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Incorrect Beliefs about Traditional Medicine for Malignant and Chronic Diseases and Disabilities among Members of Saudi Society

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***Abstract*---**The study aimed to explore incorrect beliefs about traditional medicine for malignant and chronic diseases and disabilities among members of the Saudi society and their relationship to some demographic variables. The study used the descriptive approach. The study sample consisted of (560) persons who were chosen following purposefully from members of the Saudi society in Najran region in the Kingdom of Saudi Arabia in February of the year 2022. A questionnaire was used to collect the data. The results showed that 65.5% of the study sample did not resort to traditional medicine in treating malignant and chronic diseases and disabilities, while 34.5% of the study sample turned to traditional medicine. Also, it was shown that the total degree of wrong beliefs about traditional medicine for malignant and chronic diseases and disabilities among members of the Saudi society came with a mean of (1.14) rating low level. In addition, the results revealed statistically significant differences in the incorrect beliefs about the traditional medical treatment of malignant and chronic diseases and disabilities among members of the Saudi society due to the variables of gender in favor of females.

***Keywords*---**chronic diseases, disabilities, malignant, Saudi society, traditional medicine, wrong beliefs.

Introduction

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Since prehistoric times, humans have used natural products such as plants, animals, microorganisms, and marine organisms in medicines to alleviate and treat diseases (Shi, et al, 2010). The use of natural products as medicines undoubtedly presented a formidable challenge to early humans. It is very likely that when searching for food. Early humans often consumed poisonous plants resulting in vomiting, diarrhea, coma or other toxic reactions, and possibly death. However, in this way, they were able to develop their knowledge about edible materials and natural medicines (Farnsworth & Fabricant, 2001). Subsequently, humans learned how to develop new drugs. Traditional medicines use natural products and are of great importance. Forms of medicine such as traditional medicine or folk medicine use natural products and have been practiced all over the world for hundreds or even thousands of years. They have systematically flourished in official medicine, and it is still a repository of human knowledge (Alves & Rosa, 2007). The Arabs, especially those who specialized in traditional and folk Arab medicine are considered the first to contribute in composing and laying the foundations and rules of traditional medicine. Practitioners of medicine or traditional medicine in the Arab community can be classified into legally prescribed botanical herbal treatment, magic and sorcery treatment, and traditional treatment by Attachawof (a special method of treatment). Among the reasons for adopting attachawof treatment is (prevention of the evil eye) (Maqboub, 2016).

Traditional medicine refers to health practices, methods, knowledge, and beliefs that include plant, animal, and mineral medicines, spiritual therapies or magic and superstition, and techniques and manual exercises applied individually or in combination to treat, diagnose, prevent, or maintain happiness. It is also the sum total of knowledge, skills, and practices based on indigenous theories, beliefs, and experiences to different cultures, whether explicable or not, used to maintain health, prevent, diagnose, improve or treat physical, mental, and other diseases (World Health Organization, 2013). Also, traditional medicine is the knowledge, skills, and practices resulting from the beliefs and experiences of the various popular groups that they used to treat physical, psychological, and other diseases. It has been inherited by generations since the beginning of humanity as diseases have accompanied man since his beginnings, and he sought to overcome diseases with many experiences until he came up with methods to treat his pains. Each group settled on certain treatments from the surrounding nature, and they differ according to different diseases. Each society specializes in certain diseases related to the environment or the predominant activity that is done by its members. Traditional medicine is usually practiced at home, or by a traditional treater, and generations always inherit this profession from families (Ammar, 2014).

Traditional medicine is still rooted in the depths of human culture and continues its role in maintaining people's health. It has become prominent in various societies due to its close association with the culture of these societies towards a specific disease and their reliance in treating the latter on a set of practices such as herbs and medicinal plants, given that nature is rich in everything that benefits them and their first pharmacy. Traditional medicine has tried to treat different age groups, chronic and malignant diseases (Khalaifia & Ben Farhat, 2019).

The practice of Traditional medicine requires experience and skill that may be derived through heredity from a relative, or acquired by continuing reading and self-acquisition. In other words, traditional medicine includes many types of specializations, methods, and tools. Therefore, a therapist may be famous in one type of treatment and not another. Accordingly, different cultures usually contain what is called a therapeutic specialty. There is a therapist who specializes in cautery, and another in cupping, all of which require a long experience. In addition, there are other healing practices such as herbal treatment and medicinal plants, and the treatment of magic and epilepsy with ruqyah. In the face of the many diseases and their diversity in the Arab society, the number of traditional medicine treaters has increased in search of reasons for the patient's comfort and alleviation of his suffering (Bin Atwa, 2016). Nasser (2018) showed that cultural and religious heritage is of great importance in the continuation of treatment and traditional medicine to perform its therapeutic function. Also, the belief in the effectiveness and efficacy of treatment methods and traditional medicine is another reason why patients turn to it.

