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Existing Health Seeking Behaviour in the Eastern Region of Ghana: the Role of Traditional and Orthodox Health Systems

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Abstract

This study examines the role of orthodox and traditional health systems on the health seeking behaviour among people in the Eastern Region of Ghana. Data from a sample of 600 respondents indicate that, the efficacy of both Traditional and Orthodox Health Systems were significant predictors of health seeking behaviour. Thus, respondents' perception and belief in a particular health system influenced their patronage to those health facilities. This calls for the provision of a more balanced and 'culturally congruent' health services that tend to serve the needs of patients. This will go a long way to enhance patients' decision in seeking help from the appropriate health facility on time.

Keywords: health seeking behaviour, traditional health system, orthodox health system, Ghana.

1. Introduction

Conventional medical practice is a system in which medical doctors and other healthcare professionals (such as nurses, pharmacists, and therapists) treat symptoms and diseases using drugs, radiation, or surgery among other techniques (NCCAM, 2011). This practice is variously called; 'allopathic medicine', 'biomedicine', 'mainstream medicine', 'orthodox medicine', and 'Western medicine'. According to World Health Organization [WHO] (2011), "Traditional medicine (TM) refers to health practices, approaches, knowledge and beliefs incorporating plant, animal and mineral based medicines, spiritual therapies, manual techniques and exercises, applied singularly or in combination to treat, diagnose and prevent illnesses or maintain well-being."

The WHO (2008) thus considers the traditional healer to be a person who is recognised by the community in which he lives as competent to provide health care by using vegetable, animal and mineral substances and certain other methods based on the social, cultural and religious background, as well as on the knowledge, attributes and beliefs that are prevalent in the community, regarding physical, mental and social well-being and the causation of disease and disability. This domain has taken the new name complementary and alternative medicine (CAM) which encompasses all therapeutic and diagnostic disciplines that exist largely outside the institutions where conventional healthcare is provided (Zollman, & Vickers, 2002). According to

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one estimate, over 80 % of the developing world's population still depends on the complementary and alternative systems of medicine, while about half of the population in industrialized countries use CAM (Bodeke, & Kronenberg, 2002).

The World Health Organisation has consistently estimated that 60–80 % of the population of developing countries rely on traditional health care for their basic health care needs, either on its own or in conjunction with modern medical care. The report further asserts that the rate of increase global market for traditional medicines has been exponential. It has always been an 'invisible mainstream' within the health care delivery system (Penson, Castro, Seiden, Chabner & Lynch, 2001). For many people in developing countries, particularly those living in rural areas, this is the only available, accessible and affordable source of health care. According to the Ministry of Health (MOH) traditional medicine in Ghana is a major source of healthcare for many Ghanaians and it is estimated that about 70-80 % of Ghanaians use traditional medicine as their front line service (MOH, 2005). Ghana has about 45,000 traditional healers and many churches offer spiritual healing, which is a blend of traditional medicine and Christianity (Akosah-Sarpong, 2007). In addition to orthodox medicine, traditional medicine has often been part of the culture of the people that use it, and as a result it is closely linked to their beliefs (Sofowora, 1993).

Quinn (2007), in a study on health care in Ghana stated that health care is provided by both biomedical and traditional healthcare providers. The biomedical healthcare, according to Quinn is those services provided in the hospitals, clinics, health centres and pharmacies. The traditional healers vary enormously from small traditional practitioners in the north of the country to large healing centres in the south of Ghana who provide various services to the people. The results of Quinn's research indicated that the church or mosque was an important source of support, and respondents in all areas spoke of receiving spiritual help from their religious communities. Many people mentioned the role of prayer in helping them cope better with their situation, and religious leaders provided emotional support and spiritual guidance. Methodological considerations of Quinn's study concentrated highly on the role of traditional health care with less emphasis on the orthodox healthcare system, thus skewing the findings more favourably towards the traditional healthcare system.

