

**EXPLAINING FACTORS ASSOCIATED WITH THE
ADHERENCE TO MALAYSIAN CUPPING PRACTICE
GUIDELINES AMONG MALAY CUPPING PRACTITIONERS**

NUR AIN MAHAT

UNIVERSITI SAINS ISLAM MALAYSIA

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ADHERENCE TO MALAYSIAN CUPPING PRACTICE
GUIDELINE AMONG MALAY CUPPING PRACTITIONERS**

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AUTHOR DECLARATION

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I hereby declare that the work in this thesis is my own except for quotations and summaries which have been duly acknowledged

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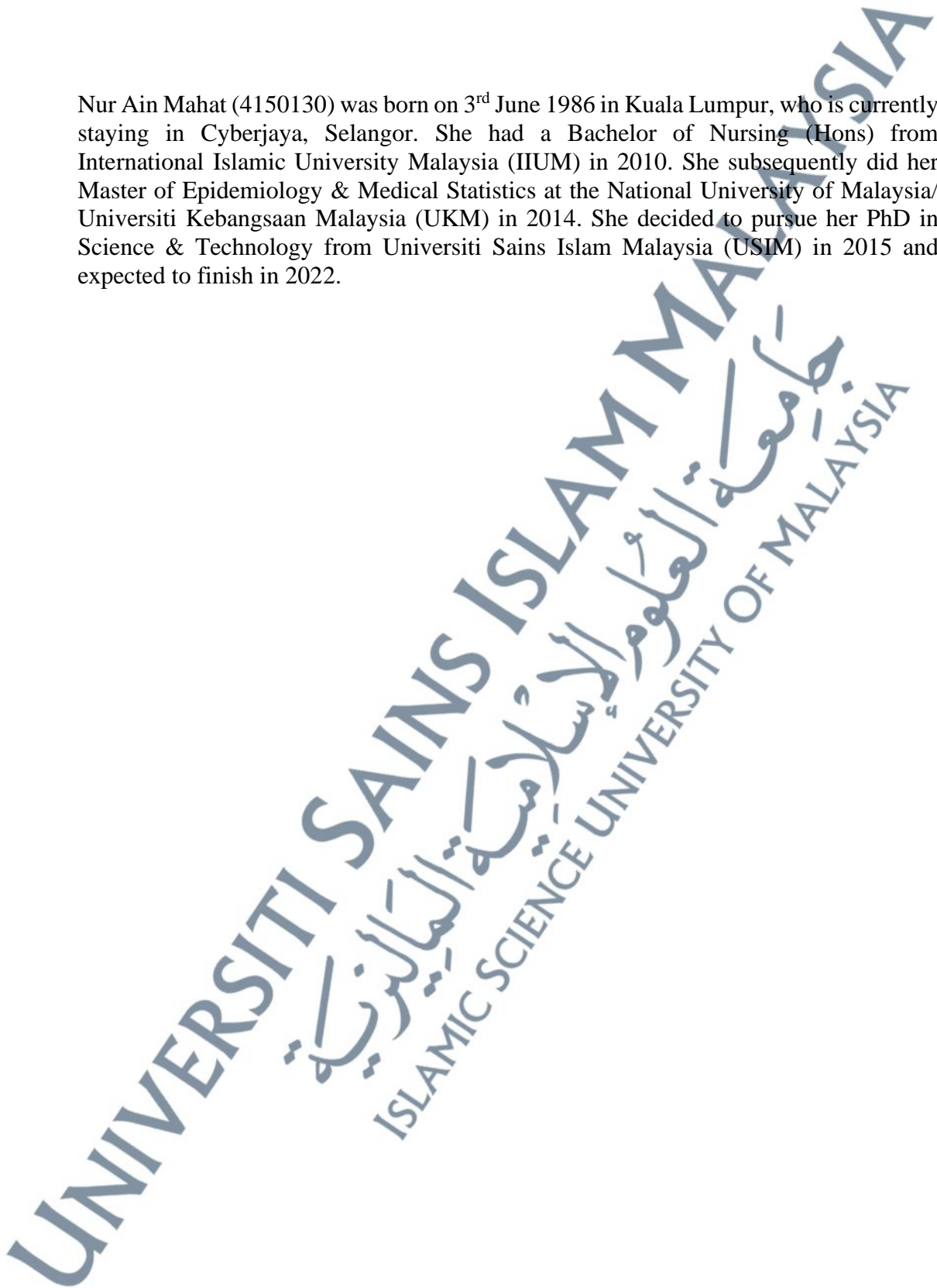
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In the name of Allah, the Most Gracious and the Most Merciful.

