



Changing the perception of the use of alternative medicines in Ghana

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Abstract: *Most Ghanaians generally perceived the use of Alternative Medicines as inclination, scientifically baseless, unsafe, ineffective, delayed in treating diseases, magical, imperfect, Ghana-made medicines, not of good quality, low-grade, cheap, and lacking standard measurement or dosage. The author's main reason for conducting this research was to determine the role of education in changing the perception of the use of alternative medicines in Ghana. The researchers considered public health education as a tool for changing people's perception of alternative medicines. The educational strategies such as the Trans-theoretical Stage of Change developed by Prochaska and Di-Clemente, the Rational Model, and the Diffusion theory were identified and critically examined as the right techniques that could change the perceptions of the use of alternative medicines. Finally, the writers identified teaching Alternative medicine in schools as one way of changing Ghanaians' perceptions. The researchers used both primary and secondary techniques to obtain data for the research. For the primary data collection, the researchers used interviews, questionnaires, and field observation to gather data. For the secondary data collection, the researchers obtained data from books, the internet, journal, publications, periodicals, and annual reports from organizations or institutions. The data gathered for this project work was analyzed quantitatively and qualitatively. The research's result or outcome was discussed and conclusions were drawn.*

Key Words: *perception of alternative medicine use*

INTRODUCTION:

Before the coming of Ghana's Colonial Masters and the introduction of orthodox medicines in Ghana, over 90 percent of Ghanaians' population relied largely on plants and other Alternative Medicines for the treatment of diseases such as paralysis (stroke), cold, headaches, and bleeding. A disease like gonorrhea was safely and effectively treated using alternative medicines in Ghana. However, some Ghanaians were experts in the cure of sexual weaknesses, preservation of dead bodies, childbirth, and its related problems, mental problems, and many others through the use of alternative medicines. A typical example was the treatment of fever by drinking a herbal mixture and the application of the vapor on the body. Ghanaian colonial masters saw these treatments as dangerous, unproductive, and harmful. In addition, owing to the widespread recognition and patent supremacy that natural medicine or alternative medicines have received, many authors criticized the medicines as being primitive and untrustworthy. Alternative Medicines practitioners were considered by these colonial nations as witchcraft, thrilling, and affirmed illegal. Surprisingly, during these times actions were taken to manage the auction of herbal medicines. To achieve this, alternative medicine practitioners were sent abroad to be re-educated. Paradoxically, they were trained as orthodox medicine practitioners. The training made most of them shun the use of A. M and begin practicing orthodox medicine. Eventually, these practitioners forgot entirely about the use and application of these natural medicines. Convincingly, the steps these nations took made the use of alternative medicines unpopular in Ghana. Today, the common diseases which were treated with herbs and other forms of alternative remedies are the diseases killing our rural folks. Over 70% of the population in Ghana lives in

rural areas and does not have entrance to healthcare services. Many of these rural folks are disappearing due to their remoteness from orthodox hospitals. At present, less than 28 percent of adults and 8 percent of children only use alternative medicines in Ghana (Ghana Health Service Report 2010). After these colonial nations have succeeded in creating negative perceptions about A.M., they realized the importance of the therapies. They have integrated alternative medicines into conventional medicines in the treatment of diseases at their hospitals. They have established educational institutions to study more into A.M. Their studies made A.M. popular. These have promoted or improved their healthcare delivery system. For instance, besides the progress in the integration of Complementary and Alternative Medicines (CAM) and indeed conventional medicine in health care institutions and individual practices, clearly, the number of health professional education programs that are actually teaching CAM is also growing. Evidently, Park (2002) indicated that the study of complementary and alternative medicine topics in the medical school curriculum help to elucidate the complex and uncertain nature of the medical practice indeed sharpens skills for clinical decision-making, increases cultural sensitivity, and eventually provides ideas for future research.” In 1995 the Alternative Medicine Interest Group of the Society of Teachers of Family Medicine surveyed U.S. medical school departments of family medicine and all family medicine residency programs to determine the extent to which CAM was being taught in medical schools. Statistically, investigations show that in 1995, complementary and alternative medicine (CAM) was indeed taught in thirty-four (34) percent of U.S. medical schools. In addition, twenty-eight (28) percent of CAM was also part of the U.S. family practice residency programs as the 1995 investigation shows. Evidently, the number of medical schools in the U.S. that are offering academic courses in complementary and alternative medicine-related topics indeed went up from forty-five (45) out of one hundred and twenty-five (125) schools to seventy-five (75) schools in 1996–1997 and 1998 academic years respectively. (Wetzel 2003) 1. Clearly, research proved that the number went up to ninety-eight (98) medical schools in the 2002–2003 academic year (Barzansky 2003) 2. Truly, many types of research conducted in Ghana recently only focus on herbs development and how to regularize alternative medicines. Although a lot of herbal medicines are prepared and sold in the market, the majority of Ghanaians are not patronizing due to the perception they have about the medicines. Therefore, this current research looks at how to change the perception Ghanaians have about alternative medicine use in Ghana.

