

**ST. PAUL'S HOSPITAL MILLENNIUM MEDICAL COLLEGE
SCHOOL OF PUBLIC HEALTH GRADUATE PROGRAMS
COORDINATING OFFICE**



**TRADITIONAL MEDICINE UTILIZATION AND
ASSOCIATED FACTORS AMONG CANCER PATIENTS IN
SAINT PAUL'S HOSPITAL MILLENNIUM MEDICAL
COLLEGE, ADDIS ABABA, ETHIOPIA**

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DECLARATION

The undersigned, declare that the thesis comprises my own work, In compliance with internationally accepted practices. I have acknowledged and refereed all materials used in this work. I understand that non-adherence to the principles of academic honesty and integrity, misinterpretation/fabrication of any idea/data/fact/source will constitute sufficient ground for disciplinary action by the college and can evoke penal action from the sources, which have not been properly cited or acknowledged.

Name of Student -----

Date of submission -----

Signature -----

Place: Addis Ababa, Ethiopia This thesis has been submitted for examination with my approval as a college advisor

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ABBREVIATION AND ACRONYMS

AOR	Adjusted Odds Ratio
CAM	Complementary and Alternative Medicines
CI	Confidence Interval
COR	Crude Odds Ratio
FDA	Food and Drug Administration
I-CAM-Q	Internationally Complementary and Alternative Medicines Questionnaire
IRB	Institutional Review Board
OR	Odds Ratio
SPHMMC	Saint Paul's Hospital Millennium Medical College
SPSS	Statistical Package for Social Science
TCM	Traditional and Complementary Medicine
TM	Traditional Medicine
VIF	Variance Inflation Factor
WHO	World Health Organization

ABSTRACT

Background: Traditional medicine encompasses a diverse range of medical and healthcare systems, practices, and products that differ from conventional medicine. The use of traditional medicine among cancer patients has witnessed rapid growth worldwide, yet there is limited evidence regarding its utilization level in Ethiopia.

Objective: To assess utilization of traditional medicine and associated factors among adult cancer patients at the oncology unit of Saint Paul's hospital millennium medical college in Addis Ababa, Ethiopia

Methods: An institutional-based cross-sectional study design was employed. A systematic random sampling technique was utilized to select 291 study participants. Data collection involved a structured interviewer-administered questionnaire. Binary logistic regression analyses were conducted to identify predictor variables. Variables with a significance level ($p < 0.25$) in bivariate analysis were further analyzed using multivariate regression.

Results: Total of the 291 cancer patients included, 287 completed the interviewer-administered questionnaire. The utilization rate of Traditional Medicine following cancer diagnosis was 70%. The most commonly used Traditional Medicine modalities were Home Remedies (86%), Spiritual practices medicine (85%), and Practitioner-produced Herbal medicines (54%). Positive attitude towards Traditional Medicine (AOR=4.8, 95% CI: 2.88-8.51), Mid knowledge of Traditional Medicine (AOR=5.478, 95%CI:1.68-12.8), High knowledge of Traditional medicine (AOR=4.46, 95% CI: 1.39-9.34), Residence in Addis Ababa (AOR=3.301, 95% CI: 1.81-5.19), and Experiencing moderate side effects from modern medicine (AOR=0.35, 95% CI: 0.17-0.75) were identified as significant predictors of Traditional Medicine use.

Conclusion: A substantial proportion of cancer patients utilize Traditional Medicine following cancer diagnosis. Area of residence, knowledge about Traditional Medicine, attitude towards Traditional Medicine, and the severity of side effects associated with modern medicine were found to be significant predictors of Traditional Medicine utilization. Healthcare providers should be aware of the potential applications of traditional medicine and actively engage with patients to provide accurate information and support. Further research is needed to assess the safety and efficacy of Traditional Medicine.

Keywords: Ethiopia, Cancer Patients, Traditional Medicine, Saint Paul's Hospital, Utilization, Associated Factors

1 INTRODUCTION

1.1 Background

Cancer is the world's leading cause of death, accounting for nearly 10 million deaths In WHO report on February 2022 (1). The diagnosis of cancer can lead to various physical and psychological symptoms, such as pain, fatigue, anxiety, and depression(2). In response, patients with cancer may seek out complementary and alternative medicines, such as Traditional Medicine, to alleviate distress(3). Many cancer patients turn to complementary and alternative medicines CAM, such as Traditional Medicine, to alleviate their suffering. Several studies have shown that cancer patients often combine herbal remedies with conventional therapy in hopes of enhancing the effectiveness of mainstream medicine. Reported outcomes of using CAM among cancer patients include improvement of clinical symptoms, quality of life, reduction of chemotherapy/radiotherapy side effects, and even reduced tumor size (4–6).

The World Health Organization WHO has also recognized the importance of Traditional Medicine in cancer care and has developed guidelines for the appropriate use of Traditional Medicine in cancer treatment(7) Traditional Medicine refers to the knowledge and practices used in diagnosing, preventing, or treating physical, mental, or social diseases without reliance on advanced technological systems. These practices are usually rooted either in experience and observation passed down through generations, verbally or in written form. The application of Traditional Medicine tends to be specific to the country where it is practiced (8).

Among cancer patients, some commonly used Traditional Medicine practices include spiritual practices, herbal remedies, movement and physical therapies, mind/body approaches, and even the use of products derived from animals (9–13). Numerous survey-based studies have indicated widespread use and popularity of Traditional Medicine among cancer patients in both low- and high-income countries (14)Studies have reported varying utilization of Traditional Medicine use among cancer patients across different countries. For instance, the highest utilization found in the United States, while the lowest observed in Italy and the Netherlands (15) . The overall utilization of current Traditional Medicine use among cancer patients from all studies combined was 40% (16)In sub Saharan Africa, the median utilization of Traditional Medicine utilization among cancer patients found to be 60% (2).

Over the past two decades, the use of Traditional Medicine among cancer patients has significantly increased, with an average utilization of 51% after the 2010s, compared to 25% before the 1990s (4,15). Facility-based studies have shown varying utilization rates of Traditional Medicine utilization among cancer patients in different countries. For example, in Bangladesh, the utilization was 33%, while it was 48.9%. in Italy In India, the utilization was reported as 46.2%, while in Nepal it was as high as 60% , and in Nigeria it reached (84.4%) (17–20) . In Ethiopia, a facility-based study conducted in 2015 Gondar reported a utilization rate of 79% (13).

The reasons people rely on traditional, complementary, and alternative medicine CAM can vary across countries. Common factors associated with CAM utilization among cancer patients. based on facility-based studies, include age, gender, socioeconomic status, income, and level of education (21–23). Generally, women are more likely to use CAM than men are. Peak usage is observed among young adults and middle-aged individuals (10,23,24), Lack of basic knowledge about CAM from oncologists, and beliefs in its effectiveness, affordability, and lower costs have also been identified as influential factors (12,25,26) furthermore, patients with advanced cancer ,type of cancer, comorbidity, side effect with modern medicine are more inclined to seek out Traditional Medicine(27,28) .

In Ethiopia with about 80% of the population, relying on traditional healers and remedies for their healthcare needs as an affordable, accessible, and culturally relevant approach to treating diseases that conventional medicine may not be able to current. (29–35)Several studies conducted in Ethiopia have explored the utilization of Traditional Medicine among the general population. For instance, a study in the Amara region found that 45% (16) similarly, a study in Addis Ababa reported that 29.3% of participants' utilized Traditional Medicine for their healthcare needs (29–35) .

Despite the existence of studies on utilization and associated factors of Traditional Medicine use among cancer patients worldwide, A limited research has been conducted within Ethiopia Therefore, Understanding the utilization of Traditional Medicine and its associated factors is crucial for providing optimal healthcare services to cancer patients and improving patients outcomes.

1.2 Statement of problem

Due to diagnosis and treatment and availability of medical The use of Traditional Medicine is common among cancer patient's (14). In Ethiopia 79 percent, of cancer patients utilize Traditional Medicine on facility-based study on Gonder hospital at 2015. The Ethiopian Ministry of Health recognizes the significant role of Traditional Medicine and medicinal plants in healthcare. There have been limited efforts to improve and integrate the valuable contribution of Traditional Medicine into modern medical practice(32,36,37). Modern healthcare professionals in Ethiopia acknowledge the importance of Traditional Medicine, with studies indicating that 60.9% of health professional believes in its significance in providing adequate healthcare to the community(31,36,37),

There is limited knowledge on the utilization and factors for utilizing Traditional Medicine among cancer patients in Ethiopia. Therefore, this study aims to provide a deeper insight into the utilization of Traditional Medicine therapies among cancer patients and identify the factors associated with their use at Saint Paul's Hospital Millennium Medical College Addis Ababa, Ethiopia. Understanding the utilization and associated factors to use Traditional Medicine among cancer patients is crucial for providing better healthcare services. It will enable healthcare providers to comprehend patients' needs, deliver appropriate care, and improve cancer patients' treatment effectiveness

1.3 Significance

By providing a deeper insight into the utilization of Traditional Medicine among cancer patients and identifying the factors associated with their use, the study aims to inform healthcare providers about patients' needs and deliver appropriate care. The findings of this study have and ultimately contribute to better healthcare services for cancer patients in Ethiopia.

2 LITERATURE REVIEW

2.1 Utilization of Traditional Medicine

Utilization of traditional, complementary, and alternative medicine use by cancer patients in low income and lower middle income countries is (54.5%)(38) . World average utilization of TM use in cancer patients has doubled from 25.0% before the 1990 to 51. 0% after the 2010 (4,15). The utilization of use of TM varied with in and across countries. . TM usage was widespread among cancer patients in India. The facility based study conducted in north India 46. 2%(20) correspondences' higher than that reported in a facility based study from south India 34. 4%(12) . When we see trade of utilization use of TM is increasing for example in north India facility based study done on year 2017 utilization was 34.4% increased to 46.2 % on 2021(9). In Nigeria facility based study indicate the increase of utilization using TM in facility based study done on year 2007 (65.0%)(9) increase to (84.4%) in year 2017(19). Current facility based studies on utilization on usage TM in Bangladesh were (33%)(26) . Italian were (48. 9%)(17) , Nepal were (.3 6%)(18) and in Nigeria were (84%)(19) . In Ethiopia there is no updated utilization of TM usage however a facility based study done on Gondar hospital in 2015 was (79%) (13) .

In facility-based study done India Nigeria and Ethiopia Nigeria, most patients stated that they would like to discuss TCM with their doctors. However ,disclosure of use of TCM to attending healthcare professionals was low because the most reason is the doctor failed to ask followed by, seem to patients not relevant to talk and few patients thinks appealing by doctors(12,26). The other reason to not to discuss they concern over the doctor not understanding their use(18) Additionally, the physicians may feel inadequate s kills and knowledge to counsel patients on TM use(39).

2.2 Factors for utilization TM

2.2.1 Characteristic of the patients

In the African settings, culture, traditions, and religion are major issues that affect the way people live. Superstitious beliefs are very common and also promote tendency to believe in unconventional means to achieve their health needs (19,26). Facility based studies in developed western countries found that women, in both the general population and among cancer patients, have higher utilization of use than men and that the peak age of use is among

young adults/middle aged (10,23,24) When we see deferent facility based studies on factors affecting TM usage related with patients characteristics, conflicting findings reported. Some facility based studies have found associations between age, gender, socioeconomic status, income, and level of education with use (23). In study on Norwegian cancer patients women were significantly more likely than men to have used acupuncture and self-help techniques no significant gender differences were found regarding visits to other cm providers(24). Study on china Chinese medicine and acupuncture utilization for cancer patients age were significant for all cervical and lung cancer under TM use, while it was not significant for acupuncture use(22) .

Some other studies , higher income, higher levels of education and higher socioeconomic status have been linked to higher utilization of TM use(10,26). In study ethnicity was significant for using TM (21–23). In facility bas study, done Mongolia higher education and younger population are significant factor for use. TM (10). In some facility based studies had history cancer in the family are significantly associated with t &cm usage(23). in Bangladesh lower education, low socioeconomic and young adult patients aged 26 to 45 years status have been linked to higher utilization of TM use. (26) . In Mongolia those with lower and no formal education highly significant for using TM (23) least basic knowledge about TM from their oncologists(9,26).

2.2.2 Clinical condition of patients

When we see factors for TM usage related with characteristics illness symptoms, especially pain, There were limited data on safety and risk profiles of TM among cancer patients(4)(19). In Nigeria facility based study report conditions and diseases from fever and patients chronic no communicable diseases such as, hypertension and diabetes mellitus have high utilization of usage TM (19) . In facility-based study Kerala, India report TM usage along with conventional cancer treatment (6%), administered TM before initiating traditional cancer treatment and (27%) started using TM during follow up. Another (3%) started before initiating conventional treatment (26). facility based study in Nigeria Fever and pains are the commonest conditions or illnesses for which TM was used(19). In facility, based study that done on china on cancer patients. Cancer type breast, lung liver, and colorectal cancer patients had a significantly higher probability of using acupuncture. Duration of cancer was significant for liver cancer under TM only, higher probability of using acupuncture(12) . In India Breast cancer the majority of patients indicated that they would consider TM use with

majority at advanced stages of cancer(20). In facility based study Nepal cancer type (head and neck cancer lung cancer) ,cancer stage and the patients' self-rated disease severity were strong predictors of TM use(25) In Ethiopia with late-stage cancer were 2. 85 times higher than in patients with early-stage cancer for using TM(13) .

2.2.3 Knowledge and Attitudes on TM

In a facility based study conducted in Nepal, the majority of cancer patients had a positive attitude towards TM and it is a factor that influencing to use TM. Community based Study in Nepal shows knowledge about traditional medicinal plants is a determinant of use of TM both in urban and rural area. (40) In Ethiopia, in Melawi town, community based study who use TM two-thirds, 241 (61. 5%) have good knowledge about TMs and three-quarters of participants prefer modern medicine to traditional drugs. There is a limited literature that study including knowledge and attitude related to utilization (34) .

2.2.4 Perceived experiences with Modern Medicine

Cancer Patients who experience side effects from modern medicine may seek out TM. To manage this side effects use TM perceived as a safer or more natural option leading to higher utilization of TM(2).In Ethiopia community based study in Jimma town , a majority of the participants practiced TM use Affordability and distance from home were some reasons for preferring TM. (30)(41) .

