Marginalization in Women's Healthcare in Ghana: Colonial Origins, Unveiling Women's Knowledge, and Empowering Voices

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Abstract

This study examines the multifaceted issue of marginalization in women's healthcare in Ghana, tracing its roots to colonial times and exploring the contemporary implications for women's health. The colonial legacy has left a profound impact on the healthcare system, perpetuating inequalities and limiting access to essential services for women. This research delves into historical contexts to understand how colonial policies and practices marginalized women, shaping the current landscape of healthcare. Furthermore, the study seeks to unveil and document the indigenous knowledge and practices of Ghanaian women, which have often been overlooked or undervalued by mainstream medical systems. By recognizing and integrating this knowledge, we aim to highlight the critical role that women play in their own health and that of their communities. The research emphasizes the importance of empowering women's voices, ensuring that they are active participants in the decision-making processes that affect their health outcoms.

Keywords: ***Women's Healthcare, Marginalization, Ghana, Colonial Legacy, Indigenous Knowledge, Health Inequities, Gender Equity, Empowerment, Healthcare Policy, Women's Voices.***

1.Introduction

Women's healthcare in Ghana is a complex and multifaceted issue, deeply intertwined with the nation's colonial past and contemporary socio-political dynamics(1). The legacy of colonialism has left an indelible mark on the healthcare system, perpetuating inequalities and shaping the experiences of women in accessing and receiving healthcare services. This study aims to explore the historical roots of marginalization in women's healthcare, examine the contemporary challenges, and propose pathways to empower women's voices in the healthcare narrative.

Colonial Origins of Marginalization

The colonial period in Ghana, formerly the Gold Coast, significantly influenced the structure and functioning of its healthcare system. Colonial policies often prioritized the health of European settlers and the workforce needed for economic exploitation, neglecting the health needs of the indigenous population, particularly women. Missionary medical practices, which were among the earliest forms of Western healthcare introduced to the region, often disregarded local traditions and knowledge(2). These practices not only marginalized traditional healers, who were often women, but also imposed Western medical paradigms that were not always suited to the local context. The establishment of hospitals and clinics in urban areas further excluded rural women, creating a geographic and socio-economic divide that persists to this day.

Contemporary Healthcare Challenges

In contemporary Ghana, the remnants of colonial healthcare structures continue to impact women's access to quality healthcare. The healthcare system remains under-resourced, with significant disparities in access and outcomes between urban and rural areas. Women in rural communities often face barriers such as long distances to health facilities, lack of transportation, and inadequate health infrastructure. Additionally, socio-cultural factors, including gender norms and stigma, further complicate women's ability to seek and receive care. Maternal mortality rates remain high, and issues such as unsafe abortions, gender-based violence, and reproductive health rights are critical concerns that disproportionately affect women.

Unveiling Women's Knowledge

Despite these challenges, Ghanaian women have long been custodians of rich indigenous knowledge and practices related to health and well-being. Traditional birth attendants, herbalists, and community health workers have played

vital roles in providing care, especially in rural areas. However, their contributions have often been undervalued or overlooked by formal healthcare systems. This study seeks to unveil and document the valuable insights and practices of these women, recognizing their critical role in the healthcare ecosystem. By integrating this indigenous knowledge with modern healthcare practices, there is potential to create more holistic and culturally sensitive healthcare solutions.

Empowering Women's Voices

Empowerment of women is central to addressing the systemic issues in Ghana's healthcare system. Ensuring that women are active participants in healthcare decision-making processes is essential for creating policies and programs that truly address their needs. This involves not only providing education and resources but also challenging and changing the socio-cultural norms that marginalize women(3). Empowering women's voices can lead to more effective advocacy, better health outcomes, and a more equitable healthcare system overall.

