



Complementary or Contradictory? Role of diviners in healthcare delivery in Ghana: Implications and consequences

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Abstract:

Divination in health seeking is an ancient practice that still persists in many traditional societies in Ghana. It is a mechanism employed to gain vision or knowledge into a question or situation by using occultic methods, processes or rituals. This paper examines the contribution of diviners to health service delivery in the Tallensi and Dabdam districts of the Upper East region of Ghana. The study combined socio-anthropological methods, mainly interviews, focus group discussions and observations to collect information from diviners, health workers, and community level respondents. In traditional rural societies, divination satisfies and complements the health needs of the people. In acute situations, patients combine modern health services and divination to get cure to their sickness. However, most health workers believe that divination could lead to delays in reporting cases and complication of sickness as patients may seek wrong health service through the advice of diviners. The paper concludes that medical pluralism is important because people believe that their sicknesses could be caused by supernatural circumstances, and hence the resort to divination.

Key words: Diviners, soothsayers, rituals, gods, health care, ailment, supernatural, believe system

Introduction

Divination and soothsaying are traditional mechanisms employed to gain vision or knowledge into a question or situation by using occultic methods, processes or rituals. They are usually in a religious context used to find solutions to what appear to be disconnected and random facets of existence [1]. Among the Tallensis and the Nabdams in the Upper East Region of Ghana, divination and soothsaying are key to finding causes and cure to disease and illness. In such traditional societies,

diseases and illnesses are understood metaphorically, semantically and socio-economically [1]. In Tallensi and the Nabdam societies, like many other African traditional societies, ailments can result from natural or germ causes, but serious or persistent ailments are believed to have supernatural aetiology such as sorcery, witchcraft or ancestral spirits [2,3]. Consequently, divinations and soothsaying are used as part of diagnostic mechanisms to establish the cause and possible treatment of such ailments.

In many hospital cases in the study districts, patients come with complicated cases after having tried traditional means of treatment and while in hospitals, they still apply traditional concoctions or try to avoid certain people believed to have caused their ailments. Some modern healthcare practitioners such as doctors and nurses generally tend to condemn the intervention of the practices of diviners (divination), claiming such practices have no medical basis and often lead to complications of patients' conditions. They often blame late reporting of patients to health facilities for urgent medical care on the fact that such patients would normally depend on the 'prescriptions' of the diviners for some time until they realise no remedy and rather report at a time too late for doctors and nurses to intervene successfully. Yet others see diviners as healers who play a direct role in the treatment of patients.

This paper seeks to examine the role of divination and soothsaying in the health seeking practices of the people of Nabdram and Tallensi districts in the Upper-East region of Ghana. It attempts to respond to the question of whether or not diviners and soothsayers play a complementary or contradictory role in health service delivery.

Materials and Methods:

The study was conducted between May 2013 and April 2014 during which several interviews were conducted. It basically employed socio-anthropological methods; combining detailed interviews, focus group discussions, case studies of diviners and observations as the key data collection instruments. The study involved five renowned diviners in the Tallensi and Nabdram districts. Several interviews and observations were made on these diviners.

Interviews were conducted with 135 household heads, opinion leaders and traditional leaders and the youth in eight communities across six sub-district administrative areas namely: Tongo Central, Pwalugu, Nangodi, Kongo, Sakote, Pelungu, Namolgo and Datoko.

In addition to these, six focus group discussions, three each for women and men were held in three communities- Datoko, Kongo and Pwalugu. Detailed information regarding the health seeking behaviours of the people was discussed. Finally, interviews were conducted with health workers. Categories of health workers interviewed included District Health Management Team Leaders,

Disease Control officers, Medical Assistants and nurses at health centres at Pwalugu, Tongo, Namolgo, Datoko, Pelungu and Nangodi.

A Brief overview of health situation in the two Districts

The District Health Management Teams work in tandem with the governments' policy on health, in collaboration with partners to ensure adequate access to quality health care. Health service provided in the two districts is both curative and preventive. The service providers are mainly orthodox and traditional.