1.0 LITERATURE REVIEW:

2.1 Institutions teaching alternative medicines

Along with the growth in the integration of CAM and conventional medicine in health care institutions and individual practices, the number of health professional education programs that are teaching CAM is also growing. Park (2002) writes, “The exploration of complementary and alternative medicine topics in the medical school curriculum helps to elucidate the complex and uncertain nature of the medical practice, sharpens skills for clinical decision-making, increases cultural sensitivity, and provides ideas for future research.” In 1995 the Alternative Medicine Interest Group of the Society of Teachers of Family Medicine surveyed U.S. medical school departments of family medicine and all family medicine residency programs to determine the extent to which CAM was being taught in medical schools. The results showed that in 1995 CAM was taught in 34 percent of U.S. medical schools and 28 percent of family practice residency programs. The number of medical schools offering courses on CAM-related topics rose from 45 of 125 schools in the 1996–1997 academic year to 75 schools in 1998 (Wetzel 2003) and 98 medical schools in the 2002–2003 academic year (Barzansky and Etzel, 2003). To gather information about the specific topics being taught and the objectives behind the instruction, Brokaw et al. (2002)⁴ surveyed 123 CAM course directors at 74 U.S. medical schools. They found that the most typical course was an elective and that most of the courses (78.1 percent) were taught by CAM practitioners or by those who prescribe CAM therapies. A survey of family nurse practitioner program directors found that 98.5 percent of the 141 respondents reported that their programs included CAM-related content and that most of these (80.3 percent) integrated the CAM content into existing courses. A survey of 627 medical schools, school of nursing, and college of pharmacy faculty and students at the University of Minnesota found that 88 percent of the faculty respondents and 84 percent of the students believed that CAM should be included in their schools' curricula (Kreitzer et al., 2002)

1.1 Learning and Teaching

Learning is the comprehensive activity in which we come to know ourselves and the world around us. It is a paradoxical activity: it is doing and submitting at the same time. And its achievements range from merely being aware, to what may be called understanding and being able to explain. In each of us, it begins at birth; it takes place not in some ideal abstract world, but in the local world we inhabit; for the individual it terminates only in death, for a civilization it ends in the collapse of the characteristic manner of life, and for the race it is, in principle, interminable. The activity of learning may, however, be suspended from time to time while we enjoy what we have learned.

2.2 Theoretical principles

Most Ghanaians generally perceive the use of Alternative Medicines as inclination, scientifically baseless, unsafe, ineffective, delay in treating diseases, magical, imperfect, Ghana-made medicines, not of good quality, low-grade, cheap, and lacking standard measurement or dosage. Indeed, most researchers and health professionals condemned this traditional healthcare system. Academically, framers of academic curricula and policies do not include the teaching of Alternative medicine courses in schools. Truly, the majority of Ghanaians are actually not getting their medical headway using orthodox medicines. Evidently, there is research on alternative medicine use that does not look at changing the perception most Ghanaians have about its use. However, the writer looks at how to change this perception Ghanaians have about Traditional medicines.

3.0 MATERIALS

3.1 Introduction

This chapter deals with the tools the researchers use for gathering information for the course work. The researchers' main sources of gathering data for this research work were primary sources and secondary sources.

