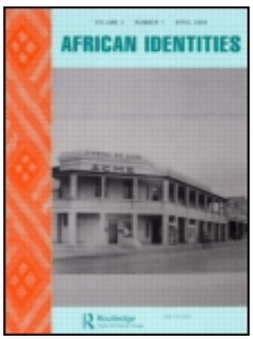

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RESEARCH ARTICLE

Personhood, human rights and health among the Akan and Igbo of West Africa

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Many African countries are now abreast with the need to link healthcare and human rights, but the individual factor to ensure this is missing. It has become imperative that health policy-makers reflect on the health of individuals within the community in order to achieve a holistic healthcare delivery. Thus, the patients' inputs and their cultural values are invaluable for community health. This essay attempts to identify and examine the relationship between healthcare and human rights based on the Akan and Igbo (African societies) concepts of personhood. The main argument of this essay is that the concept of personhood, as exists in the aforementioned indigenous societies, provides the framework for understanding human rights and healthcare based on cultural relativism. The essay identifies some of the discourses associated with human rights and healthcare in the western world and those of the Akan and Igbo.

Keywords: human rights; health; indigenous knowledge; Akan and Igbo

The paradigm for the study of human rights and health has shifted from need-based to ways of dealing with it (Gruskin *et al.* 2005). Consequently, human rights treaties and conventions encompass the relationships between health and human rights. For example, the International Covenant on Economic, Social and Cultural Rights (Article 12), the African Charter of Human Rights (Article 16) and the Protocol on the Rights of Women in Africa (Article 14) outline the rights to health and commit states to take the necessary steps to uphold these. Many conferences and institutions have advocated the need to commit more attention and resources into the implementation of health policies (Gruskin and Tarantola 2005). One of the best ways of doing this is to understand how people perceive health and human rights in their cultures. African countries have embraced the international treaties and rekindled their interest in linking healthcare and human rights. However, because of the diverse ways by which people perceive human rights, the debate about universalism and relativism needs to be addressed. The respect for differences and the right to be different with regard to cultural, linguistic and religious identity need to be reconciled with universal rights (UNICEF and UNESCO 2007, Himonga 2008). Furthermore, a rights-based approach requires the development of laws, administrative procedures, practices and mechanisms to ensure the fulfilment of peoples' entitlements, as well as opportunities to address violations. Mindful that the patients' inputs, especially their cultural values, are very important, the World Health Organization (WHO) calls for the translation of universal standards into

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locally determined benchmarks in order to measure progress and enhance accountability (WHO, 1979, 2008a, Stoskopf and Johnson 2010).

In this essay, I use content analyses to identify and examine the relationship between the indigenous African healthcare systems and human rights based on the traditional Akan and Igbo concepts of personhood. Based on poststucturalism's and postmodernism's arguments that seek to disrupt the cultural hegemony of the west (Ahluwalia 2010) and the African philosophy and thoughts about human rights advanced by Gyekye (1987), Wiredu (2002) and Ikuenobe (2006) that the concepts of communalism and reciprocity form the bases and principles underlying human rights among the Akan and Igbo, I argue that these principles of human rights apply to rights to healthcare in the knowledge systems and philosophy of the two ethnic groups. Furthermore, I argue that the principles of communalism and reciprocity commit people to fulfil certain obligations so that they can enjoy their rights to good health. I conclude that when policy-makers recognise the social and cultural rights of people, and apply the principles of rights and obligations as understood by indigenous Africans, the latter are likely to improve upon their level of participation in the healthcare delivery system for a healthy environment. This essay will, therefore, create avenues for discussing political and health issues among other indigenous groups in Africa for a better understanding of concepts in human rights and health.

Similarities and differences between Akan and Igbo

Akan and Igbo, who constitute major ethnic groups in Ghana and Nigeria, respectively, have been selected for this essay because they have similar philosophies about health and human rights. The choice will help me to explain the ideas that indigenous societies have on themes of this essay. As shown in the map below (Figure 1), the Akan live in the southern part of Ghana whereas the Igbo live in the south-eastern part of Nigeria. Both experience similar climates and vegetation.

