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

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

In America too, medicine was a male-dominated profession until 1847. In Ghana, the first five Science Laboratories were opened in 1964 to only males. In contrast, their female counterparts studied courses such as sewing, cooking and family hygiene. This underscores the fact that women were not given the opportunity to engage in learning, hence female human resource in the medical field was unequivocally limited. Since inception, biomedicine in Ghana also operated, and still operates, along patriarchal and other related hierarchies.

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

1 Manath T. “Women and their organizations during the conventional people's party”, Institute of African Studies, 1991 [In English].
2 Ibidem
8 Ibidem
Their contribution notwithstanding, studies have shown that, women have been neglected and marginalised by societies including scholars who write on health and medicine\(^\text{16}\). This problem is further exacerbated when scholars refuse to emphasize the contribution of women to healthcare profession. Significantly, there has been scant literature concerning historical writings of women’s contribution to the medical fields. As a matter of fact, there are several works which focus on women; see for example, Manu (1991), Osseo-Asare (2013), Aidoo (1985), Arhin (1983) and Adu-Gyamfi and Brenya (2016) among many others\(^\text{17}\). Few studies have paid keen attention to the efforts of women and the roles of women in the field of healthcare. Concerning Ghana, there is still a hiatus; emphasis on research on women have been varied but it continues to leave the real discussions of the contribution of women at the periphery. Within the scheme of things, I discuss indigenous women biomedical practitioners at Obuasi- the Asante Region of Ghana. Here, I draw from receptive female practitioners, who sincerely shared their thoughts and daily experiences as health practitioners. I draw broadly from a research we conducted in the Obuasi area of Ghana, aspects of which have been published. From here, I pursue an intellectual interpretation of my dialogues with the women who have risen above historical and cultural bottlenecks as well as the drivers that keep them in the medical profession—women nurses, women midwives. I devote aspects of my writing to a discussion on challenges of women as healthcare practitioners—increasing workload, lack of logistics, patients’ non-compliance and longer working hours. Finally, I present some useful conclusive remarks to my interpretation of the dialogues I had with these enterprising female biomedical health practitioners.

**Rising above Historical and Cultural Bottlenecks**

Several cultural and historical factors have hindered women from leading and playing active roles even in medical professions that are closely linked to the direct care of women. In the traditional or indigenous medical fields, women in Ghana and Obuasi in particular have played roles that are contiguous to modern midwifery\(^\text{18}\). In Africa, during the colonial period, biomedical care—physician role among others were the reserve of Europeans; native Africans were subordinated to the roles of orderlies to perform menial tasks\(^\text{19,20}\).

Again, cultural beliefs continue to hinder women with rough interceptions\(^\text{21}\). From my dialogues with the women medical practitioners in Obuasi-Ghana, I infer that historically, women were believed to be cut-out for domestic chores. The discourses on women report that these cultural norms about the specificity of women’s role in the community continue to ensure the progress of women beyond their compounds\(^\text{22}\). Studies by Manu (1996) and Abane (2004) show that historically, men were entrusted with the responsibility of leading the household. Even though among the Akan communities, the discourses have centred on complementarity roles between men and women, the institution of biomedicine followed the Victorian values which were imbibed by the local people and practitioners during the colonial era\(^\text{23}\).