3.2 Primary data

The primary data were obtained from the Department of Herbal Medicine, KNUST, herbal clinics, traditional herbalists, hospitals, pharmacists, patients, priests, journalists, and individuals. The techniques or tools the author used to gather primary data include interviews, observation, and a questionnaire

3.3 Secondary data

Pertinent information from the internet, books, publications, periodicals, journals, press releases, and annual reports from organizations or institutions were the sources from which secondary data were obtained for this research work.

4.0 METHODS

4.1 Interview

The researcher designed a series of questions which were made up of five (5) unrestricted type questions and ten (10) close-ended type questions. These questions were administered to the chosen people. The interviewers avoided the most important questions which might lead the interviewee to the expected results absolutely for the duration of the interview. The writers also conducted the interview through telephone calls especially targeting individuals who were not able to attend to the interviewers due to their busy schedules during the day. In all, two hundred persons from each of the ten selected communities were interviewed. Also, three herbal clinics were chosen and out of these, five staff from each clinic was interviewed. The Doctors and five patients from each of these clinics were also interviewed. However, the Principal, five students, and three lecturers at the Department of Herbal Medicines at the College of Integrated Healthcare were interviewed. In addition, two priests were also interviewed. Indeed, the Departmental Head, of Plants, and Alternative Medicines, KNUST was officially contacted for an interview. Surely, a total of two thousand and thirty-four (200) respondents were interviewed.

4.2 Questionnaires

Interestingly, there were sequences of questions that target respondents were made to answer. In all, ten questions were well thought-out and were close-ended types only. The questions were administered to students at the College of Integrated Healthcare, hospital staff, pharmacists, patients, and individuals in the form of an interview. Truly, the questions were administered to thirty (30) respondents.

4.3 Observation

To start with, the researchers made observations in two pharmacy shops in Edubiase, Ataasi Clinic, District hospital, and the ten target communities. However, the observations were based on the patronage of alternative medicines amongst patients, common diseases pertaining to the selected communities; medicinal resources in the communities, the stress patients go through at the hospital facilities, sources of information, and the cost of conventional medications. The observational methods used were unstructured observation, participatory observation, covert observation, and overt observation

5.0 DISCUSSIONS AND DATA ANALYSIS

5.1 Discussion on educational strategies to change behavior

The study shows that 102 of the respondents constituting 51% do not have any idea about the existence of alternative medicines and have not in any way attempted to use the therapies. This grouping of respondents forms the greater part of the communities and falls between the ages of 12-34 years. The research result indicates that 70 out of 200 respondents forming 35% do accept the existence of alternative medicines but have not used the therapies before. This cluster of people falls between the ages of 35-39 years. Respondents with age variety 40-90 years respond that they are aware of the continuation of alternative medicines and have been using the therapies. This age cluster constitutes only 14%.

This analysis made the researcher use or adopt the Trans-theoretical Stage of Change which was developed by Prochaska and Di-Clemente. The use of this form or model had been there for years just to better assess an individual's level of willingness for amendment in conduct. Although this system was designed to be used in the health check field, after cautious study and analysis, the replica could equally be effective or applicable in the field of alternative medicines. The system had five segments of receptiveness for change. People did not of necessity progress all the way through them in a straight or linear form, but might go backside and forward along the stages as they moved violently to change their manners over time. The writer also provided the needed strategies at every stage which might cause a change in the individuals to grip alternative medicines' use.

The first stage of the model is pre-contemplation where 51% of respondents are found in the current study as indicated in Table four (4) above. At this stage, an individual has no intent or consideration of changing his or her manner. They are basically not aware of a call for alteration. They may be familiar with the need but have no attention or aspiration of making any amend. For example, a persistent malaria patient has no idea about any alternative remedy for treating the parasite completely. All that the patient knows is the symptom treatment medicines. As the study shows, individuals under this stage are not aware of alternative medicines and for this reason call for awareness creation. However, the awareness creation message should focus on the existence of alternative remedies and their importance. This can be done through personal dialogue, radio adverts, seminars, debars, and the use of opinion leaders and opinion followers in the communities. Personal dialogue, seminars, and debars are done by meeting the communities or the individuals involved. As radios are widely used in the selected communities, it is useful to run adverts on this medium with the message. Opinion leaders are exceedingly esteemed persons in the communities from whom folks acquire information. They are people who contain superior revelation and are able to bring to bear individual control as a result of their influence, education, and class in the community. The purpose for which these channels are used is to inform the public about the reality and the value of alternative medicines. For the message to be acknowledged and understood, it is imperative to deem the language of the addressees, their edifying background, the time or occasion to deliver the message, and the culture of the people. Presumably, local languages should be used for better understanding. The instructive background is well thought-out in order to blueprint the message either in a written form or verbal form.