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May Allah shower them with success and honor in life and in the Hereafter.

ABSTRAK

Terapi bekam adalah antara perubatan tradisional yang paling digemari oleh penduduk Malaysia, seperti yang dilaporkan dalam Kajian Morbiditi dan Kesihatan Malaysia (NHMS) 2015. Walaupun pematuhan kepada garis panduan amalan adalah penting untuk meningkatkan kualiti penjagaan pesakit, kurang data telah diterbitkan untuk menyokong pematuhan (Chen, 2018). Justeru, kajian ini bertujuan untuk mengenal pasti kepatuhan, pengetahuan dan sikap terhadap garis panduan amalan bekam dalam kalangan pengamal bekam Melayu dan faktor-faktor yang berkaitan dengannya. Juga, untuk meneroka halangan penggunaan garis panduan. Ini adalah kaedah penyelidikan campuran yang melibatkan dua fasa kajian kuantitatif dan kualitatif. Fasa pertama yang melibatkan 114 responden yang dipilih melalui persampelan mudah mendapati pematuhan kepada garis panduan amalan bekam adalah 76.3%. Pematuhan komponen tertinggi ialah memakai sarung tangan semasa rawatan, iaitu 86.0%. Dari segi pengetahuan, 60.5% responden mempunyai pengetahuan yang mencukupi. Majoriti responden bersetuju HIV, hepatitis B dan hepatitis C boleh berjangkit melalui bekam jika pengamalnya tidak mematuhi langkah kawalan penyakit berjangkit, masing-masing pada 94.5%, 86.9% dan 83.1%. Bagi sikap, 99.1% responden bersetuju dan sangat bersetuju bahawa garis panduan bekam adalah sumber nasihat yang berguna, namun, 26.9% mengalami kesukaran mengubah rutin dan tabiat mereka untuk mengikut garis panduan tersebut. Model linear am mendedahkan bahawa pengamal yang mempunyai 10 pesakit yang dirawat setiap minggu mempunyai skor pematuhan yang lebih tinggi sebanyak 3 mata ($p=0.002$). Perempuan mempunyai skor pematuhan yang jauh lebih tinggi berbanding lelaki sebanyak 5 mata pada $p=0.010$, dan pendidikan tinggi (PhD, sarjana, dan ijazah) dan diploma mempunyai skor pematuhan yang lebih tinggi secara signifikan berbanding dengan pendidikan peringkat rendah dan menengah pada $p=0.001$ dan $p=0.005$, masing-masing. Fasa kedua yang melibatkan tiga orang peserta mendapati tafsiran dapatan, dilihat bersama data kualitatif menunjukkan halangan yang timbul ialah peningkatan kos, kekurangan persetujuan dengan garis panduan, dan kekurangan pengetahuan mengenai garis panduan. Dapatan kajian ini menjurus kepada beberapa implikasi, iaitu penyediaan data baharu mengenai pematuhan garis panduan amalan dan faktor yang berkaitan dengannya, serta mampu menangani pendidikan dan kecekapan yang berterusan. Kesimpulannya, daripada kesemua responden, tiga perempat telah mematuhi garis panduan amalan bekam, lebih separuh mempunyai pengetahuan yang mencukupi tentang bekam, dan satu perempat mengalami kesukaran untuk mengubah rutin. Faktor yang dikaitkan dengan pematuhan adalah bilangan pesakit yang dirawat setiap minggu, jantina, dan tahap pendidikan. Halangan yang dikenal pasti adalah peningkatan kos, kekurangan persetujuan dengan garis panduan, dan kekurangan pengetahuan tentang garis panduan.

