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An Assessment of Major Factors Contributing towards Choosing Alternate Healers (Hakeem, Dispenser, Spiritual Healer) over Registered Medical Practitioner (RMP)

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Abstract

Background: Malpractice is characterized as "careless, unsuitable, or illegal activity while performing a professional task" by Oxford Learner's Dictionaries (1). Prevalence of alternate healers is a problem of nearly all less economically underdeveloped countries. Pakistan is also one of the victims of malpractice. Factors that contribute to malpractice are proximity, affordable fee, availability, family pressure, and the strong opinion of the community. The objective of the study was to analyze why people choose alternate healers and to evaluate the misconception and myths regarding registered medical practitioners.

Methods: A Descriptive cross-sectional study was conducted on a sample size of 319 with participants from Gujranwala's rural and urban areas in 2021. Both the male and female population of Gujranwala was included. Data was entered and analyzed in SPSS version 21.

Results: The socio-economic and demographic variables considerably effect the choice of health care provider. More people in rural areas visit alternate healers as compared to urban areas. Lack of information and misconceptions about physicians were also the factors effecting health seeking behavior of people.

Conclusion: There is a potential to improve the health-seeking behavior and utilization of health facilities by addressing the demand side (community) factors i.e., socio-economic factors, cultural beliefs, by shutting down all unlicensed practitioners and educating the community to avoid visiting them to reduce the probability of exposure to unsafe healthcare practices.

Keywords: Alternate healers, self-medication, rural population, basic health unit, Hakeem

Introduction

Health remains a significant focus in their life. The adage "health is wealth" shows its importance. Health is necessary not just for an individual's well-being, but also for all creative actions in a community. Patient safety is one of the most crucial parts of the healthcare system, which is exposed by medical errors with harmful consequences (2). Malpractice is characterized as "careless, unsuitable, or illegal activity while performing a professional task" by Oxford Learner's Dictionaries (1).

Over 70% of the population of developing countries still uses corresponding and alternative medical systems (CAM) (3). Self-care or home remedies, as well as consultation with traditional healers, are typically encouraged in rural areas by cultural beliefs and traditions. Almost all less-developed countries have a problem with quack medicine. Pakistan is another victim of malpractice. Based on non-scientific reports, there are 600,000 non-trained healthcare providers, or alternate healers, practicing as private healthcare providers in Pakistan (4). These alternate healers pose as physicians and provide healthcare services in rural and urban areas, charging patients a fee for the services they provide. One of the major concerns in Pakistan that are contributing to malpractice is the freedom to purchase pharmaceutical drugs that have not been prescribed by registered health practitioners. There were theoretically 70,000–80,000 unqualified alternate healers engaged in illegal medical practice in the densely populated province of Punjab (5). The low socio-economic segment of the population seeks out these people who do not charge a consultation fee. Some people get their steroids through unlabeled and unlicensed medical formulations supplied by imposters like herbalists, homeopaths, and so-called traditional healers. In most cases, this practice results in incorrect diagnosis, serious medication errors, and the spread of infections. Most healthcare providers are concentrated in cities, leaving rural areas to the mercy of alternate healers and faith healers. Because up to 70% of the population lives in rural areas and receives health care from alternative health care providers, preventing them from providing health services will result in massive chaos in health care service delivery (3).

The relationship between poverty and health is well established throughout the world, but it is both direct (lack of access to health services) and indirect (lack of awareness of health-related issues). The privatization of healthcare and the shift of low-income people to alternative healing methods are major contributors. Other factors for visiting a CAM healer include proximity, a reasonable charge, availability, familial pressure, and the community's strong opinion. This study aims to investigate the role of malpractice in society and the factors that influence people to choose alternate healers (Hakeem, Dispenser, Medical Technicians) over certified medical practitioners.

The role of a physician (Doctor) was enunciated in the context given below, according to the Islamic Code of Medical Ethics endorsed at the First International Conference on Islamic Medicine held in Kuwait on 12-16 January 1981:

[God addresses us in the Quran by saying, "and make not your own hands throw you into destruction." According to the Prophet (PBUH), "your body has a right on you, and the acknowledged rule in Islam is no hurting or injuring."] (7)

Distributors that advertise multilevel company health-related items are often convinced by friends, family, and neighbors who feel the products are useful. Pharmacists also earn from the selling of nutrition supplements that only a small percentage of their consumers need. In most situations, pharmacists do not promote the items but instead benefit from others' deceptive advertising. Most of the general audience does not read scientific publications. They believe what they see in the newspaper, on television, and social media (6).