The interest in studying traditional medicine is a societal issue that deserves attention because it has become in focus in many societies and cultures. It has been proven that there is a conflict between traditional medicine and modern medicine. A continuous struggle has not stopped despite the scientific achievements in the field of modern official medicine. Modern medicine looks at the disease as a result of some physiological causes or external factors such as germs and microbes. While traditional medicine attributes the causes of disease to other factors, it views the human body as an integrated unit, with no room for separation between one organ and another. However, modern medicine separates the members of the human body with scientific development and various scientific disciplines. Every organ of the human body has a special doctor, who is more concerned with treating the disease than treating the patient (Al-Mashhadani, 2011). On the level of Saudi society, the geographical and religious location of the Saudi society played its role in flourishing traditional medicine in all its forms, whether herbal medicine, cauterization, orthopedics, or cupping therapy.

These practices still exist to this day despite the spread of official health and modern medical services in various regions of the Kingdom of Saudi Arabia and keeping pace with technological, scientific, and industrial developments in the treatment of chronic and malignant diseases and prevention of the risk of disability. Therefore, the Saudi National Center for Complementary and Alternative Medicine has been working towards training health practitioners on the opportunity to train in alternative and complementary medicine to be an alternative to traditional medicine and to issue licenses for therapeutic and hospital facilities and institutions, which include many alternative and complementary medicine practices, similar to what exists in European and Asian countries famous with such treatment complexes (Saudi National Center for Complementary and Alternative Medicine, 2020).

The foregoing concludes that despite scientific progress and the abundance of health education means in Saudi society, traditional medicine often mixed with superstition is still popular even on social media and some satellite channels that promote this type of medicine to exploit patients, people with disabilities and their

parents get their money unjustly. Hence, the need to conduct this study to identify incorrect beliefs about traditional medicine for malignant and chronic diseases and disabilities among members of Saudi society.

Statement of the problem

Beliefs about the importance and efficacy of traditional medical treatment for most components of the Arab society in general and the Saudi society in particular, despite its distance from science and modern medicine, and its sometimes closeness to magic and superstition may be due to cultural and social factors such as socialization that has a major role in the consolidation of beliefs. The importance of traditional medicine or folk medicine in the treatment of psychological, organic, malignant, and chronic diseases and disabilities. Therefore, through this study, it is possible to shed light on an important aspect of the therapeutic heritage of traditional medicine by revealing some incorrect beliefs about the use of traditional medicine in treatment. This may cause complications for patients and the disabled that may lead to death, permanent disability, or others. Hence, the problem of this study comes from clarifying the matter that is being raised and linking it to the lived reality through a field study of the Saudi society in Najran region to resort to traditional medicine and to show the most demographic factors (sex, academic qualification, age and place of residence) related to it. Accordingly, there is a need to conduct this study, the problem of which emerged by answering the following questions:

- Are there statistically significant differences in the proportion of the study sample in the use of traditional medicine for malignant and chronic diseases and disabilities?
- What are the incorrect beliefs about traditional medicine for malignant and chronic diseases and disabilities from the point of view of the study sample?
- Are there statistically significant differences in the incorrect beliefs about traditional medicine for malignant and chronic diseases and disabilities from the point of view of the study sample due to the variables of gender, academic qualification, age, and place of residence?

Significance of the study

The significance of the current study is evident through its focus on an important topic of treatment of malignant and chronic diseases, disabilities, and the incorrect beliefs and practices that revolve around them among members of Saudi society. This makes the study and its results addition to the Arab and international human library to give a diversity of knowledge and a theoretical and practical conceptual enrichment about this phenomenon. It also gives a comprehensive vision of the reality of treatment using traditional medicine from malignant and chronic diseases and disabilities among members of the Saudi society, which contributes to increasing the knowledge of officials in the Ministry of Health, hospitals, and health centers about the aspects of incorrect beliefs and practices to modify them among members of society and spreading culture and sound health awareness about modern official medicine and its role in proper treatment compared to the negative effects resulting from the use of traditional medicine in treatment. In addition, it enriches the world about incorrect beliefs and practices about the use of traditional

medicine in the treatment of malignant and chronic diseases and disabilities to develop official plans and policies to limit the use of traditional medicine.

