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Herbal medicines for child healthcare from Ghana



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ABSTRACT

Child healthcare is a very important issue around the world as more than 10 million children in developing countries die before their fifth birthday every year. Most cultures in the world use herbal medicines for child healthcare but this use is poorly documented in the literature. The objective of this study was to investigate herbal medicines used in child healthcare among the Ga people living in southern Ghana. The study was conducted through interviews with 11 key informants, household surveys with 68 (ca. 80% women) people, and ethnobotanical voucher specimens were collected. A total of 42 herbal medicines prepared from 44 plant taxa were reported used for the management of 20 child health conditions belonging to seven disease categories. The herbal medicines were used largely for the management of diseases of the digestive system (14.3%), skin and sub-cutaneous tissues (30.9%) as well as infectious and parasitic diseases (38.1%). Both multiple and single plant prescriptions were reported used and they were mostly (75%) administered internally. In conclusion, herbal medicines could play a very important role in child healthcare in Ghana, but research on the scientific authentication of the traditional claims is needed.

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1. Introduction

The Millennium Development Goal 4 (MDG 4) of United Nations calls for a two-thirds reduction in under-five child mortality rates. All regions of the world have seen significant reductions in under-five mortality rate with five out of the nine regions showing reductions of more than 50% between 1990 and 2010 (Hill et al., 2012). Sub-Saharan Africa and Oceania have only achieved approximately 30% of under-five mortality rate. Child mortality is rated very high in most developing countries of the world where it is estimated that more than 10 million children in developing countries die before their fifth birthday every year (WHO, 1997).

In Ghana, the health condition of children is very important. The average annual rate of reduction (AARR) of child mortality for Ghana for the period 1990–2009 was 2.9% which

means that the country is not on track to achieve MDG4 target (UNICEF, 2011). Besides, there are also significant inequities in child health outcomes and interventions (Zere et al., 2012). In many cultures around the world child healthcare involves the use of herbal medicines (Heuveline and Goldman, 2000; Ellis et al., 2007). Similarly, although there are modern health facilities for the treatment of common health conditions as they affect children in Ghana, many Ghanaians continue to depend on herbal medicines for treatments (Mshana et al., 2001). The use of herbal medicines for children therefore deserves special attention.

Despite the extensive documentation on herbal medicines used for the management of various health conditions in Ghana (e.g. Mshana et al., 2001) there is currently a paucity of literature on the use of such herbal medicines specifically for management of child health conditions. Generally, herbal medicines used for management of child health are poorly

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documented in the literature even if they could play an important role in healthcare promotion, disease prevention and cure (McDade et al., 2007; Ruysschaert et al., 2009). Consequently, there is an urgent need to increase our knowledge about the role that herbal medicines could play in child healthcare in Ghana and largely within the sub-Saharan African region.

The objective of this study was to investigate herbal medicines used in the management of child health conditions among the Ga people living in southern Ghana. The study focused on children under five years of age including the neonatal stage which is considered as the first 28 days of life by neonologist (Winch et al., 2005). Specifically, this paper reports on consensus on medicinal plants used, diversity of the plants used as well as the methods of preparation and application of the herbal medicines.

2. Materials and methods

2.1. Study area and people

This study was carried out in Accra and its surrounding districts. Accra is the largest and capital city of Ghana with an estimated population of 2,291,352 people. It is located at circa latitude 5° 33' 0" N and longitude 0° 12' 0" W. The city was first settled in the 15th century when the Ga people migrated there from their previous settlement at Ayawaso, about 16 km north of Accra. The vegetation of the study area is coastal savanna (Hall and Swaine, 1981). Mean monthly temperature ranges from 24.7°C in August to 28°C in March, with an annual average of 26.8°C. Relative humidity is generally high, varying from 65% in the mid-afternoon to 95% at night. There are five government hospitals in the Accra metropolis (Ghana's premier hospital, Korle Bu Teaching Hospital; Princess Marie Louise Children's hospital; Achimota Hospital; Ridge Hospital; and La General Hospital) plus several quasi-government hospitals such as the Police Hospital, 37 Military Hospital, University of Ghana Hospital, Trust Hospital (SSNIT) and Cocoa clinic. In addition, six Polyclinics are located within Accra and surrounding communities. There are also a number of private clinics and hospitals within the metropolis.

The Ga people are believed to be descendants of the Igbo ethnic group in Nigeria. They migrated through the Gulf of Guinea to the then Gold Coast (now Ghana). The present day Ga people include natives of Osu, La, Kwabenya, Ofankor, James-Town, Teshi, Nungua and Tema. The major occupation of the people is fishing and farming. Since ancient times, the Ga people have been using herbal medicine for the management of their health problems and the well-being of their children. Child healthcare is considered of a very high importance among the Ga people and traditionally they use a wide variety of herbals to this end.

2.2. Methods

This study was conducted from August, 2011 to July, 2012 in close collaboration with the native Ga people. Data on herbal medicines being used for management of child health conditions was collected in three different ways. Before data collection, verbal prior-informed consent was obtained from

respondents as is the tradition in the study area. Firstly, eleven key informants (herbal practitioners) were selected based on peer recommendations (Asase et al., 2012) and interviewed using a structured questionnaire (see Appendix S1). The practitioners were interviewed individually and each of them was asked about child health conditions they treated, species of plants used, plus modes of preparation and administration of the remedies. Household interviews with 68 (ca. 80% women) respondents at Dome, a suburb of Accra, on herbal medicines used for management of child health conditions were conducted using a mixture of closed and open-ended questions. The household interviews usually included mothers (and/grand-mothers) who are considered as very knowledgeable about herbal medicines used for management of child health conditions (Ruysschaert et al., 2009). We asked in-depth questions concerning management of child health conditions during the household interviews. Supplementary data was collected by interviewing one herbalist each at La and Makola markets. Herbalists were interviewed on herbal medicines being sold for management of child health conditions and how the herbals were used following the previous method (Asase and Oppong-Mensah, 2009). Interviews were held in the Ga language using a local interpreter.

The plant materials reported being used during the interviews was collected as voucher specimens with respondents from the field following standard ethnobotanical methods (Martin, 1995). Samples of the plant material being sold by herbalists were also obtained as voucher specimens following previous work (Asase and Oppong-Mensah, 2009). The voucher specimens were used in the identification of the species of medicinal plants by comparison with already authenticated specimens at the Ghana Herbarium in the Department of Botany at the University of Ghana. The assistance of local botanist colleagues was also sought in the identification of the plants.

3. Results and discussion

3.1. Herbal medicines and disease categories

In total, 42 herbal medicines were reported as used for the management of 20 child health conditions among the Ga people living in southern Ghana. The 20 child health conditions belong to seven disease categories according to the International Classification of Diseases (<http://bioportal.bioontology.org/ontologies/47178>) (Table 1). In this study, the herbal medicines reported were largely used for the management of diseases of the digestive system (14.3%), skin and subcutaneous tissues (30.9%) as well as infectious and parasitic diseases (38.1%) as shown in Table 1. According to the World Health Organization (WHO), of the total 7.6 million children who died before 5 years of age, 4.4 million (58%) died of infectious diseases (WHO, 2010). Two of the herbal medicines were reported as being used for protection against evil forces and this report is similar to the situation found among the Saramaccan Maroons in Suriname (Ruysschaert et al., 2009). It is very important to note that the local name "atridii" was used by a respondent to denote a number of infectious and parasitic diseases such as fevers, malaria and typhoid.

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