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Factors Influencing the Patronage of Traditional Bone Setters for Childhood Fall-Related Injuries: What Matters in the Patient's Charter

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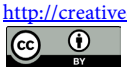

Abstract

Despite the availability of modern orthopaedic services in Ghana, Traditional Bone Setters (TBS) remain the preferred option for many caregivers treating childhood fall-related injuries. This study examines the persistent reliance on traditional bone setters (TBS) despite the well-documented risks associated with their practices, including malunion, infections, and the development of gangrene. Employing a cross-sectional exploratory design, qualitative data were gathered from caregivers, TBS practitioners, healthcare professionals, and community leaders in New Juaben North and South Municipalities. The study's findings indicate that the preference for traditional bone setters (TBS) is primarily influenced by deep-rooted cultural trust, spiritual convictions, financial constraints, and apprehension toward formal medical interventions, particularly concerns about amputations and the application of metallic implants. Caregivers viewed TBS services as more affordable, spiritually compatible, and more effective in terms of healing outcomes. Additionally, widespread ignorance of the Ghana Health Service Patients' Charter and limited awareness of healthcare rights hinder informed decision-making. These insights highlight how cultural beliefs, economic inequities, and systemic mistrust shape health-seeking behaviors. Study recommends a multi-sectoral response involving culturally sensitive health education, better regulation of TBS practices, improved access to affordable orthopaedic care, and active promotion of the Patients' Charter. Such interventions are crucial for minimizing complications from traditional trauma care and fostering a more inclusive, culturally responsive healthcare system in the study area.

Keywords

Orthopedic Care, TBS, Childhood Injuries, Treatment Complications, Patients Charter

1. Introduction

In Ghana, childhood fall-related injuries are managed through allopathic medicine, traditional therapies, or both [1] [2]. Despite the availability of specialist hospitals and orthopaedic services, many caregivers continue to prefer Traditional Bone Setters (TBS), reflecting similar trends across sub-Saharan Africa [3]. This preference is shaped by cultural beliefs, economic factors, and longstanding trust in traditional practices [4] [5]. TBS are viewed as spiritually effective and culturally aligned, particularly in rural and peri-urban areas [6] [7]. Their services are perceived as more affordable, flexible, and personalized, in contrast to hospital care, which is often seen as costly and impersonal [8]. Additionally, fears and misinformation about hospital procedures, such as amputations or implants, discourage formal care-seeking [9] [10]. However, complications like malunion, nonunion, infections, and gangrene have been associated with TBS practices due to their lack of formal training and referral systems, posing major public health risks [11]-[12].

2. Method

2.1. Study Design

This study utilized a cross-sectional exploratory design, employing qualitative methods to investigate factors influencing the high patronage of TBS for childhood injuries. Key informant interviews and observations were conducted to gain contextual insights and ensure triangulation.

2.2. Study Setting

This study was conducted in the New Juaben South and North Municipalities in Ghana, comprising 52 communities with a combined population of 218,457 (125,256 in South and 93,201 in North) [13]. In New Juaben North, 35% are under 15, 60.8% are aged 15 - 64, and 4% are above 65; in South, 35.4% are under 15, 54% are aged 15 - 64, and 5.2% are above 65. Despite having two major referral hospitals, Regional Hospital Koforidua (326 beds) and Saint Joseph Hospital (200 beds), many residents prefer TBS services, particularly in Mile-50, Agavenya, and Agbogiri, which are known hubs for TBS practitioners.

2.3. Sampling and Participants

Using purposive sampling, 24 key informants with relevant knowledge of TBS practices were selected. They included 2 professional nurses, 2 certified herbalists,

2 TBS practitioners, 2 licensed drugstore operators, 2 Queen Mothers, 2 elderly women regarded as health opinion leaders, and 12 mothers with children undergoing TBS treatment. This diverse sample ensured representation from both formal and informal health sectors, as well as community stakeholders. Selection was based on willingness to participate, which ensured varied perspectives. Participants were selected based on their willingness to participate and their direct or indirect experience with TBS. The sample size was deemed sufficient as data collection continued until thematic saturation was reached—when no new insights were emerging from additional interviews—ensuring both depth and breadth of perspectives for qualitative analysis.

2.4. Data Collection and Analysis

Semi-structured interviews were conducted in either Twi or English, based on participant preference. Interviews lasted from 30 to 45 minutes, were audio-recorded with consent, and pseudonyms were assigned for confidentiality. Transcripts were produced verbatim, translated where necessary, and analyzed thematically. Using both inductive and deductive approaches, data were coded, patterns were identified, and themes were developed in alignment with the study's framework, focusing on cultural perceptions, economic factors, trust, and awareness of patients' rights. While additional codes were informed by existing literature on health-seeking behavior and traditional medicine use. To ensure coding reliability, the researcher and his research assistants independently coded selected transcripts and met regularly to discuss and reconcile differences. Debriefing sessions between the researcher and the research assistant were also conducted to cross-check emerging patterns and enhance the credibility of the findings. This process ensured that the final themes were grounded in participants' narratives while aligned with broader conceptual frameworks.