Methodology

In this study, the descriptive approach was used following the survey method because it is the most appropriate for the nature of this study. A questionnaire was administered to the study sample to answer its questions and achieve its objectives.

Sample of the study

A purposive sample of (560) individuals from the Saudi society in Najran region in the Kingdom of Saudi Arabia was selected in February of the year 2022. They were chosen from the different spectrums of Saudi society (students, employees in government and private sectors, housewives) and age groups of 20 years and above. This selection was made as a result of the difficulty of enumerating the society as well as their consent to participate to respond to the study instrument. The study sample was distributed on demographic variables (gender, age, academic qualification, and place of residence). Table (1) shows the data and characteristics of the study sample.

Table 1
The data of the study sample and their characteristics according to the variables of gender, academic qualification, age, and place of residence

Variables	Category	Number
Gender	Male	265
	Female	295
Academic qualification	Secondary school & below	154
	University	406
Age	Less than 30 years	165
	30-40 years	103
	Above 40 years	292
Place of residence	Desert (Badia)	96
	Village	213
	City	251
	Total	560

Instrument of the study

The study instrument (questionnaire) was prepared concerning the theoretical literature and previous studies that addressed incorrect beliefs about the treatment using traditional medicine for malignant and chronic diseases and disabilities among members of the society. The instrument consisted of two parts. The first section relates to the demographic data of the sample in terms of resorting to traditional medicine (yes, no), gender, academic qualification, age, and place of residence. The second part consisted of (14) items that measure incorrect beliefs about medication using traditional medicine from malignant and chronic diseases and disabilities among members of society. To interpret the responses to the second part of the instrument, a four-Likert scale was used (highly agree, moderately agree,

slightly agree, disagree). Scores were given (3, 2, 1, 0) to calculate the scores of respondents.

Validity and reliability of the instrument

The validity of the content of the study instrument was verified in its initial version by ten experts specialized in psychology and mental health from faculty members in Saudi universities to ensure the suitability of the instrument to achieve the study's objectives. The experts reported the validity of the instrument for what it was prepared to measure, and accordingly, the instrument was approved in its final version. The reliability of the instrument was also verified by calculating the reliability coefficient using the internal consistency method according to the "Cronbach's alpha" equation. The instrument was applied to an exploratory sample selected from outside the study sample and consisted of (40) individuals. The reliability coefficient of the instrument was calculated and reached (0.78), a high and appropriate coefficient for the reliability of the instrument and its results.

Procedures of the study

The study problem and its elements were identified. Then, the study population was determined. Next, the theoretical literature and previous studies related to the topic of the study were reviewed and analyzed, and items were extracted to serve as an instrument for the study (questionnaire). Then, the study instrument was prepared in its initial version, and validity and reliability were verified. After that, the approval of the official authorities was obtained to facilitate the researchers' task to apply the study instrument. After that, the sample was purposefully selected from Najran region in the Kingdom of Saudi Arabia. Next, the questionnaire was converted online using (Google Forms), and the link was distributed to the sample using social media, namely, WhatsApp and e-mail. The questionnaire was also applied as a hard copy for some of the study sample. Then, the data were collected, completed, and then corrected. The statistical package (SPSS) program was used to analyze the data. Then, the results were extracted, discussed, and interpreted. Finally, recommendations were written.

Results

The first research question: Are there statistically significant differences in the proportion of the study sample in the use of traditional medicine for malignant and chronic diseases and disabilities?

To answer this question, frequencies and percentages were extracted and the "chi-squared" test was used to show the differences between the distribution of the observed and expected values of individuals who resorted to traditional medicine in the treatment of malignant and chronic diseases and disabilities as shown in Table 2.

Table 2

Frequencies, ratios, and chi-squared test to show the differences between the distribution of observed and expected values of the individuals who resorted to

traditional medicine in the treatment of malignant and chronic diseases and disabilities

Resorting to traditional medicine	Yes		No		Expected value	Chi-value	df	Sig-tailed-2
	Frequencies	%	Frequencies	%				
	193	34.5	367	65.5	280	54.064	1	.000

Table (2) shows statistically significant differences at (0.05) between the distribution of the observed and expected values for the study sample's responses for the individuals who resorted to traditional medicine in the treatment of malignant and chronic diseases and disabilities and in favor of the observed values (no). It came with a frequency (367) and a percentage of (65.5%). As for the observed values (yes) for people who resorted to traditional medicine to treat malignant and chronic diseases and disabilities, the frequency value was (193) with a percentage of (34.5%).

