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ALTERNATIVE TREATMENT PREFERENCES AND HEALTH PERCEPTIONS OF ADULTS IN ŞANLIURFA¹

ŞANLIURFA'DA YETİŞKİN BİREYLERİN ALTERNATİF TEDAVİ TERCİHLERİ VE SAĞLIK ALGILARI

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ABSTRACT

This study was conducted to determine the alternative treatment preferences and health perceptions of those who were 18 and older in Şanlıurfa. This is a descriptive study whose population consists of individuals who are 18 and older. In the study, 482 people who volunteered to participate were reached between 01.07.2022 - 01.09.2022. A socio-demographic information form and Health Perception Scale with 30 items were used to collect data, which we prepared by making a literature review. 72.2% of the individuals who participated in the study stated that they went to an herbalist/healer, one of the alternative medicine methods. Then, 57.7% of them stated that they used the prayer method and 28% of them stated that they used the cupping (hijama) method, respectively. The mean score of the health perception scale was found as higher among younger ones, university graduates, those who did not take drugs regularly, those who saw a doctor before using alternative treatment methods, and those who benefitted from the treatment which the doctor administered. Within the direction of these results, in order to increase the health perception of individuals, making attempts to raise the education level and extend GETAT (traditional and complementary medicine training) centers to enable the proper and effective use of alternative treatment may be important steps in terms of preventive health services.

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Key Words: *Alternative Medicine, Complementary Medicine, Health Perception*

ÖZ

Bu çalışma Şanlıurfa’da yaşayan 18 yaş ve üzeri bireylerin alternatif tedavi tercihlerinin ve sağlık algılarının saptanması amacıyla yapılmıştır. Çalışma tanımlayıcı tipte olup evrenini Şanlıurfa’da yaşayan 18 yaş ve üzeri bireyler oluşturmaktadır. Çalışma da 01.07.2022 – 01.09.2022 tarihleri arasında çalışmaya katılmaya gönüllü 482 kişiye ulaşılmıştır. Verilerin toplanmasında literatür taranarak tarafımızdan oluşturulmuş 30 soruluk sosyo-demografik bilgi formu ve Sağlık Algısı Ölçeği kullanılmıştır. Araştırmaya katılan bireylerin %72,2’si alternatif tedavi yöntemlerinden attara gittiğini belirtmiştir. Daha sonra sırasıyla %57,7’si dua yöntemini ve %28’i hacamat yöntemini kullandıklarını ifade etmişlerdir. Yaşı daha genç olanlarda, üniversite mezunlarında, sürekli ilaç kullanmayanlarda, alternatif tedavi yöntemini kullanmadan önce doktora gidenlerde, doktorun uyguladığı tedaviden fayda görenlerde sağlık algısı ölçeği puan ortalaması daha yüksek bulunmuştur. Bu sonuçlar doğrultusunda bireylerin sağlık algısını arttırmak için eğitim seviyesini yükseltecek girişimlerde bulunulması ve alternatif tedavi yöntemlerinin doğru ve etkin kullanımının sağlanması için GETAT merkezlerinin yaygınlaştırılması koruyucu sağlık hizmetleri açısından önemli bir adım olabilir.

Anahtar Kelimeler: *Alternatif Tıp, Tamamlayıcı Tıp, Sağlık Algısı*

Introduction

Despite the remarkable advances in traditional medicine, the use of complementary and alternative medicine (CAM) is highly prevalent. The global prevalence of CAM use is 9.8%-76.0% (Harris et al. 2012). The rate of CAM use was found as 33.2% in the United States of America (USA) and 0.3%-86% in EU countries (Clarke et al., 2015; Eardley et al., 2012). It was stated that the use of CAM was highly prevalent in other developed countries like Australia, Korea, Canada, Singapore, and Japan (Veziari et al., 2017). It is known that such practices are mostly preferred by patients with cancer and chronic diseases in Turkey (Çakmak and Nural, 2017). It is stated that it varies between 22.1% and 84.1% in cancer patients (Kav et al., 2008) and between 12.8% and 85.7% in hypertension patients (Kes et al., 2016). In a study conducted in the countryside, it was stated that the use of CAM among geriatric patients was 98.3%, and in another study, it was stated that 54.3 of elderly people used CAM methods (Dedeli and Karadakovan, 2011; Sağkal et al., 2013).

