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## Medical pluralism, healthcare utilization and patient wellbeing: The case of Akan cancer patients in Ghana

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### ABSTRACT

**Purpose:** As cancers increase in Ghana and in many low-and middle-income countries, healthcare utilization has become critical for disease management and patients' wellbeing. There is evidence that medical pluralism is common among cancer patients in Ghana and many other African countries, which results in lack of adherence to and absconding from hospital treatments. The objective of this study was to examine ways in which beliefs in disease causation influence medical pluralism among Akan cancer patients in Ghana.

**Methods:** A qualitative research approach was employed in this study. In-depth interviews were conducted for thirty (30) cancer patients who were purposively recruited from Komfo Anokye Teaching Hospital in Ghana. Thematic content analysis was used in analysing data.

**Results:** Our findings revealed that cancer patients ascribed both physical and spiritual causality to their illness. As such, they combined orthodox treatment with spiritual healing and herbal medicine. Regarding the order of therapeutic search, patients reported to herbal and spiritual centres before going to the hospital, a phenomenon which contributes to the late reporting and diagnosis as well as bad prognosis of cancers in Ghana.

**Conclusion:** The findings of this research elucidate the relationship between culture and health care choices of cancer patients in Ghana. Increased awareness creation is crucial in eradicating myths surrounding cancers in Ghana.

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### Introduction

Cancer diagnosis evokes anxiety, fear, uncertainty and desperation about survival and efficacy of treatment (Powe & Finnie, 2003). Such response is likely to be more intense in low- and middle-income settings, such as West Africa. Here advancements in biomedical technology and health infrastructure are low, and there is a dearth of oncology experts (Ayandipo et al., 2020). It is estimated that over 70% of patients in Ghana are using Complementary and Alternative Medicine (CAM) for disease treatment and management. Thus, the preponderance of medical pluralism among cancer patients is not surprising (Asobayire & Barley, 2015; Atobrah, 2012; Mburu et al., 2021).

As cancers and other non-communicable diseases increase in Africa in accordance with epidemiological projections (Sung et al., 2021), it is likely that conventional health system will become overstretched. Cancer has increasingly become a major public health problem worldwide. Global cancer statistics point to 19.3 million new cancer cases and close to 10 million cancer deaths in 2020 worldwide (Ferlay et al., 2021; Sung et al., 2021) It has been projected that the global cancer burden will

increase to 28.4 million new cases by 2040, representing an increase of 47% compared with figures for 2020. The increase in cancer incidence is projected to be higher in developing countries (64% to 95%) compared to developed countries (32% to 56%) (GLOBOCAN, 2020). The rise in cancer incidence is attributed to demographic changes and risk factors associated with globalization (Sung et al., 2021).

In Ghana, breast cancer had the highest incidence (18%) in 2020, followed by liver (14.4%), cervix uteri (11.6%), prostate (8.9%), and non-Hodgkin lymphoma (5%) (Sung et al., 2021). Although most cancers are treatable when detected early, in Sub-Saharan Africa and Ghana, there is usually a late diagnosis of cancers. This results from limited biotechnology and socio-cultural factors, including inadequate awareness of cancer, high rates of illiteracy, limited access to biomedical infrastructure, and poverty (Bonsu, Ncama, & Halama, 2019; J. Clegg-Lamptey et al., 2009). The late reporting and diagnosis have led to high cancer death rates in Ghana (J. Clegg-Lamptey et al., 2009; Wiredu & Armah, 2006).

The most crucial pursuit of cancer patients is to find a cure and medical treatment for their illness. Yet, the

desperation, fear, and anxiety of patients and their families usually causes them to resort to multiple sources of medical care (Atobrah, 2012). This phenomenon has contributed to the late reporting of cancer patients to hospitals leading to late detection and diagnosis (J. Clegg-Lamptey et al., 2009). Medical pluralism constitutes the “concurrent utilization of multiple therapeutic modalities” including both conventional and complementary and alternative medicine (CAM) (Chowdhuri et al., 2022; Sundararajan et al., 2020). Several factors determine the use of pluralistic health-care including demographic or personality trait, cognitive, social, spiritual, and philosophical determinants (Chowdhuri & Kundu, 2020; Chowdhuri et al., 2022; Thomson et al., 2014). Within the context of late cancer presentation, relatively high mortality rates and low survival rates of cancers in Ghana, medical pluralism has been problematized for the lack of adherence to conventional cancer therapy (J. Clegg-Lamptey et al., 2009; Obrist et al., 2014). Responses to chronic diseases are not perfunctory but underpinned by experiences, meanings, interpretations and beliefs on illness and have ethnic variations (Kleinman, 1978, 1980). It is against such backdrop that this paper interrogates the ways in which the disease causal explanations held by cancer patients influence medical pluralism among Akan cancer patients.

