Religiosity and Utilization of Complementary and Alternative Medicine Among Hispanic Patients

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Background

• 38% of all adults used some type of CAM in the past 12 months.

- · Hispanics (24%)
- American Indian/Alaska Natives (50%)
- Non-Hispanic whites (43%)
- Non-Hispanic Asians (26%)
- Non-Hispanic blacks (24%).

• CAM by therapy category: Biologically based therapies (19.9%), mind-body therapies (19.2%), manipulative and bodybased therapies (15.2%), alternative medical systems (3.4%), and energy healing therapy (0.5%).

Background

- Traditional healers and CAM
- Mainstream CAM and traditional CAM.
- Prayer as a CAM practice inflates estimates of CAM utilization.
- Mainstream CAM: massage therapy, chiropractics, energy healing, megavitamins, homeopathy and acupuncture
- Traditional CAM: herbal therapies, traditional home remedies, folk massage therapies, use of traditional healers, psychics and folk healers.

Purpose

The purpose of this study was to test the relationship between religiosity and usage of CAM in a sample of Hispanic adults. It was expected that increased religiosity would lead to an increase in CAM usage.

Method: Sample

• n=306

- Location of birth:
 - -Mexico (56.3%)
 - -South America (24.6%) -Central America (7.4%)
- •Gender: 66.8% Female, 33.2% male
- Mean age was 39.6 (SD = 13.2) (range = 18 79)

Method: Measures

- Self-administered survey (Spanish/English)
- DV
- <u>Mainstream CAM (7 items</u>): massage therapy, aromatherapy, c.α. = 77 chiropractic, energy healing, megavitamins, homeopathy and acupuncture.
- C.α. = .70 <u>• Traditional CAM (6 items):</u> herbal therapies, home remedies, spiritual healer, psychic and folk healer.
- C.a. = .77 <u>• Total CAM (Sum of Traditional and Mainstream CAM)</u>

 <u>Each construct was based on the question</u>, "How frequently do you use [particular CAM therapy]: never (0), every 10 years (1), every 5 years (2), every year (3), every 6 months (4) or every month (5)?"
 - IV
- C.a. = .78
 Measure of Religiosity (Rohrbaugh and Jessor, 1975): eight questions representing four domains: ritual, consequential, ideological, experimental (sum value 0-32)
 Other measures included age, gender, annual income, home ownership, country of birth, and employment status.

Method: Analysis

 ANOVA test statistics were calculated to compare means of mainstream, traditional, and total CAM usage across key demographic characteristics.

• Multiple linear regression analysis was used to test the association between religiosity and CAM usage, after controlling for potentially confounding influences of age, gender, and income.

• Controlled for income by choosing a population which patronized a free community clinic. Home ownership was a variable used in regression models.



	Us	age
	%	Ν
Herbal therapies	35.1	102
Home remedies	64.1	180
Traditional massage	24.2	69
Espiritualista	5.2	15
Vidente media	0.8	2
Curandero	1.5	4
Traditional massage therapy	11.9	32
Aromatherapy	10.2	28
Chiropractor	19.7	54
Energy healing	1.9	5
Megavitamins	20.4	56
Homeopathy	13.7	38
Acupuncture	4.7	13

	CAM Type			
	Mainstream	Traditional	Total	
Region of Birth				
South America	Х		х	
Mexico				
Central America				
emale		X	X	
Home owner		X	X	

Predictor	Traditional CAM			Mainstream CAM			Total CAM		
	В	SE	β	В	SE	β	В	SE	β
Religiosity	0.105	0.051	0.134*	0.017	0.007	0.158*	0.032	0.009	0.219***
Age	0.674	0.251	0.173**	0.031	0.036	0.058	0.061	0.047	0.083
Female	0.944	0.627	0.096	0.055	0.088	0.041	0.159	0.117	0.086
Home owner	-1.083	0.783	-0.088	-0.039	0.110	-0.023	-0.123	0.147	-0.073
Constant	4.779	2.261		2.584	-	0.416	0.015	0.296	

Limitations

Measure relied on previous research for determining CAM therapies rather than a previously attained consensus of CAM therapies and techniques.

• While we have no evidence to believe that participants didn't understand the significance of each CAM technique, we were unable to determine the participants understanding of each intended CAM technique and what it might infer.

Acculturation

· Homogeneous religious population

Discussion/Conclusion

 The multivariate regression model in this study found increased religiosity to be associated with utilization of all three forms of CAM.

Controlled income by choosing a low income population.

· Used Rohrbaugh and Jessor's (1975) eight-question scale. · South American CAM vs. Central America and Mexico CAM do not contradict NHIS statistics.

· Consistant with NHIS findings, age was significantly related to

traditional CAM usage. (highest among those ages 30-69)

· Consistant with NHIS findings, females have higher use rates than males with regard to traditional CAM although this finding was not observed in the multivariate analysis.

· One key to understanding this relationship will be further agreement among social scientists and CAM experts as to which particular therapies constitute the various forms of CAM.

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