

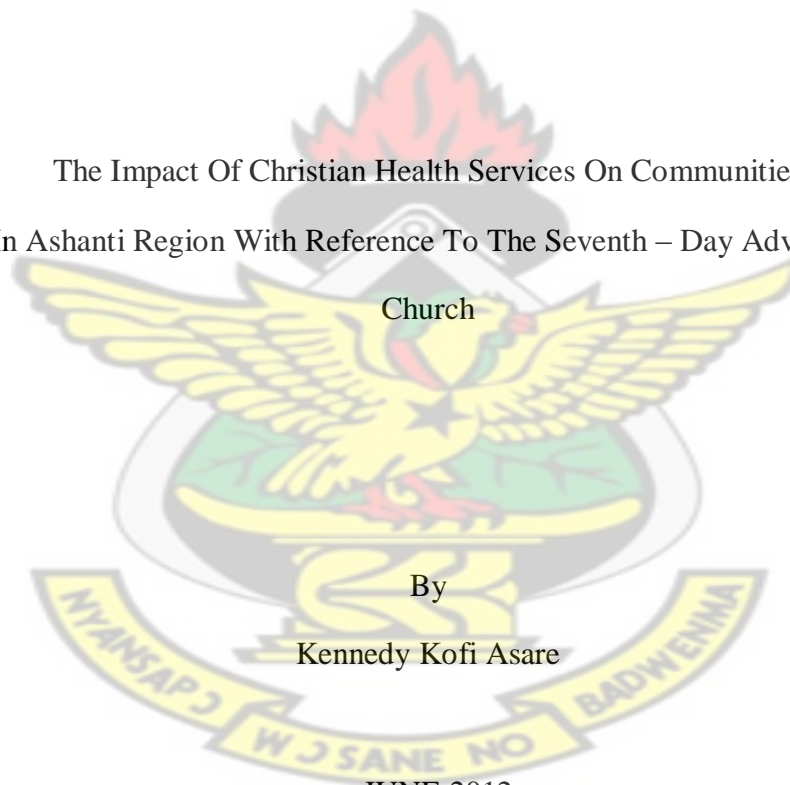
KWAME NKRUMAH UNIVERSITY OF SCIENCE AND TECHNOLOGY

COLLEGE OF ART AND SOCIAL SCIENCES

DEPARTMENT OF RELIGIOUS STUDIES

KNUST

The Impact Of Christian Health Services On Communities  
In Ashanti Region With Reference To The Seventh – Day Adventist  
Church



By  
Kennedy Kofi Asare

JUNE 2012

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THE IMPACT OF CHRISTIAN HEALTH SERVICES ON COMMUNITIES IN  
ASHANTI REGION WITH REFERENCE TO THE SEVENTH – DAY ADVENTIST  
CHURCH

By

KENNEDY KOFI ASARE

A Thesis submitted to the school of GRADUATE STUDIES, Kwame Nkrumah  
University of Science and Technology in partial fulfilment of the requirements for the  
degree of MASTER OF ART.

JUNE 2012

**DECLARATION**

I hereby declare that with the exception of excerpts from works of other authors which are source of references and other relevant information which I have acknowledged, this work which is being submitted as thesis for the M.A Religious Studies Degree herein is the result of my own effort under supervision, and has not been presented for any other degree elsewhere.

Kennedy Kofi Asare

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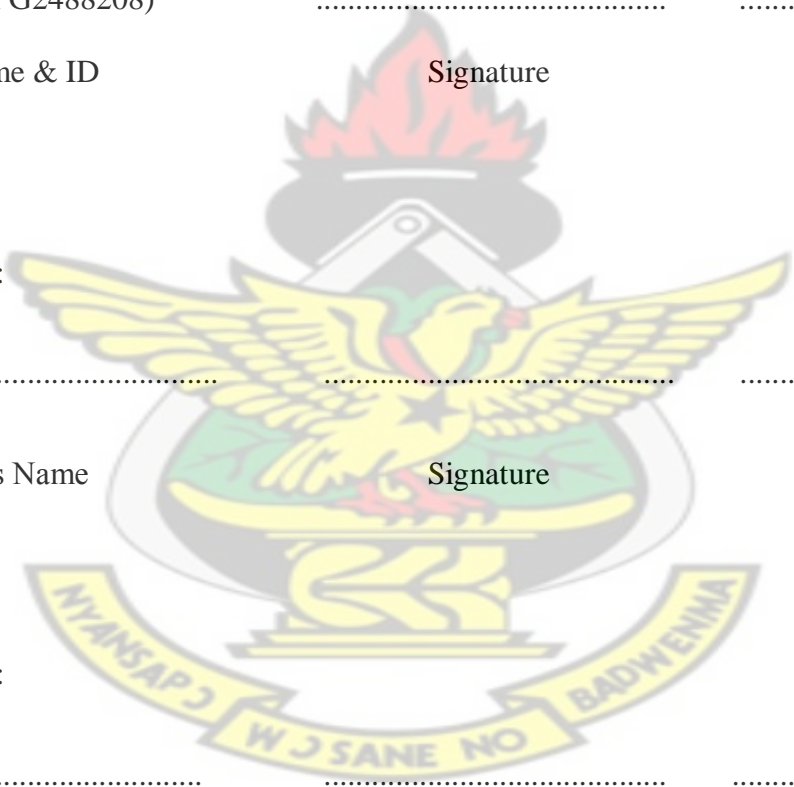
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## DEDICATIONS

I dedicate this work to my pastor, Ben Appiah whose inspiration, and prayer support sustained me to this far. I also dedicate this work to my mother, Abena Konadu for her care and advice and last but not the least my lovely wife, Gloria Asare for her support in diverse ways.

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## ACKNOWLEDGEMENT

I wish to express my sincere gratitude to my supervisor, Rev. Dr. Paul K. Boafo for his patience, suggestions and help throughout all presentations.

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## ABBREVIATIONS/ACRONYMS

SDA	Seventh-Day Adventists
GAHS	Ghana Adventists Health Services
CHAG	Christian Health Association of Ghana
WHO	World Health Organization
ALHD	Adventist Literature Healthcare Delivery
GC	General Conference
CGC	Central Ghana Conference
SCGC	South Central Ghana Conference
SPSS	Statistical Package for the Social Science
NGO	Non-Governmental Organizations
NHIS	National Health Insurance Scheme
MDG	Millennium Development Goals
EPA	Environmental Protection Agency
MOH	Ministry of Health

## DEFINITION OF TERMS

**Christian** – refers to Christian denominations in general of which the Seventh-day Adventist church is a subset.

**Christian Health Services** – stand for Christian missions who are into healthcare delivery.

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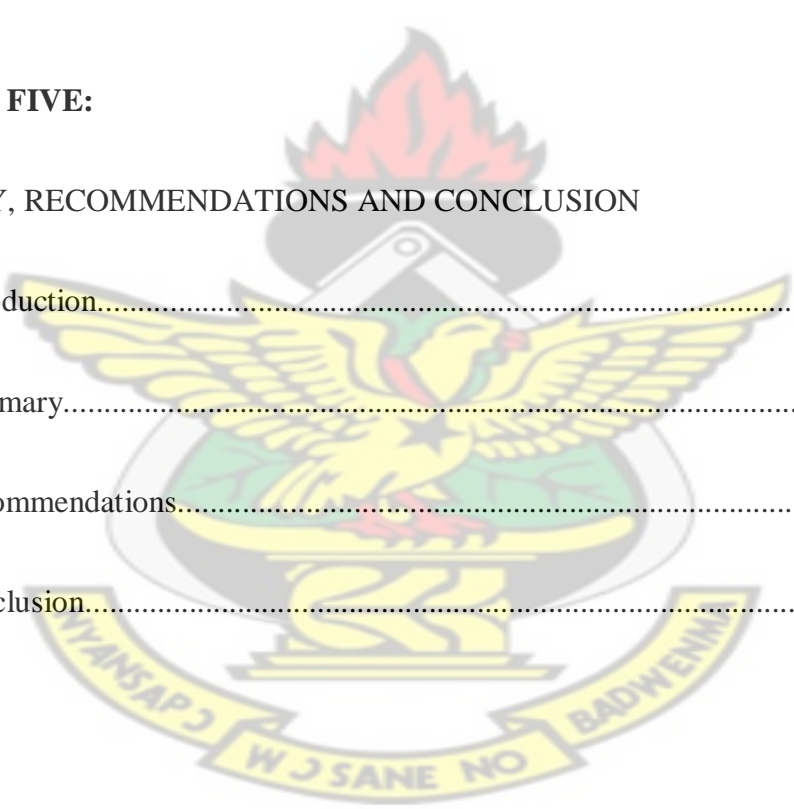
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## ABSTRACT

A major problem facing people at all levels in our communities is ill health. The cause in most cases is ignorance and non - adherence to principles of a healthy lifestyle. Most of these principles are largely written but the question is how many even among the educated people love to read Christian health books. The Adventist health care delivery system is mainly dependent on pieces of printed information on health; this is known as Adventist Literature Healthcare Delivery (ALHD). This study finds out whether people do or do not really patronise these Adventist health books.

Another issue of concern is the reason why Christian churches such as the Seventh-day Adventists establish hospital and clinics since their primary mission is to evangelise. The survey undertaken has shown that the main motive of the establishment of these health facilities is not based on economic gains. They are rather part of strategies to prepare grounds for winning converts to Christ. If people are healthy then they would be willing to listen to the gospel.

Another reason for these establishments is on humanitarian grounds. Christian missions are responsible for assisting the needy and the deprived. It is seen that most of the Adventist Health Institutions in Ashanti Region are cited in the rural areas. The truth of the matter is that they want the rural communities to have access to medical healthcare like their counterparts in the city.

Despite all these, it seems that people visit and patronise spiritual healers at shrines and prayer camps for treatment of diseases. The survey indicates that 37% of patients within the catchment area of these hospitals and clinics consult spiritual healers at various prayer camps for treatment of diseases.

## CHAPTER ONE

### 1.1 Introduction

World Health Organisation (1982:11) defines health as “the state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”. It should be noted that, human beings are made up of certain enabling components and whenever any of them is affected; our body system cannot function well. According to Dale (1985:49), “Health is the blending of your physical, emotional, social, intellectual, spiritual and occupational resources as they assist you in mastering the developmental tasks necessary for you to enjoy a satisfying and productive life”. The role of health is to assist individual to undertake the developmental responsibilities that in effect will make life more satisfying and productive. Health service therefore is “a public service that is responsible for providing medical care”. *Macmillan English Dictionary* (2006).

Life is man’s most valuable possession. Without health, life is deprived not only of its usefulness, but also of its joys and pleasures. For if the body is not in good health, one cannot go about at will. In *Health and Longevity*, Selmon (1924:35) states that, “It is the first duty of everyone to take care of his own body and keep it in health. This is the duty he owes to himself, to his family, to his neighbours and to his country; and above all, it is a duty he owes to his creator [God]”. If a person is healthy, it is beneficial not to himself alone but the society and his God as well.

When Jesus sent out the twelve disciples on their missionary tour, he told them “as you go, preach, saying, the kingdom of heaven is at hand. Heal the sick,

cleanse the lepers..., freely ye have received; freely give” (Matthew 10:7, 8). During the ministry of Christ, he devoted more time to healing the sick. In almost every city, every town, every village, through which he passed, he laid his hands upon the afflicted ones and healed them (Matthew 11:5).

The introduction of Christianity in Ghana started in the fifteenth century. However, the permanent establishment of churches on a national scale began in the nineteenth century. Buah (1995:63) mentioned some of the early Christian churches in Ghana and these include:

The Roman Catholic faith was the first to be introduced into the country. This was followed by the Society for the Propagation of the Gospel (S.P.G), Later renamed the Anglican Church. The next important Christian sect was the Presbyterian Church, introduced in the country by the Basel missionary Society and the Bremen mission, the Wesleyan (now Methodist) church. The last of the present-day major Christian churches established in the Nineteenth century was the American Methodist Episcopal Zion church.

