

Awareness and Attitude Regarding Complementary and Alternative Medicine among Middle Aged Adults

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ABSTRACT

Background: Complementary and Alternative Medicine is a group of diverse medical and health care practices and products that are not presently considered to be part of conventional medicine. The purpose of study was to assess the level of awareness and attitude of Complementary and Alternative medicine among middle aged adults and to find out the correlation between awareness and attitude.

Methods: A descriptive, correlational study design was carried out on 63 subjects through convenient sampling technique. Data was collected through face to face interview method among middle aged adults of Kirtipur municipality in Kathmandu by using Nepali version of structured set of questionnaire for all respondents. Data were entered using SPSS-20 and analyzed using descriptive statistics for socio-demographic and study variables, and inferential statistics namely Spearman Rank correlation coefficient was used to assess the relation between awareness and attitude regarding Complementary and Alternative medicine.

Results: Highest proportion (36.5%) of respondents was aged from 41-45 years. Majority (88.9%) of the respondents were literate. It was found that majority (71.4%) of the middle aged adults pose moderate knowledge and favorable attitude (93.7%) regarding complementary and alternative medicine, with negligible relationship between awareness and attitude ($r=0.171$).

Conclusions: This study concluded that majority of the middle aged adults pose moderate knowledge and favorable attitude regarding complementary and alternative medicine, with negligible relationship between awareness and attitude.

Keywords: Attitude; awareness; complementary and alternative medicine; middle aged adults

INTRODUCTION

Complementary and alternative medicine (CAM) is a group of diverse medical and health care system, practices, and products that is not presently considered part of conventional medicine.¹

Majority of developing countries rely on CAM for accessibility, affordability, and belief of being safe and efficacious. However, evidence on scientific bases for safety and efficacy of these practices is limited.²

In Nepal, more than 50% of the population use alternative medicine, while clear cut information on the practice is not well known.³

In Nepal, CAM is gaining popularity due to low cost and easy availability. Using it without advice of practitioner may cause harmful effects.⁴ Very few researches are

available regarding awareness and attitude of public towards CAM.

The objective of the study was to assess the level of awareness and attitude of CAM among middle aged adults. Secondary objective of the study was to find out correlation between awareness and attitude towards CAM.

METHODS

A descriptive correlational study design was conducted in ward number 10 of Kirtipur Municipality, Kathmandu district, an ancient city of Kathmandu Valley, located 5km south-west of Kathmandu. Majority of the people living here are Newar, followed by Chhetri and Brahmin. Mother tongue of almost half of the population is Nepali, followed by Newari language. It has a literacy rate of 86.8%, with male literacy 94.47% and female

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literacy 77.18%.⁵ The study population was selected irrespective of their sex. The total household of this area is 3192.⁶ Those people who were mentally ill and CAM practitioners were excluded from the study.

Non probability convenient sampling technique was used for the study. The data was collected using structured interview schedule. Ethical clearance for the study was taken from the Institutional Review Committee, Nepalese Army Institute of Health Sciences. Administrative approval was obtained from the Kirtipur Municipality. Data was collected using face to face interview method.

Prevalence of awareness regarding CAM is 79% in India.⁷

Sample size (n) = 63

Structured interview schedule was developed by the researchers themselves on the basis of objectives of the study by reviewing literature. The questionnaire was prepared in simple and understandable language in English and translated into Nepali language.

Pretesting of the tool was done on 10% of the total sample size, i.e. 6 middle aged adults in Kirtipur Municipality Ward number 4 to check its clarity, sequencing, feasibility and practicability.

The collected data was checked for completeness, then coded and entered in SPSS version 20. Data was analyzed using appropriate statistical techniques: descriptive statistics such as frequency, percentage, mean and standard deviation were used to describe the socio-demographic data; inferential statistics, Spearman's Rank Correlational Coefficient test was used to identify the correlation of awareness and attitude.

RESULTS

The highest proportion (36.5%) of the respondents' age was 41-45 years with almost half (54%) of the respondents were female. Majority (61.9%) of the respondents was Brahmin/Chhetri, followed by Janajati (33.3%) and least was Dalit (4.8%). In regard to religion, most of them (85.7%) followed Hindu religion. Majority (88.9%) of the respondents were literate, with highest proportion (28.6%) that was graduate and above. Highest proportion (33.3%) of the respondents were engaged in service. Almost all (90.5%) of the respondents were married. Majority (52.4%) of the respondents belong to joint family. Similarly, nearly two-third (65.1%) of

the respondents had income sufficient for day to day activities for one year. All (100.0%) of the respondents have health services and CAM services available near house. Highest proportion (39.7%) of the respondents had got information about CAM from family, friends, and relatives followed by 38.1% who had gained the information from mass media.