The second research question: What are the incorrect beliefs about traditional medicine for malignant and chronic diseases and disabilities from the point of view of the study sample?

To answer this question, the means, standard deviations, ratio weights, and ranks of incorrect beliefs about traditional medicine treatment of malignant and chronic diseases and disabilities among members of the Saudi society were extracted. To judge the level of means for the items of the study instrument and the instrument as a whole, the statistical standard was adopted using the following equation: Range = (highest value - lowest value) divided by the number of degrees. Range = 3-0 = 3÷4 = 0.75. Thus, the judgment standard becomes as 0-0.75 very low, higher than 0.75-1.50 low, higher than 1.50-2.25 medium, higher than 2.25-3.00 large. The following Table 3 shows the details.

Table 3
Means, standard deviations, ranks, and ratio weights of incorrect beliefs about traditional medicine for malignant and chronic diseases and disabilities

No.	Beliefs	Means	standard deviations	Ratio weight	Rank	Level
8	I think traditional medicine is available and easy to get.	1.69	1.13	56.33	1	Medium
14	I see that traditional medicine is the legacy of the ancestors and must be preserved.	1.64	0.86	54.66	2	Medium
9	I find that traditional medicine is more economical than modern official medicine.	1.29	1.09	43.00	3	Low
10	Traditional medicine free of chemicals contributes to its demand.	1.22	0.92	40.66	4	Low
12	Medicinal traditional medicine has faster curative results.	1.12	0.97	37.33	5	Low
13	The ease of procedures in traditional medicine makes it the best.	1.08	1.07	36.00	6	Low

5	I think that if traditional medicine does not help me, it will not harm me.	1.01	1.17	33.66	7	Low
1	I believe that using traditional medicine to treat malignant and chronic diseases and disabilities is more effective than modern official medicine.	1.00	1.18	33.33	8	Low
2	I turn to herbalists or what is known as "sidewalk pharmacies" to obtain prescriptions for the treatment of malignant and chronic diseases and disabilities.	1.00	1.18	33.33	9	Low
3	I see that herbal medicine is useful in treating malignant and chronic diseases and disabilities	1.00	1.18	33.33	10	Low
4	I believe that traditional medicine is complementary to modern official medicine.	1.00	1.18	33.33	11	Low
11	The large number of medical errors in modern official medicine makes the demand for treatment with traditional medicine more.	1.00	1.01	33.33	12	Low
7	I see that traditional medicine is important to adhere to the customs and traditions of the Saudi society	0.98	1.04	32.66	13	Low
6	It is necessary to rely on traditional medicine in the treatment of malignant and chronic diseases and disabilities.	0.91	1.02	30.33	14	Low
	overall	1.14	0.50	38.00		Low

Table 3 shows that the total degree of incorrect beliefs about traditional medicine for malignant and chronic diseases and disabilities among members of the Saudi society scored a means of (1.14) and a standard deviation of (0.50), rating low. The most beliefs were 'I think traditional medicine is available and easy to get.', 'I see that traditional medicine is the legacy of the ancestors and must be preserved.', 'I find that traditional medicine is more economical than modern official medicine.', 'Traditional medicine free of chemicals contributes to its demand.', and 'Medicinal traditional medicine has faster curative results.'

The second research question: Are there statistically significant differences in the incorrect beliefs about traditional medicine for malignant and chronic diseases and disabilities from the point of view of the study sample due to the variables of gender, academic qualification, age, and place of residence?

To answer this question, a quantitative statistical analysis was conducted for each demographic variable separately as follows:

First: the variable of gender. The t-test was used to show the significance of the differences between the means and standard deviations of incorrect beliefs about traditional medicine for malignant and chronic diseases and disabilities from the point of view of the study sample according to the gender variable, and Table 4 shows that:

Table 4

T-test to show the significance of the differences between the means and standard deviations of incorrect beliefs about traditional medicine treatment of malignant and chronic diseases and disabilities among members of the Saudi society by gender variable

Incorrect beliefs about traditional medicine treatment	Gender	No.	Means	standard deviations	T	df	Sig-tailed-2
	Male	264	0.93	0.53	9.560	558	.000
	Female	296	1.31	0.39			

Table 4 shows that there were statistically significant differences at (0.05) for incorrect beliefs about traditional medicine treatment of malignant and chronic diseases and disabilities from the point of view of the study sample according to the gender variable in favor of females. The calculated "T" value reached (9.560) with a statistical significance of (.000).

