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Jinekolojik Kanserli Türk Kadınlarının Dini Ve Geleneksel Uygulamaları

Religious And Traditional Practices For Turkish Women With Gynecologic Cancer

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ÖZ

Amaç: Türk jinekolojik kanserli kadınların şifa aramak için yaptığı dini ve geleneksel uygulamaları incelemektir.

Gereç ve Yöntemler: Araştırma tanımlayıcı olarak, 01 Ocak-31 Aralık 2017 tarihleri arasında Türkiye'nin doğusunda bir üniversite hastanesinin Jinekoloji Kliniği, Ayaktan Kemoterapi Ünitesi ve Onkoloji Servislerinde tedavi gören jinekolojik kanserli hastalar ile yapılmıştır. Araştırma 116 hasta ile tamamlanmıştır.

Bulgular: Araştırmamızda katılımcıların %59.5' inin namaza/duaya başladığı, %20.7'sinin kutsal su içtiği, %19.8'inin nazarlık kullanmaya başladığı, %15.5'inin türbe ziyareti yaptığı, %12.1'inin bitkisel terapileri kullandığı, %9.5'inin hocaya gittiği, %6.9'unun kurşun döktürdüğü, %6'sının adak/kurban adadığı, %6'sının muska yaptırdığı ve %5.2'sinin tedavi büyüsü yaptırdığı saptanmıştır.

Sonuç: Jinekolojik kanserli çok sayıda hasta, modern kanser tedavisine ek bir tedavi olarak dini ve geleneksel uygulama yapmayı tercih etmektedir. Bununla birlikte, bilgi kaynaklarının genellikle çevreleri ve medya gibi güvenilir olmayan kaynaklar olduğu saptanmıştır.

Anahtar Kelimeler: Dini uygulama, geleneksel uygulama, jinekolojik kanser.

ABSTRACT

Aim: The aim of this study is to analyze the religious and traditional practices performed by Turkish women with gynecologic cancer in order to heal.

Material And Methods: This descriptive study was conducted with the patients with gynecologic cancer receiving treatment in the Gynecology Clinic, Ambulatory Chemotherapy Unit and Oncology services of a university hospital located in Eastern Turkey between 1 January-31 December 2017. The study was completed with 116 patients.

Results: In this study, it was revealed that 59.5% of the participants began to pray/perform salaat, 20.7% drank holy water, 19.8% began to use charms, 15.5% visited tombs, 12.1% used herbal therapies, 9.5% visited religious clergymen, 6.9% had lead poured, 6% made a vow/ sacrifice; 6% had amulets prepared for themselves, and 5.2% had treatment magic for themselves.

Conclusion: Consequently, many patients with gynecologic cancer prefer to perform religious and traditional practices as an additional treatment to the modern cancer treatment. Furthermore, it was revealed that their information source were unreliable sources such as their circle and media in general.

Keywords: Religious practices, traditional practices, gynecologic cancer.

INTRODUCTION

According to the data of the Turkish Cancer Statistics, there are three gynecologic cancer types among ten most common types of cancer in women. These are endometrial (at 4th rank) cancer, ovarian (at 7th rank) cancer, and cervical (at 10th rank) cancer (1). Diagnosing women with gynecologic cancer has multidimensional negative effects on women's health. Gynecologic cancers not only cause many physiological, psychological, economic and social problems, but also threaten the lives of women (2, 3). In this context, even though five-year survival rates have increased through medical cancer treatment methods that are still applied, many cancer patients seek other ways outside these treatments as well. It is known that cancer patients use the alternative treatment methods (herbal medications, special foods) that are wide-spread among people (4-6). When examining the other methods used other than medical treatment; there are practices such as praying, religious practices and herbal therapies (7). In the studies, it is reported that religious practices are predominant in cancer patients (4, 8). In a research conducted by American Cancer Society with cancer patients, it was stated that while 61.4% of cancer patients used religious practices, 40.1% used food supplement other than the medical treatment (9). Likewise, in the studies conducted in Turkey among patients with gynecologic cancer it is stated that patients use herbal products and prefer religious practices more apart from medical treatment (8, 10, 11). There are also other studies in the literature reporting that the use of herbal product and religious practices in cancer are widespread

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(10-12). Healthcare professionals should establish an open, accepting, and unbiased communication with the patients with gynecologic cancer resorting to religious and traditional methods. The number studies conducted to determine the religious and traditional practices used by the women with gynecologic cancer for healing in Turkey and in the world are insufficient. While healthcare professionals are assessing patients in this regard, they need to consider that they use these methods as an alternative treatment to medical treatment and are effective in selecting methods for their beliefs and cultures. In this context, it is also required for healthcare professionals to be aware of the cultural values and practices shaping correctly the health behaviors in order to improve the patient care and treatment practices in gynecologic oncology. This study was conducted to examine the religious and traditional practices performed by Turkish women suffering from gynecologic cancer in order to heal.

MATERIAL AND METHODS

The present cross-sectional study was conducted among women with gynecologic cancer.

