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# Challenges in Managing Diabetes in Ghana: Healthcare Infrastructure, Access, and Education

## Mugo Moses H.

School of Natural and Applied Sciences Kampala International University Uganda

#### **ABSTRACT**

This review discussed the multifaceted challenges of managing diabetes in Ghana, focusing on healthcare infrastructure, access to care, and public education. The article highlighted the uneven distribution of healthcare facilities, resource shortages, and workforce limitations as significant barriers to effective diabetes care. It also examined the geographic and economic disparities that hinder access to medical services, particularly in rural areas. Furthermore, the review delved into the critical role of public education, emphasizing the impact of low awareness, cultural misconceptions, and inadequate health campaigns on diabetes management. The methodology used involved analyzing existing literature and reports on healthcare challenges in Ghana to provide a comprehensive overview of the current situation. The article was concluded by identifying opportunities for improvement, including expanding outreach programs, leveraging technology, strengthening healthcare infrastructure, and fostering community involvement and government-NGO collaboration to enhance diabetes management in Ghana.

Keywords: Diabetes Management, Healthcare Infrastructure, Access to Care, Public Education, Ghana.

## INTRODUCTION

Managing diabetes in Ghana presents a complex set of challenges deeply intertwined with the country's healthcare infrastructure, access to medical services, and levels of public education. As diabetes emerges as a significant public health concern [1-4], Ghanaian healthcare systems are grappling with the multifaceted nature of this chronic condition. The healthcare infrastructure in Ghana, while making strides, still faces critical gaps that impact diabetes care. Limited resources, uneven distribution of healthcare facilities, and a shortage of specialized professionals contribute to the difficulties in providing comprehensive care for diabetic patients. Access to diabetes management services is another pressing issue. Rural areas, in particular, struggle with limited healthcare facilities and long distances to access care, creating barriers for many individuals to receive timely and effective treatment. The disparity between urban and rural healthcare services exacerbates the challenges faced by those living in less accessible regions. Moreover, education plays a crucial role in diabetes management [5, 6]. In Ghana, awareness and understanding of diabetes among the general population and healthcare providers can be inconsistent. This variability affects preventive measures, early diagnosis, and the effective management of the disease. Educational initiatives aimed at both patients and healthcare professionals are essential for improving self-management practices, enhancing patient outcomes, and reducing the overall burden of diabetes.[3, 7] Addressing these challenges requires a multifaceted approach that involves strengthening healthcare infrastructure, improving access to care, and expanding educational efforts. By focusing on these areas, Ghana can make significant progress in managing diabetes and improving the quality of life for those affected by the disease.

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#### Healthcare Infrastructure

Healthcare infrastructure is a critical component in the management of chronic diseases like diabetes, and in Ghana, it presents a mixed landscape of progress and challenges. The country's healthcare system has made strides in expanding facilities and improving services, but significant obstacles remain.

Facility Distribution: The distribution of healthcare facilities is a major concern. Urban areas generally have better access to hospitals, clinics, and specialized care centers, while rural regions often lack sufficient facilities. This uneven distribution creates a disparity in the availability and quality of diabetes care, as rural residents may Page | 36 face long travel distances and logistical challenges to reach adequate medical services [8, 9].

Resource Availability: Even within well-established healthcare facilities, resource availability can be inconsistent. Many facilities struggle with limited medical equipment and a shortage of essential supplies, including diabetesspecific medications and diagnostic tools. This variability can affect the quality of care that patients receive, impacting their ability to manage their condition effectively [8].

Workforce Limitations: The shortage of trained healthcare professionals, such as endocrinologists and diabetes educators, is another significant issue. Many healthcare providers lack specialized training in diabetes management, which can lead to gaps in care and suboptimal management of the disease. Efforts to increase the number of trained professionals and provide ongoing education are essential for improving care outcomes [10,

Infrastructure Development: Investments in healthcare infrastructure are crucial for addressing these challenges. Expanding and upgrading facilities, improving the supply chain for medications and equipment, and enhancing training programs for healthcare workers are key areas that require attention. Strengthening these aspects of the healthcare system will help ensure more equitable access to diabetes care and support better health outcomes for all patients [12, 13].