Basically, the missionaries were to carry out their religious duty of evangelization. Christian missionaries' interest in Ghana was further stimulated by the desire to halt the spread of Islam which was making the headway to the south of sub-Saharan Africa. The early Christian missionary promoted health services as part of their evangelism. In the Ghanaian society, most of the sick people depended mostly on herbalists for treatment. Modern scientific research confirms the potency of concoctions of leaves, roots and the bark of trees. Schneider (2002:52) writes, “The power of natural medicine constantly shows the healing power that can be found in natural agents”. The traditional medical practices had several shortcomings. Among these were the use of talisman, magic and the observance of certain medical rituals and the prescription of taboos. In other words, the traditional medical practitioners are limited in terms of laboratory diagnosis and surgical operations and procedures.

To help the people overcome the difficulties, the missionaries provided dispensaries at their mission posts; established clinics and hospitals in the rural communities they worked. They also stressed the need to build houses with proper ventilation facilities such as wide windows, doors and healthy surroundings. The “salems” (Christian suburban towns) became model settlement with improved sanitation.

Christian Health Service is a religious voluntary health service provider which is part of Public Health Service responsible for improving the healthcare delivery system and making it accessible to all people.

Christian missions (the churches) have contributed immensely to the provision of health services to Ghanaians. This research work focuses on the Seventh-day Adventist Church Health Services in the Ashanti Region, and their impact on the community.

## **1.2 Problem Statement**

Since the introduction of Christianity in Ghana from the fifteenth century, there has been a corresponding rise of churches and Christian health services. The primary objective of every Christian church is to evangelize (Mathew 28:19-20) but other concerns of the churches go beyond spiritual needs. A church cannot effectively propagate its faith in a community where the health needs of the people are ignored.

The Christian churches that provide health services are many. Few examples include the Roman Catholic hospital at Duayaw- Nkwanta in the Brong- Ahafo Region called St. John's Hospital, the Baptist hospital at Nalerigu in the Northern Region, the Methodist Hospital at Ankaase in the Ashanti Region. The Adventists have also established hospitals and clinics in many parts of the Ashanti region. These include the Asamang Abena Kwabena, Kwadaso, Dominase. These health facilities are noted for their insistence on temperance as a major health principle which deals with moderation of doing things. This is seen as a less expensive method of healing and preventive health measure.

In spite of the establishment of all the facilities to provide health services to the people of Ashanti by the Christian Missions, many people continue to visit the shrines, herbalists and other indigenous health facilities. It appears that Christian health services are not making any impact. This work would be seeking answers to the impact of the Christian health facilities on such communities:

1. Why do people in the catchment areas of these Adventist Health facilities visit the shrines and prayer camps?
2. Do the churches especially the Adventists establish these health facilities for pecuniary reasons or is it considered as part of their social services?
3. What is the impact of the Adventist insistence on temperance?

### **1.3 Research question**

Why do people in the catchment areas of Adventist hospitals are not patronising the facilities located there?

#### **1.4 The Objective of the Study**

The Seventh-Day Adventist Church has established a number of health institutions in Ghana. The researcher turned his attention to the Adventist health services in Ashanti Region and investigated into their activities. The study was mainly to:

- Assess the impact of the Adventist Health Services on the communities in which they operate. Find out how the S. D. A healthcare delivery system fits into the mission of the church.
- Examine the Adventist healthcare delivery system in the Ashanti Region.
- Assess the contributions of Adventists Health Services on the community.

This research seeks to find out how the establishment of Christian hospitals and clinics impact on the standard of living of the people. Among these are economic activities of the people such as trading, employment, about health education such as sanitation and hygiene, healthcare and community development projects as well.

#### **1.5 Research Methodology**

The researcher used both primary and secondary sources of data collection. Three hundred and twenty people in Ashanti Region were interviewed. The category of the people interviewed comprised of health workers, opinion leaders, church leaders and chiefs. This is not to say that they are the most knowledgeable but it is a parameter of which we set out to carry the survey.



Questionnaires were administered to people in each community under research. In all 320 questionnaires were administered. They are as follows: Asamang – 33, Kwadaso – 35, Wiampoase – 32, Obuasi – 35, Dominase – 30, Kotwea – 30, Apan – 25, Onwe – 25, Konkoma – 25, Anyinasu – 25.

The researcher again consulted the relevant documents such as dissertation, reports, magazines, textbooks in order to gather information. The researcher also participated in some of the communal activities to acquaint with the people to have access to relevant information.

The main tool for data collection was structured questionnaire backed by interview. The main issues addressed in the questionnaire are; educational background of respondents, economic activities, knowledge level on health education, attitude towards environment and sanitation, types of books people usually read, frequency of reading health books, occurrences of common diseases, peoples preference of modes of healing diseases, availability of community storage receptacles of garbage and proximity to dump site, religious affiliations of respondents. The questions were closed and open – ended. The data collected were expressed as frequencies and percentages in tables.

The data collected was analysed with Statistical Package for the Social Sciences (SPSS). The relevant information was retrieved in a standard form using tables, figures, frequencies and percentages for analysis and interpretation of information. A purposive sampling technique was used.

The study population were drawn from 11 communities and includes; Asante – Asamang, Kwadaso, Dominase, Obuase, Wiemoase, Onwe, Apana, Nnobuem, Konkoma, Kotwea, Anyinasu. In all, 320 respondents were selected and they are as follows: 70 – teachers, 40 – community health nurses, 25 – environmental workers, 45 – dispensing chemists, 11 – Assemblymen, 61 – religious leaders, and others – 68.

### **1.6 The Significance of the Study**

The study would bring to light what the Adventist health services are doing in the various communities in which they operate in the Ashanti Region. It would also enable people to know the importance of Christian healthcare establishment. It would thus provide answers to questions that bother people's mind about why churches have to provide public medical care services in addition to their primary objective of soul winning. The research would give an insight into the establishment of Christian health services whether they are for economic gains or an approach of winning souls into their church or it is part of the churches' social responsibility toward development.

The research would add to existing documents of the Seventh-Day Adventist Church. It would assist the church to know the position of the operations concerning their health services. The study would help the Adventist health administrators to streamline their operations to meet the standards of which the church sets out to achieve.

## 1.7 The Scope of the Study

The research focused on the activities of Adventist hospitals and clinics in Ashanti Region namely: Kwadaso Hospital, Asamang Abena Kwabena Hospital, Wiamoase Adventist Hospital, Obuase Adventist Hospital, Dominase Adventist Hospital, Abodom- Kotwea Hospital, Apaah Clinic, Anyinasu Clinic, Onwe Clinic, Nnobuem Clinic, Konkoma Clinic. How these health institutions impact on the life of the people in the communities aforementioned would be assessed.

The scope among others included the assessment of religious impact of which the church established the health posts. Thus how the activities of the health services have prepared the grounds for evangelism and soul winning.

The problem that the researcher encountered is the difficulty in getting respondents and informants to give the necessary information. Sometimes, people felt reluctant to provide information. Besides, people were busy on their schedules particularly the rural communities where most of my research was carried out, the people always left for their farms early in the morning and came home late in the evening.

Financial problem was one of the constraints that the researcher faced. Research work of this nature, requires spending of some substantial amount of money in order to make the researcher carry out a successful work. However, this did not discourage the researcher's effort.

## 1.8 Literature Review

In international health issues, the World Health Organization's commitments to global strategy of "Health for All by 2000" have placed renewed emphasis on community involvement in setting objectives to meet their own health needs. The Seventh-day Adventist Church has established a number of hospitals and clinics in the Ashanti Region. This is a voluntary initiative which seeks to compliment the state healthcare delivery and the community owned healthcare. This research work, would seek to assess the impact of Adventist health services, most especially on how their activities affect the life of the people in the community they have been operating.

White (1905:81), states that "Every gospel worker should feel that giving of instruction in the principles of healthy living is a part of his appointed work". In view of this, the church has taken it up as a responsibility to cater for the health needs not only of it converts but the entire community as well. White explains in her book of what she calls the *Medical Missionaries and their work*. The book outlines the roles of a missionary in matters related to health delivery. It deals with how Christians can enjoy health and happiness in discharging their religious duties. Another aspect of her book is the vivid description of health principles concerning general hygiene, diet and temperance. Even though she treated Christian health ministry, she did not assess how the Christian health ministry is linked to the development of a community.

*Health and Longevity* written by Selmon (1924:12) gives information about the symptoms of diseases and the causes of ill-health. The contribution offered by the

author is enormous because it educates the reader on how to avoid disease infection. The author only talked about prevention of diseases without taking into account the role that Christians play in health delivery. The role of the Christian churches is multi-dimensional. These include the spiritual, emotional, intellectual, social and psychological development and well-being.

In their work, *Public Health and Society*, Costello and Haggart (1998:34) discussed the role the health sector plays in human development among these are immunization and screening programmes, environmental health protection and community health promotion. They summarised their book with a range of social influences on public health and how health centres are linked to socio-economic development of a community. The book talked about the need for establishment of health services in the community and its social impacts. Nevertheless, the general effects of Christian health services on the community were not treated and this is what the researcher would investigate.

Muthu (2005:45), states that, “A civilized society should make medical care and healthcare available to all”. This brings to light the essence of public health services and its benefits for the community. They are as follows: health education, promotion of maternal and child health and family planning, provision of immunization against infectious diseases, treatment of common diseases and injuries, provision of essential drugs and control of locally endemic diseases. The writer only looked at one dimension of health services, that is, health needs of the community. However, this research will take into account the general assessment

of the various dimensions of which Christian health services impact on the community.

Green (1998:30), *Community Health* lays emphasis on the greater participation of private and voluntary sectors involvement in healthcare delivery. For him, provision of healthcare should not be solely the responsibility of the state but the involvement of agencies, foundations, organizations in community health matter. In this research, we would look at the activities of one of these voluntary organizations, that is, Adventist Christian Health Services and their impact on the community that the writer did not discuss.

Porteous (1984:11) lays emphasis on the maintenance and control of physical environment and the safeguarding of public health. He explained how waste disposal could be hazardous if not properly managed. He mentioned that in selecting landfill site for waste disposal, it should be done in such a way that it would not subsequently generate health hazards. Improper waste management could possibly lead to ill – health. However, there are other factors which account for diseases outburst that the book did not mention such as general education on environmental sustainability. This education is what has been dealt with in this research.

Dennis (1998:23) gives comprehensive and encouraging information about methods of improving health. He examines that thoughts, emotions and attitude can have a general well – being on our lives. However, he did not provide practical advice on how to improve upon other spheres of health such as physical

and mental wellness which are very essential part of holistic well-being which taken care of in this study.

Willis (2000:13) explains in his book *A – Z of Health*, the signs, symptoms and possible investigations and treatment across a wide range of clinical conditions. But it must be recognised that health care resources vary from country to country, and indeed within countries, a variety of approaches other than those described may be used to establish treatment. This work would deal with the modes of healing in certain communities in Ashanti region.

Owusu – Mensah (2005:67) discussed the historical background of Adventists Church in Ghana. He mentioned places where the church was first established and the pioneering missionaries who worked in Ghana. He further enumerated the hospitals that were established by the church in its early years. He has provided very vital information with regards to Adventists health services but he did not state how the health services affect the lives of the people in the communities of their operation.

McGraw (2002:74) outlines a range of health concepts that would enable people to take charge of their lifestyle. But his concepts were mainly dependent on reproduction thereby neglecting other components of healing which is treated in this work.

