

The role of customs and beliefs in legitimating community development participation in Botoku, rural Ghana: implications for substance abuse prevention

Komla Tsey, Research Professor & Senior Fellow, School of Education and The Cairns Institute, James Cook University, Australia.

Abstract:

Customs, belief systems and values, enshrined in specific societal norms and sanctions, provide those involved as members of the society with a sense of belonging, confidence and guidance in their efforts to negotiate complex demands and challenges of modern life. Rapid modernization and social change accompanied by a philosophy of individualism, risks separating people from community values and responsibilities and is a precursor to serious social problems, such as alcohol and other substance abuse. While change is inevitable, there are models for managing this in ways that do not undermine the social strength and cohesion associated with traditional values and customs. Autonomous individualism, or a liberated self, freed from religious, political and social bonds needs to be carefully balanced by respect for self and others, as well as a premium on the cooperative nature of morality.

This paper explores the role of customs and beliefs as protective factors against a rising threat of alcohol abuse in rural Ghana. Based on a community development oral history research, the paper shows the high premium that the study community places on the performance of funeral rites for the dead on ancestral lands, irrespective of one's place of residency at the time of death. This process legitimizes and reproduces a social expectation among citizens, both resident and non resident, to participate or contribute their fair share to improving the ancestral village. The implications of the findings for substance abuse and other social dysfunction protective factors are highlighted. The role that empowerment-based social research can play in offering a lens to a community about past strength and achievements and provide space for reflection, clarification and where needed, adaptation of values, norms and customs is also highlighted.

Introduction

By world standards alcohol and other substance abuse would appear not to be major problems yet in Ghana (Adu-Mireku 2003). The available statistics can be notoriously unreliable, however, as World Health Organisation (WHO) Global Status on Alcohol (2004) figures suggest, the level of alcohol consumption in Ghana is relatively low. For example, in Ghana, per capita alcohol consumption is 1.54 litres compared to 0.95 and 4.8 respectively in neighboring low income Togo and Burkina Faso, 7.81 in middle income South Africa, and 9.19 in wealthy Australia (WHO 2004, 11-12). While the Ghana figure appears relatively low, evidence suggests that the problem is growing (Adu-Mireku 2003; WHO 2006). As a result, there have been growing concerns about alcohol and other substance abuse, especially among the youth.

A key element in the public concern about the growing threat of substance abuse in Ghana is the perception that youth are losing meaning and identity and are confused about the value of tradition in today's world (for examples, Ghana Broadcasting Commission, 2008; Ghana News Agency, 2010). In other words, in an increasingly globalised world, people appear naturally worried that their traditions, norms, values and belief systems are not only threatened, but more importantly, such traditions and norms may no longer be able to provide youth with the identity and strength they require to stay in control of their future. The assumption is that if only

young people would appreciate and respect the relevant local traditions of their forebears, then they are likely to know who they truly are and their purpose in this world. But what are these traditions, norms and belief systems? In what ways do they give meaning and purpose to life in an increasingly globalised world? What is the evidence that having meaning and purpose in life acts as protective factor against substance abuse and other social dysfunction?

This paper, the first in a 2-part series (Tsey 2008), explores the role of customs and beliefs as possible protective factors against the threat of substance abuse and social dysfunction in rural Ghana. I do this by presenting evidence from a community development oral history research project to show how the high premium that the study community places on the performance of funeral rites for the dead on ancestral lands, irrespective of one's place of residency at the time of death, legitimizes and reproduces a social expectation among citizens, both resident and non resident, to participate or contribute their fair share to village development initiatives. The implications of the findings for substance abuse and other social dysfunction prevention strategies are highlighted.

From the outset, I need to clarify that the oral history project from which the community development case studies were taken for this paper was not designed in the first instance to specifically explore the role of customs and beliefs as possible protective factors against substance abuse and other social dysfunction. The primary objective of the project, as explained shortly, was for the relevant study community to routinely reflect on past experience as a basis for determining future development priorities. Three factors motivated me to explore the implications of the oral history findings in terms of substance abuse protective factors. Firstly, in analyzing the oral history data, I was struck by evidence suggesting that there may be possible links between community social norms and expectations, relevant sanctions underpinning such norms and expectations, and strengthened self identity, connectedness, and cohesion.