The main difference between African TM and Western biomedicine is the way in which health and illness are conceptualised. Illness in TM implies a social, spiritual and physical imbalance that requires a natural remedy. Additionally, traditional healers try to explain who or what caused the disease and why this person is affected at that particular time (Bamidele, Adebimpe & Oladele, 2009). It is the supernatural elements of traditional healers that probably underscore the suspicion many proponents and practitioners of biomedicine have towards TM and their reluctance to recognise and work with these practitioners even when they belong to the same cultural belief system (Babbie, 2006).

According to van der Kooi and Theobold (2006) the traditional belief system of the Tswana of Botswana is rooted in African tradition and strongly influences the social significance of cardiovascular diseases. They perceive the need for protection from the orthodox clinics and hospitals for cardiovascular related issues in order to save them from being harmed by evil spirits from traditional healers. The traditional healers explain that the ultimate cause of a CVD related problem may for example be due to a person who is angry with another. The offer of such vague and simplicit explanations to illness conditions by traditional healers provide the impetus for most people to visit them, in addition to the medical care they receive from the hospitals. Conco's (2001) research findings showed that there was a combination of sources of healthcare from the hospitals, clinics, traditional healers and the church and they are all part of the therapeutic arsenal of the Tswana of Botswana. But this practice has been contested by Young (2005) that this may exacerbate adverse effects due to the (unknown) contents of decoctions and mixing of allopathic and traditional medicine, which hampers adequate assessment and intervention when complications occur.

Notwithstanding all the facts about traditional medicine, El Bashir (2008) has shown that there are also diseases that only biomedicine can cure and although doctors fail to cure spiritual ailments, witchcraft and *koqob´al* as well as culture bound diseases, biomedicine is still an essential component of health care among the Zunil of Guatemala. Hence, biomedicine and traditional medicine can only be considered as complimentary and the existence of traditional medicine does not necessarily imply the failure of chemical medicine, and neither does the

existence of chemical medicine suggest the incapacity of natural medicine (MacKian, 2005). Yet a consistent finding in other studies is that, for some illnesses, people will choose traditional healers, village homeopaths, or untrained allopathic doctors above formally trained practitioners or government health facilities (de-Graft Aikins, 2005).

The complementary roles of both orthodox and traditional healing practices and practitioners in health care delivery in Sub Saharan Africa cannot be ignored (Moodley, Sutherland, & Oulanova, 2009). In Ghana, traditional healers have been incorporated as providers into their National Healthcare Delivery System (Pinkoane, Greeff, & Koen, 2008; Pinkoane, Greeff, & Williams, 2005). Traditional and faith healers are often sought after to care for cardiovascular disorders (Abo, Fred-Jaiyesimi, Jaiyesimi, 2008), hypertension or adverse CVD outcomes such as stroke (Hundt, Stuttaford & Ngoma, 2004). Due to cost of biomedical care and medications, traditional and faith healers often offer more accessible and affordable services. Additionally, some healers claim to offer complete "cure" for cardiovascular disorders, which gives the patient the hope of eliminating any future burden related to his or her condition. A study among traditional healers in the northern province of South Africa indicated that traditional and faith healers prescribe cures for patients suffering from cardiovascular disorders and diabetes, as opposed to treatment or management offered in the orthodox healthcare setting. The people believe that cardiovascular disorders and diabetes can be reversed or cured (Sengwana, & Phone, 2004; Peltzer, Khoza, Lekhuleni, Madu, Cherian & Cherian, 2001).

Case, Menendez and Ardington's (2005) findings on health seeking behaviour among people suffering from cardiovascular disorders in South Africa revealed that length of illness prior to death has a significant effect on the probability that medical treatment is sought particularly from traditional healers and non-prescribed treatments—and on the amount spent on all types of medical care. Case et al (2005) in their findings revealed that fully 88 percent of individuals sought care from a public doctor or clinic. Importantly, among adults who had fallen ill, 97 percent had some contact with Western medicine, either through a public clinic or a private doctor. The researchers concluded that services provided by traditional healers appear to be complements to, rather than substitutes for those provided by public and private doctors.