2.3 Conceptual Framework

Conceptual framework determinant for TM utilization from Health Belief Model and from literatures review(42,43)

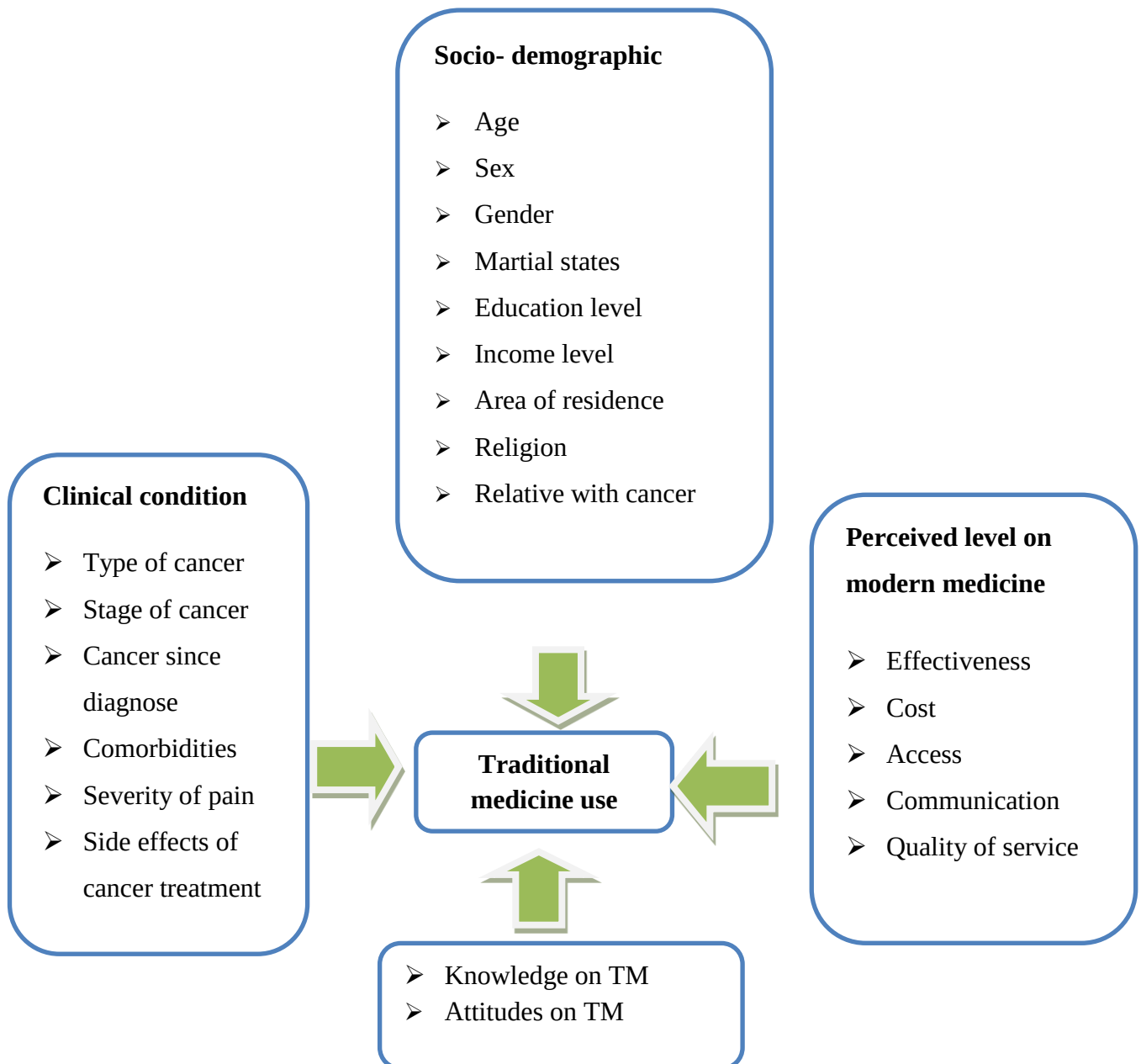


Figure 1 Conceptual framework determinant for TM utilization among cancer patients in SPHMMC, Addis Ababa, Ethiopia, 2023

3 OBJECTIVE

3.1 General objective

To assess the utilization of TM and associated factors among cancer patients with Saint Paul's Hospital Millennium Medical College, Addis Ababa, Ethiopia, 2023

3.2 Specific objective

- To assess TM utilization among cancer patients in Saint Paul's Hospital Millennium Medical College, Addis Ababa, Ethiopia, 2023
- To determine factors associated with utilization of TM among cancer patients in Saint Paul's Hospital Millennium Medical College, Addis Ababa, Ethiopia, 2023

4 Methods and Materials

4.1 Study area and period

The study was conducted from June 1, 2023, to July 30, 2023, at Saint Paul's Hospital Millennium Medical College. St. Paul Hospital is a teaching public hospital found in the capital, Addis Ababa that was established in 1968. The hospital has an inpatients capacity of 700 beds with an average patients flow of 1200 emergencies and outpatients daily, where over 2800 clinical and non-clinical staff is available in over 13 departments.

4.2 Study design

An institutional-based, cross-sectional study design was used.

4.3 Source population

The source population comprised all cancer patients aged 18 years and older receiving care at Saint Paul's Hospital Millennium Medical College in 2023.

4.4 Study population

The study population included cancer patients aged 18 years and older who received treatment at Saint Paul's Hospital Millennium Medical College during the one-month data collection period from June 1 to July 30, 2023.

4.5 Eligibility Criteria

4.5.1 Inclusion criteria

Cancer patients aged 18 years and older who received treatment at Saint Paul's Hospital Millennium Medical College during the studied period and were willing to participate were included in the study.

4.5.2 Exclusion criteria

Patients who were seriously ill during the data collection period

4.6 Sample size determination

To determine the sample size for estimating TM utilization, a previous facility-based study conducted at Gondar specialized hospital reported a utilization of 80%. Using a single population proportion formula: $N = (Z/2)^2 * P (1-P) / D^2$

N = required sample size

Z/2 = z-value corresponding to 95% confidence level (1.96)

P= expected utilization of TM utilization (0.80)

D = margin of error (0.05) Applying the values: $n = (1.96)^2 * 0.80 (1-0.80) / (0.05)^2$

N= 247 Adjusting for a 15% non-response rate $246 / (1-0.15) = 291$

Therefore, with rounding, the final sample size was 291 participants.

4.7 Sampling technique and procedure

The study used a systematic random sampling technique to select participants. The procedure involved estimating the average number of cancer patients receiving treatment per month, which ranged from 600 to 650 patients monthly, or 30 to 34 patients daily. A daily list of all cancer patients scheduled for treatment at Saint Paul's Hospital Millennium Medical College was obtained from patient's registration records, and each patient on the list was assigned a number. The sampling interval was calculated by dividing the estimated total monthly number of cancer patients by the required sample size, which yielded a sampling interval of two. Beginning with the randomly selected number, every second patients on the daily list was chosen for recruitment. This sampling procedure was followed for 22 days during the study period to obtain the required sample of 291 patients. Approximately 13–14 samples were collected each day, and in total, 291 cancer patients were recruited over the 22-day period.

4.8 Variables

4.8.1 Dependent variable

Utilization of TM after a cancer diagnosis

4.8.2 Independent variables

- **Patients characteristics:** age, sex, education, socioeconomic status, religion, family history of cancer
- **Clinical conditions:** cancer type, cancer stage, time since diagnosis, comorbidities, pain severity, medication side effects, severity of side effects
- **Patients perspectives and experiences with modern medicine:** perceived effectiveness, cost, access, communication with providers, quality of care
- **Knowledge and Attitudes on TM**

4.9 Operational definition

Cancer patients: A cancer patient is a person who has been diagnosed with cancer, is on treatment, and has been approved by medical documents.

Utilization of TM (TM): Determined, by whether the patients has used any of these TM practices at least one time. These practices include practitioner-produced herbal medicine, spiritual practices, animal-origin medicine, home remedies, traditional massage, cupping, bone setting, cupping, body scarification, and diet therapy. The responses to the questionnaires regarding TM use were dichotomized as yes or no.(31,33,37–39,48,51)

Perceived level of cost of health services: The patients' subjective view of affordability and value of the healthcare services they received, this is measured using a Likert scale, where patients rate their perception of the cost of the health service, ranging from 1: Very expensive to 4: Very affordable. When the cost of health service is rated very affordable, it means that the patients perceived the cost of the healthcare service to be very reasonable and within their budget. This perception is subjective and depends on various factors such as the patient's income, the cost of living in their area, and their overall financial situation (52)

The perceived level of overall quality of healthcare service: refers to the patient's general impression of the quality of healthcare provided, considering factors such as effectiveness, patients-centeredness, and safety. This was measured using a Likert scale, where patients rated their perception of the overall quality of the health service, ranging from 1: very bad to 5: extremely good. In the context of healthcare, good quality means that the service is effective, safe, patients-centered, and timely. Patients who rate the overall quality of healthcare services as extremely good on a Likert scale generally believed that the healthcare service provides high-quality care (52).

Perceived level of communication with doctors, measured using Likert scales, where patients rate their perception on a scale from 1: very poor to 5: excellent. Patients who rated the communication with doctors as excellent On a Likert scale, people generally believed that the doctor communicates effectively, listens to their concerns, and provides clear explanations (52)

Perceived level of access to modern medicine: the perceived level of access to modern medicine is measured using Likert scales, where patients rate their perception on a scale from 1: very difficult to access To 4: Very easy to access. Patients who rated access to modern medicine as very easily accessible on a Likert scale generally believed that the healthcare service provides easy access to modern cancer treatment. On the other hand, patients who rated access to modern medicine as very difficult to access on a Likert scale generally believed that the healthcare service provides limited access to modern cancer treatment (52)

Pain severity: in cancer patients is assessed by having the patients rate the severity of their pain on a scale from 1 to 10, with 0 indicating no pain and 10 indicating the worst pain possible, and we categorized them as NO Pain-0, Milled Pain 1-3, Moderate Pain 4-6, and Severe Pain 7-10 (49,50).

Perceived level of effectiveness of treatment: Patients perceived level effectiveness with cancer treatment can be measured using Likert scale questions used to assess patients effectiveness, ranging from 1: "completely dissatisfied to 5: completely satisfied. ". Patients who rated the effectiveness of medicine in cancer treatment as completely satisfied on a Likert scale generally believed that the treatment was highly effective and met their expectations. On the other hand, patients who rate the effectiveness of medicine in cancer

treatment as completely dissatisfied on a Likert scale generally believe that the treatment is ineffective and fails to meet their expectations (49)

The severity of side effects from medicine: It was measured using a Likert scale, where patients rate the severity of their side effects from treatment on a scale from one to ten, with 0 indicating no side effects and 10 indicating the worst possible severity of side effects and we categorized them. No side effects 0, Mild 1-3, Moderate 4-6, Severe 7-10 (50,51).

Knowledge of TM refers to the patient's understanding of TM, including its nature type, potential benefits, risks, usage methods, and how it interacts with conventional treatments. This is measured through knowledge-based questions, such as five yes, no, and not sure questions and one multiple-choice question, administered through an assessment tool or survey. The scores were calculated by adding up the scores for each patients and dividing by the number of questions or items on the survey. The overall mean score is calculated to determine the level of patient's knowledge. Based on the results, those who get 50% below average are categorized as having low knowledge; those who get 50% up to 75% above average are categorized as having mid-level knowledge; and those who get 75% above average will have high knowledge (31,34,48)

Attitude toward TM encompasses the patient's behavior, thoughts, and emotions regarding the use of TM, including their opinions and beliefs towards TM and modern medicine. Attitude is measured using nine Likert scale questions, where patients rate their attitude towards TM on a scale from "strongly disagree" to "strongly agree. The average score is calculated to determine the overall patient's attitude. Moreover, we divided the above-average positive attitude below the average negative attitude (31,34,48)

4.10 Data collection tool and procedure

The data collection method employed in this study utilized a structured questionnaire to gather primary data from cancer patients. To enhance the reliability and validity of the findings, secondary data from hospital patients' records files were also utilized. These records files were used to evaluate the characteristics and clinical conditions of the cancer patients, while card numbers were utilized to ensure that there was no duplication among the participants.

The questionnaire utilized in this study was adapted from an internationally recognized questionnaire I-CAM-Q, which assesses the utilization of complementary and alternative medicines. Additionally, certain questions were incorporated from various versions of the I-CAM-Q, including the Norwegian I-CAM-N, German I- CAM-G, and Nigerian (57–60) versions.

The questionnaire was initially prepared in English and then translated into Amharic. Two (BSc) nurses carried out data collection. The questionnaire consisted of six parts.

Part 1 focused on patients characteristics with seven questions. Part 2 covered medical characteristics and current health status of patients, including type of cancer, severity of pain, and time since diagnosis, condition stage, and comorbidities, with eight questions. Part 3 assessed the perceived level of experience with modern medicine, including cost, effectiveness, side effects, access, quality, and communication, with eleven questions. Part 4 examined patient's knowledge and attitudes towards TM, with eighteen questions on awareness, knowledge, and attitudes using both binary response and Likert scale questions. Part 5 focused on the utilization of TM by patients, including patterns, modalities, and usage before and after cancer diagnosis, reasons for use, planned benefits to get, condition of illness used, and reasons for abandoning modern medicine. This section consisted of thirteen questions. Part 6 explored patients experiences with TM, including : perceived benefits, severity of side effects, level of satisfaction, as well as discussions with doctors, reasons for not disclosing its use and doctor's repose. This section also comprised thirteen questions.

Overall, the questionnaire consisted of six sections with 63 items, including multiple-choice, yes-and-no, and Likert-scale questions. It was carefully designed to gather comprehensive data on TM utilization among cancer patients in the oncology unit at Saint Paul's Hospital Millennium Medical College in Addis Ababa, Ethiopia.

4.11 Data quality assurance

To ensure validity and reliability, a pre-test of the questioner was done on 5% of patients that were found in St Paul's hospital before two weeks to assess instrument simplicity, flow, and consistency, and questionnaire modifications were made after the pretest accordingly. During the data collection, each participant's medical record card was registered to prevent repetition. To protect the patient's privacy, anonymous and voluntary participation are kept.

4.12 Data management and analysis

The data collected for this research study underwent rigorous data management and analysis procedures. The software used for these procedures was Epidata version 3.1, and the results were then exported to SPSS version 26. Descriptive statistics, such as percentages and frequencies, were applied to summarize the data. The analysis output was presented in the form of statistical tables and figures. For categorical variables, frequencies and percentages were utilized to describe the data.

Bivariate analysis was conducted to find related variables, Variables that confirmed a significance level of $p < 0.25$ were included in the multivariate regression model to examine the influence of potential covariates. To evaluate multicollinearity, the variance inflation factor VIF was employed.

We used odds ratios and confidence intervals to determine the associations with the dependent variables. The final model incorporated predictors that showed statistical significance at a $p < 0.05$ level, accompanied by significant confidence interval values. The overall fit of the final model was evaluated through the utilization of the Hosmer and Lemeshow test.

4.13 Ethical consideration

Ethical clearance was obtained from the IRB of St. Paul millennium medical college, a support letter was written to Saint Paul's Hospital Millennium Medical College, and verbal consent was obtained from all study participants. Participants were informed about the objective of the study. After information is provided about the purpose of the study, the non-invasiveness of the data collection procedure, the confidentiality of the information, and the respondents are reassured.

