Journal of Studies in Social Sciences
ISSN 2201-4624
Volume 5, Number 2, 2013, 214-238

Preventive Healthcare Strategies and Impact among the Asante People of the Early Twentieth Century Gold Coast: A Historical Narrative and Lessons for the Present Sanitation Challenge in Kumase

Samuel Adu-Gyamfi[1], Prince Osei-Wusu Adjei[2] and Daniel Owusu-Ansah[1]

[1]Department of History and Political Studies, Kwame Nkrumah University of Science and Technology (KNUST)

[2]Department of Geography and Rural Development, Kwame Nkrumah University of Science and Technology (KNUST)

Corresponding author: Samuel Adu-Gyamfi, Department of History and Political Studies, Kwame Nkrumah University of Science and Technology (KNUST)

Abstract. This article focuses on the development of preventive health care of the Asante people of early twentieth century Gold Coast. Attention has been paid to the public health strategies put in place by the Colonial Administration as well as the efforts and collaboration between Traditional Authorities and the British Colonial Administration to prevent diseases in Asante and Kumase in particular. Lessons for the present sanitation challenge learnt from this historical piece gleaned severally from archival and secondary written sources have been discussed.

Key Words: Preventive Health Care, Sanitation, Colonial Administration, Chiefs/Native Heads, Kumase Public Health Board (KPHB)

1.1 Introductory Review of Preventive Health Care in the Gold Coast

Preventive Care has been defined as "a pattern of nursing and medical care that focuses on disease prevention and health maintenance. It includes early diagnosis of disease, discovery and identification of people at risk of development of specific problems, counseling, and other necessary intervention to avert a health problem."

Screening tests, health education, and immunization programs are common examples of preventive care. The term "preventive medicine" no longer means what it used to: keeping people well by promoting healthy habits, like exercising, eating a balanced diet, not smoking and taking in caffeine and alcohol excessively, keeping the environment clean, proper management of solid and liquid waste among others. In several jurisdictions in the twenty-first century, including developed, developing and middle income countries like Ghana, it has to do with encouraging the well to do to have themselves tested to make sure they are not sick. That approach does not save money; it costs money that comes directly from an individual's pocket or from that of the government.

In the Gold Coast the major causes of diseases which persistently increased European mortality included the abysmal state of sanitary conditions prior to 1910. Addae (1996) notes that before the 1880, the towns along the coast of the Gold Coast were notorious for their insanitary state. They had lagoons which bred swarms of mosquitoes and gave off bad smells. They had no public or private latrines and human excreta, rubbish including other waste were deposited in beaches, alleys and the outskirts of towns. Twumasi (1975) stresses that the health problems during this period were mainly environmental, poor sanitation and malnutrition, which gave rise to various tropical infections such as malaria, worm infestation, yellow fever, sleeping sickness and yaws.

Till 1877, no town along the coast had streets except Cape Coast which was the seat of government. This notwithstanding, Cape Coast was noted as infamous in sanitary conditions and the celebrated sanitary infamy was carried into the twentieth century. It has therefore been noted by Addae (1996) that the first administrative change that permitted the Gold Coast's Colonial Government to address the sanitation issues countrywide was the appointments of Dr. J McCarthy

as the colony's first Chief Medical Officer, Dr J. F Easmon as the first Medical Officer in Accra in 1884. Nevertheless, it was in 1893 that Governor Griffith began to take the first steps towards the adoption of a system for the disposal of sewage as well as the strengthening of the staff at the Public Works Department (Addae, 1996). There was also the problem of overcrowding in the African dwellings. Thus, Governor Griffiths proposed the laying out of streets and the preservation of open spaces (Addae, 1996).

1.2 **The Problem**

Several social histories have been written on Asante but the specific subject matter relating to health and most importantly sanitation which is a preventive health care history has not been fully looked at. Admittedly some mention is made of Asante in general studies covering the Gold Coast, yet, history would have to be written and re-written especially when new evidences emerge. Yet final postulation cannot be made on the history of sanitation in Asante and Kumase in particular especially during the first half of the twentieth century. Historians of Ghana and those in the Diaspora would do a great disservice to academia and humankind when we close the page concerning the history of sanitation in Kumase and assume that all there is to be known have been made known.

1.3 **Aim**

This paper unravels pertinent historical information on earlier preventive health care strategies with particular focus on sanitation in Kumase. It is envisaged that, information from the narratives would inform twenty-first century thoughts and actions towards improving public health and sanitation in particular as well as capacities to bring this about. The paper further confirms the fact that the creation of the Kumasi Public Health Board (KPHB) with focus on Sanitation by the British

Colonial Administration served as a strong preventive health care tool for the people of Kumase and its environs.

