ORIGINAL ARTICLE

HELP-SEEKING FROM TRADITIONAL HEALERS AMONG SINGAPOREAN OLDER ADULTS

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Abstract

Objective: **The objectives were to identify the socio-demographic characteristics of older adults who visit traditional healers as well as identify medical and psychiatric conditions that are associated with visits to the traditional healer.** ***Methods:*** **Data from 2563 older adults who participated in the Well-being of the Singapore Elderly (WiSE) population-based survey was used. Socio-demographic information, details on traditional healer visits as well as medical and psychiatric conditions were collated through an adapted 10/66 protocol.** ***Results:*** **A total of 10.4% of older adults sought help from a traditional healer within the past three months. There were significantly more visits to traditional healers by women, those whose highest level of education was primary or secondary school, those who had stomach/intestine problems and those who had anxiety symptoms.** ***Conclusions:*** **Traditional healers appear to be a preferred source of help among some older adult groups. Future research should focus on the impact of seeking help from these alternative healthcare providers in terms of clinical outcomes and costs.** ***ASEAN Journal of Psychiatry, Vol. 17 (2): July – December 2016: XX XX.***

Keywords: Traditional Medicine, Alternative Medicine, Older Adult, Help-Seeking, Treatment

Introduction

Traditional healers are significant, albeit often excluded stakeholders in healthcare. The World Health Organization defines a 'traditional healer' as someone who is recognized by the community in which he lives as competent to provide health care using vegetable, animal and mineral substances and other methods based on the social, cultural and religious background as well as prevailing knowledge, attitudes and beliefs regarding physical, mental and social well-being and the causation of disease and disability [1]. Although traditional healing is not excluded from the WHO concept of healthcare, which recognizes non-Western health systems [2], the division between traditional and Western medicine is distinct in most developed countries as traditional healers are not part of medical multidisciplinary teams and treatment by these healers do not meet set criteria for government subsidies and insurance coverage.

The Singapore healthcare service is dominated by Western medicine. Twenty-six government and private hospitals and national specialty centres are spread across Singapore's small land space of 647.5 square kilometres [3],18 government-funded polyclinics are on average 3.5km from an older adult's residence [4] and some 2000 general practitioner clinics are scattered island-wide. Government healthcare schemes such as the Eldershield and the Pioneer Generation package for individuals born before 1950 were introduced in 2002 and 2014 respectively to help the increasing number of older adults fund their medical

bills. Traditional healers in Singapore are usually Traditional Chinese Medicine (TCM) practitioners who provide herbal remedies and acupuncture [5], and diviners such as *tang-kis* or *bomohs* who communicate with spirits to ward off evil believed to cause illness [6]. While tang-kis and bomohs tend to operate privately in temples or homes, TCM services are provided in clinics. Effective from 1 January 2004, those who wish to practice TCM in Singapore are required to register with the TCM Practitioners Board. There are at least 2,400 TCM practitioners in Singapore [7]. Expenditure on traditional healing is borne out of pocket by the patient.

Traditional healers are an especially accessible source of help for older adults in Singapore. Compared to the modern, Westernised healthcare system which can be complicated and daunting to the older adult, seeking help from a traditional healer is relatively straightforward. In addition, traditional healers are able to communicate in vernacular language that many older adults are more comfortable with [8]. More importantly, since conceptualizations of illness are influenced by cultural beliefs [9], the older adult may find treatments offered by traditional healers more congruent with their own beliefs about the etiology of their illness. Few local studies have examined the use of traditional healers in Singapore. In this study, we aim to identify the socio-demographic characteristics of older adults who visit traditional healers (versus those who had not sought any kind of treatment and versus those who had only sought allopathic treatment, i.e. western medicine). We were also interested in identifying medical and psychiatric conditions that were most associated with visits to the traditional healer.

Methods

The study was approved by the institutional ethics review boards of participating institutions: National Healthcare Group Domain Specific Review Board (DSRB) and the SingHealth Centralised Institutional Review Board (CIRB). All respondents provided written informed consent and in the case of respondents who were unable to provide informed consent, written informed consent was taken from their legally acceptable representative/next of kin.