There are various reasons for using CAM services. It is used especially for the treatment of conditions related to pain and stress (Kopansky-Giles et al., 2010; Hollenberg et al., 2010), chronic diseases like diabetes, cancer, hypertension, or mental illnesses (Spinks and Hollingsworth, 2012). In various diseases, primarily chronic diseases; treatment failure, long-term treatment, anxiety arising from drug-induced adverse effects, and the thought that CAM methods are more harmless are seen as the reasons which lead patients to use Cam (Boneberger et al., 2010; Hughes et al., 2007).

No matter the reason for use, the most worrying thing regarding people who prefer these practices is that they can be late for making a diagnosis and undergoing medical treatment

or the action of incompetent people or getting harmed due to adverse effects of the method used. Hence, it becomes important to know which traditional and alternative practices are used within the society to what extent, and with which purposes (Ozer et al., 2020). Because even though the definition of disease is universal, disease perception and used treatment methods can be cultural (Aytaç and Kurttaş, 2015). Health perception is the general expression of individuals' feelings, thoughts, concerns, prejudices, and expectations about their health. Individuals describe their state of being healthy as good or bad, and according to their subjective expressions, their health perceptions affect their health protection and promotion behaviors and self-care management (Durmaz et al., 2020). Health perception in today's societies has changed dramatically in line with the recent developments in modern medicine. In health systems and services, beyond being curative, preventive/protective understanding has pervaded. Although the developments in modern medicine have contributed much to strengthening this understanding, the existence of an understanding developed socio-culturally cannot be denied. Now, the concepts of health and disease have started to be discussed from a sociological perspective (Dikici and Sağlam, 2021).

Complementary and alternative medicine treatments may even replace traditional medicine. Because, in addition to its positive and negative outcomes, the increasing use and cost of CAM affect the lives of individuals and societies, and it has become a major public health problem (Bahall, 2015). This study was planned to determine the alternative medicine preferences of individuals who are 18 and older in Şanlıurfa.

Materials and Methods

This is a descriptive study whose population consists of individuals who are 18 and older. According to the 2020 address-based population registration system, the population who was 18 and older was 1.353.461 in Şanlıurfa. The sample size was found as 384. In the study, 482 people who volunteered to participate in the study were reached between 01.07.2022 - 01.09.2022. In the study, data were collected with face-to-face interviews method by using the purposive sampling method.

Data Collection Tools

A socio-demographic information form and Health Perception Scale with 30 items were used to collect data, which we prepared by making a literature review.

Introductory Information Form

This form consists of 30 items including their opinions regarding gender, education level, marital status, occupation, income level, the status of using cigarettes and alcohol, the existence of chronic disease, regular drug use, the existence of health personnel among family members, accessing information regarding health, the status of using alternative treatment preferences.

Health Perception Scale

Health Perception Scale was developed by Diamond et al. in 2007, and Turkish reliability and validity it was tested by Kadioğlu and Yıldız in 2012. HPS is a 5-point Likert-type scale that consists of 15 items and four sub-factors. 1st, 5th, 9th, 10th, 11th, and 14th items are positive attitudes, 2nd, 3rd, 4th, 6th, 7th, 8th, 12th, 13th, and 15th items are negative statements. Positive statements were scored as "strongly agree=5", "agree=4", "neither agree nor disagree=3", "disagree=2", and "strongly disagree=1". Negative statements were scored inversely. The lowest score which can be obtained from the scale is 15 and the highest is 75. The higher the total score of the person indicates that the level of health perception is high, low scores indicate health It shows that the level of perception is low (Diamond et al., 2007). In the original study of the scale, Cronbach's alpha coefficient was stated as .77 for nursing students, and .70 for the families of students (Kadioğlu and Yıldız, 2012). Cronbach's alpha coefficient was found as .71 in our study.

Study Variables

Independent Variables

Participants' age, gender, education level, marital status, occupation, income level, the status of using cigarettes and alcohol, the existence of chronic disease, regular drug use, the existence of health personnel among family members, access to information regarding health, the status of using alternative treatment preferences were independent variables.

