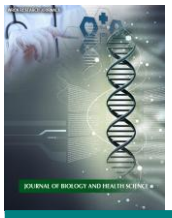

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Commentary

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Commentary on the Determinants of Utilization of Herbal Medicine Among Pregnant Women in the Asante Akim North District, Ghana

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Description

Although pregnant women in Ghana use herbal medicine to address their peculiar health problems, those in rural areas are more likely to use herbal medicine more than those in urban areas and income disparities are also more likely to determine the use of herbal medicine by expectant women in Ghana and other African countries.

There is a high percentage of the use of herbal medicine, especially by pregnant women, in sub-Saharan Africa [1]. Herbal medicine use during pregnancy is widespread in sub-Saharan Africa and prevalence of herbal medicine use during pregnancy varies significantly depending on the geographical location, ethnicity, cultural traditions and socioeconomic status [2,3]. In Ethiopia for example the high prevalence rate was based on eight studies [4]. There is thus the need for research on the use of herbal medicine by pregnant women in Africa, especially, given that herbal medicine relates to their cultural and traditional roots so is more suitable to them. Unfortunately, however, studies on the use of herbal medicine by pregnant women are scanty hence the need to work on such a study in Ghana [5].

In Ghana, some works have been done on the use of herbal medicine by pregnant women. These include those by Peprah et al. in rural Birim South District, Ayelynini et al. in the Tolon district in the Savana North and by Ameade et al. in Tamale, an urban district in Savana North [6-8]. These works are not enough to guarantee a realistic generalization of the findings. Many more research works in each of the ecological zones and rural-urban divides are thus necessary to serve as a basis for realistic and objective conclusion. Besides, a study of this nature required the use of a mixed methods approach where, apart from the use of quantitative data for analysis, qualitative data which analyze opinions are factored in in answering the research questions. Hence, whereas some findings might be confirmed in this research being commented on, others would require a critique based on current literature. The research being critiqued, used the quantitative approach to answer the research questions.

Based on the background, the thesis statement that is relevant for the commentary is: The use of herbal medicine by pregnant women is informed by socio-demographic and economic factors within the framework of residential space and mixed methods approach.

Over 82% of the respondents use herbal medicine. This is a confirmation of the literature at the time of the research and post research findings [9,10]. The trend is due to the fact that herbal medicine lies at the roots of the African culture. They are comfortable to use it due to its availability and low-cost implications. The low level of education in Africa, especially sub-Saharan Africa is also a predisposing factor. The World Health Organization's estimates that a considerable number of people in Sub-Saharan Africa (SSA) rely on traditional, complementary and alternative medicine to meet their primary health care needs, yet there remains a dearth of research evidence on the overall picture of its utilization in the region [11].

The findings of the research being critiqued show that, most regularly used herbal medicine among pregnant women were ginger and neem trees. Whereas the use of ginger is confirmed by previous research work several other herbs used regularly such as peppermint, thyme, sage, aniseeds, green tea and garlic confirmed by current research did not show [6]. Related research works in some developed countries confirm this finding [12,13]. A more thorough work on the types of herbal medicine used by pregnant women might have been lacking in this research.

One basic reason might have been the research design, quantitative design, used without a combination with qualitative design which delves into opinions of respondents. The non-use of the mixed methods approach in such a study was a serious flaw in the design used for this study.

The other controversial finding is that the major ailments (complications) faced by pregnant women in Ghana are bodily pains, malaria and abdominal pains. A current study on pregnancy complications in Ghana observed that the key pregnancy complications are anemia, preeclampsia, hypertensive disorders and frequent vaginal bleeding [14]. Whereas malaria which is a key tropical disease is very common in sub-Saharan Africa so its predominance cannot be controverted, bodily and abdominal pains are diseases that may not be specifically related to any cohort group. Diseases such as anemia, preeclampsia, frequent vaginal bleeding and hypertensive disorders could be specific to pregnant women. It was expected that at least one or two of such complications should have emerged from the field work. Some of these complications are confirmed by the World Health Organization (WHO) [15].

The inferential statistical results show that only income and religious affiliation influence the use of herbal medicine by pregnant women. Factors like marital status, age, occupation, education and place of residence do not determine the use of herbal medicine by pregnant women. In countries in sub-Saharan Africa, financial constraints affect the use of orthodox healthcare so pregnant women who are financially stressed would definitely be compelled to resort to herbal medicine which is cheaper and readily available. Recent studies show that socioeconomic status has implications for the use of herbal medicine [3,16]. Key among the socio-demographic factors is education. The educated are more likely to access orthodox medicine and rarely use herbal medicine. The educated pregnant woman is more likely to have good income so will have the capacity to access healthcare. She is also more likely to take an independent decision to uptake of healthcare due to her empowerment.

Another funding which is controversial is that place of residence (rural-urban) does not influence the use of herbal medicine by pregnant women. Location has been found to influence the use of herbal medicine by pregnant women [3]. Several factors could be adduced to defend the fact that rural pregnant women are more likely to use herbal medicine more than the urban. Firstly, urban women are more educated than the rural. There are more educational facilities to improve access to formal education by urban women. They are therefore more enlightened on the relative efficacy of the use of orthodox healthcare than the rural women. Secondly, they have better income opportunities than the rural so could afford the cost of healthcare. Thirdly, there are more adequate healthcare, especially maternal healthcare facilities so there is better access to such facilities than in the rural areas. Finally, facilities for health education and promotion are more available in the urban than in the rural areas so urban pregnant women have better access to health education and promotion more than her counterparts in the rural areas. On the contrary, the rural pregnant woman has limited income opportunities to be able to access healthcare. Employment opportunities are limited partly due to relatively low-level education. Secondly, the rural woman is more likely to be traditional-minded so is more likely to be comfortable using herbal medicine. Besides, in the rural areas there is easy access to herbal medicine than in the urban areas so there is the convenience in accessing herbal medicine.

Concluding, it could be asserted that, even though several findings of the research are in tandem with similar research works, a few of them required a more thorough investigation using the mixed method approach. The mixed method capitalizes on the complementary strengths of each method; allows for triangulation; is more flexible and increases survey response rates, among other benefits. The other issue about the credibility of the findings is that the district is predominantly rural. The urban component is not significant enough to generalize findings on the assumption that there was rural-urban parity. This factor could have obscured the finding on the difference in rural-urban use. Given the critique of the findings, the thesis statement could not be fully vindicated. It is thus suggested that researchers who embark on such investigation investigate work on either rural or urban locations to appreciate the dynamics of the use in each of these areas. Secondly, the mixed method approach must be used in such investigations.

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