The contemplation is the next stage that the model contains. Under this stage, people possibly be pondering or thinking about a modification. For reason that they may be fed up, by the way, the existing remedies have been consistently failing them. This can be the orthodox drug users who have realized the need to stop seeking Western

healthcare remedies. The basis is that they are not in receipt of quality healthcare in spite of the gigantic amount of money they may be spending. In this situation, clients may remain pending an alternative medicine provider to make a recommendation. As they are looking intently for alternative healthcare, it is a viewpoint for alternative healthcare practitioners to create in the minds of these patients or clients the benefits they may derive from using alternative remedies. For this to be achieved, constant adverts should be made on the radio and TV. Significantly, religious bodies, testimonies, friends, families, and debars should be used as channels to cause change. The communication at this phase should focus on safety, efficacy, accessibility, and where to get the therapies. The promotional tools to be used to carry the message should be radio, seminars, debar, personal dialogue, communication centers, and religious bodies or centers. However, testimonies from the therapies' users are presented to the audience. The message should be continual at a standard intermission with the local languages or the language of the people. Once a person reaches the preparation stage, he collects information and assesses his /her skills required to effect the change. The individual in the preparation stage is often gathering information perhaps asking others what they should do next. Under this stage, the negative effects orthodox drugs have on individuals are emphasized. In addition, the message should focus on the benefits, safety, efficacy, cost-effectiveness, side-effect, and the natural nature of the therapies. Obviously, individuals should be reminded constantly about the therapies in order to persuade them. This can be done through radio, TV, debars, and seminars. In addition, it is important to involve individuals who have used the therapies to give testimony on how the therapies have helped them and the various diseases they treated with the medicines. The persuasion may cause the individuals to take action on the use of the therapies. Under this stage, it is also important to know the friends of the target individuals so that these friends can be used as a means or a channel to effect change. The maintenance stage is a crucial stage as far as the model is concerned. Under this crucial stage, individual needs are constantly maintained. It must be stated clearly that any change at this stage may result in reversion to the old unhealthy behavior. The value of the medicines must be maintained. However, the medicines should be made available to the users and call them or let them be aware of any amend in the therapies. This can be done through radio or opinion leaders. The use of the radio helps to remind the individuals about the magnitude and the reality of the healing. Let me speed up to add that it is vital at this point to habitually call the folks on the phone and make inquiries from them about what they undergo for using the medication. It is equally imperative to let them realize that they are part of the team. Additionally, the protests they may lodge should be considered and attended to accordingly. The communiqué to the population may be the turnover on or after applying the alternative medications. It is essential at this stage to encourage them to keep on using alternative therapies. However, the declaration or the message may possibly include the harm associated with the use of orthodox medicines.

5.2 Discussion on Diffusion Theory

Innovators: This cluster of people is portrayed as an undertaking source. They are people geared up to attempt alternative medicines at a number of perils. This group has the propensity to be young and at a similar time high in communal and economic position. Study shows that this cluster of individuals makes up only 2.5% of the target inhabitants. This group of individuals is less reliant on group custom, and supplementary self-confidence and is more prone to attain their information from technical foundations and professionals. It is imperative to uphold educational communiqué at this episode by means of live indication and confirmation of infections healing wherever these folks get hold of their information which can be through radio, TV, and many others.

