



Intergenerational Transmission of Traditional Healing Knowledge in Ghana: Challenges and Innovations among the Nzema, Fante, Wassa, and Ahanta Ethnic Groups in the Western Region

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Abstract

This study investigates the intergenerational transmission of traditional healing knowledge among the Nzema, Fante, Wassa, and Ahanta ethnic groups in Ghana's Western Region. Drawing on a mixed-methods approach—comprising in-depth interviews, focus group discussions, surveys, and participant observation—the research explores how cultural knowledge is passed from elders to younger generations, the socio-cultural barriers hindering this process, and community-led innovations aimed at preserving indigenous healing traditions. The findings reveal a complex interplay between respect for ancestral wisdom and the pressures of modernization, education, and biomedical dominance. While traditional healers remain vital to community health and identity, declining youth interest, secrecy among elders, and structural marginalization pose significant threats to continuity. Nevertheless, participants emphasized actionable strategies for revitalization, including digital archiving, educational integration, and government recognition of traditional practices. The study underscores the need for policy frameworks that safeguard cultural

while fostering its relevance in contemporary health systems.

Keywords: Traditional healing, intergenerational transmission, indigenous knowledge, Ghana, cultural preservation

Introduction

Traditional healing systems in Ghana are deeply rooted in the socio-cultural and spiritual fabrics of various ethnic communities, including the Nzema, Fante, Wassa, and Ahanta of the Western Region. These systems, which encompass herbal medicine, spiritual healing, bone setting, and birth assistance, represent centuries of accumulated indigenous knowledge passed through generations (Tsey, 1997; Gyasi et al., 2016). However, with rapid modernization, formalized biomedical systems, and evolving youth identities, the transmission of traditional medical knowledge from older to younger generations faces significant challenges.

The Western Region of Ghana, known for its cultural richness and diverse ethnic compositions, presents a unique context for examining the dynamics of intergenerational knowledge transfer. Among the Nzema and Ahanta, traditional healers play integral roles in community health management, often



doubling as custodians of both physical and metaphysical well-being. The Fante and Wassa also maintain longstanding herbal traditions and spiritual practices, which are threatened by urbanization, educational shifts, migration, and the increasing influence of Western medicine (Amoah et al., 2018).

This study is driven by the concern that the erosion of indigenous medical knowledge not only weakens cultural identity but also risks losing valuable ethnomedical wisdom that could complement contemporary health systems. Despite several calls for the integration and preservation of traditional medicine (WHO, 2013), there is little empirical research on how this knowledge is transmitted, especially in multi-ethnic regions like Western Ghana.

The study seeks to investigate how traditional healing knowledge is transmitted across generations among the Nzema, Fante, Wassa, and Ahanta peoples, identify challenges and threats to this transmission, and explore community-driven innovations or interventions aimed at preserving this cultural asset. Understanding these dynamics is crucial for both health equity and cultural sustainability.

Methodology

Research Design

A mixed-methods design was employed, combining qualitative ethnographic approaches with quantitative survey data to capture a holistic picture of intergenerational transmission of traditional healing knowledge. The

qualitative dimension enabled a deeper understanding of cultural practices and the lived experiences of healers and community members, while the quantitative component facilitated generalizability and pattern identification across ethnic groups.

Study Area

The study was conducted in selected communities within the **Western Region of Ghana**, focusing specifically on the **Nzema, Fante, Wassa, and Ahanta** ethnic groups. These groups were selected due to their historically rich engagement with traditional medicine and their representation of both coastal and inland cultural perspectives.

Study Population and Sampling

The target population included:

- Traditional healers (herbalists, spiritualists, traditional birth attendants)
- Youth and apprentices
- Community elders and custodians of indigenous knowledge
- Health officers involved in alternative medicine regulation

A purposive sampling technique was used to identify key informants with deep insights into healing traditions. A snowball sampling strategy followed, where initial participants referred others engaged in traditional healing. Additionally, 200 community members



were randomly surveyed across the four ethnic groups.

Data Collection Methods

- In-depth interviews (IDIs) were conducted with 30 traditional healers and elders to understand how they acquired their knowledge, who they pass it on to, and the challenges faced.
- Focus group discussions (FGDs) (8 groups in total) were held with youth (ages 18–35) from each ethnic group to explore perceptions, interest levels, and barriers to engaging with traditional healing.
- A structured questionnaire survey was administered to 200 community members (50 from each ethnic group) to quantify beliefs, practices, and intergenerational knowledge trends.
- Participant observations were conducted during healing rituals, herbal preparations, and mentorship sessions.

Results

Table 1: Demographic Profile of Respondents (N=200)

Variable	Category	Frequency (n)	Percentage (%)
Ethnic Group	Nzema	50	25.0
	Fante	50	25.0
	Wassa	50	25.0
	Ahanta	50	25.0

Data Analysis

- **Qualitative data** from interviews and FGDs were analyzed thematically using NVivo 12. Emerging themes included knowledge acquisition pathways, secrecy, trust, and modernization.
- **Quantitative data** were analyzed using SPSS v25. Descriptive and inferential statistics (Chi-square tests, cross-tabulations) were used to explore differences in knowledge transfer patterns and interest in traditional healing among age groups and ethnicities.

