Original Article

Availability and Preference for Healthcare Services in Rural Ghana: A Study at the Bole District of the Northern Region

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Abstract

Healthcare access is an essential component of human development; but countless people around the world, especially in developing countries, do not have access to healthcare, as they require. Consequently, the WHO and other actors in the healthcare area are adopting strategies to promote Universal Health Coverage, especially in lower and middle-income countries such as Ghana. The study assessed the availability of both Orthodox and Alternative healthcare facilities in the Bole District of the Northern Region of Ghana and examined the community members' preference for the two healthcare systems. The study employed quantitative research designs. Quantitative data were collected using questionnaires. A total of 435 purposively selected individuals participated in the study. A Chi-square test of independence was used to analyze the quantitative data, while the qualitative data were categorized into themes and analyzed. The study revealed the existence of 22 Orthodox (91.7%) and 2 Alternative Healthcare (8.3%) facilities in the Bole District. The majority of respondents (55%) prefer accessing Orthodox Healthcare relative to Alternative Healthcare, whereas the remaining 45% prefer Alternative healthcare to Orthodox Healthcare. Age and educational level correlated significantly with preference for type of healthcare facility. Findings of the qualitative data supported the results of the quantitative data. It is recommended that orthodox healthcare facilities be made more available in rural communities and safe integration of both systems should be explored so as to improve accessibility of healthcare with the aim of meeting universal health coverage goals for the country.

Keywords:

Access to health, Alternative Healthcare, Orthodox Healthcare, Preference, Utilization, Availability.

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Introduction

Healthcare access is an essential component of human development, but countless people around the world, especially in developing countries, do not have access to healthcare, as they require. Consequently, the World Health Organization (WHO) and other actors in healthcare are adopting strategies to promote Universal Health Coverage (UHC), especially in lower- and middle-income countries such as Ghana. UHC seeks to ensure that all people have access to quality healthcare without incurring major financial burden. This is required to maintain and improve health (WHO, 2016). Access to health services could contribute to optimum health outcomes through prompt use of healthcare services. This requires three stages: obtaining entrance into the healthcare facility, being able to access the location of the facility where required services can be given and getting the services of a health staff that an individual can trust and communicate with. (HealthPeople.gov, 2016).

The presence of primary healthcare facilities and the ability to readily access them are a major issue in sub-Saharan Africa. A study conducted in Gabon revealed unequal access to healthcare (Makita-Ikouaya et al., 2010). The authors recommended analyzing geographical and physical needs of healthcare when planning the construction of healthcare facilities in the city as part of measures to bridge the inequality gap. Walker (2017), in a related study, discovered that many users did not have adequate knowledge, or were unaware of the services provided by the health institutions in the study area. The finding raises the possibility that some individuals may not access healthcare simply because they are not aware that the healthcare institutions can meet their health needs, thereby leading to inequality in healthcare. Consequently, the author recommended that health institutions should improve the awareness of the services they provide to users.

In Ghana and other parts of the world, there are various forms of healthcare systems, namely orthodox and traditional or alternative healthcare systems. Orthodox medicine refers to modern medicine or allopathic medicine whereby biomedical advancement is leveraged to render healthcare services (WHO, 2001). Traditional medicine, also known as complementary or alternative medicine, is defined as the combination or singular application of varied health practices, methods, ideas, knowledge, beliefs and approaches, which may incorporate whole or parts of animals, plants as well as mineral components with or without spiritual connotations for the purposes of preventing, diagnosing or treating an ailment (WHO, 2002, cited in Gyasi et al., 2010). The combination of Orthodox and Alternative healthcare has attracted several debates. For example, Wiese et al. (2010), in a review of the relationship between modern healthcare and alternative medicine, indicated that the adoption of the Complementary and Alternative Medicine by the mainstream healthcare has evolved through three (3) distinct stages namely: stage of pluralism, incorporation and finally integration. Pluralism implies the patient playing the role of a consumer by choosing the most appropriate approach, whereas incorporation involves choosing sections of alternative healthcare to include in the Western medical practice. The integration, on the other hand, refers to a respectful partnership between varied perspectives of healthcare treatment in a mutually beneficial manner. Despite calls for stakeholders and policy-makers for integration of both orthodox and alternative healthcare services, a study conducted by Opoku-Mensah and Ahenkan (2015) identified barriers such as legal issues, attitude of people and policies as hindering the integration of Orthodox Medicine and Alternative Healthcare. Given that people do access the various forms of healthcare in the country, the authors recommended placing the Alternative Healthcare services under the National Health Insurance Scheme to promote access and reduce unequal distribution of healthcare services. More importantly, the authors called on researchers to provide additional insight into healthcare service utilization in Ghana. Responding to the call by Opoku-Mensah and Ahenkan (2015), the current study is designed to investigate the healthcare services utilization in Bole District in the Northern Region of Ghana (now Savanah Region of Ghana). The Bole District has experienced a reduction in OPD attendance from 131,356 in 2014 to 122, 433 in 2015, representing seven (7%) decline (Bole District Health Directorate , 2016). Although the factors contributing to the decline are not immediately known, there is the possibility that a decline in the utilization of orthodox healthcare services could be compensated for by a rise in alternative healthcare services. That is, health