#### ACCESS TO CARE

Access to care is a pivotal issue in managing diabetes in Ghana, where barriers to obtaining necessary medical services can significantly impact patient outcomes. One of the most pressing issues is the geographic disparity in healthcare access. Rural and remote areas often lack sufficient healthcare facilities, meaning that residents may have to travel long distances to reach the nearest clinic or hospital. This can lead to delays in diagnosis and treatment, as well as decreased adherence to management plans due to the inconvenience and cost of travel[14, 15]. The cost of healthcare can be a substantial barrier to accessing diabetes care. Even though some healthcare services are subsidized or provided by government programs, out-of-pocket expenses for medications, diagnostic tests, and consultations can be prohibitive for many individuals, particularly those in lower-income brackets [16]. This financial strain can deter patients from seeking regular care or adhering to prescribed treatment plans. Availability of healthcare services is another concern. In some areas, the scarcity of specialized diabetes care such as endocrinologists, dietitians, and diabetes educators limit the quality of care that patients can receive. This shortage is exacerbated by an uneven distribution of healthcare professionals, with many concentrated in urban centers, leaving rural populations underserved. Lack of awareness and education about diabetes and its management can also hinder access to care. Individuals who are not well-informed about diabetes may not recognize the need for regular check-ups or might not understand how to manage their condition effectively [17, 187. Educational initiatives aimed at raising awareness about diabetes and available healthcare resources are crucial for improving access and empowering patients. Inadequate infrastructure, including poor road conditions and lack of transportation options, further complicates access to care, especially in remote regions. Improving infrastructure and transportation networks can help mitigate some of these challenges, making it easier for patients to reach healthcare facilities. Addressing these access issues requires a multifaceted approach, including improving healthcare facility distribution, reducing financial barriers, increasing the availability of specialized care, and enhancing public education about diabetes. By tackling these challenges, Ghana can work towards ensuring that all individuals have equitable access to the care they need for effective diabetes management [14].

## **Public Education**

Diabetes is a growing public health concern in Ghana, mirroring global trends. However, the effective management and prevention of diabetes in the country are significantly hampered by challenges related to public education [19]. The lack of widespread, effective public education about diabetes contributes to a cycle of late diagnosis, poor disease management, and escalating healthcare costs. One of the primary challenges is the general low level of awareness and understanding of diabetes among the population [20]. Many Ghanaians are unaware of the risk factors, symptoms, and potential complications of diabetes. This lack of knowledge means that many people do not seek medical advice until the disease has progressed to an advanced stage, making it more difficult to

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manage. Public education efforts often do not reach rural or remote communities, where the population may rely on traditional medicine and may not recognize the symptoms of diabetes as requiring medical attention. Cultural beliefs and misconceptions about diabetes further complicate public education efforts. In some communities, there is a stigma attached to having a chronic illness like diabetes, leading to denial and non-disclosure. Additionally, there are misconceptions that diabetes is caused by spiritual factors or that it can be cured through herbal remedies, which delays effective treatment. Public health campaigns must address these cultural beliefs and provide education in a culturally sensitive manner, but this is often difficult due to limited resources and the Page | 37 diversity of cultural contexts across the country. Access to accurate health information is another significant barrier 27. In Ghana, access to healthcare services, including information about diabetes, is often limited, especially in rural and underserved areas. While urban areas may have better access to information through hospitals, clinics, and media, rural areas may lack these resources. The healthcare infrastructure in these areas is often inadequate, with a shortage of healthcare professionals and insufficient public health outreach, making it difficult to disseminate information effectively. Public health campaigns in Ghana often struggle with consistency and reach. Government-led initiatives to raise awareness about diabetes are often underfunded and lack the necessary resources to make a widespread impact. Campaigns may be sporadic, short-term, and limited in scope, reaching only a small portion of the population. The use of mass media, which has the potential to reach a wide audience, is not fully utilized, and where it is used, the messages may not be tailored to the specific needs and understanding of different demographic groups. Healthcare providers play a crucial role in diabetes education, but there are challenges here as well. Many healthcare providers in Ghana are overburdened and may not have the time to provide adequate education to their patients. Additionally, there may be gaps in the providers' own knowledge about the latest guidelines and best practices in diabetes management. Continuous medical education and training are necessary to ensure that healthcare providers can effectively educate their patients about managing diabetes [16]. Economic barriers also affect public education on diabetes. Poverty limits access to education in general, and health education specifically. Many Ghanaians may prioritize immediate economic needs over long-term health, and this is exacerbated by the costs associated with managing a chronic condition like diabetes. Even when education is available, the economic realities of the population may prevent individuals from acting on the information provided, such as adhering to recommended diets or accessing regular medical care