Secondly, as the second of this 2-part series shows, my work in Aboriginal Australian health research over the last 15 years clearly brought home to me the ways in which substance abuse by a minority, if permitted to go on unhindered by strong ethical values of responsibility for self and others, can hold entire communities to ransom with severe consequences for their very survival as people (Tsey 2008). This experience sensitized me to the aspects of the values and norms in my own native Ghana that potentially can act as protective factors against the rising threat of substance abuse. Finally, I was heavily influenced conceptually by the ideas of the Aboriginal Australian intellectual and public commentator, Noel Pearson, regarding the nature of substance abuse in his own communities and the role that social norms and expectations about right and wrong behaviour can play in addressing the problem (Pearson 2001; 2007).

Background

My introduction to community development and empowerment research goes back to the 1970s when I left my native village in rural Ghana as a young person to go to boarding school in a nearby town. On one of my holidays back in the village, my father started a conversation with me about the relevance of what we were learning at school to the needs of our village. I was glad that my father was interested in my studies but I found myself struggling to relate my studies to the needs of the village. After a period of silence my father looked straight into my eyes and said, “Look, our child, if we send you to boarding school and you cannot come back to this village and find ways of explaining and making what you are learning at the school relevant to the interests and aspirations of people in this village, then what is the point of you going to school?...the more you make your learning relevant to your people, the stronger you become in who you are, no matter where you go”.

The incident, and my subsequent reflections on it, led me to a life time involvement in community development related activities. Over the years, I have played a wide range of roles: as letter writer, translator, interpreter and advisor for the chiefs and elders of my rural village regarding development issues; executive positions in village development associations; and as academic researcher, trainer and facilitator. I have used mainly participatory action research approaches to support and enhance community development and empowerment initiatives in rural Ghana (Tsey, Schmidt-Hagerth and Lubrani 1995; Schmidt-Hagerth and Tsey 1996) and more recently in Aboriginal Australia (Tsey 2010). In all these roles, the two interrelated questions I keep asking myself are: what are the *interests and aspirations* of the people with whom I work and how can I make my knowledge, skills and experience *relevant* to those interests and aspirations. Through this process I have developed the understanding that no matter how desperate the social conditions of a community of people might look to the outsider there are always pockets of strength, resiliency and creativity within such community and it is the role of the development facilitator to search, locate and work with such centres of strength and energy from within. This realization now sits at the core of all my work, across different settings, different cultures and addressing different types of health and wellbeing issues (Tsey 2010).

By all standards Ghana is materially a very poor country. For example, a child born in Ghana today is likely to live for 57.5 years compared with 81 years for those born in a wealthy country like Australia. Gross National Income per capita for Ghana is \$US 520 compared with \$US 35,990 for Australia, and Ghana spends a total of \$US 27.2 on health care per person whereas Australia spends \$US 3,633 per person (World Bank 2008; United Nations 2008). It is important to note that these figures do not say anything about relative inequalities within the two countries. This includes the significant disparities in income and life chances that exist between urban and rural dwellers especially in low income countries such as Ghana.

The paper is based on a longitudinal community development oral history project from my native village, Botoku. Botoku is a large rural community of an estimated total of 10,000 citizens located in southeast Ghana some 200km from the capital Accra. Of the estimated 10,000 people identified by the community as citizens only 3,000 are resident in Botoku, the large majority live and work in the urban centres and other parts of Ghana and beyond. These are classified as *dutanolawo*, meaning those living in other people's towns, or non-resident citizens. Like most rural Ghanaian communities (Abloh and Ameyaw 1997), Botoku has a long and interesting history of community development supported largely by non-resident citizens (Tsey, Schmidt-Hagerth & Lubrani 1995; Schmidt-Hergeth and Tsey 1996). The aim of the oral history project was to provide opportunities for Botoku citizens, both resident and non-residents to routinely reflect on its history of community self help as a basis for setting future development priorities.

Methods

The methods for this ongoing longitudinal oral history research, which started in 1997 involved semi-structured group discussions among Botoku citizens, both residents and no-residents every 2-3 years. Participants in the groups were carefully recruited to reflect the changing demographic profile of the village. Included in the groups were: male and female chiefs and their elders; resident and non resident citizens; development association executives; participants in development projects; young people; and church groups. Participants in the groups were asked to identify and narrate the histories of key community development initiatives in the recent history of the village, using the semi-structured questions as prompts:

- What in your view were the significant community development initiatives in Botoku's recent history?
- What were the main challenges and opportunities involved in undertaking the initiative?