Addo, Smeeth and Leon (2007) observed that most patients who suffer from cardiovascular disorders engage in multiple health seeking behaviours. Such patients who commonly access conventional medical care also use CAM and TM. Other findings (Ruff, Alexander, & McKie, 2005) showed that it is common in developed and developing nations that most CAM usage complements conventional care. Straus (2004) provides evidence from Kenya that patients are likely to use more than one type of provider from the range of those available, such as government facilities, mission clinics, private clinics, pharmacies, and traditional healers. Furthermore, the choice of provider depends on patients' illness, condition, socioeconomic status, and education. If an initial visit to one kind of provider did not resolve the disease satisfactorily, a follow-up visit was made to a different kind of provider. Most traditional healers surveyed in a second study referred patients to Western practices for treatment when necessary (Jain, 2003). The weaknesses of these findings were that certain economic indicators like social factors were not taken into consideration, which have enormous influence on the health seeking behaviour of any group, were not considered. Furthermore, while a plethora of choices exist for people to engage in different health seeking behaviours, the researchers did not take into consideration organismic factors involved in health seeking decision making.

Markowitz, Donovan, DeVane, Taylor, Ruan, Wangand Chavin (2003) have shown that there is remarkably little correlation between the use of traditional medicinal approaches and scientific evidence that they are safe or effective. These researchers believe that herbals and concoctions used by non-orthodox practitioners are highly variable in quality and composition, with many marketed products containing little of the intended ingredients and containing unintended contaminants, such as heavy metals and prescription drugs. For example, traditional drugs like comfrey and kava have been associated with liver failure, aristolochia with genitourinary cancer (De Smet, 2002). More important, herbals contain ingredients that can accelerate or inhibit the metabolism of prescription drugs. The most notorious of these is St. John's wort, which affects the metabolism of nearly 50 percent of all prescription drugs (Markowitz et al., 2003).

Essentially, WHO (2002) asserts that there are problems associated with traditional medicines with respect to clinical data. The quantity and quality of the safety and efficacy data on

traditional medicine are far from sufficient to meet the criteria needed to support its use worldwide. The reasons for the lack of research data are due not only to health care policies, but also to a lack of adequate or accepted research methodology for evaluating traditional medicine. It should also be noted that there are published and unpublished data from research in traditional medicine in various countries, but further research in safety and efficacy should be promoted, and the quality of the research improved. More research is thus required in this direction to fully establish the efficacy of the claims of traditional medical practitioners and the effectiveness of services they provide.

It is noteworthy that each product produced by traditional medicinal practitioners may contain several different plants and potentially hundreds of chemical constituents, some of which may be present in very low concentrations (Chen, 2009; Zhang, 2008; Lu, Chow & Tse, 2007; Zhong, 2007). These factors combine to make laboratory investigation both complicated and expensive. With respect to the concerns raised so far, the purpose of this study was to explore the predicting roles of both Traditional Health System's treatment efficacy and Orthodox Health System's treatment efficacy on respondents' Health Seeking Behaviour.

2. Method

Study design and Area

The study was undertaken in the New Juaben Municipal area. The New Juaben Municipality falls within the Eastern Region of Ghana. The Municipality covers an estimated area of 110 square kilometres constituting 0.57 % of the total land area of the Eastern Region. The Municipality shares boundaries with East-Akim Municipal on the North-East, Akuapem North District on the East and South and Suhum-Kraboa-Coaltar District on the West. Koforidua, which is 85 kilometres from the national capital Accra, serves both as the municipal and regional capital.

Population and Participants

The 2012 national housing and population census figures released by the Ghana Statistical Service put it that the municipality has a population of 147,528, with a growth rate of 2.6 %. Females are the dominant group and constitute 51.5 % and males 48.5 % of the population. According to the 2012 Census, people under 15 years constitute 35 % of the population; those between 15-64 years constitute 60 % while those above 65 % years constitute 5 % of the population. This signifies that New Juaben Municipality has a fairly young population with a dependency ratio of 64.7 per 100 persons in the 15-64 age groups.

The Municipality is heterogeneous in terms of ethnicity with a high dominance of Akans.