Research shows the lack of adherence to cancer treatment, absconding and resorting to alternative treatment (Atobrah, 2012). This disrupts conventional treatments, results in poor health outcome and late presentation to health facilities (Bonsu, Ncama, & Aborigo, 2019; J. N. A. Clegg-Lamptey et al., 2009, 2009; Ohene-Yeboah & Adjei, 2012). While it is known that religious attribution accounts for much of the lack of adherence to cancer treatment, besides costs, much of the studies have been general and not examined deep ethnic theorization of cancers in a concerted manner. As the cancers increase in Ghana (Soerjomataram & Bray, 2021; Sung et al., 2021), it is necessary to deepen our understanding of the interpretations to explore the intersections between culture, religious beliefs and medical pluralism among Akan cancer patients.

For most chronic diseases, alternative medicines have been found to add value alongside conventional medicines, as patients have multiple and often contradictory explanatory models of disease (Ayinde et al., 2021; Kleinman, 1978). Traditional treatments can offer individualized psychosocial and communal support alongside orthodox treatment (Ayinde et al., 2021). There have been several initiatives to align traditional and orthodox treatment in Ghana (Appiah et al., 2018). Research with mixed stakeholders has explored approaches and barriers (Kwame, 2021). Differences in philosophies of knowledge, value systems as well as a lack of

mutual respect for traditional healers from health-care professionals hinder integration (Kwame, 2021).

However, little is known about how cancer patients make their health care choices and what influences the treatment options they use. This study adopts a qualitative research approach to explore:

- a. The beliefs and conceptualizations of cancer patients about their illness causation.
- b. How these beliefs and conceptualizations influence patients’ healthcare choices.

### ***Disease aetiology and Akan Concept of illness***

Scholars have used two main broad explanations to illness causation. While Foster (1976) classifies them into personalistic and naturalistic explanations to illness causation, Murdock et al. (1976) refer to theories of supernatural and natural causation. Personalistic or supernatural theory of illness causation explain disease as caused by the active purposeful intervention of an agent who may be human (witch, sorcerer, or other) or non-human/supernatural (ghost, ancestor, a deity, or some powerful being). Naturalistic theory of illness causation, on the other hand, accounts for illness as a physiological consequence of the victim in a manner that seems reasonable to medical science (Foster, 1976; Murdock et al., 1976). Disease is thought to stem from natural forces such as cold, heat, winds, dampness, and above all, an upset in the balance of the basic body elements (Helman, 2000). Societies interpret their universe in two (but not mutually exclusive) ways and on the basis of their interpretation of occurrences. It is based on this interpretation that they choose certain patterns of behaviour. Helman (2000) indicates that beliefs about anatomy and physiology which involves the optimal shape, size of the body including the clothing and how the body functions are influenced by social and cultural backgrounds and have significant effects on the individual. There is substantial literature that suggests a person’s beliefs about the aetiology of a condition is influenced by cultural and social factors and this can impact their mental wellbeing and health-seeking behaviours (Broadbent et al., 2015; Cannon et al., 2022; Hagger & Orbell, 2022).

The Ghanaian population is made up of ethnically diverse societies. About 47% of the population belongs to the Akan subgroup. The Akans are found in the southern part of Ghana including Western, Ashanti, Eastern, Central, Brong Ahafo regions and some parts of Ivory Coast (Ventevogel, 1996). They are made up of sub-ethnic groups such as the Ashanti, Fanti, Akuapem, Kwahu, Akyem, Bono, Wassa, Nzema, Ahanta, Sefwi, Brussa, among other groups. The Akan society places premium on good

health. Illness is considered as a social deviation that needs restoration.