What in your view is the future of community development in rural villages such as Botoku?

The actual process of gathering the data was based on a highly structured but flexible *Ewe* oral tradition of arriving at consensus with regards to historical events and genealogical accounts (Tsey 2010). The aims of the project were explained to one group of people. A lengthy discussion of what people thought were the most important development initiatives occurred within the group. A *tsiami* or spokesperson was then appointed to narrate the story while others interjected to make "corrections" as required. The consensus story from the group was then narrated to the next group who then discussed the version of the story as it was narrated to them, made their own changes to the story as they considered appropriate, and then appointed their

own *tsiami* to narrate what in their view was the correct story. The process then continued until new groups started accepting the narrative accounts as mainly correct without many new changes and additions. The iterative process provided inbuilt capacity for multiple versions of the same account to be accepted as valid interpretations and its successful application in this rural Ghanaian context confirms Bruner's (1990) view that narrative process or sharing stories builds social cohesion.

Most field work for the project occurred at Botoku, Accra and other major regional and district Ghanaian towns where Botoku citizens reside in significant numbers. More recently, I have used opportunities for overseas conference and other travels to collect valuable information from Botoku citizens residing in the United Kingdom and elsewhere in order to capture the unique international Diaspora perspective. All the narratives were collected largely in Ewe and translated into English. A dozen and half development initiatives were identified as significant in the recent history of the village. They range from:

- a 12-km feeder road in the 1930s;
- a school in the 50's;
- a decision not to keep dogs in the village due to a rabies epidemic in the 60s;
- hand pump wells in the 70's;
- a decision to outlaw trial by ordeal in cases of witchcraft accusation in the 80's;
- a clinic in the 80's;
- an unsuccessful NGO funded income generation initiative in the 80's; and
- an electrification project in the 90's.
- a Botoku Education Trust largely initiated and supported by non-resident citizens.

The following excerpts from three case histories are presented here in order to highlight three important factors about community development in rural Ghana:

- a long and vibrant community development tradition;
- the roles that traditional customs and belief systems play in legitimising and reproducing the spirit of community self help; and
- the potential roles that this type of knowledge can play in developing more effective public policies and programs that promote social capital and community wellbeing and prevent substance abuse and other social dysfunction, especially among recent migrant and Diaspora communities physically separated from their ancestral homes.

Findings

Traditionally, most West African societies relied on forms of cooperative labour for the provision of public amenities. All able bodied people belonging to a village would pool their labour periodically under the auspices of the chiefs and clan leaders to construct and/or maintain public facilities such as tracks and pathways to the farms and creeks where water was collected, build and maintain the village gathering or meeting place, as well as organise fighting forces to protect the village from intruders. Colonial authorities exploited the traditional cooperative labour systems. Through the infamous forced labour policies villages periodically provided people to work on the colonial infrastructure systems including railway and road building, as well as carry colonial officials in hammock (Tsey and Short 1995). Since 1957 independent Ghanaian governments have also utilised the same communal labour principles as the basis for national rural development policies. Under these policies, any village or community of people wanting to build public amenities, such as schools, roads, post offices, health centres etc, would need to provide their own labour and materials while government provided the technical expertise (Tsey, Schmidt-Hagerth and Lubrani 1995; Abloh and Ameyaw 1997).

The first case study (Box 1) demonstrates a long and robust tradition of community self help, the benefits of which often extends well beyond the physical amenities themselves to include enhanced wellbeing for the broader community.