Health Facilities

The number of health facilities in the two districts are however not sufficient and those available are poorly equipped. The service providers comprise of the public and private sectors which include NGOs and traditional practitioners. The type of Health facility, administrative sub-districts, personnel status, location and the population served for 2012 is provided on Table 1.

Table 1: Health facilities in the two districts
Source: [4]

Sub-district	Capital	Health facility	Population
Tongo West	Pwalugu	Pwalugu Health Centre Awaradone CHPS Shia CHPS Yinduri CHPS	23462
Tongo Central	Tongo	Tongo Health Centre Gorogo CHPS	16706
Tongo East	Namolgo	Namolgo Clinic Kpatia CHPS Duusi CHPS	19062
Datoku	Datoko	Datoku Clinic, Tola CHPS	10030
Sakote-Zolba	Pelungu	Pelungu Clinic. Zanlerigu CHPS Sakote CHPS	17969
Nangodi -Kongo	Nangodi	Nangodi Health Centre, Logre Catholic Clinic (CHAG) Ayamfaya Clinic (Private)	12602

District Total	99832
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The two Districts are served by 17 health facilities which comprise of 3 Health Centres, 5 clinics, one privately owned and two owned by NGOs. The district has eighteen earmarked Community Health and Planning Services (CHPS) zones out of which nine are completed and functioning.

Other Service Providers

There are other health providers like chemical stores and Traditional healers who provide health services in the district. These are normally the first point of call for many ill people as many people practise self medication. See Table 2 for details of such health providers.

Table 2: Other health service providers in the two districts

Service Provider	Nangodi-Kong	Tongo East	Tongo West	Sakoto - Zolba	Total
Traditional Healers	11	32	2	30	75
Chemical Sellers	2	4	2	2	10
TBAs	14	18	16	24	72
CBSVs	22	76	38	34	170

Source: [4]

Though efforts have been made to improve access to health services delivery, patronage of health facilities has been low due to poverty, illiteracy long distance to health facilities and ignorance in the rural communities.

Overview of Divination in Health Care Delivery

Indeed some studies have found evidence that the use of indigenous traditional remedies for certain disease conditions have no significant effect on diagnostic delays. For example, Makundi E. A., Malebo, H. M., Mhame, P., Y.Kitua, A., & Warsame, M [5] showed that traditional healthcare is not necessarily a significant impediment or delaying factor in the treatment of severe malaria in Tanzania. Oeser [6] also found no evidence that the use of traditional remedies for tuberculosis in Lima has an appreciable effect on diagnostic delay. Recommendations from both studies centred on the need for collaboration between traditional healers and modern healthcare providers.

This notwithstanding, the findings also suggest that consulting diviners for health is not medically harmful per say. Divination merely draws the attention of the patient to the spiritual and/or supernatural causes of his ailment, and 'prescriptions' from divination outcomes have invariably instructed the offer of some sacrifices or performance of some rituals to appease the gods and ancestors. In our opinion offering sacrifices or performing certain rituals with the intention to appease the gods or ancestors is not necessarily incompatible with medical treatment regimen since the two can be concurrently administered. Therefore patients who believe in the supernatural causes of ailment could consult diviners while undergoing medical treatment. A study by Adongo P. B., Phillips, J., & Binka, F. N. [7] in the Kassena-Nankana area in Northern Ghana revealed that the activities of diviners were not inimical per say to healthcare delivery with regards to the implementation of a planned Family Planning programme.

