



ABOUT THE PORTAL BACK GROUND ERS

The Africa Portal backgrounder series offers brief background information and commentary on current policy issues of concern to Africans—especially in the areas of conflict, energy, food security, health, migration and climate change. Written by seasoned, up-and-coming scholars on Africa, the backgrounders are published exclusively on the Africa Portal and are available for free, full-text download. The Africa Portal is an online knowledge resource for policy-related issues on Africa. www.africaportal.org

REPRODUCTIVE HEALTH ISSUES AND WOMEN IN GHANA: THE 'DOUBLE BURDEN' OF UNDERNUTRITION AND OVERNUTRITION DISEASE IN GHANA

KATHERINE BIRKS

SUMMARY

- A change in Ghanaian lifestyles and consumption patterns is contributing to rising levels of obesity and chronic non-communicable diseases. Ghana now suffers from both undernutrition and overnutrition.
- Although the government of Ghana has made some attempts to address this growing issue, poor funding and lack of community-level strategies have hindered progress.
- The causes, preventative actions and treatments of a number of chronic diseases are well known; the next step is promoting enabling environments to motivate individuals to lead healthier lifestyles.

BACKGROUND

Undernutrition has burdened Ghanaians for decades. 'Stunting' rates (short height for age due to malnutrition) among children have remained roughly the same over the past 25 years, with the most recent rates reported to be 28 percent (GSS, GHS and IFC Macro, 2009: 182). Iron deficiency anemia (IDA) is also widespread in the country, with 78 percent of children 6-59 months of age living with some level of IDA and 7 percent of children suffering from severe cases.

Infectious disease also poses a serious problem for Ghanaians. In 2008, 1 in 5 children under five years of age had diarrhea, and the same amount had

ABOUT THE AUTHOR

Katherine Birks

Katherine Birks is a Master's candidate in the department of Dietetics and Human Nutrition at McGill University. With a background in physiology and international development studies, her research focuses on child nutrition in a development context. More specifically, it examines the determinants of feeding frequency among infants and young children in Ghana as well as barriers and facilitators to behaviour change among caregivers.

a fever in the two weeks preceding the survey and 6 percent of children had symptoms of acute respiratory infections (DHS, 2009: 168-172). The Ministry of Health (MOH) also documented 3 to 3.5 million cases of suspected malaria reported from public health facilities, with over 900,000 cases found in children under five.

On top of this uphill battle against undernutrition, the country has developed increasing rates of overnutrition. Between 1993 and 2003, national obesity rates increased from 10 to 25 percent, with the highest rates located in the Greater Accra Region at 45 percent (GSS, NMIMR and ORC Macro, 2004). Hypertension and diabetes have also increased significantly throughout the country, contributing to mortality rates (Addo, Smeeth and Leon, 2008; Amoah, Owusu, Adjei, 2002). In 1966, cardiovascular diseases were ranked 10th among the top causes of death in the capital city, but rose to number one in reports between 1991 and 2001 (de-Graft Aikins, 2007a: 155).

The simultaneous occurrence of undernutrition and infectious disease with overnutrition and chronic, non-communicable diseases is commonly referred to as *the double burden of malnutrition and disease*. This phenomenon is becoming more prevalent in low-income countries (Agyei-Mensah and de-Graft Aikins 2010: 890-891).

CAUSES OF OBESITY AND CHRONIC DISEASE IN GHANA

With increasing worldwide industrialization and market globalization, consumption patterns are trending away from traditional, local food products such as vegetables, fruits, legumes, roots and tubers (WHO, 2011; Agyei- Mensah, 2010: 890-891). At the same time, processed foods that are energy-dense, high in salt, refined carbohydrates and saturated fats are being imported and consumed at excessive rates (WHO, 2011). Increased marketing strategies have also contributed to an increased intake of imported products and fast food restaurants (Agyei- Mensah, 2010: 891). Lifestyles are also changing, including more sedentary behaviour and consumption of more meals outside of the household (Agyei- Mensah, 2010: 893-894).

In Ghana, these changes have contributed to the rising obesity rates and increased prevalence of chronic non-communicable diseases. Risk factors that have been identified as contributing to non-communicable disease

(such as diabetes, heart disease, stroke, cancer and chronic respiratory diseases) include obesity, hypertension, smoking, alcohol use, low sanitation levels and poverty (Ministry of Health, 2007a: 2).