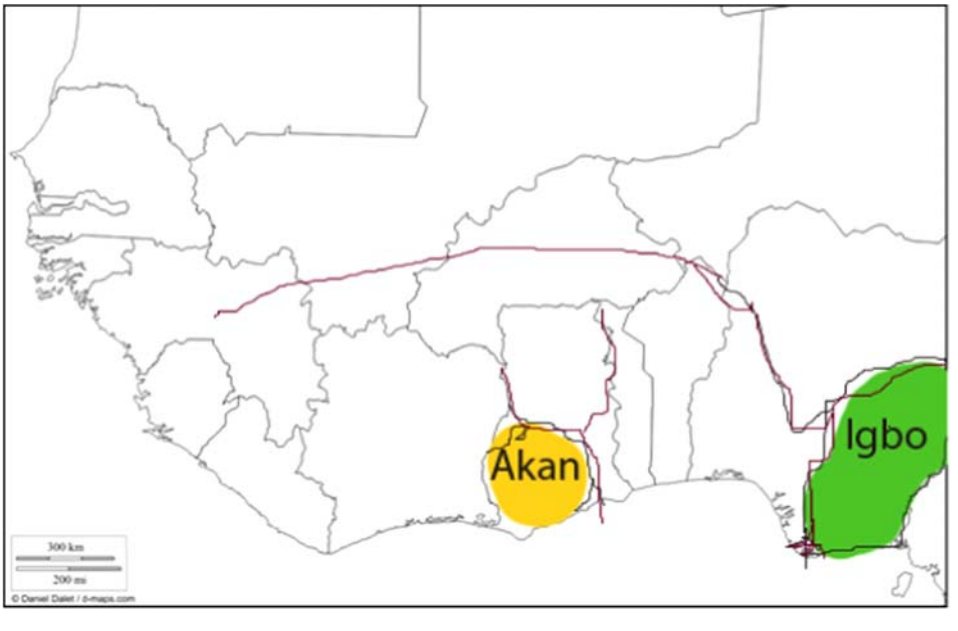

Figure 1. Sketch map of west Africa showing the location of Akan and Igbo.

Akan and Igbo share similar concepts in their linguistic, social, political and religious systems which influence their perception about health and human rights (Fortes and Evans-Pritchard 1940, Busia 1968, Sarpong 1974, Mbiti 1990, 1991, Gyekye 1996, Agbasiere 2000, Wiredu 2002, Awedoba 2005, Ikuenobe 2006, Turaki 2006, Konadu 2007, Obiagwu 2008). By belonging to the Kwa sub-group of the Niger-Congo language family (Williamson and Blench 2000), there is the high possibility for similarities in culture, especially their world view on human rights and health as explained under the Sapir–Whorf hypothesis (Wardhaugh 1992). With UNICEF and UNESCO's (2007) call for the importance of laws, administrative policies and mechanisms for addressing human rights violations, it is imperative to identify the ways by which the two groups approach human rights in their indigenous social and political systems. For instance, it is worthwhile knowing how the concepts of personhood, individualism, communalism, kinship and inheritance systems determine the sources of rights, and ways by which the political systems enforce rules and regulations about human rights.

Theoretical and conceptual frameworks

I construct a theoretical framework based on postmodernism, poststructuralism and social constructivism to explain the concepts of universalism and relativism in human rights. Furthermore, I use these concepts to examine personhood, individualism and communalism as exist in indigenous Akan and Igbo cultures to explain human rights in the healthcare delivery system. Ahluwalia (2010) argues that colonialism's 'civilizing mission' was linked to notions of modernity which suggested a temporal separation, rapture with tradition and rendering colonial peoples as non-modern. This made western powers see modernity as contemporaneous with the idea of progress. Poststructuralist and the postmodernist articulated the flaws of modernity. Postmodernism sought to deconstruct the logocentric narratives of European culture by attempting to break the binaries of imperial discourse and disrupt the cultural hegemony of the west. Based on this is the need to appreciate other cultures and deconstruct western concepts of human rights.

The debate on universalism and relativism has increased global efforts to develop a body of rights that all human beings could subscribe to. Some authors argue for universal human rights as the guidelines for measuring the extent to which nations comply. Their opponents argue that belief systems and history of groups differ, so human rights should be conceived within the social, historical and philosophical systems of a group. In healthcare, the culture of the patient influences the conception of diseases and health-seeking behaviour (Sindiga 1995, Kreuter and McClure 2004, WHO 2008a). Therefore, it would be better for Africans to reconsider issues of human rights and health within the framework of indigenous African philosophies; considering that they are potentially underserved in biomedical healthcare services.

Social constructivists challenge the familiar ways of constructing ideas. For example, Blundo and Greene (2008) argue that cultural biases, myths, metaphors and political contexts provide alternative perspectives on issues. Coupled with these is the different ways by which people explain their experiences (Gyekye 1987). For instance, people interpret what constitutes a disease and the acceptable interventions and treatments based on their cultures (WHO 1979, 2008b, Njogu 2005, Rosal and Bodenlos 2009). Similarly, the culture provides the spaces for communication on sensitive issues related to health and sexuality and sets the conditions for best practices for any curative and preventive cure. Furthermore, about 80% of Africans use traditional medicine (WHO 1979, 2008b). Therefore, it behoves healthcare professionals to understand their clients, as individuals, as well as members of

families or communities and be receptive to the patient's culture by using indigenous resources in the healthcare delivery system.