Research Objectives

- This study aims to achieve several key objectives:
- To trace the historical roots of marginalization in women's healthcare in Ghana, focusing on the impact of colonial policies and practices.
- To document and analyze contemporary challenges faced by women in accessing healthcare.
- To unveil and highlight the indigenous knowledge and practices of Ghanaian women in health and healing.
- To propose strategies for empowering women and integrating their voices into healthcare decision-making processes.

By addressing these objectives, this research seeks to contribute to a deeper understanding of the systemic barriers that women face in Ghana's healthcare system and to propose actionable solutions for creating a more inclusive and equitable healthcare environment.

2.Literature Survey

Colonial Impact on Healthcare Systems

The legacy of colonialism in shaping healthcare systems in Africa is well-documented. Several scholars have highlighted how colonial administrations established healthcare infrastructures primarily to serve European settlers and the labor force needed for economic exploitation, often neglecting the health needs of indigenous populations. In Ghana, formerly the Gold Coast, this translated into a healthcare system that marginalized rural and indigenous women, creating long-lasting disparities in access and quality of care(4). The works of Feierman and Janzen (1992) and Packard (1993) illustrate how colonial medical policies and practices systematically excluded indigenous knowledge and marginalized traditional healers, who were predominantly women. These historical analyses provide a crucial foundation for understanding the contemporary challenges faced by Ghanaian women in accessing healthcare.

Contemporary Healthcare Challenges for Women

Research on contemporary healthcare in Ghana indicates persistent disparities in access to and quality of healthcare services, particularly for women in rural areas. Studies by Adjei and Buor (2006) and Aikins et al. (2010) reveal that geographical barriers, such as long distances to health facilities and lack of transportation, significantly impede women's access to care. Additionally, socio-cultural factors, including gender norms, stigma, and limited decision-making power, exacerbate these barriers. The World Health Organization (WHO, 2016) and the Ghana Health Service (GHS, 2018) have highlighted the high maternal mortality rates and inadequate reproductive health services, underscoring the urgent need for gender-sensitive healthcare policies and interventions(5).

Indigenous Knowledge and Healthcare Practices

The importance of indigenous knowledge in healthcare is increasingly recognized as vital for developing culturally sensitive and effective health interventions. Researchers such as Agyei-Mensah and de-Graft Aikins (2010) have documented the significant roles that traditional birth attendants, herbalists, and community health workers play in providing care, especially in rural areas. This body of work emphasizes the need to integrate traditional practices with modern healthcare to improve health outcomes(6). Studies by Makhubela-Nkondo (1993) and Warren et al. (1982) argue that recognizing and valuing indigenous knowledge can enhance the acceptability and effectiveness of health interventions, particularly in communities where traditional practices are deeply rooted.

Empowerment and Gender Equity in Healthcare

Empowering women and promoting gender equity are crucial for improving healthcare outcomes. Literature on gender and health, such as the works of Sen, Ostlin, and George (2007), advocates for the inclusion of women's voices in health policy and decision-making processes. Empowerment is not only about providing resources and education but also about challenging socio-cultural norms that marginalize women. Studies by Cornwall and Anyidoho (2010) and Moser and Moser (2005) suggest that participatory approaches that engage women in health policy formulation and implementation can lead to more effective and sustainable health interventions. These perspectives align with global health frameworks that emphasize the importance of gender equity in achieving health for all.

Policy Recommendations and Interventions

The literature suggests several policy recommendations and interventions to address the marginalization of women in healthcare. Integrating indigenous knowledge into formal healthcare systems, improving healthcare infrastructure in rural areas, and promoting gender-sensitive health policies are recurring themes. The works of Adongo et al. (2013) and Odoi-Agyarko (2003) provide valuable insights into community-based health initiatives that have successfully improved access and outcomes for women. These studies highlight the importance of multi-sectoral approaches that involve collaboration between government, non-governmental organizations, and local communities.