Data from 2563 respondents who participated in the Well-being of the Singapore Elderly (WiSE) study were used in this analysis. The methodology adopted in the WiSE is described in detail elsewhere [10]. The WiSE is a single-phase, cross-sectional survey of adults aged 60 years and above conducted between 2012 and 2014. Participants were randomly selected from an administrative database of Singapore and Permanent Residents. Face-to-face interviews were conducted by trained interviewers with respondents and their informants (if any). The informant was defined as 'a person who knows the older person best'. To ensure that the data were of high quality, 20% of each interviewer's cases were subjected to detailed verification.

The present analysis is based on the following measures.

(i) ***Socio-demographic questionnaire***. This section of the questionnaire collects information on the participant's age, gender, ethnicity, religion, marital status, educational status and employment status;

(ii) ***Contact with traditional healers***. The items were extracted from the service utilization section of the survey that was based on Beecham & Knapp's Client Services Receipt Inventory[11]. The items asked, "Has your (xxxx) had contact with a traditional healer (defined as anybody who is not an allopathic or Western medicine practitioner) in the last three months?", "Typically, on each visit- How much time is spent with the healer?", "How much money is spent on the consultation (total cost for a visit)", and "What was the total number of visits over the last three months?";

(iii) ***Contact with allopathic practitioners***. The service utilization section of the survey described above was also used to extract this information. Contact with allopathic practitioners was defined as a "Yes" response to any of the following set of questions: "Has your (xxxx) had contact with a Polyclinic doctor in the last three months?" Subsequently "polyclinic doctor" was replaced by the following four allopathic practitioners:

Restructured hospital doctor, other restructured hospital health worker, private hospital or clinic doctor and Other private health worker;

(iv) ***Physical conditions***. Heart problems, high blood pressure, stroke, diabetes and Transient Ischaemic Attack (TIAs) were assessed by directly asking participants if they had ever been diagnosed with those disorders, through the following closed questions "Have you/ Has your (xxxx) ever been told by a doctor that you had heart trouble?, "Have you/ Has your (xxxx) ever been told by a doctor that you had high blood pressure?", "Have you/ Has your (xxxx) ever had a stroke that needed medical attention?", "Have you/ Has your (xxxx) ever developed sudden weakness of a limb, loss of speech, or partial blindness which got better quickly in less than one day?". Arthritis or rheumatism, eyesight problems, hearing difficulty, persistent cough, asthma, stomach or intestine problems, faints or blackouts, paralysis, skin disorders, and cancer were assessed by asking participants or the informants, "I'm going to read a list of health problems, and for each one, I'd like you to tell me whether or not you/ your (xxxx) generally have that problem at present time: Arthritis or rheumatism?" Arthritis or rheumatism was subsequently replaced by the nine other types of medical problems listed above;

(v) ***Mental health conditions were assessed with the Geriatric Mental State (GMS):*** The GMS is a semi-structured questionnaire which applies a computer algorithm, AGECAT [12], to identify diagnoses of depression, anxiety and schizophrenia in the past month. Sub-threshold disorders which did not reach clinical levels were also analysed and reported.

(vi) ***Dementia was identified using the 10/66 criteria for dementia*** [10].

Statistical Analyses

Statistical analyses were carried out using the Statistical Analysis Software (SAS) System version 9.2 [13]. To ensure that the survey findings were representative of the Singapore population, the data were weighted to adjust for oversampling and post-stratified by age and ethnicity between the survey sample and the Singapore resident population in 2013. Multiple logistic regression analyses were used to generate odds ratio and 95% confidence intervals for identifying socio-demographic factors (age, gender, ethnicity, marital status, education, employment and religion) that were significantly associated with help-seeking from a traditional healer. Association between help-seeking from a traditional healer with medical and psychiatric illness were examined using multiple logistic regression analysis after adjusting for age, gender and ethnicity.

Results

The response rate for the main survey was 65.6%. Table 1 presents the socio-demographic profile of the final sample used in this analysis. Out of the 2563 respondents, 10.4% (weighted percentage; n=144) had sought help from a traditional healer in the three months preceding the interview (crude percentage was 5.6%). The average number of visits was 4.3 (Range: 1-60). Cumulatively over three months, the mean time spent with the healer was 161.5 minutes (Range: 5 to 5400 minutes) and the mean amount of money spent was $147.30 (Singapore Dollars) (Range: $4 to $2160). Majority of participants who had sought help from a traditional healer had also sought help from an allopathic practitioner (83.7%).

