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Knowledge and Practices of Traditional Health among Adults of Bansgadhi Municipality, Bardiya District: Community-based Cross-Sectional Study

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ABSTRACT

Introduction: Traditional health is the primary health care based on the cultural conception, beliefs, experience and widely practiced health system of Nepal for the maintenance of health. The healing practices are carried out by both academically trained as well as traditional healers available in the community. The objective of the study was to assess the knowledge and practices of people living in Bansgadhi Municipality towards traditional health.

Methods: A quantitative community based cross-sectional study was carried out among 196 adults living in Bansgadhi Municipality, Bardiya district. Ethical approval was taken before data collection. Semi-structured questionnaires were used for data collection through direct interview with the respondents. Simple random sampling was used for the selection of households for data collection. The collected data were coded and entered in Epidata and then exported to SPSS.

Results: Among the respondents, 58.2% of respondents had poor knowledge, while the remaining respondents had either moderate (20.9%) or good (20.9%) knowledge on traditional health. On the other hand, practices of three-fourth respondents (77.6%) were poor.

Conclusions: More than half of respondents had poor knowledge and unsatisfactory traditional health practices. This highlights the need for awareness and integration of traditional practices.

Keywords: *Adult; Knowledge; Practices; Traditional Health; Traditional Medicine.*

INTRODUCTION

Traditional health refers to health practices, approaches, knowledge and beliefs developed by indigenous cultures.[1] It comprises medical aspects of traditional knowledge that developed over generations within the belief of various societies.[2]

In Nepal, every community uses traditional medical practices and healing methods on a regular basis. Nearly every community have a sizable number of traditional healers who offer the most accessible, reliable and affordable services for the community people.[3]

In Bardiya, it is hard for people to have access to modern hospitals and treatments due to various factors, thus they still practice these ancient health practices for a healthy living. Traditional health care is near to home, accessible, and cheap for the community people of Bardiya.

Thus, this research was performed to better understand the level of knowledge and practices of adults living in Bansgadhi Municipality towards traditional health.

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METHODS

Cross sectional study was carried out at Bansgadhi Municipality of Bardiya district in total 4 wards (Lakhna, Newada, Haupur and Machagad). At first ethical approval from the Institutional Research Committee of National Academy for Medical Sciences (NAMS) (ref no: 504/078/079) was taken to conduct the research on the specified area and population. The municipality was visited for additional approval for the data collection. Individuals aged older than or equal to 18 years to 59 years group were chosen as study population. While the study units were adult individuals available in the household during the interview, preferably the head of family, if more than one adult was found. General population or active population aged 18 to 59 years was included in the study. Populations below 18 years and above 59 years such as children, teenagers and elderly population were excluded in the study.

Sample Size

Sample size was determined based on the prevalence of knowledge and practice from the following assumptions:

From the research "Knowledge Diversity and Healing Practices of Traditional Medicine in Nepal" conducted in 2016 by NHRC, around 85 % of the population rely on traditional medicines for primary health care in the country [3], therefore

Sample size (n) = z^2pd/d^2

Where,

d = maximum allowable deviation or error (5%)

p = 0.85

q = 1- 0.85 = 0.15

z = 1.96 at 95% level of confidence

n = $(1.96)^2 * 0.85 * 0.15 / (0.05)^2$ =196

Therefore, the final sample size became 196.

The participants were recruited conveniently. Knowledge and Practices of traditional health were dependent variables whereas socio-demographic factors (Age, Sex, Education, Marital Status, Occupation, Family Type & Income, Religion and ethnicity) and Socio-cultural factors (Types of traditional practices, Benefits and challenges, Beliefs, Perceptions) were independent variables.

Semi-structured questionnaire was used as a tool for the data collection, which was developed based on the extensive literature and modified after pilot study and translated in Nepali language. Data was collected by taking face-to-face interviews with the respondents and was conducted in a natural and neutral setting. Before conducting the interview, written and verbal consent was taken from each respondent.