Dependent Variables

The total score of the health perception scale of participants and the mean scores of sub-dimensions were dependent variables.

Data Analysis

Findings obtained from the study were analyzed with SPSS 22.0 package program. Descriptive statistics (number, percentage, mean), independent sample t-test, ANOVA analysis, and correlation analysis were made for data analyses.

Ethical Considerations in the Study

To conduct this study, permission was obtained from the Harran University Social and Human Sciences Ethics Committee, (01.04.2022/50) Şanlıurfa Governorate and the individuals who would participate in the study.

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Results

It was found that 57.9% of the individuals who participated in the study were 18-34 years old, 59.5% of them were male, 44.6% of them had secondary school degrees or below, 58.5% of them were married, and 31.3% of them were workers. It was found that 48.8% of the participants had lower income than their expenses, 55% of them did not smoke, 89% of them did not drink alcohol, and 82% of them did not take drugs regularly. The rate of those who did not have any chronic disease was 85.1%. In the study, the rate of those who had a family member that was health personnel was found as 26.3%. 41.1% of

the participants stated that they reach information regarding health from health personnel and 40.7% of them stated they reach on the internet.

Opinions of individuals who participated in the study regarding alternative treatment preferences are shown in Table 1. 87.6% of the individuals who participated in the study stated that they went to see a doctor before, and 65.6% of them stated that they benefitted from the treatment the doctor administered. The participants stated that they mostly went to the healer/herbalist as an alternative treatment method and that they were mostly recommended by their friends/neighbors to use alternative treatment methods. In addition, while 46.3% of the participants stated that they know about alternative treatment methods, 24.1% of them stated that they did not know anything about them. 60.2% of individuals stated that the payment they make for a herbalist/healer/bonesetter was less than what they made for the examination in the hospital and drugs.

Table 1. Opinions of Participants Regarding Alternative Treatment Preferences (n=482)

Variables		N	%
Have you ever seen a doctor?	Yes	422	87.6
	No	60	12.4
Did you benefit from the treatment the doctor administered?	Yes	316	65.6
	No	88	18.3
	Partially	78	16.2
Whom did you go for alternative/complementary?	Healer/Herbalist	348	72.2
	Bonesetter	165	34.2
	Sheik/Hodja	141	29.2
	GETAT	33	6.8
If yes, who recommended it?	Friend/neighbor	377	78.2
	Relative	178	35.3
	Health Personnel	53	10.9
	Other	66	13.7
Do you have information about alternative/complementary treatment methods?	Yes	223	46.3
	No	116	24.1
	Partially	143	29.7
Is the payment you make for the herbalist/healer/bonesetter less than the payment you make for the examination in the hospital and drug?	Yes	290	60.2
	No	122	25.3
	Same	70	14.5

Opinions of individuals who participated in the study regarding alternative treatment preferences are shown in Table 2. 72.2% of the individuals who participated in the study stated that they went to an herbalist, one of the alternative medicines. Then, 57.7% of them stated that they used the prayer method and 28% of them stated that they used the cupping (hijama) method, respectively. 66.6% of the individuals who participated in the study stated that they went to a healer/bonesetter for backache, knee pain, and arthritis, 42.8% of them stated that they went to an herbalist/healer for stomach/intestine problems, and 15.2% of them stated that they went to bonesetter for fractures and dislocations.

Table 2. Opinions of Participants regarding Alternative Treatment Use (n=482)

Variables	Groups	N	%
Which Alternative/Complementary Medicine Methods Have you ever Used?	Healer/Herbalist	348	72.2
	Pray	278	57.7
	Cupping (Hijama)	135	28.0
	Applying Leeches	57	11.8
	Acupuncture	7	1.5
	Ozone	6	1.2
	Apitherapy	3	0.6
	Phytotherapy	2	0.4
	Spa Treatment	50	10.3
	Larval Therapy	0	0
	Mesotherapy	4	0.8
	Prolotherapy	1	0.2
	Reflexology	4	0.8
	Amulet	60	12.4
	Music Therapy	22	4.6
	Homeopathy	2	0.4
	Osteopathy	0	0
	Chiropractic	1	0.2
	Hypnosis	2	0.4
Other	5	1.0	
The Reasons for Preferring Alternative/Complementary Medicine Methods (482 people)	Herbal	125	25.9
	These methods are harmless and natural.	224	46.4
	They are easy to access.	175	36.3
	There are people around me who used them and benefitted from them.	126	26.1
	They heal faster.	125	25.9
	They are as effective as medical treatment is.	123	25.4
	Belief/Religious Reasons	62	12.8
	I think they are protective against diseases.	51	10.5
	I could not find a solution with modern medicine.	39	8.0
	Other	62	12.8
Did you benefit from the treatment you received from them?	Yes	252	52.3
	No	75	15.6
	Partially	155	32.1