The survey selected a sample of 600 respondents between the ages of 35-75 years old. Majority 53 % of the respondents were females while minority 47 % were males. Data on occupation indicate; 6 % unemployed respondents, 54 % self-employed respondents, 37 % formal-employed respondents, and 3 % student respondents. The ethnic group data on respondents show majority 53 % as Akans. The remaining population comprises of 23 % Ewe tribe, 3 % Guan tribe, 15 % Ga-Adangbe tribe, 2 % Gruma tribe, 3 % Mole-Dagbani tribe and 3 % Grusi tribe. All respondents had some form of religious affiliation, with 81 % Christians forming the dominant group. African Traditional Religion had 11% of the total respondents with the remaining 8 % as Moslems. Description of the localities of the participants include; 52 % Urban, 42 % Semi-urban and 7 % rural dwellers.

Instrument: Orthodox and Traditional Health Systems (OTHS) Questionnaire

The OTHS is a 20-item scale with categories that measure preference involving 1) orthodox health system, 2) traditional health system, 3) spiritual preference and 4) multiple health seeking. This questionnaire also used a 7- point Likert Scale with responses ranging from "Don't Know = 0 to Strongly Agree = 6. The reliability statistics after piloting indicated a Cronbach's Alpha Based on Total Standardized Items is .821. Correlation Between Forms noted a reliability of .659 while Spearman-Brown Coefficient indicated for both Equal Length and Unequal Length values of .795 and .795 respectively. Finally, Guttman Split-Half Coefficient recorded a reliability statistics of .791.

Procedure

Following ethical requirements required for human research, written consents were obtained from all participants before data collection was done. After an initial briefing of the purpose of the study and signing of an informed consent form, all selected participants were given questionnaires to answer, which lasted for an average of one hour and thirty minutes. Participants were allowed to

either answer the questionnaires and hand them over to the researcher or take them home and return them at a later date. For those who answered the questions Breaks were allowed during testing to cater for boredom and tiredness. Completed tests at the end of each session, were scored and packed into sealed envelopes to ensure confidentiality and safety of responses.

Data Analysis

The 20 item Orthodox and Non-Orthodox Medicinal Practices scale was subjected to principal component factor analysis after data screening was completed. Inspection of the correlation matrix revealed the presence of only four coefficients of .3 and above. The Kaiser-Meyer-Oklin measure of sampling adequacy was .709, meeting the commonly recommended value of .6 and above. The Barlett's Test of Sphericity reached statistical significance, ($\chi^2_{(6)} = 70.739$, p =.000). Finally, the communalities were all above .3 further confirming that each item shared some common variance with other items. Given these overall indicators, factor analysis was deemed to be suitable with all 20 items. Principal components analysis was used because the primary purpose was to identify the factors underlying the turnover intention scale. Principal components analysis revealed the presence of one component with eigenvalue exceeding 1, explaining 68.544 % of the variance. All the factors loaded onto one component

3. Results

A significant model emerged [$F_{(2,552)} = 90.319$, p =.000] when the hierarchical multiple regression analysis [enter method] was conducted, [see Table 1]. The R^2 was .247, indicating that the model as a whole explained 24.7 % of the variance in Health Seeking Behaviour of respondents. In other words, about 24.7 % of the variance in 'Health Seeking Behaviour' can be predicted by Traditional Health System's treatment efficacy and Orthodox Health System's treatment efficacy; where Orthodox Health System's treatment efficacy [β = .383, p =.000] and Traditional Health System's treatment efficacy [β = .196, p =.000] were significantly and positively related to Health Seeking Behaviour respectively. The results presented in Table 1 above, did show that both Traditional Health System's treatment efficacy and Orthodox Health System's treatment efficacy were significant predictors of Health Seeking Behaviour among respondents.

Table 1. Summary of Multiple Regression of Orthodox and Traditional Health Systems

Variables	R-square	Standardised Beta (β)	F
Independent Variables	.247 **		90.319**
Efficacy of Orthodox Health System's treatment scores		.383**	
Efficacy of Traditional Health System's treatment		.196**	

**p<.01

4. Discussion

It is clear that respondents value the efficacy of both Orthodox and Traditional Health Systems' treatment. Traditional healers, indeed seem to have a compelling presence in the lives of people. Current changes in lifestyle and the increase in the development of the twin problems of cardiovascular and cerebrovascular disorders have pulled traditional healers further into the limelight (Twumasi, 1988; Hillenbrand, 2006). Traditional healers are actively involved in the management of these conditions; patients are increasingly turning to indigenous medication in their attempt to come to terms with the disease. Thus traditional healers have a potentially important role to play in the delivery of health care, particularly in resource poor areas (Labhardt, Schiess, Manga & Langewitz, 2009; Nuwaha, 2006).