*Yadee* is the Twi term for illness. It is derived from *ɔyaw* (pain) and *adee* (thing). It implies that illness is a painful thing (Ventevogel, 1996). Akans see illness as physical, mental, social, and spiritual disturbance of an individual's well-being. The Akans believe that illnesses can originate from the stomach or dirt that accumulates in the body. Cleanliness through personal hygiene, keeping water sources clean, and tidying the environment are fundamental to illness prevention (Ventevogel, 1996; Warren, 1982).

Even though some anthropologists (Field, 1960; Rattray, 1927; Sarpong, 1985; Twumasi 2005) have suggested that every disease among the Akans is considered to be spiritually based, Warren (1982) and Ventevogel (1996) have disputed this fact by indicating that illnesses are categorized into both physically and spiritually caused with majority of illnesses among the Bono assigned physical causation such as worms, bad food or water, too much heat among others. "When an illness is unexpectedly severe, or when the symptoms are difficult to interpret, people can suspect that maybe there is 'something' more. They consider whether a witch or another evil person has caused this disease" (Ventevogel, 1996, p. 18). Warren in his study of the ethnomedical system of the Techiman-Bono people indicates that some diseases can be classified as either naturally or spiritually caused depending on the circumstances surrounding the onset or development of the disease. He gave an example that Gonorrhoea contracted after a visit to a prostitute would be classified as naturally caused. However, the case of a patient who breaks the social norm against adultery and contracts Gonorrhoea will be classified as spiritually caused by a spell placed on the sufferer by the offended spouse (Warren, 1982).

Warren indicates that diseases among the Bono are also classified into intermediary categories such as contagious and non-contagious, mortal, and non-mortal, severe and minor, male, and female, adult, and children. Other classifications are based on specific causation and on anatomical location (for example, diseases of the skin, head, stomach, blood, and bone). Warren (1982) indicates that all Bono, regardless of age, religion, or educational background, use both spiritually and naturally caused categories. Ventevogel (1996), in his study of the Bono-Takyiman, noted that both Christians and Muslims adhere to original Akan beliefs. However, the categorization into physical and spiritual causation is rarely mutually exclusive.

Regarding the choice of health care, Akans combine traditional and orthodox medicines (Twumasi 1975; Ventevogel, 1996; Warren, 1982). Some illnesses are treated with traditional healers while others are

treated at the hospital. Ventevogel (1996) indicates that the Bono's choice of health care is based on the kind of illness. Diseases such as impotency, stroke, barrenness, mental illness, bad boil are considered to have spiritual cause and are treated with local healers, while illnesses such as high fever, malaria, measles, snake and dog bites, high blood temperature are treated at the hospital. Apart from illnesses with spiritual causation, traditional healers are noted to be the best healers for certain kinds of illnesses such as piles, fractures, and cataracts. These illnesses are preferably treated with traditional healers rather than at the hospital.

## Methods

This study adopts a qualitative approach in investigating the beliefs and health care choices of cancer patients. Specifically, a phenomenological approach was used to understand the lived experiences of cancer patients in reference to their beliefs and health-care choices. Face to face in-depth interviews with semi-structured questions were used to ascertain the lived experiences of cancer patients. Oncology nurses and doctors as well as relatives who accompanied patients to the hospital were also interviewed as key informants.

Purposive sampling method was used to recruit cancer patients from the oncology unit of the Komfo-Anokye Teaching Hospital (KATH). This hospital is one of the two major public hospitals responsible for cancer treatment in Ghana. KATH receives referrals from the Western, Eastern, Bono, Ahafo, and Central Regions, all of which are predominantly Akan. This enabled easy access to Akan patients who were the target of this study. The study was opened to adult Akan patients with all kinds of cancers. However, only those who gave their consent to participate in the study were interviewed. Thirty (30) in-depth interviews were conducted in a secure location on the hospital site. Interviews were conducted in English/Twi and audio recorded. The audio recording was transcribed and translated where required.

The data were analysed using thematic content analysis. Codes were generated from transcribed data and themes and sub-themes were generated. Major themes included belief about illness causation; health care choice; order of health care choice; and treatment efficacy.