96.9% of the participants who went to a bonesetter stated that they went for fracture and dislocation, and 27.3% of them went for spondylolisthesis. 70.2% of those who went to a sheik/healer stated that they went for a visit, 41.8% of them went for an amulet, and 21.3% of them went for their psychological problems. While the rate of those who went to a

sheik/healer to have a child was 7.1%, the rate of those who went for having cast a spell was 7.8%. 46.4% of those who used alternative treatment methods stated that they were harmless and natural, and 36.3% of them stated that these methods were easy to access. 52.3% of these participants stated that they benefitted from the treatment they received from them. Participants scored 14.27 ± 4.24 in the "Control Center" sub-dimension, 10.55 ± 2.13 in the "Self-Awareness" sub-dimension, 11.50 ± 3.54 in the "Certainty" sub-dimension, 11.22 ± 2.41 in the "Importance of Health" sub-dimension, 47.56 ± 7.08 in Health Perception Scale in total.

The comparison of the Health Perception Scale and its sub-dimensions' mean scores according to the socio-demographic features of participants is shown in Table 3. The mean of the "Control Center" sub-dimension according to the gender, education level, and marital status of participants was statistically significant ($p < 0.05$). The mean of the "Self-Awareness" sub-dimension according to the level of income and the status of using drugs regularly of participants was statistically significant ($p < 0.05$). The mean of the "Certainty" sub-dimension according to the education level, and occupation of participants was statistically significant ($p < 0.05$). The mean of the "Importance of Health" sub-dimension according to the level of income of participants was statistically significant ($p < 0.05$). The total mean score of the "Health Perception Scale" according to the age, education level, and status of using drugs regularly of participants was statistically significant ($p < 0.05$).

Table 3. Comparison of the Health Perception Scale and its Sub-Dimensions' Mean Scores according to Socio-demographic Features of Participants

Variables	Control Center	Self-Awareness	Certainty	Importance of Health	Total
	N ± SS	N ± SS	N ± SS	N ± SS	N ± SS
Age					
18-34 (279)	14.77±4.27	10.51±2.03	11.76±3.47	11.12±2.43	48.19 ± 6.95
35-83 (203)	13.59±4.12	10.61±2.27	11.13±3.60	11.36±2.37	46.71 ± 7.19
	p=0.02*	p=0.62*	p=0.55*	p=0.26*	p=0.024*
Gender					
Female (195)	14.23 ±4.20	10.47± 2.06	11.17± 3.31	11.04± 2.37	46.93 ± 6.68
Male (287)	14.31±4.28	10.60± 2.19	11.72± 3.67	11.34± 2.43	47.99 ± 7.32
	p=0.84*	p=0.48*	p=0.09*	p=0.17*	p=0.11*
Education Level					
Secondary school and less	13.53±3.90	10.66±2.15	11.07±3.39	11.30±2.31	46.58±6.99
High School (146)	14.24±4.49	10.52±2.11	11.24±3.63	11.14±2.56	47.16±7.08
University and More (121)	15.72±4.20	10.36±2.16	12.59±3.47	11.14±2.46	49.87±6.78
	p=0.001**	p=0.46**	p=0.001**	p=0.25**	p=0.001**
Marital Status					
Single (200)	14.85±4.32	10.51±2.15	11.66±3.51	11.03±2.54	48.08 ± 7.00
Married (282)	13.87±4.14	10.58±2.13	11.38±3.56	11.36±2.31	47.20 ± 7.13
	p=0.01*	p=0.70*	p=0.39*	p=0.14*	p=0.18*