We compared the socio-demographic characteristics of older adults who had sought help from a traditional healer (both exclusively and in addition to allopathic treatment) and those who had *only* sought help from an allopathic practitioner. Religion emerged as a significant predictor of help-seeking from a traditional healer. Compared to those who had only sought help from an allopathic practitioner, those who had sought help from a traditional healer were less likely to be Roman Catholics, Muslims and Hindus than Agnostics/Atheist/Freethinkers and more likely to have lower education level (primary and secondary level) than tertiary level education. We also compared the socio-demographic characteristics of those who had sought help from a traditional healer with those who had not sought any treatment. Compared to those who had not sought any kind of help, those who sought help from a traditional healer were more likely to be

married/cohabiting or divorced/separated than those who were never married. Women were more likely than men to visit a traditional healer in both analyses (comparison with no-help seeking group and comparison with allopathic only group). Table 2 presents a summary of the associations between socio-demographic variables and traditional healer consult.

Table 1. Socio-demographic characteristics of the sample (N=2563)

Variable	Category	N	Weighted %	SE
Age group	60-74 years	1494	75.1	0.02
	75-84 years	667	19.4	0.02
	85+ years	402	5.5	0.01
Gender	Men	1115	44.1	1.4
	Women	1448	55.9	1.4
Ethnicity	Chinese	1011	83.3	0.03
	Malay	744	9.3	0.01
	Indian	772	6	0.02
	Others	36	1.4	0.01
Marital Status	Never married	135	8	0.8
	Married/cohabiting	1483	64	1.3
	Widowed	836	22.5	1
	Divorced/separated	107	5.5	0.7
Education status	None	511	16.5	1
	Some, but did not complete primary	619	23.9	1.2
	Completed primary	640	24.8	1.2
	Completed secondary	517	22.4	1.2
	Completed tertiary	262	12.4	1
Employment	Paid work (part-time and fulltime)	688	33.9	1.3
	Unemployed (looking for work)	32	1.5	0.4
	Homemaker	808	26.3	1.2
	Retired	1005	38.3	1.3
Religion	Agnostic/Atheist/Freethinker	115	9.8	0.9
	Roman Catholic	169	7.5	0.7
	Other Christian	228	13.6	1
	Muslim	916	11	0.2
	Buddhist	382	32.2	1.4
	Hindu	429	3.3	0.1
	Taoist	268	21.5	1.2
	Other	53	1.2	0.3
Visited a Traditional Healer in the past 3 months?	No	2419	89.6	0.9
	Yes	144	10.4	0.9
Visited an allopathic practitioner in the past 3 months?	No	662	26.1	1.25
	Yes	1901	73.9	1.25

(N= sample size, SE= Standard error)