Ahluwalia (2010) identifies postmodernism as a theory of knowledge that deconstructs the narratives of European culture. He notes that postmodernism is similar to the breaking of binaries of imperial discourse, which postcolonialism addresses. One will agree with him that postmodernism and postcolonialism are counter discourses that seek to disrupt the cultural hegemony of the west. However, it is also worthwhile noting that postcolonialism also identifies the situation in which elites in the society create a power system in which they become the new colonialists and the African masses become the colonised (Fanon 2004). Therefore, postcolonialism has the potential to create the impression that modernity socialises people to accept everything European as the modern ways of doing things and that the urban people have been acculturated into these ways of life.

In reaction, Mkhize (2004) states that the European ways of life cannot be used exclusively to explain human needs across cultures and across time. He lamented that psychology, in developing societies, tends to favour the modern sectors, but this has not permeated the majority of people in rural settings. He, therefore, cautioned against the use of imported conceptual categories and philosophical abstractions to explain the needs and experiences of people in developing societies, and advocated indigenisation as the panacea for transforming foreign models to suit local cultural contexts.

All the above statements point to the importance of the patients' inputs in the healthcare delivery systems. In the course of preparing the documents on Africa's charter of human rights, African leaders resolved that they would consider the virtues of their historical traditions and values of civilisation in addressing the concept of human and peoples' rights. Though some people argue that at times culture prevents health interventions, a more positive and accommodative view sees it in terms of its strengths and capabilities.

Concept of personhood

Many African societies conceive the individual within the concept of personhood, which also links an individual with the community (Ikuenobe 2006). Among the Akan and Igbo, the conception defines who is a person, including what makes up the individual and what society expects of individuals as human entities (Gyekye 1996, Agbasiere 2000, Wiredu 2002). These expectations help to define norms and set the basis for mores, laws, policies and practices. The groups believe that three entities – blood, spirit and soul – constitute an individual. At conception, a woman provides the blood whereas a man provides the semen which fuse to form a human embryo. Both groups believe that the human being is made up of a material and non-material entities, and acknowledge the Supreme Being's crucial role in the provision of the non-material aspect. The breath of life is associated with the soul and destiny. Both Akan and Igbo have the maxim that only the Supreme Being knows the destiny of a person (Sarpong 1974, Agbasiere 2000, Wiredu 2002).

The authors mentioned above are silent on whether the Supreme Being provides the soul at conception or childbirth. However, they state categorically that man and woman provide their respective entities during conception. Some of the people with whom I discussed this issue said the Supreme Being provides it during conception, whereas others said it is just before childbirth. The best explanation that I gathered was that childbirth is a gift of the Supreme Being. Therefore, He honours the couple by allowing the fusion of the sperm and the ovum. This explanation seems to be ambiguous when viewed against the concept of reincarnation, which both ethnic groups believe in.

Reincarnation buttresses the point that the birth of a child is the loss of a person in the spiritual world and the vice versa. However, in as much as the newborn child is an ancestor reincarnated, he or she is also unique (Agbasiere 2000). Mbiti (1990) explained this phenomenon as partial reincarnation – not everybody is reborn, only some features are reincarnated. Similarly, Sarpong (1974) stated that individuals have dual destinies – one that they shape by themselves and the other by the Supreme Being. Therefore, individuals shape their lives in line with what the Supreme Being has ordained. Among the two ethnic groups, young children are named after the old or dead people to signify the probable reincarnation.

Dual destiny finds meaning in dual lifestyle. A person has an individual lifestyle and a communal lifestyle (Gyekye 1996, Ikuenobe 2006). Gyekye (1996) supported the ambivalent nature of communalism and individualism in a symbiotic relationship by defining communalism as 'the doctrine or theory that the community (or group) is the focus of the activities of the individual members of the community' (p. 36). Therefore, the cultural communities in which individuals live are their foremost priority and not their selfish interests. A balance between the two, where individuals realise their potential from the community and the community recognises individuals' achievements, is necessary. Thus, the individual cannot develop outside the framework of the community and the community too cannot dispense with the talents and initiatives of its individual members. Therefore, the idea of communalism places emphasis on the wider society, not necessarily to the detriment of the individual. The ethnic groups communicate these in a number of maxims and proverbs.

The importance of personhood stems from the belief that both individualism and communalism are important in the healthcare delivery system. The individual's and the community's attitudes can lead to the outbreak of diseases as well as a healthy environment. The communitarian features shape the attitudes of individuals. If the community's interests set the pace for individuals' attitudes, the latter will perceive unhealthy practices as deviance and advocate laws for healthy practices. This ensures success in public health.