Pritchard (1981:44) the author of *Manual of Primary Healthcare* mentioned guidelines of diseases prevention for trainee medical practitioners who are about

to enter into practice in order to function efficiently. The book only appeals to medical practitioners neglecting the healthcare of the general public the need to be aware of disease prevention.

Luanne (2001:21) gives an overview of relevant issues of diseases that come as a result of environment pollution. He comments that as the world becomes more industrialized, there is a greater risk and concern about people developing health problems from exposure to environmental pollution. He only mentions environmental hazards of pollution and he did not suggest measures of getting rid of these health hazards.

Goyal (2007:31) discusses the various methods of organizing a hospital's human resource department. He showed how the use of scientific techniques would invariably improve the services of the hospital. When services of the hospitals are better it would ultimately benefit the patients as well as hospital itself. However, he did not outline a range of self – help strategies for developing self – awareness of disease infections on people.

## **1.9 Organisation of the Study**

The research work consists of five chapters.

- The first chapter is the general introduction of the thesis. These include the problem statement, objective of the study, and scope of the study, research methodology, and significance of the study, literature review and the organisation of the study.



- Chapter two is the story of SDA Church and an overview of Ghana Adventist Health Services. This contains a brief background to the Seventh-day Adventist Church, particularly in the Ashanti region.
- Chapter three is the Christian Ministry of Healing – the Adventist perspective. This is about Adventists emphasis on diet and temperance in particular whenever they talk about healthy lifestyle which other Christians seem not to give prominence.
- Chapter four, deals with the analysis and interpretation of the data collected.
- The final chapter is the summary, recommendation and conclusion.



## **CHAPTER TWO**

### **THE SEVENTH-DAY ADVENTIST CHURCH'S HEALTH SERVICES IN ASHANTI REGION**

#### **2.1 Introduction**

The Seventh – day Adventist church is a strict adherent to health principles. Because of this when the church was first introduced in Ghana it was accompanied by the establishment of health posts. This section gives an insight into the study communities their activities, strategies and contributions.

#### **2.2 The Adventist Health facilities in Ashanti Region**

Asamang Abena Kwabena Hospital is established by the Seventh-day Adventist Church in 1984. It is located at Sekyere South District of Ashanti Region. The catchment areas of the hospital are Asante Agona, Jamasi, Bipoa, Bedomase and Abrakaso. It is a major referral hospital in the district and is also affiliated to Christian Health Association of Ghana. Asamang is predominantly farming community with estimated population of two thousand people. Since the establishment of Adventist hospital in the area it seems there has been increased in membership of the Seventh-day Adventist church. Currently, there are two Adventists church buildings in the town.

Another dominant religion of Asamang is the traditional religion. One could count as many as five sign posts of shrines along the road off to Asante Agona just five kilometres distance from Asamang.

Another major Adventist Hospital established in Ashanti region is the Kwadaso Adventist Hospital. This health facility is located at Kwadaso, a suburb of Kumasi Metropolis in Ashanti Region. The hospital is established to provide healthcare delivery to the people of Kumasi. It is the only Adventist mission hospital established in Kumasi, the capital city of Ashanti region. It is located at the same compound of Central Ghana Conference (Administrative headquarters) of S.D.A church. The catchment areas are Kwadaso, Tanoso, Abuakwa, Suntreso, Apatrapa and Nzema.

Wiamoase Adventist hospital was established in 1996. Sources of finance for the construction of the hospital came from the pockets of Wiamoase citizens resident in abroad who organised themselves to raise funds for the construction of the hospital. In the same year of its establishment, the hospital was inaugurated by U.S.A Ambassador to Ghana. In support of the building of the hospital was Nana Subri II the then Chief of Wiamoase who released a portion of land for the hospital's construction. The hospital is located at Sekyere South District of Ashanti Region. The catchment areas are Bepoayeasi, Kokoteasua and Bipoa. One could also count as many as three sign posts leading to shrines of a fetish priests or priestesses along the road.

Wiamoase hospital is noted for health education in the areas of hygiene and temperance health principle. The place is densely populated and the hospital administration is aware of the need to tackle sanitation issues so as to minimize malaria and cholera cases been the leading diseases in the area. The hospital is

faced with a lot of challenges. Among these challenges are understaffed medical doctors and ambulance to facilitate smooth running of the hospital.

Kotwea Adventist hospital provides healthcare delivery to the following communities: Amofo, Abodom, Kokofu, Bekwai and others.

Obuasi Adventist hospital is located at Obuasi, a gold mining town in Ashanti region. Since the establishment of the hospital, it has paved way for the indigenes and the surrounding towns have access to medical care.

Dominase is another Adventist hospital located at the Kumasi – Obuasi road. It is just about three kilometres to Anwia – Nkwanta. The building of the hospital was donated by a philanthropist in 1989.

Seventh-day Adventists possess five clinics in Ashanti region. These are Apaa, Nnobwem, Anyinasu and Konkoma. They are supervised by Ghana Adventist Health Services, a regulatory body in charge of Adventists hospitals and clinics. These clinics have a lot of challenges; they are struggling to reach the status of fully fledged hospitals. In terms of logistics, accommodation and medical personnel, they are simply inadequate. Another feature of the clinics is that almost all of them are cited in the rural communities where infrastructural developments are not so much improved.

### 2.3 The activities of Adventist health services

The day to day activities of the Asamang Adventist hospital are treatment of diseases, laboratory services in testing and screening procedures, maternity services that deal with antenatal, delivery and postnatal healthcare. The hospital provides eye care services and emergency unit as well as pharmaceutical unit.

Since the inception of the Kwadaso hospital, overcrowding of patients has been a major challenge. This is because of scarcity of land for expansion. As characterised by the Adventists hospitals, the usual morning devotion service at the hospital's premises is carried out before the start of work. The hospital deals with emergency unit, maternity, laboratory services, and pharmaceutical unit.

The major activity that Kotwea Adventist Hospital carries out is the periodic blood and eye screening exercise organise for the people besides their normal clinical duties at the hospital. These are all done to make the presence of Adventist mission being felt by the people over there. This exercise is also done on humanitarian grounds. It is sponsored by the church to enable the needy who could not afford the cost of laboratory test to be able to know their health status.

Obuasi Adventist hospital uses Adventist Literature Healthcare delivery system. The S.D.A church ensures that health personnel in the hospital distribute Adventist health books to people who visit the hospital for treatment. The medical staffs of the hospital believe that if people are knowledgeable in health principles, they would take greater care for themselves and in turn educate others.

The Dominase Adventist hospital is more concerned with check-ups of one's health status. The hospital has been focusing on the need of people to embark on health check-ups. It is the programme of the hospital to conduct immunisation exercise but this could only be possible if one undergoes laboratory procedures to either prevent or stop the existing ill – health condition.

Adventists Clinics deal with treatment of diseases through the application of western medicine. They are noted for referring of patients to hospital because of their inadequate medical equipment in the clinics. In most cases they operate on first aid services. However, such clinics take counselling of patients serious. Sometimes too, the counselling is extended to the local residents as how to live a healthy life.

#### **2.4 The Strategies of Adventists healthcare delivery**

As a mission hospital, the mission statement of the Asamang Abena Kwabena hospital is to ensure excellence healthcare delivery system to all people. Besides the accessibility of people to healthcare delivery, the hospital serves as a mission strategy to prepare grounds for soul winning to Jesus Christ. This is partially manifested in worship service (devotional service) they organise in each day at the Out Patient Department (OPD) of the hospital before the start of work. In another development, the hospital distributes free Adventist healthcare magazines and tracts to people who patronise the facility.

It has been the culture of Wiamoase hospital to give talk on lifestyles that are likely to resort to ill-health. There is also emphasis on principles of healthy life on

Adventist perspective. This is dealt with diet and temperance, the Adventist way of life in relation to health. These talks are usually given during public meetings.

The Kotwea hospital for instance carries out cleaning up exercise. This is done to create awareness of diseases infection that could easily be spread by unhygienic environment.

The strategy of the hospital is that as people read Adventist health books, they become exposed to the teachings of the church thereby preparing them for becoming potential Adventist church members.

The strategies adopted by the Adventist clinics in championing the course of soul winning is interactions based on medical counselling such as maternal health, disease prevention, immunization and sex education. These are all done with the aim of reaching out to people.

## **2.5 The contributions of Adventist health services**

Among the contributions of the hospital is periodic free medical care to the aged in Asamang township. This is seen as part of the hospital's social responsibility to the inhabitants of the community. Another aspect of the Adventist Hospital contribution to the people of Asamang is the provision of health education. The education centres on hygiene, nutrition and sex education. It also addresses alcohol and drug misuse, smoking and other threats to healthy lifestyle.

The health personnel have also been rendering counselling services to local residents on behavioural health and home health services. These are fundamental to healthy lifestyles required to prevent contraction of diseases.

In another perspective, the hospital has offered job opportunities to the indigenes of its operational areas. In Asamang for instance, close to one – third ( $\frac{1}{3}$ ) of the work force at the hospital are all recruited from the town. The related issues are that, the hospital has opened up the area to other opportunities. Since, the area is a rural community with farming as their major occupation, the farm produce get ready market and the road network is also maintained on time. In all, people in Asamang township and its environs benefit immensely from the establishment of Adventist hospital in their community.

The outstanding contribution of Kwadaso hospital is the Nursing Training College that is attached to the hospital for the training of medical practitioners. The profit accrued from the hospital's services was used to establish this magnificent edifice of training health personnels.

Another significant achievement is “mission offertory” that is used to offset the debt of some needy patients who are incapable of settling their debts at the hospital. The Kwadaso Adventist hospital has become a blessing to the people both near and far from the hospital to have access to hospital.

The establishment of the hospital has created job opportunities. People are being employed at the hospital. Wiemoase community is also having access to healthcare



delivery. During community's annual fundraising, the hospital contribute to the financial support in aid of community development projects such as provision of pipe-borne water, community centres and construction of school buildings.

The densely population at Obuasi as gold mining and commercial centre requires of establishment of more efficient hospitals. The Adventist hospital in this direction is established to ease the pressure of overcrowding at few hospitals. It has also contributed to a more healthy competition of improved healthcare delivery at Obuasi.

Since the Dominase hospital is situated close to the highway leading from Kumasi to Obuasi township, it has become a major emergency centre for people involved in lorry accident.

The communities in which the Adventists clinics are located are mostly rural. They serve the rural communities with healthcare delivery. They are also making the presence of the S.D.A church being felt by way of complementing the effort of the church's evangelisation.