The results also indicate that even while the patient is undergoing orthodox medical care the desire to consult diviners is high because of the reason that he/she may not believe in the doctors' capacity to ably handle the condition. As Kleinman [8] has explained patients who come to hospital with entirely different explanatory models about their illness may pose problems of non-compliance to treatment regimen (including 'discharge against medical advice') as they may not perceive the medical staff as competent enough to tackle their problems especially those problems related to their spiritual and cultural belief systems. After all, the patient does not go to hospital leaving behind his/her spiritual and cultural beliefs and needs. Anthropologists generally hold the view that spirituality and religion are inevitable factors in any cultural setting and that spiritual and religious beliefs across cultures often include concepts related to prevention, aetiology and treatment of disease. Many authorities, especially those concerned with clinical care of patients have therefore advocated for the inclusion of spiritual assessment in patient care, a process by which health care providers can identify a patient's spiritual needs pertaining to medical care. Some studies have given basis to this proposed model. For example D'Souza, [9] has suggested that spirituality and religion are important yet they are often neglected factors in the health of patients. Also,

some studies in America revealed that up to 77% of patients would like spiritual issues considered as part of their medical care, yet only 10-20% of physicians discuss this with their patients [10]. To this end D'Souza [9] has strongly suggested that the incorporation of spirituality and religion into clinical practice will go a long way to improve patient care, doctor-patient relationship and patient well-being.

Nukunya [11] has noted that even for some Ghanaian Christians who profess the Christian faith which includes the rejection of spiritual and ancestral powers, when faced with certain critical situations, they seek supernatural explanations. In most cases when the sickness is protracted in hospital and doctors declare the condition as hopeless, the victim or his relatives will ask for discharge "against medical advice" to seek solace in the traditional healer. These observations are consistent with the observations of Mendonsa [12] in studying the role of divination in the management of misfortune and afflictions among the Sisala of Northern Ghana.

Studies on issues of Discharge Against Medical Advice (DAMA) suggest that patients who ask for discharge against medical advice may subsequently resort to divination. For example, Solagberu [13] examined the epidemiology and management of Gunshot Injuries (GSI) in an urban settlement in Nigeria and concluded that out of the 107 GSI that were recorded, only 27 patients (or 34.2%) were successfully treated in the hospital. The majority (39 or 45.4%) were discharged against medical advice in order to consult traditional healers for bullet extraction. Ogbera A., Fasanmade, O., Ohwovoriole, A., & O.Adediran [14] also found out that DAMA is common among patients with DFU (Diabetic Foot Ulceration) in Nigeria. Twenty percent of the patients with DFU they studied in a hospital asked for DAMA while indeed they had poorly healed wounds with varied reasons as financial constraints, undue delays while awaiting surgical procedures, and refusal of medically advised amputation. Other reasons discovered for DAMA included lack of a primary physician, a history of previous DAMA, patients claiming to be better or had personal financial obligations [15]. Genuine as these reasons may be, one can postulate that DAMA could be motivated by the patient's explanatory model about the condition, and that one cannot rule out the patient resorting to supernatural means such as divination after seeking DAMA.

Results

Divination and Health Care

Generally, the diviners perceived themselves in society as instruments or handmaids of the gods and ancestors through whom community members can find divine answers to their predicaments. Regarding health, they see their role as basically custodians of the spiritual means by which people can find out the causes of diseases and the course of action for these diseases. They frequently maintained that as their clients come to them (the diviners) their only duty is to determine from the ancestors and gods (and not by the diviners themselves) the cause of their predicaments (natural or supernatural) and thereafter the patient decides what mode of therapy to resort to. They claim that through divination it can be determined whether a patient's sickness is "doctors' sickness" (*yerib*) or supernatural sickness (*ba-nam*).

In the case of a diagnosis of *ba-nam*, the reasons for the client's affliction are revealed and these would normally be related to certain misconduct of the client or his close relations, or the breach of certain taboos or social norms. The divinatory 'prescription' would normally require the client to offer some sacrifices to appease the gods or ancestors. It could also require the client to perform certain rituals. However if the sickness is diagnosed as relating to a natural cause (*yerib*), the client would normally understand that he has to go to some herbalist or seek orthodox (modern medical care) at the most convenient health facility.