## **Opportunities for Improvement**

To overcome these challenges, there needs to be a concerted effort to improve public education on diabetes in Ghana. This could include:

Expanding Outreach: Developing and implementing outreach programs that target rural and underserved populations, using local languages and culturally appropriate materials.

Leveraging Technology: Utilizing mobile health platforms, social media, and radio programs to disseminate information more broadly.

Strengthening Healthcare Infrastructure: Investing in the healthcare infrastructure to ensure that all regions have access to healthcare professionals and public health resources.

Community Involvement: Engaging community leaders and influencers to help dispel myths and educate the population about diabetes.

Government and NGO Collaboration: Collaborating with non-governmental organizations (NGOs) and international partners to fund and support comprehensive public health campaigns.

### CONCLUSION

The management of diabetes in Ghana is a multifaceted challenge that requires a comprehensive approach to address the interconnected issues of healthcare infrastructure, access to care, and public education. The disparities in healthcare facility distribution, resource availability, and the shortage of trained professionals significantly impact the quality of diabetes care, particularly in rural areas. Geographic and economic barriers further exacerbate these challenges, limiting access to necessary medical services and hindering effective disease management. Public education emerges as a critical area for improvement, as widespread ignorance about diabetes, cultural misconceptions, and inadequate health campaigns contribute to late diagnoses and poor disease management. Addressing these educational gaps is essential for empowering individuals to take control of their health and reducing the overall burden of diabetes in the country. To make meaningful progress in managing diabetes, Ghana must invest in expanding healthcare infrastructure, improving access to care, and implementing robust public education initiatives. Collaborative efforts involving the government, NGOs, and community leaders are necessary to ensure that these interventions are sustainable and culturally sensitive. By adopting a holistic

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approach, Ghana can enhance diabetes management, reduce the prevalence of complications, and improve the quality of life for those affected by this chronic condition.

