

Original article

Perceptions and self-use of Complementary and Alternative Medicine (CAM) among Malaysian dental students

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Abstract

Introduction: A high self-use of CAM by medical students has been reported however, studies of CAM use among dental students is limited. The present study assesses the perceptions and self-use of CAM among dental students in Malaysia.

Methods: A cross-sectional study of the perceptions and self-use of CAM among 267 randomly sampled dental students from 1 public and 2 private universities in Malaysia was undertaken using a validated self-administered questionnaire. Descriptive and inferential statistics were calculated using SPSS® version 18.

Results: Seventy-six percent of the sample reported using CAM at the time of the survey. Of these, 21.7% (58) reported using Complementary Medicine (CM) and 16.5% (44) reported using Traditional Chinese Medicine (TCM). More than half (204, 76.4%) of the participants were currently using CAM while 95.8% (256) had used it previously. Students perceived all types of CAM as effective (mean score ≤ 3). Lack of trained professionals was reported by 64% of the sample as the main barrier to the use of CAM. A majority of students (58.4%, $n = 156$) reported that friends and family members were their main source of information about CAM. Students supported the integration of CAM education into their dental curriculum (mean score ≤ 3).

Conclusions: Data from this study adds to the understanding of dental students' current and previous self-use of CAM. The dental students in this study agreed that CAM knowledge is necessary to be a well-rounded professional and supported the integration of CAM education in the dental curriculum.

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Introduction

Complementary and Alternative Medicine (CAM) represents a group of diverse medical and health care systems, practices, and products that are not considered to be part of conventional medicine [1]. Alternative, collaborative, complementary, integrative, natural, unconventional and holistic are terms that are used to describe medical and dental treatments that do not conform to mainstream/allopathic/western/orthodox health approaches [2]. CAM appears to be increasing in public popularity and is gaining credibility within biomedical health research.

During the last two decades, conventional views about health care have been subjected to increasing criticism with one outcome being a growing interest in CAM. Some studies, for example, have indicated that approximately one third of the population in the UK and slightly more in the USA, have used CAM [3–5].

The National Institutes of Health (NIH) established the National Center for Complementary and Alternative Medicine (NCCAM) and define CAM as a group of diverse medical and health care systems, practices, and products that are not generally considered part of conventional medicine. They note that complementary medicine is often used together with conventional medicine in treating a disease while alternative medicine is used to replace conventional medicine for treatment. The term 'integrative medicine' is used when conventional

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medicine and CAM are combined for treatment [6]. In 2001, the Ministry of Health Malaysia established a division of Traditional and Complementary Medicine (T&CM) and defined it as practices other than that of medicine or surgery, by registered medical practitioners as defined in the Malaysian Medical Act 1971 [7].

Many aspects of CAM have their past rooted in the cultures and beliefs of the respective societies. It is also observed that some people regard CAM as less expensive than modern or conventional medicine. In Malaysia, T&CM comprises Traditional Malay Medicine (TMM), Traditional Chinese Medicine (TCM) and Traditional Indian Medicine (TIM). The common CM practices in Malaysia are acupuncture, aromatherapy, chiropractic, herbal medicine, and yoga and all traditional medicines offered to public have to be registered with the Malaysian Drug Control Authority to ensure the safety and efficacy of the medicines. As a result of healthcare students' exposure in their courses to the traditional healthcare systems, they may develop certain beliefs and perceptions of CAM. Despite their training in traditional western healthcare, high self-use of CAM by undergraduate students has been reported [8–10]. The most commonly cited reason given by the community for the use of CAM is that they perceived CAM to be more effective than conventional medicine [11]. People aged 25–49 years with higher education and income reported with highest use of CAM [12].

The use of various forms of CAM has increased in the general population. In the United States (US), use of CAM has increased from 34% of the population in 1990 to 42% in 1997 [13]. In Australia, 52% of the population is reported to use CAM while in European countries the population that uses CAM is reported to be approximately 50% [14]. In the US, the number of visits for CAM increased to 629 million visits in 1997, exceeding the total number of visits to all primary care physicians [15]. In 1996, 2.3% of the Malaysian population reported that they have visited a T&CM practitioner while 3.8% reported using a combination of CAM and conventional medicine [16]. The worldwide increased demand for CAM suggests that information about CAM should be integrated into the curriculum of health professionals. To this end, institutions in different countries have developed their own ways of including CAM in the healthcare curriculums [17]. However, evaluating the effectiveness of these various inclusions of CAM into the healthcare curricula can be complex. This, in part, can be due to varying perceptions and attitudes of the medical preceptors who deliver the CAM components of the curricula, as well as the prior knowledge and motivation of the students to learn about CAM [17].

Various studies have shown that graduating healthcare students are not capable of recommending or counseling patients about CAM due to their inadequate knowledge of CAM. A number of research studies have been undertaken to investigate medical, pharmacy and nursing students' attitudes, beliefs, and self-use of CAM [8–10,13,14,17–20]. Above 70% of nursing, medical and pharmacy students in the US have reported self-use of CAM products [18,19]. In contrast, little or no research has been conducted with dental students. Since CAM continues to attract the attention of patients, physicians, policy makers,

and administrators, it is important to understand the attitudes to CAM of all healthcare students [20–24].

Justification for the study

Given the widespread community acceptance and use of CAM, investigating healthcare students' self-use of and perceptions and attitudes towards CAM will inform any proposed amendments to health care training and delivery. Information about dental students' understanding and perceptions, as well as self-use of CAM, has not been evaluated. This needs to be done to improve future communication between patients and health care providers.

Methods

Study design and population

A cross-sectional study of students enrolled at one government and two private universities in Malaysia using a validated, self-administered questionnaire was conducted. First to final year (5th year) dental students were randomly selected then approached to voluntarily and anonymously participate in this study. One staff member from each university was invited to coordinate the distribution and collection of questionnaires. Self-use of CAM was defined as use of CAM for a definite indication by a respondent. Self-use was termed as 'current self-use' if students were using CAM at the time of data collection and 'previous self-use' if they had used CAM in the last 6 months.

Development and validation of the questionnaire

The author-developed questionnaire followed a detailed review of the published literature. The final questionnaire consisted of 31 questions taken from previous questionnaires [6–10] and 10 questions developed specifically to achieve the objectives of this study. Five major classes of CAM adopted by the T&CM, MoH Malaysia were used in the questionnaire for self-use, namely Traditional Malay Medicine (TMM), Traditional Chinese Medicine (TCM), Traditional Indian Medicine (TIM), Complementary Medicine (CM), Homeopathy, however recently included, Islamic Medical Practice (IMP) was not included in the questionnaire. The final questionnaire addressed the following six major areas: demographic information, barriers to CAM use, sources of information about CAM, understanding and perceptions of CAM, self-use of CAM, perceived effect of CAM use, and integration of CAM into the dental curriculum.

A draft questionnaire was distributed among senior academicians for comment on its content. Pre-testing of the questionnaire was undertaken on 20 students from the expected population at two separate occasions 15 days apart. The results gathered were then compared to ascertain its validity. Any major differences or comments seen in the answers were appropriately addressed. Reliability test was also performed using Cronbach- α to assess the internal consistency and the correlation of the questions. The value was found to be 0.76. Hence questionnaire was accepted as reliable.

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