4.14 Dissemination of results

The result of this study will be presented to St. Paul Millennium Medical College, the federal ministry of health, the Addis Ababa health bureau, and each respective hospital. It will be presented at a workshop and different seminars, and finally, it will be submitted to a relevant reputable scientific journal for publication.

5 RESULTS

5.1 Socio-demographic characteristics

According to the study, 291 cancer patients were included, and 287 parents completed the interviewer-administered questionnaire, resulting in a 98% response rate. Four participants had difficulty completing the data due to the severity of their illnesses. The age distribution showed that the majority of the patients were above 40 years old (34% were 40–49 years old). The mean age of the cancer patients was 50.11 ± 12.071 years. There were slightly more female respondents (53.3%) than male respondents (46.7%) were. The majority of respondents identified as Orthodox (54%). A large proportion (80.8%) of the respondents were married, while a smaller percentage were single (8%) or widowed (11%). The highest percentage of respondents (35.5%) had completed secondary school. Only a small proportion (7%) had a college education or above. The majority of respondents (65.9%) lived in regions other than Addis Ababa. Table 1

Table 1 Socio-demographic and Clinical Characteristics of Cancer Patients in SPHMMC, Addis Ababa, Ethiopia, 2023

Variables	Frequency(N=287)	Percentage (%)
Age		
18-29 year	10	3.5
30-39 year	37	12.9
40-49 year	97	33.8
50-59 year	72	25.1
60< year above	71	24.7
Sex		
Female	153	53.3
Male	134	46.7
Religion		
Muslim	92	32.1
Orthodox	155	54
Protestant	40	13.9
Marital status		
Married	232	80.8
Single	23	8
Widowed	32	11. 1
Education states		

Can't read and write	76	26.5
Can read and write	14	4.9
Primary school	75	26.1
Secondary school	102	35.5
Collage and above	20	7
Area of residence		
Addis Ababa	98	34.1
Other region	189	65.9
Have relative with cancer		
Yes	18	6.3
No	269	93.7

5.2 Study participants clinical condition

When we saw clinical condition. The majority of respondents (60.3%) reported having any other diseases. The largest percentage of respondents (62.7%) had been diagnosed with cancer 6–24 months ago, while fewer respondents had been diagnosed less than 6 months ago (27.5%). The majority of respondents (94.1%) reported experiencing side effects from modern cancer treatment. The most common stage of cancer was unclassified one (36.9%), followed by stage-2 (32.4%), and fewer participants were in stage-4 (1.7%). The most common type of cancer reported was breast cancer (32.4%). The majority of respondents were undergoing current chemotherapy (82.2%), while smaller percentages were undergoing radiotherapy (0.7%). Table 2

5.3 Study participants experience with modern medicine

When we saw perceived level of cancer patients on modern cancer treatment, we found the majority of respondents found modern medicine for cancer treatment somewhat difficult to access (71.4%). The majority of respondents found modern medicine for cancer treatment somewhat expensive (61.7%). The majority of respondents rated the communication between themselves and their cancer care team as fair (66.6%). The majority of respondents (48.8%) were somewhat satisfied with the effectiveness of modern medicine, while smaller percentages were somewhat dissatisfied (5.9%) or neither satisfied nor dissatisfied (45.3%). The majority of respondents rated the overall quality of modern health services as good (59.9%), followed by very good (37.3%). Table 2

5.4 Study participant knowledge and attitude of TM

The majority of respondents (95.8%) reported having heard of TM. The highest percentage of respondents (61.7%) had high knowledge about cancer. The majority of respondents (61.3%) had a positive attitude towards cancer. Table 2

Table 2 Modern medicine experience and clinical characteristics of cancer patients at SPHMMC in Addis Ababa, Ethiopia, in 2023.

Variables	Frequency(N=287)	Percentage (%)
Severity of pain		
Mild	69	24
Moderate	43	15
Severe	175	61
Time since diagnosis with cancer		
< 6 month	79	27.5
6-24 month	180	62.7
>24 month	28	9.8
Get side effects from modern cancer treatment		
No	17	5.9
Yes	270	94.1
Stage of cancer		
Unclassified	106	36.9
Stage-1	26	9.1
Stage-2	93	32.4
Stage-3	57	19.9
Stage-4	5	1.7
Did you have other diseases		
No	173	39.7
Yes	114	60.3
Comorbidity type		
Diabetes mellitus	57	19.9
Hypertension	67	23.3
Autoimmune disease	3	1
Heart disease	10	3.5
Asthmatic	6	2.1
Other comorbidity	9	
Type of Cancer		
Other cancer	96	33.4
Breast	93	32.4

Colorectal	43	15
Esophageal	12	4.2
Gastric	19	6.6
Ovary	24	8.4
Cancer treatment modality		
Chemotherapy	236	82.2
Surgery	15	5.2
Radiotherapy	2	0.7
Other treatment	38	13.2
How accessible is modern medicine for cancer treatment		
Very difficult to access	51	17.8
Somewhat difficult to access	205	71.4
Somewhat easy to access	31	10.8
How affordable is modern medicine for you cancer treatment		
Very expensive	82	28.6
Somewhat expensive	177	61.7
Somewhat affordable	28	9.8
How do you rate the communication between you and your cancer care giver team		
Poor	18	6.3
Fair	191	66.6
Very good	78	27.2
Effectiveness of modern medicine		
Somewhat dissatisfied	17	5.9
Nether	130	45.3
Somewhat satisfied	140	48.8
Overall how do you rank the quality modern cancer treatment		
Bad	8	2.8
Good	172	59.9
Very good	107	37.3
Did you heard of TM		
No	12	4.2
Yes	275	95.8
Knowledge about TM		
Low knowledge	20	7
Mid knowledge	90	31.4
High knowledge	177	61.7
Attitude toward TM		
Negative attitude	111	38.7
Positive attitude	176	61.3

5.5 Utilization of TM

The utilization of utilization after being diagnosed with cancer Among 287 cancer patients', Utilization of TM after being diagnosed with cancer is 70%. The trend of utilization increased significantly before diagnosis with cancer, from 25% to 70% after diagnosis, spiritual practices were the most frequently utilized type of TM both before and after cancer diagnosis. The utilization of TM use among individuals with different types of cancer, utilization of TM is relatively high across most cancer types, ranging from 50% to (92%).The highest utilization of TM use was observed among individuals with diabetes mellitus (72%) and Hypertension (84%). Table 2

Table 3 The utilization of utilization TM among 287 cancer patients in SPHMMC, Addis Ababa, Ethiopia, 2023

Variables	frequency(%) (N=287)	
	Utilization of TM Before diagnose with cancer	Utilization of TM After diagnose With cancer
Used any type of TM		
Yes	73(25)	201(70)
No	214(75)	86(30)
Type of TM used		
Spiritual	41(14)	170(59)
Herbal	38(13)	108(38)
Animal origin	3(1)	6(2)
Dietary therapy	8(3)	17(6)
Cupping	3(1)	10(3)
Massage	19(7)	31(11)
Body scarifications	6(2)	18(6)
Home remedies	52(18)	172(60)
Bone setting	6(2)	6(2)
Utilization of TM		Frequency N (%)
Among deferent comorbidity (N=114)		
Hypertension		56(84)
Heart disease		6(60)
Asthmatic		4(67)
Diabetes mellitus		41(72)
Other disease		12(100)
Among deferent CANCER (N=287)		
Other cancer		62(65)
Breast		67(72)
Colorectal		30(70)

Esophageal	11(92)
Gastric	14(74)
Ovary	17(71)

When we see type of TM used prior to diagnosis, 11% of patients used spiritual practices, while after diagnosis, this increased to 59%. Home remedies ranked as the second most commonly used type, with 15% of patients using them before diagnosis and 60% after diagnosis. Moreover, traditional healers produced herbal medicine for 11% of patients prior to diagnosis, which increased to 38% after diagnosis. Table 2

Among the 201 cancer patients who utilized TM after being diagnosed, the majority of them employed home remedies (86%), followed closely by spiritual practices (85%). Traditional practitioner-produced herbal medicine was also commonly used (54%). Figure 2

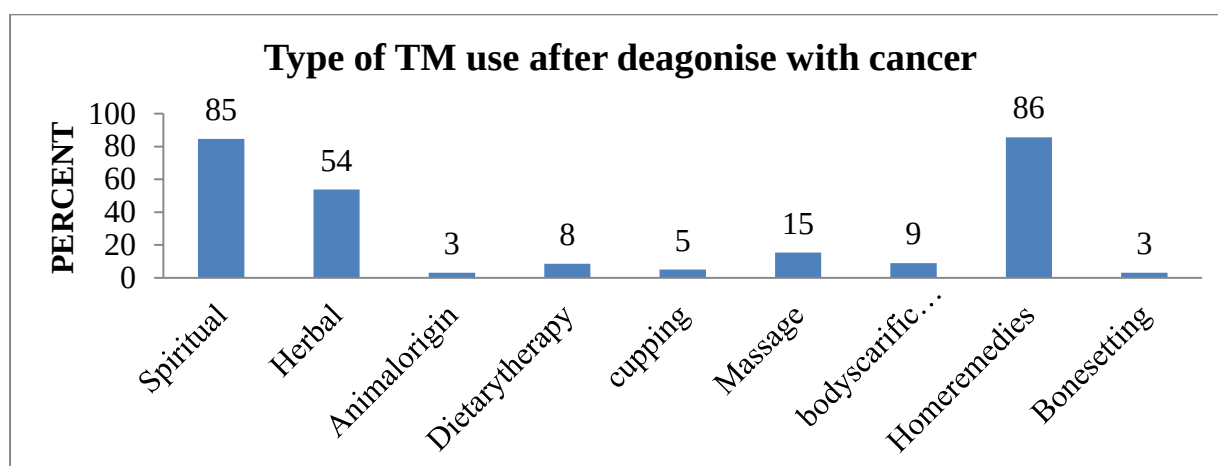


Figure 2 Types of TM used by cancer patients after diagnosis with cancer in SPHMMC, Addis Ababa, Ethiopia, 2023

When we see the overall use, frequency, duration, and plans for the utilization of TM among cancer patients, the pattern of TM use among the respondents some respondents started using TM after finishing modern medicine (11%), while the majority reported using both modern medicine and TM together (89%).

When we explore respondents' future plans regarding TM The majority of respondents (81%) expressed the intention to use both TM and modern medicine to complement each other

When we explore the frequency of utilization, 48% use it occasionally, while 30% use it on a weekly basis. Additionally, 70% of patients have been using TM for less than 6 months. Among the patients Table 3

The most common source information about TM family (61.3%), Religion leaders (53.3%) followed by previous experiences (21.6%); Relatives (36.9%), friends (11.1%), and a few patients replied health professionals (14.3%). When we explored the sources of TM by most of them get TM from church (53.7%), practitioners (38.8%), and relatives (43.9%). Table 3

Table 4 Sources and usage patterns of TM among the respondent's cancer patients in SPHMMC, Addis Ababa, Ethiopia, 2023

Variable	Frequency(N=201)	Percent (%)
Where did you get information TM that you used		
Family	176	61.3
Previous experiences	62	21.6
Health professional	41	14.3
Media	4	1.4
Relative	106	36.9
Friends	32	11.1
Religion leader	153	53.3
Selfawarenessfrom	39	13.6
Neighbors	17	5.9
Traditional healer	32	11.1
Patients	5	1.7
Where did you get TM you used		
Church	154	53. 7
Practitioner	109	38. 0
Neighbor	64	22. 3
Relatives	126	43. 9
Prepare don my own	48	16. 7
Buy from market	4	1. 4
How frequently you used TM		
Daly	29	14
Occasion	96	48
Once	13	6
Weekly	61	30
How long using TM		
Less than 6 month	140	70
Greater than 6 month	61	30
How you have been using TM		
After finishing modern medicine	22	11
Used both of modern and TM	179	89
How do you hope to use TM and modern medicine in the future		

Plan to use modern medicine	21	10
Plan to use the TM	16	8
Plan use the two of them	163	81
How frequently visited TM practitioner		
None	49	24
Once	44	22
Several time	107	53

5.6 Experience of TM and disclosed to doctors

Overall, out of the 201 participants, the most common reason for using TM was to get relief from cancer symptoms, with a frequency of (61.2%). Other reasons cited included improving immune function (41.6%), improving the general condition (49.8%), and doing everything possible to fight cancer (34.4%). Table 4

The majority of participants (93%) reported receiving benefits from using TM. In terms of benefits, the majority of respondents (65.3%) reported hoping to gain relaxation and improved sleep from using TM. Other benefits included relieving symptoms of modern medicine's side effects (44.3%) and relieving cancer symptoms (35.4%). Additionally, respondents mentioned improved psychological and emotional well-being (42.6%) and physical well-being (14.1%) as potential benefits. When we see the level of satisfaction of using TM among the 201 cases, the majority is average or above (40%), considered it average, 27% were somehow satisfied, and 20% were fully satisfied. 98% had received supervision or guidance when using TM. Table 4

However, a significant number of participants reported experiencing side effects from using TM, with (17%) responding affirmatively. Among those who experienced common side effects, the majority of respondents (58%) reported mild side effects, and 42% experienced moderate side effects. Among cancer patients who get side effects, the majority of patients (48%) go to traditional healers to manage the side effects. A smaller percentage of patients (18%) go to health facilities. Table 4

Some cancer patients (17%) abandoned modern cancer medicines in favor of TM. The most common reasons for this decision are stated by approximately 27% of the patients (42%), who reported experiencing side effects from modern medicines. Additionally, 30% of the patients revealed that they received advice from traditional healers, influencing their decision to utilize TM. Table 4

Majority of 84% cancer patients did not disclosed their use of TM to their doctors, reasons varied: majority of patients' 57% stated that their doctors never asked about it and 49% of patients' says it is not important to disclose to doctors. From 16% among the participants who did disclose to doctor, when we see the response from their doctors, majority of patients 67% received a supportive response while, 27% neutral response. Table 4

Table 5 Reasons, experience and disclosures to Doctors for Using TM among cancer patients SPHMMC, Addis Ababa, Ethiopia, 2023

Variable	Frequency(N=201)	Percentage (%)
Reason to use TM		
Get relief from cancer symptom	178	61.2
Side effect of modern medicine	155	54
Fear of conventional treatment	8	3
To improve immune function	121	41.6
To cure the cancer disease	84	28.9
Lack of access modern medicine	4	1.4
Influenced By Family	21	7.2
Cost of conventional medicine	4	1.4
To improve general condition	145	49.8
Low quality service conventional medicine	5	1.7
Distrust in modern medicine response	6	2.1
Modern medic in not effective	10	3.5
Requested by health professional	5	1.7
To do everything possible to Fight Cancer	100	34.4
What do you hop to get benefit from TM you used		
To fight cancer	190	65.3
It will allow me to relax sleep	85	29.2
It will clean up your wounds	45	15.5
Relieve symptoms of modern medicines side effect	129	44.3
It will relieve symptoms cancer	103	35.4
Improve psychological emotional well being	124	42.6
Improve physical wellbeing	41	14.1
Did you get benefit from using TM		
Yes	188	93
Did you get side effects using TM		
Yes	35	17
Severity of the side effects using TM		
Mild	19	58