## CHAPTER THREE

### THE ADVENTISTS MINISTRY OF HEALING

#### 3.1 Introduction

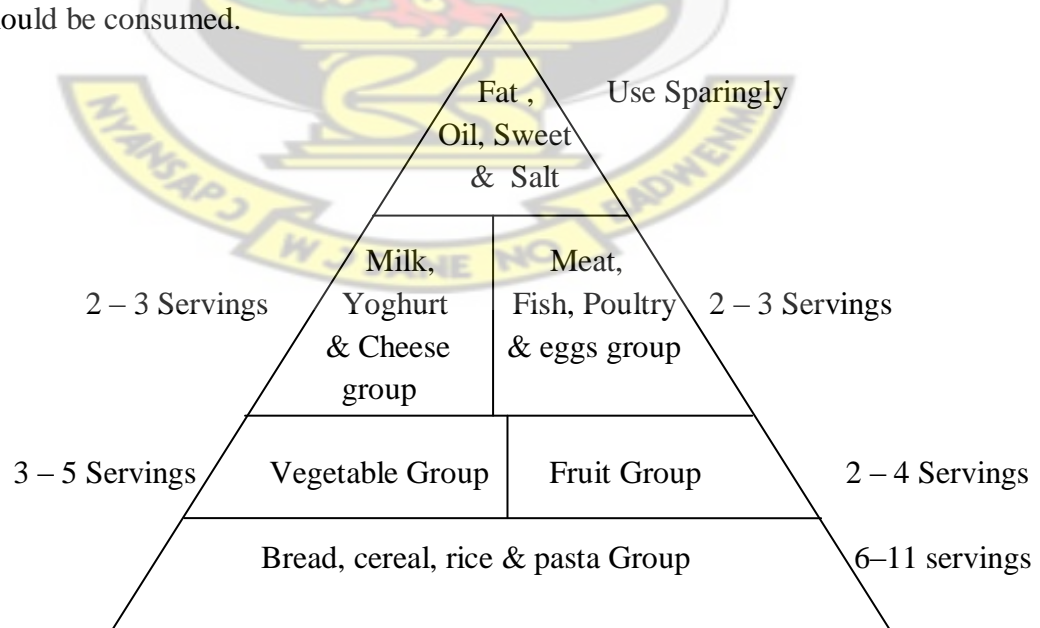
A truly healthy person does not only feel good physically but also has a realistic outlook on life and gets along well with other people. Good health enables people to enjoy life and have the opportunity to achieve their goals. To achieve and maintain good health, people must have basic knowledge about a healthy lifestyle that God the creator expects us to possess only then they can determine what will or what will not help or hurt their health. In this sense, issues about health should be a concern of every person. For God enjoins people to take care of their bodies: "...or do you not know that your body is the temple of the Holy Spirit who is in you, whom you have from God, and you are not your Own? For you were bought at a price; therefore glorify God in your spirit, which are God's... (I Corinthians 6:19-20). Our bodies are wonderful gifts from a loving God who created us in His Own Image and who wants us to enjoy our physical existence.

The promise of immunity from Egypt's diseases was given to the children of Israel soon after they left their captivity. Yet, this promise wasn't based simply on supernatural intervention; it was based on the natural laws of health. Of course, we are mortal but that does not mean we should not do our best to take care of ourselves. Adventists ministry of healings seek to create the awareness of living a healthy life in conformity with biblical concepts of health.

### 3.2 Health and Diet

Society as a whole benefits from people's good health just as individuals do. For this reason, voluntary agencies strive to preserve and improve the health of all people. Public health includes all actions taken to maintain and improve the general health of a community. The first sin of humanity dealt with appetite (Genesis 2:16, 17). The original diet for man is stated in the Bible. *SDA Adult Teachers Sabbath School Bible Study Guide: Health and healing* (2010), "The manufacturer did not design the engine for glue, thus glue is not fuel. There is a manual that states what must be used in the engine". God designed our bodies. It makes sense to fuel those bodies with the best grades of those things God calls food. God's "manual", the bible, tell us what those things are.

Diet is not only a matter of what we eat, but also about how we eat, how much we eat and the condition of what we eat. Nutritionists often display what is called a food pyramid, a diagram that shows what the best foods are and the amount that should be consumed.



At the base of the pyramid are the whole grains: bread, pasta, and brown rice. These should be eaten in the largest quantities, about six to eleven servings per day. The next level includes fruits and vegetables, recommending about five to nine servings per a day. Next are dairy products and eggs, about two to three servings per a day. At the top, which means one should consume the smallest amounts, are fats, oils, sweets, and iodized salt. DeBruyne (1994:56) remarks “Our bodies are the temples of the Holy Spirit; we are to care for them intelligently. Along with adequate exercise and rest, we are to adopt the most healthful diet and abstain from the unclean foods identified in the scriptures.”

Schneider (2002:23) had this to say:

To be in optimum conditions health wise, we may be forced to give up deeply-rooted nutritional habits, but the effort will be worthwhile. Whether we live the second half of our lives to the full or not depends greatly on our nutritional habits, and the sooner we adopt the right ones, the better.

The international scientific community is well aware that nature still has some closely guarded secrets regarding the properties of food and their effect on human beings. “We have to continue investigating if we want to improve our knowledge of the factors that contribute to our good health. This is just as important as the need to improve the already quite precise methods used to diagnose disease”. *Global Environmental Menace* (1986:4). Let us not forget that it is not only prevention which is better than cure, but also much cheaper both for the individual and for the society.

White (1923:15) states “In order to know what the best foods are, we must study God’s original plan for man’s diet.... Grains, fruits, nuts and vegetables...prepared in as simple and natural a manner as possible are the most healthful and nourishing. They impart strength, a power of endurance, and vigour of intellect

that is not profitable by a more complex and stimulating diet". Our health is a precious gift and diet plays an important role in it. How important for us to exercise self-discipline and self-control when tempted to eat what we know is not good for us. God gave these truths to us for our benefit. When we ignore them, we are likely to hurt ourselves and as so often is the case others are made to suffer as well. The best medical science affirms the basic principles of the kind of diet to eat .White (1933:27) "We [Seventh Day Adventists] do not mark out any precise line to be followed in diet; but we do say that in countries where there are fruits, grains and nuts in abundance, flesh food is not the right food for God's people"

The position of what to eat does not make one righteous, it does not make one holy and it certainly does not put one in a position to judge those who do not eat the way you think is best. It can, though, make us healthier. According to White (1925:18), "True religion and the laws of health go hand in hand. It is possible to work for the salvation of men and women without presenting to them the need of breaking away from sinful gratifications which destroy the health, debase the soul, and pervert divine truth from impressing the mind. Everyone must be taught to take a careful view of every habit and every practice and pull away those things that cause an unhealthy condition of the body".

There is the need for people to change their habit with respect to smoking, exercise, diet, safety, alcohol consumption, substance abuse and sexual activity. The objective of health education is to elicit, facilitate, and maintain positive health practices in the community by assuring that people have the skills support needed for voluntary activities conducive to their health. Smolensky (1985:62), states, "Community health represents dynamic human enterprise that shapes

history”. This means that people have to devote their careers and organisations, their missions to the promotion of community health.

### **3.3 Temperance**

Temperance is all about moderation of doing things in relation to healthy life. It focuses on the foundations upon which the structure of community rests. Health is as a result of life-styles, as well as conditions shaping life-styles. Among such conditions is moderation. As with everything in health, balance is the key, because too much of even good food can be harmful to healthy life. This section considers the importance of promotion and prevention of ill-health in relation to temperance.

Temperance helps people to be in greater charge of their own health. The knowledge it provides empowers them to make choices and decisions about themselves. Temperance is characterised by public health practices, preventing disease, prolonging life, promoting health and well-being. This takes place through organised community effort for the sanitation, the control of infections as well as the organisation of medical and nursing services. For instance, as recorded in Leviticus (Leviticus 14:1–57), the early Hebrew society promoted health through regulation of human conduct by the Mosaic Law; personal and community responsibility for health, segregation of lepers, sanitation of campsites, and disposal of waste. Human behaviour was fundamental in all health. A week day of rest was a health as well as a religious measure. Christians are involved at all levels in health promotion in one-to-one teaching, counselling and advising and informing the whole community through campaigns and community programmes.

### 3.3.1 Models of Temperance

In this study three approaches may be considered under the models of temperance and these include: preventive, radical and empowerment models. With respect to preventive model, it seeks to deal with measures to put in place in order to avoid ill health. For instance if parents take their children to be immunised against infectious diseases, what it meant is that they are seeking to prevent them from contracting potentially harmful diseases. In this sense, to undertake the immunization schedules is designed to prevent the onset of certain diseases.

On the other hand, preventive models deal with counselling. This enables people to be aware of situations thereby helping to reduce a number of disease occurrences. According to Ewles and Simneth (1985:41) “prevention includes campaign and teaching people about safe practices. Counselling individuals and families helps them to recognise or avoid problems that are likely to arise in their health status and to deal constructively with many situations which may cause stress and more generally to cope with life’s crises as they arise.”

Christians are to promote a healthy lifestyle by applying a preventive model. The emphasis is primarily on health education by preventing such things as misuse of drugs, alcohol and tobacco. The preventive mode is an approach which stresses life events and family life illness. It is concerned with hygiene and cleanliness but a broader sense teaches people how to take responsibility for their own health and lifestyle, not only to prevent illness but to enhance the quality of life itself.

By Adventist teaching on the preventive model it is believed that the development of an existing disease or condition could be stopped. For instance, patients may be encouraged to undergo screening procedures so that a condition or disease might be identified in an early stage, often before any signs or symptoms have been noticed then appropriate treatment or management of the condition can then begin.

Screening programmes are other vital aspects of preventive model of health promotion. The community setting is the venue for essential preventive programmes such as vision and hearing testing and the assessment of children for disabilities or development delays. Emphasis is often needed on meeting the emotional needs of patients and in helping them to adopt changes in dietary, smoking and exercise habits. Patients with chronic conditions need to adjust their dietary intake to ensure maximum health.

Another model advocated by the Adventists in their health principle is the radical model of temperance. As indicated above in the preventive model of temperance the responsibility to achieve a healthy lifestyle is placed solely upon the individual. However under the radical, the root causes of ill-health lay not only in the unhealthy lifestyles of individuals but in the social and environment situations in which people find themselves. The radical model of temperance seeks to focus not on the individual and his behaviour but on those social, economic and political factors which promote unhealthy practices and produce unhealthy food and hazardous products. Blaxter (1990:54) states “circumstances have greater weight than behaviour in determining health status” The avoidance of unhealthy behaviour such as alcoholism and eating a poor diet offers much more protection to health in



parts of the community where the environment is already more conducive to good health. This is not to suggest that a person's health would not be improved if he stopped smoking.

The next model of temperance is what the Adventists describe as empowerment. Gamlin (1948:32) mentioned that “educational thought had become too much theoretical considerations”. It is true that ignorance of the rules of health is partly responsible for ill – health. But this empowerment model reflects the idea that the individuals should be provided the pragmatic steps to choose and determine their own health. For instance, drinking of water 30 minutes after meals is knowledge common to all Adventists as part of temperance. The reason is to facilitate effective digestion process which would have been slowed down when drinking water together with food intake. This is an empowerment to individuals to make decision but the choice of it is voluntary and optional. According to Downie (1990:43) “self – empowerment requires a basis not only of knowledge to support informed choices but demand the classification of values and the chance to practice decision – making skills”. The change which gives empowerment can be effected through the individuals own choices, and not by coercion.

### **3.4 Medical Ministry**

Basically, medical ministry deals with the preservation of health in the domain of physical, mental, social and spiritual well-being. It places strong emphasis upon the observance of all that relates to the prevention of ailments. Health is concerned with the whole person. Our body system cannot function all alone without help from other enabling components such the right attitudes and emotions. Each

system depends on all the other systems to maintain the life of a whole person. Each adjusts to changing conditions to keep internal body conditions about the same at all times. The physical dimension of health is concerned with the structure and function of all body systems. According to Payne (1995:7) “many of the experiences that will shape your feelings about yourself are made possible by good physical health. The ability to carry out daily tasks, develop cardiovascular fitness, muscular fitness, maintain adequate nutrition and proper body fat level, and avoid abusing drugs and alcohol or using tobacco products ensure good health.

Simneth (1985:19) defines emotional health as “the ability to recognise and express joy, fear, grief and anger and to cope with stress, tension, depression and anxiety. If you possess emotional health, you seek, value and maintain good relationship with yourself, with others and with society. These relationships are a key part of total wellness. Emotionally healthy people are always looking cheerful and this in turn reflects their physical health. They eat well, exercise, and get enough rest. Emotionally healthy people successfully develop personal relationship which helps them feel secure. Emotionally healthy people have also found ways to fit in, or get along, with the larger society to which they belong.

In contrast, many people who are emotionally unhealthy are self-destructive. They often abuse alcohol, nicotine or other drugs which can lead to addictions, cancer, obesity, heart disease, accidents and injuries. Helgerson (1994:40) states “A first step toward emotional health is getting to know yourself. You can accept yourself as you are even though you may wish to change some things.