2.1 **Method**

This paper has been written using primary and secondary data. Severally, the primary data were sourced from the archives. The Manhyia Archives in Kumase, as well as the Public Records and Archives Administration (PRAAD) in Kumase and Accra have been invaluable sources for the gathering of essential primary historical data. We accessed documents covering Colonial Sanitary Bye-laws, estimates and expenditure of the KPHB within the period under review. The others include files covering important and general issues relating to the KPHB, data relating to sanitation issues from the secretariat of the *Asantehene* (The King of Asante) within the period under review. Asante Native Authority Sanitation Orders and generally files relating to sanitation that was pertinent to the study. Books, journal articles and other published documents have been used to support or corroborate archival evidence and vice versa. We have stuck specifically to documentary sources to generally avoid the cliché's in oral accounts. The records sourced from the various archives are original and in line with best practices in historical studies. The primary nature of the sources makes the historical narratives pieced under discussions properly authenticated. Although we are permitted by historiography to do imaginative guessing, we have seized to do so since the records ought to speak.

3.1 **FINDINGS AND DISCUSSIONS**

The Discussions focus on the efforts of the British Colonial Administration, its creation, The Kumasi Public Health Board (KPHB) and their collaborators, The Chiefs or traditional rulers to forestall the occurrences of diseases and epidemics. This has been captured under the theme, Efforts of The British Colonial

Administration, Kumasi Public Health Board (KPHB) and Chiefs. The discussions partly cover the latter part of the nineteenth century but focuses mostly on the first half of the twentieth century.

3.2 **The Preventive Health Care Interventions of the Colonial Administration.**

Ghana passed its first public health law in 1878. This was the Town Police and Public Health Ordinance. Under this law, buildings could only be erected with the permission of the governor, old buildings had to be repaired or demolished. The colonial surveyor was responsible for clearing and draining the streets and the government could impose fines on those committing public nuisance. Firstly, the laws were applied to Cape Coast, Elmina, Accra and Lagos and gradually extended to other places including Asante. However, these laws were rarely enforced until the latter part of the nineteenth century and the beginning of the twentieth century when they received much attention.

In Ghana, the outbreak of the plague in 1908 became the fundamental reason for Governor Rodger to establish the basis for a sanitary reform. He placed much emphasis on sanitation including good drinking water. However, the earliest greatest sanitation activity of the colony could be put between 1910 and 1920 during the governorship of Sir Hugh Clifford. Dr. T.E. Rice became the first head of the Sanitary Branch. It was this body, which laid the foundation of sanitation in Ghana.

By the end of 1900, over twenty Asante towns including Kumase were receiving sanitary attention. Sanitation in Kumase included the provision of wells and water tanks, incinerators, public latrines, slaughter houses, improvement of markets and

construction of drains and the draining of swamps. Increasing attention was focused on the villages in Asante. By 1920, the wide range and variety of sanitary activities had spread deep into Asante.

Addae (1996) argued relying on colonial records that before 1920, countrywide; the issue of filth was far better in Asante than along the coast. He argues:

> Except the Ashantis the Africans in particular the coastal Africans, it would seem to the Europeans, had not the vaguest notion of sanitation, and what was even more extraordinary to Europeans, they were generally most resistant to efforts to change their ingrained insanitary habits. Observations and comments of this nature run through practically the entire medical and sanitary reports between say 1900s and 1920 and it is said seldom if even Africans were able or willing to institute, unassisted, for themselves, even the most elementary sanitary measure.

From the above we understand that in the rural communities progress in sanitation was slow. Even though Asante did not receive colonial sanitation service very early, the response of Asante communities to sanitary reform was far more positive than anywhere else. However, it is true to state that the first half of the twentieth century presented several health challenges to Asante which necessitated the concerns of both the Native Heads and the Colonial Administration. Firstly, the people of Asante and Kumase in particular suffered from several diseases that were more related to their lifestyle mostly as a result of the poor sanitary conditions of their environment. Several of these diseases existed even before the twentieth century. Malaria and fevers, for example, had been with the people of Asante prior to the twentieth century. Lifestyle related diseases like tuberculosis infections,

small pox, cholera, amoebic dysentery and typhoid fever were systematically dealt with as a result of the systems that were put in place by the Colonial Administration to promote sanitation and healthy living.