Occupation					
Housewife (105)	13.75±3.77	10.36±2.03	10.71±3.10	10.87±2.32	45.70±6.30
Worker (151)	14.46±4.18	10.41±1.97	11.70±3.33	11.17±2.39	47.78±6.54
Civil Servant/Retired (49)	13.50±4.30	10.71±2.29	11.22±3.64	11.42±2.53	46.87±7.13
Other (163)	14.74±4.51	10.55±2.28	11.92±3.87	11.42±2.43	48.82±7.76
	p=0.11**	p=0.38**	p=0.03**	p=0.28**	p=0.004**
Income Level					
Less Income than Expenses (235)	14.42±4.29	10.32±2.18	11.61±3.43	11.06±2.34	47.45±6.91
Income equals Expenses (174)	14.29±3.96	10.47±2.06	11.24±3.25	11.08±2.53	47.10±6.59
More Income than Expenses (73)	13.75±4.73	11.47±1.92	11.72±4.44	12.08±2.15	49.04±8.52
	p=0.49**	p=0.001**	p=0.48**	p=0.004**	p=0.13**
The Status of Using Drugs Regularly					
Yes (87)	13.88±3.96	10.04±2.31	11.13±3.31	11.00±3.31	46.06 ± 6.16
No (395)	14.36±4.30	10.66±2.08	11.58±3.59	11.27±2.38	47.90 ± 7.24
	p=0.34*	p=0.014*	p=0.29*	p=0.33*	p=0.029*
The Status of Having a Chronic Disease					
Yes (72)	13.72±4.17	10.36±2.45	11.29±3.59	11.12±2.62	46.50 ± 7.35
No (410)	14.37±4.25	10.58±2.07	11.53±3.53	11.24±2.37	47.75 ± 7.03
	p=0.22*	p=0.40*	p=0.58*	p=0.70*	p=0.16*

*independent simple t test, ** Anova

The comparison of the Health Perception Scale and its sub-dimensions' mean scores according to the alternative treatment preferences of participants is shown in Table 4. The mean of the "Control Center" sub-dimension was statistically significant according to having health personnel among their family members, having seen a doctor, benefitting from the treatment the doctor administered, and having information about alternative treatment methods of participants (p<0.05). The mean of the "Certainty" sub-dimension was statistically significant according to having information about alternative treatment methods of participants (p<0,05). The mean of the "Health Perception Scale" sub-dimension was statistically significant according to having seen a doctor, benefitting from the treatment the doctor administered, and having information about alternative treatment methods of participants (p<0.05).

Table 4. Comparison of the Health Perception Scale and its Sub-Dimensions Mean Scores According to the Alternative Treatment Preferences of Participants

	Control Center	Self-Awareness	Certainty	Importance of Health	Total
	N ± SS	N ± SS	N ± SS	N ± SS	N ± SS
Is there any health personnel among family members?					
Yes (127)	14.93±4.31	10.50±2.24	11.33±3.46	10.92±2.39	47.69 ±7.13
No (355)	14.04±4.20	10.57±2.10	11.56±3.57	11.33±2.41	47.52 ±7.08

	p=0.04*	p=0.75*	p=0.52*	p=0.09*	p=0.81*
From where do you access information regarding health?					
Internet (196)	14.59±4.19	10.37±2.17	11.24±3.13	11.25±2.48	6.25±0.44
Health Personnel (198)	14.24±4.45	10.88±2.04	11.82±3.77	11.26±2.31	7.48±0.53
Family/ Neighbour/Friend (88)	13.65±3.84	10.20±2.18	11.34±3.84	11.06±2.49	7.79±0.83
	p=0.22**	p=0.10**	p=0.24**	p=0.79**	p=0.10**
Have you ever seen a doctor?					
Yes (422)	14.42±4.25	10.52±2.14	11.60±3.53	11.27±2.36	47.84 ±7.08
No (60)	13.25±4.09	10.76±2.12	10.75±3.53	10.86±2.73	45.63 ±6.87
	p=0.04*	p=0.41*	p=0.07*	p=0.21*	p=0.024*
Did you benefit from the treatment the doctor administered?					
Yes (316)	14.53±4.11	10.55±2.03	11.76±3.40	11.35±2.31	48.21±6.81
No (88)	13.19±4.75	10.87±2.36	10.81±4.07	10.86±2.50	45.75±7.79
Partially (78)	14.48±4.01	10.17±2.22	11.19±3.37	11.10±2.60	47.00±7.03
	p=0.02	p=0.11	p=0.06	p=0.21	p=0.01
Do you have information about alternative/complementary treatment methods?					
Yes (223)	14.69±4.12	10.53±2.17	11.71±3.72	11.29±2.36	48.25±7.10
No (116)	14.69±4.10	10.37±2.10	12.06±3.25	10.97±2.63	48.15±7.20
Partially (143)	13.28±4.40	10.72±2.10	10.69±3.35	11.32±2.29	46.02±6.76
	p=0.004	p=.40	p=0.003	p=0.43	p=0.008