These have not entirely stalled the progress of women in the contemporary setting of Ghana. The factors that drove this growth or progress include prestige and passion, education and job security. Concerning prestige and passion, existing literature claims that most women enter into the health profession as a result of passion to care for humanity\(^\text{24}\). In my local dialogues with women biomedical practitioners in Ghana, they argued among other things that choosing their professions as nurses and midwives were borne out of their compassion for humanity and the will to serve others. It was further reported in my dialogues with the women that their passion to become midwives in particular, sometimes drove them to go through hectic times to acquire the relevant training and certification to practice\(^\text{25}\). The toll the average Ghanaian young woman goes through to rise to become a midwife cannot be gainsaid. Due to their innate passion to become nurses and midwives, these young women are neither stopped by poverty nor detractors. They sometimes labour in other vocations until they get enough funds to pursue their biomedical healthcare aspirations\(^\text{26}\). In fact, a significant section of my informants, thirteen in number, in the Obuasi area of Ghana, hinted that the nursing profession is a call to serve humanity. It requires a people who are selfless, compassionate, patient, empathetic and sensitive. It requires the ability to bring hope and love to the helpless and the needy in the society\(^\text{27}\). It has been argued that most nurses and midwives were naturally born with the attitude and character exhibited by Florence Nightingale; the care for humanity\(^\text{28}\). It is argued that about 60% of nurses quit work within their first year due to the lack of passion for the profession and absence of compassion toward people in particular\(^\text{29}\).

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\(^{16}\) Anyidoho N. et al. “Shakespeare Lives in Ghana: Roles, Representations and Perceptions of Women”, ISSER, 2016 [In English].


\(^{18}\) Twumasi P.A. “Medical Systems in Ghana: A Study of Medical Sociology”, Ghana Publishing Corporation, 1975 [In English].

\(^{19}\) Ibidem.


\(^{22}\) Abane H. “The girls do not Learn Hard Enough so they cannot do certain types of Work.’ Experiences from an NGO-Sponsored Gender Sensitization Workshop in a Southern Ghanaian Community”, Community Development Journal, N 39.1, 2004 [In English].

\(^{23}\) Manu T. “Women and their organizations during the convention people’s party”, Institute of African Studies, 1991 [In English].


\(^{25}\) Mary, Interview, Obuasi, (April 16, 2019).

\(^{26}\) Lucy, Interview, Obuasi-Kokoteasua, (17th April 2019).

\(^{27}\) Rahamat, Interview, Obuasi-Abompe, (17th April, 2019).


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

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

In addition, job security has been a basis upon which a majority of my informants in the Obuasi area of Ghana pursue or remain in the biomedical sphere or health profession. The question of rampant unemployment in Ghana remains a critical issue. Unemployment stands as one of the major challenges threatening the globe and Africa in particular. Significantly, aside economic problems, the issue of unemployment have had numerous impacts at the individual level. The literature argues that unemployment has the proclivity to result in psychosocial stress and emotional distress which can consequently result in serious mental health complications. Dialoguing with the nurses and midwives within the Obuasi community, they admitted that the aim to secure a job coupled with the interest of improving their living conditions and to evade unemployment informed their decision to be health practitioners.

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

The Question of Nature and Nurturing. The question of nature and nurturing is also in sync with the earlier dialogues in the first section. In a broader study, Adu-Gyamfi et al. referred to Frimpong (2016), who has reported that nursing is perceived to be a caring, nurturing, feminine, motherly and soft profession considered ideal for women. Since its inception, biomedical practices, were reported to be readily accessible to women due to the fact that the nature of the job was in line with the traditional role of women. Significantly, the activities and practices associated with midwifery, through history, have been a reserve for women.
In my dialogues with the local people, the informants hinted among other things that the availability of women have the potency to speed the recovery of patients. Specifically, a patient argued that, “women possess empathy and other features that support the recovery of patients”49. Karimi (2015) has reported that showing clients empathy is key to the nursing profession50. Similarly, one physician hinted that, “women are patient and have the motherly tendency to care and as such, take care of other people like their own wards”51. As reported by Pompilio; “the stereotypical toxic masculinity roles claim that men are not empathetic; they cannot nurture; they are not compassionate. Those roles are reserved for females”52. This has the tendency of discriminating against males who are enrolled in the nursing profession. A further dialogue with patients in the Obuasi community of Ghana showed that women nurses in Ghana are doing very well except for the few bad ones53.

