

**ORIGINAL PAPER****The Reasons for the Application of Traditional Medicine: The Example from Çanakkale, Turkey****Gülbu Tanrıverdi, PhD**

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**Correspondence:** Gülbu Tanrıverdi, Çanakkale Onsekiz Mart Üniversitesi, Sağlık Yüksekokulu, Hemşirelik Bölüm Başkanı, Çanakkale, Turkey. E-mail Adres: gulbu@comu.edu.tr**Abstract****Objective:** This study was made in order to identify the reasons for the application of traditional medicine.**Methodology:** This descriptive study was performed in the center of the city of Çanakkale. The study was created at the Cevatpasa Family Health Centre for individuals aged over 18 with 8512 participants. The method was determined by random sampling of 400 volunteers who were enrolled in the study. Data was collected using a questionnaire prepared by researchers in a face to face interview method. The evaluation of data used by researchers SPSS 13 was used to evaluate the distribution of the frequency and average.**Results:** 82.8 % of individuals had at least in the past year for various reasons applied for the application of conventional medicine. Most common reasons for applying to conventional medicine were as follows 56.3% the method is natural, 53.0% easy accessibility, 47.0% when selected to be correctly effective, 43.0% to be harmless, 38.0% not wanting to use drugs, 37.7% were afraid of the side effects of drugs treatment, 28.5% think that drugs are harmful, 26.0% reliability of traditional medicine were the reasons given.**Conclusion:** Many of the reasons given by people for applying to traditional medicine is that it is accessible, acceptable and a reliable method. In this context the negative views and experiences of modern medicine planning can be changed with well planned proposed changes.**Key words:** Traditional medicine, reasons for the application, Çanakkale**Introduction**

Traditional medicine (TM) is the sum total of knowledge, skills and practices based on the theories, beliefs and experiences indigenous to different cultures that are used to maintain health, as well as to prevent, diagnose, improve or treat physical and mental illnesses (WHO 2000). TM has a long history, in a country and is widely adopted in applications. Implementation of their own outside of TM, alternative or complimentary medicine is defined as the culture medium (Aydin 2012). Chinese acupuncture for Turkey is an alternative, while it is not an alternative in China (Ozturk 2012).

Past and present health there are some applications that are particularly damaging to health the problems are at a dimension that cannot

be ignored (Aksayan 1983, Engin Pasinlioglu 2002, Tortumluoglu et al., 2004, Celasin et al., 2008, Kucukoglu et al., 2009, Karatay 2009, Sezgin et al., 2009, Vurur et al., 2009, Ozyazicioglu & Oncel 2011). Yaşan and Gürgen (2004) It has been found that the rate of help-seeking behavior of traditional psychiatry clinic applications 57% physiotherapy patients attending outpatient clinics. In another study 17% of the patients were forcibly taken to psychiatric hospitals and 34% were forcibly taken to a doctor. It has been found that these patients are more acceptable to people other than doctors (Kirpinar 1992). It is known that the time span for treatment and access to psychiatric units are an issue. Research has found 72.6% of intervention and application of traditional practices prior to

medical treatment for fractures, dislocations and sprains are harmful to health.

Reasons for applying TM vary from country to country, region to region and culture to culture. Reasons for application of TM is belief and acceptance of TM, quick and easy accessibility, negative experiences with health care institutions and their employees. Not being able to get results with modern medical practices, dissatisfaction with health care workers, medical staff patient relations not being sufficient because of high demand, insufficient time being allocated to patients. Lack of trust in organization, high cost of medication, side effects and sometimes the lack of therapeutic effects, fear of the side effects of medical treatment, non treatment of some diseases by the physician, the habit of failure to establish proper communication with the general public by physician, considered to be reliable and effective, the spiritual dimension, giving parents the feeling that they have control over the treatment, rejection of modern technology and medical treatment, lack of access, being far from (Ozyazicioglu & Oncel 2011), considered more natural than modern medicine, the thought that the cure and remedy to everything is in nature, used in despair and the lack of finances (Kaplan 2010). Not having to get an appointment and wait in queues for traditional methods, in addition payment can be made in food clothing or a blessing. (Ozyazicioglu & Oncel 2011) In a study conducted (64.13%) of medical practitioners thoughts are it is cheap and easily accessible (Tolera et al. 2011). As mentioned in the literature above, why different cultures resort to traditional medicine and why there are health threats to humans in the application of such. However literature on the reasons as to why people choose traditional medicine is limited. Some of the practices of TM have delays on early diagnosis and treatment, are health threatening and increase the cost of treatment, as a result cause unintentional injuries and brings many other health related issues, why these applications are being sought is still a mystery to researchers.