Punjab has one certified allopathic doctor (registered MBBS-Basic & Specialists). as for about 1,290 people, One BDS doctor is accessible for 20,008 people, and one specialist doctor is available for 6,300 people. There is just one trained homeopath, and Hakeem is accessible for 7,917 and 11,875 people. In contrast, one non-allopathic health practitioner (unqualified and unregistered) is available for little more than 350 people. In the United States of America, there is one doctor for every 319 people. Registered homeopaths and hakims are also included (6).

Methodology

This cross-sectional comparative study was conducted among the general public of Gujranwala rural and urban areas of Pakistan. Data was collected from 15th April 2021 to 30th June using structured questionnaire. The convenience non-probability sampling technique was used. The sample size was calculated using the WHO sample size calculator, taking the confidence interval of 95%, margin of error 5%. The estimated sample size was found 319. Convenience sampling was used for data collection.

The data was collected by using a self-generated questionnaire developed after an extensive literature review. our senior facility member from our department were requested to review the questionnaire for construct and content validity. After revision irreverent item were removed, long question was also rephrased to make it convenient for

participants to fill the Performa. The final version of the questionnaire was piloted on 15 participants and also translated into Urdu language to make it understandable by the general public.

Before filling the questionnaire Performa informed verbal consent was obtained. Demographic data was also included (age, gender). Data was entered and analyzed in SPSS version 21. Descriptive statistics (i.e., frequencies, percentages) were calculated for categorical variables. Table were used where required mentally ill individuals were excluded from the study.

Results

Socio demographic characteristics of the study participants are shown in Table 1. Out of total 319 participants 106 (66.7%) were males and 53 (33.3%) were females. The dominant age group was 20-29 years followed by 30-39 years.

Table 1. Socio demographic Data

Variable	Categories	Frequency	Percentage (%)
Gender	Male	106	66.7
	Female	53	33.3
Occupation	Agriculture	28	17.6
	Businessman	21	13.2
	Daily wager	36	22.6
	Employer	55	34.6
	Labor	19	11.9
Age	10 – 19	7	4.4
	20 – 29	74	46.5
	30 – 39	53	33.3
	40 – 49	17	10.7
	50+	8	5.0

The socio-economic and demographic variables discussed in this section include gender, age and occupation of the respondents.

Table 2. Respondent's vs choice of health care provider including Doctors

	Doctor	Dispenser	Hakeem	Spiritual Healer	Total
Gender:					
Female	8 (44.4%)	9 (16.4%)	18 (29%)	18 (75%)	53 (33.3%)
Male	10 (55.6%)	46 (18.36%)	44 (71%)	6 (25%)	106 (66.7%)
Occupation					
Agriculture	0 (0.0%)	20 (36.4%)	4 (6.5%)	4 (16.7%)	28 (17.6%)
Businessman	8 (44.4%)	1 (1.8%)	9 (14.5%)	3 (12.5%)	21 (13.2%)
Daily wager	0 (0.0%)	10 (18.2%)	20 (32.3%)	6 (25.0%)	36 (22.6%)
Employer	9 (50.0%)	18 (32.7%)	20 (32.3%)	8 (33.3%)	55 (34.6%)
Labour	1 (5.6%)	6 (10.9%)	9 (14.5%)	3 (12.5%)	19 (11.9%)
Ages:					
10 – 19	4 (22.2%)	0 (0%)	1 (1.6%)	2 (8.3%)	7 (4.4%)
20 – 29	12 (66.7%)	28 (50.9%)	25 (40.3%)	9 (37.5%)	74 (46.5%)
30 – 39	2 (11.1%)	20 (36.4%)	24 (38.7%)	7 (29.2%)	53 (33.3%)
40 – 49	0 (0%)	7 (12.7%)	6 (9.7%)	4 (16.7%)	17 (10.7%)
50+	0 (0%)	0 (0%)	6 (9.7%)	2 (8.3%)	8 (5.0%)

