ORIGINAL ARTICLE

THE USE OF MALAY TRADITIONAL HEALERS IN CHILDHOOD CANCER

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Abstract

Seeking help from traditional healer is often reported as a treatment option especially in rural population. This study examines the use of Malay traditional healers or ‘bomoh’ for childhood cancer, in the east coast of Peninsular Malaysia. Using a semi-structured questionnaire, we interviewed parents whose children receiving cancer treatment, at paediatric oncology ward, clinic and through phone calls, to explore their knowledge and involvement in ‘bomoh’ for their children’s treatment. Of the 94 consented participants, all were Muslim and Malay by race, with a mean age of 37 year old. Majority of the respondents were females (63%), local residents (64%) and held jobs (53%) during the interview. Majority of the paediatric oncology patients were boys (64%), receiving an outpatient treatment (62%), with a range of age from 1 – 18 years. 53% of the children were diagnosed with haematological cancer and 47% were for solid tumour. Consulting ‘bomoh’ was cited as the second most popular alternative treatment option (as reported by 30 participants), after consulting spiritual healer or ‘ustaz’ (n = 43). Only 5.4% of the participants confessed of seeing ‘bomoh’ prior to seeking medical treatment. 40.6% of participants claimed the reason to consult ‘bomoh’ was mainly to avoid painful and extensive medical examination and procedures. Whilst only 7.4% respondents claimed that they believed ‘bomoh’ can treat childhood cancer, a higher number of respondents admitted to consult ‘bomoh’ for the same purpose (34.5%). The ‘bomoh’ consultation rate was found to be significantly higher among those diagnosed for solid tumour (60%) than for haematological cancer (40%). The lower than expected rate of responses in consulting ‘bomoh’ for treatment in this present study might be attributable to participants’ reluctance to disclose the practice to health care providers.

Keywords: Cancer, Children, Malay Traditional Healer, ‘Bomoh’

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Introduction

Diagnosis of childhood cancer can be devastating to the respective parents. The condition imposes them to look for all possible ways to help and protect the
children. Whilst the conventional medical treatment for childhood cancer is promising, many of the parents would seek for non-conventional, alternative treatment, in preference to or complimenting the medical intervention. The willingness of patients and their families to try all possibilities for an eventual cure has been the reason for the availability of complementary and alternative medical therapies. It is thought the use of complementary and alternative medicine (CAM) can bring psychological benefits in a sense of optimism, control and hope during the uncertainty period.

A study conducted in Singapore estimates the prevalence use of CAM in paediatric oncology setting reaches 67% - 84.5% [1]. In Malaysia - a country with a population of approximately 26 million, the utilization rate of CAM among adult patients with chronic illnesses is reported to be 63.9% [2]. Interestingly, the use of CAM in Malaysian paediatric oncology patients is much higher whereby the prevalence is reported up to 84.5% [3]. Being a multicultural society which is rich of natural forestry resources, a wide availability and usage of CAM is expected in this country. One of the most commonly seek non-conventional treatment in the Malay community is to visit Malay traditional healers or ‘bomoh’. They are considered as famous and highly regarded indigenous medicine man in the society.

Based on their mode of practice, Malay traditional healers are classified into four categories which are spiritual healer, religious healer, herbalists and bone setters [4]. Religious healers are often referred as ‘Ustaz’ whose practices are based on Islamic principles; for example, their rituals are drawn from Quranic verses. Herbalists mainly use traditional herbs in healing and bone setters mainly focus on body massaging and relocating bones. ‘Bomoh’ in this study refers to Malay traditional healer, who uses spiritual medium to treat illnesses.

‘Bomoh’ often sees illnesses as being caused by physical or supernatural factors. These include food, heat, wind, evil spirit, witchcraft, black magic, loss of inner strength and severe mental stress. The healing processes are done through incantation, holy water, herb prescription and sometimes using supernatural being [5]. Some people believe that ‘bomoh’ are equipped with the task of healing since they know about disease causation and has mystical power to ascertain the cause of ill health. They provide medication by therapeutic usages of herbs, metals, animals’ parts, spiritual support and physical massage depends on specific ailment and needs of the patients. As they were consulted for variety of physical, spiritual and psychological ailments, the basis of treatment are related to whole body-mind-spirit complex approach [6-7].

