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Public Health Educational Strategies for Alternative Medicine Use in Ghana

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ABSTRACT
Although, Ghanaians' markets were choked with varieties of alternative medicines, only a small portion of the population depended on the use of alternative remedies. Research indicated that many people were not aware of the potency and the existing of the indigenous medicines. The writer's focal motive for this paper was to look at the criteria for public health education. Interestingly, criteria for public health education were analytically examined. It came to bear that information giving out was crucial in awareness creation, changing of attitude, belief and behavior. However, channels or methods of public health education were also examined. The importance of public health education in alternative medicines was also censoriously researched. Additionally, application of alternative medicine in Ghana for holistic health was exclusively written. The information gathered for this academic work was through primary and secondary ways and means. The main primary gathering tools for this work were discussion or interview, opinion poll or questionnaire and field observation. Books, internet, journals, newspapers, periodicals and yearly reports from civil services, governments and institutions were the central tools for secondary data gathering. The calculable or quantitative and qualitative methods were employed for the analyses of the research aftermath. The result or the product of the study was deliberated and deductions were worn-down.

INTRODUCTION

Convincingly, the health of the people is vital to every nation. The governments all over the world pay particular notice to it. However, production to a great degree depends on the health of the labor force. Despite the attempt being made by the government and investors in the healthcare sector in Ghana, the sector is still faced with challenges. In spite of the several conventional drugs that are being imported to the country, common diseases such as malaria, diarrheal, respiratory tract infections, maternal conditions, cancer, eye defects and headache continue to claim lives of many Ghanaians every year. Unfortunately, alternative medicines are not included in the healthcare interventions in Ghana.

In spite of the accessibility of these traditional medicines, the majority of Ghanaians are unwilling to utilize them owing to the negative thoughts they have about the medicines. The health care structure in Ghana is not in an even way scattered. However, it is only the regional capitals, the districts, the municipals and the metropolitan communities who have the health amenities. In fact, the rural areas that constitute the bigger segment of the whole country have no healthcare services. The majority of these groups of people are located far away from the health care centers. The roads connecting these rural areas to the urban centers are bad and drivers do not apply the roads. The few who make use of the roads charge exorbitantly. In the communities, as soon as people are sick they either walk on these mucky roads or pay huge sum of money to these drivers in other to carry them to the hospital facilities. However, owing to the inaccessibility, many ill persons die on their way to the hospitals and many others' health get worsen. Surprisingly, the vulnerable ones in these rural communities are women, children and people with respiratory tract diseases. The Ghanaians' government introduces a health care scheme which is well-known as National Health Insurance Scheme. The scheme is put into practice to make healthcare inexpensive to all Ghanaians. The scheme covers only common ailments such as headache, malaria, cholera, measles, tuberculosis and others. This healthcare scheme has made many Ghanaians to join the scheme. However, the scheme has put a lot of pressure on the few amenities which are only located in the urban centers and with few practitioners. Unfortunately, the scheme does not include non-communicable syndromes such as cancer treatment, cardiovascular diseases, kidney problems, stroke and many others. The idea for not including these non-communicable diseases into the system is that the illnesses are not common in Ghana. Today, these are diseases killing a lot of Ghanaians particularly the youth. In fact, the managements of these diseases are costly and in most situations the treatment are not done in Ghana. Even with the infectious diseases which the scheme covers, sometime clients or patients are told to go and pay for the drugs themselves. A simple explanation is that there are scarcities of these medicines at the hospitals. Research confirms that orthodox drugs only take care of indication of syndromes and drugs used to treat these diseases rather allow the body to be fruitful or fertile for additional ailments which cannot be treated through conventional methods. A research proves that the majority of these non-communicable diseases have come to live among Ghanaians as a result of these orthodox drugs applications. Ghana has some level of traditional remedies that can help to take care of these communicable and even the non-communicable illnesses.

Education is defined as the method of schooling and teaching. However, education is also defined as

to guide. Obviously, education reassures the good qualities in citizens and draws the most excellent in the folks. The word education is used for the growth of individuals in the cognitive, the sentimental and the psychomotor sphere of influence. Education in addition entails an attractive modify in human conduct through the progression of coaching and learning.