Table 2. Socio-demographic correlates of help-seeking from a traditional healer

		Visited a Traditional healer in the last 3 months			Multiple logistic regression							
Variable	**Category**	**N**	**Weighted %**	**SE**	**Traditional healer vs. Not help-seeking contact**				**Traditional healer vs. Allopathic**			
					OR	**95% CI**		**p value**	**OR**	**95% CI**		**p value**
Age group	60-74 years	97	11.6	1.2	Ref.				Ref.			
	75-84 years	32	6.7	1.4	0.8	0.4	1.6	0.560	0.6	0.3	1.0	0.054
	85+ years	15	6.5	1.7	0.6	0.3	1.5	0.277	0.5	0.2	1.2	0.134
Gender	Men	52	7.7	1.2	Ref.				Ref.			
	Women	92	12.5	1.4	2.4	1.3	4.4	**0.003**	1.9	1.1	3.3	**0.018**
Ethnicity	Chinese	111	12.1	1.1					Ref.			
	Malay	13	2	0.6	0.4	0.1	1.7	0.205	0.5	0.1	2.2	0.378
	Indian	20	2.5	0.6	0.4	0.1	1.1	0.087	0.4	0.1	1.0	0.056
	Others	0	.	.	.	.	.	.	.	.	.	.
Marital Status	Never married	7	7.2	2.9	Ref.				Ref.			
	Married/cohabiting	89	10.8	1.2	4.4	1.6	12.3	**0.005**	1.8	0.7	4.9	0.243
	Widowed	42	10.2	1.8	3.7	0.9	14.8	0.064	1.9	0.6	6.0	0.244
	Divorced/separated	6	11.6	4.4	4.2	1.3	13.2	**0.016**	1.6	0.4	6.0	0.463
Education status	None	27	9.8	2.1	1.2	0.4	3.6	0.694	2.0	0.7	5.3	0.172
	Some, but did not complete primary	32	9.7	1.8	1.4	0.5	3.7	0.493	2.0	0.8	4.9	0.118
	Completed primary	34	10.6	1.9	1.4	0.5	3.7	0.481	2.5	1.0	6.0	**0.046**
	Completed secondary	36	13.9	2.3	2.1	0.8	5.5	0.114	2.9	1.2	7.0	**0.015**
	Completed tertiary	14	5.8	2.1	Ref.				Ref.			
Employment	Paid work (part-time and fulltime)	46	12.3	1.8	Ref.				Ref.			
	Unemployed (looking for work)	2	7.9	6.6	2.8	0.3	23.7	0.333	0.7	0.1	4.2	0.651
	Homemaker	45	11.3	1.9	0.6	0.3	1.3	0.206	0.7	0.4	1.3	0.219
	Retired	49	8.1	1.3	0.8	0.4	1.5	0.473	0.6	0.4	1.1	0.119
Religion	Agnostic/Atheist/Freethinker	16	17.1	3.9	Ref.				Ref.			
	Roman Catholic	5	5.1	2.5	0.3	0.1	1.02	0.054	0.2	0.1	0.8	**0.018**
	Other Christian	21	13.2	2.9	0.9	0.4	2.2	0.823	0.6	0.3	1.4	0.278
	Muslim	16	1.9	0.5	0.2	0.05	1.03	0.054	0.2	0.0	0.7	**0.015**
	Buddhist	41	11.2	1.7	0.6	0.3	1.3	0.209	0.5	0.3	1.0	0.065
	Hindu	12	2.5	0.7	0.4	0.1	1.6	0.173	0.2	0.1	0.8	**0.024**
	Taoist	30	11.9	2.2	0.9	0.4	2.0	0.720	0.6	0.3	1.2	0.122
	Other	3	7.2	5.4	0.6	0.1	4.8	0.651	0.5	0.1	3.5	0.512

Note: N = sample size; SE = standard error; CI = confidence interval;
Odds ratio was derived using multiple logistic regression analysis, Ref=Reference group

Next, we examined medical and psychiatric disorders associated with help-seeking from a traditional healer, using help-seeking from allopathic practitioners only as a control and adjusted for age, gender and ethnicity. Older adults who reported stomach/intestine problems at time of interview were significantly more likely to have consulted a traditional healer in the past three months than only an allopathic practitioner. In contrast, respondents who reported ever being diagnosed with high blood pressure were significantly less likely to see a traditional healer than an allopathic practitioner. A significant association between anxiety and traditional healer consults was also noted. Due to the small number of anxiety cases within the sample, we combined sub-threshold cases and those that met the full criteria to ensure that the observed association was not due to sampling variability. The result from this analysis remained significant. Next, using those who had not sought any kind of help (in the last three months) as a control, we found that those who had sought help from a traditional healer were more likely to have ever been told by a doctor that they had high blood pressure, heart problems or diabetes, reported having arthritis/ rheumatism, asthma, stomach/intestine problems or cancer at time of interview or had depressive symptoms, met the 10/66 criteria for dementia or the AGECAT criteria for anxiety. A summary of associations between medical and psychiatric conditions and seeking help from a traditional healer (versus no treatment and only allopathic treatment) is presented in Table 3.

Table 3. Associations between medical and psychiatric conditions and help-seeking from a traditional healer

