The Economy of Ghana Network (EGN)

Institute of Statistical Social and Economic Research (ISSER)

Policy Brief

March 2015, No. 02

Health, Care and Wellbeing in Ghana

INTRODUCTION

The World Health Organization (WHO) defines health as the state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. Good health is an asset that allows adults to work and engage in productive activities, and children to learn for a better future. It is central to a good quality of life. Conversely, a sick, weak body is a liability, both to the ailing individual and those who must support them. Illness can reduce household savings, lower learning ability, reduce productivity and lead to a diminished quality of life, thus creating or perpetuating poverty.

Chronic diseases like cancer are degenerative, and could be terminal especially when not detected early. In many instances, close family members become overwhelmed with the care and support of their relative with a chronic illness. In these situations, the quality of life of family members could be considerably reduced, with negative financial and social impacts. Usually, family members must re-organise their lives to provide practical care such as assisting with dressing, mobility, personal hygiene needs, providing food, medicine and other special needs for dependent ailing relatives. Prolonged periods of providing care and support tends to have a rather negative effect on the day-to-day life of the family.

Although family care places extreme burden and strain on family members, it is important and indispensable in the Ghanaian context because there are virtually no institutions for non-medical care for chronically sick persons, medical facilities and resources are insufficient and tend to prioritize medical care over non-medical care.

Furthermore, research shows that patients prefer to be looked after at home, and cared for by a relative than to be cared for by "strangers".

In Ghana, participation of the family in healthcare is judged to be as immense as that of the medical health service providers. For a country where medical facilities and resources are over-stretched, where institutional long-term system of care consisting of nursing homes, rehabilitative facilities, and chronic care hospitals are not widely accessible, this is unsurprising. What is surprising, however, is the low research and policy attention this very important system of support has received.

The Economy of Ghana Network (EGN) recognizes that research evidence is crucial, if the subject of non-medical family care is to benefit from substantive policy attention and action. It is against this background that the EGN, under the auspices of the Institute of Statistical Social and Economic Research (ISSER) organised the workshop on *Health, Care and Wellbeing in Ghana*, in March 2015, to examine non-medical family care for people with cancer in Ghana. Discussions explored the cultural and historical foundations of family care, non-medical care for cancer patients in Ghana, and the need for social policy.

This Policy Brief presents highlights of the study "Caring for Cancer Patients in Ghana" – presented at the workshop – and the deliberations it spurred.

KEY ISSUES

- The incidence of cancer in Ghana is on the increase. Out of the 7 million worldwide cancer deaths, 600 000 occur in Africa. It is estimated that by 2020, there will be 15 million new cases of cancer, 70% of which will be in less industrialized economies. African countries will account for over a million new cases each year.

- There is an apparent neglect of cancer (and other chronic diseases) in Ghana, a situation characterized by the absence of visible institutional programmes and support for chronically sick patients and their families. Families have thus endeavored to provide care for ailing relatives, sometimes doing so under intense stress and strain.

- Provision of care for relatives with cancer is underpinned by historical care practices – including solidarity and communality in sick care; sympathy in care of the sick; sick care as a sacred activity; division of labour in the care of the sick; extension of care to caregivers – championed largely by the big support structure that characterizes the extended family. However, Ghana's socio-cultural structure, including the family system is experiencing immense transformation. The extended family system which provided a safety net for its members in times of need is fast eroding, giving way to nuclear family systems. Within the much smaller nuclear family unit, the pressure of responsibilities that spouses must bear (towards each other and towards their wards) is heightened.

- In situations where a nuclear family member falls of chronically ill, the responsibility of providing practical care usually falls on the wife of mother. The critical question, however, is what happens when it is the woman who must receive care? Obviously, the challenges associated with provision of practical become worsened.

- Evidence gathered by the study shows a general adherence – by husbands of women with cancer – to socially prescribed gender characteristics and roles such as male sexual prowess, husbands as providers, and consideration of housework as demeaning or emasculating, and suppression of emotions, with far-reaching implications on husbands' ability to give effective and long-lasting emotional and instrumental care to wives with cancer. They are also more easily affected by feelings of caregiver burden, a phenomenon which holds unpleasant consequences for the wife/woman with cancer.

Table 1: Husbands' adherence to socially prescribed male roles and characteristics – male sexual prowess, husbands as providers, consideration of housework as demeaning or emasculating, and suppression of emotions – is depicted in respondent accounts, below:

I. Male sexual prowess

Case 1: a respondent's story - Clara, a secretary

Even when I had both breasts it was not easy (referring to husband's promiscuity) and now I do not know…"
When my husband stays so late in his office, I feel like going there to see if he is really there or if there is another woman there. I went a few times and he was really there with his male friends but I'm still not sure…

In fact, now I see my wife and I myself can tell she has changed. The way you see her now, that was not how she was. She has changed…, when she sleeps and I look at her, the feelings do not come like it was at first…

II. Husbands as providers

Case 2: *a respondent's story*

Can you imagine what people will say if they hear that I cannot look after (provide financially for) my wife now that she is sick? I have to find the money otherwise if something happens to her now her family will not let me have peace. They will put a heavy debt on me… as for the money, it is not there but no one will understand that your wife is sick and you cannot find money…her family can help (financially) but you have to find the money because you are the man.