For beliefs about illness causation, sub-themes generated included physical causation, and spiritual causation with Spiritual causation having the highest percentage of 73.4%. Regarding healthcare choice, sub-themes included: spiritual, herbal, orthodox, spiritual, and herbal; spiritual and orthodox; herbal and orthodox; spiritual, herbal, and orthodox. Here, Spiritual, herbal and orthodox had the highest percentage of 80%. In

reference to order of healthcare choice, sub-themes were: orthodox, herbal, spiritual; herbal and spiritual; spiritual and orthodox; herbal and orthodox. Herbal and spiritual had the highest score of 86.7%. With regards to treatment efficacy, sub-themes consisted of spiritual, herbal, and orthodox with orthodox treatment having the highest score of 100%. All patients noted that the orthodox treatment had proven efficacious. These themes and sub-themes guided the presentation of results and discussion.

In conducting qualitative research, it is argued that the same criteria for quality assurance (internal validity, external validity, reliability and objectivity) are no longer appropriate (Lincoln & Guba, 1986). Instead, the term, trustworthiness is used. This is instead characterized by credibility, transferability, dependability, and confirmability. Best practices were applied for credibility. This research sought thick description to facilitate transferability (Geertz, 1973). The authors took a reflexive approach, considering how their worldview and social situation may impact the research. They memoed their preconceptions throughout the data collection and analysis stages to minimize bias, ensure bracketing and enhance confirmability (Bryman, 2012).

### Ethical considerations

Strict adherence to ethical principles was of fundamental importance to ensure that no physical or psychological injury was caused to the research participants. As a result, an ethical clearance was obtained for this study by the researchers (ECH 010/14–15; ECH011/19–20). Participants were informed of what the research will involve through a patient information sheet, which was read aloud and translated when required. Permission was sought from patients and documented as a signature or thumb print before interviews began. Participants were asked for permission to audio record the interviews for the sake of reporting. The audio recording was stored on a secure server for the transcription. Any indirect personal identifiable information referred to by the patient (such as place and person names) was removed.

## Results

### Socio-demographic characteristics of study participants

Table I shows the socio-demographic characteristics of study participants. The mean age of participants was 49.9 years with about 30% of the patients aged 50–59 years. Most of participants, 20 (66.7%) were females and 20 (66.7%) of them were married or cohabiting while 10 (33.3%) had basic education.

**Table I.** Background characteristics of study participants.

Variables	Frequency (%)
Mean age (SD)	49.9
<b>Age, In years</b>	
18–29	3(10%)
30–39	5(16.7%)
40–49	8(26.7%)
50–59	9(30%)
60–69	5(16.7%)
<b>Sex</b>	
Females	20(66.7%)
Males	10(33.3%)
<b>Marital Status</b>	
Single	3(10)
Married/Cohabiting	20(66.7%)
Divorced/Separated	5(16.7%)
Widowed	2(6.7%)
<b>Highest level of education</b>	
No formal education	6(20%)
Basic school	10(33.3%)
Middle School	4(13.3%)
Secondary	7(23.3%)
Tertiary	3(10%)
<b>Religion</b>	
Christianity	28(93.3%)
Islam	2(6.7%)
<b>Occupation</b>	
Farming	11(36.7%)
Trading	14(46.7%)
Civil servants	5(16.7%)

Many of the patients, 28 (93.3%) were Christians and 14 (46.7%) of them were traders.

### Beliefs about cancer causation

In the Twi language (common Akan dialect), cancer is referred to as a gangrene fixed in a particular place in the body. “Kokoram” is the generic Akan term used to refer to all kinds of cancer and refers to sore especially in the head or neck or an ulcerous condition. Cancer is considered a disease which is very difficult to treat. It is also conceived as an evil illness which was rare in the past. Cancer is considered terminal and for that matter has no cure. It is believed that a person who has cancer will eventually die. A cancer patient indicated:

You know people look at cancer like it is HIV. Because many people do not know much about it, they think when you have it you are going to die, or you have been cursed.