Moderate	14	42
Severe	2	6
Your level of satisfaction on result with TM use		
Fully dissatisfied	8	4
Somehow dissatisfied	13	6.4
Average	81	40
Somehow satisfied	55	27
Fully satisfied	41	20
Any one supervise guide using		
Yes	197	98.6
How did you do for managing the side effect you get from using TM		
Going to health facilities	6	18
Go to traditional healer	16	48
Stopping using the TM	5	15
Continue to use the TM	9	24
Abandon modern medicines for utilizing TM		
Yes	34	17
Reason to abandon modern medicine		
Modern medicines not effective	9	27
Modern medicine cost expensive	6	18
Lack of access to proper medical facility	8	24
Side effects of modern medicine	14	42
Advice from traditional healer	10	30
Did you disclose to doctors that you use TM		
No	169	84
Yes	33	16
What is the doctor response		
Neutral	9	27
Supportive	22	67
Discouraging	2	6
If you don't disclose why you don't disclosed to doctor		
Doctor never asked	96	57
Doctor would discourage TM use	7	4
Doctor won't understand	2	1
It is no important to disclose	49	29
None of the doctor business	15	9

Among the total of 17% of cases that have side effects, using the TM reported in the study, the most common side effects are diarrhea (44%), nausea (44%), and vomiting (56% of the total side effects). Figure 3

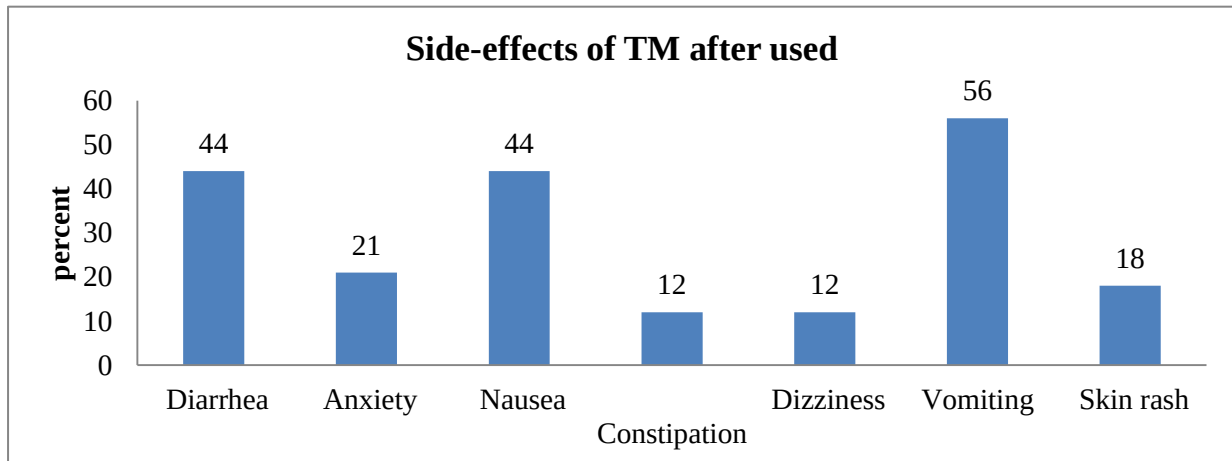


Figure 3 Side effects in after using TM among cancer patients in SPHMMC, Addis Ababa, Ethiopia, 2023

From 201 cases, the condition illness TM is used. The most prevalent conditions reported were depression and anxiety, which were found to be the most prevalent conditions at 52.9%, followed closely by pain management at 51.9%, and curing cancer ranked third at 41.6%. Figure 4

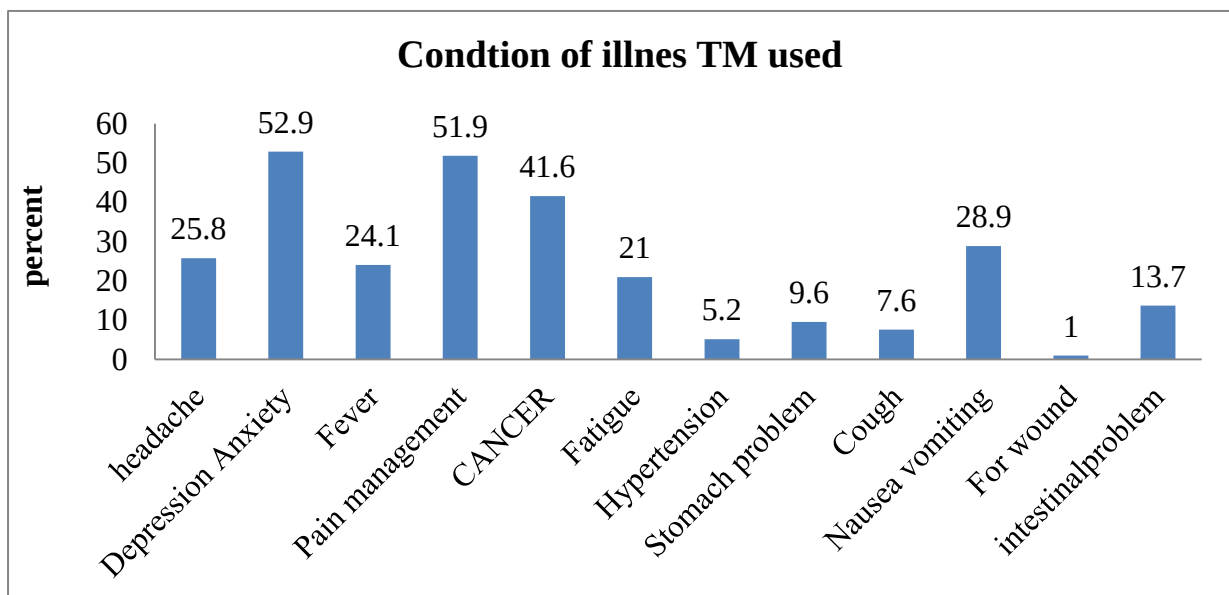


Figure 4 The condition illness TM is used, among cancer patients SPHMMC, Addis Ababa, Ethiopia, 2023

5.7 Associated factors for the utilization of TM

Bivariate regression analysis was conducted to identify variables that had a significant relationship with the utilization of TM among cancer patients. The following variables were found to be associated with TM utilization with ($P < 0.05$) age, education, monthly income, area of residence, having a relative with cancer, knowledge about TM, attitude toward TM, time since diagnosis with cancer, severity of pain level, access to modern cancer treatment medicine, side effects of modern medicine, and cost of modern medicine

A multivariate regression analysis was conducted to identify significant predictors of TM utilization. Variables with a p-value less than 0.25 in the bivariate analysis were included in the model. The following significant predictors were identified ($p < 0.05$): Individuals with a positive attitude towards TM were more likely to utilize TM ($p = 0.001$, AOR=4.8, 95% CI: 2.88-8.51). Having mid knowledge about TM was positively associated with TM utilization ($p = 0.007$, OR=5.478, 95% CI: 1.68-12.8). Having high knowledge about TM was positively associated with TM utilization ($p = 0.012$, AOR=4.46, 95% CI: 1.39-9.34). Residing in Addis Ababa was positively associated with utilizing TM (p-value 0.01, AOR=3.301, 95% CI: 1.81-5.19). Experiencing moderate side effects from modern cancer treatment was negatively associated with utilization of TM ($p = 0.013$, AOR=0.35, 95% CI: 0.17-0.75).

Table 6 multivariate regression analysis for utilization of TM among cancer patients in SPHMMC, Addis Ababa, Ethiopia, 2023

Variables	Utilization of TM		COR [95% of CI]	P- value	AOR[95% of CI]	P- value
	No, N (%)	Yes, N (%)				
Age						
18-29	5(2)	5(2)	1		-	-
30-39	11(5)	26(13)	2.36(0.57,9.84)	0.24	-	-
40-49	37(18)	60(30)	1.62(0.44,5.98)	0.47	-	-
50-59	19(9)	53(26)	2.79(0.73,10.72)	0.14	-	-
60<	14(7)	57(28)	4.07(1.03,16.0)	0.05	-	-
Education						
Can't read and write	12(6)	64(32)	1		1	
Can read and write	3(1)	11(5)	0.69(0.17,2.84)	0.60		
Primary school	14(7)	61(30)	0.82(0.35,1.91)	0.64		
Secondary school	45(22)	57(28)	0.24(0.11,0.49)	0.01		
College and above	12(6)	8(4)	0.13(0.04,0.37)	0.01		
Monthly incomes in birr						

<=5000	34(17)	120(60)	1		-	-
5000-10000	34(17)	65(32)	0.54(0.31,0.95)	0.03	-	-
1000-15000	11(5)	10(5)	0.26(0.10,0.66)	0.01	-	-
15000<	7(3)	6(3)	0.24(0.08,0.77)	0.02	-	-
Area of residue						
Addis Ababa	45(22)	53(26)	1		1	
Other region	41(20)	148(74)	3.06(1.81,5.19)	0.01	3.30(1.8,6.0)*	0.001
Have relative with cancer						
No	76(38)	193(96)	1		-	-
Yes	10(5)	8(4)	0.32(0.12,0.83)	0.1	-	-
Knowledge on TM						
Low knowledge	12(6)	8(4)	1		1	
Mid knowledge	22(11)	68(34)	4.64(1.68,12.8)	0.01	5.478(1.59,18.8)*	0.007
High knowledge	52(26)	125(62)	3.61(1.39,9.34)	0.01	4.46(1.39,14.33)*	0.012
Attitude toward TM						
Negative attitude	56(28)	55(27)	1		1	
Positive attitude	30(15)	146(73)	4.96(2.88,8.51)	0.01	4.8(2.68,8.61)*	0.001
Time since diagnose with cancer						
Less than 6 month	32.(16)	47(23)	1		-	
6 month up to 24	49(24)	131(65)	1.82(1.04,3.18)	0.04	-	-
24 month more	5(2)	23(11)	3.13(1.08,9.10)	0.04	-	-
Severity of pain level of cancer patients						
Mild	27(13)	42(21)	1	0.08	-	
Moderate	15(7)	28(14)	1.2(0.54,2.65)	0.65	-	-
Severe	44(22)	131(65)	1.91(1.06,3.4)	0.03	-	-
Accesses to modern cancer treatment medicine						
Very difficult	12(4.2)	39(13)	1		-	
Somewhat difficult	59(20)	146(5)	0.76(0.37,1.55)	0.45	-	-
Somewhat easy	15(5.2)	16(5)	0.32(0.12,0.85)	0.02	-	-
Severity of side-effect of modern medicine						
Severe	14(5)	58(20)	1		1	
No side-effect	7(2.4)	9(3.1)	0.31(0.09,.97)	0.050	-	
Mild	36(12)	91(31)	0.61(0.3,1.2)	0.305	-	
Moderate	29(10)	43(15)	0.35(0.17,0.75)	0.025	0.35(0.15,0.804)*	0.013
Cost of modern medicine						
Very expensive	21(7)	61(21)	1			-
Somewhat expensive	52(18)	125(43)	0.83(0.45,1.49)	0.531	-	-
Somewhat fordable	13(4)	15(5.2)	0.39(0.16,.970)	0.043	-	-

Note: *indicates statistically significant at P<0.05 of significance

6 DISCUSSION

Study aimed to assess the utilization of TM among cancer patients, as well as the associated factors for TM use. The total sample size consisted of 291 cancer patients, with a response rate of 98% (287 patients).

In the study, we found that after being diagnosed with cancer, the majority of cancer patients (70%) use TM as a complementary or alternative medicine. This finding is comparable with other studies. In and Ethiopia (79%) in sub-Saharan Africa, the median utilization is 60.0% in Sri Lanka 67.4% (2,12,13,19,52). The high utilization of TM use in our study could be partially explained by the fact that the culture in Ethiopia encourages the use of complementary and alternative medicine (CAM), especially herbal-based TM and spiritual healing. It is also a well-known fact that more than two-thirds of the Ethiopian population depends on TM for the treatment of their medical conditions (13,30,36,53). This finding is inconsistent with the studies in Bangladesh (33%) and Mongolia (47.9%) in Italian and 48.9% in Nepal (31.6%) Nigeria (84.4%) in India (87.2%) (10,17,18,26). The variations in utilization of use of TM across different regions of the globe can be explained by variations in sociocultural background and perceptions of the importance of TM, differences in the accessibility of modern medicine, and differences in the criteria used.

Several factors have been identified as predictors for the utilization of TM among cancer patients. These factors include the place of residence, where patients living outside of Addis Ababa are more likely to utilize TM compared to those living within the city [(p = 0.001, AOR = 3.301, 95% [CI]: 1.81-6.021)]. The knowledge about TM also plays a significant role, as patients with mid-level (p = 0.007, AOR = 5.478, 95% CI: 1.59-18.869) and high-level knowledge [(p = 0.012, AOR = 4.468, 95% CI: 1.393-14.334)] about TM are more likely to utilize it compared to those with low-level knowledge. Furthermore, the attitude towards TM is a determining factor, as patients with a positive attitude towards TM are more likely to use it compared to those with a negative attitude [(p = 0.001, AOR = 4.804, 95% CI: 2.68-8.614)]. Additionally, the side effects of modern medicine cancer treatment also influence the utilization of TM, as patients who experience severe side effects are more likely to seek alternative treatments compared to those with moderate side effects [(p = 0.093, AOR = 0.35, 95% CI: 0.15-0.804)]. Different studies conducted in Mongolia have revealed that the predictors for the use of TM include female gender, younger age, higher level of education,

and a shorter time since diagnosis. In study conducted in Nepal highlighted that cancer type (such as head and neck cancer, abdominal cancer, lung cancer), cancer stage (stage 1), and the patients' self-rated disease severity (perceived as high severity) were strong predictors for the use of TM. Similarly, In Ethiopian study conducted in Gondar found that educational status, average monthly income, disease stage, and comorbidity were strong predictors of the utilization of complementary and alternative medicine CAM. However, it is important to acknowledge that there may be differences among these studies due to variations in study methodology, sample size, socio-demographic characteristics, and cultural factors that can impact the availability and cost of health services (10,13,18)

7 STRENGTH AND LIMITATION

7.1 Strength

1. The study addresses a crucial area of inquiry, namely evaluating the utilization and associated factors of TM utilization among cancer patients. This timely examination provides valuable insights into the healthcare practices of this patient population.
2. The study was conducted at the valued institution of Saint Paul's Hospital Millennium Medical College, lending credence to the findings and strengthening their reliability.
3. The study employed a large sample size of 292 cancer patients, encompassing knowledge, and attitude assessments.
4. Data was collected with experienced oncology department health professionals as well as the response rate is high.