### **Aim**

The present investigation was carried out to identify the reasons as to why traditional medicine is still being sought the use and assessment of such targets for health care workers.

### **Methodology**

#### **Research type**

This study is descriptive research.

### **Place and time of study**

This study was conducted in the Canakkale city centre between December 2011 – May 2012.

### **Population of research and Sample Selection**

The study was conducted at the Cevatpasa Family Health Centre for individuals aged over 18 with 8512 participants. The formula used in the selection of the sampling frequency was taken knowing the population of the region.

A 0.05 margin of error with the sampling was determined as 386 individuals that were included in the sample group of people that had attended the Cevatpasa Family Health Centre, for reasons such as illness/medical follow up and medical consultancy. These people were individuals that came from the random sampling method. Individuals included in the sample were selected from people that were capable of hearing understanding and answering sample questions featured in the study.

### **Data collection methods**

Data were collected by using a questionnaire prepared by researchers. The questionnaire contained a total of 22 questions. Ten of the questionnaire's questions were open ended.

The questionnaires were administrated by the researchers using a face to face interview method. Interviews were carried out in the Family Health Centre waiting rooms.

### **Ethical Issues**

Ethical approvals had been obtained from the relevant institutions and organizations in writing prior to the commencement of the questionnaires.

The Cevatpasa Family Health Centre, the physicians and all other medical staff were consulted and informed about the study, copies of the questionnaires were left with them. Their advice was evaluated.

The study was completed with individuals who had agreed to partake in the study.

### **Statistical Analysis**

The evaluation of data used by researchers SPSS 13 was used to evaluate the distribution of the frequency and average.

### **Results**

Socio demographic characteristics and reasons for applying to traditional medicine were discussed under two headings.

**1. Socio demographic characteristics**

Socio demographic characteristics of individuals were given in Table 1. The sample of women in the research is seen table (65.8%) married couples (62%) those with children (68.0%) immediate family (99.5%) those with equivalent income and expenditure (61.5%) those with health insurance

(98.7%) and those primarily living in the city centre (77.5%).

The average age of the individuals included in the study although shown in the table is 41.3±15.97 and aged in-between 18-87. Monthly income is 1602.18±1089.30 TL Individuals with monthly income of “I have no income” and varying between 6345.00TL.

*Table 1. Socio-demographic characteristics of individuals (n=400)*

Socio-demographic characteristics	N	%
<b>Sex</b>		
Male	263	65.8
Female	137	34.3
<b>Marital status</b>		
Married	248	62.0
Single	208	27.0
Widowed	53	8.8
Divorced	9	2.3
<b>Those with children</b>		
Yes	272	68.0
No	128	32.0
<b>Level of education</b>		
Illiterate	7	1.8
Primary education	136	34.0
Secondary education	95	23.8
Ba.	162	40.5
<b>Health insurance</b>		
Yes	395	98.8
No	5	1.3
<b>Type of health insurance</b>		
Government Pension fund	127	45.0
Social insurance fund	180	31.8
Self funded pensioner	78	19.5
Green card	8	2.0
Private insurance	2	0.5
<b>Monthly income and expenditure</b>		
No income	12	3.0
Income is less than expenditure	116	29.0
Income and expenditure is equivalent	246	61.5
Income is more than expenditure	26	6.5
<b>Family type</b>		
Immediate family	362	90.5
Extended family	25	6.3
Broken family	13	3.3
<b>Where they spend most of their life</b>		
Village	33	8.3
Small Town	57	14.3
Province	310	77.5

**2. Reasons for applying to TM**

82.8% n=331 of the individuals in the study had for various reasons applied to the method of TM. As shown in Table 2 Individuals participating in the study. Among the reasons to apply TM the

most common perceived ones are that natural medicine is more natural than modern medicine (56.3%), easily accessible (53.0%), if chosen correctly it is far more effective (47.0%), perceived to be harmless (43.0%), those not wanting to use medicinal drugs (38.0%), those

afraid of the side effects of treatment and drugs (28.5%), those thinking that traditional medicine (37.7%), those that think the drugs are harmful is reliable (26.0%).