These findings contrast with the assertion that, visits to traditional healers and unofficial medical channels should be prevented, thus encouraging people to opt first for the official channels (de-Graft Aikins, 2005; Wootton, 2006). Although the desired health care seeking behaviour is for an individual to respond to an illness episode by seeking first and foremost help from a trained allopathic doctor. The ideal situation is that efforts should be made to raise community awareness

regarding the importance of seeking care from trained personnel and the availability of services. Such efforts will enhance the potential regulation of the practise of herbal medicine.

Implications

This study has broader implications for policy planners and implementers who take decisions that have direct bearing on the health and wellbeing of the people. The importance of why people seek medical care is undoubtedly critical in health policy planning. This study has brought to the fore that health seeking behaviour is not a simple realisation of symptoms and people taking remedial actions of just going to any nearby health centre, hospital or herbalist. It rather involves going through a decision making processes as proposed by the researcher. The implication for policy makers is that there is the need for them to understand that provision of healthcare does not necessarily mean the availability of physical structures and equipment. Healthcare provision should be tailor-made where it would suit the needs of the potential consumers, based on their expectations. The mechanistic ways through which healthcare services and amenities are provided to communities without proper needs assessment should be reconsidered. This study should therefore encourage policy makers and implementers to understand the health needs of the people based on their culturally-mediated understanding of the condition before providing for those needs.

Another implication of this study to policy makers is the need to better integrate traditional and orthodox medicines in order to provide healthcare that would be acceptable to recipients. As postulated by the WHO (2008) over 80 % of Africans, Ghana not being an exception, rely on traditional medicine for healing and cure. This study has confirmed the heavy reliance of the people on traditional medicine. Policy makers are therefore encouraged by findings of this study which supports the notion that there is a heavy reliance on traditional medicine to better integrate both orthodox and traditional medicines as enshrined in the 5-year Plan of the Ghana National Health Policy (2007). By doing this, traditional medical practitioners may be trained to have a better appreciation of the causes of cardiovascular disorders which would help them to better explain the condition to their patients in order to take away the traditional myths surrounding cardiovascular disorders.

Limitations

This study did not explore the merits and demerits of each health system vis-à-vis respondents' health seeking behaviour. Future studies should examine this variable to improve the health care systems in the country.

5. Conclusion

Medical systems, both orthodox and traditional play very significant roles in determining the health seeking behaviour of individuals in the Eastern Region of Ghana. Results from the current study showed that patients' attendance at a particular health facility was mainly based on their assessment of the efficacy of the particular health system. Despite the strong presence of orthodox health system manned by trained personnel and the availability of state-of-the-art equipment, individuals sought traditional medical practitioners who treat all manner of ailments. The roles of both health systems in healthcare delivery are indispensable. There is the need for practitioners, policy makers and researchers to have a proper understanding of how these systems work to enhance public health.

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Conflict of interest statement

The authors declare that they do not have any conflict of interest.

References

Abo et al., 2008 - *Abo, K. A., Fred-Jaiyesimi, A. A., & Jaiyesimi, A. E.* (2008). Ethnobotanical studies of medicinal plants used in the management of diabetes mellitus in South Western Nigeria. *J Ethnopharmacol, 115*(1), 67-71.

Addo et al., 2007 - *Addo, J., Smeeth, L., & Leon, D. A.* (2007). Hypertension in Sub-Saharan Africa: A systematic review. *Hypertension, 50*(6), 1012-1018.

Akosah-Sarpong, 2007 - *Akosah-Sarpong, K.* (2007). Ghana Striking Health Workers and Traditional Medicine. Africa Conservation Foundation. *Accra Mail.*

Babbie, 2006 - *Babbie, E.* (2006). *The Practice of Social Research* (9th ed.). California: Wadsworth/Thomson Learning.