services users can switch from orthodox to alternative healthcare services. Granted the foregoing, it is extremely important to examine healthcare services utilization in Bole District to understand how the various healthcare systems should be strengthened and reformed. Consequently, the current study is designed to investigate the availability of Alternative healthcare systems and more importantly preference for orthodox or Alternative healthcare systems in Bole District.

The general objective of the study was to find the availability and preference for healthcare services in the Bole District of the Northern Region of Ghana. Specifically, the study sought to: examine the availability of Orthodox and Alternative healthcare facilities in the Bole district; and ascertain the community members' preferred choice of healthcare system when sick in the Bole District.

Design and Methods

Research Design

The study used the case study design in investigating the availability and preference for healthcare of community members in the Bole District of the Northern region of Ghana. This research design was used because it allows the collection of detailed information by employing various data collection methods over a period of time and involves in-depth analysis of the factors influencing access and utilization of healthcare (Creswell, 2014). (8.9%) used to cope with stress.

The Study Area

The study was conducted in the Bole district, one of the twenty-six (26) administrative districts in the Northern region. For the purpose of healthcare services delivery, the district is sub-divided into six areas namely: Bamboi, Bole, Mandari, Mankuma, Jama and Tinga (Bole District Health Directorate , 2016). The Population of the Bole District in the year 2016, per the 2010 population census projections, was 71,059, with an annual growth rate of 2.8%. The main ethnic groups in the district are the Gonjas, Brifor, Vaglas, Dagaabas, Mos and Lobis.

The Study Population

The study population was made up of all people who are 18 years and above and living in the Bole district at the time of data collection. The adult population was selected since they are more likely to have had experience with regard to access and use of healthcare services in the district.

Sampling Selection and Data Collection Measure

The purposive sampling technique was used to select the communities where the study took place namely: Bole, Bamboi and Jama communities. These communities were sampled to ensure that community members living in both the district capital and very remote areas of the district are fairly involved in the study. The participants were conveniently sampled from the communities at various places such as markets, schools, streets and health facilities. Of the four hundred and thirty-five (435) questionnaires administered, four hundred and one (401) questionnaires were completed and received, representing a response rate of 92%. The questionnaire was pre-tested at a nearby district, Sawla Tuna Kalba, to ensure that the data collection measures are appropriate and suitable for the population. A research assistant trained in the administration of questionnaires assisted in the data collection.

Ethical Considerations

Before community entry for data collection, an introductory letter was obtained from the Department of Public Administration and Health Services Management of the University of Ghana Business School. The letter was presented to the Bole District Health Directorate for approval for the study. The participants gave consent to partake in the study by thumb printing or signing a consent form after the purpose of the study had been explained to them. Respondents were assured that their anonymity would be guaranteed during and after data collection to ensure privacy and confidentiality.

Data Analysis

Data were analyzed using Statistical Package for Social Sciences (SPSS) version 21. Descriptive statistics such as percentages and frequencies were used to summarize the demographic characteristics of respondents as well as the availability of healthcare facilities in the Bole district. To establish whether the observed variation in preference for Alternative and Orthodox Healthcare among different age groups and educational levels were statistically significant, a Chi Square test of independence was used to test the association between age, educational level and preference for Orthodox and Alternative Healthcare among the participants. Statistical significance was set at 0.05.