Obesity is often regarded as a product of increasing affluence and modernization, affecting mostly higher-income groups (Amoah, 2003: 755; Aigyi-Mensah, 2010: 893-894). However, lower-income urban groups also suffer from high rates of non-communicable diseases and have a higher incidence of death due to complications because they often lack access to proper healthcare (de-Graft Aikins, 2007b). Poorer adults suffering from disease must also make financial decisions regarding their own health problems and providing care for children suffering from undernutrition and infectious disease (Kolling, Winkley and von Deden, 2010: 7-8).

The 2003 Ghana Demographic and Health Survey reported almost 3 times more Ghanaian women were obese than were undernourished (GSS, NMIMR and ORC Macro, 2004). A variety of reasons for increasing female obesity levels have been identified, including changing cultural norms around female body types, less intense physical activity levels (as compared to men) and the lack of fitness facilities catering to women (Amoah, 2003: 755, Dzogbenuku, 2007).

HEALTHY LIFESTYLES IN GHANA

To a limited extent, a 'get-fit' attitude is spreading throughout Ghana, particularly in Accra. Fitness centres and gyms are becoming more popular, though they serve middle- and high-income communities and are mainly frequented by young men (Dzogbenuku, 2007). Given that approximately 65 percent of Ghana's population is Christian, churches have also served as important advocates of healthy lifestyles, including organizing group walks, meetings with health specialists, hosting health screenings and providing psychological support for people living with chronic disease (de-Graft Aikins, 2010: 7).

GHANA'S NON-COMMUNICABLE DISEASE PROGRAMMES AND POLICIES

The health sector in Ghana acknowledges the double burden of malnutrition and disease, but the country's health budget is heavily slanted towards

combating infectious diseases and HIV/AIDS. Between 1997 and 2007, an estimated 80 percent of the country's health budget was dedicated to communicable diseases (Ministry of Health, 2007a: 9).

A lack of political resolve and research have been identified as an important factors in Ghana's inability to develop effective chronic disease policy (Campbell, 2001: 3). Indeed, there is no existing government policy targeting non-communicable disease. As a result, knowledge of chronic, non-communicable disease is found to be generally low among doctors, nurses, dietitians and traditional health practitioners (de-Graft Aikins, 2010:5-6). Health workers dealing with these issues are generally ill-equipped to provide social and psychological care to patients (Ministry of Health, 2007a: 9).

A few attempts have been made to combat non-communicable diseases in Ghana, including the development of a lymphoma centre in the mid-1960s, a national cancer registry in the early 1970s and a Non-Communicable Disease (NCD) Control Programme in the same decade (Bosu, 2007). However, these initiatives all faced a number of political and procedural challenges and did not make a significant impact on NCD rates.

In the 1990s, the MOH identified diabetes and hypertension as important focus points for intervention development, and in 1992 a NCD Control Programme (NCDCP) was created with priority placed on diabetes, cardiovascular disease, cancers, chronic respiratory diseases and sickle cell disease (de-Graft Aikins, 2010: 6). Through this program, efforts have been made to promote healthy lifestyles and combat chronic disease, yet it continues to be poorly funded (Bosu, 2007; Aikins, 2010: 157).

The Regenerative Health and Nutrition Programme (RHNP) was developed in 2006 by the MOH, which included a number of health-promoting activities and took a public health approach to treating and preventing against chronic disease (Ministry of Health, 2007a: 1). The program was piloted in 10 districts, promoting reduced consumption of alcohol and fatty foods, and increasing intake of vegetables and fruits. It also advocated increasing physical activity levels, proper rest to reduce emotional stress, and maintaining personal and environmental cleanliness. A small number of

community members adopted leadership roles in advocating the healthy lifestyle promoted in the RHNP, but the program was not scaled up throughout the country.

The National Health Insurance Scheme (NHIS), established by the MOH in 2006, provides partial coverage for medicines related to diabetes, hypertension and certain cancers (de-Graft Aikins, 2010: 7). This program has been seen to help families with the immense expenses associated with chronic disease, since it has been reported that the annual cost of treating diabetes is more than the average individual earns (de-Graft Aikins, 2007: 156). In order to benefit from this program, however, families must be able to afford the premium payments (Atobrah, 2010; Kratzer, 2010).

There are also few chronic disease public services, including the Ghana Heart Foundation, the Ghana Diabetes Association and two diabetes centres (one in Accra and one in Kumasi); they are based mainly in the south, however, and often staffed by health workers who are not trained in chronic disease prevention and care (Atobrah, 2010; Kratzer, 2010).