Early Adopters: Early adopters are a cluster of people directed by vigilant. They are view or opinion leaders in their areas and take on new conceptions like alternative therapies before time but watchfully. This set of individuals forms 13.5% of the inhabitants. They are greatly more dependent on crowd standard principles than the innovators. They are greatly extra oriented to the neighboring vicinity than the innovators who are from a more multi-ethnic point of view. Early adopters are extra possible to be judgment leaders owing to their more rapid association to crowds and are looked upon as the innermost grouping in deciding whether a new item for use will be victorious in view of the fact that they are more to be expected to put on the air declaration of mouth influence. Since this group is the prospective determinant of alternative medicines' use, it is supplementary vital to educate them on security, superiority, worth, and natural healing supremacy. Also, it is imperative to edify

these individuals on the risks coupled with orthodox medicines. When the panic is formed with live videos to prop up the threat may cause a change in them and other groupings that get hold of information from them.

Early Majority: The early majority are the individuals who form 34% of the population. This cluster of people premeditates more cautiously before agreeing to a product. They bring together additional information and weigh it up before thoughts about using the product. Therefore, the procedure of implementation takes a prolonged period. It is, therefore, significant to make available more information in relation to alternative medicines on their importance, safety, efficacy, cost-effectiveness, quality, and their less side-effect. It is also crucial to talk about the harmful impacts Western medicines have on humans like only curing symptoms but not diseases and how the drugs make the body fertile for other non-communicable diseases. The study indicates that this assembly acquires information from the internet, print media, and radio programs and expects. Therefore, communications to this cluster are to be made available on the above sources or channels. The language used must be simple and should be understood by the group. Since it takes longer for individuals in this group to adopt alternative therapies, it is important to remind these individuals constantly.

Late Majority: This group of people in the late majority is cynical. They implement improvement no more than after the bulk of the people has attempted it. Study shows that several common pressures from their own groups are involved before they make an effort to use the product. They have the inclination to be below standard in a community position, proceeds, and education. Individuals depend on the remark of mouth communication to a certain extent than mass media. These individuals constitute 34% of the target population. Since people in this group cannot read, it is more important to use personal dialogue, seminars, debars, or peers of the target group to induce them. To achieve this, the value the group may derive from the use of the alternative remedies in terms of the safety of the therapies, the efficacy of the medicines, and their quality are mentioned to the target group. However, engaging habitual users to fling more beams on the medicines in the form of proof may have an immense impact in building the group to espouse the remedies. The education at this stage should be constant in order to reminiscent the individuals for them to use the medicines. It is more important to retain the communications with audio-visual educational materials for improved understanding.

Laggards: The laggards are the last group of individuals to implement any brand of novelty. They are always doubtful of alter. This group agrees to modernizations only because of several collective combination persuasions. This group is self-governing because folks in the group are tradition-bound with pronouncements made in conditions of history. They are the lowest socio-economic class in the communities. Under this scheme, health-enlightening communications ought to be reliable to strike a chord on the reality of alternative therapies through radio and TV advertisements, debars, seminars, opinion leaders, and testimonies.

5.3 DATA ANALYSIS

Records self-possessed were put together and kept in arithmetical tables and graphs. Justification of the analyses was presented in a qualitative and quantitative form. The data gathered for this research were presented in frequency distribution tables for analysis. The justification and records obtained from the interviews were converted to English. The most important ideas and concerns of the respondents were condensed and presented.

6.0 FINDINGS

6.1 Findings on educational strategies to change behavior

Table one (1) below showed the knowledge level of Ghanaians on the use of alternative medicines (Alternative Medicine existed and have used before, Alternative Medicine existed but have not used before and Alternative Medicine did not exist).

RESPONDENTS	AM existed and have used before	AM existed but has not used before	AM did not exist
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AGE(YEARS)	40-90	35-39	12-34
NUMBER	28	70	102
PERCENTAGE (%)	14	35	51