Results

Demographic Characteristics of Respondents

Details of the demographic characteristics of respondents of the study are presented in table 4.1

Table 4.1: Demographic Characteristics of Respondents

Variable	Category	Frequency	Percentage (%)
Age (years)	18-29	261	65.1%
	30-39	88	21.9%
	40-49	31	7.8%
	50-59	12	3%
	60 and above	9	2.2%
Total		**401**	**100%**
Gender	Male	234	58.4%
	Female	167	41.6%
Total		401	100%
Educational level	No education	37	9.2%
	Primary	44	11%
	Secondary	178	44.4%
	Tertiary	142	35.4%
Total		**401**	**100%**
Employment status	Employed	271	67.6%
	Unemployed	130	32.4%
Total		**401**	**100%**
Marital status	Single	233	58.1%
	Married	151	37.7%
	Divorced/widowed	17	4.2%
Total		**401**	**100%**

Religion	Christianity	186	46.4%
	Islamic	200	49.9%
	Traditional	15	3.7%
Total		**401**	**100%**
Income level	Less than 500 Ghs	234	58.3%
	500-1000 Ghs	89	22.2%
	More than	78	19.5%
Total	**1000Ghs**	**401**	**100%**
Distance to nearest health facility		210	52.4%
	Less than 1km	127	31.7%
	1-5km	64	16%
Total	Above 5km	401	100%

Source: Field Data, 2017.

Healthcare Facilities in the Bole District

Healthcare facility availability varied across the various locations in the district. Likewise, the services provided by these health facilities vary across the various health facilities in the Bole district, including;

1. Ante-Natal care and Family planning services.

2. Delivery services such as normal labour and Complicated/advanced delivery services including caesarean section.

3. Immunization of children as well as preventive and curative child health care.

4. Adolescent health services.

5. HIV counselling and testing, HIV/AIDS care and support services including antiretroviral treatment (ARV) therapy and prevention of mother-to-child transmission of HIV (PMTCT).

6. Diagnosis, treatment and management of chronic medical conditions such as tuberculosis, malaria and hypertension.

7. Surgical operations including basic surgical operations such as incision of minor lacerations and comprehensive surgical operations such as laparotomy and other related services such as blood transfusion.

Details of the Orthodox healthcare facilities available in the Bole District, the facility type and their number, number of communities they serve and their catchment population are presented in table 4.2a.

Health Institutions, Number of Communities Served & the Catchment Populations							
Hospital/Health Centers				CHPS Zones			
No.	**Facility**	**No. of Communities**	**Catchment Population**	**No.**	**Facility**	**No. of Communities**	**Catchment Population**
1.	Dist. Hosp.	170+	71,059+	**1.**	B/Nkwanta	6	2,687
2.	Bamboi HC	25	14,678	**2.**	Carpenter	6	2,070
3.	Bole HC	44	21,151	**3.**	Chache	6	1,656
4.	Jama HC	23	9,924	**4.**	Chibrinyoa	9	2,186
5.	Mandari HC	27	6,610	**5.**	Dakurpe	8	4,854
6.	Mankuma HC	22	6,610	**6.**	Gbenfu	7	2,849
7.	Tinga HC	29	12,688	**7.**	Kakiase	9	3,172
8.	St. Martyrs HC*			**8.**	K/Kwesi	5	1,807
9.	BOSEC			**9.**	Maluwe	4	3,131
10.	Clinic			**10.**	Sakpa	5	346
11				**11**	Seripe	8	2,773
12				**12**	Sonyon	4	2,681
13				**13**	Wakawaka	4	1,962
	Total	**170**	**71,661**		**Total**	**81**	**32,174**

Source: Adapted from the BDHD 2015 Annual Performance Review

Table 4.2a: Orthodox Health Institutions and their locations in the Bole District

The table 4.2b depicts the various healthcare services provided by health facilities in the Bole district, the authority owing or managing the facility, the operational status as well as the nature of their infrastructure.

Table 4.2b: Healthcare Services Available at Facilities in the Bole district

Availability of health facilities in the Bole District								
		Administrative information					Administrative information	
	Health Facility Type		Number(s) of Facility	Ownership/ Managing Authority	Location	Operational Status	Services offered	State of Infrastructure
Orthodox Healthcare Facilities	Hospital		1	Government	Bole	Operational	1-14	Good
	Public Health Centers		7	Government	Bamboi, Bole, Jama, Mandari, Mankuma, Tinga, BOSEC	Operational	1,2,3,5,6,7,13	2 Good 3 Satisfactory 2 Poor
	Mission Health Centers		1	CHAG	Bole	Operational	2,3,5,6,13	Satisfactory
	CHIPs		13	Government	Banda Nkwanta, Carpenter, Charche, Chibrinyoa, Dakurpe, Gbenfu, Kakiase, Kwame Kwesi, Maluwe, Sakpa, Seripe, Sonyon, Wakawaka	Operational	1,2,3,5,6,7,8	Satisfactory
Alternative Healthcare Facilities	Traditional Medicine		Several indigenous practitioners*	Private	In almost every community of the district	Operational	11,12	Mixed
	Herbal Clinic		1*	Private	Bole	Operational	11	Satisfactory
	Homeopathy		1*	Private	Bole	Closed	11	Satisfactory