Box 1

Botoku Middle School (1950s)

Prior to the establishment of a middle school, those pupils who completed primary school had to go to neighbouring towns like Vakpo, Wusuta, Have, Anfoega to continue with middle school. Most of them could not go to those towns either due to financial problems or they could not get people to stay with. Some people were unhappy with the situation. Botoku teachers who were teaching outside the town during one of the holidays met and thought about what to do so that the town could move forward in education. ...they came out with the idea of opening a middle school at home. They therefore met Togbega Tamtia V (paramount chief) and his elders to discuss how to get a school opened at Botoku. The idea was hailed by Togbe and the elders. There was no government support at all. With the leadership ofpermission was sought from the Ministry of Education. When the permission was approved released his house for the start of the school since the school had no accommodation of its own. The school opened in January 1957 with eleven pupils.The citizens were levied to pay the teacher's salaries. Two people were sent round the country to collect levies from Botoku citizens resident outside the town. There was the need for the school to get its permanent buildings when its population increased. Land was acquired from ...at the present site. People resident at home were also levied through communal labour. Money collected from various people was well accounted for and the building started as planned. Four years after the school started the government took over and appointed new teachers but the school committee continued to look after the school. The communal labour was hard but they were also social events. Working together gave us the chance to know each other a lot more. It helped break down divisions among clan groups. Lots of "asonkoe" (humour) and laughter.. Tove people (one of the seven clan groups) were the only people who did not participate as they gave the excuse that they needed to finish their new primary school building project before they could work on the middle school. Botoku owes most of its achievements as a community in the last 50 years to the middle school. Some of the past students of the school are holding high positions within and outside the country. This is something that we are all proud of. Many of these people now provide ideas and financial support for development activities in the village. The original middle school is now the Junior Secondary School.....

The act of participating in communal activities itself had intrinsic benefits. As social events, they enhance connectedness and reduce divisions and social isolation: "*Working together gave us the chance to know each other a lot more. It helped break down divisions.....*" (Box 1). The other two case studies will demonstrate the role of non resident citizens as both initiators of and the main financial contributors to community development from the 1960's and 70's due to rapid rural-urban migration. Of particular importance is a growing perception that community development participation promotes identity and sense of purpose particularly for young people physically disconnected from the ancestral village due to migration.

While the ethos of community self-help has significantly changed and evolved over the years, its essence remains, namely, the expectation that every able bodied person will contribute their fair share towards improving their ancestral community. Over two-thirds of the estimated 10,000 Botoku citizens live and work outside the ancestral villages. For Botoku residents, the

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frequent demand for communal labour and attendance at development meetings can exert a great deal of pressure on an already busy agrarian people. For the non resident citizen, who is expected to pay taxes towards the provision of public amenities in their adopted place of residence, a development levy back in the native village can constitute additional burden especially for low income earners. Many of the people that live outside and are classified as non residents may have spent almost all their adult lives away from the village. Some of the younger generation may even be born outside the village. Yet, most of these people, including people like myself and my family living in Australia, continue to be regarded as citizens who are expected to contribute our fair share to any communal self help initiatives.

What then makes the system durable and adaptable over the years? Is it love for one's native village? Is it the resiliency and adaptability of the traditional chieftaincy governance systems? All these may be contributory factors. However, as the following two case studies highlight, a critical factor that is not always obvious to the outside observer is the role that belief systems and cultural practices about life and death continue to play in maintaining and reproducing the communal self help spirit in rural Ghana.

Box 2:

The Clinic, 1980s

Before this clinic was built people had to travel to neighbouring towns and other places for treatment. The idea of a clinic was copied from Tsrukpe's (nearby village) experience in building their own clinic. From then on we vowed to get our own clinic too. This decision was taken in 1980. People supported the idea and were ready to pay any levy that would be imposed on them and provide communal labour. A committee was set up for the project and the executive members made sure that levies were paid by all citizens of Botoku living outside the town. A special appeal was made to citizens living overseas in America, Europe and other countries for their contributions. The clinic was commissioned by the Minister of Health in 1984 and the government employed two nurses to start the clinic. People at home are always willing to take part in communal labour because we know that "heaven helps those who help themselves". Those of us who live away from home (Botoku) are also willing to contribute our fair share. We know that no matter how long we live away from home it is people here in this village who will eventually carry out our funerals when we die. And the development committee will make sure that all unpaid development levies owed by the person who passed away were paid by their family before the funeral can go ahead. No matter who you are, in death we are all equal. Many people often go out of their way to give far more than is (ie development levies) expected of them. But it is good to have these rules. Any money channeled through the development committee is always used well and we hardly hear of money being misused.....