Rosato (1994:52) defines mental health as “the ability to learn and use information effectively for personal, family and career development. Mental health deals with how to think clearly and coherently thus, striving for a continued growth and learning to deal with new challenges effectively. Thoughts shape actions. If you think destructive, negative you will act in destructive, negative ways. If you think constructive, positive thoughts you will act in constructive ways. In general, negative thoughts breed more negative thoughts and can lead a person to think badly of everything. On the other hand, a person can acquire peace of mind; reduce stress, and improved health through simply learning to think positively.

Another important dimension of holistic healing is the ability to interact successfully with people and one’s personal environment. Social health is all about how to develop and maintain intimacy with others and to have respect and tolerance for those opinions and beliefs. Growth and development are influenced by the people with whom you interact. Occasionally failures in social relationships can produce stress but can also remind you that emotional growth and coping skills take time to develop.

Spiritual well-being is also a component of health. Many people are searching for a deeper understanding of the meaning of life. Many feel pressured to accept spiritual beliefs of the majority. The uncertainties of exploring what to believe and how to express those beliefs can create stress. Your spirituality can be a valuable resource during periods of stress. Meditations, introspection, and prayer can free people from some of the stress of living in a fast-paced, sometimes uncaring

world. To believe deeply in something and to act on that belief by serving others leads to personal growth.

Everyone has a personal perception of spirituality. The spiritual component provides meaning and direction in life and enables people to grow, learn, and meet new challenges. Optimal spirituality is the ability to discover, articulate, and act on basic purpose in life. The belief in a greater force at work is medically helpful. From the health perspective, spirituality is the quest for a higher quality of life. In short, achieving a high level of health requires constant balance and maintenance of all the dimensions of health. The body, mind, and spirit are inseparably linked. When they work together in a fully unified, integrated biological system, the body can ward off or overcome many diseases. When there is a breakdown in any of these dimensions health is threatened.

Another Adventists emphasis on medical ministry is prayer and healing. Prayer is very essential in the life of every Christian believer. The multiplicity of prayer camps in Ghana attests to the necessity of prayer. Prayer is not only important among Christian's circles but also in Islam and other forms of religion in the world. It is a practice in the Adventist church that Elders and Pastors lay their hands on the sick through prayers so that the person might be healed. Besides, the congregational and individuals intercessory prayers are offered for the sick people hoping to restore back their health.

Medical ministry on prayer and healing is also manifested in what the Adventists call "Wednesday Prayers", this is a prayer and healing service that has been

instituted in some Adventists churches in Ashanti Region which is not a nationwide practice to pave way for the sick and people with other problems to seek divine assistance from Adventist pastors and counsellors. Generally, the Adventists do not have prayer camps and do not encourage their members to patronise prayer camps in their communities.

The use of herbal medicine is accepted by the church. Aksenov (1985:34) states that “some diseases, not only in their early stages, but over a chronic course with various degrees of diseases activity may be effectively treated with physiotherapy [the use of natural factors] in combination with drug therapy and other forms of treatment.” The use of herbs in treating ailments is deemed very efficacious. But the Adventists position on this matter is that, a place where hospital is available then the first call for healing must be at the hospital.

### **3.5 A Brief History of Adventist Health Services in Ashanti Region**

The headquarters of Seventh-Day Adventist Church in Ashanti Region have been divided into two conferences (organisational unit). Previously, SDA church in the entire region of Ashanti was supervised under one administrative body, but due to church growth in terms of population coupled with managerial difficulties of the church necessitated the division. The headquarters of the Church in Ashanti region are: the Central Ghana Conference (the mother conference) which is located at Kwadaso covers the territory south of Ashanti Region stretching from Bekwai through Konongo to the borders of Eastern regions. The other one is the South Central Ghana Conference (new conference) situated at Ahinsan in the Kumasi Metropolis operates in the northern part of Ashanti Region. Adventist Health

institutions in Ashanti Region comprise of six (6) hospitals and five (5) clinics. They are as follows: Asamang Abena Kwabena Hospital, Kwadaso Adventist Hospital, Wiamoase Adventist Hospital, Obuase Adventist Hospital, and Dominase Adventist Hospital. The clinics include Anyinasu Clinic, Onwe clinic, Apaa Clinic, Konkoma Clinic, Kotwea Hospital and Nnobuem Clinic.

### Adventist Health Institutions in Ashanti

Hospitals	Clinics
Asamang Abena Kwabena	Anyinasu
Kwadaso	Onwe
Wiamoase	Apaa
Kotwea	Konkoma
Obuasi	Nnobuem
Dominase	

Source: Field survey, 2010

The Agona Asamang S.D.A hospital was the first to be established in 1984 and it is affiliated to the Christian Health Association of Ghana. This hospital has become a major referral hospital in the entire district of Sekyere South of Ashanti Region. Besides, the hospital serves the following townships: Jamasi, Agona, Bipoa, Afamanso, Bedomase, Abrakaso and surrounding villages. Another major hospital is Kwadaso in the Kumasi Metropolis. The catchment areas of this hospital are namely: Tanoso, Abuakwa, Apatrapa, Nzema, Bohyen, Suntreso, Patasi and other suburbs in Kumasi. Kotwea Hospital serves Amofo, Abodom, Kokofu, Bekwai and other villages. Wiamoase hospital serves Bepoayyasi,

Kokoteasua and Bipoa. Apaa clinic provide service to Akrofonso, Kyekyewere and Yonson. These health institutions are being managed by the two conferences of the Church. Out of the eleven, only three of them are supervised by Central Ghana Conference namely Kwadaso, Dominase and Wiamoase. The remaining seven are controlled by South Central Ghana Conference.

Since its inception, the Seventh-day Adventist Church has promoted health and healing. According to Sanders (1985:71) “Public health activities were initiated to combat diseases that affected the European population or as attempt to maintain a healthier work-force and to ensure greater profits”. Before, during and after the colonial period, traditional herbalists provided an alternative to Western scientific medicine often for the majority of the people. The early twentieth century saw in particular, the provision of orthodox healthcare facilities in the country almost exclusive for the European employees attached to the trading companies. As a result of this development the medical problems of the majority were neglected. It was the Christian missions that generally served remote rural areas and provided rudimentary, curative medicine to the sick people.

The Adventist Church has improved and maintained the general health status of the people in communities especially where they have propagated their Christian faith. A health-promoting way of life has been taught to its members. Teachings based on broad principles found in the Sacred Scriptures and more explicitly expressed in the counsels given by Ellen White an exponent writer of the principles of health and temperance. She made an appeal to the S.D.A Church of which she was a member to establish a medical institution which the sick should

be given treatment for their ailments, and also where they should be given instructions regarding the laws of health. White (1932:58) wrote “In every city where we have a church, there is the need of a place where treatments can be given.... A place should be provided where treatment may be given for common ailments”. The bible is not against a healthy living. Jesus Christ, the mighty healer and Life – giver was a physician. Christ came to preach the word and to relieve the suffering by miraculous works of healing. He did not ignore the health of the people. He had respect for the physical condition of humans and went about healing the sick, restoring health to those suffering from diseases (Acts 10: 38).

Most of the Adventists hospitals in the Ashanti region emerged as First Aid services. According to Emmanuel Nyamekye, a deputy accountant at the Asamang hospital, the hospital started as a First Aid services and eventually progressed to become a fully-fledged hospital.

Health and happiness are so rational to the Adventist mission. While advocating positive steps to be taken to develop a healthful life style, the church has long required of its members the non-use of alcoholic beverages and tobacco, and has strongly urged them to refrain from the use of coffee, tea and other stimulating and other harmful substances. The church has supported organizations involved in temperance programmes to counter the health and social damage done by the use of alcohol, tobacco and other debasing drugs.

With respect to the emergence of the Adventist Health Institutions in Ghana, their services came to centre on clinics and First Aid. Owusu-Mensah (2005:69) writes



“In August 1977, however Adventist Medical Ministry in Ghana was once more resurrected in a plan to build a new clinic, operated by the church, at Asaaman, Asante....” In Ashanti Region, the Asamang Health post was first to be established. It was inaugurated as a clinic in March, 1984. Dr. Owusu Akyaw became the medical officer in-charge in the early years of the clinic. The Asamang Health Institution gradually took encouraging roots from the start, and it was projected to become a key Adventist Hospital in Ashanti Region.

A study conducted in the Adventists hospitals in Ashanti region shows that the provision of healthcare in communities has been a collaborative effort of the church and other individuals. In Asamang S.D.A Hospital for instance, the hospital buildings were donated by a native of the community in memory of his late mother Abena Kwabena. The Dominase SDA Hospital was donated by a philanthropist in 1989. According to Antwi Adjei a biostatistician at Wiamease SDA Hospital, the then chief Subri Ansah II offered a plot for the building of the hospital. Financial and other logistics were also donated by the native of the town resident abroad. Owusu-Mensah (2005:55) writes:

The early Medical Missionary Services of Kerrs of Cape Coast in the 1890s as well as those of the British Missionary at Agona in the 1930s did not go too far mainly because of colonial Government restrictions or ban. But just before political independence in Ghana, the Adventist got the green light to start a full-fledged hospital at Atibie in the Kwawu area on 1955, with Dr. J.A Heydy pioneering as the first medical director. The Atibie Hospital (better known as the Kwahu Hospital) was in operation for eighteen years under the Seventh-day Adventist until it was taken over by the Kutu Acheampong Military regime in the late 1973.

In 1977, however, the church revived its medical plans with an eye on Asamang in Ashanti as a future medical centre. A clinic was formally opened there in March 1984. The Central Ghana Conference of Seventh-Day Adventist Church began a second clinic in 1987 in its jurisdiction of Onwe. This particular clinic was under

the directorship of a young Adventist doctor, Dr. Seth Ayeh who formerly worked at the Okomfo Anokye Hospital in Kumasi.

The introduction of Adventist mission was associated with public medical care services, yet the number of health institutions was not many in the Ashanti region where Adventist believers are dominant. As a result of this, each of the Health Institutions was autonomous. In the late 20th Century saw the increasing emergence of Adventist Health Institutions in the Ashanti Region in particular and in the country as a whole. These include hospitals, clinics, and Nursing Training College. It was in the light of these establishments and effective monitoring that Ghana Adventist Health Service as a regulatory body came into existence in 2005.

### **3.6 Rationale for the Establishment of Adventist Health Services**

The Seventh-Day Adventist Church believes that human being was made in the image of God. The entrance of sin into the world marred that image and separated human being from his creator. Sin affected their physical, mental and spiritual well-being. The church believes that health services distinctively contribute to the restoration of the whole being. This belief derives from the bible base convictions that man, created in the image of God, has a responsibility towards his creator to maintain the image. In view of this, man recognises himself to be the temple of the living God and that it is incumbent upon him to care for his body as well as his spirit, since both belong to God. These convictions led the church into a worldwide ministry of healing through the establishment of hospitals and clinics and health education through campaign for healthy living such as proper sanitation and good nourishment. In most cases illness are caused by disregard of

health principles. The church participates in education programmes by which the laws of healthful living are presented both to church members and the general public to assist them in relating habits of daily living. White (1872:70) wrote:

There is a great work to be done in bringing the principles of health reform to the notice of the people. Public meetings should be held to introduce the subject, and schools should be involved. Those who are interested should be involved particularly about our health food and how a wholesome, nourishing, appetizing diet can be provided without the use of meat, tea or coffee.

Thus we did in the early history of our work. We taught the people by demonstrating that we can safely depend for the sustenance of life upon the productions which God gave our first parent in Eden. Let men engage in this work who can speak on the principles of health reform.