TABLE 1

FIGURE 1

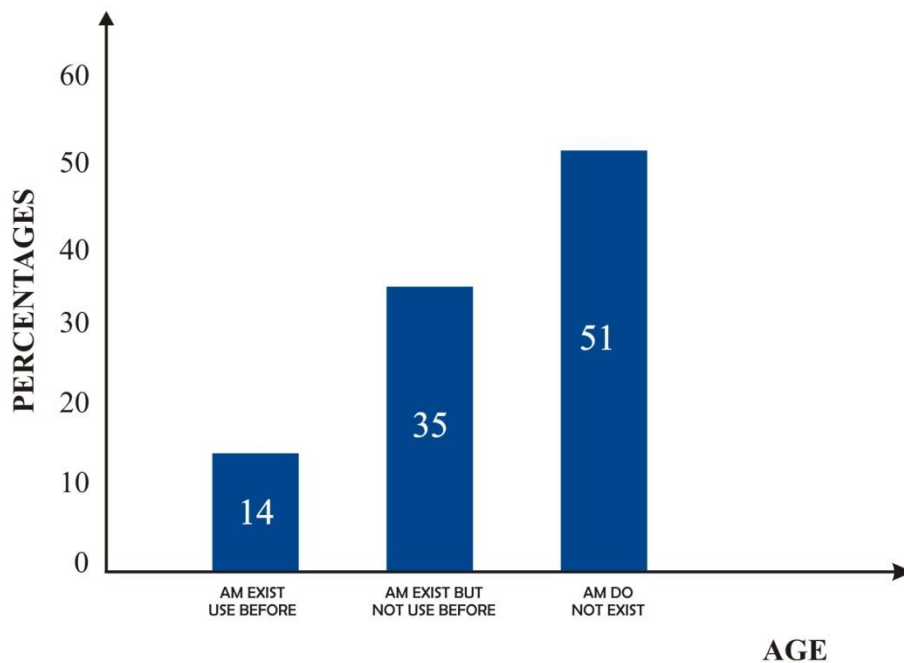


TABLE 2

STAGE	STRATEGY	MESSAGE
Pre-contemplation	Use of opinion leaders and opinion followers, use of debars, advertisement through radios, TV, billboard, etc	1. Existing of AM 2. Importance of AM
Contemplation	Testimonies, Adverts on radio and TV, use of religious bodies, friends, and family, motivate, encourage and debars.	Safety, efficacy, accessibility, and Place of purchase
Preparation	Persuading through radio, TV, personal dialogue, use of opinion leaders and followers	Safety, benefits, cost-effectiveness, and negative side of OM
Action	Persuading through radio, TV, personal dialogue, use of opinion leaders and followers, problem-solving, reinforcement, social support packaging and labeling	Benefits, safety, cost benefits, efficacy, and where to get the therapies
Maintenance	Look for individual interest, maintain quality and standards, telephone calls, involve individuals in decision-	Benefits of AM, Keep on using AM, and Side-effects of Orthodox Medicines

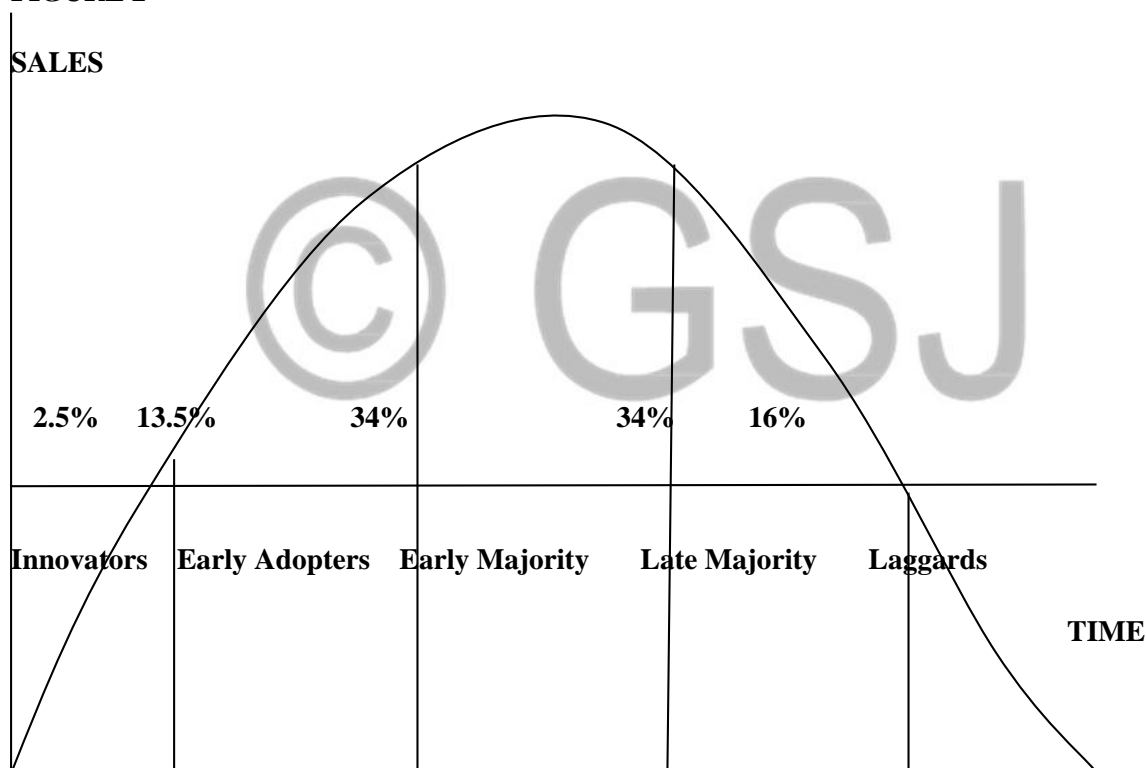
	making, reminder, reward, and persuade people through the media	
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6.2 Finding on Diffusion Theory