*independent simple t test, ** Anova

There was a weak significant negative relationship between the age and the health perception scale of individuals. There was a weak significant positive relationship between the education level and the health perception scale of individuals. There was a weak significant negative relationship between occupation and the health perception scale of individuals. There was a weak significant positive relationship between the status of using drugs regularly and the health perception scale of individuals. There was a weak significant negative relationship between the status of seeing a doctor before and the health perception scale of individuals. There was a weak significant negative relationship between the status of having information regarding the alternative/complementary treatment methods and the health perception scale of individuals ($p < .05$)(Table 5).

Table 5. Correlation Analysis

Variables		Control Center	Self-Awareness	Certainty	Importance of Health	Health Perception Scale Total
Age	r	-.143	.044	.075	-.086	-.091
	p	.002	.337	.099	.060	.046
Gender	r	.009	.032	.062	.077	.073
	p	.843	.487	.177	.092	.110

Education Level	r	.197	-.046	-.022	.148	.171
	p	.000	.315	.623	.001	.000
Marital Status	r	-.114	.017	.067	-.039	-.061
	p	.012	.704	.143	.393	.184
Occupation	r	.067	.077	.078	.098	.138
	p	.145	.092	.086	.032	.002
Gelir	r	-.049	.163	.118	-.009	.054
	p	.279	.000	.009	.841	.235
Using Drug Regularly	r	.044	.112	.044	.048	.100
	p	.340	.014	.335	.292	.029
The Status of Having a Chronic Disease	r	.055	.038	.018	.025	.063
	p	.228	.407	.700	.587	.165
Health Personnel Among Family Members	r	-.093	.014	.076	.029	-.011
	p	.042	.759	.097	.528	.818
Accessing Information Regarding Health	r	-0.66	-.014	-.031	.045	-.033
	p	.149	.751	.496	.328	.475
Have you ever seen a doctor?	r	-.092	.038	-.056	-.080	-.103
	p	.045	.411	.218	.079	.024
Benefitting from the Treatment the Doctor Administered	r	-.042	-.039	-.058	-.083	-.096
	p	.360	.397	.203	.068	.035
Do you have information about alternative/complementary treatment methods?	r	-.135	.032	-.002	-.112	-.128
	p	.003	.481	.966	.014	.005

Discussion

Considering the data of the study and the complementary and alternative medicine methods that participants preferred, it was found that the most frequently used methods were respectively healer/herbalist (72.2%), religious and spiritual methods (prayer: 57.7%), cupping (hijama) (28.0%), and herbal remedies (25.9%). In the study by Güveli, it was found as herbs (41.4%), herbal remedies (29.7%), and religious and spiritual methods (prayer: 32.5%, healing water: 27.9%, shrine visits 21.6%) (Güveli et al., 2021). In the study by Dursun, it was determined that individuals mostly used herbal methods (34.6%), massage (17.8%), cupping (hijama) (8.9%), musicotherapy (7.5%), and acupuncture (2.3%) (Dursun et al., 2019). The most frequently used methods were natural products including vitamins and minerals and relaxation in the study, conducted by reviewing the literature in Sweden and also five scientific databases (Wode et al., 2019; Alsharif et al., 2021). While the alternative treatment methods that individuals in Şanlıurfa use showed similarities with the literature, herbalist/healer and prayer method were preferred more actively. The reason for this is thought that people who live in this city have more intense religious beliefs.