7.2 Limitation

1. Self-reported data: the study relied on self-reported data from cancer patients, which may be subject to recall bias and social desirability bias.
2. Limited generalizability: the study was conducted among adult cancer patients at Saint Paul's Hospital Millennium Medical College in Addis Ababa, Ethiopia.
3. The fact that studies conducted so far in Ethiopia are limited on the topic means that there is not enough literature to discuss the Ethiopian context.
4. This study is a single institutional study inviting participation of Cancer patients from an oncology department. We would miss cancer patients who have gone directly to the TM practitioners. Hence, it would be difficult to extrapolate the findings from this study to the general population
5. Because the study is cross-sectional and evaluates the effect of a variable of interest, there is no possibility of identifying whether CAM practice affects the associated factors or whether there is an association or effect between variables.

8 CONCLUSION AND RECOMMENDATION

8.1 Conclusion

By employing an institutional-based cross-sectional methodology, the study was aimed at assessing the utilization of TM and associated factors among adult cancer patients at Saint Paul's Hospital Millennium Medical College in Addis Ababa, Ethiopia. According to the research, TM was widely used by cancer patients, especially those who also used herbal medications provided by practitioners, spiritual activities, and home remedies. The majority of patients did not inform their medical professionals they used TM. The following factors were very significant predictors of TM utilization: place of residence, attitude toward TM, knowledge of TM, and severity of side effects related to modern treatment.

8.2 Recommendation

Health Care Organization

- Implement comprehensive patient education programs to inform cancer patients about the potential benefits and risks associated with Traditional Medicine (TM) therapies.

Health Professionals

- Encourage open and informed discussions between cancer patients regarding the utilization of TM.

Federal Minister of Health

- Empower healthcare providers to better understand and address the utilization of TM among cancer patients.

To Researcher

- Promote rigorous scientific research to elucidate the safety and efficacy of TM in cancer treatment.

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ANNEXES

I. Knowledge and attitude assessments results

Knowledge assessment results

Questions	Answers	Frequency(N =287)	Percentage (%)
The effectiveness will increase use with modern medicine	No	13	4. 5
	Not sure	46	16. 0
	Yes	228	79. 4
TM can cure cancer	No	36	12. 5
	Not sure	94	32. 8
	Yes	157	54. 7
It is not important to discuss TM use with health service provider	No	223	77. 7
	Not sure	49	17. 1
	Yes	15	5. 2
There is no side effect or disadvantage to use traditional	No	206	71. 8
	Not sure	58	20. 2
	Yes	23	8. 0
It is safe y to use modern medicine with TM	No	49	17. 1
	Not sure	185	64. 5
	Yes	53	18. 5
Know body scarification treatment medicine	No	118	41. 1
	Yes	169	58. 9
Know animal origin treatment medicine	No	234	81. 5
	Yes	53	18. 5
Know home remedies treatment medicine	No	45	15. 7
	Yes	242	84. 3
know dietary therapy treatment medicine	No	98	34. 1
	Yes	189	65. 9
Know herbal treatment medicine	No	1	. 3
	Yes	286	99. 7
Know hijab cupping treatment medicine	No	75	26. 1
	Yes	212	73. 9
Know massage treatment medicine	No	46	16. 0

	Yes	241	84.0
Know bone setting treatment medicine	No	36	12.5
	Yes	251	87.5
Know spiritual treatment medicine	No	26	9.1
	Yes	261	90.9

Knowledge score (N =287)	
Mean	21
Range	13
Minimum	12
Maximum	25
50 Percentiles	21
75 Percentiles	23

Variable	Use TM		Total
	No	Yes	
Low knowledge	12	8	20
Mid knowledge	22	68	90
High knowledge	52	125	177
Total	86	201	287

Attitude assessment result

Statement		Frequency(N=287)	Percentage (%)
It is acceptable to use TM in the community			
	Strongly disagree	3	1.0
	Disagree	9	3.1
	Neutral	19	6.6
	Agree	256	89.2
Prefer first to visit TM practitioner than modern medicine			
	Strongly disagree	170	59.2
	Disagree	34	11.8
	Neutral	83	28.9
TM can help relieve cancer symptoms			
	Strongly disagree	1	0.3
	Disagree	23	8.0
	Neutral	15	5.2
	Agree	248	86.4
In corporation TM n to cancer treatment			
	Strongly disagree	1	0.3
	Disagree	27	9.4
	Neutral	16	5.6
	Agree	243	84.7
TM are better than taking allopathic medicines			
	Strongly disagree	2	0.7
	Disagree	193	67.2
	Neutral	31	10.8
	Agree	57	19.9
	Strongly agree	4	1.4
There are illnesses conditions for which TM can cure			
	Strongly disagree	17	5.9
	Disagree	36	12.5
	Neutral	231	80.5
	Agree	3	1.0
Modern medicine are more expensive than TM			
	Strongly disagree	4	1.4
	Disagree	10	3.5
	Neutral	265	92.3
	Agree	8	2.8
TM is more accessible than modern medicine			
	Strongly disagree	1	.3
	Disagree	11	3.8
	Neutral	13	4.5
	Agree	256	89.2
	Strongly agree	6	2.1
TM cure cancer more than modern cancer treatment			
	Strongly disagree	1	0.3
	Disagree	49	17.1
	Neutral	72	25.1
	Agree	161	56.1

	Strongly agree	4	1.4
	Total	287	100.0

N(287)Altitude score	
Mean	28.63
Range	18
Minimum	18
Maximum	36

		Altitude average		Total
		Negative attitude	Positive attitude	
Use TM	No	56	30	86
	Yes	55	146	201
Total		111	176	287

I, Informed consent

Hello, Dear respondent

My name is ____ I am here to collect data for a study entitled, “Assessment of the utilization of TMs and associated factors among cancer patients attending at St Paul Hospital Addis Ababa, Ethiopia”.

Mititiku Antonios who is an MPH General Public Health student at St. Paul’s hospital millennium medical college are conducting the study. For the study you are selecting as participant, and before getting your consent or permission, you need to know all necessary information related to the study. Thus, this information will be detail, as the objective of this study is an assessment of utilization of TM and associated factors among cancer patients in Addis Ababa, Ethiopia in 2023.

You are asking to take part in this study and to respond sincerely. You have selected to be simple random sampling. This questionnaire focuses on assessing your utilization of TMs and associated factors. Your cooperation and willingness are greatly helpful in identifying problems in the mentioned area. This questionnaire may take 30 to 45 minutes to complete.

There is no major risk for participating in this study, and it has no any direct benefit for you participating in this study. All the information you give us will keep confidential. Your participation is voluntary and if you feel discomfort with any of the questions, it is your right to drop or stop filling the questionnaire.

If you have questions regarding the study or if you wish to know the result after its completion, it is pleasure to give you our phone number. Please contact the principal investigator. Mitiku Antonios Phone number:

Would you like to participate? Yes (____) No (____). **Mark "X" in the appropriate space**

Thank you!

II. Questionnaire (English version)

Identification Number ----- Date of Interview-----Time at the
Beginning of the Interview----- Patients Card number -----

PLEASE FILL IN OR TICK (✓) THE APPROPRIATE ANSWER

1) **SOCIO-ECONOMIC CHARACTERISTICS OF PATIENTS**

101. Age _____ (in years)

102. Sex

☐ Male

☐ Female

103. Religion

☐ Orthodox

☐ Muslim

☐ Protestant

☐ Catholic

☐ Other specify _____

104. Marital status

☐ Single

☐ Married

☐ Widowed

☐ Divorce

☐ separated

105. Education states

☐ Cannot read and write

☐ can read and write

☐ primary schools (1–8 grades)

☐ secondary school (9-12 grade)

☐ Collage and above

106. Area of residence

☐ Addis Ababa

☐ Other region

107. Monthly income _____ (Eth Birr)

108. Did you have family or relatives who have had cancer in the past?

☐ Yes

☐ No

2) **PATIENTS MEDICAL CHARACTERISTICS AND CURRENT HEALTH STATUS**

201. How long have you had this cancer since your diagnosis? _____ (In months)

202. type of cancer

☐ breast cancer

☐ gastric cancer

☐ Head and neck

☐ Thyroid cancer

☐ Skin cancers

☐ cervical

☐ Ovary

☐ esophageal cancers

☐ uterine

☐ lymphoma

☐ colorectal

☐ Other specify _____

203. Level of sickness or disease stage Cancer

☐ Stage 1

☐ Stage 2

☐ Stage 3

☐ Stage 4

☐ unclassified

204. What types of treatment have you received in the past for this cancer? (***You can choose more than one.***)

☐ Chemotherapy

☐ Surgery

☐ Radiotherapy

☐ Other

specify _____

205. What type of treatment are you currently receiving for this disease? (*You can choose more than one.*)

- ☐ Chemotherapy
- ☐ Surgery
- ☐ Radiotherapy
- ☐ Other specify _____

206. Did you have another disease? **If not, skip to Question 208**

- ☐ Yes
- ☐ No

207. Which of the following chronic diseases do you have? (*You can choose more than one.*)

- ☐ Diabetes mellitus
- ☐ Hypertension
- ☐ Heart disease
- ☐ Autoimmune disease
- ☐ asthmatic
- ☐ Other specify _____

208. On a scale of 1 to 10, with 1 being very mild and 10 being extremely severe, how would you rate the overall severity of your symptoms? From 1-10 _____ (*Circle on your feelings.*)



3) PATIENTS EXPERIENCE WITH MODERN MEDICINE

301. Have you ever experienced any side effects from modern cancer treatment? **No pass to Q# 303**

- ☐ Yes
- ☐ No

302. How severe are the side effects of modern medicine?

- ☐ 1- Mild
- ☐ 2- Moderate

- ☐ 3- Severe

303. How accessible is modern medicine in your location for cancer treatment?

- ☐ 1. It is very difficult to access.
- ☐ 2. Somewhat difficult to access
- ☐ 3: Somewhat easy to access
- ☐ 4: Very easy to access

304. How affordable is modern medicine for your cancer treatment?

- ☐ 1: Very expensive
- ☐ 2: Somewhat expensive
- ☐ 3: Somewhat affordable
- ☐ 4: Very affordable

305. What was your level of satisfaction with the results of modern medicine you received for cancer treatment?

- ☐ 1: Completely dissatisfied
- ☐ 2: Somewhat dissatisfied
- ☐ 3: Neither satisfied nor dissatisfied
- ☐ 4: Somewhat satisfied
- ☐ 5: Completely satisfied

306. How do you rate the communication between you and your cancer care team in modern medicine?

- ☐ 1: Very poor
- ☐ 2- Poor
- ☐ 3- Fair
- ☐ 4: Very good
- ☐ 5: Extremely good

307. Over all, how do you rank the quality of your experience with modern healthcare systems?

- ☐ 1: Very bad
- ☐ 2- Bad
- ☐ 3- Good
- ☐ 4: Very good
- ☐ 5: Extremely good

4) **PATIENTS KNOWLEDGE AND ATTITUDE ABOUT TM**

Knowledge of patients about the use of TM

401. Have you ever heard of TM? If *not*, pass to Q#403.

- ☐ Yes
☐ No

402. Which of these do you know from the list? (*You can choose more than one.*)

- ☐ Spiritual healing/prayer Divination/incantation
☐ Blessed water, anointed oil, or mud
☐ Bone setting (OGESHA)
☐ Cupping/HHIJAMA
☐ Massage
☐ Steaming with herbs (NECHIBHRZAF)
☐ Smoking herbs (KEBERICHO)
☐ Herbal medicine or traditional healer produced herbs
☐ Dietary therapy and traditional healers' recommendations for food and nutrition
☐ Home remedies (DAMAKASE,TENADAM ZINGIBIL, ERATE, SENAFICH, FETO LOMI, CITRUS TOSEGN, MARE,TEKUR AZMUDE , KERFA,BUNA)
☐ Animal extracts (traditionally used medicine like the urine and milk of animals)
☐ Traditional surgical practice Scarification Bloodletting Cautery (WAGEMT/MOGEN BAGEN/TATATE/WEGAT)
☐ Other
specify_____

Question		Yes	No	Not sure
403.	It is safe to use TM with modern cancer medicine.			
404.	There is no side effect or disadvantage to use Traditional cancer medicine remedies,			
405.	It is not important to discuss TM we use with your healthcare provider.			
406.	TM can cure cancer.			
407.	The effectiveness for cancer treatment will increase when a cancer patients use TM with modern medicine			

Attitude of patients towards TM

Statement Please insert a tick () in the corresponding box that most appropriately reflects your response.		1. Strongly Disagree	2. Disagree	3. Neither agree nor disagree	4. Agree	5. Strongly Agree
408.	It is acceptable to use TM in the community for their health need					
409.	It is Preferred first to visit a TM practitioner than modern medicine.					
410.	Do you believe that TM can help relieve cancer symptoms?					
411.	Incorporating TM into modern cancer treatment					
412.	TM is better than taking allopathic medicines					
413.	There are illnesses or conditions for which TM is more effective than allopathic medicine?					
414.	Modern medicine is more expensive than TM					
415.	TM is more accessible than modern medicine					
416.	TM can cure cancer more than modern medicine					

5) Utilization of TM by patients

501. Have you ever-utilized TM *if no; skip all questions 502 up to 613?*

- ☐ Yes
☐ No

502. Below is a list of TMs people have used to treat cancer. We will like to know which ones you have used in the past, which ones you have used since this cancer started, you should mark all that applies to you for each TM.

Types of TM You should tick all that applies to you for each TM.		Before cancer diagnosis	After diagnosis cancer
a.	Herbal medicine (traditional healer produced herbal medicine)		
b.	Spiritual healing/prayer Divination/incantation		
c.	Animal products (traditionally used medicine like the urine and milk of animals)		
d.	Traditional surgical practice (scarification/WAGEMT MOGEN BAGEN, cautery/TATATE/FOR HEADACHE BLEEDING/WEGAT TATATE)		
e.	Dietary therapy (traditional healers' recommended food and nutrition)		
f.	Dry Cupping (HIJAMA)		
g.	Massage		
h.	Home remedies (TM self-prepared at home)		
i.	Bone setting (OGESHA)		
j.	Other specify_____		

503. How did you come to know of the TM you are using or have used (*you can choose more than one*)?

- ☐ Self-awareness from
 - ☐ Previous experiences
 - ☐ Friends
 - ☐ Neighbors
 - ☐ Health professional
 - ☐ Religious institutions
 - ☐ Traditional healer
 - ☐ physician Recommended
 - ☐ Media
 - ☐ Other specify _____

504. From where did you obtain the TM you used? (*You can choose more than one.*)

- ☐ From practitioner
- ☐ From relatives
- ☐ From neighbor
- ☐ prepared on my own
- ☐ From church

505. Buy from the market If you have used any TM in this cancer, for how long have you used it? ----- (In months)

506. How frequently have you been using TM in this cancer?

- ☐ Daily
- ☐ weekly
- ☐ Occasionally
- ☐ Only once

507. Which of the following sentences explains how you have been using TM and modern treatment?

- ☐ You started modern treatment only when you stopped TM.
- ☐ You started TM only when you finished modern treatment.
- ☐ You were using TM during the same period as you were using modern treatment, so both will work to help each other.

