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Unconventional medical practices among Ghanaian students: A university-based survey

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ABSTRACT

Research on unconventional medical practices among students has proliferated lately in the global space, hitherto, little is known explicitly in Ghana. This paper teases out insights for recent utilisation patterns of traditional medical therapies at Kwame Nkrumah University of Science and Technology (KNUST), Ghana. A sample of 754, randomly selected undergraduates were involved in a retrospective cross-sectional survey. Data were analysed using multivariate logistic regression and Pearson's χ^2 test with $p < 0.05$ as significant. Overall prevalence of traditional therapies consumption was 89.1% in the last 12 months. Herbal-based products (67%), prayer healing (15%) and body-mind therapies (11%) were principally used and, accessed through purchases from pharmacy shops (29%) and encounter with faith healers (26%). Although students' knowledge on traditional therapies was acquired through family members (50%) and media (23%), literary materials remained significant information routes for Science related students compared to the Non-science related counterparts ($p < 0.001$). Pursuing Non-science-related programme [odds ratio (OR) 6.154 (95% confidence interval (CI) 3.745–10.111; $p < 0.001$)] and having Christian faith [OR 2.450 (95% CI 1.359–4.415; $p = 0.003$)] were strongly associated with students' traditional therapies use. Although students exhibited positive attitude towards unconventional therapies, there is an urgent need to validate the quality of traditional therapies through randomised clinical trials and regulatory practices to ensure quality control. Health forces should intensify efforts towards intercultural health care system in Ghana.

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1. Introduction

Recent research continues to show the ascendance of use of unconventional medical therapies, including herbal cosmetics, herbal medicines, nutraceuticals, herbal pharmaceuticals, herbal health products and food supplements particularly in Africa and Asia. These modalities have been employed in the diagnoses, prevention and treatment of a wide range of illness dating into

antiquity.^{1–3} Traditional medicine (TRM; 補充與替代醫學 *bǔ chōng yǔ tì dài yī xué*) practice involves a multifaceted combination of activities, order of knowledge, beliefs and customs to generate the desired effects for the diagnosis, prevention or elimination of imbalances in physical, emotional or psychological and social well-being of individuals and societies.^{1,4} Prescriptively, TRM involves a whole array of products, practices and approaches to health and ill-health, serving as the opium of the people. Millions of people globally use TRM therapies, often in the absence of scientific evidence of their safety and effectiveness and, in many cases, without including a medical professional in the decision-making process.⁵ This elucidates the significant role traditional systems of medicine play beside the western conventional medicine for the majority in meeting basic health care needs.

Whilst the World Medicines Situation Report estimates that between 70% and 95% of the population in developing countries

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rely on TRM,⁶ many figures have been quoted to gauge the scale of an increasing interest and acceptance of the complementary and alternative medicine (CAM) in the economically developed countries. For example, use of CAM ranges approximately from 42% among Belgians to 90% in the UK.^{7,8} Bercovitz et al. also found in the US that nearly 45% of the adult American population consume CAM.⁹ Similar prevalence has been observed in Canada, Australia and China, where estimates depict that about 65%, 69% and over 90% of the adult population access various forms of traditional medical remedies.^{10–13} Various studies in the African context reported that up to 90% Ethiopians and Burundians, 85% South Africans, 75% Malians, 70% of people of Rwanda, Benin and Ghana depend on alternative therapies for their health care practices.^{6,7,14} In Ghana, use of TRM among the general population is substantial in both rural and urban settings. Trading and commercialisation of TRM in Ghana is of considerable economic substance. For instance, a survey on the Ghana's herbal market found 951 tons of crude medicinal products in 2010, with a total value of US\$ 7.8 million.¹⁵

Like the general population, uptake of TRM is a growing phenomenon among students globally. Empirical studies on alternative medical practices by students have thrived, but the literature is polarised. Moreover, few studies have separately investigated TRM practices among students in developing countries.^{2,16,17} Besides, limited research in Ghana only investigated knowledge and attitude towards CAM and largely considered Medical and Pharmacy students.^{18,19} These studies make fundamental mistakes by cutting-off the standpoint of Non-medical students regarding TRM use. The understanding of the patterns, attitudes and determinants of TRM use among the general student population across various disciplines is therefore lacking. Given the inadequacies of findings of previous studies, this study analysed the prevalence and patterns of traditional therapies utilisation and the associated factors among multidisciplinary, multi-ethnic and culturally diverse undergraduate student population at KNUST in Kumasi, Ghana. This comprehensive knowledge bases may well help in the current debate on establishing policies to support the integrative medical system and intercultural health care delivery in Ghana.