ABSTRACT

Cupping therapy or *bekam*, is among the most preferred traditional medicine among Malaysian population, as reported in the National Health & Morbidity Survey (NHMS) 2015. Even though adherence to practice guideline is crucial to improve the quality of care of patients, less data have been published to support the adherence (Chen, 2018). Hence, this study aimed to determine the level of adherence, knowledge, attitude towards cupping practice guideline among Malay cupping practitioners, factors associated with it, and to explore barriers of guideline use. This was an explanatory sequential mixed method research, involving two phases of quantitative and qualitative study. The first phase which involved 114 respondents selected via convenience sampling, found that adherence to cupping practice guideline was 76.3%. The highest adherence component was wearing gloves during treatment, at 86.0%. In terms of knowledge, 60.5% of respondents had adequate knowledge. Majority of the respondents agreed HIV, hepatitis B and hepatitis C can be transmitted through cupping if practitioner does not comply with infectious disease control measures, at 94.5%, 86.9% and 83.1% respectively. As for attitude, 99.1% of respondents agreed and strongly agreed that cupping guidelines were useful sources of advice, nonetheless, 26.9% had difficulty in changing their routine and habits to follow the guidelines. General linear model revealed that practitioners who had 10 patients treated per week had higher adherence score by 3 points ($p=0.002$). Females had significantly higher adherence score as compared to males by 5 points at $p=0.010$, and higher education (PhD, master, and degree) and diploma had significantly higher adherence score as compared to primary and secondary level of education at $p=0.001$ and $p=0.005$, respectively. The second phase involving three participants found the interpretation of the qualitative findings seen together with the quantitative data, showed the barriers to be increase cost, lack of agreement with the guideline, and lack of knowledge on the guideline. The findings of this study allude several implications, namely the provision of new data on the adherence to practice guideline and factors associated with it, and able to address ongoing education and competency. In conclusion, of all respondents, three quarter of them adhered to cupping practice guideline. In addition, more than half had adequate knowledge on cupping, and one quarter had difficulty in changing routine. Factors associated with adherence were number of patients treated per week, gender, and education levels. Barriers identified were cost increment, lack of agreement with the guideline, and lack of knowledge on the guideline.