Personhood and human rights

The interplay of universalism and relativism influences the ways by which laws are made to ensure that individuals in a group enjoy their basic human rights. For instance, universal human rights documents entreat nations to enact laws that ensure that citizens enjoy their rights. However, in traditional societies like the Akan and Igbo, morality endures more than the rule of law. The judicial systems examine the circumstances surrounding an act that breaches the law in line with the moral laws of the community. Therefore, the society examines every case on its own merit. The philosophical foundations of many African societies shape their traditional worldviews and guide them to establish the moral laws of the community based on the concept of personhood (Turaki 2006). Therefore, the moral laws serve as the bases upon which the society establishes human rights, human dignity, human well-being and health. Attesting to the profound relationship between a society's philosophy and theology, and the behaviour of its people, Turaki (2006) identified four philosophical foundations associated with African ways of life (holism, spiritualism, dynamism and communalism). He noted that each of these finds expression in moral laws – holism, in law of harmony; spiritualism, in the law of the spirit; dynamism, in the law of power and communalism, in the law of kinship. These foundations establish the expected behaviours of people by conditioning the rights and obligations that people must uphold to ensure human dignity and a healthy environment for the growth of the community.

The relationship between personhood and community provides the framework of rights and responsibilities within the society (Gyekye 1987, Wiredu 2002, Ikuenobe 2006). Wiredu (2002) explores the question 'what is it about [human beings] that makes [them] entitled to human rights, within the Akan perspective?' He linked the Akan conception of personhood to why and how people obtain rights. He stated, 'The Akan conception of person has both descriptive and normative aspects that are directly relevant not only to the idea that there are human rights but also the question of what those rights are' (p. 299). Using Aristotle's maxim that human beings are naturally political beings, he situated the political nature of humankind among the Akan within the context of the community, and argued that as individuals and communal beings, people enjoy certain rights and are supposed to render certain obligations to the community that they belong to. By having a soul, everybody has an intrinsic value, which is the same in everybody because they do not owe it to any earthly circumstance but the Supreme Being. Therefore, everyone is entitled to equal measure of basic respect. Similarly, the Igbo conceptualise a person in terms of his or her relationships with the group as conditioned by reciprocal rights and obligations (Agbasiere 2000). This is not different from the explanations offered by Gyekye (1987) and Wiredu (2002).

Donnelly (1982) provides a different perspective on the link between human dignity and human rights. He noted that many authors treat human dignity and human rights as equivalent concepts and argued that human rights present only an aspect of the realisation of human dignity. Non-western societies handle human rights in terms of duties that are neither derivative nor correlative to rights. They recognise the guarantee of human rights as essential to human life and human dignity. Therefore, they have elaborate systems of duties that ensure the protection of human rights. Donnelly (1982) posits that rights and duties do not go together and that when the rights holders are compared to those obligated to ensure that the rights prevail, the obligated acquires an advantageous position. He stated:

> The duties imposed by rights do not only operate at different levels but in different ways. Both what is demanded of the obligee and how those demands are imposed are crucially different; depending on what sense of right is involved .... Human rights are conceived as naturally inhering in human person. They are neither granted by the state nor are they the result of one's action .... To have human rights, one does not have to be anything other than being a human being. Neither must one do anything other than be born a human being (p. 306).

He also argued that human rights are not absolute and that there are few circumstances under which they might be justifiably overridden. Thus, Donelly's arguments uphold some of the principles outlined by the indigenous people, hence the idea of relativism, as would be explained soon.

Donnelly's arguments that human dignity is an aspect of human rights are in line with the WHO's outline of rights-based approach to health, which recommends the integration of human rights norms and principles, including human dignity and accessibility of health systems to all. However, the claim that duties are neither derivative nor correlative to rights is an abstract that should be deconstructed. Like Wiredu (2002), Donnelly (1982) argues that people enjoy rights because they are members of the human race. However, he does not identify the source of the rights and who ensures that members of the human race enjoy these rights. His argument that the state does not grant them raises some questions; for example, what does the state consider before granting them? Who ensures that they are there to be enjoyed?

On the contrary, Pearce (2001) states that the universalistic plans of the west targeted every aspect of indigenous African way of life for change. He notes that the Universalists' attack on the Relativists, particularly Africans, for focusing on the group and social rights,

makes human rights concepts removed a step away from the individual rights. Human rights in African societies support communal values, which place rights within the collective domain. Therefore, perpetual existence of rights goes with the support of resources.