Second: the variable of academic qualification. The t-test was used to show the significance of the differences between the means and standard deviations of incorrect beliefs about traditional medicine for malignant and chronic diseases and disabilities from the point of view of the study sample according to the variable of academic qualification as depicted in Table 5.

Table 5

T-test to show the significance of the differences between the means and standard deviations of incorrect beliefs about traditional medicine treatment of malignant and chronic diseases and disabilities among members of the Saudi society by the variable of academic qualification

Incorrect beliefs about traditional medicine treatment	academic qualification	No.	Means	standard deviations	T	df	Sig-tailed-2
	Secondary school & below	154	1.24	0.53	2.913	558	.004
	University	406	1.10	0.49			

Table 5 shows that there were statistically significant differences at (0.05) for incorrect beliefs about traditional medicine treatment of malignant and chronic diseases and disabilities from the point of view of the study sample according to the variable of academic qualification for those who have secondary school & below. The calculated "T" value reached (2.913) with a statistical significance of.(004.)

Third: the variable of age. One-way analysis of variance was used to show the significance of the differences between the means and the standard deviations of incorrect beliefs about the traditional medical treatment of malignant and chronic diseases and disabilities among members of the Saudi society according to the age variable as displayed in Table 6.

Table 6

One-way analysis of variance to show the significance of the differences between the means and standard deviations of incorrect beliefs about traditional medicine for malignant and chronic diseases and disabilities according to the age variable

Source	Sum of squares	df	Means of squares	f	Sig.
Between groups	8.234	2	4.117		
Within groups	134.903	557	.242	16.998	.000
Overall	143.137	559			

Table 6 showed statistically significant differences at (0.05) for incorrect beliefs about traditional medicine for malignant and chronic diseases and disabilities from the point of view of the study sample according to the age variable. To show the statistically significant differences, dimensional comparisons were made using the Scheffe test, as shown in Table 7.

Table 7
Scheffe dimensional comparisons of incorrect beliefs about traditional medicine treatment of malignant and chronic diseases and disabilities by age variable

Age (I)	Age (J)	Mean differences	Sig.
Less than 30 years	40 -30 years	.15729*	.040
	More than 40 years	.27884*	.000
40 -30 years	Less than 30 years	.15729*	.040
	More than 40 years	.12155	.099
More than 40 years	Less than 30 years	.27884*	.000
	40 -30 years	.12155	.099

Table 7 shows that there were statistically significant differences at (0.05) for incorrect beliefs about traditional medicine for malignant and chronic diseases and disabilities from the point of view of the study sample according to the age variable between the ages of less than 30 years and 30-40 years in favor of 30-40 years. The mean difference reached (.15729) with a statistical significance of (.040). Also, there were differences between the age of less than 30 years and the age of more than 40 years in favor of the age of more than 40 years. The difference of the means reached (.27884) with a statistical significance of (.000).

Third: the variable of the place of residence. One-way analysis of variance was used to show the significance of the differences between the means and the standard deviations of incorrect beliefs about the traditional medicine treatment of malignant and chronic diseases and disabilities among members of the Saudi society according to the variable of the place of residence as shown in Table 8.

Table 8
One-way analysis of variance to show the significance of the differences between the means and standard deviations of incorrect beliefs about traditional medicine

for malignant and chronic diseases and disabilities according to the variable of the place of residence

Source	Sum of squares	df	Means of squares	f	Sig.
Between groups	5.612	2	2.806		
Within groups	137.524	557	.247	11.366	.000
Overall	143.137	559			

Table 8 showed that there were statistically significant differences at (0.05) for incorrect beliefs about traditional medicine for malignant and chronic diseases and disabilities from the point of view of the study sample according to the variable of the place of residence. To show the statistically significant differences, dimensional comparisons were made using the Scheffe test, as shown in Table 9.