For assessing the knowledge of traditional health, we had categorized knowledge on Poor, Moderate and Good. Altogether there were 12 dimensions to assess the knowledge i.e., respondents having heard about traditional health systems, Dhami, Jhakri, Ayurvedic, Homeopathy, knowing about traditional medicine, etc. Knowledge was measured in percentile score. The score above 77% was considered as good knowledge, the score from 55% to 77% was considered as moderate knowledge and the score below 77% was considered as poor knowledge. For assessing practice, we categorized practice in good practice and poor practice. 12 dimensions were taken to calculate the score which include use of traditional medicine in family, ever visited traditional medicine, visit Dhami-Jhakri, family members given birth from Sudeni, etc. The mean score of practice of traditional health was 3. The score above 3 was considered as good practice and the score below 3 was considered as poor practice of traditional health.

The collected data were coded and entered in Epidata and then exported to SPSS V 23. Descriptive analysis was done and presented using frequency and percentage.

RESULTS

Knowledge and practice scores of the respondents are presented in the table below. Of the total 196 respondents, almost three-fifth had poor knowledge, while 20.9% each of the respondents had moderate and good knowledge about traditional health. Regarding the practice of traditional health, it has been found that almost four-fifth of the respondents (77.6%) had poor practices.

Table 1. Knowledge and Practice Score

Characteristics	Frequency (%)
Knowledge	
Poor	114(58.2%)
Moderate	41(20.9%)
Good	41(20.9%)
Practice	
Poor	152(77.6%)
Good	44(22.4%)

Table 2 shows the socio-demographic information of the respondents. The age group 18-28 represented 37.2% of all responses. Two-third of the respondents were female accounting 66.8%, while only 33.2% were male. Married respondents were found to be significantly more than unmarried respondents. Almost all respondents followed Hinduism resulting in 95.4%. Nearly three fourth of the respondents belonged to Janajati. The educational status of the respondents was not found satisfactory. Agriculture was the primary source of

income for the residents of that community. Nuclear families were found to be more common than the joint families. Though 17.9% of respondents belonged to a joint family, they had good monthly income and were also engaged in farming. The monthly household income of 55% of the respondents varied Rs. 5000-20000.

Table 2. Socio-demographic Distribution of the Respondents

Characteristics	Frequency (%)
Age	
18-28	73(37.2%)
29-38	50(25.5%)
39-48	41(20.9%)
49-59	32(16.3%)
Sex	
Male	65(33.2%)
Female	131(66.8%)
Marital Status	
Married	165(84.2%)
Unmarried	31(15.8%)
Religion	
Hindu	187(95.4%)
Christianity	9(4.6%)
Ethnicity	
Brahmin	19(9.7%)
Chhetri	22(11.2%)
Janajati	144(73.5%)
Dalit	11(5.6%)
Educational status	
Literate(Can read and write)	51(26%)
Primary Level	65(33.2%)
Secondary Level	49(25%)
Higher Secondary Level	23(11.7%)
Bachelor and above	8(4.1%)
Occupational Status	
Farmer	78(39.8%)
Business	51(26%)
Student	19(9.7%)
House wife	31(15.8%)
Others	17(8.7%)
Family type	
Nuclear	161(82.1%)
Joint	35(17.9%)
Family Income Per Month (Rs.)	
5000-20000	108(55.1%)
21000-40000	67(34.2%)
41000-60000	18(9.2%)
61000-80000	3(1.5%)

Table 3 represents the knowledge of respondents on various traditional health systems. It seems that the people had good knowledge on the traditional health system like Dhami-Jhankri, Sudeni. Likewise, respondent's knowledge was found to be quite satisfactory in Ayurveda, with 97.4% and Homeopathy, with 88.3%. But their knowledge on Naturopathy and Acupuncture, on the other hand, was lacking.

Table 3. Knowledge of Respondent on Traditional Health System

Statement	True Frequency (%)	False Frequency (%)
Dhami-Jhankri uses mantras, herbs and controls local deities or spirits.	188(95.9%)	8(4.1%)
Sudeni are traditional birth attendants.	187(95.4%)	9(4.6%)
Ayurveda is a use of herbal remedies and other natural ingredients.	191(97.4%)	5(2.6%)
Homeopathy is a traditional way of treating sick people.	23(11.7%)	173(88.3%)
Naturopathy uses natural remedies to heal the body itself.	19(9.7%)	177(90.3%)
Acupuncture is a system in which needles, heat, pressure and other treatment are applied to certain places on the skin.	76(38.8%)	120(61.2%)

Table 4 describe the traditional healing practices of the respondent. There were 88.8% of the respondents who use TM in the family. Only one third respondents visited TM practitioners for the treatment whereas 62.2% had visited both TM and MM practitioners at the same time for the treatment. It was seen that 78.1% respondent used to visit Dhami-Jhankri or any other for the treatment. There were only 2 respondents whose family member had given birth from Sudeni over the years.

