


[Home](#) > [Journal](#) > [Social Sciences & Humanities](#) > [AASoci](#)
[Indexing](#) | [View Papers](#) | [Aims & Scope](#) | [Editorial Board](#) | [Guideline](#) | [Article Processing Charges](#)
[AASoci](#) > [Vol.2 No.3, September 2012](#)


Household Perceptions, Treatment-Seeking Behaviors and Health Outcomes for Buruli Ulcer Disease in a Peri-Urban District in Ghana

PDF (Size: 81KB) PP. 179-186 DOI: 10.4236/aasoci.2012.23024

Author(s)

Adobea Yaa Owusu, Clement Adamba

ABSTRACT

Buruli ulcer (BU) has been associated with very unimaginable outcomes. It is flesh eating, disfiguring and economically dehydrating. Yet the disease is still mostly shrouded in mystery. Consequently, people have different perceptions about it and hence adopt different treatment behaviors towards it; notwithstanding the free treatment for it. The purpose of this paper is to identify and examine respondents' perceptions and the influence these have on their health seeking behaviors. Eighty-six BU patients who had been treated or were being treated of BU in the Ga West District Health Center in Ghana were sampled for this study. A structured questionnaire and a qualitative in-depth interview guide were used to elicit the data. Some of the interviewees held the belief that the disease is caused by their adversaries, including witches. More than half of the respondents, however, did not have any idea about the disease and thought it is just the work of God. The first point of call for health care for most of the patients studied was herbalists or else they used herbs. Nearly a quarter of them also engaged in self medication, including the use of 'pain killers' and ointments, since they took the first signs for ordinary boils. Perceptions of the cause of the disease influenced health seeking behaviors, which further influenced treatment outcomes. A lot of education is needed on the symptoms of the disease, including encouraging early seeking of care at the District Health Center.

KEYWORDS

Buruli Ulcer; Perceptions of Disease Causation; Health Seeking Behaviors; Herbal Medicine; Ghana

Cite this paper

Owusu, A. & Adamba, C. (2012). Household Perceptions, Treatment-Seeking Behaviors and Health Outcomes for Buruli Ulcer Disease in a Peri-Urban District in Ghana. *Advances in Applied Sociology*, 2, 179-186. doi: 10.4236/aasoci.2012.23024.

References

- [1] Amofah, G. K., Bonsu, F., Tetteh, C., Okrah, J., Asamoah, K., Asiedu, K., & Addy, J. (2002). Buruli ulcer in Ghana: Results of a national case search. *Emerging Infectious Diseases*, 8, 167-170. doi: 10.3201/eid0802.010119
- [2] Asiedu, K., & Etuaful, S. (1998). Socioeconomic implications of buruli ulcer in Ghana: A three-year review. *American Journal of Tropical Medicine and Hygiene*, 59, 1015-1022.
- [3] Awusabo-Asare, K., & Anarfi, J. K. (1997). Health seeking behaviors of persons with HIV/AIDS in Ghana. *Health Transition Review*, 7, 243-256.
- [4] Drummond, C., & Butler, J. R. G. (2004). Mycobacterium ulcerans treatment costs, Australia. *Emerging Infectious Diseases*, 10, 1038- 1043. doi:10.3201/eid1006.030428
- [5] Hausmann-Muela, S., Ribera, J. M., & Nyamongo, I. (2003). Health- seeking behaviors and the health system response. URL (last checked 19 January 2011). <http://www.dcp2.org/file/29/wp14.pdf>
- [6] Muelder, K., & Nourou, A. (1990). Buruli ulcer in Benin. *Lancet*, 336, 1109-1111. doi:10.1016/0140-6736(90)92581-2

[AASoci Subscription](#)
[Most popular papers in AASoci](#)
[About AASoci News](#)
[Frequently Asked Questions](#)
[Recommend to Peers](#)
[Recommend to Library](#)
[Contact Us](#)

Downloads:	15,271
Visits:	59,846

[Sponsors >>](#)

- [7] Mumma, G. A., Whitney, E. A. S., Dadzie, F., Etuaful, S. and Ampadu, E. (2003). Economic burden of buruli ulcer in Ghana. Paper Presented at the 6th WHO Advisory Group Meeting on Buruli Ulcer, Geneva: Switzerland, 10-13 March.
- [8] Oppong, J. R. (1992). Location-allocation models for primary health care in Suhum District, Ghana. Ph.D. Dissertation, Edmonton: University of Alberta.
- [9] Oppong, J. R., & Williamson, D. A. (1996). Health care between the cracks: Itinerant drug vendors and HIV-AIDS in West Africa. *African Rural and Urban Studies*, 3, 13-34.
- [10] Stienstra, Y, van Der Graaf, W. T. A., Asamoah, K. & van Der Werf, T. S. (2002). Beliefs and attitudes toward buruli ulcer in Ghana. *American Journal of Tropical Medicine and Hygiene*, 67, 207-213.
- [11] Van der Werf, T. S., van der Graaf, W. T. A., Tappero, J. W., & Asiedu, K. (1999). Mycobacterium ulcerans infection. *Lancet*, 354, 1013- 1018. doi:10.1016/S0140-6736(99)01156-3
- [12] Vincent, A.-L., Roussel, M., Prevot, G., Nacher, M., De-paris. X., & Couppié, P. (2004). Factors of exposure to mycobacterium ulcerans infection in French Guyana: A control-case study. Report of the 7th WHO Advisory Group Meeting on Buruli Ulcer, Geneva: Switzerland, 8-11 March 2004, 60-61.
- [13] WHO. (1998). The Yamoussoukro Declaration on Buruli ulcer. URL (last checked 20 September 2010). http://www.who.int/buruli/yamoussoukro_declaration/en/index.html
- [14] WHO. (2004). Provisional guidance on the role of specific antibiotics in the management of mycobacterium ulcerans disease (Buruli ulcer). URL (last checked 20 September 2011). http://whqlibdoc.who.int/hq/2004/WHO_CDS_CPE_GBUI_2004.
- [15] WHO. (2006). Guidelines for controlling Buruli ulcer in the African Region, Harare, Zimbabwe: WHO Regional Office for Africa.