Health education is the proceeding of enlightening people in relation to their health. However, it is defined as the technique through which persons or a cluster of people are taught in a way to encourage, to uphold and to re-establish their health. The Joint Committee on health instruction and endorsement terms of 2001 defined health education as numerous blend of anticipated education know-how on resonance theories that give the individual, groups and communities the chance to get hold of information and skills desirable to make strong health decisions. The World Health Organization expresses Health Education as consisting of intentionally likelihood for learning and connecting several forms of meaning planned to perk up health edification as well as humanizing consciousness which are complimentary to human being and culture health. Health education for the most part covers ecological health, bodily health, communal health, emotional health and brain health. However, health education can be no way absolute if individuals ignore to take account of divine or spiritual health into the enlightening line of attack. Information giving out is crucial in awareness creation, changing of attitude, belief and behavior or perception. However, it is against this background that the researcher researched into the criteria for public health education, channels of public health education and the importance public health education for alternative medicine use.

MATERIALS AND METHODS

1.0INTRODUCTION

This subdivision compacts with the tools the investigator used for assembly statistics for the development of this article. The investigator's chief foundations of get-together data for this investigation or research work were the primary sources and the secondary sources.

1.1 PRIMARY DATA

The main primary gathering tools for this work were discussion or interview, opinion poll or questionnaire and field observation. In addition, some key information for this academic work were also achieved through the department of pharmacognosis and herbal medicines, University of Ghana- Korle-Bu, herbal clinics or hospitals, customary or traditional herbalists, orthodox hospitals, pharmacists, patients, priests, journalists and individuals. The skills or tools the writer used to gather primary data embrace interview, observation and inquiry form or questionnaire.

1.2 INTERVIEW

The investigator designed chains of questions which were made up of five (4) unrestricted type questions and ten (8) close-ended type questions. These questions were directed on the picked peoples. The interviewer avoided utmost imperative questions which powerfulness leads the interviewee to the predictable results unequivocally for the duration of the interview or consultation. The writer correspondingly steered the interview through phone calls specifically target individuals who were not capable of attending to the questioner due to their hectic programs during the day. In all, two hundred persons from each of the ten selected communities were interviewed. Also, two herbal clinics were engaged and out of these, three staff from each health center was converse with. The Clinicians and three patients from each of these clinics were also put questions to. However, the Head of department, six students and two lecturers at the department of Pharmacognosis and Herbal Medicines at the school of Pharmacy, university of Ghana were interrogated. The Head of school of Plants and Alternative Medicines, KNUST was also contacted for interview. The total number of respondents interviewed was two thousand and thirty four (2,034).

1.3 QUESTIONNAIRES

Fascinatingly, there were classifications of questions which target groups were geared up to answer. In all, nine questions were structured and were close ended categories only. The questions were concentrating on students at the department of pharmacognosis and herbal medicine, clinic staff, pharmacists, patients and individuals in the usage of interview. Really, the interrogations were run on twenty (20) respondents.

2.0SECONDARY DATA

Applicable statistics from the internet, books, publication, periodicals, journals, correspondents and twelve-monthly reports from organizations or institutions were the foundations from which secondary data were achieved for this survey.

3.0DATA ANALYSIS

The data obtained were put together and preserved in geometric tables and graphs. Rationalization of the analyses was presented in a qualitative and quantitative usage. The domino effect of the schoolwork was put on view through frequency allotment tabulations. The justification and records attained from the interviews were transformed to English. The most imperative ideas and the apprehensions of the respondents were edited and presented.

RESULTS

CRITERIA FOR PUBLIC HEALTH EDUCATION

However, when deciding on an educational technique to put into practice a health educational preparation and to attain set aspirations and objectives, the potencies and desires of the individual or individuals who are on the receiving end should be considered. Information giving out is crucial in awareness creation, changing of attitude, belief and behavior or perception. However, the study identifies the geographical location of the chosen communities, the culture of the people, level of education of the chosen communities, the learning style of the people, the communities' sources of information, the health status pertaining to the communities, the common diseases pertaining to the environment, the natural resources in the communities and the common language the target communities speak as factors to consider before designing health education programs.

The table below shows the ten chosen communities, the audience level of education (Primary School, Junior High School, Tertiary Schools and No Education), sources of their information, and common diseases in the communities, language spoken in the communities and the resources available in these areas.