The diviners consultation process

All the diviners who were interviewed used generally very similar items for their art. The basic items used consisted of a goatskin bag with its content, a stick, a musical instrument, and two or more vertebral bones of an animal. The contents of the bag consist of several and various code objects each of which represents some phenomenon or something about the life situations of people. Fortes & Goody [3] (1987) described these objects as 'standard code symbols' or '*materia oraculosa*'. The items also fit very much Cardinall's [16] description of the content of the diviner's bag as containing "*all kinds of apparent rubbish, some old bones, dirty little rags containing 'medicine,' weird-shaped stones, bits of iron, broken pottery, feathers, bits of skin, horns – a regular rag-and-none merchant's collection*" (P. 30).

The diviner's stick is about a meter long and is forked at the upper end. It is called *bakolug-dore*, which literally means the diviner's stick. During a divination session it is this stick (when held at its lower end by the client and supported loosely at its upper end by the diviner) that points to the objects or makes certain signs that are interpreted by the client. For example when the stick points to a red object such as a red piece of cloth it is interpreted to mean danger. Then the client would ask, 'danger from where?' the answer could be given by the stick pointing upwards, which is interpreted to mean 'from the gods or ancestors'. The client would then ask, 'so what should I do?' The stick could then point to a fowl's leg which would mean 'offer a fowl to your god'. The client could ask further – 'what type of fowl?' The stick may then point to a piece of white cloth which is interpreted as 'white fowl'¹.

The musical instrument is a bottle-shaped gourd (with seeds or little pebbles inside it) (called *bagre-siyak*), and a violin, or a long horn used to produce some musical sound. The diviner would normally use this item to produce some sound or music to inform the spirits or ancestors to be on the alert and consider a matter brought before them by a client for their consideration and interpretation.

The small vertebral bones are called *bakolug-kuga* (*bakolug-kugri*, singular). These are used to confirm the outcome of a divination. This is done by the diviner throwing them down and the positions on which they lie (either convex or concave up) are then interpreted.

A typical consultation session would normally involve the client who may be accompanied by one or two persons, and the diviner himself. The divination is done in the diviners' office (*bakolug-zong*), which is usually a small hut with a very narrow entrance, located in a corner of the house of the diviner. When it is the turn of a client he goes into the hut with his companions and the consultation starts. They all sit on the floor and after the client has offered a 'consultation fee', the content of the bag is poured onto the floor in front of them. The diviner calls on the spirits/ancestors with his musical instrument together with some verbal incantations. Both client(s) and diviner now assume that all

ancestors relevant to diagnosing the problem are present and are ready to listen to them. One would expect that during consultations there must be a solemn atmosphere, but it is interesting that during the session there can be interruptions. For example the diviner can be greeted by someone from outside if it is urgently required to do so. Also, other conversations on unrelated issues could come in, or they could laugh at a joke delivered by any one of them. Moreover the consultations need not be strictly private or secret, for voices could be loud enough for even the other waiting clients outside to listen to. This confirms Fortes & Goody [3] comment that "*divination sessions are never secret – private consultations can be listened to and even interrupted by callers or friends of either party*" (p. 13).

The main diagnosis of the situation is determined by the movement of the stick, normally held loosely by the diviner at the upper end and by the client at the lower end. The client would ask a question or make suggestions about the problem he has come with and the stick will point to the objects and the interpretations are done accordingly. Normally a client is supposed to have learned the skill of divination in terms of knowledge of the code objects, and so would not need the diviner to interpret to him. However, whenever the client is in doubt the diviner could help in the interpretation.

Interviews with patients or clients who use the services of diviners testified that the stick indeed is not manipulated; it moves and points to the objects and makes other kinds of movements without the control of both the diviner and the client.¹ Regarding this procedure the following responses were given by some of the diviners:

"It's from the gods and not me. The only thing you have to do is to hold this stick and it will direct you to whatever you came purposely for.... and whatever you came here to ask for, the gods will tell you and not me because everything here has a meaning" [Diviner 1].