2.5. Ethical Considerations

Ethical approval for the study was granted by the Ghana Health Service Ethical Review Committee (Protocol ID: GHS-ERC3). Informed verbal and written consent was obtained from all participants prior to data collection. Participants were assured of confidentiality, voluntary participation, and the right to withdraw at any point without consequence. Data storage and handling complied with ethical standards for research involving human subjects.

3. Results

Findings revealed that a combination of cultural, economic, and informational factors shapes caregivers' preference for Traditional Bone Setters (TBS). Central to this is the deep-rooted cultural trust in TBS, which is viewed not only as skilled healers but also as spiritual custodians of indigenous medical knowledge. Many participants cited personal and community experiences that support the perceived success of TBS in treating childhood fractures, reinforcing their belief that the ser-

vices are safer and more effective than hospital care.

A mother named Konadu explained what motivated her decision to seek care from a Traditional Bone Setter (TBS):

> "On the day of the accident, the first thing that came to my mind was where to get effective treatment for my child, as he needs to get back to school as soon as possible. History and testimonies on TBS activities have revealed that TBS is very good at treating fractures, and based on these testimonies and on third parties' advice, I sent my child to that facility for treatment. I thank God that after one week, the swelling has subsided and the pain has also gone down. Regaining independent walking marks the final recovery stage."

Such testimonies highlight the deep cultural trust in TBS, commonly viewed as spiritual custodians of indigenous health knowledge. For many caregivers, the decision is driven not just by tradition but also by fear of biomedical interventions. An elderly woman recalled:

> "Ei! I don't want any of my grandchildren to be amputated as was the case with Agya Kwasi. His son was involved in a small motor accident and was rushed to the hospital, only to have his left leg amputated. I have also seen several amputees. TBS don't 'cut legs' and don't put 'metals in people's legs'. If it is malaria, no problem, I will send the children to the hospital, but for fractures, I am afraid. The TBS are the best, and they have our respect for that."

Economic considerations were also central. TBS services were seen as not only cheaper but also more flexible than hospital-based care. A mother explained:

> "Because the TBS are known to be better at fractures and the fact that their service rates are cheaper as compared to allopathic health care, I am afraid my child would be detained at the hospital based on my inability to pay his health bills. As for the TBS, they have flexible terms of payment; we can have a deferred payment or even pay in kind. I am looking for a day when health officials from the government hospital will negotiate flexible terms of payment with a client. I don't know whether it is even possible because some hospitals even demand huge cash deposits before major surgeries are performed."

Caregivers also cited the comfort and familiarity of TBS facilities. These were described as home-like, less bureaucratic, and more supportive environments. Auntie Amina shared:

> "It calls for a lot of sacrifices and a huge investment to have a child treated at a hospital for a long period of hospitalization. What to wear and eat during this period, as well as where to sleep, is a challenging issue for many mothers who will have to follow their injured children for admission to the hospital. The TBS facility is just like an extension of the home, and they are our people

who always work things out to suit our situation. With this situation, why won't we patronize TBS services?"

Further reinforcing the TBS preference, Agya Mensah, a TBS practitioner, stated:

"We have the best method for treating fractures and dislocations. One does not need to go to the hospital for orthopaedic treatment. Since they cannot do it well, most patients often end up having crooked legs due to improper treatment at the hospital. When it happens like that, we will have to break the bone again and refit it. With proper positioning, massaging, and effective herbal drugs, patients can walk again within three to six weeks, depending on their body size, age, and type of fracture."

Finally, numerous participants were unaware of their healthcare entitlements. Over half admitted to not knowing the Ghana Health Service Patients' Charter.

"I have no idea of what the patients' charter entails, and no one has ever offered any form of education on it to me."
"I once heard of it from a panelist on a television show, but I do not have many details."

This gap in health literacy continues to hinder informed healthcare choices and sustains reliance on unregulated traditional practices.

4. Discussion

This study offers crucial insights into the enduring reliance on Traditional Bone Setters (TBS) for treating childhood fall-related injuries in Ghana, despite the availability of orthodox medical alternatives. It highlights that cultural familiarity, economic accessibility, perceived effectiveness, and widespread misinformation significantly influence caregivers' healthcare choices. These findings align with existing literature from Ghana and other sub-Saharan African countries.