It is a reality, on the other hand, that individuals hold opposing views on their willingness to attempt or assume fresh creation because they vary entirely in their worth point of reference. Adoption is the progression by which folks turn out to be dedicated to the use of a new item for consumption. Roger and Porter in their study called these dissimilarities in accepting a new item for consumption as diffusion. The diffusion theory is expressed as an ordinary announcement in which communiqué is purged on a new thought or produce. When new medications are brought in, individuals use the preparation as it surpasses through a lifecycle. Normally, there are five adopter clusters. These clusters are innovators, early adopters, early majority, late majority, and laggards.

The diagram (figure 2) below shows the five stages of adoption and their percentages.

FIGURE 2



7.0 RESULTS

7.1 Use of rational model

The rational model also recognizes as information, manners, and performance replica is a model which has an enlightening line of attack to give the confidence to target folks on optimistic and pessimistic health conduct choices. The model is footed on the grounds that raising persons' understanding resolves in promoting a manner alteration. The model presupposes that the only impediment to stand in dependably and logically is unawareness and that information only may persuade manners by satisfying

this need for comprehension. The attempt to give confidence to individuals to take on well-being applications depend heavily on high-ranking message in health edification promotion. In such health communication, prospective hazards that look forward to those using mainstream medication are pointed out, and proposing alternative mixtures as the most excellent treatments for taking care of infections. In addition, the physical condition communication ought to panic or discourage the individuals from adopting orthodox medicines and also make available the needed information regarding alternative remedies. The instructive backing or communication may be geared up through radio, television, seminars, personal dialogue, opinion leaders, and opinion followers. The use of individuals who have useful information with reference to the harmful collision mainstream drugs have on them and how they are salvaged by alternative remedies in the form of authentication may have an enormous impact in encouraging manners alteration.

7.2 Teaching alternative medicines in Schools

The study showed that 51% of the target inhabitants varying from 12 years to 34 years did not accept true continuance and the healing worth of alternative medications. The study also pointed out that an aging cluster varying from 35 years to 39 years had not used any form of alternative prescriptions. Another study showed clearly that the majority of folks in these age groups were in schools. Statistics signified that 45% of these age sets were in basic schools, 30% in second-cycle institutions, and 25% in tertiary institutions (Source- 2010 Population Census). Therefore, there was a call to educate these groups of people from the basic level to the university level by beginning alternative medicine lessons to build understanding regarding the survival of alternative therapies and to launch the students to the economic significance, safety, quality, and advantages of A. M over the orthodox remedies and effectiveness of the customary medication. There was a call to make these classes so realistic that students might be able to take care of some common infections such as headaches, malaria, and snake bites using aromatic plants and other forms of alternative medicines. Through this some if not all of these individuals might take on the use of the therapies and might build up interest in alternative practices which might supply a foundation of employment.