With regard to health, Pearce (2001) states that Africans believe that a sickness has a strong social component. It results from the breakdown of social relationships whose imprints the individual's personality bears. This challenges healthcare providers to examine the effects of the collective on the individuals. He concludes that individualistic conceptions of rights without regard for the collective or group dynamics, values and the environment, lead to decontextualised approach to human rights. The dynamics of these value systems are the basis for examining health and human rights in the discussions, which follow.

Discussions

The discussions focus on three areas, namely, the role of the indigenous family systems in granting human rights, the obligations associated with the enjoyment of human rights and the discourse associated with health and human rights. As noted earlier, the concept of personhood explains the entities that make up a person and the moral expectations expected of him or her as a member of the human community. It also explains the underlying philosophies associated with why individuals have human rights. Therefore, the discussions in this section examines the interplay of these concepts in the indigenous knowledge systems of the Akan and Igbo to deconstruct human rights in terms of postmodern and poststructuralism and reconstruct human rights, bearing in mind the social constructivist idea that there are many ways of doing things.

The network of kinship, especially lineage, and the political systems generate a system of rights and obligations for individuals within the kinship system and the community. This is in line with Turaki's (2006) moral foundation of communalism which, he argued, explains the law of kinship. At birth, individuals are weak, defenceless and dependent, so they have the right to be nursed by members of their kin group (Wiredu 2002). Because the indigenous African societies build their political systems on the lineage systems (Fortes and Evans-Pritchard 1940), the lineages in the community have the collective responsibility to ensure that the members of the kin groups support their children to enjoy their rights. Based on this, individuals enjoy rights from the Supreme Being and their parents' lineages, depending on the lineage system. As a matrilineal society, the Akan obtain most of their jural, social, political and economic rights from the matrilineage, whereas the Igbo, who are mostly patrilineal, obtain most of these from their patrilineage. The Igbo maxim goes that agnates are one's source of strength (Okere 1983). Therefore, the Igbo are entitled to rights and privileges including healthcare from their patrilineage. However, they are also privileged honorary members in their mothers' lineage. Mothers' brothers protect individuals' jural rights in their fathers' lineages. The mother's lineage home is a place for refuge for a person who gets into serious trouble and is exiled. A typical example can be found in Achebe's (1996) *Things fall Apart*, where Okwonko left his own house and joined his mother's relatives for 7 years after he had killed Ekedu's son, accidentally.

Among the Akan, a father has to provide his children's basic needs until they are ready to marry and be independent from parental control (Wilson 2011). He is obligated to educate his children and guide them to acquire gainful livelihood to prepare them for the future. After marriage, a person's matrilineage becomes responsible for his or her rights and privileges. The element of personhood that fathers contribute (the spirit) links the offspring to their fathers, and the latter's lineages permanently. The rights that one enjoys

during one's childhood transform into obligations when one grows up and has to reproduce and take care of one's children and parents.

The role of the Supreme Being in the perception of human rights is that through the soul, which individuals obtain from Him, they become spiritual beings with religious and moral obligations. The Akan and Igbo associate the soul with destiny (individual) and human dignity (communal). Individual destiny means people have different abilities. Human dignity implies that every human being is entitled to equal measure of basic respect, which transmits into rights (Wiredu 2002). Individual ability and collective dignity mean that individuals use their ability for the benefit of the society. In the spirit of communalism and reciprocity, every member of the community has to give out something that other members need, and in return take away some of the things that others have given, based on their needs. This buttresses the Akan maxim 'the individual is not a palm tree'. The symbolism associated with the palm tree is that every part of it is used to produce something and the residue serves as a by-product for another round of production. Therefore, it symbolises self-sufficiency.

The dynamics of personhood and human rights begins from the clan level to the community. The Akan have the maxim 'The individual descended from the spiritual world and landed in the clan (community)', whereas the Igbo maxim goes 'because the tortoise has no family it has already made its coffin'. The state charges the clans to see to the welfare of their members. With the clans as the main social and political units, they organise their members as households and lineages. These subunits ensure a fair contribution and distribution of resources among the members so that both the rich and the poor enjoy their rights and human dignity.

It is pertinent that African culture is shaped within interdependence, communalism and reciprocity. These transmit into rights and obligations that the states (societies) task the traditional family structures to uphold. Rights are not in abstract terms. Therefore, the possibility that the state, which has to see to the rights of the individuals, will be found to be trampling on the rights of people, as happens in many modern societies, will be slim. The clans take up the responsibilities of ensuring the rights of its members and, therefore, put structures in place within the state to fulfil this.