الملخص

يعتبر العلاج بالحجامة أو البيكام، من بين الطب التقليدي الأكثر شيوعاً بين سكان ماليزيا، كما ورد في المسح الوطني للصحة والأمراض (NHMS) لعام 2015. وبالرغم من أن هناك إرشادات وقائية وضعت لتحسين الرعاية الصحية للمرضى في هذا المجال، إلا أنه ليست هناك دراسات كافية لإثبات تلك الوقائيات (Chen، 2018). ولذلك، هدفت هذه الدراسة إلى تحديد مستوى الالتزام والمعرفة والسلوك تجاه هذه الإرشادات الوقائية والعوامل المرتبطة بها ولاستكشاف العوائق التي حالت دون استخدام هذه الإرشادات. كان هذا بحثاً توضيحياً متسلسلاً بطريقة مختلطة، تضمن مرحلتين من الدراسة الكمية والنوعية. ومن المرحلة الأولى التي تضمنت 114 مشاركاً والذي قد تم اختيارهم عن طريق أخذ العينات الملائمة، كانت نسبة المتزمين بالمبادئ التوجيهية لممارسة الحجامة 76.3%. وكانت النسبة الأعلى هي من الذين يرتدون القفازات أثناء العلاج 86.0%. ومن حيث المعرفة، 60.5% من المستجيبين لديهم معرفة كافية. وافق غالبية المستجيبين على أن فيروس العوز المناعي البشري HIV والتهاب الكبد B والتهاب الكبد C يمكن أن ينتقل عن طريق الحجامة إذا لم يمثل الممارس لتدابير مكافحة الأمراض المعدية، بنسبة 94.5% و 86.9% و 83.1% على التوالي. ومن حيث السلوك كانت النسبة 99.1% من الموافقين بشده على أن إرشادات الحجامة كانت مصادر مفيدة للنصائح، ومع ذلك، واجه 26.9% صعوبة في تغيير نمطهم وعاداتهم لاتباع الإرشادات. أظهر النموذج الخطي العام أن الممارسين الذين عالجوا 10 مرضى في الأسبوع كان لديهم درجة التزام أعلى بمقدار 3 نقاط ($p = 0.002$). حصلت الإناث على درجة التزام أعلى بشكل ملحوظ مقارنة بالذكور بمقدار 5 نقاط عند $p = 0.010$ ، وكانت النسبة أعلى بشكل ملحوظ عند المشاركين ذوي التعليم العالي (الدكتوراة والماجستير والبكالوريوس) وأيضاً الدبلوم مقارنة بمستوى التعليم الابتدائي والثانوي عند $p = 0.001$ و $p = 0.005$ ، على التوالي. ووجدت المرحلة الثانية التي تضمنت ثلاثة مشاركين أن تفسير النتائج النوعية، التي شوهدت جنباً إلى جنب مع البيانات الكمية، أظهرت أن العوائق تتمثل في زيادة التكلفة، قلة الاستجابة للإرشادات وكذلك نقص معرفتهم بهذه الإرشادات. تشير نتائج هذه الدراسة إلى عدة آثار، وهي توفير بيانات جديدة حول الالتزام بالإرشادات الوقائية لممارسة هذه المهنة والعوامل المرتبطة بها، وكذلك قدرتها على توثيق التوعية والكفاءة بشكل مستمر. في الختام، من بين جميع المستجيبين، التزم ثلاثة أرباعهم بإرشادات ممارسة الحجامة، وأكثر من نصفهم لديهم معرفة كافية بالحجامة، وربعهم واجهوا صعوبة في تغيير الروتين. كانت العوامل المرتبطة بالالتزام هي عدد المرضى الذين عولجوا في الأسبوع والجنس والمستوى التعليمي. كانت العوائق التي تم تحديدها هي زيادة التكلفة وعدم الاتفاق مع الدليل الإرشادي ونقص المعرفة بالدليل الإرشادي.