Another diviner added that:

"It is the *Bakolug-dore* that will point out the items for you. But it is better you learn the art so that you will be able to ask the necessary questions to the *Bakolug* for clarification" [Diviner 2]

The third diviner postulated:

"I have absolutely nothing to do with the movement of the stick. The *Bakolug* controls the movement because it is only the *Bakolug* that knows why you came and what you should do next to solve

¹ These illustrations were observations made during a consultation process of a client with one of the diviners.

your problem. I don't know what problem you have, how can I control things? Only the Bakolug can see and tell by pointing at the items" [Diviner 3]

The fourth diviner indicated:

"... as for me, and for every diviner, we don't "see" anything. It is the Bakolug that "sees" the issues and points the stick (Bakolug-dore) to the items for you to make the interpretation. My duty is to hold the stick, I have no influences as to what it will touch or point to" [Diviner 4]

The fifth diviner added:

"If the person comes, the person does not tell you what is wrong with him/her; you collect whatever the person brings and tell the gods to collect it, and try to diagnose the problem. You ask the gods and not the person. It's only the gods that can tell the problem with the person" [Diviner 5]

From the testimonies presented above, all the diviners believed that they have been chosen by the gods/ancestors to perform their functions in society. They claimed they have no influence whatsoever on the outcomes of divination consultations: the gods reveal whatever is required of men through the *bakolug-dore* and this is interpreted and understood by the client. This corroborates Rose's [17] explanation that those who divine by mechanical means such as *coscinomancy* normally explain that the movements of the instruments are 'caused by some spirit which controls the instruments' (p.779). The diviners also revealed that every diviner is chosen through divination and subsequently initiated into the profession.

Consultation fees for divination

All the diviners said no client was required as a matter of compulsion to pay consulting fees for the services of diviners. To begin the consultation, the client would normally deposit anything he/she has to offer after which the diviner would announce to the *Bakolug* to accept the offer and "wake up" to try to find out the problem. The offer is never specified; it could be money, foodstuff, pepper, salt, or even a stone. A client could be given audience by the *Bakolug* even if he or she has nothing to offer. Another common finding from all of the diviners is that the consulting fees and other items given by clients do not necessarily become the property of the diviner but strictly that of the *Bakolug*. A diviner could use these for his personal gains only with permission from the *Bakolug*, and this permission could only be ascertained through divination.

The following are the diviners' responses regarding consultation fees:

Diviner 1:

"We don't have fees. Whatever you give we take. But when you come and go back and everything goes on well with you, you have to bring grass (as evidence) as you can see. Yes whether salt, sugar, millet, money or anything".

Diviner 2:

"It could be millet, corn, salt, money, anything you bring is acceptable. If you have nothing you also consult, or you can consult and later bring something, it is acceptable by the Bakolug".

Diviner 3:

"we don't have any amount, whatever you have we collect. It can be millet, money, etc".

Diviner 4:

"As for we diviners we don't charge fees. The clients would normally bring millet, corn, money, anything. We accept anything, and even if you bring nothing (Laughs) we will soothsay for you".

From the above submissions by the diviners, it is clear that diviners in the study area do not charge for consultation. They have largely seen their profession as a calling, and in many instances offer free-bono to their clients. Perhaps the absence of compulsory consultation fees or the flexible mode of payment for consultations with the diviner adds more credence to their claims. Interviews with clients further revealed that, the diviners are always available even at night for consultation.

Referral of clients

One of the striking revelations from all the diviners is that they trust the outcome of their divination. It is very uncommon for one diviner to refer his or her client to another diviner for further consultation. They can only refer a patient to a herbalist and not to another diviner. As one of the diviners put it *"The bakolug can only refer you to a herbalist, but cannot refer you to another bakolug"*

Another diviner added *"If you come and the bakolug fails to diagnose your problem or you are not satisfied with the outcome, it is you who will advise yourself as to where to go next."*

The third diviner indicated *"It's true we soothsayer's can't tell somebody to go and see another soothsayer. If the person comes to you and the bakolug fails to see anything wrong in terms of your gods' demands, then that is it. If you throw the articles and nothing shows up you will give the*

person's money back to him and tell the person that there is something going wrong in his house that cannot be seen clearly by the bakolug, and if the person goes away and thinks that he needs to consult another soothsayer it is up to him."