The SDA health principles are not a deviation from normal health principles which is generally accepted by professional medical doctors. What makes the difference is that in most cases gospel outreach programmes are preceded by health education. Health emphasis has been the tradition of the church and whenever the slightest opportunity is offered them in a gathering, they stress on health education. It is the philosophy of the GAHS to relieve suffering, treat diseases, and through education assist people to understand that the principles of healthful living are better understood and accepted as being essential in preserving health and vitality. Health principles as suggested should strongly be adhered to. This should be the responsibility of everyone in the sense that it is part and parcel of preventive medicine. The old adage which says “prevention is better than cure” must be seen in action rather than words. Brobbey (2004:10) writes:

The advantages of obeying the laws of health are real. Researchers are actively publishing the results of their investigations that demonstrate how we may enjoy a better, longer and more productive life. When we obey, we reap the benefits of the laws that God has established in our being.

Adventists believe that in the beginning of creation, food was in their natural state. The original diet was composed of fruits from plants, and this did not require much preparation. Generally, the examples of health principles are good nutrition

that nourishes the body, exercise which is a physical activity enables the body to function harmoniously; water is the means of transporting food nutrients to the body and facilitates the elimination of waste products from the body. Pure air is a vital element for life. We breathe air in order to have good respiration, the basic of life for every human being. Rest is important for our physical, mental and spiritual well-being. In *Medical Encyclopaedia* (1994:342), we read this profound health information:

Nutrition and exercise are two factors that have been proven to help maintain health and fight diseases. Eating the right foods increases and raises the level of vitality. Proper exercise, among its other benefits establishes and maintains muscle tone, aids digestion, deepens respiration and helps prevent weight gain.

Having good health enables us to enjoy life and have the opportunity to achieve many goals we have set for ourselves. Health is great; notwithstanding, the decline in physical strength seems to be alarming. It demands the attention of all who will have at heart the well-being of their fellowmen. According to White (1906:57), "... Where the children of men dwell, suffering abounds. On every hand there is a seeking for relief. It is not the Creator's purpose that mankind shall be weighed down with a burden of pain". We should therefore keep our bodies in subjection, and bring all our appetites and passion under the control of the Creator. We should make it a duty we owe to God to obey the laws which govern health and life.

Again in the Readers Digest (1998:29) we read that, "Regular healthy exercise doing an activity that you enjoy not only offers a satisfying pastime but can also greatly enhance your quality of life". Most of us are aware of the extent to which exercise can improve health, but it still seems difficult to overcome entrenched habits and attitudes to make the change towards a more active lifestyle. Regular exercises boost the body's immune system, helping to guide against diseases.

Healing is incorporated into the work of the gospel commission and both are not separated. Ghana Adventist Health Services as a regulatory body of Adventist Health Institutions is augmenting the gospel proclamation by the means of alleviating physical pains of people. The GAHS is not only established to supervise the activities of the Adventist Health Institutions but it is also to ensure that health education is given to the general public even at places where Adventist Institutions have not been established. These are all done through health campaigns and talks aimed at creating health awareness.

### **3.7 Adventist Literature Healthcare Delivery (A L H D)**

The Seventh-day Adventist Church was introduced in Ghana in 1898. Adventism first reached Ghana through literature evangelism. Adventist tracts and missionary materials were found along the coastal areas of the country in the second half of the 19<sup>th</sup> century. The Adventists tracts became the instrument for the spreading of their faith. Owusu-Mensah (2005:43) has this to say:

The practice of spreading Adventist beliefs and messages through the scattering of literature beyond America was particularly very much alive between 1863 and the turn of the century. The General Conference International Tract and Missionary Societies made sure that, if nations around the world could not see Adventist missionaries in person, they could at least read about the present truth and the new religious movement called Seventh-day Adventism and what it had for them. These societies and individual Adventists contracted sea captains and implored them to convey bundles of tracts and other reading materials on their ships and drop them off on their trips at their various ports of call.

Before the General Conference (world headquarters) of SDA in the United States became officially aware of the existence of a group of Adventist believers in Ghana, the missionary spirit already existed. Early believers like Francis Dolphin and William Dawson kept the light of Seventh-day Adventism burning through personal and literature evangelism at Apam in Fanteland.

Adventist Literature Healthcare Delivery supplemented the work of Adventist medical care services. A considerable number of health books were published by Adventist press and sold to the Ghanaian public. The two most popular health books were *Health and Longevity* by S.C Selmon and *Way to Health and Happiness*. What the Adventist health services is doing is a call to medical evangelism, and example of Christ's ministry. Many important reforms in healthful living are being closely interwoven with Adventist gospel message. This however, points to the full observance of God's law and the recognition of the laws of health. The church believes that God will not work a miracle to keep those from sickness who have no care for themselves, but are continually violating the laws of health and make no effort to prevent diseases. This belief system manifests in their eating habit where they abstain from eating certain meat which is not recommended by God. The Bible declares in the book of Deuteronomy chapter 14, that, God's people should not eat any abominable food. These are the animals you may eat:

The ox, the sheep, the goat, the hart, gazelle, the roebuck, the wild goat, the ibex, the antelope and the mountain-sheep and every animal that parts the hoof and has hoof cloven in two, and chews the cud, among the animals, you may eat.

The Bible gives specification of what to eat from the sea and the birds too. White (1876:12), states that "one of the greatest errors that many insist upon is that muscular strength is dependent upon animal food. But the simple grains, fruits, of the trees, and vegetables have all the nutritive properties necessary to make good blood. This a flesh diet cannot do." If mankind is to adhere to these health principles, diseases will be minimized if not eradicated. God desires that if we live in conformity with His laws, we may co-operate with Him in the recovery and the maintenance of health. The Holy Bible also declares that "Dear friend, I pray that

you may enjoy good health and that all may go well with you, even as your soul is getting along well” (3John:2). If a person is not healthy, he/she cannot successfully accomplish any meaningful development task and enjoy a satisfying life.

### **3.8 The General Management of Ghana Adventist Health Services**

The Ghana Adventist Health Services (GAHS) is a fully accredited Christian Health Service within the SDA Church. This comprises of all Adventist Hospitals, Clinics, Health Centres, Health Training Institutions and allied health bodies like Pharmacies and Diagnostic Centres in Ghana. McGraw-Hills (1990:41) states that, “Public health work is carried on mainly under governmental auspices. This is not meant to suggest that only governmental agencies can influence the public health” .Even though the government of Ghana provides most public health services and programmes, a voluntary Christian health agency such as Ghana Adventists Health Services contribute immensely to the healthcare delivery system. The increasing numbers of Adventist Health posts in Ghana are clear evidence. With this, there is the need to have a regulatory system in place to manage them. In view of this, in November, 2005 the Ghana Adventist Health Services was established to control and supervise the activities of all Adventist Health Institutions in the country.

Adventist health institutions in Ghana are all managed by Ghana Adventist Health Services (GAHS) Board. The membership include: President, Executive Secretary, Treasurer, and Health Ministries Director, a hospital administrator, Pharmacist, one Senior Nurse, one legal person and chief Medical officer. The

board oversees all health activities in Ghana and act as the main governing body of the church's health system in Ghana. It is responsible for appointment of workers, deal with transfers, posting and promotion of workers; formulation of plans and policies; approval of opening of new institutions and closure of existing ones; acts as the liaison body between the church and the other public organizations such as Ministry of Health, Ghana Health Service and NGOs.

Another important structure of Adventist Health Services is the GAHS secretariat. The secretariat is established at the union headquarters or any designated place determined by the union to facilitate the supervision of the day to day administrative duties of GAHS. The secretariat staff includes: Union Health Ministries Director, Accountant, Pharmacist, Chief Medical Officer and a Hospital Administrator

The health institutions' staff comprise of treasury, public Health Co-coordinator, procurement Officer, Nursing Co-coordinator, Projector Officer, Welfare Officers and Auditors. The rest are Doctors, Medical Assistants, Midwives, Ward Assistant, Laboratory Technicians, Biostatistician and others. The Ghana Adventist Health Services Administrative Committee is the administrative body of GAHS board that sees to the daily administrative issues of the Ghana Adventist Health Services. Besides, it implements actions from the Ghana Adventist Health Services Board and deals with emergency matters that shall arise in GAHS board meetings. The organizational structure in effect helps to carry out the programmers of the health institutions and meet the needs of the patients.



Funds generated by the healthcare institutions are not spent on other things until the financial needs of that hospital are met. Sources of income for Ghana Adventist Health Services include: donations from individuals and NGOs, yearly appropriations from the union, offerings from Health Emphasis Week and others. The signatories to the Fund of GAHS consist of the Chairman and the Union Health Ministries Director on one hand, and the union Treasurer and the GAHS business manager on the other hand.

The ranges of clinical services are maternity, gynaecological, diagnostic, surgical, education and counselling. Other public health services include family planning and immunization. Apart from the training of health workers in their own established institute the Adventist Health Services also sponsor the training of hospital administrators in any of the accredited medical institutions in Ghana. The hospitals encourage and financially assist qualified individuals to attend universities offering graduate programmes in healthcare institution administration. Hospitals offer residency and employment opportunities to qualified graduates who pursue programmes in healthcare delivery.

The criteria for employing workers into the health institutions are based on qualification. There is co-operation of work among the various works in the health institutions. The central idea is to provide quality healthcare service to save patients from their predicaments.

The operational principle of GAHS in Ashanti Region is the ministry of healing. This includes care and compassion for the sick and the suffering. It also includes the maintenance of health. Teaching the positive benefits of following the laws of

health, the inter-relationship of spiritual and natural laws of health, man's accountability to these laws and the grace of Christ which assures good living are integrated in the ministry of healing.

Healthcare institutions such as hospitals, medical clinics and nursing training centres function as an integral part of the total ministry of the church. This is why many health institutions are being established by the Church. Currently, there has been establishment of Nursing Training attached to Kwadaso hospital. The institutions are governed as a function of the church with activities and practices clearly identified as the unique Christian witness of Seventh - day Adventist. Christian healthcare institutions generally give high priority to personal dignity and cordial human relations.

Lawrence (1998:47) writes "communities recognize the need to provide for the care of their sick, but demand and the cost of such care tends to exceed the communities resources". The community health needs is so essential that the church sees it a responsibility to establish hospitals and clinics to augment public healthcare delivery. The provision of these health institutions is not only on humanitarian grounds but also a missionary strategy to win souls for Christ. This is because if the people are not healthy they would not be of sound mind to accept the Good News of Jesus Christ. It was not a surprise to see that in communities where there was establishment of hospital the Adventist believers have more than one Church in a particular town. Few examples include Asante Asamang and Wiamoase where close to about eighty percent of the population are Adventists.

## CHAPTER FOUR

### THE IMPACT OF ADVENTIST HEALTH SERVICES ON COMMUNITIES IN ASHANTI REGION

#### 4.1 Introduction

This chapter presents the findings of the impact of Adventist Hospitals on the various communities they operate in the Ashanti region. It also deals with the analysis of respondents' opinions on the study under research and their social characteristics as well.

**Table 1: Categories of respondents interviewed**

<b>Respondents</b>	<b>Frequency</b>	<b>Percentage</b>
Teacher	70	22
Nurses	40	13
Environmental workers	25	8
Chemists	45	14
Assemblymen	11	3
Religious leaders	61	19
Others	68	21
<b>TOTAL</b>	<b>320</b>	<b>100</b>

Source: Field survey, 2010

## 4.2 Social Characteristics of Respondents

### 4.2.1 Sex Distribution of Respondents

Two hundred and ten (210) respondents sampled out of the total number of 320 respondents were females representing sixty – six percent (66%). The remaining one – hundred and ten (110) respondents were males representing thirty – four percent (34%).