3.3 **The Institutional Response to Poor Sanitation in the Early Twentieth Century Gold Coast.**

The Colonial Administration created the office of the Town Clerk under the KPHB from where the Medical Officer of Health operated. The Town Clerk was an officer with a municipal experience. At the office of the Town Clerk there were an accountant, two assistant clerks, one junior clerk, an auditor, a legal advisor, a bailiff and a messenger who were responsible for the day to day administration of the office. In addition to the Town Clerk were other officers who saw to the enhancement of the sanitary and health conditions of the people of Kumase. The Colonial Administration created the office of the European Town Inspectors. Their duty was to supervise sanitary inspectors in the various townships. Below the European Town Inspectors were the Second Division Sanitary Overseers who replaced the then Government Sanitary Inspectors. Later, there were the first division sanitary overseers who were responsible for ensuring good sanitary conditions at various municipalities. The first division sanitary overseers also supervised divisional sanitary overseers, who ensured good sanitary conditions in the Kumase Township. At the lower echelon were the latrine gangs who were responsible for the cleaning of latrines. By 1928, in Kumase the labourers were hundred in number. There were also the incinerator and dustbin gangs that were responsible for the maintenance of incinerators and the collection of refuse to ensure good sanitary conditions in the Kumase township. Their work was augmented by the scavengers or street sweepers.

3.4 **The Anti-Mosquito Brigade And The Town Works section**

There was the creation of the Anti-Mosquito Brigade (AMB) whose activities were supported by the Mosquito Ordinance of 1911. Among its provisions, private domestic dwellings in certain designated towns had to submit to authorized entry, Laval and general sanitary inspection by sanitary inspectors between 6am and 6pm any day. Prosecution followed a laval offence with a fine of up to five pounds inflicted. In Asante, they were responsible for the prevention of mosquito that spread malaria. They were tasked by the Colonial Administration to fill marshy and lowly areas with indestructible refuse with top dressing of earth, oil swamps and ponds among other things. Finally, there was the creation of the town works section. This section was responsible for the maintenance of town offices, pumps, wells and chlorinization plants. It further ensured maintenance of plants, tools and tree planting and took responsibility for the maintenance of sanitary structures, bungalows, and new zongos, market and slaughter houses.

3.5 **Fund Raising Mechanisms and Remuneration as Motivation Tools For Preventive Health Workers and Development of Preventive Health Infrastructure**

To ensure effective health administration, the Colonial Administration under the auspices of the KPHB was able to generate funds from the various services it rendered to the people of Kumase and also from taxes. The Colonial Administration generated revenue from licenses on alcohol, hotels and restaurants. Some of the revenue also came from wheel rates, bicycles, and motor licenses. Another source of revenue came from fees or dues from the slaughter houses, market table dues, and payments for the clearing of private latrines. The other sources included revenue generated from dustbin clearance, building plans and permit fees, quarrying fees, receipts for vehicle badges, property transfer duty, sanitary utensils and latrine

pans. From the period 1927 to 1928 the estimated revenue for the KPHB of the Gold Coast Colony was thirty-six thousand seven hundred and thirty pounds.

All the workers in the Town Clerk's office including the sanitarians were remunerated through the revenue generated by the KPHB. The allowance for the European Town Inspectors as at 1st April to 31st October 1926 was fifty pounds. However, to improve the service and to boost the working moral of the public health workers, the KPHB by an estimated budget of the period 1927 to 1928 increased the allowance to hundred pounds. As at 1926, there were one hundred labourers in the sanitary division. Twenty people were added by 1927, which became necessary as a result of the additional latrines to be cleared and cleansed. Significantly, during this period there were construction and development of new schools, new railway quarters and new bungalows.

Beyond meeting the needs of the officers of the Town Clerk's office and other sanitary workers, the KPHB was also responsible for proper infrastructural development as exemplified by the revenue it generated from building plans and permits. It was responsible for the maintenance and repairs of the available infrastructure and facilities in the departments of the Colonial Administration whose rippling effect was a viable and a progressive sustenance and promotion of public health. The KPHB provided funds for the maintenance of slaughter houses, ponds, sanitary structures, improvement of water supply, maintenance of pumps, wells and chlorinization plants, purchasing and maintenance of plants and tools, motor conservancy and meeting specific and entire needs of various departments like the Town Engineer's Department. The KPHB also financed tree planting, maintenance of bungalows, markets, provision of railway freight on materials, office furniture, petrol and oil for lorries. As already emphasized the KPHB financed the Anti-Mosquito Brigade. By the 1930s the KPHB, presided over by John Maxwell,

provided for the Anti-Mosquito Brigade new items required to fill marshy and low lying areas to prevent the breeding of mosquitoes.

3.6 **Using Education as a Tool for Preventive Health Care**

By the 1930s, it had become relevant to deal with the health and sanitary conditions of the physical environment of Asante. The health and sanitary conditions of some of the villages were described by the Colonial Administration as appalling. The Colonial Administration as a result of its findings in Asante and elsewhere developed a pamphlet on village health issued by the Director of Education. The major issues for discussion during this period were based on the theme that "health is a life to be lived and not a subject to be taught." In the 1930s there was a steady growth for the value of a clean sanitary layout for villages. Although the picture seemed to be bright there lurked a shadow of regret. There were several villages and dwellings in Kumase and surrounding villages that had poor sanitary conditions.