Considering the reasons for preferring the complementary and alternative medicine methods of participants in the study, it was found that these methods were harmless and natural (46.4%), they were easy to access (36.3%), there were people around me who used and benefitted from them (26.1%), they healed faster (25.9%), they were as effective as medical treatment (25.4%). In the study by Karayağız, not benefitting from medical treatment, being afraid of the adverse effects of drugs, and thinking that CAM methods were more harmless were found as the common reasons that led patients to use CAM (Karayağız Muslu and Öztürk, 2008). In the study by Çekiç, it was stated that the thought that CAM methods were more harmless was the reason for using them (Çekiç et al. 2021). That access to such products is easy and cheap and they are not liable to control in our society may lead people to alternative treatment methods.

It is seen that individuals who participated in the study scored 47.56 ± 7.08 on the Health Perception Scale in total. Considering the scores from the Health Perception Scale sub-dimensions, it was found that they scored 14.27 ± 4.24 from the "Control Center" sub-dimension, 10.55 ± 2.13 from the "Self-Awareness" sub-dimension, 11.50 ± 3.54 from "Certainty" sub-dimension, and 11.22 ± 2.41 from the "Importance of Health" sub-dimension. Considering the studies in the literature which were conducted in which the same health perception scale was used, it was found that there were different mean scores such as 40.50 ± 7.73 , 47.37 ± 5.77 , $50,18 \pm 9,86$, 62.59 ± 4.22 (Dursun et al., 2019; Gür and Sunal, 2019; Şen and Öztürk, 2020; Kaya and Kardaş, 2022). These results arise from the different sample groups and regions in which the studies were conducted. It is thought that the score of health perception was low in Şanlıurfa where we conducted our study because of the level of education in the region which was not at a desired level.

The mean score of the health perception scale was found as higher among younger ones, university graduates, those who did not take drugs regularly, those who saw a doctor before using alternative treatment methods, and those who benefitted from the treatment which the doctor administered. Considering the studies in which the Health Perception Scale was used, in the study by Kaya, 62.59 ± 4.22 was scored and it was found that any socio-demographic data did not affect health perception (Kaya and Kardaş, 2022). In another study in which health perception and healthy lifestyle behaviors were analyzed, the mean of the "Health Perception Scale" was found as 47.37 ± 5.77 . In this study, it was found that the mean score of males was statistically significantly higher compared to that of females, singles compared to married ones, workers compared to retired ones, those who did not have a chronic disease compared to those who had a chronic disease (Gür and Sunal, 2019). In the study by Şen, the mean score of health perception was found as $50,18 \pm 9,86$. Considering the sociodemographic variables related to the health perception score, it was found that as age increased, the score of health perception decreased; the health perception score of males was higher than that of females; and the mean score of university graduates was the highest while the mean score of those who were illiterate was the lowest (Şen and Öztürk, 2020). In line with the literature, the fact that young

people and university graduates had a high health perception shows how important education is and increases health perception.

Conclusions

The mean score of individuals who participated in the study was found as 47.56 ± 7.08 . Considering the fact that the lowest score which can be obtained from the scale is 15 and the highest is 75, it can be said that the mean scores of health perception of individuals are moderate. It was found that as age increased the health perception score decreased, the health perception score of males was higher than that of females, the mean score of university graduates was the highest while the mean score of those who were illiterate was the lowest. In the study, it was found that 44.6% of individuals had secondary school and less degree. In order to increase the health perception of individuals, it is necessary to take steps toward increasing the level of education.

In this study, most of the participants who lived in Şanlıurfa stated that they used natural herbal treatment methods by visiting a herbalist/healer. In addition, it was found that people preferred methods like praying (like reading verses from Quran), cupping (hijama), and being treated by going to a sheik/healer. Alternative treatment methods are used by people especially because they think they are natural and harmless. In addition, these methods are preferred because they are easy and cheap to access. It is necessary to raise the awareness of the public by extending GETAT (traditional and complementary medicine training) centers to enable the proper and effective use of alternative treatment. By this means, individuals can be prevented from being harmed as a result of side effects by preventing these methods conducted by incompetent people.

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