POLICY RECOMMENDATIONS

It has been documented that improving food consumption patterns, increasing physical activity levels and smoking cessation can decrease coronary heart disease, type 2 diabetes and stroke by 80 percent, and cancers by over 40 percent (World Health Organization, 2005: 18). These types of prevention and treatment activities are not strictly medically-based, but require proper enabling environments at the community level that promote behaviour change within individuals (Ministry of Health, 2007a: 17). In order to improve their conditions, patients need to be provided with the tools and support necessary to make these important life changes.

Interventions at the community level are equally, if not more important, than the type of care medical professionals can provide. Local leaders, traditional healers, religious institutions and community radio can play significant roles in the coping mechanisms of individuals and can be important advocates for lifestyle changing measures (de-Graft Aikins, 2010: 7).

The main challenges preventing Ghana from implementing proper non-communicable disease policies include a serious lack of political commitment and appropriate funding. The Regenerative Health and Nutrition Programme

(RHNP) has the necessary components to deliver successful interventions in preventing, diagnosing and treating non-communicable diseases. The next step is to mobilize communities to support its members who are at risk for developing obesity and chronic disease through church, school and community centre efforts. Increased training for health workers will enable a recognition of chronic, non-communicable disease as a serious health challenge and will provide appropriate information and care.

WORKS CITED

- Addo, J., Smeeth, L. and Leon, D.A. (2008). "Prevalence, detection, management, and control of hypertension in Ghanaian civil servants." *Ethn Dis* 18: 505-511.
- Aigyei-Mensah, S. and de-Graft Aikins, A. (2010). "Epidemiological transition and the double burden of disease in Accra, Ghana." *Journal of Urban Health: Bulletin of the New York Academy of Medicine* 87, no. 5: 879-897.
- Amoah, A.G.B., Owusu, K.O. and Adjei, S. (2002). "Diabetes in Ghana: a community prevalence study in Greater Accra." *Diab Res Clin Pract* 56: 197-205.
- Amoah AGB. (2003). "Sociodemographic variations in obesity among Ghanaian adults." *Public Health Nutrition*. 6, no. 8: 751-775.
- Atobrah D. (2010). "When darkness falls at mid-day: Young patients' perceptions and meanings of chronic illness and their implications for medical care." *Ghana Medical Journal*.
- Bosu WK. (2007). "Ghana's National NCD Programme: history, prospects and challenges." Paper presented at the 1st Annual Workshop, British Academy UK-Africa Academic Partnership on Chronic Disease in Africa, Noguchi Memorial Institute for Medical Research, Accra, Ghana.
- Campbell, C. (2001). "Social capital and health: Contextualising health promotion within local community networks." In *Social capital: critical perspectives*, edited by: Baron S, Field J, Schuller T. Pages 182-196. Oxford University Press.

de-Graft Aikins A. (2005). "Healer-shopping in Africa: new evidence from a rural urban qualitative study of Ghanaian diabetes experiences." *British Medical Journal* 331: 737.

de-Graft Aikins, A. (2007a). "Commentary: Ghana's neglected chronic disease epidemic: a developmental challenge." *Ghana Medical Journal*. 154-159.

——— (2007b). "Non-communicable disease in Africa: bridging the research-public gap." (Report on the 1st Annual Workshop of the British Academy UK-Africa Academic Partnership on Chronic Disease, Noguchi Memorial Institute for Medical Research).

de-Graft Aikins, A. Boynton, P. and Atanga, LL. (2010). "Developing effective chronic disease interventions in Africa: insights from Ghana and Cameroon." *Globalization and Health* 6, no. 6: 1-15

Dzogbenuku B. "Lifestyle modification advocacy: lessons from Aviation Social Centre." Paper presented at the 1st Annual Workshop, British Academy UK-Africa Academic Partnership on Chronic Disease, Noguchi Memorial Institute for Medical Research. Accra, Ghana, 12th April 2007.

Ghana Statistical Service (GSS). Noguchi Memorial Institute for Medical Research (NMIMR), and ORC Macro. (2004). *Ghana Demographic and Health Survey 2003*. Calverton: GSS, NMIMR, and ORC Macro.