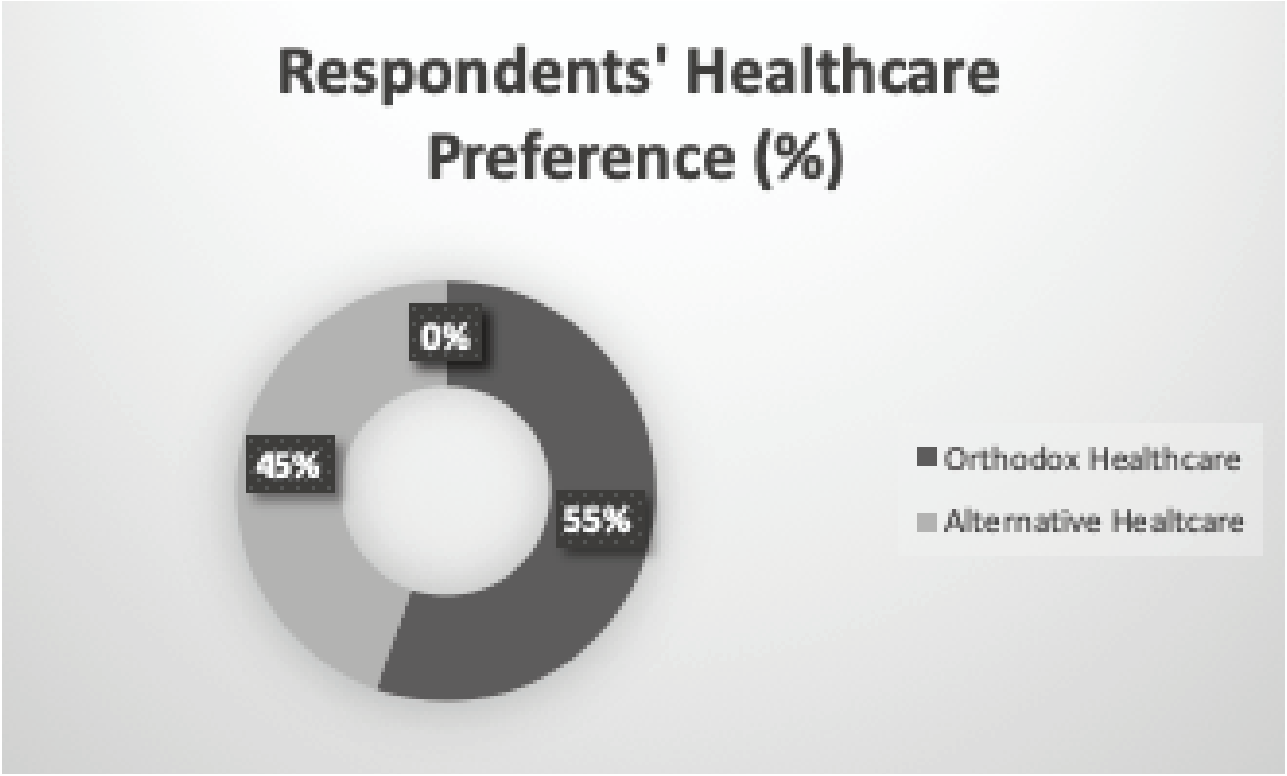
Source: Bole District Health Directorate, (2015)

[NB: Interpretation of services provided; 1-family planning, 2-antenatal care, 3-delivery services, 4-advanced delivery services, 5-child health immunization, 6-child health preventative and curative care, 7-adolescent health services, 8-HIV counselling and testing, HIV/AIDS care and support services, 9-antiretroviral treatment (ARV) therapy, /preventing mother-to-child transmission of HIV (PMTCT), 10-tuberculosis diagnosis/treatment, -malaria diagnosis/treatment, 11-chronic disease treatment/management, 12-basic surgery, 13-Comprehensive surgery, and 14- blood transfusion services]

Preference for Orthodox and Alternative Healthcare systems

The findings of the study showed that 55.4% of the respondents preferred Orthodox Healthcare to Alternative Healthcare. A total of 44.6% respondents also indicated they prefer Alternative Healthcare to Orthodox Healthcare.