Box 3:

It is hard to remember how it started. We have always been unhappy that water from the (hydroelectric) dam took our land but we have not benefited from the electricity. This was our message to every government in 20 years. Eventually it became government policy to extend the light to rural areas especially settlements nearer the lake whose lands came under water. But the inhabitants are to take the initiative and purchase their own poles and provide communal labour while the government provides equipment and technical support. Botoku citizens living at Ho (regional town) heard of this government policy. Two people were sent home to inform the Togbe Tamtia and his elders in 1989. Development Association meetings were held to discuss the idea. Electrification project committees were set up in Botoku, Ho, Accra and all major towns and cities to mobilise support for the idea and to collect financial contributions from non residents. Botoku citizens living overseas in America, Europe and other places were all contacted for financial contributions and donations. A special bank account was opened for the project. Inhabitants at home were levied 3,000 cedis plus participation in communal labour while those resident outside the village paid financial contributions ranging from 10,000 to 50,000 cedis according to their ability. The Accra committee bought and transported the first 10 poles (out of an expected total of 90) home in March 1991 when the project was formally launched. Electrification and development meetings happened in Accra on the last Sunday of the month. People came to the meetings to pay whatever they can afford in the month towards their levies. The meetings were also time to see family and friends. It took nearly 10 years of hard work by many people. Electricity finally arrived for us in 2000. We all complain about communal labour and financial contributions for development projects. But we also know that the benefits of these projects go well beyond the specific projects. Development projects bring us together as community. For those of us living outside this village, without development projects, our children will be lost. Development projects and funerals make them understand where they come from. What is the alternative in today's world? Alcohol and wee (marijuana)? Not knowing who you are? The more people give of themselves to their community, the more they get out it...

Although more than half of Botoku citizens reside outside the village, like their most of their Ghanaian counterparts, these non resident citizens for the most part maintain strong attachments to the village and return several times a year for funerals, festivals and other family reasons.. Custom requires, for example, that no matter where a citizen dies, the body be buried back on the ancestral lands. Even if burial occurs elsewhere, the funeral rites must still be performed in the village in order for the spirit of the dead person to enter the ancestral world. For those who no longer believe in ancestral spirits and/or consider the financial costs of transporting dead bodies over long distances for burial on ancestral lands unnecessary waste of scarce resources, they still value funeral rites in the native village a form of healing and closure for family and friends back in the village. Despite Christianity, education and other outside influences, the belief in funeral rites on ancestral lands remains remarkably strong among both residents and non residents alike including the international Diaspora.

The same beliefs about death and funeral rites that provide key links between migrants and their native villages also provide potentially powerful sanctions to ensure accountability and participation in community self-help projects. In the case of Botoku, as soon as a citizen dies,

whether resident or non resident, the family must first settle outstanding development commitments owed by the deceased before funeral rites can take place. This may sound harsh especially to people living in affluent societies such as Australia. However, such sanctions constitute important tools in the hands of traditional authority to enforce social norms, including participation in community self-help activities. Significantly, the fear of invoking such sanctions means that families often exert pressure on members to discharge their development responsibilities so that in practice, the sanction is rarely invoked. Similar social controls are used to guard against and prevent misuse of development funds. This is particularly relevant in relatively poor countries such as Ghana where incomes are so low that many development committee members themselves find it hard to survive on their salaries and wages. Yet, ‘any money channel through the development committee is always used well and we hardly hear of money being misused’ (Box 2). Interestingly, over the years, the Christian churches have also adopted the practice so that active participation and contribution to church development activities is now a condition for church burial.

Community development participation, whether voluntary or obligatory, promotes identity, purpose and social connectedness particularly for young people physically disconnected from their ancestral roots. Indeed, the narratives largely re-echoed the sentiments expressed in the background anecdote regarding my own formative community development experience some 30 years previously that, “the more you make your learning relevant to your people, the stronger you become in who you are, no matter where you go”. Thus, development meetings and funerals make young people “understand where they come from”. Above all: “The more people give of themselves to their community, the more they get out of it...” and that the reverse also holds true especially for youth: “What is the alternative in today’s world? Alcohol and wee (marijuana)? Not knowing who you are?..” (Box 2). There is strong evidence linking social connectedness in the form of friendship, good social relations and strong supportive networks to mental and physical health and wellbeing. Relationships give people support, happiness, contentment and a sense they belong and have a role to play in society. Where people lack social connection especially in the context of rapid urbanization they are more likely to experience lower levels of wellbeing and they are at increased risk of physical and mental disability and chronic disease (World Health Organization, 2003). Clearly, such findings have significant implications for thinking about possible protective factors against substance abuse and other social dysfunction.