The study was conducted with the patients with gynecologic cancer receiving treatment in the Gynecology Clinic, Ambulatory Chemotherapy Unit and Oncology services of a university hospital located in Eastern Turkey between 1 January and 31 December 2017. During the study, 139 women with gynecologic cancer who received treatment in the clinics where there study was conducted were invited to the study. The study was completed with 116 women with gynecologic cancer.

The inclusion criteria of the study were as follows: being diagnosed with gynecologic cancer for at least one month, knowing about their diagnosis of cancer, not being in the terminal period, being at the age of 18 and over, having no vision or hearing loss, being open to communication and collaboration, being voluntary to participate in the study, and having no psychiatric disorder. The type of cancer was not taken into consideration in sample selection as this is a cancer group directly affecting the roles of womanhood.

The form developed by the researchers upon literature review consisted of 15 questions determining socio-demographic and disease-related characteristics of women such as age, education, employment status, income status, marital status, the state of having children, type of cancer, stage of cancer and treatment type, as well as religious and traditional methods (7, 8, 10, 13).

Data Assessment

The data were assessed by using SPSS 16.0 packaged software. Numbers, percentage distribution, mean and chi-square analysis were used to analyze the data. For statistical significance, p value was accepted as <0.05. Written permissions were received from the head physician of the hospital where the study was conducted and from the patients participating in the study. The study was conducted in accordance with the Declaration of Helsinki.

RESULTS

The participants were aged between 20-71 years (mean 54.43± 12.09). Overall, 83 (69.6%) of the participants were 50 years old or over. Most of the participants completed primary or higher education, were unemployed, had at least one child and believed that they had middle income economic status. More than half were married. It was found that 37 of (31.9%) of the participants were diagnosed with endometrial cancer. Almost half had stage II disease, and most were diagnosed in the past year. Treatment of 48.3% of the participants was chemotherapy (Table 1).

Table 1: Socio-demographic and clinic characteristics (n=116)

Characteristics	n (%)
Age,y	
20-29	6 (5.2)
30-39	8 (6.9)
40-49	19 (16.4)
50-59	35 (30.2)
60-69	42 (36.2)
≥70	6 (5.2)
Education	
None	35 (30.2)
Primary or higher	81 (69.8)
Employment status	
Housewife	100 (86.2)
Employed	16 (13.8)
Economic status*	
Low	46 (39.7)
Middle	53 (45.7)
High	17 (14.7)
Marital status	
Married	86 (74.1)
Single	30 (25.8)
Having children	
No	12 (10.3)
Yes	104 (89.7)
Diagnosis	
Cervical cancer	19 (16.4)
Ovarian cancer	17 (14.7)
Endometrial cancer	37 (31.9)
Vulvar cancer	8 (6.9)
Vaginal cancer	8 (6.9)
Tubal cancer	6 (5.2)
Multiple organ cancer	21 (18.1)
Stage of disease	
I	37 (31.9)
II	48 (41.4)
III	18 (15.5)
IV	13 (11.2)
Type of treatment	
Chemotherapy	56 (48.3)
Radiotherapy	35 (30.2)
Surgery	1 (0.9)
Hormonal therapy	6 (5.2)
Combined therapy	18 (15.5)
Time elapsed from diagnosis, y	
< 1 year	63 (54.3)
≥ 1 year	53 (45.7)

*According to the participants' perception of income.

It was determined that 86.2% of the participants stated that they currently performed at least 1 religious or traditional practice in order to recover from the gynecologic cancer; whereas, 65.5% believed that their practice would be effective and 59.5% stated that they learnt the practice from their circle (family, friends, neighbors). It was found that 59.5% of the participants began

to pray/perform *salaat* a lot in order to recover from the disease, 20.7% drank holy water (*zam-zam*), 19.8% began to use charm, 15.5% visited tombs, 12.1% used herbal therapies, 9.5% visited religious clergymen, 6.9% had lead poured, 6% made a vow/ sacrifice, 6% had amulets prepared for themselves, and 5.2% had treatment magic for themselves (Table 2).

Table 2: Distribution of traditional and religious practices for gynecologic cancer by women with gynecologic cancer (n=116)

Characteristics	n (%)
State of doing religious and traditional practices	
Doing	100 (86.2)
Not doing	16 (13.8)
Status of believing that religious and traditional treatment is effective	
Believing	76 (65.5)
Not Believing	40 (34.5)
Sources of information regarding their religious and traditional practice	
Circle (family, friends, neighbor)	69 (59.5)
Television, the internet	37 (31.9)
Books and newspapers	7 (6.0)
Healthcare professional (doctor, nurse)	3 (2.6)
Religious and cultural practices (n=100)*	
Praying/Performing *Salaat*	69 (59.5)
Drinking holy water (zam-zam)	24 (20.7)
Using charms	23 (19.8)
Visiting tombs	18 (15.5)
Herbal therapies	14 (12.1)
Visiting religious clergymen	11 (9.5)
Pouring lead	8 (6.9)
Making a vow/ sacrifice	7 (6.0)
Having amulets prepared for themselves	7 (6.0)
Having treatment magic for themselves	(5.2)

*The participants gave multiple answers.