**Table 2: Sex Distribution of Respondents**

Sex	Frequency	Percentage
Female	210	66
Male	110	34
Total	320	100

Source: Field Survey 2010

### 4.2.2 Age Distribution of Respondents

The interview conducted was predominantly those who are advanced in age ranging from the ages of 40 – 60 representing 53%. The youth constitute 106 respondents representing thirty – three percent (33%). The remaining represents fourteen percent (14%) of respondent whose ages range from 61 and above.

**Table 3: Age Distribution of Respondents**

Age	Frequency	Percentage
61 and Above	44	14
60 – 40	170	53
39 – 18	106	33
Total	320	100

Source: Field survey 2010

#### 4.2.3 Educational level of Respondents

Out of the 320 respondents, 8% had no formal education and 11% had primary education. Middle School form 4 and Junior High School had the highest percentage of 40%. Thirty – three percent (33%) of respondents went through Secondary School with 8% having had tertiary education.

**Table 4: Educational level of Respondents**

Level	Frequency	Percentage
No Schooling	26	8
Primary	35	11
JHS/Middle Form 4	129	40
SHS/Vocational/Technical	105	33
Tertiary	25	8
Total	320	100

Source: Field Survey 2010

#### 4.2.4 Occupation of Respondents

Fifty-two percent (52%) were government employees, 23% had private employment and 25% were unemployed.

**Table 5: Occupation of Respondents**

Type of Occupation	Frequency	Percentage
Government	165	52
Private	74	23
Unemployed	81	25
Total	320	100

Source: Field Survey 2010

#### 4.2.5 Marital Status of Respondents

Sixty – three percent (63%) of respondents were married and 18% single. Fourteen percent (14%) and five percent (5%) were divorced and separated respectively.

**Table 6: Marital Status of Respondents**

Status	Frequency	Percentage
Married	201	63
Single	59	18
Divorced	45	14
Separated	15	5
Total	320	100

Source: Field Survey 2010

#### 4.2.6 Religious Affiliation of Respondents

Christians formed the majority of respondents constituting 47% followed by traditionalists 30% and Muslims being 23%.

**Table 7: Religious Affiliation of Respondents**

Religion	Frequency	Percentage
Christians	151	47
Muslims	72	23
Traditionalists	97	30
Total	320	100

Source: Field Survey 2010

**Table 8: Availability of community waste receptacles for sanitation.**

Storage receptacle	Frequency	Percentage
Available	73	23
Unavailable	247	77
Total	320	100

Sources: Field Survey, 2010.

Twenty-three percent (23%) of the respondents had storage receptacles in their communities while 77% had no storage receptacles. Some respondents lived far away from the dump sites and the main type of receptacles used was old baskets without cover. This improper solid domestic waste management accounts for frequent outburst of diseases in the communities.

### Healing Preference of Respondents

Thirty – seven percent (37%) of the respondents sought medical healing from spiritualists. The percentage of respondents who visited traditional medical practitioners for treatment of their diseases was 24%. Statistics of the survey indicate that 27% attend hospital when they are sick. Twelve percent (12%) opted for other modes of healing including self – medication.

**Table 9: Categories of Respondents Healing Preference**

Category	Frequency	Percentage
Spiritual Healing	119	37
Traditional Healing	78	24
Western Medicine	86	27
others	37	12
Total	320	100

Source: Field Survey, 2010

This is an indication that a lot of people prefer spiritual consultation whenever they are sick. The explanation they gave was that, so long as they are ill it is necessary to seek help from whatever place they would get healing because due to ill-health they are unable to go about their work effectively. From the findings, they were not concerned about the mode of healing whether it is from the prophets or not. It was found out that even some professed Christians were among those who visited such places for healing and other related assistance. Most of them believed some diseases were spiritual in nature and could not be treated in the hospitals. They were also of the view that these spiritual healers could treat their ailments which were considered not spiritual. To them, for all that they know is



what has become a common saying that “once I was blind but now I can see” this means that, once their health have been restored that is all they desired to experience.

The survey also revealed that the healing preference of people interviewed is spiritual. According to them the cost of healing from the shrines was quiet expensive yet them they finally get healed. They said that, before the medicine is administrated to them, they were asked to produce either a hen or sheep or goat or a dog and other animals to make appropriate sacrifices aimed at appeasing the gods and the ancestors.

Reasons people gave were that, they spend many hours in the hospital when they go for treatment. Others say, with the introduction of National Health Insurance Scheme (NHIS) most of the effective drugs are not administered because the scheme providers cannot afford the cost. In view of these they find their own means of healing.

#### **4.3 Adventist and Temperance**

Temperance is a major Adventist health principle which emphasize on moderation. By this principle it is expected that lifestyle must be shaped by moderation of behaviour and attitudes. There are many who do not pay particular attention to what, when, where and how they do things in relation to health. By moderation what the Adventists imply is to do things in a balanced way even if the act is not harmful to health. Adventists advocate that things done in excess are violation to temperance health principle no matter how they are good. The practice of temperance is more revealing in eating habit among Adventists. It was

revealed in this research that some people are unaware of Adventist education on temperance as indicated in the next set of charts below:

**Table 10: Category of respondents who are aware of Adventists temperance**

**Health education**

Response	Frequency	Percentage
Yes	70	22
No	250	78
Total	320	100

Source: Field Survey 2010

Seventy – eight percent (78%) of respondents had no idea about Adventists temperance education. The remaining 70 respondents, representing 22% are those who were aware of the temperance education.

Another survey was conducted by the researcher about respondents who applied temperance education in some aspects of their lifestyle.

**Table 11: Respondents who applied temperance in their lifestyle**

Some aspect of Lifestyle	Frequency	Percentage
Eating habit	80	25
Exercise	90	28
Dressing	40	13
None of the above	110	34
Total	320	100

Source: Field Survey 2010

Respondents who applied temperance health education in their eating habit consist of 25% and in physical activity such as exercise is 28%. In dressing is 13% and those who do not consider temperance health education as aspects of lifestyles mentioned above is 34%.

### **Adventist Literature Healthcare Delivery**

Reading according to Rosenthal (1987:32) is the act of getting meaning from printed or written words. Reading plays an essential rule in the daily lives of most people. People read maps, labels, signs, recipes and directions for operating appliances especially new ones and also fill out forms.

Adventists Literature Healthcare Delivery centres on reading, that is, one's ability to read and comprehend what is being read. A survey was carried out by the researcher in the year 2010 to ascertain the number of people who read books at all either for pleasure or information. In this survey too, those who read health books in general and Adventists health books in particular was carried out. The table below expresses in figure and percentages of respondents who make reading their habit.

**Table 12: Categories of respondents who read health books**

Categories	Frequency	Percentage
Reading as habit	63	20
Those who read health books in general	60	19
Those who read Adventist health book	36	11
Those who read other books	58	18
Those who don't read at all	103	32
Total	320	100

Source: Field survey, 2010

The analysis of the survey shows that just 20% of respondents have developed the habit of reading books. Nineteen percent of respondents read health books in general. 11% read Adventist Health books. 18% read other books and 32% of respondents either do not take interest in reading books at all or are unable to read and understand.

Adventist church is founded on literature evangelism. More than 100 years ago when the church was introduced in Ghana, majority of Ghanaians were not literate yet the church through this approach thrived. In this era of Information, Communication and Technology where the level of literacy in Ghana is supposed to be high people are reluctant to read for information concerning their own health and welfare in general. There are a number of Adventist Literature Health reading materials in the form of books, magazines, journals and tracts yet from the survey people do not read them.

There is the need for Ghanaians to take health education serious not only what we hear from electronic media but also the print media as well.

### **Reasons for Adventists Hospitals Establishment**

There have been arguments as to why churches establish these health facilities. This brings to the fore the opinion of respondents in the communities where Adventist Hospitals and Clinics are found. The views among others are that, such establishments are to prepare grounds for soul winning. Others said their intentions are to generate income. They also said that such establishment were done on humanitarian grounds since most rural communities were denied access to poor health facilities. When the interview was conducted, it came to light such facilities offer job opportunities for people. It serves as strategy of getting people into the church.

The views sampled from GAHS director and the Adventist hospitals' Public Relation Officers in the Ashanti Region about the reasons for the Adventist Hospitals establishment are expressed in the table below.

**Table 13: Reasons for the Adventist Hospital Establishment**

Reasons	Frequency	Percentage
Soul winning	6	46
Economic gains	1	8
Humanitarian grounds	4	31
Others	2	15
Total	13	100

Source: Field Survey 2010

In all 13 Adventist Health Officers were interviewed. 46% responded that Adventist Health Institutions were established as mission strategy to win souls to Jesus Christ. 8% were of the view that Adventist Hospitals were established to generate revenue. 31% said that they were established on humanitarian grounds to offer assistance mostly to the rural communities to have access to medical care while 15% gave miscellaneous reasons for the establishment Adventist Health Services.

#### **Economic Benefits of the Establishment of Adventist Hospitals.**

People in the various communities worked in the hospitals ranged from labourers to medical doctors. Another range of employment included food vendors, porters and commercial drivers who also benefit immensely from the hospital. Alongside, various indirect activities such as saving and loans companies, insurance and “susu” and other activities were carried out.

The people within the catchment area of the Adventist Health Institutions benefit from the operations of these institutions in the provision of social amenities. At Wiamoase for instance, the building of the chief palace came into existence by the assistance of the hospital administration. They have sponsored and supported the building of many schools in their vicinities. Charity programmes are frequently carried out by the hospital staff and management. At Asamang for instance, the aged are periodically given free medical check-up or screening.

It seems that Adventists have larger membership in the operational areas of their hospitals. This might probably be due to the establishment of these health facilities. Other activities that the communities benefit from the hospitals and the clinics are free medical screening which are organized periodically. The medical screening, usually according to most of the hospital administrators are mainly eye screening and sometimes free immunization exercise for children and pregnant women. At Apaa clinic and Dominase hospital, it was found out that the medical staffs sometimes organize health education programmes for the community. The topics treated at such programmes usually include personal and environmental hygiene and nutrition.

In a nutshell, many people seek for healing from prayer camps and shrines. Many people do not read health books because they have not cultivated the habit of reading and those who read prefer other reading materials. Adventists hospitals are established not only for gains but for soul winning, assisting communities have access to healthcare facilities, supporting of social development and creation of employment.

## CHAPTER FIVE

### SUMMARY, RECOMMENDATIONS AND CONCLUSION

#### 5.1 Introduction

The study of the impact of the Seventh-day Adventist Health service reveals that healthcare delivery is an essential component of evangelization. It is one way of promoting evangelism. The target of evangelism is soul winning and this is not achieved in isolation. Other material things that enhance human conditions for better standard of living such as establishment of hospitals, clinics and dispensaries are also indispensable. The early missionaries in the pioneering stages of their work in Ghana saw the need of establishing schools and hospitals as part of their soul winning process.

#### 5.2 Summary

This study has revealed that Adventists place major emphasis on healthy living. Their literature healthcare system unfortunately is not popular even though there are a number them. This is due to the fact that the culture of reading as revealed in this study has not gained deep roots in Ghanaians. In addition, most Ghanaians in the rural communities of Ashanti Region where the research was carried out are largely illiterates. Also the busy nature of people is partially a cause of their inability to utilise health books.

The research also showed that people troop into shrines and prayer camps to seek for healing from spiritual and traditional healers for various reasons. One of such



reasons is that, patients spend a lot of time at the hospitals only to realize that the drug administered on them are not effective enough to cure their ailments. Others also claim medical doctors at the various hospitals are incapable of healing diseases which are sometimes considered to have spiritual causes.

The research further revealed that the aim of the establishment of Adventist

Health services are mainly to:

- Enable mostly rural communities have access to healthcare delivery facilities.
- Serve as a means of winning souls to Christ.
- Demystify the superstition about diseases and infections perceived to be caused by the gods.
- Provide health education, screening and immunization for the needy.