Discussion

The case studies raise many important issues relating to strategies to prevent substance abuse and promote wellbeing in rural Ghana, but for the sake of brevity, only one is considered here, namely, the social expectation that every able bodied person, both resident and non resident, will contribute their fair share to improving the native village. What this means is that once an issue

is identified as a community development priority for the village, the individual both resident and non resident has little choice but to contribute to the process. Participation in community development as understood in this particular context is as much obligatory as it is voluntary. It is obligatory in the sense that there are specific sanctions and norms such as discharge of development obligations as condition of funeral rites on ancestral lands to ensure minimum participation. It is voluntary in as far as people often go out of their way to contribute far beyond what may be expected of them (See, Box 3). This dual nature of community development expectations in parts of rural Ghana is not properly understood in the relevant literature which often assumes participation to be mainly voluntary involving as many people that could be motivated through theoretically sound, charismatic and skillful leaders (Campfens 1997).

The role that customs and belief systems such as funeral rites on ancestral lands play in legitimizing and reproducing the community development tradition is particularly insightful. It highlights the importance of values, belief systems and principles in building social cohesion and healthy communities. These values and principles resonate powerfully with Pearson's (2007) notion of social norms, including responsibility and respect for self and others as core elements of comprehensive strategies to tackle substance abuse among Aboriginal Australians. Pearson (2007) sees social norms, defined as the expression of values about what is good, right and desirable in a society, as the foundations for advancement for any society. Where norms such as respect for the law and responsibility as member of society are severely undermined societies and its constituent individuals cannot prosper. The emphasis on values and norms also resonate with the concept of "principled autonomy" (O'Neill 2002), identified as key to understanding and tackling alcohol and other addictions in modern society (Gaughwin 2008). As is the case through-out the world, Ghana is experiencing rapid modernization and social change, including growing individualism. If there is a root cause of addiction in modern society, according to Gaughwin (2008), it is ethical—linked to freedom and free will—especially when these values are disconnected or freed from responsibility and other principles as important checks and balances. Autonomous individualism, associated with a liberated self, freed from political, religious, and social bonds, incorporates a distinct, but contested understanding of the person (Tauber 2003). Properly, autonomy, even in its more common individualistic interpretation, is "principled autonomy", not "individual autonomy". This means that people choose their moral actions according to universal principles of action. Accordingly, autonomy requires respect for the rights of others, and, moreover, a premium is placed on the cooperative nature of morality from which justice must be derived (Rawls 1999; Tauber 2003).

Another way of saying this is that no "man" is an island. Sometimes people need to be reminded about the strengths of collective action. The expectation that all able bodied persons will discharge their development obligations to the native village and more recently to the church as condition for the relevant funeral rites continues to remind people, especially young people of the cooperative nature of morality. This contrast sharply with wealthy countries such as Australia where, for example, the role of the priest in the church is increasingly being reduced to

conducting weddings and funeral rituals for people who may have long ceased to be active members of the church. In rural Ghana, even in death, one is called upon to be accountable for one's roles and contributions as member of society.

These findings are relevant to substance abuse preventative strategies within Ghana and similar other African countries. They are also relevant to substance abuse and other mental wellbeing promotion for the growing number of African and other similar recent Diaspora populations in the wealthy countries of Europe, North America and Australia. The expectation to contribute financially or otherwise to one's native community can exert pressure and engender a sense of "failure" especially for low income migrants. But such expectations are also flexible enough, as for example, in this particular context "capacity to contribute", to accommodate widely varying levels of contribution (Box 3). Indeed, interest and willingness to participate or contribute rather than absolute levels of contribution is the key criterion for judging peoples' participation. Clearly, issues of social norms and expectations and the associated underpinning customs and beliefs need to be part of any broader bio-psycho-social (Giordano and Wurzman 2008) spectrums of understanding acknowledged as effective in addressing substance abuse.

