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Research paper Mapping traditional and complementary medicine in Turkey

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ABSTRACT

Introduction: This article shares the findings of a preliminary survey undertaken for the Ministry of Health in Turkey to help develop their policies on the use of Traditional and Complementary Medicine (T & CM). The primary aim was to find out how T & CM is used by the patients as a part of their treatment processes and also to find out whether some practices that are not included in the Western description of T & CM are in common use in Turkey and their cultural implications.

Methods: This cross sectional, paper based questionnaire survey was carried out in 39 public hospitals and 21 general practice clinics within seven geographical areas of Turkey. Patients in the waiting rooms with an appointment on that particular day were included.

Results: 2770 women (47.1%) and 3112 men (52.9%) participated in the survey. The overall T & CM use was 60.5%. Women's frequency of T & CM use was higher than men (P = 0.001). Strong gender component of T & CM use needs further quantitative research taking cultural aspects into consideration. 59.4% of the participants who used T & CM reported that it was recommended to them by others and only 54.3% shared information about their use of T & CM with their physicians. Leech therapy and cupping prevalence was higher in Turkey compared to other countries possibly due to religious and cultural beliefs.

Conclusion: The frequency of T & CM use is high which was a reflection of belief based therapeutic approaches in other words, there is a divide between traditional medicine and complementary and alternative medicine in Turkey, which needs to be separately evaluated.

1. Introduction

Traditional and Complementary Medicine (T & CM) described by the World Health Organization as; "The sum total of the knowledge, skills, and practices based on the theories, beliefs, and experiences indigenous to different cultures, whether explicable or not, used in the maintenance of health as well as in the prevention, diagnosis, improvement or treatment of physical and mental illness" [1–3].

Anatolia, the land where the Republic of Turkey is now based, has been home for numerous civilizations from ancient times and traditional medicine has been improved and has been an influence throughout the centuries in this land. Cultural factors and various religious beliefs have played an important role in this process. Traditional medicine is still a part of everyday life in Turkey. The traditional medicine in Turkey has local ancient roots, and carried on into modern times mainly as a result of oral culture. Some of the natural formulas like mint and lemon tea are very common, like elsewhere whereas some others like the use of centaury oil for digestive system problems could be local to the Mediterranean region of Turkey. However, with the increase in health discourse through the use of commercial supplementary products commercials during the first decade of the 21st century, the emphasis on the "natural" aspect and "natural" being "harmless" has attracted the attention of many, especially those struggling with chronic diseases. Legal action against some of the manufacturers or distributors of such products has been taken and has been reported by the news particularly in the last decade. That is how the concerns about T & CM have become a part of the public discussions in Turkey as it has been reported that T & CM use is high among patients with chronic diseases [4-7]. This article focuses on the findings of preliminary T & CM research that was structured by the researchers and implemented by an independent survey institution using face-to-face surveys. In this article, we point out the cultural importance of

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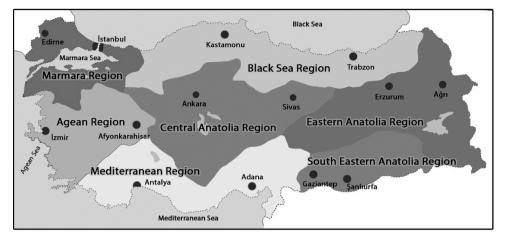


Diagram 1. Regional map of Republic of Turkey with the provinces where the survey was conducted.

including a "traditional" adjunct to Complementary Medicine namely as a result of the cultural diversity in Turkey.

However, the use of T & CM has been common in the geographical region of Turkey and the neighboring states. Furthermore, T & CM has various aspects that need to be examined [8-10]. This preliminary quantitative research has been designed in order to have an overview about the use of T & CM.

Some of the questions that are addressed in this study are; How do the patients communicate T & CM in general? Do they share the information about their use of T & CM with their physicians? In which cases do the patients use T & CM and how often do they use them? What types of T & CM are used in Turkey? Are there any other local approaches which are used?

2. Methods

2.1. Study design

The Ethical Clearance for this research that aimed to obtain data about the T&CM use in Republic of Turkey was obtained from Hacettepe University Non-Interventional Clinical Research Ethics Board.¹ An interdisciplinary research team structured the research. Researchers prepared a preliminary survey that was tested in a pilot study applied in the capital city, Ankara, that is located in the Central Anatolia Region. Then the survey was revised and conducted face-toface by an independent survey company. Funding for conducting the survey in fourteen cities, in seven geographical regions, in the Republic of Turkey was provided by Ministry of Health in addition to legal permissions to conduct the surveys in the public hospitals and general practice clinics. The independent research company to conduct the survey with the questionnaire prepared by the researchers was determined according to technical specifications in accordance with legal obligations. In seven geographical regions, the research team determined a central city and a relatively small-scale city, taking demographical differences into consideration. The regions and the cities where the surveys were conducted are shown in Diagram 1.

2.2. Setting

In order to develop an overall understanding about the use of T & CM in the Republic of Turkey, the regional division has been taken into consideration. The Republic of Turkey is divided into seven regions. This division was made at the 1st Geography Congress in Ankara in 1941, taking the geographical features into consideration. In each

region, it is likely that there is a central province with its economic and social activities. Each province has a governor and in the provinces public services are provided under the control of the governor in line with the main law. The north, south and west of the country are surrounded by seas that makes those regions suitable for agriculture whereas the eastern regions are highlands and stockbreeding activities are more widely spread. The western regions such as Marmara, Aegean, Mediterranean Region and the western part of Central Anatolia are more industrial and the coastal regions have more active economic activity. Istanbul in the Marmara Region, Ankara in the Central Anatolia Region, İzmir in the Aegean Region, Gaziantep in the South Eastern Region, Erzurum in the Eastern Region and Trabzon in the Black Sea Region have a more cosmopolitan population. Edirne in the Marmara Region, Sivas in the Central Anatolia Region, Kastamonu in the Black Sea Region, Ağrı in the Eastern Anatolia Region, Afyonkarahisar in the Aegean Region and Sanlıurfa in the South Eastern Anatolia Region are cities on the periphery of the region. Due to the geographical location, there is ethnical diversity as well as religious and sect wise diversity in belief systems in Turkey. As the aim of this study was to provide descriptive data about the use of T & CM, the survey has limitations to identify the ethnical and religious data due to the fact that a quantitative survey has limitations providing the link between religion, ethnicity and use of T & CM. Still it is likely to say that the majority of the population in Turkey identify themselves as Sunni Muslims. In addition, the modern Turkey is home for numerous religious minorities in addition to its diverse combination of ethnicities and religious backgrounds. However, the connection between these diverse backgrounds to the use of T & CM could only be explored through a qualitative research on the matter as communicating identity in a quantitative survey is sensitive for most people (Diagram 2).

With regard to the geographical regions of the country, as far as health services are concerned, the Ministry of Health operates with a different system of regions in regards to access to primary health services. This regional organization is mostly used for the appointment of doctors for compulsory service² that immediately follows the graduation from medicine faculties where the education duration is six years and compulsory service is a major step to access the diploma.

2.3. Participants

The questionnaires in this research were paper based. The information about the research was provided to the participants and the consent of the participants was taken before starting the survey. A total of 5882 questionnaires were completed at 39 public hospitals and 21

 $^{^1}$ Hacettepe University Non-Interventional Clinical Research Ethics Committe Document No: 1696557-857.

 $^{^2}$ Compulsory service varies from 300 workdays to 600 workdays depending on the region that is numbered from 1 to 6 according to Ministry of Health Access criterion.

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