The economic and social impact of the establishment of these Adventist healths facilities included:

- The creation of employment for people in and around the catchment area of these facilities.
- The immense support to the developmental projects of the communities in cash and kind, construction of schools, community centres and provision of portable pipe borne water.

### 5.3 Recommendations

In this study, the following are recommended for action by all stakeholders:

- NGOs such as the Adventist Christian Health Services should be given the necessary boost by government in terms of provision of health facilities to widen their scope of operations especially in the rural communities where access to healthcare is difficult. The support will go a long way to help the nation achieve the Millennium Development Goals (MDG) 5&6 in health by the year 2015.
- Adventists insistence on temperance as a health principle must be intensified in all areas. This brings to fore the need for people to be conversant with health issues so as to live longer, healthier and to carry out their daily tasks successfully. The emphasis is not only on a healthy living but also a responsibility mankind owe to their Creator to be good stewards of our body of which we are accountable to God. This education when well understood is less expensive to achieving health for the individual.
- The causes of ill-health in some cases are as a result of environmental issues. There is the need for the Environmental Protection Agency (EPA), Ministry of Health (MOH), the church and other stakeholders to be more proactive by educating the public on environmental issues that could result to ill-health, hence this recommendation.

- Adventists have to strengthen their Wednesdays Prayer Service by extending it to cover the communities they have established hospitals. These would provide an avenue for people with spiritual problems to seek counselling from the pastors. It would also serve as a mechanism for preventing their converts from drifting into the shrines to seek for medical assistance.

#### 5.4 Conclusion

Adventist Health Services are established mainly to complement their religious duty of evangelisation. The act of making converts is not only preaching on mounted pulpits and platforms but it is seen as a holistic one. Among these are physical, mental, emotional, social well-being of people.

The impact of Adventist Christian Health Services among other things has enlightened people on the need to be conscious of what they eat as diet, utilise Christian literature healthcare to be informed about health principles. The establishment of Christian health services has immensely contributed to community social development, health education and other health related programmes like screening and immunization and finally church growth.

The Adventist Health Services in no small way is complementing the Ministry of Health in providing healthcare to people especially those in the rural communities where availability of healthcare facilities seems to be inadequate or virtually non – existence. In order to ensure a sound mind as the church prepares for the second coming of Christ Jesus, their aim must be holistic in dimension. Therefore, the

provision of healthcare facilities, insistence on health education, and adherence to health principles must always be taken serious.

# KNUST



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## APPENDICES

### APPENDIX 1

KWAME NKRUMAH UNIVERSITY OF SCIENCE AND TECHNOLOGY,  
SCHOOL OF GRADUATE STUDIES. COLLEGE OF ART AND SOCIAL  
SCIENCES DEPARTMENT OF RELIGIOUS STUDIES

# KNUST QUESTIONNAIRE

This questionnaire is drafted in order to seek for information concerning the impact of Adventists Health Services on their communities especially in Ashanti Region. This is purposely for academic exercise.

Status of Respondent.....

Age.....

#### Demographic and Socioeconomic Features

1. SEX  
MALE [ ]  
FEMALE [ ]
2. Number of children  
(i) 1-3 [ ]  
(ii) 4-6 [ ]  
(iii) 7+ [ ]



3. Type of occupation.
- (i) Private/Self Employed [ ]
- (ii) Government [ ]
- (iii) Unemployed [ ]
4. Level of education
- (i) Primary [ ]
- (ii) J H S / Middle form 4 [ ]
- (iii) SHS/ 'O' level [ ]
- (iv) Tertiary [ ]
- (v) None [ ]
5. Marital status
- (i) Married [ ]
- (ii) Single [ ]
- (iii) Divorced [ ]
- (iv) Separated [ ]
6. Religious affiliation
- (i) Christian [ ]
- (ii) Muslim [ ]
- (iii) Traditionalist [ ]
- (iv) Others (specify)..... [ ]

**Information and knowledge about impact of Adventist Health Services.**

7. Is the health institution a mission strategy to win converts?

Yes [ ]

No [ ]

8. Is the health institution affiliated to Christian Health Association of Ghana (CHAG)

Yes [ ]

No [ ]

9. Does the hospital or clinic support any of the under listed community development in their area of operation.

(i) Supply of portable water. [ ]

(ii) Provision of toilet facility [ ]

(iii) Building of schools [ ]

(iv) Construction of community centres [ ]

(v) Others (specify).....

10. What economic benefits do the community derived from the hospital/clinic?

For example: employment, list if there is any.....

11. Does the hospital/clinic offer any of these health related programmes for the

community:

(i) Screening [ ]

(ii) Immunization [ ]

(iii) Health education [ ]

(iv) Other (specify).....

12. Does the hospital refer certain treatment of diseases to any of the underlisted?

(i) Prayer camps [ ]

(ii) Shrines [ ]

(iii) Shrines/Herbalists [ ]

13. List places where people seek for healing besides hospitals.....

14. Which of the following is less expensive in administering of medicine to the patient?

(i) Mission hospital [ ]

(ii) Government hospitals [ ]

(iii) Private hospital [ ]

(iv) Prayer camps [ ]

(v) Shrines [ ]

(vi) Herbalists [ ]

## Adventist Literature Healthcare

15. Is reading your habit?

Yes [ ]

No [ ]

16. Do you read health books at all?

Yes [ ]

No [ ]

17. Do you read Adventist Health books?

Yes [ ]

No [ ]

18. Which of these books do you prefer most?

(i) Health books [ ]

(ii) Story books [ ]

(iii) Religious books [ ]

19. Is sanitation a problem in your community?

Yes [ ]

No [ ]

20. Do people live near or far away from dump site?

Near [ ]

Far [ ]

21. What receptacles do you use to dispose off garbage.....?

22. As a Christian health institution do you conduct devotional service in the hospital before the start of work?

Yes [ ]

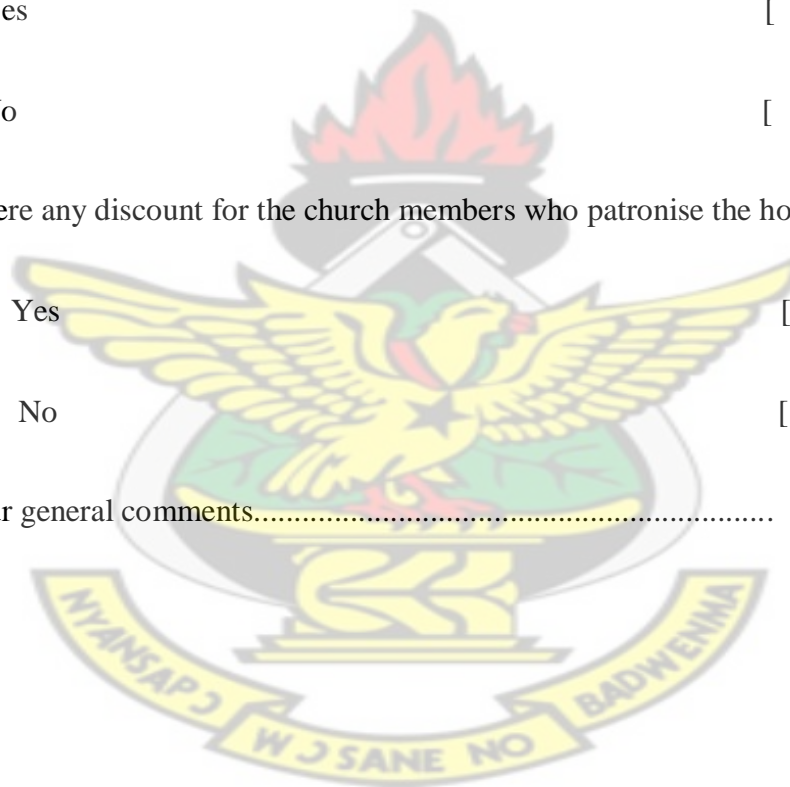
No [ ]

23. Is there any discount for the church members who patronise the hospital/clinic?

Yes [ ]

No [ ]

24. Your general comments.....



## APPENDICES

### INTERVIEW CONDUCTED

#### Appendix 1

Interview with Mr. Antwi Adjei, Biostatistician at Wiamoase Adventist hospital on Tuesday 29<sup>th</sup> June, 2010 in Wiamoase.

**Facilitator:** Since when was this hospital established?

**Respondent:** The hospital was established in 11<sup>th</sup> November 1996.

**Facilitator:** Has there been any inauguration since the inception of the hospital?

**Respondent:** The hospital was inaugurated in the same year of its establishment in 1996 by the then U. S. A Ambassador to Ghana.

**Facilitator:** Where did the institution get financial support for the building of the hospital?

**Respondent:** Sources of finance mainly come from Wiamoase citizen resident abroad who organised themselves to raise funds.

**Facilitator:** What about the means of acquiring the plot for putting up the hospital?

**Respondent:** The land was release to the S. D. A. Church for such project by the then chief of Wiamoase, Nana Subri Ansah II.

**Facilitator:** Is there any challenge that the hospital is facing?

**Respondent:** Yes, there are a number of challenges confronting the hospital such as acquisition of ambulance but the most pressing one is the under staffed medical doctors.

## APPENDIX 2

Interview with South Central Ghana Conference of S. D.A Health Administrator Mr.Osei Afriyie on Monday 10<sup>th</sup> May, 2010 in Kwadaso.

**Facilitator:** Sir, how many health institutions do you have in Ashanti Region?

**Respondent:** Thank you, we have a total of eleven health institutions in Ashanti region alone.

**Facilitator:** Are they all hospitals?

**Respondent:** No, out of the eleven, six have reached hospitals status and five are clinics.

**Facilitator:** sir, who is the manager of these health institutions?

**Respondent:** Well, these hospitals and clinics are managed by Ghana Adventist Health Services (GAHS) but they are being administered by the two conferences of the S.D.A

**Facilitator:** Where are these conferences?

**Respondent:** They are Central Ghana Conference at Kwadaso and South Central Ghana conference at Ahinsan all in Kumasi Metropolis.

**Facilitator:** Do you establish hospital for economic gains?

**Respondent:** The main purpose is to make health care delivery accessible to all especially rural communities.

**Facilitator:** Why do you attach so much importance to health as a church?

**Respondents:** It is not only a major principle of the church to make its converts to be healthy but also a foundation upon which the church is laid from the founding members.

### APPENDIX 3

Interview with Asamang Abena Kwabena Adventist Hospital Administrator Mr.Gyekyi on Tuesday 3<sup>rd</sup> August, 2010 in Asante Asamang.

**Facilitator:** Sir, why is this hospital called Abena Kwabena?

**Respondent:** The first hospital block was donated by a man who asked that it should be named after his mother – Abena Kwabena of Asamang.

**Facilitator:** Sir, what other activities go on around the premises of the hospital.

**Respondent:** I think the hospital has been a source of blessing in the life of the people here.

**Facilitator:** In what ways?

**Respondent:** Can't you see the sellers, the frequent movement of cars and others busily working there?

**Facilitator:** Sir, what other opportunities do the people benefit from the presence of the hospital?

**Respondent:** You see, about 30% of workers in this hospital come from this community.

**Facilitator:** Please, are there any health programmes that you organise for the people in this community?

**Respondent:** Oh yes, there are a number of occasions that we give health talks and free screening to the people especially the aged.

**Facilitator:** Do you think people utilise Adventist literature healthcare delivery?

**Respondent:** It is a big problem, because people of our era seem too busy all the time.



**Facilitator:** So what can we do to address the problem?

**Respondent:** I think people should be encouraged to take health issues serious.

**Facilitator:** Do you refer patients to spiritualists for healing.

**Respondent:** No, but sometimes after thorough diagnosis when no trace of disease is found, they rather decide on other options probably a man of God or Fetish priest for help.

**Facilitator:** Thank you sir.

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