508. How do you hope to use your TM and modern treatment as your treatment progresses?

- ☐ Use the two to help each other.
- ☐ Use the TM instead of the modern treatment
- ☐ Use modern treatment instead of TM

509. How frequently have you visited a TM practitioner since you are diagnosis to have cancer?

- ☐ Never
- ☐ Once
- ☐ Several times

510. Have you had to abandon modern medicines for TM since you started using TMS?

- ☐ Yes
- ☐ No

511. What were your reasons for abandoning modern treatment for TM since you started TMS? *(You can choose more than one)*

- ☐ Fear of Modern Medicine
 - ☐ Lack of Access to Proper Medical Facilities
 - ☐ Cost
 - ☐ Side effect
 - ☐ Other specify
-

512. What are your reasons for deciding to use TM? *(You can choose more than one.)*

- | | |
|---|--|
| ☐ Relief from symptoms | ☐ Disappointed or Distrustful with Modern Medicine Response |
| ☐ To improve immune function | ☐ Belief and more trust in TMs |
| ☐ To support emotional well-being | ☐ requested by a physician |
| ☐ Belief in the advantages of TM | ☐ AVOID Surgery |
| ☐ cost of modern medicine | ☐ Fear of Modern Medicine |
| ☐ To fight the cancer disease | ☐ Perceived low cost of TMs |
| ☐ Family tradition/culture | ☐ Lack of Access to Proper Medical Facilities |
| ☐ To improve the general condition | |
| ☐ Other specify | |
-

513. What are the conditions for which TM is used? *(You can choose more than one.)*

Fever

- | | |
|---|---------------------------------------|
| ☐ Pain management | ☐ Cancer |
| ☐ Fatigue | ☐ Hypertension |
| ☐ Constipation | ☐ Cough |
| ☐ Nausea/vomiting anxiety/ | ☐ Eye illness |
| ☐ Depression | |
| ☐ Other specify | |
-

6) Patients Experience with the Use of TM

601. Have you obtained any particular benefit from the TM you used in this cancer? ***If not, skip to Question 603.***

- ☐ Yes
- ☐ No

602. What benefits were you hoping to get from the TM you used in this cancer? (***You can choose more than one.***)

- ☐ It will directly treat or cure your cancer.
 - ☐ It will boost your body's ability to fight cancer.
 - ☐ It will allow you to relax or sleep.
 - ☐ It will clean up your wounds.
 - ☐ It will relieve the symptoms of modern medicines that you are receiving.
 - ☐ It will relieve the symptoms of the cancer.
 - ☐ It will improve your psychological and emotional wellbeing (hope and optimism).
 - ☐ I want to do everything possible to fight the cancer.
 - ☐ It will improve your physical well-being
 - ☐ Others (specify)
-

603. Have you ever experienced an unwanted side effect or reaction when using a TM product? ***If no, skip to Question 605.***

- ☐ Yes
- ☐ No

604. How severe were the side effects of TM? From

- ☐ Mild
- ☐ Moderate
- ☐ Severe

605. What type of unwanted side effect or reaction did you experience? (***You can choose more than one.***)

- | | |
|-----------------------------------|---------------------------------------|
| ☐ Nausea | ☐ Constipation |
| ☐ Vomiting | ☐ Anxiety |
| ☐ Diarrhea | ☐ Dizziness |

- ☐ Skin rash
 - ☐ Other specify _____
-

606. Measures taken for your encountered side effect

- ☐ Going to health facilities
- ☐ Go to a traditional healer.
- ☐ Stopping the medicine
- ☐ Do Nothing
- ☐ Other specify _____

607. What was your level of satisfaction with the results of TM?

- ☐ 1: Very satisfied
- ☐ 2- Satisfied
- ☐ 3: Neither satisfied nor dissatisfied
- ☐ 4- Dissatisfied
- ☐ 5: Very dissatisfied

608. Indicate the level of TM's efficacy.

- ☐ 1: Very poor
- ☐ 2- Poor
- ☐ 3- Fair
- ☐ 4: Very good
- ☐ 5- Excellent

609. Does anybody supervise/guide you in the TM you use? Family relative or else

- ☐ Yes
- ☐ No

610. Would you use TM again for cancer or recommend it for someone with cancer?

- ☐ Yes
- ☐ No

611. Did you disclose TM's uses to your doctor? *If no, skip to Question 613.*

- ☐ Yes
- ☐ No

612. How has your healthcare provider responded to your disclosure of using TM?

- ☐ Supportive
- ☐ Neutral
- ☐ Discouraging
- ☐ Other specify _____

613. Reason for non-disclosure

- | | |
|--|---|
| ☐ The doctor never asked | ☐ It is not important to disclose. |
| ☐ The doctor would discourage | ☐ None of the doctor's business |
| ☐ The doctor will not understand. | ☐ Appeal by doctors |
| ☐ Other specify_____ | |

Thank you for your cooperation to take part in the study!

III. የስምምነት መረገጫ ፎርም - በአማርኛ

እንደምን አደሩ/ እንደምን ዋሉ :: ስሜ _____ ይባላል:: ይህ መጠይቅ በ ቅዱስ ጳውሎስ ሆስጲታል ሚሊንዩም ሜዲካል ኮሌጅ የማህበረሰብ ጤና ድህረ ምረቃ ትምህርት ክፍል የሁለተኛ ድግሪ ድህረ ምረቃ በአጠቃላይ ማህበረሰብ ጤና ማስተርስ ምትኩ እንጠንዩስ የተዘጋጀ ሲሆን በአዲስ አበባ ከተማ ቅዱስ ጳውሎስ ሆስጲታል ውስጥ የካንሰር ሕመምተኞች የባህላዊ መድሀኒት አጠቃቀማቸውንና ለመጠቀም ተዛማጅ ምክንያቶችን ላይ ጥናት ለማካሄድ የተዘጋጀ ነው::

የዚህ ጥናት ዋና ዓላማ የካንሰር ሕመምተኞች የባህላዊ መድሀኒት አጠቃቀማቸውንና ለመጠቀም ተዛማጅ ምክንያቶችን እና የታማሚዎች ልምድ እንዲሁም መገምገም ነው:: ሁሉም አዋቂ የካንሰር ታካሚዎች ትብብርና ዝግጁነት የባህላዊ መድሀኒት አጠቃቀማቸውንና ለመጠቀም ተዛማጅ ምክንያቶችን ለመገምገም ይህንን ግብ ለማሳካት በጣም አጋኝ ርክብ ነው::

በጥናቱ ላይ ቢሳተፉ የተወሰነ ጊዜዎን ከመስጠት ውጭ ምንም ጉዳት ላይ አይሆኑም:: ሁሉም የሚያቀረቡት መረጃ በሚስጥር ይጠበቃል :: ለዚህ ጥናት ስምዎን አንጠቀምም:: የግል መረጃዎ ከእርስዎ ጋር በጥምረት ጥቅም ላይ ሊውል አይችልም:: በተጨማሪም፣ ሁሉንም ጥያቄዎች የመመለስ ግዴታ የለብህዎትም፣ እናም በማንኛውም ጊዜ ቃለ መጠይቁን ላለመቀበል፣ ለመሳተፍ ወይም ለማቋረጥ ሙሉ ነፃነት ይኖርዎታል:: ቃለ መጠይቁ ለማጠናቀቅ ከ20 ደቂቃ ያልበለጠ ጊዜ ይወስዳል:: ስለዚህ ለዚህ ጥያቄ ምላሽ በመስጠት እንድትተባበሩን በአክብሮት እጠይቃለሁ:: ቃለ-መጠይቁን ለማካሄድ ፈቃደኛ በመሆንዎና ጊዜዎን ስለሰጡን እናመሰግናለን:: የሚቀርብልዎትን ጥያቄ ለመመለስ ፈቃደኛ ነዎት?

☐ አዎ

☐ አይደለሁም

መልስዎ አዎ ከሆነ ወደ ጥያቄዎቹ እንሂድ፤ ካልሆነ ግን ለተሳትፎዎት እናመሰግናለን:: መረጃው የተሰበሰበበት

V. የተሳታፊዎች መረጃ መስጫ ቅጽ-በአማርኛ

ቀን ----- የታካሚ ካርድ ቁጥር -----

1) የታካሚዎች ማህበራዊ-ኢኮኖሚያዊ መረጃ

101. ዕድሜ _____ (በአመታት ውስጥ)

102. ፆታ

☐ ወንድ

☐ ሴት

103. ሃይማኖት

☐ ኦርቶዶክስ

☐ ፕሮቴስታንት

☐ ሙስሊም

☐ ካቶሊክ

104. ሌላየጋብቻ ሁኔታ

☐ ያላገባ

☐ የሞተበት

☐ ባለትዳር

☐ የፋታ

105. የትምህርት

☐ ያልተማረ

☐ ሁለተኛ ደረጃ መስናዶ (11-12 ክፍል)

☐ ማንበብና መጻፍ ሚችል

☐ የመጀመሪያ ደረጃ ትምህርት(1-8)

☐ ኮሌጅ እና ከዚያ በላይ

☐ ሁለተኛ ደረጃ ትምህርት(9-10)

106. የመኖሪያ አካባቢ

☐ ከሌላ ክልል

☐ አዲስ አበባ

107. ወርሃዊ ገቢ _____ (ብር)

108. ከዚህ ቀደም ካንሰር ህመም ያጋጠማቸው ቤተሰብ ወይም ዘመድ አሎት?

☐ አዎ

☐ አይ

2) የታካሚ የሕክምና ሁኔታ እና ወቅታዊ የጤና ሁኔታ

201. ተመርምረው ካንሰር እንዳለቦት ካወቁ ምን ያህል ጊዜ ሆኖት? _____

(በወር)

202. ተመርምረው ያወቁት የካንሰር ዓይነትምንድን ነው

- | | |
|--|--------------------------------------|
| ☐ የጡት ካንሰር | ☐ የታይሮይድ ካንሰር |
| ☐ የጭንቅላት እና የአንገት | ☐ የኢሶፈገስ |
| ☐ የቆዳ | ☐ ሊምፎማ |
| ☐ ማህፀን | ☐ የሳምባ |
| ☐ የጨንፈር | |
| ☐ ሌላ ይጥቀሱ | |

203. የካንሰሩ ህመም ደረጃ

- | | |
|---------------------------------|--------------------------------|
| ☐ ያልተመደበ | ☐ ደረጃ 3 |
| ☐ ደረጃ 1 | ☐ ደረጃ 4 |
| ☐ ደረጃ 2 | |

204. ከዚህ ቀደም ላለበት ካንሰር ህመም ምን ዓይነት ሕክምናዎች አግኝተዋል? (ከአንድ በላይ መምረጥ ይችላሉ።)

- ☐ ኪሞቴራፒ
- ☐ ቀዶ ጥገና
- ☐ ራዲዮቴራፒ

205. በአሁኑ ጊዜ ለዚህ በሽታ ምን ዓይነት ሕክምና እየተቀበሉ ነው? (ከአንድ በላይ መምረጥ ይችላሉ።)

- ☐ ኪሞቴራፒ
- ☐ ቀዶ ጥገና
- ☐ ራዲዮቴራፒ

206. ከካንሰር ውጪ ሌላ ህመም አለብኝ ? (አይ ከ ሆነ መልሶ ወደ ጥያቄ 208ይዝለሉ)

- ☐ አዎ
- ☐ አይ

207. አው ከሆነ መልሶ ከሚከተሉት ህመሞች የትኞቹ አለብኝ ? (ከአንድ በላይ መምረጥ ይችላሉ።)

- ☐ የስኳር በሽታ
- ☐ የደም ግፊት/ማነስ
- ☐ የልብ ሕመም

☐ አስምሌላ ይጥቀሱ

208. ከ1 እስከ 10 ባለው ሚዛን፣ 1 በጣም ቀላል እና 10 እጅግ በጣም ከባድ ሲሆኑ፣ አጠቃላይ የሕመም ክብደት እንዴት ይገመግማሉ? ከ1-10 _____ (ለህብረት የሚሰጡት ክብደት ላይ ክብ ያድርጉ)



3) ዘመናዊ መድኃኒት በተመለከተ የታካሚው ልምዶች

301. ለካንሰር በሚያገኙት ዘመናዊ የካንሰር ህክምና ምክንያት የጎንዮሽ ጉዳት አጋጥሞት ያውቃል? (አይ ከሆነ መልሶ ወደ ጥያቄ ቁጥር 303 ይለፉ ::)

- ☐ አዎ
- ☐ አይ

302. ለካንሰር የሚያገኙት ዘመናዊ ህክምና ጋጠሞት የጎንዮሽ ጉዳት ክብደት እንዴት ያዩታል?

- ☐ መለስተኛ
- ☐ መካከለኛ
- ☐ ከባድ

303. የሚጠቀሙት ዘመናዊ የካንሰር ሕክምና አገልግሎት ተደራሽነቱን እንዴት ይገመግሙታል ?

- ☐ ተደራሽ አይደለም
- ☐ በተወሰነ መልኩ ተደራሽ አይደለም
- ☐ ተደራሽ ነው

304. ዘመናዊ ለካንሰር ህመም የሚያገኙትን ህክምና ዋጋ ተመጣጣኝነቱን እንዴት ይገመግሙታል ?

- ☐ በጣም ውድ ነው
- ☐ በመጠኑ ተመጣጣኝ ነው
- ☐ በመጠኑ ውድ ነው
- ☐ በጣም ተመጣጣኝ ነው

305. በእርስዎና የዘመናዊ የካንሰር ህክምና ከሚሰጡት የህክምና ባለሙያዎች መካከል ያለውን ግንኙነት እንዴት ይገመግሙታል?

- ☐ በጣም ደካማ
- ☐ ደካማ

☐ ፍትሃዊ

☐ እጅግ በጣም ጥሩ

☐ በጣም ጥሩ

306. ለካንሰር ከሚያገኙት ዘመናዊ ህክምና የካንሰር ህመም ላይ ባገኙት ውጤት ምን ያህል ረክተዋል?