Most (71.4%) of the respondents had moderate level of awareness regarding CAM whereas 19.0% had high level of awareness and 9.5% had low level of awareness regarding CAM. Almost all (93.7%) of the respondents had favorable attitude towards CAM, while 3.2% had neutral and unfavorable attitude each. There was negligible correlation between awareness and attitude rank.

Table 1. Awareness of Respondents regarding CAM (n=63).

Variables	Frequency	Percentage
Meaning of CAM (Treatment apart from modern medicine)	35	55.6
Types of CAM #		
Ayurveda	59	93.7
Yoga	51	81.0
Homeopathy	33	52.4
Holy Water	15	23.8
Unani	5	7.9
Presence of side effects of CAM	39	61.9
Types of CAM available in Nepal #		
Yoga	61	96.8
Homeopathy	40	63.5
Aroma therapy	10	15.9
Chemotherapy	4	6.3
Chiropraty	2	3.2
Diseases treated by CAM #		
Jaundice	56	88.9
Hemorrhoids	50	79.4
Fracture	19	30.2
Rabies	4	6.3
Diseases not cured by CAM #		
Cancer	57	90.5
Tuberculosis	44	69.8
Malaria	35	55.6
Arthritis	9	14.3

#Multiple response

Table 2. Respondents' Attitude towards CAM.

Statements	SA %	A %	U %	D %	SD %	Mean±SD
CAM is easy to access.	6.3	61.9	4.8	25.4	1.6	3.4± 1.1
Conventional medicines used with CAM are beneficial to the patients.	17.5	60.3	15.9	6.3	-	3.9 ± 0.8
CAM should not be marketed by hawkers.	41.3	52.4	4.8	-	1.6	4.3 ± 0.7
Mass media should not show exaggerated awareness build up program on CAM.	44.4	55.6	-	-	-	4.4 ± 0.5
All unethical practice on CAM should be stopped.	33.3	63.5	-	3.2	-	4.3 ± 0.6
Patient should not hesitate to talk about CAM with their physicians.	38.1	60.3	1.6	-	-	4.3 ± 0.5
CAM that has not tested in a scientific manner should be discouraged.	15.9	65.1	12.7	4.8	1.6	3.9 ± 0.8
Most CAM stimulates the body's natural therapeutic powers.	11.1	54.0	22.2	9.5	3.2	3.6 ± 0.9
CAM should be bound by law.	22.2	63.5	9.5	4.8	-	4.1± 0.7
CAM use along with conventional medicine should be under the supervision of a physician.	38.1	52.4	6.3	3.2	-	4.2 ± 0.8
All types of CAM are scientific.	-	28.6	31.7	33.3	6.3	3.2 ± 0.9
CAM has no side effects.	12.7	49.2	6.3	25.4	6.3	2.6 ± 1.2
All types of CAM can be dangerous in that it may prevent people from getting proper treatment.	12.7	22.2	15.9	36.5	12.7	3.1 ± 1.3
CAM should only be used as a last resort when conventional medicine did not work.	1.6	30.2	12.7	46.0	9.5	3.3 ± 1.1
CAM should only be used in minor ailments and not in the treatment of more serious illness.	-	49.2	14.3	27.0	9.5	2.9 ± 1.1

SA=Strongly Agree, A=Agree, U=Uncertain, D=Disagree, SD=Strongly Disagree, S.D.=Standard Deviation

Table 3. Respondents' Overall Level of Awareness regarding CAM.

Level of awareness	Frequency	Percentage
Low (<50% score)	6	9.5
Moderate(50-74% score)	45	71.4
High (≥75% score)	12	19.0
Total	63	100.0
Range of scores = 27-14, Mean± SD = 20.43±3.449		

Table 4. Respondents' Overall Level of Attitude regarding CAM.

Level of attitude	Frequency	Percentage
Unfavorable (<45)	2	3.2
Neutral (45)	2	3.2
Favorable (>45)	59	93.7
Total	63	100.0
Range of scores= 65-43, Mean± SD = 55.65±4.646		

Table 5. Rank Correlation between Awareness and Attitude Scores regarding CAM.

Variables	Correlation coefficient	p-value
Awareness	0.171	0.18
Attitude		

DISCUSSION

The study finding showed that most (71.4%) of the respondents had moderate level of awareness regarding CAM whereas 19.0% had high level of awareness and 9.5% had low level of awareness regarding CAM. This result is somewhat similar to descriptive study conducted in Bangladesh among 300 adults, which revealed that 50.5% had average knowledge, 30.5% had good knowledge and 20% had poor knowledge regarding CAM.⁸

The study revealed that majority (55.6%) of the respondents were aware of true meaning of CAM i.e. treatment apart from modern medicine. The result of the study is moderately consistent to a descriptive study conducted in out-patient department of a tertiary care teaching hospital of India among 100 patients, which reported that 49.1% of adults above 40 years were aware of the meaning of CAM.⁷

The present study revealed that almost all (93.7%) of the respondents were aware that Ayurveda is a type of CAM, followed by yoga (81.0%) and homeopathy (33.0%). The result is higher than the result from a similar study conducted in Bangladesh (n=300) which showed that 14% knew about homeopathy and 11% about Ayurveda.⁸

Almost all (96.8%) of the respondents agreed that yoga is available in Nepal. Majority (63.5%) of the respondents knew about availability of homeopathy while very few (15.9%) knew Aroma therapy and only 3.2% know Chiropractic is available in Nepal.