Diviner or the doctor: Determining the first line of action in sickness

When asked whether patients must come to them for diagnosis before deciding on therapeutic measures to take, the majority of the diviners stated that it would be advisable and reasonable to first rush any acute disease or symptom to hospital or clinic first. However, they quickly added that, while the doctors are attending to the patient the relatives also have the responsibility of finding out other possible causes of the disease from the diviners. Interviews with people who used the services of the diviners further revealed that, for acute situation, one can rush to the hospital first and while in the hospital or on treatment, diviners can be consulted to be clear as to the cause of the sickness.

For the diviners who believe it is prudent to rush to the hospital first, one of them stated *"Truly, in these modern times no one should rush the sick person to the diviner first; you should rather first send the person to hospital immediately and leave some money for the doctors to attend to him. You the relatives what is then your duty at home? You must do the necessary sacrifices at home. You then run to the diviner to find out whether your patient will survive or not. In my opinion anyone who rushes the patient first to the diviner is only a fool"*.

This category of diviners believed that their duty is to find out the causes of the sickness and where you can get solution to the sickness. To this end, *"I always advice that they should always take the person to hospital first before later they can consult we the soothsayers"* Stated by another diviner.

Discussion of Results

This study has demonstrated, judging from the diviners' perspectives that diviners' role in the health-seeking pathway is merely diagnostic rather than curative, i.e., divination determines whether a patient's condition is of supernatural causes or otherwise. Upon knowing this the patient then decides the therapy options to be taken in order to remedy the situation. In such cases therefore the diviners constitute an important locus for critical health decision and this has implications for public

health practice especially in health education and health promotion activities.

In as much as people believe in supernatural causes, they would always seek supernatural means of dealing with their ill-health, including the use of divination. This has implications especially for timely utilization of the healthcare services being rendered at the healthcare facilities such as clinics, health centres and hospitals. For example patients with acute severe conditions which might require urgent medical and/or surgical interventions could engage in consulting one diviner after another (perhaps merely for their ailments to be diagnosed as natural or supernatural) resulting in delay in obtaining the much needed urgent care and further resulting in worsening or complications of the condition. This has been alluded to by some of the health workers interviewed in this study.

Yet belief in the supernatural causation of illness, especially in ancestors' role in any misfortune that befalls a person is so much entrenched that one cannot rule out the consultation of diviners. Perhaps the way forward is to consider the suggestions from the other healthcare practitioners that the Ministry of Health and the Ghana Health Service could collaborate with diviners and other indigenous healers, and that this collaboration could offer a route through which the diviners could be educated to advise their clients to seek medical attention first even if divination outcome points to supernatural causes. This we think is feasible in view of the fact that some of the diviners interviewed in this study have indicated that they would not require their clients to necessarily consult them first in time of sickness.

This underscores the need for health workers especially doctors and nurses to understand and appreciate the explanatory models that their patients may hold about their health and disease conditions. The ambivalence with respect to responses from the health workers regarding the role of diviners probably reflects the deficiency of knowledge about some of the indigenous healthcare resources that abound in our socio-cultural environment. This study has provided a baseline understanding of the practice of divination and provides insights into how health workers could begin to appreciate the work of diviners and begin to collaborate with them. This could complement recent efforts of the Ministry of Health and the Ghana Health Service to integrate orthodox and traditional medical practices with the view of obtaining maximum benefits. Rather than the

mutual disregard, distrust and suspicion that usually characterise the relationship between modern health workers and folk/ traditional medical practitioners, there should be cooperation and collaboration between them to enable both tackle the myriad of health problems confronting the people.