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

Significantly, the World Health Organization reports that the nursing profession encompasses collective and autonomous care of individuals of all ages, families, groups and communities – sick or well in all settings58. Again, the literature reports that nurses stimulate health, prevent illness, restore health, and play diverse roles to reduce the suffering of patients59. Information from the literature is anchored by the dialogue I had with practitioners in Obuasi. One informant hinted that she attends to emergency cases, manages trauma and generally takes care of patients60. Similarly, a retired nurse reported that nurses give medications, injections, observe or monitor the health of patients make beds and clean wounds among other responsibilities61. The World Health Organization (WHO) has reported that midwifery involves care of women during pregnancy, labour and the postpartum period as well as care of the new-born62. Since its inception in 1917 in Africa, modern midwifery has been paramount in the provision of healthcare63. From its inception, midwifery has been viewed to be part of the natural roles of women; they are required to naturally attend to women during childbirth64.

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

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

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

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49 Opanyin Kwasi Poku, Interview, Obuasi, (April 27, 2019).
51 Dr. Agnes, Interview, Obuasi, (15th April, 2019).
53 Osei, Interview, Obuasi, (15th April, 2019).
55 Ibidem.
60 Mercy, Interview, Obuasi (April 21st, 2019).
61 Mansa, Interview, Obuasi (April 21st, 2019).
63 UNICAF. “How did Midwifery Start in Ghana.” Askmeghana, 2015, URL: www.askmeghana.com [In English].
66 Twumasi P.A. “Medical Systems in Ghana: A Study of Medical Sociology”, Ghana Publishing Corporation, 1975 [In English].
adequate health personnel to meet the growing health needs of the people. The case of Obuasi is a quintessential Ghanaian case. In the Obuasi community, limited health professionals have increased the burden on female practitioners in particular. This challenge which has exacerbated the lack of interest and political will of respective governments in Africa and Ghana in particular has reduced the pace or the possibilities of expanding the health-force and the female health-force in particular. The increasing challenge of workload is further compounded by the limited motivation (salaries) allowances for the Obuasi female biomedical practitioner in particular. Adu-Gyamfi and Brenya imply that the exodus of Ghanaian female nurses and midwives to the North America and Europe is partly due to the lack of encouragement and insufficient salary. This inadvertently increases the workload on female practitioners in particular.

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

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

Also, the relationship between health workers and patients have sometimes remained problematic. Several patients have been non-compliant to the female health workers in the course of receiving treatment. This makes it difficult for health workers in the feminine gender in particular to encounter challenges in the discharge of their duties. Nurses, midwives and physicians included in the research have reported about patient non-compliance and limited support from their families. Several studies have reported on medical non-compliance in North America and Africa. Some of the works include Trivedi and Asch (2019) and Lauffenburger (2019). These studies have reported on medical non-compliance and impatience. For example, Sharif et al. (2003) have reported that due to non-adherence to medical advice, patients who were lighthearted cured of their diseases return to the hospitals with severe complications. Similarly, my finding has revealed that, although discharged in a recovered state, there has been several instances where most discharged patients return to the hospital with serious complications of same treated diseases.

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

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

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

72 Manso J. F. et al. “Assessment of Logistics Management in Ghana Health Service”, 2013, DOI:10.18533/jibsr.v3i8.267 [In English].
79 Manuh T. “Women and their organizations during the convention people's party”, *Institute of African Studies*, 1991 [In English].
80 Mary, Interview, Obuasi, (April 16, 2019).
notwithstanding, women biomedical practitioners in Ghana and the Obuasi township in particular continue to remind the world that when women are given the required support and recognition in the area of medical care, they can improve upon the healthcare of Ghana and the continent of Africa in general. There is no doubt that the support women give in the area of nursing and midwifery has decreased maternal and infant mortality. Some years ago, a Ghanaian educator, intellectual, Pan-Africanist and Priest, James Kwegyir Aggrey hinted that if you educate a man you educate an individual, but if you educate a woman, you educate a nation. Indeed, there are more gains in ensuring increasing participation of women in all spheres of life including healthcare.

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