According to the Colonial Administration, the hindrance to good dwellings and proper sanitation was based on local custom, apathy and prejudice. An active opposition to the efforts of the Colonial Administration to change the health and sanitary conditions in Asante came from those Indigenous Healers who perceived a diminution of their influence as a result of the presence of Europeans. Above all, the fear of incurring expenses on the part of the local people also served as a hindrance to the introduction of modern ideas of sanitation and healthy living. The Colonial Administration suggested that the villages, small towns and communities in Asante could improve the health of their inhabitants by a small expenditure, labour and organization or planning.

Also of major concern to the Colonial Administration was the disposal of refuse. It was suggested that care should be taken in the disposal of refuse. The Colonial Administration noted that refuse dumps should be marked out at least one hundred yards from the nearest house and all people were directed to dump their household refuse there. Closely linked to this, the Colonial Administration advised that as often as necessary, refuse had to be burnt and combustible refuse were to be raked when dried. All tins and bottles were also to be buried. Urban dwellers like those in Kumase were also encouraged by the Colonial Administration to construct pit latrines with well defined specifications. For instance, it was noted that if a pit was thirty feet deep it was to last for three years. Such latrines were not to be close to main roads and were to be hundred yards from any residential house. The reason was to prevent people from contracting diseases as a result of their nearness to the latrine. By 1930, under the auspices of the KPHB there was the construction of eight latrines in some of the suburbs in Kumase at the cost of two hundred pounds each with the total cost being one thousand six hundred pounds. There was also the construction of two washing sheds at the cost of fifty pounds each.

To prevent nuisance and zoonotic diseases, it became paramount for the Colonial Administration to ensure that animals were kept away from villages and rather kept in enclosures on farms. The records note that pigs were a great nuisance and were capable of transmitting diseases to man. The Colonial Administration ensured that disease and mangy dogs were not allowed to roam but rather destroyed.

3.7 **Waste Management and Provision of Good drinking water**

As part of keeping Kumase clean, the Colonial Administration used incinerators to burn refuse. It required that additional labourers be added to the existing ones to work on the existing incinerators in the various vicinities in Kumase. By the turn of 1930, it had caused the KPHB more than thousand four hundred and sixty-five

pounds in paying the allowances of health workers. Another section of the sanitary division of the KPHB, the Water Guards were required to help prevent tampering with water chlorinization plant in Kumase. The Colonial Administration saw the need to provide good water for the people to ensure that they were free from waterborne diseases. Polluted drinking water had the propensity of increasing infestation. Some of the waterborne diseases which affected the people included dysentery, enteric fever or typhoid, cholera, swollen neck or endemic goitre, guinea worm and epidemic diarrhoea. It was observed that water containing gritty earth in suspension could cause the most painful virulent diarrhoea even if no harmful organism was present. This disease often produces an attack of jaundice of an obstructive nature. In line with this, it was suggested that deep-water wells and springs were to be constructed to prevent the occurrence of such health hazards.

3.8 **Housing, Town Planning and Liquid Waste Management**

To prevent congestion, stuffiness and also to improve ventilation, the Colonial Administration advised that buildings should be spaced. The administration further stated that the overhanging roofs encouraged in African dwellings instead of verandas were good but where it was enclosed and sub-divided it rendered a house unclean. In 1930, Mamponten, a village near Kumase became a model town with its beautiful layout. It had straight street lines and spacing of homes with good solid swish. It was certainly a model for a good sanitary condition in housing. This was in affirmation of what Guggisberg called for in the 1920s. In his address to the Legislative Council he expressed that:

> A clean, well drained town, with broad streets, numerous open spaces and intervals between the houses is not only essential to the health of its inhabitants but is the finest measure that can be adopted to prevent the rapid spread of an epidemic. (Addae, 1996)

The nature of homes and village settings in Kumase and some villages in Asante were still generally not impressive. The indigenous people failed to realize the value of healthy homes. For example, in February 1935, it was noted that Besiase, a village near Kumase was filthy. Rubbish, human excretor, tins and bottles were disposed on every corner of the village and around the outskirts. Also, there were no sanitary pit latrines. The place was bushy with inadequate refuse dump, dirty water supply and no proper public cemetery; the children also defecated behind houses.