Table 4. Healing Practices of Respondent

Characteristics	Frequency (%)	
	Yes	No
Use TM in the family	174(88.8%)	22(11.2%)
Ever visited TM practitioner	66(33.7%)	130(66.3%)
Visited TM and MM practitioner at a same time	122(62.2%)	74(37.8%)
Faced any side effects by the use of TMs	4(2%)	192(98%)
Visit Dhami-Jhankri for the treatment	153(78.1%)	43(21.9%)
Anyone in family who has given birth from Sudeni over the year	2(1%)	194(99%)

DISCUSSION

Knowledge and Practices of traditional health among the adults was investigated, which reported that 20.9% of the respondent had good knowledge about traditional health in the community which is inconsistent from the similar studies conducted in Northwest Ethiopia and Lagos Nigeria, where 61.5% and 44.7% of the population had good knowledge respectively .[7,8] The discrepancy in the results between these studies might be associated with mainly the coverage of modern health care. Knowledge of traditional medicine was good among the elders and associated with the level of education of the communities of Debre Tabor town.[5] In this study, more than half of respondent (57.7%) believed that traditional health was still acceptable in the communities which is equivalent to the study in Merawi town (59.2%).[7] The reason behind the preference of traditional health was cultural affiliations, therapeutic effectiveness and its affordability and availability compared to modern medicine.

More than half (54.6%) of the respondent agreed that traditional healers were more effective in treating sick people which was lower than the study in Nigeria, 70.1%. More than half 75.5% agreed that TM was safe for the use and also had less side effects compared to MM. More than half 77% disagreed that it was appropriate take self-medication without prescription from TM practitioners whereas the study in North Central Ethiopia illustrates that 35.8% of the community were seeking self-medication.[5] Likewise, 68.9% of the respondent agreed that traditional health practices were accessible with affordable cost in the community, and the finding is consistent with previously reported studies done in North Central Ethiopia.[5] Nearly half 47.4% of participants believed that TMs cure disease that cannot be treated by MM which is lower than studies done in North Central Ethiopia which is 50.5%. It might be due to the fact that the studied population highly relied on traditional medicine.[5] More than two-third (87.2%) of participants reported that health education about risks and benefits of traditional health was important, and the finding is consistent with previously reported studies done in North central Ethiopia, 87.6% and Merawi Town, Northwest Ethiopia, which is 90.3%.[5,7] The practice of traditional health in this study was 22.4% which is comparatively lower than the study conducted in Southwest Ethiopia which states 81.5%. [6] Similarly, the practice is lower than the study in Northwest Ethiopia, in which 35.8% relied on traditional health.[7] This might be due to sample size differences and easy availability. It is also incomparable with the study done in Nigeria which was 79.2%.[4]

CONCLUSIONS

Traditional health in Nepal has come a long way; most people believe in and rely on for the relief of physical illnesses as well as psychological and spiritual comfort. Therefore, it is indispensable as it is more accessible, and more holistic than the allopathic health system.From the study, it revealed that more than half of the respondents had poor knowledge of traditional health as compared to others. Though all of the respondents had heard about both with and without a traditional health system through various sources, it was found that their knowledge on with system was comparatively lower than that of the without system. The cause behind this was due to the difference in terms of sex as well as educational status of the respondents of Bansgadhi Municipality.Despite the higher acceptability of traditional health, poor practices were found in the community. It was used by many family members of the respondents where two-third followed the use of without traditional health system, especially Dhami-Jhankri. The poor practices of traditional health were associated with the age and educational status of the participants. Age and education of the respondent were determinants of the knowledge, preference and practice of traditional health.

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CONFLICT OF INTEREST

None

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