Figure 4.3.: Community Members' Preference for Healthcare in Percentage



Community members' preference for healthcare services provided by either Orthodox or Alternative Healthcare facilities differed among the different age groups and educational levels. The study results showed a statistically significant relationship between community members' preference for either Orthodox or Alternative Healthcare and age (p-value = 0.013). There was also statistically significant relationship between respondents' educational level and their preference for healthcare (p-value = 0.000).

Discussions

The findings of the study reveal that although community members in the Bole District can easily access and use primary healthcare facilities such as the CHPS compounds and some health centers, most community members in the district have to travel long distances before they can access and utilize the services of a secondary healthcare facility such as a polyclinic and a hospital. These secondary healthcare facilities are located at Bole, Sawla or Wenchi, which are the nearby district capitals. There are seven (7) government-owned health centers and one CHAG health center as well as thirteen (13) Community-based Health Planning Services (CHPS) which provide primary healthcare services such as ante-natal care services, diagnosis and treatment of minor

health conditions such as simple malaria as well as conduct of normal birth deliveries. (BDHD, 2016). This information further supports the finding that primary healthcare services are more accessible and can be used conveniently by community members as compared to secondary or tertiary healthcare services in the Bole District.

Although some respondents prefer Alternative healthcare services, there were no health facilities solely dedicated for herbal medical practice such as herbal clinic or hospital, with the exception of some few retail herbal shops where over-the-counter herbal products are sold. This implies that the majority of respondents who use herbal products in the district either obtain them from herbal clinics or resorted to unlicensed herbal products from the local Traditional Medicine practitioners. However, with the inadequate standardization and professional bodies monitoring the activities of Alternative healthcare practitioners especially in rural areas (Opoku-Mensah & Ahenkan, 2015), it is quite difficult to know the exact number of Alternative Healthcare facilities operating in the Bole District. Two hundred and twenty-one (221) respondents, representing fifty-five percent (55%) of community members, indicated that they prefer Orthodox Healthcare system to Alternative Healthcare system, whilst the remaining preferred Alternative Healthcare to Orthodox healthcare. More importantly, there were statistically significant relationship between preference for healthcare service facilities (i.e., Orthodox and Alternative healthcare services) and educational level and age. With respect to education, the study showed that an individual's educational level had a positive association with preference for orthodox healthcare. More specifically, respondents without any formal education preferred Alternative to Orthodox healthcare, whereas people with formal education preferred Orthodox to Alternative healthcare. The issue of educated people preferring Orthodox to Alternative healthcare services has been reported by previous studies (Duruet al., 2016; Opoku-Mensah & Ahenkan, 2015). Duru et al. (2016) stated categorically that there was a significant relationship between educational level of individuals and their preference for orthodox healthcare. Consistent with previous studies (Duru, et al. 2016; Opoku-Mensah & Ahenkan, 2015; Nottidge, et al, 2011; Omonona, et al. 2012), the finding of the study showed that respondents who are young are more likely to use Orthodox healthcare services, whereas older respondents indicated preference for Alternative healthcare services.

Implications for Healthcare Delivery

Based on the findings of the study, it is reiterated that the capacity of some primary healthcare facilities should be upgraded into polyclinics to reduce the travelling time and distance of community members in remote areas of the country. The Ghana Health Service should integrate the services of qualified Herbal Medical Officers in some health facilities to meet the needs of clients who prefer herbal medicine. Appropriate measures on co-payment should be formulated by the stakeholders of healthcare, namely community members, healthcare providers and NHIS officials and the agreed measures should be well communicated to the entire community to ensure smooth cooperation between health providers and community members

Conclusion

The study has unearthed the availability of orthodox health facilities in the Bole District, as well as preference for Orthodox and Alternative healthcare facilities. The findings reported in this study could be beneficial to healthcare policy makers, healthcare providers and consumers. The findings would support discourses relating to integrating both Orthodox and Alternative Healthcare Systems in the modern healthcare provision to contribute to the attainment of Universal Health Coverage in Bole District.

Conflict of interest statements

The authors declare that there is no conflict of interest

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