Females are a large part of our society, and they contribute equally to a nation's buildup. In our society as household ladies, they have a huge responsibility to take care of newborns, Childs, and the old ones in their homes. So, their choice of healthcare provider matters the most. According to the findings of our study, only 9 females out of 53 went to the doctor for a checkup, while the rest went to alternative healthcare providers (spiritual healer being 75 percent). Males on the other hand mostly choose Dispensers or Hakeem's. The occupation of individuals reflects their economic status, which in turn, influences the health care behavior of the household. The respondents who are employers (34.6%), agricultural laborers (17.6%), and daily wagers (22.6%) have a high dependency on quacks. This may be attributed to their low level of educational attainment and poverty coupled with poor awareness about the services available at health care institutions. An individual's age affects health care behavior as well. It is apparent from the Table that as age increases, the percent of respondents who sought help from quacks decreases due to the inability of quacks to cure some specific old age diseases. The percentage of respondents who visited quacks during illness increases up to the age group of 20-29 years; thereafter it declines.

Table 3. Accommodation of respondents' vs choice of health care provider including Doctors

	Dispenser	Doctor	Hakeem	Spiritual Healer	Total
Rural	36 (65.5%)	4 (22.2%)	38 (61.3%)	17 (70.8%)	95 (59.7%)
Urban	19 (34.5%)	14 (77.8%)	24 (38.7%)	7 (29.2%)	64 (40.3%)
Total	55 (100%)	18 (100%)	62 (100%)	24 (100%)	159 (100%)

Accommodation of individuals plays a significant role in the use of health care facilities. (59.7%) of respondents belonging to rural areas visited quacks, while (40.3%) of respondents from urban areas visited quacks in case of illness. Due to lack of information regarding medicines, treatments, and health care facilities people of rural areas prefer quacks over RMP

Table 4. Education of respondents' vs choice of health care provider including Doctors

	Dispenser	Doctor	Hakeem	Spiritual Healer	Total
Illiterate	8 (14.5%)	0 (0.0%)	13 (21.0%)	5 (20.8%)	26 (16.4%)
Primary	22 (40.0%)	0 (0.0%)	18 (29.0%)	4 (16.7%)	44 (27.7%)
Middle	13 (23.6%)	0 (0.0%)	14 (22.6%)	8 (33.3%)	35 (22.0%)
High School	6 (10.9%)	2 (11.1%)	9 (14.5%)	0 (0.0%)	17 (10.7%)
Intermediate	4 (7.3%)	4 (22.2%)	3 (4.8%)	3 (12.5%)	14 (8.8%)
Graduate or Above	2 (3.6%)	12 (66.7%)	5 (8.1%)	4 (16.7%)	23 (14.5%)
Total	55 (100.0%)	18 (100.0%)	62 (100.0%)	24 (100.0%)	159 (100.0%)

There is a strong association between educational attainment and the use of health care facilities. The health services rendered by quacks are found to be high in illiterate respondents (16.4%) as well as in respondents with primary level schooling (27.7%). With an increase in educational level, services provided by qualified practitioners increase rapidly, while a declining trend is found in the use of services provided by quacks. Educated individuals often earn more and are more conscious of the quality of health care services.

Table 5. Income of respondents' vs choice of health care provider including Doctors

	Dispenser	Doctor	Hakeem	Spiritual Healer	Total
5k - 20k	21 (38.2%)	1 (5.6%)	20 (32.3%)	7 (29.2%)	49 (30.8%)
20k -35k	23 (41.8%)	3 (16.7%)	30 (48.4%)	8 (33.3%)	64(40.3%)
35k - 50k	10 (18.2%)	7 (38.9%)	9 (14.5%)	7 (29.2%)	33 (20.8%)
50k - 1 lac	1 (1.8%)	7 (38.9%)	3 (4.8%)	2 (8.3%)	13 (8.2%)
Total	55 (100.0%)	18 (100.0%)	62 (100.0%)	24 (100.0%)	159 (100.0%)

The income of the household to a large extent decides the use of available health care facilities. It is apparent that those respondents whose monthly family income is less than 20,000 have the highest dependency (30.8%) on quacks, while the proportion of respondents who visited quacks in case of illness, is the lowest (8.2%) in the income category of above 100,000.

Knowledge, Attitude, and Practice

People living in peripheral areas like villages are not aware of the role of doctors and their responsibilities in society. This is because of their source of information for health-related issues. They may have any social stigma or religious prohibition that warns them from going to doctors. Many have an incident in their past that reminds them not to choose RMPs for any health issue. Here is the table that shows the knowledge attitude and practice of people regarding medical issues.