#### REFERENCES

- 1. Owusu, M.F., Basu, A., Barnett, P.: Hypertension and diabetes management: a policy perspective from Ghana. JHOM. 33, 35–50 (2019). https://doi.org/10.1108/JHOM-03-2018-0076
- 2. Aikins, A. de-Graft: Healer shopping in Africa: new evidence from rural-urban qualitative study of Ghanaian diabetes experiences. BMJ. 331, 737 (2005). https://doi.org/10.1136/bmj.331.7519.737
- 3. Bossman, I., Dare, S., Oduro, B.A., Baffour, P.K., Nally, J.E.: Patients' knowledge of diabetes complications and self-management practices in Ghana. Presented at the August 6 (2020)
- 4. Yorke, E.: The Role of The Diabetes Specialist Team in The Modern Management of Diabetes Mellitus: A Call for Its Implementation in Ghana. gcps. 11, 120–126 (2022). https://doi.org/10.60014/pmjg.v11i2.289
- 5. Ariel-Donges, A.H., Gordon, E.L., Dixon, B.N., Eastman, A.J., Bauman, V., Ross, K.M., Perri, M.G.: Rural/urban disparities in access to the National Diabetes Prevention Program. Transl Behav Med. 10, 1554–1558 (2019). https://doi.org/10.1093/tbm/ibz098
- 6. Foss, R., Fischer, K., Lampman, M.A., Laabs, S., Halasy, M., Allen, S.V., Garrison, G.M., Sobolik, G., Bernard, M., Sosso, J., Thacher, T. D.: Disparities in Diabetes Care: Differences Between Rural and Urban Patients Within a Large Health System. Ann Fam Med. 21, 234–239 (2023). https://doi.org/10.1370/afm.2962
- 7. Bossman, I.F., Dare, S., Oduro, B.A., Baffour, P.K., Hinneh, T.K., Nally, J.E.: Patients' knowledge of diabetes foot complications and self-management practices in Ghana: A phenomenological study. PLoS ONE. 16, e0256417 (2021). https://doi.org/10.1371/journal.pone.0256417
- 8. Yorke, E., Akpalu, J., de-Graft Johnson, G., Atiase, Y., Reynolds, M., Laryea, R., Tetteh, J., Yawson, A.E., Amoah, A.G.B.: A national audit of facilities, human and material resources for the comprehensive management of diabetes in Ghana-A 2023 update. PLoS ONE. 19, e0303624 (2024). https://doi.org/10.1371/journal.pone.0303624
- 9. Tenkorang-Twum, D., Atibila, F., Gyapong, P.: Examination of Patient Safety and Experience in Ghanaian Healthcare Facilities. GJNMID. 1, 21–30 (2024). https://doi.org/10.69600/GJNMID.v01.i02.21-30
- 10. Sapkota, S., Brien, J.E., Aslani, P.: Diabetes-Related Healthcare Services in Nepal—A Qualitative Exploration of Healthcare Professionals' Opinions. Pharmacy. 8, 131 (2020). https://doi.org/10.3390/pharmacy8030131
- 11. Healy, A. M., Shubrook, J. H., Schwartz, F. L., Cummings, D. M., Drake, A.J., Tanenberg, R.J.: Endocrinologists' Opinions of Diabetology as a Primary Care Subspecialty. Clinical Diabetes. 36, 168–173 (2018). https://doi.org/10.2337/cd17-0097
- 12. Beran, D.: The Impact of Health Systems on Diabetes Care in Low and Lower Middle-Income Countries. Curr Diab Rep. 15, 20 (2015). https://doi.org/10.1007/s11892-015-0591-8
- 13. Beran, D., Yudkin, J.S.: Looking beyond the issue of access to insulin: What is needed for proper diabetes care in resource poor settings. Diabetes Research and Clinical Practice. 88, 217–221 (2010). https://doi.org/10.1016/j.diabres.2010.03.029
- 14. Kushitor, M.K., Boatemaa, S.: The double burden of disease and the challenge of health access: Evidence from Access, Bottlenecks, Cost and Equity facility survey in Ghana. PLoS ONE. 13, e0194677 (2018). https://doi.org/10.1371/journal.pone.0194677
- 15. Gething, P.W., Johnson, F.A., Frempong-Ainguah, F., Nyarko, P., Baschieri, A., Aboagye, P., Falkingham, J., Matthews, Z., Atkinson, P.M.: Geographical access to care at birth in Ghana: a barrier to safe motherhood. BMC Public Health. 12, 991 (2012). https://doi.org/10.1186/1471-2458-12-991
- Mogre, V., Johnson, N.A., Tzelepis, F., Paul, C.: Barriers to diabetic self-care: A qualitative study of patients' and healthcare providers' perspectives. Journal of Clinical Nursing. 28, 2296–2308 (2019). https://doi.org/10.1111/jocn.14835
- 17. Amoah-Nuamah, J., Agyemang-Duah, W., Prosper Ninorb, G., Gladstone Ekeme, B.: Analysis of Spatial Distribution of Health Care Facilities and its Effects on Access to Primary Healthcare in Rural Communities in Kpandai District, Ghana. Cogent Public Health. 10, 2183566 (2023). https://doi.org/10.1080/27707571.2023.2183566

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- 18. Sulemana, A., Dinye, R., Nkrumah, K.: Access to Healthcare in Rural Communities in Ghana: A Study of Some Selected Communities in the Pru District. Presented at the (2014)
- 19. Korsah, K.A., Dyson, S., Anthony, D.: Experiences and cultural beliefs of patients with diabetes: Lessons for nursing practice, education and policy. International Journal of Africa Nursing Sciences. 16, 100392 (2022). https://doi.org/10.1016/j.ijans.2021.100392
- 20. Debussche, X., Balcou-Debussche, M., Besançon, S., Traoré, S.A.: Challenges to diabetes self-mangement in developing countries. Presented at the (2009)

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