3.Existing and Proposed System

The current healthcare system in Ghana is a blend of public and private sector services, with a structure inherited from the colonial era that has evolved over time. The Ghana Health Service (GHS) is responsible for public health service delivery, operating a tiered system comprising primary, secondary, and tertiary care facilities. While there have been significant improvements in healthcare infrastructure and services since independence, disparities remain, particularly in access to care for women in rural and underserved areas(7).

Women in rural areas face significant barriers to accessing healthcare, including long distances to health facilities, inadequate transportation, and insufficient healthcare infrastructure. Additionally, socio-cultural factors such as gender norms and stigma around certain health issues further hinder women's ability to seek and receive care. The National Health Insurance Scheme (NHIS), introduced to improve access to healthcare, has not fully addressed these disparities, as coverage and service quality vary widely across different regions.

Traditional healthcare practices, deeply rooted in Ghanaian culture, continue to play a vital role, especially in rural areas. However, these practices are often marginalized and not fully integrated into the formal healthcare system. Traditional birth attendants, herbalists, and community health workers provide essential services but are frequently undervalued and unsupported by mainstream healthcare policies and programs.

Proposed System

To address the existing gaps and challenges, a proposed system for women's healthcare in Ghana should focus on integration, empowerment, and equity. Key components of this proposed system include:

Integration of Indigenous Knowledge:

Recognize and integrate traditional healthcare practices with modern medical services. This involves training and certifying traditional birth attendants and herbalists, incorporating their practices into formal healthcare protocols, and fostering collaboration between traditional healers and medical professionals.

Establish community health centers that combine traditional and modern healthcare services, making care more accessible and culturally sensitive(8).

Enhancing Healthcare Infrastructure:

Invest in healthcare infrastructure, particularly in rural and underserved areas. This includes building more clinics and hospitals, improving transportation networks, and ensuring a consistent supply of medical equipment and essential medicines.

Expand the reach and coverage of the NHIS to ensure that all women, regardless of their geographic location or socio-economic status, have access to affordable and quality healthcare.

Empowering Women:

Implement programs aimed at empowering women through education, economic opportunities, and participation in healthcare decision-making processes. This includes providing health education programs that address gender-specific health issues and challenge harmful socio-cultural norms.

Create platforms for women to voice their healthcare needs and concerns, ensuring their active participation in the development and implementation of health policies and programs(9).

Promoting Gender Equity in Healthcare Policies:

Develop and enforce gender-sensitive health policies that address the unique health needs of women. This includes focusing on maternal health, reproductive rights, and prevention and treatment of gender-based violence.

Train healthcare providers in gender sensitivity and cultural competence to improve the quality of care and ensure that women's health issues are addressed with the necessary sensitivity and understanding.

4. Conceptual Views on Marginalization

Marginalization, as a concept, has been extensively explored across various academic disciplines, including sociology, anthropology, political science, and public health. Theoretical perspectives on marginalization help to understand how and why certain groups, such as women in Ghana, are systematically excluded from full participation in social, economic, and political life, particularly in the context of healthcare.

Structural Functionalism

From a structural functionalist perspective, marginalization is seen as a result of the existing social structures and institutions that maintain order and stability within a society. These structures often function to preserve the status quo, which can lead to the exclusion of certain groups who do not fit the dominant norms. In the context of Ghana, colonial legacies have created healthcare systems that prioritize certain populations over others. Structural functionalism would argue that the marginalization of women in healthcare is a byproduct of these historically entrenched systems that continue to function in a way that privileges urban, male-dominated populations while neglecting rural and female populations. This perspective highlights the need for systemic change to disrupt these patterns of exclusion and create more inclusive healthcare systems(10).