Ethical Considerations

Ethical clearance was obtained from the relevant Institutional Review Board. Informed consent was secured from all participants, and pseudonyms were used to protect identities. Cultural sensitivity and respect for local customs guided all fieldwork.



Age Group	18–30	70	35.0
	31–50	90	45.0
	51+	40	20.0
Gender	Male	104	52.0
	Female	96	48.0
Education Level	No formal education	38	19.0
	Basic	60	30.0
	Secondary/SHS	64	32.0
	Tertiary	38	19.0

The study sampled an equal number of participants from the Nzema, Fante, Wassa, and Ahanta ethnic groups (25% each) in the Western Region of Ghana. Respondents were fairly balanced in gender—52% male and 48% female.

In terms of age, the majority were 31–50 years old (45%), followed by 18–30 years (35%), and 51 years and above (20%), reflecting a mix of youth, middle-aged, and elder perspectives.

Educationally, 32% had secondary/SHS education, 30% had basic education, while 19% each had no formal education or tertiary qualifications. This mix illustrates that traditional healing knowledge cuts across educational backgrounds.

Table 2: Knowledge Acquisition Pathways among Respondents

Mode of Learning Traditional Healing	Frequency (n)	Percentage (%)
Through family apprenticeship	82	41.0
Through spiritual calling or visions	30	15.0
Community mentorship	16	8.0
Formal or semi-formal herbal training	12	6.0
Not involved / No knowledge	60	30.0

Family apprenticeship remains the dominant mode of knowledge transfer (41%), with spiritual callings still influential (15%). However, 30% of respondents, mostly among the youth, reported no involvement in traditional healing, suggesting a potential generational gap in knowledge transmission.



Table 3: Willingness of Youth to Learn Traditional Healing

Response	Frequency (n)	Percentage (%)
Yes, very interested	24	12.0
Somewhat interested	50	25.0
Neutral	36	18.0
Not interested	54	27.0
Strongly against it	36	18.0

Only 12% of respondents expressed strong interest in learning traditional healing, while 45% were neutral or not interested. This indicates that a significant segment of youth might be disengaged from the healing tradition unless deliberate efforts are made to attract their interest or bridge knowledge gaps.

Table 4: Perceived Challenges to Knowledge Transmission

Identified Challenge	Frequency (n)	Percentage (%)
Lack of interest from the youth	88	44.0
Secrecy by older generation	70	35.0
Influence of Western medicine	58	29.0
Urbanization and migration	46	23.0
Fear of spiritual consequences	36	18.0

Respondents identified lack of youth interest and the culture of secrecy among elders as the two leading threats to intergenerational knowledge transfer. Western influence and migration also play a role in eroding traditional practices.

Qualitative Results

1. In-depth Interviews (IDIs) with Traditional Healers (n=30)

Key Themes:

- **Secrecy and Trust:** Healers reported that knowledge is only passed to those they trust, often family members or spiritually chosen individuals. Many expressed fear that youth would commercialize or misuse sacred knowledge.

"In our tradition, not everyone is allowed to know the secrets. The spirits guide who can be taught." — Male healer, Nzema



- **Declining Interest from Youth:** Several elders lamented that their children or grandchildren are more interested in “white-collar jobs” than learning herbal healing or spiritual practices.

"My own grandson says he wants to be a banker. None of them want to sit in the bush and learn herbs." — Elder, Fante community

- **Modern Interference:** Some expressed concern that mobile phones, urban life, and modern education are shifting youth attention away from community-based learning.

"Now they want fast things. Healing is patience, spirit, and discipline — today's children don't want that." — Female healer, Ahanta

2. Focus Group Discussions (FGDs) with Youth (8 Groups)

Key Insights:

- **Perceived Irrelevance:** Some youth felt traditional healing was outdated or unscientific, associating it with rural life and superstition.

"People laugh at you if you say you're learning herbs. They think it's bush medicine."

- **Desire for Modernization:** A few participants suggested traditional knowledge should be documented, taught in schools, or digitized for relevance.

"If we had a way to learn this in a structured way, even online, more people might be interested."

- **Fear of Spiritual Repercussions:** Some feared involvement due to beliefs about spiritual consequences of learning or misusing healing practices.

"We've heard stories. If you disobey the spirits, things can go wrong. That's why many don't want to try."

Discussion

This study examined the mechanisms and sustainability of traditional healing knowledge transmission among the Nzema, Fante, Wassa, and Ahanta communities in Ghana's Western Region. The findings illuminate a dynamic intersection between cultural identity, generational knowledge flow, and the shifting status of indigenous medical systems under contemporary

social, educational, and economic pressures.

A consistent concern voiced by traditional practitioners and elders was the diminishing interest of younger generations in traditional medicine. This observation echoes broader patterns across sub-Saharan Africa where globalization, formal education, and biomedical dominance are contributing to the erosion of indigenous knowledge



systems (WHO 2013; Gyasi et al. 2016; Bodeker and Kronenberg 2002). In particular, the dependence on oral tradition through apprenticeship, observation, and initiation rituals renders these systems highly vulnerable to generational discontinuity (Anyinam 1987; Abbo 2011). The shift toward Western education and digitized communication often sidelines traditional epistemologies, creating what Dei (2000) describes as a knowledge hierarchy in which indigenous systems are marginalized.