Table 9
Scheffe dimensional comparisons of incorrect beliefs about traditional medicine treatment of malignant and chronic diseases and disabilities by the variable of the place of residence

Residence(I)	Residence (J)	Mean differences	Sig.
Desert	Village	.2508*	.000
	City	.2751*	.000
Village	Desert	.2508*	.000
	City	.0243	.871
City	Desert	.2751*	.000
	Village	.0243	.871

Table 9 shows that there were statistically significant differences at (0.05) for incorrect beliefs about traditional medicine for malignant and chronic diseases and disabilities from the point of view of the study sample according to the variable of the place of residence between desert and village in favor of desert. The mean difference reached ^.2508) with a statistical significance of (.000). Also, there were differences between desert and city in favor of desert. The difference of the means reached (.2751) with a statistical significance of (.000).

Discussion

The first research question: The results showed statistically significant differences between the distribution of the observed and expected values of the study sample's responses for the individuals who resorted to traditional medicine in treating malignant and chronic diseases and disabilities in favor of the observed values (no). They were frequent (367) times with a percentage of (65.5%). It follows from this result that there is awareness among the Saudi society not to resort to traditional medicine for malignant and chronic diseases and disabilities. This is as a result of the cultural and scientific developments in the Kingdom of Saudi Arabia, the development of medical services and clinical practices in the regions of the Kingdom, as well as the availability of qualified medical personnel and health practitioners at the national and international levels. Also, the availability of modern medical tools helped increase the ability of doctors to diagnose diseases and medical examinations and reduce medical errors. This helped in the keenness

of the Saudi society members to resort to modern official medicine. In addition, the spread of education has a significant impact on Saudi society and culture. It has led some groups to abandon old beliefs in traditional medicine. Science has many and very different effects. There are direct mental effects such as the invalidation of many traditional beliefs and the adoption of other beliefs as a result of the success of the scientific method. The results of this question also showed that the observed values (yes) for the people who resorted to traditional medicine to treat malignant and chronic diseases and disabilities reached a recurrence value of (193) and a percentage of (34.5%). This indicates that some individuals in Saudi society still have beliefs and faith in traditional medicine. This may be attributed to some things, including the ease of procedures in obtaining treatment using traditional medicine. The view of some people is that this type of medicine is a heritage of ancestors that must be preserved to adhere to the customs and traditions of the community.

The second research question: The results revealed that the total degree of incorrect beliefs about traditional medicine for malignant and chronic diseases and disabilities among members of the Saudi society reached (1.14), rating a small degree. The most beliefs were 'I think traditional medicine is available and easy to get.', 'I see that traditional medicine is the legacy of the ancestors and must be preserved.', 'I find that traditional medicine is more economical than modern official medicine.', 'Traditional medicine free of chemicals contributes to its demand.', and 'Medicinal traditional medicine has faster curative results.' Perhaps, this is because some people stand in front of the many diseases and their diversity in society. The number of herbalists and treaters who use cupping and ruqyah has increased in search of reasons for the patient's comfort and alleviation of his suffering. Some also find that treatment using traditional medicine is easier to access than the procedures required by modern official medicine in terms of appointments and official and routine protocols as well as the large number of people who accept it. This causes crowdedness, delays in accessing the service, or they may miss the opportunity to treat the disease. In addition, this may be since the inability of modern official medicine in many cases to treat chronic and malignant diseases and disabilities and the poor chance of surviving this lead some members of society to seek treatment using traditional medicine in the hope of finding a solution to their problems.

The third research question: The results of the question revealed that there are statistically significant differences for incorrect beliefs about traditional medicine for malignant and chronic diseases and disabilities from the point of view of the study sample due to the variable of gender in favor of females. This result may be related to important medical issues for women such as infertility, childbearing, and childbirth. Therefore, women resort to this medicine to solve their problems quickly. Also, this may be due to the incorrect belief among women that traditional medicine is easy to obtain, does not have any side effects, and its results are quick, so they resort to this type from the point of family protection and husband preservation. Women's demand for treatment using traditional medicine may be due to the nature of women. It is characterized by excessive sensitivity and fear of society's view of them as a result of not having children, delaying childbearing, or giving birth to girls, which facilitated their exploitation by those who practice traditional medicine in unsafe traditional ways or exploitative people who promote prescriptions and

medicines on satellite channels or herbal shops for treatment and healing. They believe that these treatments will achieve what modern medicine has not achieved. Sometimes women resort to traditional medicine after they despair of the uselessness of modern treatments and medicines.