Majority of cancer patients (73.4%) in the study bought into indigenous conceptualization of cancer causation and as such ascribed a spiritual cause to their illness. A 58-year-old patient who had cervical cancer believed that her condition was spiritual. She reported that:

I woke up one night to urinate when something hit me from my back. From that time, I experienced a burning sensation when passing urine. As for me I believe that my illness has a spiritual cause, but I don't know who is responsible for it. I have visited a prayer centre where they told me that there is a spirit behind the sickness.

This patient had her belief confirmed by a spiritual person. Her belief therefore became firmer because it was not only based on indigenous conception but was confirmed.

A young man, who has been taking care of his 60-year-old mother with melanoma cancer stated:

When my mother got sick, I called all the partners she does business with to ask if she owes anybody or if she had had a quarrel with anybody. I thought someone might have cursed her. But everybody said she was a good person and did not owe them or have a grudge with them. So, I don't know what caused the sickness. But it could be from one of the women my mother used to trade in the market with who bought it for her.

This young man believed that someone bought the cancer through "juju" for his mother because she was successful at her trade. As a result, he reported that he sent her to spiritual places for healing as well as herbal centres. He took her to the hospital because she was still not getting better. Apart from the belief that cancer may have a spiritual cause, some patients believed that herbal medicine has less side effects than the orthodox treatment such as chemotherapy and surgery. For most breast cancer patients, the fear of mastectomy deterred them from orthodox treatment. A 42-year-old breast cancer patient stated:

The only reason why I am taking orthodox treatment is because there seems to be no proven herbal cure for cancer now. There is the need for more research into herbal and plant medicine as a cure for cancer. Herbal medicine may not have all these side effects we experience from chemotherapy.

Some patients (26.6%) however ascribed physical causation to their illness. A 32-year-old lady who had breast cancer stated she did not ascribe spiritual meaning to her illness. She pointed to some possible physical causes of her condition based on her own lifestyle. She pointed out that:

I don't know what caused it but when I came to the hospital the doctors asked me a lot of questions. They asked whether I had used contraceptives before. I tend to believe that contraceptives may be a contributing factor because I have used some before. I also got pregnant, but I aborted it. I seriously think these may be contributing factors.

This patient did not attribute any spiritual causation to her condition because she could find a cause to point to. Even though it may not be medically proven, it saved her from wandering and searching for what caused her illness. Instead, she reported straight away to the hospital.

A 55-year-old prostate cancer patient ascribed his condition to natural cause of cancer and stated:

As for me, I have not been faithful to my wife. When I came to the hospital the doctor asked me if I have multiple partners and I said yes. I think that could be a cause. Also, my grandfather and my father died of cancer. I think it may be hereditary too. I don't think it is a spiritual illness as people say.

This patient could also pinpoint physical contributing factors that were responsible for his condition. He did not ascribe spiritual causation to his illness. It can be said that circumstances leading to cancer can influence to some extent the interpretation patients make regarding their illness causation. Patients whose relatives had ever had cancer bought into the idea that cancer could be hereditary. A patient who had an accident in the past traced the causation of cancer to the accident. For instance, a female patient in narrating her case remarked that it began with a boil on her breast. She suspected that probably the boil did not heal well. When she gave birth to her second child, she recalled that the child had refused to suckle on one of her breasts. She regretted not doing anything about it at that time. She lamented that she could have identified her cancer condition earlier if she had been attentive.

### ***Factors influencing pluralism of health care choices***

Due to low literacy rate, the cancer patients studied had limited access to information on cancer. Their means of access to information was limited to family members and friends as well as radio and television. None of them accessed the internet or read magazines for information on treatment choices. When asked about the therapeutic options they knew about, 95% mentioned orthodox (hospital) treatment, herbal medicine, and spiritual healing. Only about 5% mentioned Chinese medicine.

Majority of cancer patients were encouraged by friends and family to seek treatment from a spiritual source, be it a fetish priest, a "malam" or a pastor. It is important to note that participants who were Christians or Moslems did not go to the shrine or pour libation when they were sick as their religious beliefs prohibited that. However, their belief in the supernatural cause of illness was still valid in their faith. Therefore, instead of consulting soothsayers, they rather consulted pastors/"malams" or visited prayer camps, and instead of praying to the deities, they prayed to the Almighty God or Allah. Instead of trusting smaller gods for ultimate healing, they prayed over their medicines before they took them and did all manner of rituals to invoke God for their healing.