TABLE 1

Community	Location from the health center	Sources of information	Common disease of the area	Language	Educational level			
					PRI	JHS	TTR	Non
Kyerembabi	18km	Radio, Opinion leaders and religious centers	Malaria, typhoid, Asthma and Snake bite	Ewe	68	35	10	90
Achiansewa	15km	Radio, Religious centers and OL leaders	Respiratory tract infections, and	Ewe	65	54	5	83
Odumasi	14km	Radio, Religious leaders and opinion leaders	Spinal cord disease, malaria and headache	Ewe, Ga and Twi	63	35	11	91
Kotwea	13km	Radio, RC and OL	Malaria, asthma, respiratory tract infection	Ewe and Twi	45	56	10	89
Twereboana	10km	Radio, RC	Skin, eye, fever, cancer and high blood pressure	Ewe and Twi	76	44	10	70
Wireyie	9km	Radio and TV	Blood pressure, skin, cancer, eye malaria	Ewe and Fante	56	42	10	92
Amudumazi	6km	Radio and TV	Spinal cord, malaria, prostrate and kidney	Twi	78	45	12	65
Atobiase	7km	Radio, TV	Anemia, cord, malaria, skin	Twi	45	65	20	70
Praso	8km	Radio, TV	Malaria, diabetes, prostates	Twi	64	67	13	56
Menang	10km	Radio, Opinion leaders and friends	Malaria, blood pressure, skin and cancer	Twi	90	10	7	93

DISCUSSION

Geographical location is the part or the place or the surrounding where a cluster of people resides. This aspect is well thought-out for the reason that it helps to be on familiar terms with how distant communities are from the healthcare facilities. In adding up, this decisive feature makes well-known the resources on hand or available in the areas which incorporate medicinal plants and other alternative remedies. Geographical site determines the category of work of the people, the common sicknesses and the common language of the people. The study shows that the familiar infectious diseases surrounding the target communities take account of malaria, fever, asthma, diabetes, respiratory infections, snake bites, spinal disorder, hypertension, typhoid, prostrates, skin eruption, blood pressure, kidney disorder, cancer and headache. The result reveals that Ewe, Twi, Fanti and Ga are the frequent languages spoken among the target population. The educational level and the learning approach of the populace are underlying principle and well thought-out in order to opt for and devise suitable educational material or communication standard that will go well with the audience. The study makes it clear that the majority of the target individuals are not educated. The research reveals that 65 out of 200 people interviewed in Kyerembabi completed primary school, 35 completed Junior high school and 90 have not being to school. At Achiasewa, 65, 54 and 5 out of 200 completed primary, junior high and tertiary school respectively with 83 having no formal education. However, 63, 35, 11 and 91 have completed primary school, junior high school, tertiary institution and have not attended any school respectively out of the 200 audience interviewed in Odumasi. Even though, 45, 56 and 10 out of the 200 people interviewed completed primary, junior high and tertiary school respectively, 89 have never being to school at Kotwea. However, 76, 44, 10 and 70out of 200 finished primary school, junior high school, tertiary school and have not attended school respectively at Twereboana. Even though, 56, 42 and 10 of the selected audience are able to complete primary, junior high and tertiary school respectively at Weriyie, 92 out of the total have never had any formal education. It was also observed that 78 of the respondents have primary education, 45 have junior high education, 12 out of the 200 have tertiary education and 65 of them have no formal education at Amuduroasi. The study indicates that 45, 65 and 20 of the respondents have primary, junior high and tertiary education respectively at Atobiase, yet, 70 have no formal education. However, 64, 67, 13 and 56 respectively have completed primary, junior high, tertiary school and no formal education at Praso. Although, 90, 10 and 7 out of 200 respondents had primary, junior high and tertiary education, 93 have no formal education at Manang. Example, the researcher observed that a community particularly Kyerembabi has no electricity and the greater part of the people are educated. As a result, using TV as a communication channel will be wide of the mark but the use of radio as a channel of communication will be suitable. The communities have radio waves and a number of the radios and FM stations whose waves got in touch with the communities are Obuoba FM, Garden City radio, Angel FM, Kessben FM, Radio Central, Joy FM and more others. For a second time, giving out pamphlets that contain pertinent information to instruct these rural folks on the use of alternative medicines will be futile. The failure will be as a result of the people's lack of ability to read due to their illiteracy. The use of community debars will be suitable for information broadcasting in this regard. Besides, the people speak Ewe language moreover, using English or Twi language as an outline of communication or education will yield no result. For the rationale that the bulk of the people are farmers, they leave the house between 7.0 am and 8.0am and arrive home between 3.0pm to 4.30pm. Propagating information within these times will yield no result but before 7.0am and after 4.30pm will be fitting time for information diffusion.