Human rights, obligations and healthcare

Considering the importance of human rights in the healthcare delivery system, it is worth understanding the relationship between each of them and the concept of personhood. As noted earlier, the concept of personhood evolves from conception, through childhood to adulthood until a person dies. Furthermore, the African Charter of the Rights and Welfare of the Child (Article 31) and the African Charter of Human and Peoples' Rights (Articles 27–29) state categorically that children have obligations to their families and communities. Therefore, both children and adults have responsibilities to ensure that human rights prevail in their communities. A child is weak and needs the support of the parents for its survival. All children are entitled to basic needs such as nurturance, a safe environment to live in, attention, food and nutrition, security, healthcare, education and a hopeful future in order to grow into healthy and productive adults (Goonesekere 2007). Thus, child survival, a public health concern, is upheld as a right among the Akan and Igbo. Children enjoy this as inalienable right until they get to a stage in life that the society expects them to provide certain obligations to reciprocate the gesture.

In order to ensure the high level of participation that the WHO advocates, society needs to identify a health and human rights concept that evolves along the concept of

personhood. For the Akan and Igbo, these evolve from the individual through the family to the community. For instance, they perceive a person as an individual with personal values, and a member of the community with communal values. Furthermore, they perceive that traditional concepts of health have both an individual and communal dimension, and that the individual's well-being or health depends on a balance between his or her mind (conscience), body and the spirit (Appiah-Kubi 1981). Therefore, if people do things contrary to their conscience, they will be overburdened by their conscience and fall sick. The interplay between individualism and communalism makes traditional healers admonish patients to confess their sins to maintain the balance between themselves and other people so that patients will get healed (Appiah-Kubi 1981). Families are obligated to create the environment for their members to participate in politics and enjoy their basic human rights including effective healthcare delivery. The relationship between a person's health and that of the community (public health) calls for a balance between individuals and their environment (social, physical, biological and religious). The society ensures success of public health by placing the responsibilities of enjoying a healthy environment on the people. The Akan share this in the maxim 'unstable conditions within the states begin from individual households'. They use this in politics. However, it can also be applied in health because as individuals participate in politics, their inputs provide the framework for the policies that condition health as human rights. Therefore, high level of health among individuals in the community translates into a healthy community. While the individuals ensure their personal health, they also show concern for other people's health. The community ensures this by organising communal labour, public education and religious rites, and making rules and regulations for efficient public health systems.

The concept of personhood provides the impetus for effective reproductive health systems in which everyone participates. Unity among the three entities of a person (body, spirit and soul) is necessary for conception and birth. A husband ensures that his wife lives in a healthy environment for her survival and that of her foetus. The woman's responsibility is to endow the foetus with its bodily characteristics, or to ensure that the foetus is formed well. She does this by disclosing any pregnancy to her husband and demanding the best of healthcare provision, including performance of the necessary rituals, provision of antenatal care from a renowned medicine man or woman. She is obliged to take her medications, observe pregnancy taboos and many more (Christensen 1954, Agbasiere 2000). Translating these traditions into modern life means that both husband and wife have roles to play in antenatal and postnatal care. The role of the Supreme Being is couched in the belief in his omnipotence and omnipresence. He is not visible but believed to be present always and everywhere (Mbiti 1990). Therefore, his roles are delegated to the community and hence the need for the community to ensure that individuals in the community are in good relationship with their environment. The indigenous people believe that if the community fails to do this, it will experience a calamity or a plaque, thereby making the individuals and community suffer; and hence the community's challenge to families or households in the form of laws, rituals and customs.

Health and human rights discourse

The way people perceive health influences the discourse of human rights under universalism and relativism. Understanding the discourse helps to establish the essence and roles of individuals in the society. Under universalism, I examine inalienability of rights and equity whereas for relativism I examine rights in relationship with religion. Should society concern itself with equity when the impact of an action differs by gender,

and equality is detrimental to the health of an individual or community? Second, do men and women in Akan and Igbo societies have reproductive rights or obligations?

Universalism argues for the inalienability of human rights and creates the impression that rights must always be exercised. Therefore, if the intended results are not being achieved, then somebody must be preventing someone from enjoying those rights. However, relativism of human rights under the Akan and the Igbo emphasises that one performs obligations in return for one's rights. Where individuals exercise their rights without recourse for communal solidarity, the community will condemn their actions. A typical example is that the society may uphold gender equality, but when smoking is very harmful to the foetus the society is likely to criticise pregnant women for smoking. This may be seen as gender discrimination, but for the sake of the health of the foetus and that of the future generation, a biased intervention will be worthwhile.