2. Methods

2.1. Study design and context

This quantitative cross-sectional and university-based survey was conducted at the Kwame Nkrumah University of Science and Technology (KNUST). Established in 1952, KNUST is one of the public universities and the leading Science and Technology institution in Ghana. The university is located in Kumasi, the second largest city and the capital of the Ashanti Region of Ghana. It is found at 06°41'5.67N and 01°34'13.87W. KNUST has a student population of 23,591, of which 21,285 constitute undergraduates and academic and non-academic staff strength of 3706. This university provides an enabling environment for teaching, research and entrepreneurship training in science and technology for the industrial and socio-economic development not only in Ghana, but the entire African continent and other nations afield. KNUST also offers a wide range of programmes of study spanning Arts and culture, Business programmes, Social sciences, Science and Health sciences. Committed to offer service to the community, KNUST is open to all the people of Ghana and positioned to attract scholars, industrialists and entrepreneurs from Africa and the international community. In this regard, the institution attracts people from all parts of the country and other neighbouring countries with different socio-cultural traits who have the capacity to bring to bear different experiences, attitudes and knowledge on TRM.

2.2. Sample selection

The study considered individual undergraduate students at all levels; from Levels 100 to 400, across all age and gender categories. Students from the various colleges of the university, both Arts and Social Sciences, and Physical and Health Sciences were included in this study using a two-stage cluster and random sampling techniques. Out of approximately 21,285 undergraduate student-body, this study randomly selected 900 students, taking into consideration the programmes of study of the students. The sample was distributed to the programmes of study using population size as a yardstick. In this respect, 650 Non-science-related students (including Arts, Social science, Business) and 250 science students (including Physical Sciences, Engineering and Health Sciences) were enrolled. A total of 754 questionnaires were returned, excluding all those that were not completely filled out.

2.3. Research instruments and data collection procedure

Self-administered structured anonymous questionnaires were used as the main data collection tools. The outcome variable was use of TRM, operationalised as use or non-use of TRM therapies over the last 12 months preceding the survey. The participants were asked the question: "Have you used any form of TRM in the past one year"? The response was dichotomous, Yes = 1 or No = 0. In this regard, TRM was defined as any form of therapeutic approach that does not belong to the modern allopathic treatment provided by a medical professional. The questionnaire gathered information on respondents' demographic data (including age, gender, educational level, programme of study, religious affiliation and the monthly pocket income), knowledge, attitude and usage of TRM including the prevalence, pattern of TRM use as well as the attitudes towards TRM. Other variables included the perception, sources of information about TRM and diseases treated. For example, participants were asked whether their knowledge about TRM was obtained from friends, health care professionals, books and other academic materials, the media, or from an inherited knowledge from their family members and other relatives. Also, the questionnaire assessed the attitude to TRM modalities by a question based on the respondents' personal beliefs and perceptions regarding the effectiveness, safety and or side effects and the flexibility of use of TRM. The responses for the attitudinal items were rated on a 4-point scale (from 1 = very good to 4 = poor).

The questionnaires were distributed to the study participants during their normal lecture periods. For a better understanding, various items were explained to students by trained field research assistants recruited from the Department of Geography and Rural Development, KNUST. To help check call back challenges, the distribution, completion and collection of questionnaires were done by hand and in the same day. This provided the avenue to improve on the response rate of participation. Data collection processes were closely monitored by the researchers during the field survey. Also, spot-checks and re-checks on completed questionnaires were done by the research assistants to ensure quality control. The completion of each questionnaire lasted 35 min on the average. The Committee on Human Research Publication and Ethics, KNUST and Komfo Anokye Teaching Hospital (KATH), Kumasi, Ghana provided the ethical approval for the study (CHRPE/AP/260/14). Also, an informed verbal consent was obtained from all respondents. No identifying variables were provided on the questionnaire items so as to minimise any potential harm to the respondents. Participation in the research was therefore voluntary and respondents were assured of strict confidentiality of their responses.

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