Apart from seeking spiritual sources of cure, cancer patients were also encouraged to seek herbal

treatment, a therapeutic practice that is not alien to the indigenous Akan. Cancer patients indicated that suggestions were thrown at them from friends and family members to seek herbal treatment. An oncology nurse explained:

Before patients come to the oncology unit for treatment, they consult their friends and family for views on places they can seek help. They are directed to spiritual and herbal centers for treatment.

Patients however indicated that they were sometimes helpless in resisting some of these suggestions thrown at them by friends and family members who played active role as far as their health care was concerned. In response to the therapeutic options available to cancer patients, a 47-year-old breast cancer patient, stated:

Apart from the hospital treatment, I know that some cancer patients use herbal medicine because I have used it before. Some patients also go to prayer camps for spiritual healing. Others use Chinese medicine. I have not used Chinese medicine or been to any prayer camp before, but I have friends and family members who pray for me.

About 80% of patients reported that they had used both herbal treatment and spiritual healing before resorting to orthodox treatment. They however added that their conditions did not get better and as such they ended up at the hospital. Once they reported to the hospital, they hardly used herbal medicine. Patients indicated that their doctors and nurses had counselled them against the use of herbal medicine. They replaced herbal medicine with some plant foods noted to be helpful for patients with cancer such as soursop, turkey berry, and dandelion. Patients however noted that, they still believed in the combination of spiritual healing and hospital medication. They however combined it in a way that did not interfere with the hospital treatment. In essence, they give to Caesar, what is Caesar's and to God, what is God's.

### ***Perceived efficacy of cancer treatments***

Cancer patients reported that hospital medications had been more helpful to them compared to herbal medicine. Patients reported that it seems that there was no herbal medicine that was efficacious in treating cancers and called for more research into herbal medicine. Patients who had used herbal medicine reported that it was not helpful to them. They explained that they believed in herbal medicine and had used it in treating different illness conditions in the past, however, it was unhelpful in curing cancer.

A 27-year-old student with melanoma cancer, stated:

It has been about four years now. I had continuous headache. I went to various herbal places to seek help, but I got worse. In the beginning we thought

it was ulcer and hypertension, so I was given herbal medicine for those illnesses but when it did not help me, I stopped. I keep to my hospital treatment now.

All patients involved in the study indicated that they had experienced significant change in their health condition since they started their orthodox treatment. A 57-year-old breast cancer patient, reported as follows:

The hospital treatment has been very helpful to me. After mastectomy, the pain I felt in my breast vanished. I am strong now and go about my normal duties. I think I am very fortunate because I saw the signs early and reported early so once the lump was removed, I was alright.

This patient was among the few who detected the lump in her breast early and reported immediately to the hospital. She took her treatment seriously and was determined to go through mastectomy despite discouragements from friends and family. She was among the few patients who had completed their treatment regimen and reported to the hospital for regular check-ups. These patients were doing very well, they looked strong and healthy. They reported that they saw the symptoms early and reported immediately to the hospital. They had heard of cancer on radio and television, so they reported early to the hospital when they saw the symptoms.

## **Discussion**

This study takes a qualitative approach to explore beliefs around cancer causation and their influence on healthcare choices among Akan cancer patients. The results of the study are in conformity with the theories of illness causation which asserts that meanings ascribed to illness by patients and their broader society are deeply rooted and influenced significantly by beliefs, norms, and practices (Atobrah, 2012; Gyapong et al., 1996; Twumasi, 2005). The Akan people attribute both spiritual and physical implication to health and well-being. However, several illnesses including tuberculosis, stroke, diabetes, hypertension, and cancer which are severe, chronic, and whose causation is difficult to explain have been attributed to spiritual causation in Ghana (Bonsu, Ncama, & Halama, 2019; Nyaaba et al., 2018). As such majority of cancer patients in this study ascribed spiritual causation to their illness based on broader cultural and societal beliefs. This category of patients began their search for cure from spiritual sources and herbal centres and reported later to the hospital. Even though patients who ascribed physical cause to their illness were also aware of the indigenous conceptualization that ascribed spiritual causation to cancer, they were able to refute or reject it based on prior knowledge

about cancer and circumstances surrounding the onset of illness. On the other hand, patients who could not point to any tangible physical cause resorted to spiritual interpretations. This confirms Warren's (1982) assertion discussed earlier that some diseases can be classified as either naturally or spiritually caused depending on the circumstances surrounding the onset or development of the disease.