Indeed, younger respondents often expressed ambivalence or skepticism toward traditional healing practices. Some viewed them as outdated or unscientific, while others admitted to hybrid practices combining biomedical and indigenous care. These responses reflect a growing trend of syncretism in African health-seeking behavior as documented by Aikins et al. (2010), who advocated for integrative frameworks that respect both biomedical and indigenous paradigms. Similarly, Boateng and Quansah (2017) noted that younger educated Ghanaians are not necessarily dismissive of traditional healing but require systems that ensure safety, efficacy, and accountability.

An important finding from this study is the tension between knowledge preservation and transmission. Practitioners lamented the lack of structured documentation and the risk of knowledge being lost with their passing. This concern aligns with previous research suggesting that the sustainability of traditional medicine is

deeply tied to its institutionalization and protection (Kasilo et al. 2010; Busia 2005). Several respondents recommended the formal documentation and digital archiving of indigenous knowledge as a strategy for long-term preservation. Okello and Musisi (2015) similarly argued that archiving and indexing traditional medicine can protect it from extinction and misappropriation.

A critical structural barrier is the limited incorporation of traditional knowledge into Ghana's formal education system. The current curriculum largely excludes African indigenous epistemologies, reinforcing perceptions that science and tradition are incompatible (Dei 2014; Semali and Kincheloe 1999). Respondents called for the integration of traditional medicine content into school syllabi and academic programs to foster respect, interest, and legitimacy. This call is consistent with UNESCO (2003) recommendations for the protection and promotion of intangible cultural heritage through educational systems.

Gender emerged as an important axis of analysis in this study. While both men and women participate in traditional healing, their roles are often shaped by culturally prescribed responsibilities. Men are typically associated with herbalism and spiritual divination, while women are more prominent in midwifery, caregiving, and home-based rituals. This gendered division supports findings by Oppong and Wadie-Ansah (2005), who assert that women's roles in traditional medicine are often under-recognized despite their centrality to community health. Gender-sensitive



approaches to traditional medicine policy must therefore take into account the distinct but complementary roles of men and women (van der Geest 2002).

The cultural embeddedness of traditional healing cannot be overstated. It is not merely a therapeutic system but a holistic practice encompassing spirituality, communal ethics, environmental stewardship, and identity formation (Sarpong 1974; Gbadegesin 1991). Respondents described healing as a link between the living and ancestral realms, reinforced through festivals, libation rites, taboos, and dietary codes. These practices serve not only curative but preventive functions and are integrated into the rhythms of daily life, a concept emphasized in the work of Kirmayer et al. (2003) and echoed by Twumasi (1979) in his examination of traditional medicine's sociocultural dimensions.

Despite these strengths, traditional healing systems face growing marginalization within national health frameworks. While Ghana has made strides such as establishing the Centre for Plant Medicine Research and the Traditional Medicine Directorate under the Ministry of Health (Ministry of Health Ghana 2011), most policies remain urban-centered, with rural practitioners facing neglect. Regulatory gaps, limited funding, and absence of research infrastructure hinder the formalization and support of traditional medicine at scale (Busia 2005; WHO 2013).

Nonetheless, respondents expressed hope and proposed pathways for

revitalization. Key among these were the documentation and digital archiving of traditional knowledge, the inclusion of indigenous medicine in national curricula, and government recognition of traditional healers as legitimate healthcare providers. Others emphasized the need for intergenerational dialogue platforms where elders can mentor youth in culturally relevant, respectful ways. These suggestions are well-aligned with international frameworks on cultural preservation such as the African Union's Plan of Action on Traditional Medicine (AU 2001) and UNESCO's intangible heritage program (UNESCO 2003).

The future of traditional healing in Ghana, and Africa more broadly, may depend on its ability to adapt while remaining grounded in ancestral wisdom. As scholars like Masango (2006) and Mji (2012) argue, the fusion of traditional knowledge with modern scientific methods conducted in a culturally sensitive manner offers a powerful model for sustainable pluralistic healthcare systems.

Conclusion

The study highlights the urgent need to preserve and revitalize traditional healing knowledge among the Nzema, Fante, Wassa, and Ahanta ethnic groups in Ghana's Western Region. As custodians of ancient medical and cultural wisdom, these communities are navigating the tension between continuity and change. Their healing systems, though rich in ecological, spiritual, and communal knowledge, are increasingly threatened by



modernization, formal education, and shifting cultural values.

However, the findings also point to opportunities. A combination of policy support, curriculum integration, gender-sensitive recognition, and intergenerational mentoring could ensure the survival and flourishing of these systems. To achieve this, stakeholders across government, academia, and civil society must collaborate to legitimize, document, and fund indigenous health systems as part of Ghana's broader development agenda. The road to sustainable healthcare in Africa is not through the abandonment of tradition but through its respectful evolution.

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