Table 6. Reasons for not choosing Doctors

	Response (yes)	
	frequency	percentage
Do you check the Qualification of a person before getting treatment?	52	32.7
Do you face any social stigma about treatment by a doctor?	48	30.2
Do you have any religious ambiguity regarding the treatment of disease by a doctor?	60	37.7
Do pharmaceutical advertisements on media compel you to buy their products without a doctor's prescription?	84	52.8
Do you prefer alternate healers because they are easily accessible?	99	62.3
Do you prefer your health care provider (doctor, Hakeem, Dispenser) because most of the people around you visit him?	101	63.5
Does any incidence in your family (mortality) compel you away from visiting a doctor?	86	54.1
Do you think doctors play any role in eradicating this corona epidemic?	86	54.1
Do you prefer alternate healers over doctors because they give an immediate treatment?	93	58.5

Table 7. Misconceptions about doctors

	Response (yes)	
	Frequency	Percentages
Most chronic disease occurs because of the use of doctor's medicine	84	52.8
Regular visits to doctor decrease the life span	87	54.7
Do Doctors kill patients by giving them injections?	68	42.8
Doctors charge high fees	116	73.0
Doctor's English medicine have more side effects than any other medicine (i.e., homeopathic medicine)	102	64.2
The doctor does not give you proper attention or time on your visit	41	25.8
The doctor prescribes such medicines that you come to them again	90	56.6
The doctor gives unnecessary treatment rather than treating the main symptoms	90	56.6

Discussion

Assessment of factors contributing towards choosing alternate healers over registered medical practitioners can greatly help our healthcare system in eliminating these factors and provide the public with better and professional healthcare.

Gender discrepancies in health-care access have been investigated in a number of nations. Mwabu et colleagues (8) discovered that both distance and user fees lowered demand for health care, although males were less restrained than women. In our study, unavailability of basic healthcare facilities was stated to be a major factor prompting people to choose the more readily available and accessible choice of alternate healers. This was in line with a study done in India that reported lack of health care facilities as a

reason for high dependency on alternate healers. Many studies have demonstrated that distance has a negative influence on the use of health care services. This study also showed similar results regarding age of respondents and dependence on alternate healers (10).

Our study also reported that income and accommodation also play a major role in this choice as was stated in research done among the rural population of Karachi (11).

Another study done in Karachi also reported family as having a major influence leading people to explore other avenues of medical treatment along with belief in preferred treatment. This was in line with the results of our study as people living in Joint families were more inclined towards going to alternate healers for treatment (12).

Over the past two decades, patient perspectives on health-care services have grown in importance and recognition (13). We discovered that rural and uneducated populations had a negative image of doctors, making them feel hesitant about seeking medical care from them (14). People are afraid of social stigma and exclusion from society (15 16). Some religious believes (17) about medical treatment like getting immunization is considered unacceptable, that was consistent with our study. According to our findings, the high fees (18) charged by RMPs are also a factor in choosing alternative medical care providers and indulging in self-medication. People also said that they were given less time and sufficient attention for a check-up by a medical practitioner, which is consistent with other studies (19,20).

Other misconceptions discovered in our study included doctors performing unnecessary treatments, causing chronic illness, and killing patients by administering injections. However, it is important to note that only limited international literature could be found related to our study. This could be due to better regulations and laws in place in developed countries against malpractice.

Conclusion

The issue of alternate healers is prevalent in Pakistan. This study has tried to reveal the factors that are responsible for dependence of people on alternate healers. There is a potential to improve the health-seeking behavior and utilization of health facilities by addressing the demand side (community) factors i.e., socio-economic factors, cultural beliefs, by shutting down all unlicensed practitioners and educating the community to avoid visiting them to reduce the probability of exposure to unsafe healthcare practices. Hence, we can conclude that Age, Gender, Occupation, Educational status, residence, family structure, income, availability of BHU in the area, and belief in spiritual healing play a very significant role in a person's interest in choosing a health care provider. Other reasons for people not choosing doctors include religious ambiguity, social stigma, family incidence, and social media and advertisements. Other factors which make people go to alternate healers include easily accessible, giving immediate Treatment, low fees, and a lot of people visiting them. There are also prevalent misconceptions about a doctor's role in our society that need to be addressed.

Limitations of the study

Although the factors assessed in this study are generally in line with other related studies, however the sample size was relatively smaller as compared to other studies and the respondents were limited to only one city. Further prospective study is needed if we are to generalize these results for the whole of Pakistan.

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