3.9 **Foods and Beverages as Essentials in Preventive Health Care**

The Colonial Administration was also concerned with the kind of food the people of Kumase and Asante in general ate to avert dietary related diseases. The administration suggested that fresh meat, goat, mutton or beef should always be used in preference to tin meat of any kind. This was so because they argued that the latter lacked nutrients or properties that are essential for the healthy growth of the body. Also, starchy foods such as cassava, cocoyam, yam and rice were to be taken in small quantities with much soup. It was argued that the stomach can only digest a certain amount of starch and when much soup was not taken and carbohydrates were not taken in moderation one could suffer from indigestion and constipation. The people of Asante were also encouraged to eat green vegetables daily as part of their regular meals. The Colonial Administration further suggested that people should opt for goat milk because it was cheap and wholesome. Another major concern of the Colonial Administration was the taking in of drinks by the indigenous people. Drinks apart from water were categorized into alcoholic, non-alcoholic and stimulants. Some of the stimulants were noted to be coffee, tea and kola extracts. When these are taken in excess they cause a disordered heart action.

With alcoholic drinks, it was advised by the Colonial Administration that if they were not taken in moderation then they were better left alone.

3.10 **Sanitary Conditions at Suame and Aboabo, a challenge to the Sanitary Division**

By the first half of the twentieth century, the Sanitary Division made efforts to improve sanitation in Kumase. At a meeting held on 6th January, 1927, the KPHB approved a budget of two thousand and seventy pounds for the construction of sanitary facilities. Monthly reports were presented by the Medical Officer of Health concerning sanitation in some of the suburbs of Kumase. Some of the reports that came out especially in the 1940s when the work of the KPHB had folded up were not encouraging. In 1947, the reports on Suame and Aboabo were appalling. Suame had only one septic tank and four pit latrines, which were maintained by the Kumase Town Council. The other existing three latrines were filled to overflow, strewn with faeces over the floor infested with maggots and flies and close to the public.

Where incinerators were provided for the burning of refuse, the people did not maintain them. In Suame, the Kumase Divisional Council provided five incinerators. Each was situated by a latrine. By 1950, all the incinerators had broken down and were out of use. Refuse was dumped near the incinerators unburnt and there was no means of transport to dispose the waste. Since the incinerators were out of use there was an indiscriminate disposal of refuse which resulted in poor sanitary conditions. At Aboabo, the sanitary condition was very appalling. The inhabitants had six pit latrines; however, they eased themselves anywhere at the outskirt of the township. Lack of incinerators precipitated an indiscriminate dumping of refuse by the inhabitants.

Most of the suburbs in Kumase including Aboabo, which formed part of the growth of Zongos (places inhabited by migrants or strangers) and its consequent challenges, served as one of the congested and insanitary precincts favoured by people from the northern part of the country. It had few or no slaughter houses. Where they had slaughter houses they had no proper slaughtering tools and in most instances cattle were slaughtered on bare ground which was highly unsanitary. Mostly, slaughtering areas were filled with the stench of decayed blood. It was also a shelter for vultures and habitation for vermin and flies. There was also inadequate water supply. In the Suame area, available wells were dangerous to drink since all the filth in the area was washed by rainfall into the valley where the wells were dug. In an attempt to salvage the situation, the Divisional Council made some recommendations. It was recommended that new latrines should be provided for the people to avert the future threat of diseases. These latrines were also to be provided with incinerators. Again, it was recommended that work should be done to improve existing temporary market sheds to render them rain and sun proof and the sheds should be rented to marketers. With regard to the slaughtering of animals, a slaughtering area was to be provided with a concrete slab for slaughtering animals and a sump provided to drain blood. Also, those who patronized the slaughtering houses were required to pay some fees to enable the authorities to equip them with slaughtering appliances and other tools to enable them to function efficiently and to provide the indigenes with sickness free meat.

The Kumase Water Supply Department was approached to provide three standing pipes for the people of Suame. The water supply in Accra was far advanced than that of Kumase, therefore the Accra model was to be adopted to provide good drinking water for the people. Another strategy that was employed by the Colonial Administration was the formation of health boards especially with the case of Suame (Suame Health Board, SHB) and Aboabo (Aboabo Health Board, AHB) to

advise the Colonial Administration on matters pertaining to sanitation. Again, additional twenty sanitary workers were employed to clean the community and the outskirts of rubbish and dung.

The sanitary condition of Asante especially Kumase was very paramount such that the Secretary of the Kumase Divisional Council was not hesitant to call on the Colonial Administration to hurriedly meet the needs of the people. In his remarks the secretary of the Kumase Divisional Council stated,

> The indifference of the administration towards the provision of sanitary amenities to the township has seriously affected the morale of the inhabitants and the Native Administration Sanitary Overseer now finds it difficult to collect the monthly rent of five pounds from house owners who for the reason of the neglect of sanitation, consider it unjustifiable to continue to pay rents.

By 1946, sanitation issues in some of the villages in Asante were of concern to the Kumase Town Council. The council identified the needs of villages like Old Amakom, Asokwa and Patase. Five pit latrines and incinerators were provided for each of these villages. Sanitary labour gangs were posted to attend to sanitary duties in these areas. There was also the collection of a flat sanitation rate of one pound per month per household at the villages that were offered sanitary services.