**Table 2. Reasons for applying to TM (n=400)**

Reasons	n*	%
Being Natural	225	56.3
Being easily accessible	212	53.0
When selected correctly it is effective	188	47.0
Being harmless	172	43.0
Not wanting to use medicinal drugs	152	38.0
The fear of using drugs and the side effects	151	37.7
Thinking that drugs are harmful	114	28.5
Being reliable	104	26.0
Being easy to apply	99	24.7
Insufficient time allocation to patients at health care facilities	76	19.0
Family and friends preferring traditional medicine practices	59	14.8
Mixed procedures at health care institutions	55	13.7
Inadequate communication between health care workers and patients	55	13.7
The negative attitude of health care workers	49	12.8
Being able to make decisions on therapeutic management	49	12.8
Not being given enough information about treatment by health care workers and being excluded from the treatment process	40	10.0
Health care facilities placing wrong diagnosis and performing wrong operations	38	9.5
Time of treatment being too long at health care facilities	38	9.5
Difficulty in accessing health care facilities	32	8.0
Health care facilities performing unnecessary procedures purely for financial gain	31	7.7
To support treatment	30	7.5
Feeling insecure at the hospital	21	5.3
Distrust of the health care facility and modern medicine	20	5.0
Lack of respect for privacy at the health care facility	17	4.3
Damage that friends and family have received from medical treatment	17	4.3
Not having sufficient funds	12	3.0
Not being able to have the same sex health care worker	3	0.8

\*Each individual responded with more than one answer

**Discussion**

There has been no discrimination on individuals included in this study as to gender, education, type of family, monthly income, age or where they have spent a majority of their lives.

According to the results of this study the causes of these positive reasons for the application of TH took place: that TH was natural easily accessible, friends and family see it as acceptable and reliable.

However there were people who were negative towards the application of TM. These are: people with negative views against treatment, health care institutions and agencies, the negative approach of health care workers, traditional structure, uneducated people and those of economic incompetence.

Kaplan’s (2010) doctoral thesis women’s views are that traditional health is far more natural than modern medicine, can be comfortably administered at home, been tried many times and having gained positive results, implemented by

family elders and it has been found that they think it is not harmful.

In a qualitative study conducted by Buken et al (1996)

“ Why people apply to non medical applications” answer to questions: effect of traditions, failure to receive positive response to treatment, insufficient economical capabilities, the inability to provide health care, low levels of education, attitude of health care workers, distrust of physicians were amongst answers received.

In Cetin’s findings (2009) 75% of women benefit from the same application, 65% upon neighbors recommendation, 80% not having seen the benefits of health services, 30% having midwives in their own environment and the confidence that they give, 50% found that it is easier to reach midwives than health care professionals.

Postpartum Chinese women living in Canada have been known to turn to traditional medicine in order to feel better about them selves (Bratwaite 2004). A noticeable research conducted in

Ethiopia was most modern medicine practitioners (64.13%) found that traditional medicine was more advantageous than modern medicine because it was cheap and easily accessible (Tolera et al. 2011) Results of many studies, Show traditional medicine practices were more common in people with low levels of education (Tortumluoglu et al. 2004, Ozyazicioglu & Polat 2004, Arikan & Aytekin 2007, Eltas et al. 2009). The results of this study Show that they are in agreement with the results of other research that has been conducted. Reasons for applying such are that it is similar to TM. Thoughts that TM is natural and the positive perceptions are beneficial should not be ignored. WHO and its member States cooperate to promote the use of traditional medicine for health care (WHO 2000). However health care institutions, health care workers and the mistrust conception towards them are the cause of negative thinking, the difficulty in reaching, economic inability, lack of education are the negative reasons that people seek traditional medicine. It is obvious that there is a need to for assessment of these results.

### Conclusions

Possible reasons for the application of TM can be put in two main headings:

1. The negative views and experiences of health professionals and health care institutions.
2. A positive opinion towards TM and positive experiences.