This study shows that one fourth (28.6%) of the respondents knew diarrhea to be side effect of homeopathy, 25.4% knew about vomiting and 15.9% knew abdominal pain to be the side effect of homeopathy. The result of this study is moderately consistent to the study conducted in Ethiopia, which revealed 36.6% to know about diarrhea, 20.5% about vomiting and 25.4% about abdominal pain.⁴

Similarly, the study revealed that most (88.9%) of the respondents were aware that CAM treats Jaundice, while 79.4% responded hemorrhoids is treated by CAM which is in contrast with a descriptive study conducted among 302 adults in a community of Ethiopia which showed 49.1% respondents agreed hemorrhoids and 16.9% agreed jaundice to be treated by CAM.⁴

In this study almost all (90.5%) of the respondents were aware that CAM does not cure cancer, followed by 69.8% and 55.6% who agreed that tuberculosis and malaria is not cured by CAM respectively. This result is contrast from the findings of the study conducted in Ethiopia, where 59.7% responded CAM fails to treat cancer, malaria (21.5%), tuberculosis (9.9%).⁴

The present study showed that almost all (93.7%) of the respondents have favorable attitude towards CAM, while 3.2% have neutral and unfavorable attitude each. This result is consistent with the findings of the study conducted in Bangladesh that showed overall positive attitude towards CAM.⁸

The study findings reveals that most (77.8%) of the respondents agreed that CAM is easy to assess. This result is supported by the study which had been conducted in Bangladesh that revealed that 79.3% agreed with the statement. In this study most (60.3%) of the respondents agreed conventional medicines used with CAM are beneficial to the patients. This result is consistent with the study conducted in Bangladesh where, 58.3% had agreed conventional medicines used with CAM are beneficial to the patients.⁸

The study findings revealed that all (100.0%) respondents agreed that mass media should not show exaggerated awareness build up program on CAM. This result is also supported by the findings from Bangladesh which revealed that 96.6% respondents had agreed to it. The present

study shows almost all (97.0%) of the respondents have agreed that all unethical practices on CAM should be stopped. This result is supported by the study conducted in Bangladesh that had 98.1% respondents agreeing to the statement.⁷

The study findings revealed that 38.1% respondents strongly agreed that patient should not hesitate to talk about CAM with their physicians. This result is moderately consistent to the study in Bangladesh which revealed 30% respondents had agreed to the statement.⁸

In the current study majority (65.1%) of the respondents agreed that CAM that has not tested in a scientific manner should be discouraged. Nearly half (54.0%) of the respondents agreed that most CAM stimulates the body's natural therapeutic powers. Majority (63.5%) of respondents agreed to the statement CAM should be bound by law. Majority (52.4%) of the respondents agreed that CAM use along with conventional medicine should be under the supervision of a physician while 38.1% strongly agreed to the statement.

The findings of the study revealed that 39.6% of the respondents disagreed or strongly disagreed to that all types of CAM are scientific, which is somewhat similar with the findings of the study conducted in Bangladesh which showed 28.3% of the respondents disagreed to it.⁸

The findings of the study showed that for the statement all types of CAM can be dangerous in that it may prevent people from getting proper treatment the mean score was 3.1 ± 1.3 . This result is higher than the study conducted among 417 Malaysian adults that had mean score of 2.41 ± 0.726 . The study findings also reveal that the mean score for preference of use of CAM as last resort when conventional medicine did not work was 3.3 ± 1.1 . This is also higher than the result from same study that had mean score of 1.42 ± 0.727 .⁹ The difference in result might be because of different study setting and as the present study was conducted with less sample size.

The study findings showed that 45.5% of the respondents agreed that CAM has no side effects.

Almost half (49.2%) of the respondents agreed that CAM should only be used in minor ailments and not in the treatment of more serious illness, while 36.5% disagreed and strongly disagreed to it.

The study revealed negligible correlation between awareness and attitude rank with $r = 0.171$. This result is contrast from the findings of the similar study conducted among 400 patients with chronic illness in an urban

community of Iran that showed statistically significant relationships between knowledge and attitude ($r = 0.28$).¹⁰ The variation in correlation might be because of different study setting, population and less sample size in the present study.

CONCLUSIONS

This study conclude that majority of the middle aged adults pose moderate knowledge and favorable attitude regarding CAM, with negligible relationship between awareness and attitude.

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Competing interests: None declared

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