Bamidele et al., 2009 - *Bamidele J O, Adebimpe W O., & Oladele E A.* (2009). Knowledge, attitude and use of alternative medical therapy amongst urban residents of Osun State, Southwestern Nigeria. *African Journal of Traditional and Complementary/ Alternative Medicine*, *6*(3), 281–288.

Bodeker, Kronenberg, 2002 - *Bodeker, G., & Kronenberg, F. A.* (2002). Public health agenda for traditional, complementary, and alternative medicine. *Am J Pub Health*, *92*, 1582-1591.

Case et al., 2005 - *Case, A., Menendez, A., & Ardington, C.* (2005). Health Seeking Behavior in Northern KwaZulu-Natal. *Afr. Journal of Trop. Med., 34*(7), 243-289.

Chen, 2009 - *Chen, L.* (2009). Identification and determination of the major constituents in traditional Chinese medicine formula Danggui-Shaoyao-San by HPLC-DAD-ESI-MS/MS. *Journal of Pharmacological and Biomedical Analysis*, 77, 127–137.

Conco, 2001 - *Conco, K. G.* (2001). Health seeking behavior among the Tswanas, Botswana: Delays in diagnosis in 212 smear-positive patients. *Int J Tuberc Lung Dis,* 2, 627–634.

De Smet, 2002 - *De Smet, P. A.* (2002). Herbal remedies. *New England Journal of Medicine,* 347, 2046–2056.

de-Graft Aikins, 2005 - *de-Graft Aikins, A* (2005). Healer shopping in Africa: new evidence from rural-urban qualitative study of diabetes experiences. *British medical journal, 331* (737). DOI: 10.1136/bmj.331.7519.737

El-Bashir, 2008 - *El-Bashir, A.* (2008). Towards an understanding of health-seeking behaviors in a modern Maya Town. *Medical anthropology quarterly, 7*(3), 281-300.

Ghana National Health Policy, 2007 - Ghana National Health Policy (2007). Ministry of Health, Accra, Ghana.

Hillenbrand, 2006 - *Hillenbrand, E.* (2006). Improving traditional-conventional medicine collaboration: Perspectives from Cameroonian traditional practitioners. *Nordic Journal of African Studies*, 15, 1–15.

Hundt et al., 2004 - *Hundt, G. L., Stuttaford, M., & Ngoma, B.* (2004). The social diagnostics of stroke-like symptoms: healers, doctors and prophets in Agincourt, Limpopo Province, South Africa. *J Biosoc Sci*, *36*(4), 433-443.

Jain, 2003 - *Jain, A.* (2003). Does homeopathy reduce the cost of conventional drug prescribing? A study of comparative prescribing costs in general practice. *Homeopathy, 92*(2), 71–76.

Kopinak, 1999 - *Kopinak, J.* (1999). The use of triangulation in a study of refugee well-being. *Quality Quantity, 33*(2), 169–183.

Labhardt et al., 2009 - *Labhardt, N. D., Schiess, K., Manga, E., & Langewitz, W.* (2009). Provider-Patient interaction in rural Cameroon-how it relates tothe patient's understanding of diagnosis and prescribed drugs, the patient's concept of illness, and access to therapy. *Patient Education and Counseling*, *76,* 196–201.

Lu et al., 2007 - *Lu, Q., Chow, S. C., & Tse, S. K.* (2007). Assessing the consistency of traditional Chinese medicine with multiple correlative active components. *Journal of Biopharmaceutical Statistics*, *17*(5), 791–808.

MacKian, 2005 - *MacKian, S.* (2005). Complex cultures: Re-reading the story between health and social capital. *Critical Social Policy, 1*(3), 113-167.

Markowitz et al., 2003 - *Markowitz, J. S., Donovan, J. L., DeVane, C. L., Taylor, R. M., Ruan, Y., Wang, J. S., & Chavin, K. D.* (2003). *Effect of St. John's Wort on Drug Metabolism by Induction* 1500–4.