		Traditional healer		Allopathic		Not-help seeking		Traditional healer vs. Not help-seeking				Traditional healer vs. Allopathic			
									95% CI				95% CI		
Variables		**n**	**%**	**n**	**%**	**n**	**%**	**Adjusted OR**	**Lower**	**Upper**	**P value**	**Adjusted OR**	**Lower**	**Upper**	**P value**
High blood pressure		79	49.0	1226	69.3	245	37.6	1.6	1.0	2.6	**0.038**	0.4	0.3	0.7	**<0.001**
Heart problems		27	13.7	337	14.3	58	6.1	3.1	1.6	6.3	**0.001**	1.3	0.7	2.3	0.434
Stroke		11	4.8	155	9.5	32	3.5	1.4	0.6	3.7	0.449	0.5	0.2	1.2	0.132
Diabetes		35	22.1	658	31.4	104	10.8	2.6	1.5	4.7	**0.001**	0.7	0.4	1.1	0.143
TIAs		3	3.2	52	1.7	16	2.0	2.0	0.5	7.7	0.341	2.5	0.7	8.7	0.159
Arthritis or rheumatism		68	44.4	560	33.4	140	23.9	2.3	1.4	3.7	**0.001**	1.5	1.0	2.2	0.073
Eyesight problems		72	52.9	796	48.6	246	43.0	1.4	0.9	2.1	0.185	1.1	0.7	1.7	0.654
Hearing difficulty		27	16.8	401	20.5	113	14.6	1.3	0.7	2.3	0.427	0.9	0.5	1.5	0.648
Persistent cough		6	1.5	95	5.1	25	2.7	0.6	0.1	2.8	0.528	0.3	0.1	1.3	0.110
Asthma		17	8.5	203	9.0	41	3.1	3.4	1.4	8.1	**0.006**	1.1	0.6	2.4	0.737
Stomach or intestine problems		30	21.7	199	12.7	29	4.9	4.7	2.3	9.5	**<0.001**	1.7	1.0	2.9	**0.049**
Faints or blackouts		11	8.1	98	6.2	20	4.2	1.8	0.7	4.6	0.230	1.3	0.6	2.7	0.562
Paralysis		23	6.9	258	10.6	76	6.3	1.3	0.6	2.8	0.498	0.8	0.4	1.5	0.435
Skin disorders		9	5.5	140	6.8	26	4.6	1.2	0.4	3.2	0.743	0.8	0.3	1.9	0.612
Cancer		6	4.9	50	3.2	8	1.0	5.7	1.6	20.9	**0.008**	1.9	0.7	5.1	0.222
10/66 Dementia		14	4.8	283	11.2	102	9.0	0.6	0.2	1.4	0.190	0.5	0.2	1.1	0.083
GMS-AGECAT Depression	Sub	9	5.2	140	4.2	28	2.0	4.0	1.5	10.7	**0.007**	1.8	0.7	4.5	0.220
	Cases	20	13.8	317	14.8	87	9.6	1.6	0.8	3.2	0.150	0.9	0.5	1.8	0.966
	Sub/Cases	29	19.0	457	18.9	115	11.5	2.0	1.1	3.6	**0.024**	1.1	0.7	1.9	0.660
GMS-AGECAT Anxiety	Sub	2	1.2	10	0.1	5	0.1	23.2	4.4	122.7	**<0.001**	27.5	6.4	117.2	**<0.001**
	Cases	35	23.5	388	17.2	95	11.3	2.5	1.4	4.5	**0.002**	1.6	0.9	2.6	0.069
	Sub/Cases	37	24.6	398	17.3	100	11.4	2.6	1.5	4.6	**0.001**	1.7	1.0	2.7	**0.043**
GMS-AGECAT Schizophrenia	Sub	2	0.1	16	0.4	2	0.1	5.5	0.6	53.1	0.144	0.6	0.1	4.7	0.589
	Cases	6	3.7	76	3.9	27	2.1	2.1	0.6	7.0	0.216	1.1	0.4	3.1	0.905
	Sub/Cases	8	3.9	92	4.3	29	2.1	2.2	0.7	7.1	0.174	1.0	0.4	2.8	0.958

Note: Adjusted odds ratio was derived using multiple logistic regression analysis after adjusting for age, gender and ethnicity.

Discussion

We observed that 10.4% of older adults had consulted a traditional healer in the past three months preceding the interview. Picco and colleagues [14] found a 1.5% lifetime rate of help-seeking from spiritual advisors in a sample of Singaporean adults aged 18-89 years (mean age=42 years) while Ng, Tan and Kua [15] in their study of older Singaporean Chinese adults aged 65 years and above found a prevalence of 25.3% of Chinese Herbal Medicine (CHM) use in the past year. The different time-frames notwithstanding, the trend of elevated prevalence rates observed in this study and that of Ng and colleagues' study in comparison with the findings by Picco, and colleagues suggest that visits to non-Western medicine practitioners are higher among the older adults. It is important to note that the study by Ng and colleagues included over-the-counter purchases of CHM and an all-Chinese ethnicity sample that could have accounted for their even greater prevalence rate compared to that found in this study.