☐ ሙሉ በሙሉ እረካሁም

☐ በተወሰነ በውጤቱ ረክቻለሁ

☐ በመጠኑ አልረካሁም

☐ ሙሉ በሙሉ ረክቻለሁ

☐ በከፊል

307. ለካንሰር ያገኙት ዘመናዊ ህክምና አሰጣጥ አጠቃላይ ጥራቱን እንዴት ይገመግሙታል

☐ በጣም መጥፎ

☐ በጣም ጥሩ

☐ መጥፎ

☐ እጅግ በጣም ጥሩ

☐ ጥሩ

4) ባህላዊ ሕክምና የታካሚዎች ያላቸው እውቀት እና አመለካከት

የታካሚዎች እውቀት

401. በባህላዊ ሕክምና ባለሙያዎች ፤ በሀይማኖት አባቶች ወይም በራስ ቤት ሚዚጋጁ እና ሚሰጡ ፈውሶች መድሀኒቶች እና ስለ ሌሎች ባህላዊ መድሀኒቶች በአጠቃላይ ስምተው ያውቃሉ ? (አይ ከሆነ መልሶ ወደ ጥያቄ ቁጥር 402ይለፉ ::)

☐ አዎ

☐ አይ

402. ከዝርዝሩ ውስጥ የትኛውን ያውቃሉ? (ከአንድ በላይ መምረጥ ይችላሉ::)

☐ መንፈሳዊ ፈውስ አገልግሎት እና መድሀኒቶች/የሀይማኖት አባቶች የፈውስ ፤

ጸሎት/ጸበል/የተቀባ ዘይት/ ጭቃ/ክታብ /አጣን እና ሌሎች

☐ ባህላዊ ኦጌሻ / ለውልቃት

☐ ባህላዊ መታሸት/ ለስር መዞር ለሰውነት ቁርጥማት ህመም/ጥቁር ድንጋይ

በማሞቅ መታሸት/በውራ ዘይት መታሸት እና ሌሎች

☐ ህጃም/ብርጭቆ በማሞቅ የታመመ ቦታ በአፉ በማስቀመጥ

☐ በእፀዋትን በእንፋሎት መታጠን / ባህርዛፍ እና ሌሎች

☐ ዕፅዋት ማጨስ /ቐበርሻ እና ሌሎች

☐ በባህላዊ ባለሙያ ከዕፅዋት የተቀመሙ መድኃኒቶችን

☐ በባህላዊ ሐኪሞች የሚታዘዙ የተለዩ ምግቦች / የፍየል ስጋ/የግመል ሥጋ /የግመል ወተት

- ☐ የቤት ውስጥ ሚዛኔ መድሃኒቶች / ነጭ ሽንኩርተ፤ ዳማካሴ፤ ጤናዳም ዘንጅቢል፤ ሬት፤ ሰናፊጭ፤ ፌጦ ሎሚ፤ ጦሰኝ፤ ማር፤ ጥቁር አዝሙዴ፤ ቀረፋ፤ ቡና፤ ኮሶ፤ ግራዋ)
- ☐ ከዱር ወይም ከቤት እንስሳት የሚዘጋጁ የሚገኙ/የከብት ሽንት የግመል ሽንት የበግ የበሬ ሸኖና /ቀንድ/ ሃሞት /የራስ ሽንት/ የከብት ፈንድያ
- ☐ ባህላዊ የቀዶ ጥገና / ለቁስል ህክምና/ሰውነትን መጥበሥ /በመርፌ ደም ማፍሰስ/ዋግምት/ጣጣቴ /ሞኝ ባገኝ/ውጋ/እንጥል ማስባጠጥ
- ☐ ሌላ ካለ ይጥቀሡ

403. በባህላዊ ባለሙያዎች እና በሀይማኖት አባቶችና ተቅማት በተጨማሪም ቤት ውስጥ የሚዘጋጁና የሚሰጡ ፈውሳዊ አገልግሎቶች እና መድሀኒቶች እንዲሁም ሌሎችን ባህላዊ መድሀኒቶች እንዴት አወቁአቸው (ከአንድ በላይ መምረጥ ይችላሉ)

- | | |
|--|--|
| <ul style="list-style-type: none"> ☐ ከቤተሰብ ☐ ዘመድ ☐ በራስ ማወቅ ከየቀድሞ ልምዶች ☐ ከጓደኞች ☐ ሌላ _____ | <ul style="list-style-type: none"> ☐ ከጎረቤቶች ☐ ከየጤና ባለሙያ ☐ ከየሀይማኖት አባቶች ተቅማት ☐ ከባህላዊ ህክምና ባለሙያዎች ☐ ከሚዲያ |
|--|--|
- ይግለጹ

ከ ጥያቄ ቁጥር 403 -407 እባክዎን ምላሽዎን በትክክል የሚያንፀባርቅ ይህን ምልክት (✓) በሚዛመደው ሳጥን ውስጥ ያስገቡ		አ ው	አ ይ	እርግጠኛ አይደለ ሁም
403.	በባህላዊ ባለሙያዎች እና በሀይማኖት አባቶችና ተቅማት በተጨማሪም ቤት ውስጥ የሚዘጋጁና የሚሰጡ ፈውሳዊ አገልግሎቶች እና ባህላዊ መድሀኒቶች እንዲሁም ሌሎችን ባህላዊ መድሀኒቶች ከ ዘመናዊ መድሃኒቶችና ህክምና ጋር አንድ ላይ መጠቀም ደህንነቱ የተጠበቀ ነው?			
404.	ከህክምና ከሚሰጥ ጤና ባለሙያ ጋር ስለ በባህላዊ ሕክምና ባለሙያዎች በሀይማኖት አባቶች ወይም በራስ ቤት ሚዛኔ እና ሚሰጡ ፈውሶች መድሀኒቶች እና ሌሎች ባህላዊ መድሀኒቶች በአጠቃላይ አጠቃቀም			

	መወያየት አስፈላጊ ነው ?			
405.	በባህላዊ ባለሙያዎች እና በሀይማኖት አባቶችና ተቅማት በተጨማሪም ቤት ውስጥ የሚዘጋጁና የሚሰጡ ፈውሳዊ አገልግሎቶች እና መድሀኒቶች እንዲሁም ሌሎችን ባህላዊ መድሀኒቶች በሽታዎን ለማዳን ይጠቅማሉ?			
406.	በባህላዊ ባለሙያዎች እና በሀይማኖት አባቶችና ተቅማት በተጨማሪም ቤት ውስጥ የሚዘጋጁና የሚሰጡ ፈውሳዊ አገልግሎቶች እና መድሀኒቶች እንዲሁም ሌሎችን ባህላዊ መድሀኒቶች መጠቀም በሽታ ከመከሰቱ በፊት ለመከላከል ያስችላሉ?			
407.	የባህላዊ መድኃኒት ከተፈጥሯዊ ንጥረ ነገሮች ስለሚሠሩ ደህንነታቸው የተጠበቀ ነው?			

ባህላዊ መድሀኒቶች ላይ የታካሚዎች አመለካከት

እባክዎን ምላሽዎን በትክክል የሚያንፀባርቅ ምልክት (✓) በሚዛመደው ሳጥን ውስጥ ያስገቡ። (1ባንም አልስማማም 2አልስማማም 3 እርግጠኛ አይደለም 4 እስማማለሁ 5 በባንም እስማማለሁ)		1	2	3	4	5
408	የባህላዊ መድሀኒት መጠቀም ይደገፋል					
409	ለማንኛውም ህመም መጀመሪያ ከዘመናዊ ህክምና ይልቅ በባህላዊ ሕክምና ባለሙያዎች ፤ ሀይማኖት አባቶች ሚዘጋጁ እና ሚሰጡ ፈውሶች መድሀኒቶች መጎብኘት እና መጠቀም ይመረጣል።					
410	በባህላዊ ባለሙያዎች እና በሀይማኖት አባቶችና ተቅማት በተጨማሪም ቤት ውስጥ የሚዘጋጁና የሚሰጡ ፈውሳዊ አገልግሎቶች እና መድሀኒቶች እንዲሁም ሌሎችን ባህላዊ መድሀኒቶች መጠቀም የካንሰር በሽታ የህመም ምልክቶችን ለማስታገስ ይረዳል ።					
411	በባህላዊ ባለሙያዎች እና በሀይማኖት አባቶችና ተቅማት በተጨማሪም ቤት ውስጥ የሚዘጋጁና የሚሰጡ ፈውሳዊ አገልግሎቶች እና መድሀኒቶች እንዲሁም ሌሎችን ባህላዊ መድሀኒቶች ከ ዘመናዊ ካንሰር ሕክምና እና መድሃኒቶች ጋር ተካተው ቢሰጥ ጥሩ ነው።					
412.	በባህላዊ ባለሙያዎች እና በሀይማኖት አባቶችና ተቅማት በተጨማሪም ቤት ውስጥ የሚዘጋጁና የሚሰጡ ፈውሳዊ አገልግሎቶች እና መድሀኒቶች እንዲሁም ሌሎችን ባህላዊ መድሀኒቶች ከዘመናዊ					

	መድሀኒቶች እና ህክምናዎች ይልቅ የተሻሉ ውጤታማ ናቸው ።					
413.	ከዘመናዊ ሕክምና እና መድሀኒት ከመጠቀም ይልቅ በባህላዊ ባለሙያዎች እና በሀይማኖት አባቶችና በሚሰጡ ባህላዊ መድሀኒቶች ህክምናዎች በመጠቀም ብቻ ፈውስና ድህነት ሚገኝባቸው አንዳንድ በሽታዎች ወይም ህመሞች አሉ።					
414	ለካንሰር ህመም ለማከም ዘመናዊ ሕክምና ከባህላዊ ሕክምና የበለጠ ውድ ነው ።					
415	ከዘመናዊ ሕክምና ይልቅ የካንሰር ህመምን ለማከም በባህላዊ ሕክምና የበለጠ ተደራሽ ናቸው ።					
416	ለካንሰር ህመምን በባህላዊ ሕክምና ባለሙያዎች እና በሀይማኖት አባቶች የሚሰጡ ባህላዊ ህክምናዎች መጠቀም ከዘመናዊ መፈወስ መዳን ይቻላል ።					

5) የታካሚው ባህላዊ መድሀኒቶች አጠቃቀም

501. በባህላዊ ባለሙያዎች እና በሀይማኖት አባቶችና ተቐማት በተጨማሪም ቤት ውስጥ የሚዘጋጁና የሚሰጡ ፈውሳዊ አገልግሎቶች እና መድሀኒቶች እንዲሁም ሌሎችን ባህላዊ መድሀኒቶች ተጠቅመው ያውቃሉ? (አይ ከሆነ መልሶወደ ጥያቄዎች 401 እስከ 613 ዝለል)

☐ አዎ

☐ አይ

502. ከዚህ በታች ከተዘረዘሩ ባህላዊ መድሀኒቶች የትኞቹን ካንሰር ከመመርመር በፊት ተጠቅመዋል እና ካንሰር ከተመረመሩ በኋላ ለህክምነት እገዛ እንዲያደርግሎ እንደተጠቀሙ እንዲሁም ወደፊት መጠቀም ሚያስቡትን ይምረጡ

ለእያንዳንዱ ባህላዊ መድሀኒት ለእርስዎ የሚመለከተውን ሁሉ ምልክት ማድረግ አለብዎት. 1,ምርመራ በፊት2፣ከምርመራ በኋላ,		1	2
a)	መንፈሳዊ ፈውስ አገልግሎት እና መድሀኒቶች/የሀይማኖት አባቶች የፈውስ ፤ ጸሎት/ጸበል/የተቀባ ዘይት/ ጭቃ/ክታብ /አጣን እና ሌሎች		
b)	በባህላዊ ባለሙያ ከዕፅዋት የተቀመሙ መድሀኒቶችን		

c)	ከዱር ወይም ከቤት እንስሳት የሚዘጋጁ የሚገኙ/የከብት ሽንት የግመል ሽንት የበግ የበሬ ሽጥና /ቀንድ/ ሃሞት /የራስ ሽንት/ የከብት ፈንድያ		
d)	ለበሽታ በባህላዊ ሐኪሞች የሚታዘዙ የተለዩ ምግቦች / የፍየል ስጋ/የግመል ሥጋ /የግመል ወተት		
e)	ህጃም/ብርጭቆ በማሞቅ የታመመ ቦታ በአፋ በማስቀመጥ		
f)	ባህላዊ መታሸት/ ለስር መዞር ለሰውነት ቁርጥማት ህመም/ጥቁር ድንጋይ በማሞቅ መታሸት/በውራ ዘይት መታሸት እና ሌሎች		
g)	ባህላዊ የቀዶ ጥገና / ለቁስል ህክምና/ሰውነትን መጥበጥ /በመርፌ ደም ማፍሰስ/ዋግምት/ጣጣቴ /ሞኝ ባገኝ/ውጋት/		
h)	የቤት ውስጥ ሚዘጋጁ መድሃኒቶች / ነጭ ሽንኩርተ፤ ዳማካሴ፤ ጤናዳም ዚንጅቢል፤ ሬት፤ ሰናፊጭ፤ ፊጦ ሎሚ፤ ጦሰኝ፤ ማር፤ ጥቁር አዝመዶ፤ ቀረፋ፤ ቡና፤ ኮሶ፤ ግራዋ)		
i)	ባህላዊ አገሻ /ለውልቃት		
j)	ዕፅዋት ማጨስ /ቐበርቶ እና ሌሎች		
k)	እፀዋትን በእንፋሎት መታጠን / ባህርዛፍ እና ሌሎች		
l)	ሌላ ይግለጹ_____		

503. በባህላዊ ባለሙያዎች እና በሀይማኖት አባቶችና ተቅማት በተጨማሪም ቤት ውስጥ የሚዘጋጁና የሚሰጡ ፈውሳዊ አገልግሎቶች እና መድሀኒቶች እንዲሁም ሌሎችን ባህላዊ መድሀኒቶች ከየት ነው የሚያገኙት ? (ከአንድ በላይ መምረጥ ይችላሉ።)

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| ☐ ከባህላዊ ህክምና ባለሙያዎች | ☐ በራሴ ቤት አዘጋጃለሁ |
| ☐ ከዘመዶች | ☐ ከቤተክርስቲያን |
| ☐ ከጎረቤት | |
| ☐ ሌላ ካለ ----- | |

504. ከገበያ ካንሰር እንዳለቦት ተመርምረው ካወቁ በሐላ በባህላዊ ባለሙያዎች እና በሀይማኖት አባቶችና ተቅማት(እበል) በተጨማሪም ቤት ውስጥ የሚዘጋጁና የሚሰጡ ፈውሳዊ አገልግሎቶች እና መድሀኒቶች እንዲሁም ሌሎችን ባህላዊ መድሀኒቶች ከተጠቀሙ ለምን ያህል ጊዜ ተጠቅመዋል? ----- (በወራት ውስጥ)

505. ካንሰር እንዳለቦት ተመርምረው ካወቁ በሐላ በባህላዊ ባለሙያዎች እና በሀይማኖት አባቶችና ተቅማት(እበል) በተጨማሪም ቤት ውስጥ የሚዘጋጁና የሚሰጡ ፈውሳዊ

አገልግሎቶች እና መድሀኒቶች እንዲሁም ሌሎችን ባህላዊ መድሀኒቶች አጠቃቀም ምን ይመስላል?