Research is needed to understand local customs and beliefs that enhance social norms and associated principled autonomy and the role that these can play in informing more appropriate public policies and programs designed to promote wellbeing and reduce substance abuse. It is important that the values and principles underpinning such policies and programs are transparent and open to public deliberation, reflection and action. Social research, grounded in the principles of empowerment combined with knowledge of relevant local customs and traditions can play important roles in facilitating such public conversations as a basis for effective development planning.

References

- Abloh, F., and Ameyaw, S. 1997. Ghana: A historical perspective on Community development. In *Community Development around the World: Practice, Theory, Research, Training*. Ed H. Campfens, 279- 288. University of Toronto Press: Toronto.
- Adu-Mireku S 2003 The prevalence of alcohol, cigarette and marijuana use among Ghanaian senior secondary students in urban settings, *Journal of Ethnicity and Health*, 2(1): 53- 65.
- Bruner, J. 1990. *Acts of Meaning*. Harvard University Press: Massachusetts.
- Campfens, H. 1997. *Community Development around the World: Practice, Theory, Research, Training*. University of Toronto Press: Toronto.
- Gaughwin, M. 2008. Addictions fought by facing demons. *The Weekend Australian*, January 26-27: 17.
- Ghana Broadcasting Commission. 2008. Young People and the Alcohol Deluge, <http://gbcghana.com/news/17658detail.html>.
- Ghana News Agency 2010 Unemployment increases alcohol consumption in Navrongo, <http://www.ghanaweb.com/GhanaHomePage/regional/artikel.php?ID=180326>
- Giordano, J. and Wurzman, R. 2008. Substance Abuse as Spectrum Disorder: Implications for Practical and Ethical Care, Paper presented at Oxford Round Table on Substance Abuse: Exploring Consequences and Remedies, Lincoln College, Oxford, England, March 9 – March 14 2008.
- O'Neil, O. 2002. *Autonomy and Trust in Bioethics*. Cambridge: Cambridge University Press.

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- Pearson, N. 2001. *Outline of a grog and drugs (and therefore violence) strategy*. Cape York Institute: Cairns.
- Pearson, N. 2007, Why are we talking about social norms? An introduction to the Cape York Agenda, Cape York Institute Public Conference: Strong Foundations: Rebuilding social norms in Indigenous communities, 25th -26th June, 2007, Cairns, Queensland.
- Rawls, J.A. 1999. *A Theory of Justice*. Cambridge: Harvard University Press.
- Schmidt-Hergeth, A., and Tsey K. 1996. Unabhängige Initiativen der städtischen elite: Development Associations in Ghana, *Zeitschrift der Arbeitsgemeinschaft Entwicklungsethnologie e. V.*, Heft 2, 5 Jg: 34-43
- Tauber, A.I. 2003. A philosophical approach to rationing. *Medical Journal of Australia*. 178 (9): 454
- Tsey, K., Schmidt-Hergeth, A., and Lubrani, O. 1995. The role of indigenous social organisations in rural development in West Africa: some lessons for NGOs. *Development Bulletin* 35: 47-50.
- Tsey, K., and Short, SD. 1995. From Headloading to the Iron Horse: the Unequal Health Consequences of Railway Construction and Expansion in the Gold Coast (Ghana), 1898-1928. *Social Science and Medicine* 40 (5): 613-621
- Tsey, K., (2010) Making Social Science Matter?: Case Studies from Community Development and Empowerment Education Research in Rural Ghana and Aboriginal Australia, *Asian Social Science*, 6(1) 3-12.
- Tsey K, (2008) Tackling endemic substance abuse among Indigenous Australians: the contribution of values- based family empowerment education, Forum on Public Policy: A Journal of the Oxford Round Table, <http://www.forumonpublicpolicy.com/archivespring08/tsey.australia.pdf>
- United Nations Statistical Division. 2008. <http://unstats.unorg/>.
- World Bank .2008. Data and Statistics. <http://www.worldbank.org/data/databytopic/gdp.html>.
- World Health Organization.2006. Country Co-operation Strategy, Ghana. http://www.who.int/countryfocus/cooperation_strategy/ccsbrief_gha_en.pdf..
- World Health Organization Department of Mental Health and Substance Abuse.2004. Global Status Report on Alcohol 2004. World Health Organization: Geneva.
- World Health Organisation 2003, The Solid Facts, 2nd edition, World Health Organization, Europe.

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