Many authors, including Hartmann (1995) and Fathalla (2004), state that African women do not have reproductive rights. This is a typical modernists and structuralists argument which the postmodernists and poststructuralists should deconstruct. However, this status quo remains for the fear that one will be labelled an anti-feminist or anti-development because population dynamics have become apolitical. Therefore, society must make efforts to reduce population. Furthermore, reduction in population has been tied to women's empowerment thereby creating the impression that men hold women's power. The binary situation created in the case of reproductive rights is that men seek to increase population, whereas women do otherwise. Therefore to be modernised, men should reverse that power to women to ensure a decreased or stable population.

One of the discourses in reproductive health between modern societies and the indigenous Akan and Igbo societies is that modern societies associate reproductive health with rights, whereas the latter associate reproductive health with both rights and responsibilities. The modernists argue that because the reproductive rights of women in the developing world are vested in their husbands, they can best be described as 'reproductive wrongs'. Hartmann (1995) and Fathalla (2004) advocate that societies should vest such rights in women who bear the chunk of reproduction. Furthermore, childbearing should be made freely based on informed choice. It becomes a 'reproductive wrong' if fertility control by women is turned into fertility control of women. The impression creates a binary situation in which women are often not informed but men are informed. Therefore, men become victims of the blame game in reproductive rights.

Okonjo's (1991) caution to scholars to jettison the male super ordination and female subordination dichotomy in their analyses of the position of women in African societies and Njogu's (2005) that scholars should use the positive and accommodative view of culture as a resource for care and social support system will suffice here for critical analyses. Hartmann's catalogue of complaints from women about their inability to access their reproductive rights and autonomy gives the impression that men always 'demand' sex and women have to yield. Akan and Igbo cultures spell out rights and obligation of couples. Married women have rights to sexual satisfaction from their husbands in return for fidelity (Agbasiere 2000, Nukunya 2003, Awedoba 2005). These mutual rights and obligations are communicated to initiates and newly married couples (Sarpong 1971, 1974). One may wonder if women refuse to exercise these rights. In a research conducted in Ghana by Awusabo-Asare *et al.* (2004), many women claimed that they did not consent to their first sex experience. Upon further questioning, they admitted that sex has always been presented as a man's business, so a woman will hardly accept that she consented to her first experience. Probably, this may influence the people's perception about sexual rights and hence men are seen to be on the offensive in matters of sex and sexuality.

Universalism is about individual choice as it is framed in the United Nations Declaration of Human Rights. However, an individual's choice will likely be based on the community's values. In the African situation in which individualism is good if only it is used for the benefit of the collective or community, building a local premise on a universal one may not augur well. With reproduction perceived in terms of obligations and rights, the indigenous Akan and Igbo societies encourage high fertility among their women. Among seven things that the typical Akan prays for is fertility (Warren 1986). 'For the traditional Igbo community, marriage must be fruitful. Its fruits are children . . . without children . . . marriage is incomplete' (Obiagwu 2008, p. 59). Furthermore, Obiagwu (2008) espoused Mbiti's (1990) assertion that marriage is a religious obligation through which individuals propagate and eschew the extinction of humankind. He attributed this to the Igbo as well and emphasised Mbiti's point that despising these sacred obligations would not augur well in an indigenous Igbo society.

Attributing fertility to women in the field of demography and health demonstrates the need for women to have a voice about it. In both traditional Akan and the Igbo cultures, women's voices on fertility manifest in the rituals for fertility. The people present fertility in feminine terms. They vest it in a goddess – *Akuaba* among the Akan and *Isia* (in the Ohofia area) and *aja-ani* (in the Nri area) among the Igbo (Agbasiere 2000). In Ihofia, women perform rituals to *Isia* to supplicate for increase in fertility. It is a taboo for men to go pass them on the way to or from the shrine. In Nri both women and men perform the rituals, but women offer the ritual gifts of the community. Women pour libation in this particular ritual but in other rituals men do that. In the *aja-ani* rituals, women pray for their personal *chi* (soul or goddess) to ensure fertility for their female descendants and their husbands. Among the Akan, women perform rituals for *bragoro* (puberty rites). Most of the prayers offered during this time are for fertility (Sarpong 1971, 1974, Warren 1986). These show that fertility and reproductive rights are matters for both men and women but more of the women's power and their rights to invoke the supernatural.

Some of the rights that the universal documents provide do not conform to traditional Akan and Igbo cultures, for example, the right to abortion. It is very difficult to talk about the rights to abortion because the indigenous peoples perceive it as an anti-social practice, and probably a taboo. African women's rights advocates such as Dolphyne (1995) and Sofola (1998) detest western feminism because it advocates foreign ideas such as rights to abortion, and lesbian and gay rights while the average African woman perceives rights in politics of survival – a situation in which women will rather exert their energies in ensuring the welfare of their family members, especially children. For instance, they have played effective roles in ensuring food sufficiency in the mist of policies such as the Structural Adjustment Programme which brought about situations like those where their husbands were laid off and they could not access maternal and child healthcare services.

