, акушерів, медсестер, фітотерапії та асистентських посадах лікарів. Незважаючи на значний внесок жінок у медицину та охорону здоров'я, він був часто в історії медицини та в іншій науковій літературі здебільшого опущений. Тож наше дослідження містить очевидну **новизну**: актуальну потребу розглянути різнобічну роль жіноцтва в історії охорони здоров'я Гани. Нещодавнє емпіричне дослідження про внесок жінок у біомедицину допомогу в Обуасі – в регіоні Асанті Гани - стало корисним **джерелом** для написання цієї статті. **Мета дослідження** – пролити світло на емпіричні дані, зібрані від жінок-практикуючих медичних співробітників у громаді Обуасі. **Методологія статті** спирається на описовий, статистичний і порівняльний методичні підходи. **Висновки.** Пропоноване дослідження, яке було написано на матеріалі

широкого кола студій, серед іншого, стверджує, що численні проблеми жінок у галузі медицини не змогли завадити їм піднятися вище статусу-кво. Коли жінкам надається необхідна підтримка з боку колег-чоловіків та сім'ї, а також належний законодавчий і соціальний захист і підтримка з боку уряду, вони здійснюють вагомі зміни в систему охорони здоров'я і біомедицину галузь Гани.

Ключові слова: жінки, внесок, біомедицина, охорона здоров'я, Обуасі, Гана.

Samuel Adu-Gyamfi – He is a senior lecturer at the Kwame Nkrumah University of Science and Technology (KNUST). His research focus is on evolutions in health, public health, health policy, environment and sanitation, science and technology, traditional and integrative medicine as well as public opinion and social and political development of Africa and Ghana in particular. His current project includes "Nurses and unconventional therapy practices: Implications for intercultural healthcare". The author has over sixty publications in his speciality and other related areas.

Самуель Аду-Г'ямфі – старший викладач Університету науки і технологій Кваме Нкрума (KNUST). Його дослідження зосереджені на еволюції в галузі охорони здоров'я, охорони здоров'я, політики охорони здоров'я, навколишнього середовища та санітарії, науки та техніки, традиційної та інтегративної медицини, а також громадської думки і соціально-політичного розвитку Африки та Гани зокрема. Коло наукових інтересів включає проект "Медсестри та нетрадиційні терапевтичні практики: наслідки для міжкультурної охорони здоров'я". Автор має понад 60 публікацій зі своєї спеціальності та інших суміжних галузей.

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