Conflict Theory

Conflict theory, particularly as articulated by Karl Marx, focuses on the inherent power struggles and inequalities within society. It posits that marginalization is a result of the exploitation and oppression of less powerful groups by those in power. In the case of Ghana, conflict theory would suggest that the marginalization of women in healthcare stems from patriarchal structures and economic inequalities that benefit a small elite at the expense of the majority. Colonialism introduced and perpetuated these power dynamics, creating a healthcare system that serves the interests of the colonizers and their descendants. Modern healthcare policies may continue to reflect these inequalities, with women, particularly those in rural areas, being disproportionately affected. Conflict theory calls for a critical examination of these power structures and advocates for policies that redistribute resources and power more equitably.

Feminist Theory

Feminist theory provides a critical lens through which to examine the marginalization of women, emphasizing the role of gender in shaping social experiences and structures. Feminist theorists argue that healthcare systems, like many other social institutions, are deeply patriarchal and often fail to address the specific needs of women. This perspective is crucial in understanding the healthcare disparities faced by women in Ghana, where traditional gender roles and norms continue to influence health policies and practices. Feminist theory advocates for a healthcare system that not only addresses the biological aspects of women's health but also considers the socio-cultural factors that impact their health outcomes. This includes recognizing and valifying indigenous knowledge systems that are often led by women and integrating them into formal healthcare structures.

Postcolonial Theory

Postcolonial theory examines the lasting impacts of colonialism on formerly colonized societies, focusing on how colonial histories shape contemporary social and political realities. In the context of Ghana, postcolonial theory highlights how colonial healthcare systems were designed to serve colonial interests, often marginalizing indigenous populations and their healthcare practices(10). These colonial legacies continue to influence modern healthcare systems, contributing to the marginalization of women who rely on traditional health knowledge and practices. Postcolonial theorists argue for the decolonization of healthcare, which involves recognizing and integrating indigenous knowledge, addressing historical injustices, and creating healthcare policies that are inclusive and equitable.

Intersectionality

Intersectionality, a concept developed by Kimberlé Crenshaw, examines how various social identities such as race, gender, class, and ethnicity intersect to create unique experiences of oppression and marginalization. This perspective is particularly useful in understanding the healthcare experiences of women in Ghana, who may face multiple forms of discrimination based on their gender, rural status, economic position, and ethnicity. Intersectionality emphasizes that policies and interventions must address these overlapping identities and the compounded disadvantages they create. For example, rural women in Ghana may face barriers to healthcare not only because of their gender but also due to their geographic location and economic status. An intersectional approach calls for comprehensive strategies that address these interconnected factors to effectively reduce health disparities.

5. Marginalization in the Colonized Healthcare System Situated

The marginalization of women within Ghana's healthcare system cannot be fully understood without considering the historical context of colonialism. The colonization of Ghana by European powers, primarily the British, had a profound and lasting impact on the country's social, economic, and political structures, including its healthcare system(11). This section examines how colonial policies and practices laid the groundwork for the continued marginalization of women in healthcare, exploring the ways in which these colonial legacies persist in contemporary healthcare settings.

Colonial Foundations of Healthcare Systems

During the colonial period, the primary goal of healthcare policies and practices was to maintain the health of European settlers and the indigenous labor force necessary for the colonial economy. Healthcare facilities were established in urban centers where European administrators and traders resided, while rural areas, where the majority of the indigenous population lived, were largely neglected. This urban-centric development of healthcare infrastructure created a geographical divide that persists to this day, with rural populations, particularly women, having limited access to healthcare services.

Colonial authorities also introduced Western medical practices and systems, often at the expense of indigenous healthcare practices. Traditional healers, many of whom were women, were marginalized as colonial authorities promoted Western medicine as superior and modern. This devaluation of indigenous knowledge systems contributed to the erosion of traditional health practices and the marginalization of those who practiced them.

Gendered Impacts of Colonial Healthcare Policies

The impact of colonial healthcare policies on women was particularly severe. Colonial healthcare systems were not designed to address the specific health needs of women, such as maternal and reproductive health. Instead, the focus was on diseases that affected the colonial workforce, predominantly men. This gender bias in healthcare provision meant that women's health issues were often neglected, leading to higher rates of maternal mortality and other gender-specific health problems.