In contrast to universalism, which often considers abortion as a right, both indigenous Akan and Igbo societies conceive it as bloodletting. Blood is sacred to them so shedding it pollutes the earth and violates the covenant between the earth and humankind. Therefore, they abhor it unless it is a command from the deities or in war. They even consider accidental death as an abomination for which the community must be purified (Obiagwu 2008). Agbasiere (2000) stated that there seem to be no definite view about when a foetus becomes imbued with life, other than the biological; but her discussions with Igbo women on the causes of miscarriage suggested that the moment a pregnancy is determined, there is life in the foetus. Among the Akan, once a woman detects that she is pregnant, she conceives the development of another person's life within her and observes taboos, including those of her

husband's *ntoro* or *egyabosom* (patrilineal cult) to ensure the well-being of the foetus (Christensen 1954, Wilson 2011).

Though the Akan and Igbo cherish high fertility, they abhor situations that are likely to endanger the health of mothers and/or children. Therefore, they cherish birth-spacing and long period of breastfeeding (Nukunya 2003, Awedoba 2005). Elderly women encourage nursing mothers to breastfeed their children very often and stay away from postpartum sex until the child is weaned. This helps to space the intervals between childbirth. The kin group and community support nursing mothers by offering to do the routine strenuous chores such as fetching water and sweeping, and encourage them to abide by good traditional practices that ensure good health for mothers and their children. Furthermore, the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa provides for rights to abortion only if keeping the pregnancy will endanger the health of the expectant mother or it resulted from rape or incest [Article 14(c)]. Where the rights that people advocate oppose cultural values they evoke cynicism and prevent other people from that culture from joining in such advocacies.

On the contrary, some traditional belief systems may also interfere with upholding human rights. They do not encourage people to seek knowledge. Therefore, the system creates a congenial environment for socio-political and religious power holders to trample upon people's right to sex education and healthcare. For instance, in times past, the indigenous Akan attributed difficulty in childbirth to infidelity on the part of the woman (Christensen 1954). This often led to maternal mortality because women were not referred to competent healthcare providers who could have saved the situation. The Igbo considered multiple births as reducing the human race to that of animalistic instincts, or human beings taking the form of *nso ani,* and therefore an abomination which should be eradicated before it polluted the rest of the society (Bastian 2001). Therefore, the society allowed such children to perish.

The situations above raise a number of questions. For example, prayers are not always answered. Therefore, why should difficult childbirth be attributed solely to offending one's husband, because he has prayed for safe delivery for her? If the people believe that the Supreme Being's role to conception is exerted in the concept of personhood, and he is infallible, why should humankind even think of multiple births as reducing humankind to animalistic instincts? Ironically, whereas the Igbo abhorred women associated with multiple births, the Akan rewarded such women. They were also associated with powers to heal pains and fractures and, therefore, played important roles in the healthcare delivery system.

Conclusion

Human rights have become a major component of the healthcare delivery system. Because rights-based approach calls for the participation of the patient in the treatment process, and the way patients perceive health is influenced by their culture, there is the need for human rights to go beyond universalism. Communities have different practices and beliefs about health and human rights. For instance, differences exist in the ways people perceive diseases and good health including reproductive health. In indigenous African societies like that of the Akan and Igbo, human rights go with the obligations to uphold other people's rights and ensure that all contribute their quota to provision of resources for attaining the rights available. The African Charters on the various human rights documents state this clearly.

Incorporating the beliefs and value systems of a group in the design, delivery and evaluations of targeted interventions and programmes in the healthcare delivery system is

very important. Because the history and culture of peoples differ and effective participation is likely to be influenced by the history and culture of a group, universalism cannot be holistic. The universal documents should serve as guidelines for local phenomena since countries have different situations and experiences. Therefore, knowledge of indigenous human rights systems such as those for the Akan and Igbo is worth examining. These can serve as a framework for analysing other indigenous groups for effective and efficient provision of healthcare in which the beneficiary is involved in making the policies, in the design, implementation, monitoring, and evaluation of health-related policies and programmes.

Where the universal practice frowns upon something because it does not follow universal principles and that is not detrimental to the health of indigenous people, the indigenous culture can be upheld instead of treating it as primitive. On the other hand, where the culture is detrimental to human rights, healthcare providers should be sensitive to the culture as they impress upon the people to change their ways. To be able to do this effectively, policy-makers and service providers must have a clear understanding of the relationship between the traditional practices and beliefs of the communities and the conventional methods of doing things.

Notes on contributor

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