METHODS/CHANNEL OF PUBLIC HEALTH EDUCATION

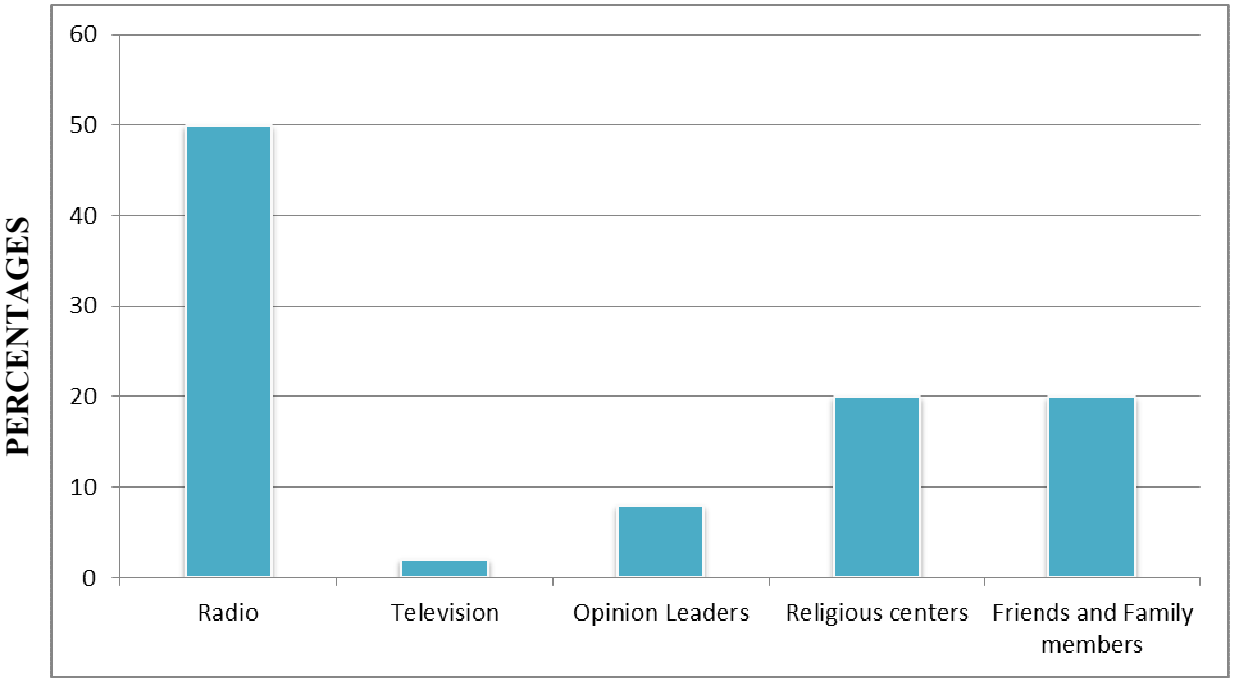
However, to manipulate perception or manners, there is a need to be familiar with where the target people are and their sources of information. The geographical locations of the people and the sources where they obtain information made the researcher to choose the traditional and the electronic tools as techniques or channels in the course of which public health Education promotions on the use of alternative medicines in Ghana in particular among rural folks will be executed. Some methods or channels which the author has identified to be the best medium through which information can be publicized are radio, public announcements hence using public address system, communication centers, the use of vans, personal dialogue, opinion leaders, religious bodies, debars, seminars, forums, televisions, billboards and the use of educational institutions. To ensure that the message or the education is well delivered, it needs the following elements. These elements are correctness or accuracy, trustworthiness or reliability, availability or accessibility, suitability or timeliness, proficiency or competence, sense of balance, uniformity, cultural capability, confirmation base and recurrence or repetition. Although there are several channels in the course of which the health educational messages can be conveyed, there are other features which need to be well thought-out. These include proximity and sources of information. Proximity determines the most far and wide use channel in Ghana and the sources where the individuals obtain their information is also needed in order to use that source as a channel for dissemination of information.