Moreover, colonial authorities imposed Western gender norms and roles that further marginalized women. In many African societies, women held significant roles as healers and caregivers. However, the colonial emphasis on male-dominated Western medical practices relegated women to subordinate roles, both within the healthcare system and in broader society. This gendered marginalization has had long-term effects on women's access to and control over healthcare resources and decision-making.

Persistence of Colonial Legacies in Post-Colonial Healthcare

The end of colonial rule did not eliminate the disparities and biases embedded in the healthcare system. Post-colonial governments inherited and, in many cases, perpetuated the colonial healthcare infrastructure and policies. The centralized, urban-focused healthcare system remained largely intact, continuing to disadvantage rural populations. Efforts to expand healthcare access in rural areas have been insufficient to overcome the deep-rooted inequalities established during the colonial era.

Furthermore, the legacy of devaluing indigenous knowledge persists. Traditional healthcare practices are still often seen as inferior to Western medicine, despite their relevance and effectiveness in many communities. Women who rely on these practices continue to be marginalized within the formal healthcare system, facing barriers to recognition and support for their roles as traditional healers.

Addressing Colonial Legacies to Reduce Marginalization

To address the marginalization of women within Ghana's healthcare system, it is essential to confront and dismantle the colonial legacies that continue to shape healthcare policies and practices. This requires a multi-faceted approach that includes:

Decentralizing Healthcare Infrastructure:

Expanding healthcare facilities and services in rural areas to ensure that all populations, particularly women, have access to quality healthcare. This includes investing in transportation infrastructure to reduce geographic barriers.

Integrating Indigenous Knowledge:

Recognizing and integrating traditional healthcare practices into the formal healthcare system. This involves training and certifying traditional healers, creating platforms for collaboration between traditional and modern healthcare providers, and ensuring that traditional practices are respected and valued.

Gender-Sensitive Healthcare Policies:

Developing and implementing healthcare policies that specifically address the health needs of women. This includes improving maternal and reproductive health services, providing comprehensive sexual and reproductive health education, and addressing gender-based violence within healthcare settings.

Empowering Women in Healthcare:

Promoting the active participation of women in healthcare decision-making processes at all levels, from community health committees to national health policy forums. This empowerment can help ensure that healthcare services are responsive to the needs and priorities of women.

Challenging Socio-Cultural Norms:

Addressing the socio-cultural norms and practices that contribute to the marginalization of women in healthcare. This involves community-based education and advocacy to promote gender equity and challenge harmful practices and stereotypes.

By situating the marginalization of women within the context of Ghana's colonized healthcare system, this analysis highlights the need for a comprehensive and historically informed approach to healthcare reform. Addressing the colonial legacies that continue to disadvantage women is essential for creating a more equitable and inclusive healthcare system in Ghana.

6. Contributions of a feminist perspective on marginalized women's knowledge transformation

Feminist theory provides critical insights into the processes of knowledge transformation and empowerment among marginalized women. By examining how gender intersects with other social identities and power structures, feminist perspectives highlight the unique experiences and contributions of women, particularly in contexts where their knowledge and roles have been historically undervalued. This section explores the contributions of feminist theory to understanding and facilitating knowledge transformation among marginalized women, with a focus on healthcare in Ghana.

Recognizing and Valuing Indigenous Knowledge

One of the fundamental contributions of feminist theory is the recognition and valuation of indigenous knowledge systems, which are often maintained and transmitted by women. Feminist scholars argue that indigenous knowledge is not only valid but also essential for developing culturally relevant and effective healthcare interventions. In many African communities, women play crucial roles as healers, caregivers, and custodians of health-related knowledge. This knowledge includes herbal medicine, midwifery, and other traditional practices that have been passed down through generations.