Negative opinions and experiences to the study can be replaced with some planning. The results of our research can be used in future planning. In the future in similar studies, works researchers conduct can bring positive and negative opinions of Modern medicine and a more indebt research on TM is recommended. However it can be advised that researchers make adequate studies aimed at changing the negative views towards health professionals, health care institutions and modern medicine

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### References

Aksayan, S. (1983). Traditional beliefs and practices related to child health. Hacettepe University Institute of Health Sciences Nursing Program Master's Thesis. Ankara, Turkey.  
 Arikan D, Aytekin A (2007). The effects of mothers age and level of education on pediatric pain control

applications with non-pharmacological methods. Ataturk University Journal Of Nursing 10(4):12-20.  
 Aydın S (2011). WHO and the alternative adventure of the tradition to global, medicine. Journal of Health Thought and Culture of Medicine 22, 8-11.  
 Buken N, Dinc L, Kutlay N, Oguz Y, Ozturk H, Subasi M, Senol Y (1996). The views of a section of society about non-medical practices. Journal of Medical Ethics 4(3):118-121.  
 Celasin SN, Ergin D, Atman U (2008). Attitudes and Knowledge Concerning High Temperature of Mothers Have 0-6 Age Group Infants Who Are Hospitalized Due To High Temperature Ailments. Firat University Medical Journal of Health Sciences 22(6): 315-322.  
 Cetin H (2009). The reasons of prefer to public midwife in an area. Intercultural Approach in Nursing and Midwifery Symposium Booklet. Canakkale. pp:135.(abstract)  
 Eltas C, Karadagli F, Aslan G, Erdugan N, Soylemez S (2009). Women admitted to the University Hospital of Gynecology and Obstetrics Polyclinic traditional practices related to pregnancy and postpartum periods. Intercultural Approach in Nursing and Midwifery Symposium Booklet. Canakkale. pp:114.(abstract)  
 Engin R, Pasinlioğlu T (2002). The traditional belief and applications of infertile women in and around Erzurum. Ataturk University Journal Of Nursing 5(1): 1-10.  
<http://www.who.int/mediacentre/factsheets/fs134/en/>  
 Accessed on: 26.12.2011  
 Kaplan M (2010). Women in the process of re-production of traditional medicine. Intergenerational case study in Ankara city. Ankara University Press. p: 257  
 Karatay G. (2009). Determination of Health Related Practices about Some Emerging Situation Used by Womens Living in 1th Primary Health Care Area in Kars. Electronic Journal of Dokuz Eylul University School of Nursing 1 (1): 3-16.  
 Kırpınar İ (1992). Summary: Referans to Non-Medical Persons of the Patients Treated in Psychiatry Clinic of Erzurum Numune Hospital, For Their Mental Disorders. Journal of Thinking Man 1(2): 13-17.  
 Küçüköğlü S, Arıkan D, Cürçani M. (2009). The Determination the Characteristics of First Aid Application Applied to the Children in Case of Fracture, Luxation and Spindle. Ataturk University Journal Of Nursing 12(4), 74-83.  
 Öztürk G (2012). Alternative terminology. Journal of Health Thought and Culture of Medicine 22, 6-7.  
 Özyazıcıoğlu N, Öncel S (2011). Cultural approaches to child care. Intercultural Nursing. Editors: U Sevig, G Tanriverdi. 1. Edition, Istanbul Medical Bookstore 207-208.  
 Ozyazicioglu N, Polat S. (2004). Traditional Applications That The Mothers With 12 Month-Child Applied For Some Health Problems, Ataturk University Journal Of Nursing 7(2): 30-38.  
 Sezgin H, Ozkan A, Karadutlu C (2009). The traditional practices of common health problems. Intercultural Approach in Nursing and Midwifery Symposium Booklet. Canakkale. p:144.(abstract)  
 Tolera GF, Wabe NT, Angamo MT, Wega SS, Dekama NH, Abdella SH, Mohammed MA (2011). Attitude of modern medical practitioners towards the integration

- of modern and traditional medical practices in Ethiopia. *Spatula DD* 1(4): 199-205.
- Tortumluoglu G, Karahan E, Bakir B, Turk R (2004). The Old Living in Rural Areas Apply for Treating Common Health Problems the Definition of Traditional Health Practices. *International Journal of Human Sciences* 1(1).
- World Health Organization (2000). *General Guidelines for Methodologies on Research and Evaluation of Traditional Medicine*. Geneva
- Yaşan A, Gürgen F, (2004). The comparison of patients who admitted to psychiatry and rehabilitation clinic in terms of traditional help-seeking behavior. *Medical Journal of Dicle* 31 (3) :20-28.

Vurur S, Vurur G, Coskun S, Arslan A, Sahin S (2009). Determination of traditional practices for taking care of mothers with a child aged 0-6. *An Intercultural Approach to Nursing and Midwifery Symposium Booklet*. Çanakkale. p: 149 (abstract)