As the husband, I cannot sit down and not do anything. We have spent a lot of money since the sickness started but what can I do? My friends understand my situation and lend me money when things become tough. If I don't get the money then it is a different case, but if I do not help at all, ***then what is my use****? …You know, she has not really worked well since the sickness started about five years ago*

Case 3:
I need to read a lot about my condition on the internet so he has connected internet for me… He also got me this decoder (for satellite TV) so that I can listen to foreign preachers; the word of God makes me have faith to cope with my condition… Because they have removed my womb and breast, I have menopause and I sweat a lot so he fixed the air conditioner over there for me… I exercise sometimes, when I am a bit ok. My husband bought the training bike over there so I can exercise and keep fit.

III. Consideration of housework as demeaning or emasculating

Case 4*: respondent's story - Clara, a secretary*

I don't want to burden him so I go to my parents. During those times I feel very sick and vomit a lot. He cannot do the things that my mother and sisters can do for me. He is a man, what can he do? He does what he can, but you know our men, they do not touch things with their hands.

III. Consideration of housework as demeaning or emasculating

Case 4*: respondent's story - Clara, a secretary*

I don't want to burden him so I go to my parents. During those times I feel very sick and vomit a lot. He cannot do the things that my mother and sisters can do for me. He is a man, what can he do? He does what he can, but you know our men, they do not touch things with their hands.

IV. Suppression of emotions

Case 5:

When I return from the hospital, he doesn't even ask me what the doctor said. Although he is not quarrelling with me, it seems he does not want to see me so the moment I am in the house, he pretends he has to go to this place or that place.

He says he cannot concentrate when I am around. and you know: he is someone who does not

- Besides the challenge of a relatively reduced strength of the nuclear family to provide care for members with cancer (a situation which is worsened when it is wives who must be given care), provision of non-medical care for cancer patients is confronted with several other challenges including: limited knowledge of cancer; lack of requisite equipment/appropriate infrastructure; communication dissonance between patients and caregivers; multiple caring activities as a source of strain; caring for patients who exhibit difficult characteristics.

CONCLUSION AND RECOMMENDATIONS

The incidence of cancers and other chronic diseases is on the increase in Ghana. At the moment, families bear the responsibility of giving non-medical care to relatives with cancer, with hardly any support. Nuclear families with a member living with cancer come under severe strain. Sometimes, the demands of care provision – in terms of time, financial and effort – negatively impacts families and may, in some circles, come as a threat to the very survival of the family and its ability to hold together.

Indeed, evidence adduced by the study and deliberations at the workshop underscore the need to the give much-needed attention to the issue of non-medical care for patients of cancer, and of course patients of other chronic illnesses, and the

families that must bear the charge of supporting them. It is high time relevant stakeholders (relevant government ministries, departments and other public and private sector actors) came together to develop policies and programmes that will assure support for families with chronically ill members. This is important to alleviate the burden that would otherwise fall on those families alone. It will go a long way to improve the wellbeing of family members and put them in a better position to provide adequate and dignifying care for relatives with cancer.

Against this background, the workshop on Health, Care and Wellbeing in Ghana recommends that:

- Programmes and strategies should be put in place to provide help and support (in whatever form, but including information and education) to caregivers and or families of cancer patients.

- Community-based care should be promoted and the waning extended family system revived.

- Health-sector policy-makers and workers, and the media should work together to inform educate the general public about cancers, treatment, where to go for help, and what to do in terms of care and support.

Presenter:
Dr. Deborah Atobrah (akleh30@yahoo.com), research fellow of the Institute of African Studies, University of Ghana and member of the Health and Population thematic area of the EGN.

The policy brief is based on a workshop on the theme "Health, Care and Wellbeing in Ghana" held at ISSER on 24th March, 2015. The opinions expressed do not necessarily represent the opinions of the EGN or ISSER.

Published by

The Economy of Ghana Network (www.egn.org.gh/ amafenny@yahoo.co.uk)
under the auspices of
The Institute of Statistical Social and Economic Research (ISSER)
University of Ghana, P.O.Box LG 74, Legon
Tel: +233 302 501182 / +233 302 512504
www.isser.edu.gh/ publications@isser.edu.gh

This brief is based on a workshop organized by the EGN.
Publication of this brief is funded by the ACBF