- ☐ በየቀኑ
- ☐ በየሳምንቱ
- ☐ አልፎ አልፎ
- ☐ አንድ ጊዜ ብቻ

506. ካንሰር እንዳለበት ተመርምረውካወቁ በሐላ በባህላዊ ባለሙያዎች እና በሀይማኖት አባቶችና ተቅማት በተጨማሪም ቤት ውስጥ የሚዘጋጁና የሚሰጡ ፈውሳዊ አገልግሎቶች እና መድሀኒቶች እንዲሁም ሌሎችን ባህላዊ መድሀኒቶች እና ዘመናዊ ሕክምናን አጠቃቀም ይግለጹልን

- ☐ ባህላዊ ሕክምና በአጠቃላይ የጀመሩት ዘመናዊ ሕክምና ሲጨርስ ነው።
- ☐ ባህላዊ ሕክምና ሲጨርስ ዘመናዊ ሕክምና የጀመሩት ።
- ☐ ዘመናዊ ሕክምና በምጠቀምበት ወቅት ባህላዊ ሕክምና እጠቀማለሁ ስለዚህ ሁለቱም እርስበርስ በመረዳዳት ይሰራሉ።

507. ወደፊትስ ባህላዊ ባለሙያዎች እና በሀይማኖት አባቶችና ተቅማት በተጨማሪም ቤት ውስጥ የሚዘጋጁና የሚሰጡ ፈውሳዊ አገልግሎቶች እና መድሀኒቶች እንዲሁም ሌሎችን ባህላዊ መድሀኒቶች እና ዘመናዊ ሕክምና እንዴት ለመጠቀም አስበዋል ?

- ☐ እርስ በርስ ለመረዳዳት ሁለቱን ለመጠቀም አሥባለሁ .
- ☐ ከዘመናዊ ሕክምና ይልቅ ባህላዊውን መድሃኒት ለመጠቀም አስቤለሁ
- ☐ ከባህላዊ መድሃኒት ይልቅ ዘመናዊ ሕክምናን መጠቀም አስባለሁ

508. ካንሰር እንዳለብዎ ካወቁ በኋላ የባህላዊ ሕክምና ባለሙያ ወይም የሀይማኖት አባት ተቅም ምን ያህል ጊዜ ጎበኝተዋል ?

- ☐ በጭራሽ
- ☐ አንዴ
- ☐ ብዙ ጊዜዘመናዊ

509. የካንሰር ሕክምና የሚጠቀሙትን መድሃኒትና ሕክምና አቁመው በባህላዊ ባለሙያዎች እና በሀይማኖት አባቶችና ተቅማት (ፀበል) በተጨማሪም ቤት ውስጥ የሚዘጋጁና የሚሰጡ ፈውሳዊ አገልግሎቶች እና መድሀኒቶች እንዲሁም ሌሎችን ባህላዊ መድሀኒቶች ብቻ ተጠቅመው ያቃሉ

- ☐ አዎ

☐ አይ

510. ዘመናዊ ሕክምናን መዳኒትን እንዲያቆሙና ባህላዊ ህክምና መደሀኒት ብቻ

እንዲጠቀሙ ያደረጉት ምክንያት ምንድን ነው ? (ከአንድ በላይ መምረጥ ይችላሉ።)

- ☐ የዘመናዊ ሕክምናው ውጤታማነት ስላልታየኝ
- ☐ የዘመናዊ የካንሰር ሕክምና ተደራሽ ስላልሆነ
- ☐ የካንሰር ህክምና ወጪ ከፍተኛ በመሆኑ
- ☐ የጎንዮሽ ጉዳት የዘመናዊ ካንሰር ህክምና
- ☐ በባህላዊ ባለሙያዎች በሀይማኖት አባቶች ምክር
- ☐ ሌላ

ይግለጹ_____

511. ካንሰር እንዳለቦት ተመርምረው ካወቁ በሐላ ባህላዊ ሕክምና በባህላዊ ባለሙያዎች

እና በሀይማኖት አባቶችና ተቅማት በተጨማሪም ቤት ውስጥ የሚዘጋጁና የሚሰጡ ፈውሳዊ አገልግሎቶች እና መድሀኒቶች እንዲሁም ሌሎችን ባህላዊ መድሀኒቶች

ለመጠቀም የወሰኑበት ምክንያቶች ምንድን ናቸው? (ከአንድ በላይ መምረጥ ይችላሉ።)

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| ☐ ከካንሰር ከህመም መጥፎ ስሜቶች ለማስታገስ | ☐ የዘመናዊ ካንሰር ቀዶ ጥገናን ለመሸሽ |
| ☐ ከዘመናዊ ከህክምና የጎንዮሽ ጉዳት ስሜቶች እፎይታ ለማግኘት | ☐ ዘመናዊ ሕክምናን ስለሚያስፈራኝ |
| ☐ የበሽታ መከላከል አቅምን ለማሻሻል | ☐ የዘመናዊ የካንሰር ህክምና ተቋማትባካባዩ ተፋራሽነት ስላልሆነ |
| ☐ የካንሰር በሽታን ለማዳን | ☐ የዘመናዊ የካንሰር ህክምና ወጪ ስለከበደኝ |
| ☐ የቤተሰብ ተፅዕኖ | ☐ አጠቃላይ የዘመናዊ ህክምና አገልግሎቱ ጥራት ስለሌለው |
| ☐ አጠቃላይ የጤና ሁኔታየን ለማሻሻል | ☐ በዘመናዊ ህክምና ለካንሰር ህመሜ አስፈላጊውን ውጤት ስላላገኘሁ |
| ☐ ዘመናዊ ህክምና ውጤታማ ስለሌሆነ | |
| ☐ የጤና ባለሙያ እንደጠቀም ስለመከረኝ | |

☐ ሌላ ይግለጹ

512. ካንሰር እንዳለቦት ተመርምረው ካወቁ በሐላ ባህላዊ ሕክምና ባህላዊ መድሀኒቶች ጥቅም ላይ ያዋሉባቸው ሁኔታዎች/ ህመሞች ምንድን ናቸው ? (*ከአንድ በላይ መምረጥ ይችላሉ።*)

☐ ትኩሳት

☐ ራስ ምታት

☐ ህመም ማስታገሻ

☐ ድካም

☐ ሆድ ህመም

☐ የጨጋራ ህመም

☐ ማቅለሽለሽ/ማስታወክ

☐ ሌላ

ይግለጹ_____

☐ የአምሮ እና የመንፈስ ጭንቀት

☐ ለካንሰር በሽታ ፈውስ

☐ ለደም ግፊት/ማነስ

☐ ሳል

☐ ለቁስል

☐ የዓይን ሕመም

6) በባህላዊ መድኃኒት አጠቃቀም የታካሚ ልምድ

601. ካንሰር እንዳለቦት ተመርምረው ካወቁ በሐላ በባህላዊ ባለሙያዎች እና በሀይማኖት አባቶችና ተቅማት በተጨማሪም ቤት ውስጥ የሚዘጋጁና የሚሰጡ ፈውሳዊ አገልግሎቶች እና መድሀኒቶች እንዲሁም ሌሎችን ባህላዊ መድሀኒቶች በመጠቀም የተለየ ጥቅም አግኝተዋል? (*አይ ከሆነ መልስ ወደ ጥያቄ ቁጥር 603ይለፉ ።*)

☐ አዎ

☐ አይ

602. ካንሰር እንዳለቦት ተመርምረው ካወቁ በሐላ ባህላዊ ሕክምና በባህላዊ ባለሙያዎች እና በሀይማኖት አባቶችና ተቅማት በተጨማሪም ቤት ውስጥ የሚዘጋጁና የሚሰጡ ፈውሳዊ አገልግሎቶች እና መድሀኒቶች እንዲሁም ሌሎችን ባህላዊ መድሀኒቶች ምን ጥቅም ለማግኘት ተስፋ አድርገው ነበር የወሰዱቸው? (*ከአንድ በላይ መምረጥ ይችላሉ።*)

☐ ሁሉንም አማራጭ በመጠቀም ካንሰርን ለመዋጋት

- ☐ ዘና ለማለት ወይም ለመተኛት ይፈቅድልኛል.
- ☐ ቁስሌን ያድናል.
- ☐ እየተቀበልኩት ያለሁትን የዘመናዊ መድሃኒቶች የጎንዮሽ ጉዳት ያስወግዳልኛል.
- ☐ የካንሰር ተያያዥ አሉታዊ የህመም ስሜቶች ያስወግዳልኛል.
- ☐ ስነ-ልቦናዊ ስሜቴን ለማሻሻል /ጭንቀት/ መደበኛ /ተስፋ መቁረጥ
- ☐ በከፍተኛ ሁኔታ ካንሰርን ህመምን ለማከም ያስችለኛል.
- ☐ አጠቃላይ የሰውነት ጤንነት-ሁኔታዬን ያሻሽላል።
- ☐ ሌሎች (ይግለጹ)

603. ካንሰር እንዳለቦት ተመርምረው ካወቁ በሐላ በባህላዊ ባለሙያዎች እና በሀይማኖት አባቶችና ተቆማት በተጨማሪም ቤት ውስጥ የሚዘጋጁና የሚሰጡ ፈውሳዊ አገልግሎቶች እና መድሃኒቶች እንዲሁም ሌሎችን ባህላዊ መድሃኒቶች ባህላዊ መድሃኒቶች ሲጠቀሙ ያልተፈለገ የጎንዮሽ ጉዳት አጋጥሞዎት ያውቃል? አይ ከሆነ መልሶወደ ጥያቄ 605ይዝለሉ

- ☐ አዎ
- ☐ አይ

604. ያጋጠሞት በባህላዊ ሕክምና ባለሙያዎች ፤ በሀይማኖት አባቶች ወይም በራስ ቤት ሚዘጋጁ እና ሚሰጡ ፈውሶች መድሃኒቶች እና ስለ ሌሎች ባህላዊ መድሃኒቶች በአጠቃላይ የጎንዮሽ ጉዳት ምን ያህል ከባድ ነበር?

- ☐ መለስተኛ
- ☐ መካከለኛ
- ☐ ከባድ

605. ምን አይነት ያልተፈለገ የጎንዮሽ ጉዳት ወይም ምላሽ አጋጠሞታል? (ከአንድ በላይ መምረጥ ይችላሉ።)

- | | |
|--|----------------------------------|
| ☐ ማቅለሽለሽ | ☐ ጭንቀት |
| ☐ ማስታወክ | ☐ መፍዘዝ |
| ☐ ተቅማጥ | ☐ የቆዳ ሽፍታ |
| ☐ ሆድ ድርቀት | |
| ☐ ሌላ ይግለጹ _____ | |

606. ለደረሰብዎ የጎንዮሽ ጉዳት የወሰዱት እርምጃ ምንድን ነው

- ☐ ወደ ጤና ተቋማት መሄድ
- ☐ ባህላዊ ሕክምና ባለሙያዎች ወይም ሀይማኖት አባቶች ማማከር
- ☐ ባህላዊ መድሃኒቱን ማቆም
- ☐ ምንም አላረከም
- ☐ ሌላ _____ ይግለጹ

607. በባህላዊ ባለሙያዎች እና በሀይማኖት አባቶችና ተቅማት በተጨማሪም ቤት ውስጥ የሚዘጋጁና የሚሰጡ ፈውሳዊ አገልግሎቶች እና መድሀኒቶች እንዲሁም ሌሎችን ባህላዊ መድሀኒቶች ውጤታማነት ደረጃ እንዴት ያዩታል .

- | | |
|-----------------------------------|-------------------------------------|
| ☐ በጣም ዝቅተኛ | ☐ በጣም ጥሩ |
| ☐ ዝቅተኛ | ☐ እጅግ በጣም ጥሩ |
| ☐ መጠነኛ | |

608. የተጠቀሙትን ባሕላዊ መድሃኒት ከተጠቀሙ ባላላ በውጤቱ ምን ያህል እርካታዎል

- | | |
|--|---------------------------------------|
| ☐ ሙሉ ነሙሉ አልረካሁም | ☐ በመጠኑ ረክቻለሁ |
| ☐ በተወሰነ አልረካሁም | ☐ ሙሉ በሙሉ ረክቻለሁ |
| ☐ በከፊል | |

609. ካንሰር እንዳለበት ተመርምረው ካወቁ በላይ የሚጠቀሙት በባህላዊ ባለሙያዎች እና በሀይማኖት አባቶችና ተቅማት በተጨማሪም ቤት ውስጥ የሚዘጋጁና የሚሰጡ ፈውሳዊ አገልግሎቶች እና መድሀኒቶች እንዲሁም ሌሎችን ባህላዊ መድሀኒቶች በተመለከተ የሚያማክሮ ሚደግፎ ሰው አለ?

- ☐ አዎ
- ☐ አይ

610. በባህላዊ ባለሙያዎች እና በሀይማኖት አባቶችና ተቅማት በተጨማሪም ቤት ውስጥ የሚዘጋጁና የሚሰጡ ፈውሳዊ አገልግሎቶች እና መድሀኒቶች እንዲሁም ሌሎችን ባህላዊ መድሀኒቶች ካንሰር ላለበት ሰው እንዲጠቀም ይመክራሉ?

- ☐ አዎ
- ☐ አይ

611. ካንሰር እንዳለበት ተመርምረው ካወቁ በላይ በባህላዊ ባለሙያዎች እና በሀይማኖት አባቶችና ተቅማት በተጨማሪም ቤት ውስጥ የሚዘጋጁና የሚሰጡ ፈውሳዊ አገልግሎቶች እና መድሀኒቶች እንዲሁም ሌሎችን ባህላዊ መድሀኒቶች እንደሚጠቀሙ

ህክምና ለሚሰጡ ለሀኪምዎ አሳውቀዋል? (አይ ከሆነ መልሶ ወደ ጥያቄ ቁጥር 402ይሰፉ ::)

- ☐ አዎ
- ☐ አይ

612. ባህላዊ መድሀኒቶች አጠቃቀም በተመለከተ ለህክምና ለሚሰጡት ባለሙያ ሲያሳውቁ ምላሹ ምን ይመስላል?

- ☐ ደጋፊ
- ☐ ገለልተኛ
- ☐ ተስፋ የሚያስቆርጥ
- ☐ ሌላ ካለ

ይጥቀሱ_____

613. ለህክምና ለሚሰጡ ባለሙያ ካሳሳውቁ ያላሰወቁበት ምክንያቶች ምንድን ነውሐኪሙ ስላልጠየቀኝ

- ☐ ሐኪሙ ተስፋ ያስቆርጣኛል ብዬ ስላሰበክኩ
- ☐ ሐኪሙ አይረዳውኝም
- ☐ መግለጽ አስፈላጊ መስሎ አልታየኝም
- ☐ የዶክተሮች ሚያሳስበው ጉዳይ መስሎ ስላልታየኝ

በጥናቱ ላይ ለመሳተፍ ስላደረጉት ትብብር እናመሰግናለን!