Generally diviners do not consider themselves as healers or therapists as such, but as the spiritual conduits by which members of the society can determine the causes and course of action for their ailments. In fact, all the diviners interviewed in this study are consistent with this stand. This suggests some doubts as to whether we can call the diviners 'traditional healers', as they have been thought to be so by the health workers and indeed labelled as such in most studies elsewhere. For example, Golooba-Mutebi & Tollman [18] and Truter [19] have labelled diviners as traditional healers. From the analysis of their practices and in this study the diviners can rather be best described as 'diagnosing agents' in the pathway to healing. Hardly do they prescribe any object or substance in the form of traditional medicine (defined in traditional health practice as "an object or substance used in traditional health practice for- (a) the diagnosis, treatment or prevention of a physical or mental illness; or (b) any curative or therapeutic purpose, including the maintenance or restoration of physical or mental health or well-being in human beings"). The diviners here rather do a socio-spiritual diagnosis of the situation to discover the social and spiritual antecedents of the illness, and thereafter provide clues to the patient as to the appropriate therapist to resort to. All diviners insisted that they as persons have no any direct role, or do not manipulate anything, during divination consultations; instead it is the spirits and ancestors who determine the situation and communicate their findings through the divinatory process which is interpreted by the patient himself. Furthermore, the outcomes of divinations that point to supernatural causes always prescribe sacrifices or some rituals to appease the gods and ancestors, and not specific treatment regimen.

Also, it is quite contentious whether the activities of diviners constitute some nuisance in healthcare delivery. As the findings in this study suggest the mainstream health workers are ambivalent about the role of diviners: while some perceive diviners as healers whose activities largely tend to complicate patients' conditions, others perceive them as 'first contacts' for most patients as well as those who can assist medical practitioners to

make diagnoses. In a related study in Abeokuta in Nigeria, [20] assessed 200 civil servants to assess their evaluations of diviners and their knowledge claims. It was discovered that diviners are believed to have access to supernatural knowledge and that this knowledge is seen as medically useful. Seventy percent of the sample endorsed further development of the diviners' knowledge. They were however ambivalent/sceptical about diviners as they perceived them to have become unduly materialistic and prone to dubious activities. Perhaps the ambivalence with respect to the role of diviners from the healthcare practitioners' perspective in the current study might be explained by gender and work experience differentials in the responses. The health workers who had a positive view for the role of diviners were males while those with the negative view were females. Also, level of training and length of years of experience seemed to play a role. Those with the positive views were the Medical Assistants who had higher levels of medical and nursing training. They also had more years of experience working with patients in their health facilities. On the other hand those who expressed scepticism were the nurses who had relatively lower level training and who had fewer work experience. It is noted that one needed to be qualified as a nurse before enrolment to train as a Medical Assistant.

Data from this study suggest a linkage between certain disease conditions and supernatural notions of aetiology, diagnosis, treatment and prognosis of those conditions. The study findings suggest that for certain types of illnesses for which patients may seek modern healthcare from hospital or clinic, they could equally seek care from other providers especially depending on the prognosis of their conditions and their explanatory models about the illness. Though the study did not probe further into these beliefs we nonetheless posit that patients attending modern healthcare facilities with such and similar conditions have greater potential of non-compliance and a high tendency to seek for discharge against medical advice in order to seek and apply alternative treatments, including turning to diviners for interpretations. This has been observed to be so especially in protracted illnesses where the doctors and nurses might declare very little hope for the cure of such patients.

Conclusion

Form the analysis of the results and the discussions it can be concluded that the use of

divination in health seeking could be both inimical and beneficial to modern healthcare delivery. While some health workers perceive the use of divination in health seeking to be baseless and total waste of time, others including most of the diviners themselves do not consider their activities to be inimical to healthcare delivery in anyway. There seem to be merit in all the opinions and perceptions and the way forward is to conduct more evidence –based research that could be used to foster the integration of diviners into the mainstream modern healthcare delivery system.

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Appendix



Figure 1: The 'standard code items' in one of the diviner's bag

Objects contained in a typical diviner's bag (taken with permission from one of the diviners).



Figure 2: One of the diviners explaining the functions of the items contained in the diviner's bag