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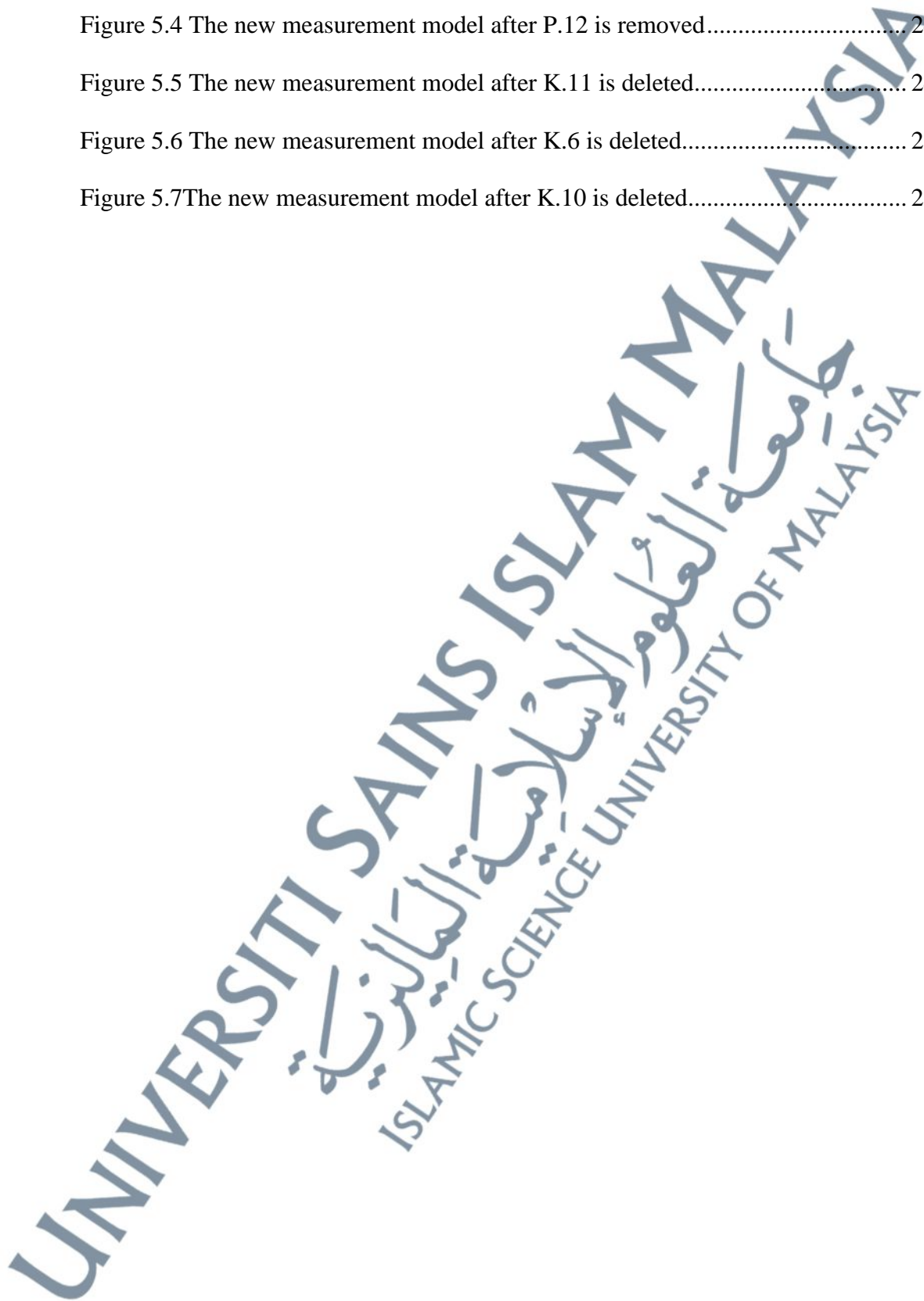
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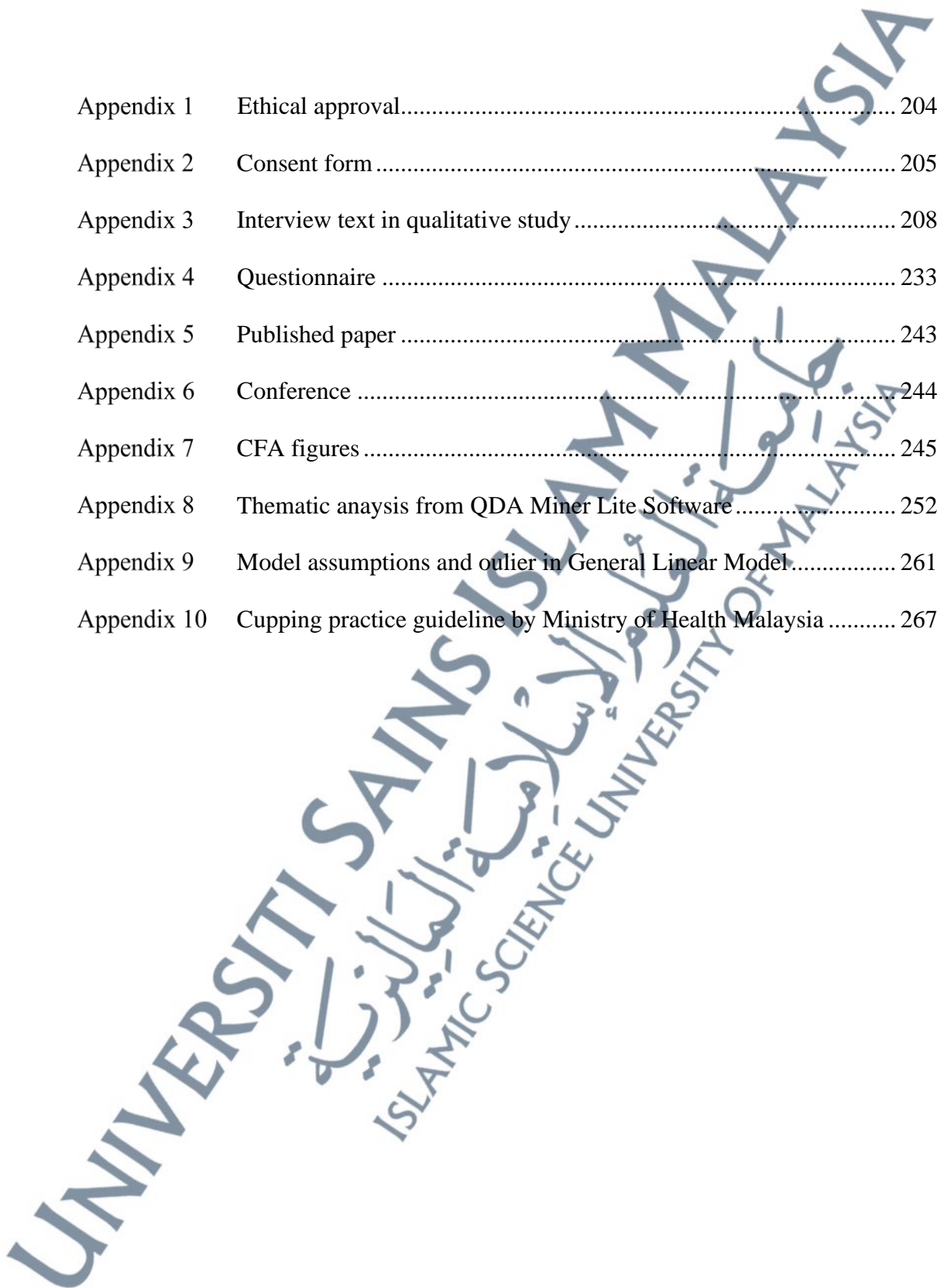
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LIST OF ABBREVIATION