8.0 RECOMMENDATIONS

Interestingly, to revolutionize someone's manners or behavior, it is significant to be aware of the person's condition of mind. Many Ghanaians find it complicated to use alternative medicines. Even though they are not being served well by the symptom-treating doctors, they go to them anytime they are sick. In spite of the high cost of Western medicines, some people still search for medical care from these practitioners. As a result of these, the writer indeed wishes to make some recommendations and hopes that adherence to them will indeed help change the perception of Africans on the use of alternative medicines:

1. To include the teaching of alternative medicine courses in our schools starting from the upper primary to the Universities. These alternative medicine courses should be made compulsory at various educational levels.
2. To include alternative medicine products in our health insurance scheme where clients would have to make health treatment choices at the health facilities.
3. To limit the importation of orthodox medicines and encourage traditional medicine formulators to formulate standard alternative medicines to solve our clinical conditions.

9.0 CONCLUSION

The use of alternative medicines in Ghana will benefit the present and the generation yet unborn in terms of employment, socio-economy development, and holistic health care (Kay Koontz). Today, diseases that we used to cure using alternative therapies are diseases killing many Ghanaians because we have abandoned our traditional healing healthcare Park (2002). Do we as Ghanaians have to be diminishing out of curable diseases? Why do we have to adopt foreign cultures and to the extent of teaching these foreign cultures in our educational institutions? The temperature in Africa is different from that of other continents and the geographical location of a country or continent determines the kind of disease and its treatment method. The researcher suggests that AM curing modalities must not be seen as uniform. The multiplicity that is present within AM just as in conventional medicine needs to be discovered on an individual modality foundation and examined within the cultural and political fields in which it occurs. However, the cultural and political as well as medical significance of AM modalities will permit the general practitioner to take action more suitably for his or her individual patients. When AM gives pay no attention to conventional medicine or fail to transfer their clients or patients to regular medical practitioners, wrong treatment and inadequate healing may occur. A patient's or client's pronouncement to depend completely on cultural healers or AM practitioners without conventional healing could be dangerous to his or her continued existence. However, to ensure that there is enough interaction between conventional medical practitioners and Alternative Medicine (AM) providers, a vigorous and synchronized binder must be taken to evaluate AM modalities and schemes for suitable integration of alternative therapies that are feasible into health care practice and policy.

Education is defined as the method of schooling and teaching. However, education is also defined as to guide. Obviously, education reassures the good qualities in citizens and draws the most excellent in folks. The word education is used for the growth of individuals in the cognitive, sentimental, and psychomotor spheres of influence. Education in addition entails an attractive modification in human conduct through the progression of coaching and learning.

Interestingly, to revolutionize someone's manners or behavior, it is significant to be aware of the person's condition of mind. Many Ghanaians find it complicated to use alternative medicines. Even though they are not being served well by the symptom-treating doctors, they go to them anytime they are sick. In spite of the high cost of Western medicines, some people still search for medical care from these practitioners. However, rural communities in Ghana do not have access to Western healthcare facilities and for this reason, they cover several distances to these health facilities on deprived roads and upon arriving join the lengthy stressful queue. The way traditional medicines have been sighted in the minds of the individuals in Ghana by Western medical doctors and the colonial nations has made most of them see alternative therapies as bad. Some do not even know that alternative therapies exist. This chapter of the result critically looked at the health education strategies that would help change Ghanaians to adopt alternative medicines as their foremost healthcare for holistic health delivery.

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2. Author's Biography

Mr. Ayittey Elkanah Frederick is a Clinical Psychologist/Medical Counselor at Aspen Medicals in Abu Dhabi and also at Todah Hospital, a global healthcare service provider in many parts of the world including Australia, the USA, the United Arab Emirate, and some countries in Africa. He holds a Master of Philosophy Degree (MPh.I) in Clinical Psychology, a Master of Science in Biological Science, a Bachelor of Science in Integrated Science Education, and a Certificate in Basic Life Support (BLS). Mr Ayittey Elkanah Frederick was an Assistant Lecturer, Tutor, and teacher. He is also the HOD of a Physiotherapy unit at Todah hospital

2.4 General Objective

To change the perception of alternative medicine use in Ghana

2.5 Specific Objectives

1. To examine how educational strategies can change behavior.
2. To examine how the rational model can be used to change the perception of the use of alternative medicine.
3. To determine how teaching alternative medicine in schools can change perception.