By valuing and integrating indigenous knowledge, feminist approaches challenge the dominance of Western medical paradigms that have historically marginalized these practices. This integration can lead to more holistic healthcare systems that respect and incorporate the expertise of traditional healers, many of whom are women. It also empowers women by validating their contributions and enhancing their status within their communities.

Empowerment Through Participatory Approaches

Feminist theory emphasizes the importance of participatory approaches in transforming knowledge and empowering marginalized women. Participatory methods involve engaging women as active participants in the identification, documentation, and dissemination of their knowledge. This approach contrasts with top-down methods that impose external knowledge systems without considering local contexts and experiences.

In healthcare, participatory approaches can include community health workshops, focus groups, and collaborative research projects that involve women in the process of knowledge creation and sharing. By providing platforms for women to voice their experiences and insights, these approaches help to democratize knowledge production and ensure that healthcare interventions are grounded in the lived realities of marginalized women.

Challenging Gender Norms and Power Dynamics

Feminist perspectives also highlight the need to challenge and transform the gender norms and power dynamics that contribute to the marginalization of women's knowledge. Patriarchal structures often devalue women's contributions and limit their opportunities for participation and leadership in healthcare settings. Feminist theory advocates for the dismantling of these structures and the promotion of gender equity in all aspects of healthcare.

This involves not only recognizing women's knowledge but also addressing the broader social and economic barriers that hinder their empowerment. For example, educational and training programs that enhance women's skills and knowledge can increase their influence in healthcare decision-making. Legal and policy reforms that protect women's rights and promote gender equality are also essential for creating an enabling environment for knowledge transformation.

Intersectionality and Inclusive Health Policies

Intersectionality, a core concept in feminist theory, examines how various social identities and forms of oppression intersect to shape individuals' experiences. Applying an intersectional lens to healthcare means considering how factors such as gender, race, class, and geography interact to affect women's health and access to healthcare services. This perspective is crucial for understanding the specific challenges faced by marginalized women in Ghana and developing targeted interventions that address their unique needs.

Inclusive health policies that incorporate intersectional insights are more likely to be effective and equitable. For instance, policies that provide support for rural women, who may face multiple layers of marginalization, are necessary to ensure that healthcare services reach those who are most vulnerable. Intersectional approaches also highlight the importance of involving women from diverse backgrounds in policy formulation and implementation to ensure that their voices are heard and their needs are met.

Transformative Education and Advocacy

Education and advocacy are key components of feminist strategies for knowledge transformation. Feminist theory advocates for transformative education that goes beyond imparting technical skills to include critical consciousness-raising and empowerment. Health education programs that address gender inequalities, challenge harmful socio-cultural practices, and promote women's rights can empower women to take control of their health and well-being.

Advocacy efforts, both at the grassroots and policy levels, are also essential for driving systemic change. Feminist advocacy can help to raise awareness of the importance of women's knowledge and the need for gender-sensitive healthcare policies. By mobilizing communities and influencing policymakers, feminist advocates can create the conditions necessary for sustainable and meaningful transformation.

7. Prospective Strategies for Decolonizing Marginalization in the Ghanaian Health Reform Program

Decolonizing the healthcare system in Ghana involves dismantling the colonial legacies that continue to marginalize certain populations, particularly women, and transforming the system to be more inclusive, equitable, and culturally relevant. Here are several approaches to achieving this goal:

1. Integrating Indigenous Knowledge and Practices

- One of the foundational steps in decolonizing healthcare is to recognize, validate, and integrate indigenous knowledge and practices into the formal healthcare system. This can be done through:
- Training and Certification of Traditional Healers: Establish programs to train and certify traditional birth attendants, herbalists, and other traditional healers. This formal recognition can bridge the gap between traditional and modern healthcare systems, ensuring that indigenous practices are respected and incorporated into mainstream healthcare.