Patients' beliefs about the cause of their illness appeared to have implications for their health-seeking behaviour. Those who ascribed a physical cause to their illness were more proactive in seeking orthodox treatment. On the contrary, patients who ascribed a spiritual cause to the illness started treatment at spiritual and herbal centres and reported to the hospital after they could not find healing. Similar to the multiple beliefs upheld in this study, other research has shown that disease representations in Ghana can be multiple, contradictory and overlapping (Ayinde et al., 2021). This may indicate multiple treatment approaches both traditional and orthodox can add value to the patient (Kwame, 2021). Patients sought multiple forms of treatment, herbal, spiritual and orthodox. Twumasi (2005) indicates that the traditional practitioner in the Akan society did not only apply spiritual healing but also prescribed herbs some of which have spiritual potency. Kwame (2021) has also highlighted multiple types of traditional treatment in Northern Ghana. It is likely that multiple treatment approaches align and are implicated in different disease causations and provide the patient with a holistic range of care options.

Research has shown that the choices cancer patients make regarding treatment choices has a relationship with their gender, level of education, economic status, type of employment, among others (Farooqui et al., 2014). Although there is a wide variety of alternative and complementary medicine available to cancer patients around the world, cancer patients in this study had limited access to information on complementary and alternative medicine. As such, local traditional medicines were predominately patronized, reflecting access to knowledge as well as cultural norms.

Globally there has been increasing policy interest in traditional medicines, such as the establishment of a World Health Organization centre for Traditional Medicines Research in India in 2022, and calls from African Union for their institutionalization. This has also been the case in Ghana, with several policy initiatives to integrate traditional medicines policy spearheaded by the traditional and Alternative Medicines Directorate. However, there have been challenges in achieving integration at the facility and practitioner level (Appiah et al., 2018; Kwame, 2021). The pluralism of beliefs found in Akan participants through this study highlights the need for future policy to seek to bridge

the gap between orthodox and traditional medicines in order to improve cancer treatment outcomes.

The limitations of this research are that the sample population was limited to the Akan people in Ghana, so may not reflect the beliefs and behaviours of patients in other regions, that will also need to be considered by policymakers. Patients were purposively sampled from a hospital clinic, so there is a chance that patients with contrasting beliefs never made it to the clinic. However, the study provides a rich cultural context in which to understand its findings. The research findings have been inferred by the researchers, reflecting their own world view, social situation, and dynamic interactions with the patients. This may have influenced how the results are interpreted.

## Conclusion

This study confirms that cultural beliefs have an impact on the health care choices of cancer patients in the Akan population in Ghana. These beliefs underlie the reasons for the late reporting and late diagnosis of cancer. There is the need for cancer support units by government as well as non-governmental organizations to work collaboratively with traditional forms of treatment to ensure patients receive suitable and timely treatment.

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*Patience Gyamenah Okyere Asante* holds a PhD in Development Studies, an M.Phil. in African Studies and a Bachelor's degree in Political Science and Classics from the University of Ghana. Her research area is in gender, health, and development. Her PhD thesis was on the assessment of the economic burden of breast and cervical cancer treatment in Ghana. Her MPhil thesis was on culture and healthcare pluralism among Akan cancer patients in Ghana. Patience has tutored in courses such as Gender, Health, and Cultures in Africa; Gender and Development in Africa; Culture and Gender in African Societies; and Issues in Africa's Population. She has made several presentations at international conferences such as the African Studies Association of Africa conferences, 2019 and 2022; Edinburgh Catalyst Regional Conference in West Africa, 2021; European Conference on African Studies, ECAS 2019; 4th College of Humanities International Conference, 2018. She has won awards and fellowships including the Queen Elizabeth Fellowship 2022, Canada; Edinburgh Non-Residential Fellowship, 2020; Catalyst Africa Research Fellowship 2019, University of Edinburgh, UK; African

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