

## • Research Article

# Integration for coexistence? Implementation of intercultural health care policy in Ghana from the perspective of service users and providers

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### ABSTRACT

**OBJECTIVE:** In spite of the World Health Organization's recommendations over the past decades, Ghana features pluralistic rather than truly integrated medical system. Policies about the integration of complementary medicine into the national health care delivery system need to account for individual-level involvement and cultural acceptability of care rendered by health care providers. Studies in Ghana, however, have glossed over the standpoint of the persons of the illness episode about the intercultural health care policy framework. This paper explores the health care users, and providers' experiences and attitudes towards the implementation of intercultural health care policy in Ghana.

**METHODS:** In-depth interviews, augmented with informal conversations, were conducted with 16 health service users, 7 traditional healers and 6 health professionals in the Sekyere South District and Kumasi Metropolis in the Ashanti Region of Ghana. Data were thematically analysed and presented based on the *a posteriori* inductive reduction approach.

**RESULTS:** Findings reveal a widespread positive attitude to, and support for integrative medical care in Ghana. However, inter-provider communication in a form of cross-referrals and collaborative mechanisms between healers and health professionals seldom occurs and remains unofficially sanctioned. Traditional healers and health care professionals are skeptical about intercultural health care policy mainly due to inadequate political commitment for provider education. The medical practitioners have limited opportunity to undergo training for integrative medical practice. We also find a serious mistrust between the practitioners due to the "diversity of healing approaches and techniques." Weak institutional support, lack of training to meet standards of practice, poor registration and regulatory measures as well as negative perception of the integrative medical policy inhibit its implementation in Ghana.

**CONCLUSION:** In order to advance any useful intercultural health care policy in Ghana, the government's total commitment in informed training and provider education, enforcement of regulatory

instrument and improved community engagement is needed. Evidence-based incorporation of traditional medical therapies into clinical practice will provide safer, faster and more effective health care for the underserved and resource-poor, particularly in the rural areas.

**Keywords:** intercultural health care policy; interview; perspectives; integrative medicine; Ghana

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## 1 Introduction

Most countries in the world have one or more systems of traditional medicine or health practices alongside the conventional Western health care.<sup>[1]</sup> Estimates show that traditional medicines form the first line of health care for between 75% to 95% of the global population.<sup>[2]</sup> The use of traditional, alternative and complementary medicine (TACM) in Ghana and other low- and middle-income countries has increased over the last several decades.<sup>[3–5]</sup> However, only a small portion of these TACM consumers divulge their use to health care professionals.<sup>[6–8]</sup> Although traditional medical practitioners are widespread in Ghana, the majority do not register their practices, particularly in the rural settings where there are weak institutional structures and monitoring mechanisms. Additionally, many traditional health care professionals do not have a sufficient knowledge base or confidence to properly advise their clients regarding safe use of TACM.<sup>[9–11]</sup> These factors negatively affect the accurate collection of knowledge for the intercultural and integrative medical practices.

Intercultural health care includes approaches to health care that bridge and incorporate indigenous medicine and Western biomedicine, where each is considered as a complement to the other.<sup>[12,13]</sup> The practice of integrating Western and traditional indigenous medicine is fast becoming an accepted and more widely used model in health care systems throughout the world. Mignone et al.<sup>[12]</sup> and Vandebroek<sup>[14]</sup> explain that integration can be managed at the individual level—involving patients, traditional healers and biomedical health professionals; the institutional level—at health centres and hospitals; and at the societal level—involving the government policy framework. The World Health Organization (WHO) has supported the medical integrative model since 1978 during its *Alma-Ata Declaration*, urging its member countries to incorporate traditional medicines into their national health care systems.<sup>[1,15,16]</sup> It recommends the strengthening of relations between traditional healers and modern medical professionals through better communication and cooperation. Essentially, the WHO encourages healers to be licensed and trained on the basis of traditions and customs of their people and communities, in order to

upgrade their knowledge and skills in collaboration with relevant health providers.<sup>[17]</sup>

The integrative health care model has also been in academic and policy discussions at various levels for decades. Eminent academic medical institutes have embraced research and education to advance the integration of evidence-based therapies into patient-centered care.<sup>[18]</sup> Studies show that most patients already combine complementary and conventional therapies to achieve optimal health.<sup>[19,20]</sup> A successful integrated health care system would facilitate a more efficient use of domestic medical resources and enhance self-sufficiency in health development for resource-poor countries. Vietnam, China and India have standardised their own indigenous medicine and pharmacopoeia. China, Hong Kong, for example, has substantially reduced the health care access inequality gap among the population by developing a unique integrative health care system.<sup>[21]</sup> This has contributed to achieving good health and decreasing mortality rates in the general population.<sup>[22,23]</sup> A four-village study in Northwestern Ecuador concerning Western and traditional medical practices and their relationship with people's health status reports the existence of complex social networks for disease interpretation and management, which combine Western and traditional medical practices, religious and folk family healing procedures.<sup>[24]</sup> The evidence suggests that an integrated approach to health care leads to safer, faster and more effective health care for the underserved who have fewest resources. Ghana, a sub-Saharan African country with a heavy disease burden but abundance of native plant species, is a prime site for medical integration, but it faces many challenges.

At the policy level, Ghana has made concerted strides to actualise integrative medicine. In this regard, research institutions and other relevant bodies have been set up to ensure safety, efficacy and quality of traditional medicines as a conduit towards integration. In 1975, the Centre for Scientific Research into Plant Medicine (CSRPM) at Mampong-Akwapim was established to address issues of quality and safety in herbal drug use by scientifically validating the therapeutic effects of herbal preparations towards integrative process.<sup>[25,26]</sup> Practitioners of traditional medicine are now required to register for some licensure or recognition, and to get their medicines tested scientifically by the Food and Drugs Authority

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