- Collaborative Healthcare Models: Create healthcare facilities that offer both traditional and modern medical services. These hybrid models can enhance patient trust and adherence to treatment by providing culturally relevant care.
- Research and Documentation: Conduct systematic research to document indigenous healthcare practices and evaluate their effectiveness. This research can inform policies and practices, ensuring that valuable indigenous knowledge is preserved and utilized.

2. Decentralizing Healthcare Infrastructure

- Decentralizing healthcare services is essential to ensure that all populations, particularly those in rural and underserved areas, have access to quality healthcare. Strategies include:
- Building and Upgrading Rural Health Facilities: Invest in the construction and upgrading of healthcare facilities in rural areas. Ensure these facilities are adequately staffed and equipped to meet the needs of the local population.
- Mobile Health Clinics: Implement mobile health clinics that can reach remote and underserved communities, providing essential health services and education.
- Telemedicine: Utilize telemedicine to connect rural health workers and patients with specialists in urban centers. This can improve access to specialized care and reduce the need for patients to travel long distances.

3. Promoting Gender Equity in Healthcare

- Addressing gender disparities is critical for decolonizing healthcare. This involves:
- Gender-Sensitive Policies: Develop and implement healthcare policies that specifically address the health needs of women, including maternal health, reproductive rights, and prevention and treatment of gender-based violence.
- Empowering Women in Healthcare Leadership: Promote women to leadership positions within the healthcare system. Ensure that women are represented in decision-making processes at all levels, from community health committees to national health boards.
- Gender-Sensitive Training: Provide gender sensitivity training for healthcare providers to ensure they understand and can address the unique health needs of women with respect and empathy.

4. Cultural Competency Training for Healthcare Providers

- Cultural competency is essential for healthcare providers to deliver effective and respectful care. Approaches include:
- Cultural Competency Curriculum: Develop and implement training programs that educate healthcare providers on the cultural practices, beliefs, and values of the communities they serve. This training should be an integral part of medical and nursing education.
- Community Engagement: Foster ongoing dialogue between healthcare providers and the communities they serve. Engage community leaders and members in the design and delivery of healthcare services to ensure they are culturally appropriate.

5. Inclusive Health Education and Advocacy

- Health education and advocacy play a crucial role in decolonizing healthcare. Strategies include:
- Community Health Education Programs: Develop and implement health education programs that are accessible, culturally relevant, and tailored to the needs of different communities. Focus on empowering women with knowledge about their health and rights.
- Advocacy for Policy Change: Advocate for policies that address the social determinants of health and reduce health disparities. This includes addressing issues such as poverty, education, and access to clean water and sanitation.
- Support for Grassroots Movements: Support grassroots organizations and movements that advocate for health equity and social justice. These groups often have deep connections within communities and can drive meaningful change.

6. Intersectional Approaches to Health Policy

- Applying an intersectional lens to health policy ensures that the diverse experiences and needs of marginalized populations are addressed. This involves:

- Data Collection and Analysis: Collect and analyze health data disaggregated by gender, ethnicity, socioeconomic status, and geographic location. Use this data to inform policy decisions and target interventions.
- Inclusive Policy Development: Involve representatives from diverse communities in the policy development process. Ensure that the voices of marginalized groups are heard and considered in health policy formulation.

8.Conclusion and Future Work

Colonialism in Ghana introduced healthcare systems that primarily served colonial interests, neglecting the health needs of indigenous populations, particularly women. Traditional healthcare practices, often led by women, were marginalized in favor of Western medical paradigms, contributing to the erosion of local health knowledge and the disenfranchisement of women healers.

Today, Ghana continues to grapple with the legacy of these colonial policies. Rural women face significant barriers to accessing healthcare, including geographic distance, inadequate infrastructure, and socio-cultural norms that limit their autonomy in healthcare decision-making. The centralized nature of healthcare services further exacerbates these disparities, leaving rural and marginalized women underserved and vulnerable.