MOH, Ghana, 2005 - MOH, Ghana (2005). *Policy Guidelines on Traditional Medicine Development*. Accra, Ghana.

Moodley et al., 2009 - *Moodley, R., Sutherland, P., & Oulanova, O.* (2009). Traditional healing, the body and mind in psychotherapy. *Counselling Psychology Quarterly*, *21*(2), 153-165.

NCCAM, 2011 - NCCAM (2011). *Third Strategic Plan*, 2011 – 2015.

Nuwaha, 2006 - *Nuwaha, F.* (2006). Determinants of choosing public or private health care among patients with sexually transmitted infections in Uganda. *Sexually Transmitted Diseases*, 33, 422–427.

Peltzer et al., 2001 - *Peltzer, K., Khoza, L. B., Lekhuleni, M. E., Madu, S. N., Cherian, V. I., & Cherian, L.* (2001). Concepts and treatment for diabetes among traditional and faith healers in the northern province, South Africa. *Curationis, 24*(2), 42-47.

Penson et al., 2001 - *Penson, R. T., Castro, C. M., Seiden, M. V., Chabner, B. A., & Lynch, T. J.* (2001). Complementary, alternative, integrative, or unconventional medicine? *Oncologist*, *6*, 463–73.

Pinkoane et al., 2008 - *Pinkoane, M. G., Greeff, M., & Koen, M. P.* (2008). Policy makers' perceptions and attitudes regarding incorporation of traditional healers into the national health care delivery system. *Curationis, 31*(4), 4-12.

Pinkoane et al., 2005 - *Pinkoane, M. G., Greeff, M., & Williams, M. J.* (2005). The patient relationship and therapeutic techniques of the South Sotho traditional healer. *Curationis, 28*(4), 20- 30.

Quinn, 2007 - *Quinn, N.* (2007). Beliefs and community responses to mental illness in Ghana: the experiences of family carers. *International Journal of Social Psychiatry, 53*(2), 175-188.

Ruff et al., 2005 - *Ruff, C. C., Alexander, I. M., & McKie, C.* (2005). The use of focus group methodology in health disparities research. *Nursing Outlook, 53*(3), 134-140.

Sengwana, Puoane, 2004 - *Sengwana, M., & Puoane, T.* (2004). Knowledge, beliefs and attitudes of community health workers about hypertension in the Cape Peninsula, South Africa. *Curationis, 27*(1), 65-71.

Sofowora, 1993 - *Sofowora, A.* (1993). *Medicinal plant and traditional medicine in Africa*. Spectrum Books Limited Sunshine house: Ibadan, Nigeria.

Twumasi, 1988 - *Twumasi, P. A.* (1988). *The social foundation of the interplay between traditional and modern medicine.* Ghana Universities' Press: Accra.

van der Kooi, Theobold, 2006 - *van der Kooi, R.,& Theobold, S.* (2006). Traditional medicine in late pregnancy and labour: perceptions of *kgaba* remedies amongst the Tswana in South Africa. *Afr. J. Trad. CAM., 3*(1), 11–22.

WHO, 2008 - WHO (2008). *Traditional Medicine. WHO Fact Sheet 134.* (Accessed April 14, 2011 at http://www.who.int/mediacentre/ factsheets/fs134/en/print.html)

Wootton, 2006 - *Wootton, J. C.* (2006). WHO global atlas of traditional, complementary and alternative medicine. *Journal of Alternative & Complementary Medicine, 12,* 93–94.

Zhang, 2008 - *Zhang, H.* (2008). Simultaneous determination of 12 chemical constituents in the traditional Chinese medicinal prescription Xiao-Yao-San-Jia-Wei by HPLCcoupled with photodiode array detection. *J Pharm Biomed Anal.*, *48*(5), 1462-1466.

Zhong, 2007 - *Zhong, Z. D.* (2007). Mass spectral profiling: an effective tool for quality control of herbal medicines. *Anal Chim Acta*, *604*(2), 89–98.

Zollman, Vickers, 2002 - *Zollman, C., & Vickers, A.* (2002). ABC of complementary medicine: What is Complementary medicine? *Br Med J*, 319, 693–696.