Ghana Statistical Service (GSS), Ghana Health Service (GHS) and ICF Macro. (2009). *Ghana Demographic and Health Survey 2008*. Accra: GSS, GHS and ICF Macro.

Kolling M, Winkley K, von Deden M. (2010). "For someone who's rich, it's not a problem": Insights from Tanzania on diabetes health-seeking and medical pluralism among Dar es Salaam's urban poor. *Globalization and Health*, in press.

Kratzer J. (2010). "Structural Barriers to coping with Type 1 Diabetes Mellitus in Ghana: experiences of diabetic youth and their families." *Ghana Medical Journal*.

Ministry of Health (1996). *Health Sector 5 Year Programme of Work* Accra: Ministry of Health. Accra, Ghana.

Ministry of Health. (2001). *The health of the nation. Analysis of Health sector programme of work: 1997-2001* Accra, Ghana. Ministry of Health.

Ministry of Health. (2007a). *Regenerative Health and Nutrition: Strategic Plan: 2007-2011*. Ministry of Health. Accra, Ghana.

——— (2007b). 2008 Programme of Work. Ministry of Health. Accra, Ghana.

Ministry of Health (MOH). (2008). *Regenerative health and nutrition training of trainers; facilitators guide*. Accra, Ghana. Ministry of Health.

Ministry of Health (2009). *Pulling together, achieving more. Independent Review, Health Sector Programme of Work 2008*. Ministry of Health. Accra, Ghana.

World Health Organization and Public Health Agency of Canada. (2005). *Preventing chronic diseases a vital investment*. World Health Organization.

World Health Organization. (2011). *Obesity and overweight*. Media Centre Fact sheet No 311. World Health Organization. Available at: <http://www.who.int/media centre/factsheets/fs311/en/index.html>.

ABOUT THE AFRICA PORTAL

The Africa Portal is an online knowledge resource for policy-related issues on Africa. An undertaking by the Centre for International Governance Innovation (CIGI), Makerere University (MAK), and the South African Institute of International Affairs (SAIIA), the Africa Portal offers open access to a suite of features including an online library collection; a resource for opinion and analysis; an experts directory; an international events calendar; and a mobile technology component—all aimed to equip users with research and information on Africa's current policy issues.

A key feature to the Africa Portal is the online library collection holding over 3,500 books, journals, and digital documents related to African policy issues. The entire online repository is open access and available for free full-text download. A portion of the digital documents housed in the library have been digitized for the first time as an undertaking of the Africa Portal project. Facilitating new digitization projects is a core feature of the Africa Portal, which aims to improve access and visibility for African research.

www.africaportal.org

The Africa Portal is part of the Africa Initiative project.

AFRICA INITIATIVE

The Africa Initiative (AI) is a multi-year, donor-supported program, with three components: a research program, an exchange program, and an online portal. A joint undertaking by CIGI in cooperation with Makerere University (MAK), the Africa Initiative aims to contribute to the deepening of Africa's capacity and knowledge in five thematic areas—conflict resolution, energy, food security, health, and migration, with special attention to the cross-cutting issue of climate change. By incorporating field-based research, strategic partnerships, and online collaboration, the Africa Initiative is undertaking a truly interdisciplinary and multi-institutional approach to Africa's governance challenges. Work on the core areas of the initiative focus on supporting innovative research and researchers, and developing policy recommendations as they relate to the program's core thematic areas.

MASTHEAD

Series Manager
Erica Shaw

Series Editor
Brandon Currie

Series Coordinator
Hayley MacKinnon

Designer
Steve Cross

Copyright © 2012 by The Centre for International Governance Innovation

The opinions expressed in this publication are those of the authors and do not necessarily reflect the views of The Centre for International Governance Innovation or its Board of Directors and/or Board of Governors.



This work was carried out with the support of The Centre for International Governance Innovation (CIGI), Waterloo, Ontario, Canada (www.cigionline.org). This work is licensed under a Creative Commons Attribution-Non-commercial — No Derivatives Licence. To view this licence, visit (www.creativecommons.org/licenses/by-nc-nd/3.0/). For re-use or distribution, please include this copyright notice.

First published in 2010 by The Centre for International Governance Innovation



The Centre for International Governance Innovation
57 Erb Street West
Waterloo, Ontario N2L 6C2, Canada
www.cigionline.org



57 Erb Street West
Waterloo, Ontario N2L 6C2, Canada
tel +1 519 885 2444 fax +1 519 885 5450
www.cigionline.org