Educational strategies

The table shows the most widely used channels or sources of information among rural communities

TABLE TWO (2)

CHANNELS/ SOURCES OF INFORMATION	NUMBER	PERCENTAGES (%)
Radio	100	50
Television	4	2
Opinion Leaders	16	8
Religious centers	40	20
Friends and Family members	40	20



DISCUSSION

The study shows that 100 out of the 200 respondents constituting 50% obtain their information through radio and being the widest channels use among the communities follow by friends and family with 40 forming 20%. The research shows that Opinion leaders are also used in the communities. The table indicates that out of 200 people interviewed, 16 constituting 8% obtain information from their opinion leaders and opinion followers. The study clearly shows that sizeable number of people thus 40 out of 200 forming 20% use Religious bodies as their sources of information. The study shows clearly that TV is not the source through which many people especially the rural communities obtain their information. This is as a result of their proximities which take them away from getting access to electricity to empower the TV sets. The table shows that only 4 out of 200 forming 2% use TV as their sources of information. Obviously, those who obtain information through the TV are people leaving in areas along the main road and have access to hydropower. The result confirm clearly that to choose a channel for public health education on the use of alternative medicines in Ghana in particular among the rural folks, the use of radio stands tall follow by friends and family members then by opinion leaders and follow by religious bodies before TV.

USES /IMPORTANCE OF PUBLIC HEALTH EDUCATION IN ALTERNATIVE MEDICINE

Generally, public health education has become a tool for broadcasting information to the wide-ranging public, target individuals, groups and societies. Public Health Education as a device can change the negative perception most Ghanaians have on the efficacy of Alternative Medicine. The study indicates that Education has the power to create awareness about the value of Alternative Medicine and how the therapies can deal with societal desires. Public Health Education as a means can inform people about the safety of Alternative Medicine and how to put a stop to chronic diseases among rural communities. Public Health Education has the tendency to persuade manners and look warm mind-set towards Alternative Medicine's use as a made in Ghana medicine. The research proves that people turn out to be extra aware of information with reference to Alternative Medicine as means of taking care of diseases to a certain extent than deeming it as mere public opinion during education. It is observed that education can also provide details of how Alternative Medicines work. People can gain knowledge of how to put a stop to the extent of diseases using A.M. through teaching or training and methods taught at some stage in the public health education. Through public education, people will be skilled to have in

good health access to information on the area under discussion of broad-spectrum avoidance of diseases as well as the thoughtful of what to execute and how to take action for the period of ailments in their vicinities using alternative medicines. Some syndromes have their individual personage deterrence ways which people to be aware of. Enlightening or educating the public on the use of alternative medicines minimizes the degree of the stretch of these likely diseases which many of the rural folks are straggling to take care of with orthodox medicines. Public health education can help straight hard work to get better the health and healthcare of communities. Health education can help make out local desires. It can also help prioritize desires, gather together local wherewithal, valve state and national assets and take steps on prospect to promote health.

CONCLUSION

Previous to the introduction of these western medicines, over 90% of Ghanaians used herbs and other varieties of alternative medicines for taking care of diseases and averting of illnesses. Today, only few Ghanaians use indigenous remedies. In Ghana, succeeding governments have acknowledged the significance of customary medicine. The creation of Plants and Alternative Medicines at the School of Medicines, K.N.U.S.T., the creation of the Ghana Psychic and Traditional Healers Association and the establishment of the Centre for Scientific Research into Plant Medicine prove to the State's support for alternative medicines. In addition, the setting up of a unit for the synchronization of Traditional Medicine which is currently known as the Traditional and Alternative Medicine Directorate by the government indicates its support for the medicines. However, the founding of Food and Drugs Board to endorse the trade of Traditional Medicine products to the public is another testimony for the government's support for alternative medicines. In 2000, the government passed the Traditional Medicine Practitioner Council (TMPC) Act (Act 575) for the founding of Traditional Medicine Council which is assigned with the duty to register all Traditional Medical Practitioners in the nation. Hopefully, Alternative Medicine Bill is about to be approved in parliament of Ghana. This development has made a good number of Ghanaians to go into alternative medicines. Furthermore, there are many kinds of alternative medicines that are practiced in Ghana. Obviously, the Ghanaian market is chocked with these natural therapies. In spite of the accessibility of these medicines, the majority of Ghanaians are unwilling to utilize them owing to the negative thoughts they have about the medicines which were created by the colonial nations. Clearly, we eat whatever food found in one's environment and drink the water in one's own surroundings. The skin, the nose, the eye and the respiratory tract of humans differ from one country to another. Similarly, every country has its own culture. Therefore, imposing one culture on another is slavery. Let us learn to use our God given medicines to prevent and cure sicknesses.

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