Efforts to decolonize women's healthcare in Ghana must focus on integrating indigenous knowledge systems into the formal healthcare framework. This involves recognizing the value of traditional healing practices, supporting and training traditional birth attendants and healers, and promoting collaborative healthcare models that bridge Western and indigenous approaches. Empowering women through education, economic opportunities, and leadership roles in healthcare is also essential to fostering inclusive and equitable healthcare systems.

Future Work

Moving forward, several areas warrant further exploration and action:

Policy Reform and Implementation: Advocate for policy reforms that prioritize gender equity in healthcare and address the unique health needs of women, especially in rural areas. Implement these policies effectively to ensure tangible improvements in women's health outcomes.

- Community Engagement and Empowerment: Strengthen community-based health initiatives that empower women to advocate for their health needs and participate actively in healthcare decision-making processes. Foster partnerships between healthcare providers and local communities to co-create solutions that are culturally sensitive and responsive.
- Research and Documentation: Conduct further research to document and validate the efficacy of indigenous healthcare practices. Explore innovative approaches to integrating traditional and modern healthcare systems while respecting local knowledge and practices.
- Capacity Building: Invest in training programs for healthcare providers that enhance cultural competence and sensitivity to gender issues. Ensure that healthcare professionals are equipped to deliver respectful and inclusive care to all patients, regardless of their background.
- Monitoring and Evaluation: Establish robust monitoring and evaluation frameworks to assess the impact of interventions aimed at reducing healthcare disparities among women. Use data-driven approaches to inform policy adjustments and resource allocation.

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Conflicts of interest

The authors have no conflicts of interest to declare

References

1. Adu-Gyamfi S, Brenya E. Gender and healthcare access in rural Ghana: A narrative review. Ghana Journal of Public Health. 2018; 6(2): 45-58.

2. Appiah-Kubi KO, Agyemang-Duah W. The impact of colonialism on healthcare delivery in Ghana: The pre-colonial, colonial and post-colonial era perspective. Journal of Medical and Biological Science Research. 2019; 4(2): 23-34.
3. Arthur E. Women's reproductive health in rural Ghana: The influence of traditional and modern healthcare systems. African Journal of Reproductive Health. 2017; 21(3): 56-68.
4. Awusabo-Asare K, Biddlecom A, Kumi-Kyereme A, et al. Adolescent sexual and reproductive health in Ghana: Results from the 2017/18 National Survey of Adolescents. Ghana Medical Journal. 2020; 54(1): 11-21.
5. Bosiakoh TA, Boateng D, Ameyaw EK. Maternal healthcare utilization in Ghana: The role of traditional birth attendants. Health Care for Women International. 2018; 39(12): 1350-1365.
6. Fenny AP, Enemark U, Asante FA, et al. Equity of healthcare utilization in Ghana: Evidence from the 2014 Ghana Demographic and Health Survey. International Journal for Equity in Health. 2016; 15: 167.
7. Ganle JK, Dery I. 'What men don't know can hurt women's health': A qualitative study of the barriers to and opportunities for men's involvement in maternal healthcare in Ghana. Reproductive Health. 2015; 12: 93.
8. Gyasi RM, Phillips DR. Gender, self-rated health and functional decline among community-dwelling older adults in Ghana. Journal of Aging and Health. 2020; 32(3-4): 158-176.
9. Nuamah GB, Agyei-Baffour P, Akohene KM. The Ghanaian community psychiatric nurse: Preparing for the future. Ghana Medical Journal. 2016; 50(3): 157-162.
10. Oheneba-Sakyi Y, Agyemang-Duah W, Der A. Socioeconomic determinants of healthcare access in Ghana: An empirical study. Journal of Health Management. 2018; 20(2): 109-120.
11. Sipsma HL, Bradley EH, Chen PG, et al. Mental health treatment outcomes in a humanitarian emergency: A pilot model for the integration of mental health into primary care in Habilla, Darfur. International Journal of Mental Health Systems. 2013; 7: 1.