Geography and Traditional Therapies Utilization: A Convergence of Health Behaviors in Rural and Urban Settings?

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Commentary

Interest in traditional medicine utilization is burgeoning in Ghana and worldwide. Whereas one in seven people in Ghana utilize one sort of traditional medicine or another over the past decades, Complementary and Alternative Medicine (CAM) has become widely used in Asia and advanced environments or elsewhere. The 2007 National Health Interview Survey by the National Centre for Complementary and Alternative Medicine (NCCAM) and the National Centre for Health Statistics for example show, that therapies traditional medicine use have enjoyed a considerable debate in the over 244 medicinal plant products, representing 186–209 species and makes some very important observations.

Forms of CAM, and accordingly, total expenditure for CAM therapies among the general adult population between geographically delimited rural-urban disparities in health behaviours and medical services choices.

There is the tendency that rural-urban migrants settle in urban communities with their old ways of treating their health conditions. Personal health philosophies of people in both rural and urban communities invariably have a big role to play in the decision to access and use of traditional medical modalities.

We must not lose sight from the fact that the proliferation of mass media outlets including frequency modulation channels, television and
especially information centres—quasi radios commonly in rural communities—have also expanded the choices of both rural and urban dwellers with regard to health services. Aside from availability of ingredients for traditional medicine in urban areas, traditional medicine has now been modernised and/or formalised into the conventional health system [14,15]. This has raised trust in traditional medical practices and may significantly explain the convergence of traditional medicine use and perhaps the general health behaviours between rural and urban dwellers. Taking these into consideration, it is no coincidence that this important study by Gyasi and colleagues [9] highlight on these crucial issues.

It must be recapitulated that spatial dimensions in traditional medical therapies use are receding due to the convergence of health behaviours in rural and urban settings. Given these findings regarding the widespread and still, growing rate of use of traditional medical services, it is important to critically reassess the planning standards for health services in Ghana. A rapid improvement and modernisation of traditional medicine through registration and training of practitioners, clinical examination of herbal drugs and monitoring of dispensing and administration of the therapies are critical. For, these are the antecedents for integrative medicine and intercultural health care in Ghana. Traditional medical therapies of all forms should not be consigned to the peripheries of the western health policy. We again argue that the national health insurance package introduced to provide affordable health care, especially for the indigent and the ultra-poor and/or vulnerable population sector be extended to cover the diagnosis, medical treatment and medication expenditure of traditional health care in Ghana.

References