4.1 **Collaborative Interventions of Traditional Authorities and the Colonial Administration**

By the late 1920s progress had been made in urban and village sanitation especially in Asante. The Native Heads generally showed keen interest in ensuring sanitation. To assist the Native Heads in enforcing sanitary principles, bye-laws were passed under the Native Jurisdiction Ordinance laying down penalties for breaches. These bye-laws were adopted by many of the paramount chiefs especially the "enlightened" ones like the *Asantehene*.

In the first half of the twentieth century, Asante experienced sanitary campaigns from both the Native Heads and Colonial Administration. The sanitary collaboration between the Colonial Administration and the Native Heads resulted in the arrest of people especially hawkers who were considered as nuisance to the public health of the people. In December, 1928, some hawkers were arrested by a sanitary inspector at Manhyia for plying their trade at the premises. The Native Heads also received fines from offenders who flouted the sanitary rules in Kumase. Fines for sanitary cases from the *Asantehene*'s court B2 from January to June 1945 amounted to 12,726 pounds. In 1944 the people of Asante were continuously entreated by both the Colonial Administration and the Native Heads to undertake communal labour and people who refused were summonsed to appear before the *Asantehene's* court B.

Cooperation between the Native Authorities and the Colonial Administration took a gradual turn. For instance, in 1928, the *Asantehene* wrote a letter to the District Commissioner requesting the release of hawkers who had been arrested and also permitting them to hawk at Manhyia. The *Asantehene* argued that there were old people and children at Manhyia some of whom could not go to the market to buy goods, hence, the need to buy bread and other food items from the hawkers who had

been arrested. This request was made by the *Asantehene* in an attempt to persuade the Colonial Administration to relax some of the laws on sanitation that were seen to be harsh.

The Native Authorities also passed certain ordinances that ensured that chiefs were responsible for proper sanitary and healthy conditions in their villages. In 1935, there were orders from the Asante Confederacy Native Authority under Section 9 of the Native Authority Ordinance. These orders were cited as the Asante Confederacy Native Authority Sanitation Orders and applied to all villages within the area of the Asante Native Authority. The ordinance gave specific instructions to chiefs in Asante. The chief of every village, where necessary, was to select sites in the vicinity of his village for latrines and rubbish dumps, these sites were not to be less than fifty yards from any house or hundred yards from any water supply. Significantly, the distance was to ensure that the stench from the solid and liquid waste did not contaminate the existing water bodies that would render them unsafe for human consumption. The closeness of refuse dumps and latrines to human settlement has the propensity to spark off epidemics.

Again, a chief of every village in Asante constructed and maintained sufficient latrines in accordance with specifications approved by the Health Officers. Chiefs saw to the closure and filling with earth any existing pit latrine and were to construct new ones when instructed in writing by the Native Authority. Also, chiefs ensured that the vicinity of the latrines was kept clean and in good order. In addition, the chief ensured that the clearing of bushes was at least fifty yards to the outskirts of the village and he also saw to it that the clearance was maintained. This condition prevented snake bite, harmful flies and insects. It also secured the indigenous people from coming into contact with poisonous plants and wild animals that could be injurious to their health and well-being.

Furthermore, when a chief is called upon by the Native Authority or given instruction by such authority to demolish any ruined house standing in his village, he should have it levelled and the site cleared of rubbish. These directives were to be carried out with the hope of saving his community from any danger or physical injury such a structure could bring to his people. Chiefs in Asante wielded lots of power and most importantly regarding sanitation, the order of a chief was to be duly complied with as required by statute. Any inhabitant of a village who willfully disobeyed the orders of a chief concerning the clearing of the vicinity of bushes and weeds, market sites, the demolition of ruined houses within a stated period of which a demolition order approved by the District Commissioner had been received by the chief, was liable to some penalties.

4.2 **Extensive Collaboration between Traditional Authorities and the Colonial Administration in Housing and Architecture**

Regarding housing, no person was able to erect any building or made an extension to any existing building in any village without the permission of the chief of the particular village. It was the responsibility of the chief to ensure that a space not less than twenty clear feet was the distance between the building or buildings on one plot and the nearest building or buildings of the adjacent plot. Significantly, this was done to ensure proper ventilation and space to allow free movement of settlers that was relevant so far as the health needs of the people of Asante was concerned. Closely linked to this was the demand that each building plot was not to be less than 60 x 80 feet in size. Also, the building was not to block or be an obstruction to any road or path and such a building was supposed to be in line with other buildings. Chiefs ensured that all buildings conformed to the layout of the village as approved by the Native Authority.