A key element reinforcing the continued use of traditional bone setters (TBS) is cultural trust, as many caregivers perceive them as spiritually inspired stewards of ancestral healing wisdom, whose practices are inherited through lineage. This perception aligns with findings by [14] and [15], who report that traditional medicine is often seen as more in tune with local beliefs and spiritual understandings of illness. In communities where health and spirituality are intertwined, caregivers tend to trust metaphysical explanations more than biomedical reasoning, giving TBS an advantage in credibility.

Fear and mistrust of hospital procedures also emerge as critical deterrents to orthodox care. Many participants in this study express anxiety about amputations and metallic implant procedures commonly associated with hospitals. [10] and [16] point out that such fears are often based on anecdotal narratives rather than medical facts, but hold significant power in shaping community attitudes. Tales of failed surgeries or negative hospital experiences circulate widely, reinforcing

skepticism toward biomedical interventions and fueling continued reliance on TBS.

Economic factors further compound the issue. The affordability of TBS services, combined with flexible payment arrangements including deferred payments and barter, makes them a more accessible option for low-income households. This observation is supported by [17] and [18], who highlight how upfront payment demands and the lack of comprehensive health insurance deter many families from seeking hospital-based care. In contrast, TBS are perceived as more financially accommodating, making them the default option for many caregivers facing economic hardship.

Another compelling factor is the perception of faster healing and the culturally familiar environment offered by TBS. Caregivers frequently described TBS clinics as welcoming and supportive, particularly for children. These informal settings are perceived as less intimidating and more personalized than hospitals, which are often regarded as bureaucratic and impersonal. [19] and [20] similarly note that the community-based, home-like atmosphere of TBS facilities contributes to their lasting appeal, especially in pediatric cases where emotional comfort is a priority.

Despite these perceived benefits, the study underscores the health risks associated with TBS practices. Evidence from [11] and [21] highlights that TBS interventions often lead to complications such as malunion, nonunion, infections, and gangrene. These issues are largely attributed to the lack of formal medical training and the absence of structured referral systems among TBS practitioners. The consequences are particularly severe for children, as inadequate fracture management can lead to permanent disability.

A troubling finding is the widespread lack of awareness of the Ghana Health Service Patients' Charter. Over half of the respondents had never heard of it, and many who had were unfamiliar with its contents or relevance. This points to broader health literacy challenges, as echoed [22], who found limited public understanding of patient rights across Ghana. Such knowledge gaps prevent caregivers from making informed decisions or holding healthcare providers accountable, thereby weakening the effectiveness of healthcare delivery.

Collectively, the study's findings align with the [23] advocacy for a more integrative and regulated approach to traditional medicine. The continued use of TBS is not merely a matter of ignorance but reflects rational choices shaped by deeply rooted cultural norms, economic hardship, and systemic gaps in the formal healthcare system.

To address these challenges, multi-sectoral interventions are needed. These include targeted community health education to dispel myths about hospital care and encourage safe biomedical practices; financial reforms to enhance affordability, such as subsidies and flexible payment plans for orthopaedic services; strategic collaboration with TBS, including training in basic medical principles and establishing referral networks; and nationwide promotion of the Patients' Charter using accessible language and community outreach to improve awareness of health

rights and standards.

By acknowledging the contextual realities that support TBS patronage, stakeholders can encourage collaboration between traditional and modern health systems, ultimately enhancing orthopaedic outcomes for children across Ghana.

5. Study Limitations

This study has certain limitations that must be acknowledged. The cross-sectional qualitative design provides a snapshot of participants' views at a particular moment, thereby limiting the ability to draw causal conclusions. Although the purposive selection of 24 informants allowed for diverse perspectives, the sample size restricts the broader applicability of the findings. Participant responses may have been affected by recall inaccuracies or the desire to present socially acceptable views. Moreover, the study's concentration on a region known for widespread TBS use may constrain the generalizability of the results to other contexts. The process of translating interviews from local languages may also have led to subtle misinterpretations. Despite these constraints, the study offers meaningful insights into the factors influencing caregivers' preference for traditional bone setters in managing childhood injuries.

6. Conclusion

The study highlights that the prevalent dependence on traditional bone setters (TBS) for managing childhood fall-related injuries in Ghana is driven by entrenched cultural values, financial limitations, perceived treatment effectiveness, and inadequate health literacy, rather than mere ignorance. Addressing this issue requires more than improved medical services; it calls for culturally sensitive health education, community engagement, and healthcare financing reforms, and enhanced regulation of traditional practices. Increasing awareness of the Patients' Charter and improving healthcare affordability are vital for creating a more inclusive and safer health system.

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Conflicts of Interest

The author declares no conflicts of interest regarding the publication of this paper.

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