The socio-demographic variables found to be correlated with seeing a traditional healer was female gender, those with no religious affiliation, those who had lower education and those who were married/cohabiting or were divorced or separated. Women in general have higher help-seeking behaviour compared to men [16]. Not surprisingly, older adults with lower education were more inclined to visit a traditional healer which might be accounted for by their cultural beliefs about illness as well and their greater faith and familiarity with traditional healing methods and procedures. Rochelle and Yim found that lower educational attainment was associated with TCM use in their sample of Hong Kong residents aged 18 to 90 years [17]. Using the Chinese Values Survey instrument, they found that the factor 'Confucian obligation' which contained items such as "respect for tradition", "patriotism" and "sense of cultural superiority" as well as the belief that TCM was more efficacious to Western Medicine were more prevalent among those with lower educational attainment. Likewise, it is possible that respondents with less than the tertiary education level in our sample had stronger attachments to traditional values and its healing systems.

Religion emerged as a significant predictor of visits to a traditional healer. Our findings were consistent with the study by Picco and colleagues who also found that Hindus and Muslims were less likely to seek help from a non-allopathic practitioner compared to those with no religious affiliation. Being Roman Catholic was also negatively associated with visiting a traditional healer in our study though the sample size was small and should be interpreted with caution. One explanation that has been suggested is that some religions, like Islam, forbid the use of *bomohs* and *tang-kis* that are believed to practice magic and incantation [8]. A more plausible explanation for this finding is the lower availability of alternative treatments in Singapore for Malays and Indians who tend to be Muslims and Hindus respectively, and the wide availability of TCM clinics and services [15]. In line with this argument, we noted that agnostics/atheists/freethinkers in our sample were mainly Chinese (98.9%). The relationship between marital status and traditional healer help-seeking is unclear and requires further study.

The only physical illness that was significantly and positively associated with visits to a traditional healer compared to an allopathic practitioner was stomach/intestine problems. Individuals with high blood pressure on the other hand were less likely to visit a traditional healer. Several other studies have likewise reported that gastrointestinal problems predicted the utilization of non-allopathic therapies [18]. Compared to high blood pressure which are treated with Western medicine with a high degree of success-which might explain the lower likelihood of traditional healer visits among those with this medical problem- it appears that respondents who had stomach/intestine problems did not find medical treatments effective, leading many patients to turn to alternative treatments [19]. Furthermore, several studies have found that patients using TCM for gastrointestinal problems reported relief from its use [20].

Anxiety was the only mental illness that was significantly associated with consulting a traditional healer compared to an allopathic practitioner. Surprisingly, we did not find a significant association between schizophrenia and traditional healer visits despite the

common belief that being possessed by spirits causes patients to hear voices, and behave and think abnormally [21]. The relationship between anxiety and traditional healing deserves more attention given that very few studies have discussed this relationship.

As majority of those who were seeking help from a traditional healer were seeking help from an allopathic practitioner (83.7%; namely for high blood pressure, heart problems, diabetes, arthritis or rheumatism, asthma, dementia, depressive symptoms and cancer), it may be prudent for allopathic practitioners to discuss TCM or other complementary and alternative medicine use with patients as part of routine care. This is because combined use of conventional and traditional therapies can potentially be dangerous. Opening up lines of communication could help prevent adverse clinical effects, as well as maximize the usefulness of any complementary and alternative therapies that have proven to be effective [22].

There were several limitations that should be considered in our study. Firstly, this study was a small part of a large-scale national epidemiological study. The examination of traditional healer use was brief. In particular, we were not able to discern the type of traditional healer or healing modality, the reasons for seeking help from traditional healers and satisfaction derived from these services that would have provided much richer data.

The survey relied on self-report, which carry the risk of recall bias. Due to the cross-sectional nature of the study, no causal relationships can be inferred. Lifetime rather than recent diagnoses of several of the physical conditions were used that might have affected the precision of the associations observed. The response rate of 65.6% raises the issue of non-response bias. As reported in our earlier article, non-responders were more likely to be older than those in the sample [10]. It is possible that the percentages of older adults who seek traditional healers are higher than reported in this survey. In addition, due to the low power for several of the analyses resulting in wide confidence intervals of the odds ratios, commission of type II error was possible.

Conclusion

Despite these limitations, results from our study were noteworthy. Traditional healers appear to be one of the preferred sources of help for some older adult groups. Future research should focus on the impact of seeking help from these traditional healers in terms of clinical outcomes and costs. Due to their niche in providing treatment to some older adult groups, establishing collaborations with traditional healers would be useful in optimizing clinical outcomes and providing accessible and cost-effective care.

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Conflict of Interest

The authors declare that there are no potential conflicts of interest with respect to the research, authorship and/or publication of this article.

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