To ensure public safety, it was required that no building or additional street was constructed without permit from the Native Authority. Also, if such building was not of an approved type design and with a small-scale block plan and a short specification of materials with which the structure is proposed to be built, which their dimensions have been provided for and approved by the Health Officer, the Native Authority ensured the demolition of such building. Again, no room was constructed of a less horizontal dimension of 120 square feet or an average height of 10 feet. Windows and louvers in every room by statute were to provide a total ventilation area of not less than one length of the floor space. All floors were to be six metres thick above ground level and also due provision was to be made for the drainage of the yard. To ensure that these provisions were complied with and for buildings to be properly maintained, owners of buildings in the Asante Confederacy were charged by the Native Authorities to keep their buildings in a proper state of repair. It was unlawful for a landlord to remove any building material from any building without the consent of the chief of the village or town in which the building was situated.

Chiefs in Asante were empowered to prevent people from trading in anything that were detrimental to the health of the people. No person was allowed to conduct any work, manufacturing, trade or business in such a manner as to be or likely to be a nuisance or injurious to health. Again, no person was allowed to keep any animal in a way that was a nuisance or injurious to health in any public place. The keeper of an animal was not allowed to use any site for the purpose of avoiding excrement or depositing rubbish other than that appointed by the Chief. Also the people of Asante were not permitted to grow crops within hundred feet of any building unless the crops were low growing crops that were allowed to grow within 20 feet of a building. Rats were also identified as major carriers of bubonic plague. Occupants of various households were therefore tasked by the Native Authority to rid their premises of rats. Landlords and tenants of various premises were charged by the Native Authority to prevent the carrion of filth, rags, broken bottles, empty tins including

refuse and other things which are detrimental to the health of the indigenous people of Asante. Again, an occupant of a plot was responsible for keeping clean only one half of a street and a drain, gutter or channel on the side of the street near his lot.

Chiefs in Asante also ensured that the occupants of a land or a building in a village prevented the growth of weeds, long grass, or wild bush of any sort or any standing water or any other reasonably preventable condition, which in any way was favourable for the breeding of the mosquito which causes malaria to remain on such land or within such building or an unoccupied land adjoining and within twenty yards of it. Individuals were tasked not to permit at any time on their premises the presence of any receptacle for water containing mosquito larvae or allow any water to be kept on their premises in any container unless such container was properly protected to the satisfaction of the Health Officer. It was also a serious offence for one not to inform the Chief of his village of the presence of any sick person who in his opinion was suffering from any infectious disease.

One of the major concerns of Asante Chiefs was on water supply. Chiefs in Asante according to the orders of the Native Authority constructed water sources of a particular type on a site approved by the Health Officer. Asante Chiefs ensured that the surroundings of their sources of water were kept clean and their wells were protected from surface water. It was unlawful for any person to contaminate any source of water used for drinking purposes. Persons who flouted this were liable to the penalties provided by section 11 of cap 79. Penalties were slammed on those who failed to comply with the order of a Chief to clean, drain or build in the way of water source. Pertaining to the burial of the dead, the Chief of a village notified the Native Authority of the occurrence of all deaths and the place of burial. Except with

the approval of the Native Authority, dead bodies were to be interred only in the village cemetery or the ethnic cemetery of the deceased.

To recapitulate, chiefs or native heads under the office of the Inspector of Nuisance wielded some powers under Section 20 (1) of the Town Ordinance to call on people to abate or reduce nuisance that were in the form of bushes, unkempt latrines, and rubbish dumps. Again, the existing Native Courts also had the power to summon people who committed the offence of nuisance. These offenders were made to fill sanitary forms from which various fines were received by the Native Authority. Fines for sanitary cases in the Native Administrative courts by 1945 amounted to 12, 726 pounds. Significantly, by 1945, the people of Kumase were continually inspired to undertake communal labour. People who refused to attend were mostly brought before the *Asantehene*. The efforts of the Colonial Administration as well as the Native Authorities or chiefs in Asante improved the health of the indigenous people and ensured that there was the prevention of any epidemic especially after 1924. With these measures the indigenous people were able to engage in their economic activities especially in Kumase without with minimal incidence of diseases.

5.1 **Lessons For The Present Sanitation Challenge**

The sanitation challenges of the twenty-first century Ghana is a recurrence of an old problem. They include lack of proper housing and spacing, poor town and village planning, ineffective liquid and solid waste management, poor eating habits among others. The historical narrative show that under the auspices of the Kumasi Public Health Board and the collaboration between Traditional Authorities and the British Colonial Administration in Asante several efforts were made to reduce the scourge of the Bubonic plague in 1924 which had come as a result of mice infestation in Kumase and its environs. The *Serkin Zongo* of Kumase, the *Asantehene* and other

Chiefs who were members of the KPHB supported colonial officials to rid the suburbs of filth, remove pens from homes and site them at the outskirts and also encourage the general populace to engage in best health practices. The archival records and oral sources point out that the Bubonic plague was nipped in the bud through collective decisions and efforts to ensure good sanitation practices. Even though very necessary, such collaborations have not been seen between Chiefs, local government institutions, health workers and other stakeholders in present times to deal with the seemingly overwhelming sanitation challenge and its attendant poor health situations in Ghana in general and Kumase in particular. To emphasize, the role of the chief in present times has been reduced to ceremonial headship therefore the potential of using a traditionally revered institution as disease prevention and health promotion agent in our towns and villages has not been fully utilized, hence reducing the effectiveness of health promotion drive.