The results also revealed statistically significant differences for incorrect beliefs about traditional medicine for malignant and chronic diseases and disabilities from the point of view of the study sample according to the academic qualification variable in favor of high school and below. This may be because traditional medicine is one of the customs and knowledge rooted in any society, including the Saudi Arabian society. It consists of many beliefs and traditional medical methods that have been used since ancient times to treat diseases. Therefore, people who obtained academic qualifications below university level or who were not educated did not have enough opportunity to receive the correct medical knowledge to be able to make a comparison between traditional medicine and modern official medicine in terms of the risks of traditional medicine and its negative side effects that may reach death or permanent disability compared to modern official medicine. On the other hand, education is a crucial variable. Educated people often tend towards modern medicine and resort to it when ill. But, if they do not find an immediate improvement, they decide to turn to the traditional treater most famous in his specialty to seek a cure. It is noticeable that education gives the learner flexibility in thinking and behaving about the disease, and thus not biased towards a specific treatment pattern. As for those with academic qualifications or uneducated, they go to the traditional treater directly, or after trying some recipes and home attempts. On the other hand, we note that some mental, neurological, malignant, and chronic diseases that have no cure by doctors definitively make it necessary for the sufferers to resort to the therapist using traditional medicine.

The results of this question revealed that there are statistically significant differences for incorrect beliefs about traditional medicine for malignant and chronic diseases and disabilities from the point of view of the study sample according to the age variable in favor of more than 40 years old. This may be because this category is still closely related to the heritage, customs, traditions, and culture of the Saudi society and sees that traditional medicine is the inheritance of ancestors and must be preserved and passed on to children, in addition to their contemporary with the traditional models that used traditional medicine and their observation of some cases that have been cured. They left them with confirmed biases that traditional medicine is effective in treating many diseases and disabilities. Simple people, especially the elderly, apply traditional remedies without hesitation, and they attribute this to the fact that they are tried and successful methods that prevail among individuals when they are treated with them, or they hear of traditional remedies.

The results of the research question revealed that there are statistically significant differences for incorrect beliefs about traditional medicine for malignant and chronic diseases and disabilities from the point of view of the study sample based on the variable of the place of residence in favor of the people of the desert. The history of the Kingdom of Saudi Arabia is filled with the heritage of traditional medicine and herbal treatment, which treaters derived from the abundant components of the environment and nature, especially in the desert areas (Badia).

This led the people of the Bedouin areas to turn to traditional medicine compared to modern official medicine as well as their belief that medicines and the materials in traditional medicine are free of chemicals, which makes their bodies more solid. In addition, the residents of the Bedouin areas find that medical services are far from their areas, which results in traveling long distances, waiting for deferred appointments, or having repeat visits. These make them believe that traditional medicine is easier in procedures and access to it, and that is why they accept it abundantly compared to modern official medicine. This may be due to the difference in the thinking pattern of the people of the city from the people of the village and the desert. The people of the city, especially from the upper and middle class and the educated do not resort to any method of medicine and traditional treatment unless they fail in official treatments and are exhausted by research. They keep in mind the proven methods in which the treatment succeeded, and they consult the doctor, and in the case of the doctor's approval, they turn treatment using traditional medicine.

Recommendations

In light of the results of the study, it is recommended that the competent authorities in the Ministry of Health in the Kingdom of Saudi Arabia adopt educational and awareness programs directed to the members of the Saudi society in general, women, those with academic qualifications below university, the elderly, and the Badia population in specific. They focus on changing incorrect beliefs about traditional medicine to treat malignant and chronic diseases and disabilities, and showing its risks and negative effects on the human soul. Also, there is a need to adopt a national project through the development of medical programs broadcast on satellite channels and the official websites of the Ministry of Health, centers, and hospitals on the Internet that highlight the importance of the modern official medicine, its evolution, and its role in the treatment of many malignant and chronic diseases, and the prevention of the risk of disability. It can also be recommended to the Saudi National Center for Complementary and Alternative Medicine to conduct continuous training programs and courses for Saudi practitioners to raise the level of their efficiency and the quality of their work in the treatment based on complementary and alternative medicine to limit the spread of traditional medicine based on myth, magic, witchcraft and unsafe herbs in most cases, and to obtain a certificate Completing specialized training programs and courses for practitioners of alternative medicine and treatment, passing the tests prepared for this. A certificate of completion of specialized training programs and courses for practitioners of alternative medicine and medicine is obtained and passing the tests prepared for this. In addition, a registration card and professional classification are obtained from the National Center for Complementary and Alternative Medicine.

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