No statistically significant correlation was found in the chi-square test carried out to determine the presence of the correlation between the sociodemographic characteristics, type of cancer, treatment method, and trusting in treatment and using religious and traditional methods ($p>0.05$)

DISCUSSION

In the study was found that majority of the women performed at least 1 religious or traditional practice to recover from gynecologic cancer. In the study conducted by Akyüz et al., (2007) on women with gynecological cancer, it was determined that 84.1% of the women used alternative methods (10). Similar results were found in other studies conducted in Turkey (8, 9, 14). These results support the result of the present study.

It was found in the present study that more than half of the women with gynecologic cancer believed in effectiveness of the practice they performed. When examining the studies conducted in Turkey, it was stated in the study conducted by Öztürk et al., (2016) to analyze alternative methods performed by women with gynecologic cancer that 55% (11) of the women believed that the practice they made would be beneficial; on the other hand, in the study by Akyüz et al., (2007), 61.9% of women believed that the practice they made would be beneficial (10) . These results support the result of the present study.

It was found in the present study that more than half of the patients learnt about the practice from the individuals in their circle (family, friends, neighbors). Likewise the present study, in the study by Akyüz et al., (2002) family and the circle took the first place as the information source of the patients, as well (10). On the other hand, in the study by Öztürk et al., (2016) it was reported that while television and internet were ranked as the first as information source (45.4%), 32.9% stated to get information from their circle (11). It is considered that the present study and other studies obtained different results since the lowest educational level was literacy in the study of Öztürk.

In the present study, it was found that more than half of the patients performed religious practices such as performing *salaat* and praying in order to recover from the diseases. While Buddist praying was the first method used in the study conducted by Supoken et al., (2009) on Taili women with gynecologic cancer (13); in the study conducted by Akyüz et al., (2007) concerning traditional practices used by women with gynecologic cancer in Turkey, 94.7% of the participants applied to praying and 95.1% to worship (10). In the study by Nazik et al., (2012), on the other hand, it was reported that 41.5% of the women applied to pray (8). The present study is compatible with the literature. In addition, since praying/performing *salaat* needs to be regarded as a kind of self-administered complementary method practiced in stress management, it may be a method required to be encouraged for the patients to maintain. Such stress management training is revealed to be cost effective for cancer patients (15-16).

The use of herbal therapies was ranked as the fifth in the present study. The results of the study by Akyüz et al., (2007) are similar to the results of the present study (10), while other studies conducted in Turkey have reported herbal therapies to be at the first rank (8, 11, 14). This difference was thought to be associated with the fact that the sample number of the present study was much less than the sample number in the study by Akyüz et al. Moreover it was thought that because the present study was conducted in Eastern Turkey, it had regional cultural differences from other sample groups, all of the patients were taken from university hospital and academic members working in this hospital were not leaning towards herbal therapies and thereby prohibited this method to the patients, all of which might have been effective.

The method least used by the patients in the present study was found to be the treatment magic. Similarly, in the study by Supoken et al., (2009) native magic was reported to be the least used method (13). The result of the present study is compatible with the literature.

In the present study, drinking holy water (*zam-zam*), visiting to the tombs, visiting religious clergymen, making a vow/ sacrifice, and having amulets made for themselves were found to be among the mostly used religious activities other than praying/performing *salaat*. Likewise, in the study conducted by Karacan et al., (2012) concerning the use of complementary and alternative treatment methods in patients with stem cell transplantation in Turkey, it was stated that 74.5% of the patients performing religious activities used these methods (17). The results of the present study are compatible with the literature.

Moreover, in the present study the other traditional methods used by the patients were found as the wearing charms and pouring lead. However, no studies in which patients were reported to use the same methods were found in the literature.

Limitations

The present study was conducted as a cross-sectional design; therefore, it does not cover the longitudinal assessment of the variables.

CONCLUSION

Consequently, a great number of patients with gynecologic cancer prefer to perform religious and traditional practices as an additional therapy for the modern cancer treatment. In Turkey, it can be asserted that praying and performing *salaat* are frequently used by the patients with gynecologic cancer among these methods. Additionally, it was determined that cancer patients usually obtained information about the religious and traditional methods from scientifically-unreliable sources such as relatives, friends and media.

In accordance with these results, even if the patients do not want to use a method other than a medical treatment based on their own knowledge, they are forced to use these methods by the closest people around them. In this approach style, understanding of patient relatives having worry of losing their patients such as making every effort to do may be effective. Therefore, the healthcare professionals giving care to the patients with gynecologic cancer should be aware of and evaluate the cultural characteristics of their patients and their families. It is thought that it is important for healthcare professionals to have knowledge about religious and traditional practices performed by the women with gynecologic cancer along with medical treatment and to evaluate and inform patients with an unbiased approach.

They should also take culture of patients into consideration, show respect and understanding to them, and utilize aspects of the culture supporting health during their care. If the culture has a health-deteriorating aspect, individuals should be informed at the level at which they can understand by gaining their trust and intervention should be made in accordance with their culture.

Additionally, it is recommended to conduct more comprehensive related studies, investigate the benefits and potential side-effects of these methods, and inform the patients and the healthcare professionals about this matter.

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