Abbreviations	
AOR	Adjusted Odds Ratio
AVE	Average Variance Extracted
BC	Before Christ
CDC	Centers for Disease Control
CFA	Confirmatory Factor Analysis
CFI	Comparative Fit Index
CI	Confidence Interval
CME	Continuing Medical Education
CR	Composite Reliability
CVI	Content Validity Index
EFA	Exploratory Factor Analysis
et al	Others
FVI	Face Validity Index
GAPERA	<i>Gabungan Pertubuhan Pengamal Perubatan Melayu Malaysia</i>
HIV	Human Immunodeficiency Viruses
ICU	Intensive Care Unit
I-CVI	Item- Content Validity Index
I-FVI	Item-level Face Validity Index
KMO	Kaiser-Meyer Olkin
MOH	Ministry of Health
NGOs	Non-Governmental Organisations
NHMS	National Health & Morbidity Survey
OR	Odds Ratio
PPE	Personal Protective Equipment
QDA	Qualitative Data Analysis

RMSEA	Root Mean Square Error of Approximation
SD	Standard Deviation
SEM	Structural Equation Model
S-CVI	Scale-level Content Validity Index
S-FVI	Scale-level Face Validity Index
TLI	Tucker-Lewis Index
T&CM	Traditional & Complimentary Medicine
T&CMD	Traditional & Complimentary Medicine Division
USIM	Universiti Sains Islam Malaysia
USM	Universiti Sains Malaysia

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