Also, the uses of incinerators seem to be a thing of the past. With few places for solid waste disposal in twenty-first century Asante, it would be advisable to reinvigorate in the people the need for the building of incinerators in almost every community. This has the potential to reduce stench, vermin and hazards on the health of the people. The examples in Kumase in the first half of the twentieth century have already been elucidated in the earlier historical narrative.

Poor liquid waste management which engulfed Suame, a suburb of Kumase in the 1940s was met with a brutal force. The Colonial Administration under the auspices of the KPHB raised funds to build additional latrines, maintained old ones and pulled down those that were potentially injurious to health and well-being of the people. Beyond this in the whole of Kumase and its environs households were charged sanitary fees to ensure that their communities were properly kept by sanitary workers. In present times, it has been argued that the KPHB which

became the Kumase Town Council and now the Kumase Metropolitan Assembly (KMA) is bedevilled with the problem of funds. Yet we understand that the Colonial Administration through the KPHB was able to raise a lot of funds to pay salaries, build, maintain and repair existing infrastructure which in essence contributed to a progressive and healthy environment in Kumase within the 1940s. Lack of effective management has been cited as probable cause for the inability of the KMA to raise the requisite funds to provide for the Assembly the requisite services and infrastructure which has the tendency to promote public health and safety.

Community anti-mosquito brigades that supported the fight against malaria in the past are now non-existing, yet malaria continues to dominate in disease cases reported in virtually all health centres across the country. Well trained sanitary inspectors and community mosquito prevention units employed in the past might reduce the scourge of malaria and infant and maternal mortality confronting communities today. Further, health education formed part of the Colonial Administration's effort to get the indigenous people to engage in healthy lifestyle which had the propensity to prevent diseases and also improve their health. For instance in the 1950s the indigenous government did not only continue with the establishment of health centres but also the government came up with the idea of medical field units. The essence of this was to control many of the environmental diseases which were prevalent at the time. Again, Kintampo, Asante was the headquarters of the medical field units. Their purpose was to carry out field research and to educate the rural population on health matters. It also included the survey and determination of the nature of health hazards in the adjoining areas (Addae, 1996).

5.1 **Conclusion**

In the twentieth century Ghana, preventive healthcare sometimes remained in the background. Lack of prestige has been assigned as the main reason. This is because it does not focus on the dramatic curative aspects of medicine. Nevertheless, in the twenty-first century it would be important to underscore the point that there is the need to continue to redefine and reform the roles of specialists in preventive medicine. Increase in the remuneration of the preventive medical specialists would provide a major encouragement for these health personnel.

References

[1] S. Addae, *History of Western Medicine in Ghana, 1880-1960* (Durham: Durham Academic Press Ltd., 1996)

[2] Mosby's Medical Dictionary, Eighth Edition, 2009

[3] Patterson D.K, *Health in Colonial Ghana: Disease, Medicine and socio-economic change,1900-1955*,

[4] Twumasi P. A , *Medical Systems in Ghana* (Accra: Ghana Publishing Corporation, 1975)

[5] Manhyia Archives of Ghana, Kumase, MAG 1/1/35, Section 7 of cap 79 of the Colonial Administration Ordinance

[6] Manhyia Archives of Ghana, Kumase, MAG 1/1//35, Section 20(1) of the Town Ordinance

[7] Manhyia Archives of Ghana, Kumase, MAG 1/17/2, KPHB, Estimates of revenue and expenditure, 1927-1928

[8] Manhyia Archives of Ghana, Kumase, MAG 1/1/12, *Asantehene's* secretary's office, Eastern Province, Asante, 1930-1940

[9] Manhyia Archives of Ghana, Kumase, MAG 1/1/35, Sanitation and Roads, 1935

[10] Manhyia Archives of Ghana, Kumase, MAG 1/1/12, *Asantehene's* secretary's office, Eastern Province, Asante, 1928-1930

[11] Manhyia Archives of Ghana, MAG 1/1/4B, Correspondence between the *Asantehene* and the District Commissioner,1928

[12] PRAAD, Accra, ADM 11/10/193, Sanitary Bye-Laws under the Native Jurisdiction Ordinance No.5 of 1883.