The traditional and alternative therapy has been commonly used by the locals following diagnosis of spiritual, psychological and even medical problems. ‘Bomoh’ or sometimes locally known as ‘dukun’ or ‘pawang’, is an important individual in Malay society. They are regarded highly in the Malay hierarchical and societal status due to their involvement in treating of many illnesses especially in the rural setting. Mutual recognition of individual such as ‘bomoh’, in a rural socio-demographic structure, has allowed a greater privilege among the locals [8]. Easily accessible, personalized and convincing communication, as well as simple, non-invasive treatment modalities conducted at familiar setting surrounded with family members, could be the reasons people opt for ‘bomoh’ treatment.
Whilst ‘bomoh’ can always be regarded as a complementary treatment option for the patients, problems occur when ‘bomoh’ becomes the only consultant and patients delay their appointment for medical treatment. For example, Ariffin et al [9] found one third of the patients attended oncology treatment sought medicine man or traditional healers help and there were delayed in seeking medical treatment in 13% of the cases. Delayed presentation for early treatment is influenced by complex interaction of demographic, clinical, cognitive, behavioural and social factors [10]. Our clinical experiences in Kelantan - a state in the north east of Peninsular Malaysia where Malays form the majority, suggest that a significant number of paediatric oncology patients spending a lot of time seeing ‘bomoh’ for cure, thus presented at a later stage and jeopardizing the optimal treatment and health outcomes. Therefore, there is a need to study the utilization of this special type of CAM on children with cancer.

Existing local studies have examined the use of various types of CAM on adult with chronic illnesses [2] and cancer [11], and focused solely on reasons these adult patients seeking for traditional healers [12]. This study highlights the utilization of ‘bomoh’, in particular, in the treatment of childhood cancer among the local population. It aims to examine parents’ knowledge and practice in visiting ‘bomoh’ for the treatment of cancer in their children.

**Methods**

**Study tool**

Based on extensive review and discussion amongst experts including paediatric oncologists, public health expert and clinical psychologist, a semi-structured, open and close ended questionnaire was developed by the researchers (Appendix 1), as a guide for the trained research assistant to collect data. Socio-demographic and children’s basic medical information was acquired. The questionnaires covers parents’ efforts in seeking treatment for the child, use of alternative treatment, beliefs in ‘bomoh’ in treating cancer, reasons for seeking and/or stopping the treatment from ‘bomoh’ and knowledge on details of the treatment including ways to assess and treat the condition. The items were designed qualitatively with a purpose to obtain descriptive nature of practice and perceived ideas of ‘bomoh’ treatment among Malaysian society. A pilot study was initially performed on 10 participants to assess the understanding and clarity of questions.

**Study participants**

One hundred parents or family members of children with cancer who received treatment from the only tertiary hospital in the east coast of Peninsular Malaysia were approached to participate in the study, either face-to-face at paediatric oncology ward and clinic or via telephone calls. The list of participants was obtained from the admission record to oncology ward and from those who attended the weekly Haematology-Oncology clinic using convenience sampling. Consented parents of children with cancer were included in the study. Those who refused or whose children have passed away as a result of the disease or treatment were excluded. Two potential participants refused to be interviewed and four did not complete the interview.

**Procedure**

The proposed study was presented at the department and approval to conduct the study was obtained from the department.
research committee prior to the study commencement. Participants were recruited using convenience sampling in a 4-month study period. The interview was conducted soon as the consent was given, based on researcher-developed semi-structured questionnaires. Each interview took around 30 to 45 minutes. The interview was done by a trained research assistant in order to probe into the depth of the issues. The interview transcripts were reviewed, analyzed and manually coded by the researchers. Given very consistent themes emerged, the data was categorized accordingly and analyzed using SPSS version 18.0 software package (SPSS Inc., Chicago, USA). The data were analyzed using Chi square test and Independent t-test as appropriate.

**Results**

A total of 94 participants consented and completed the interview. Seventy three were approached individually by the interviewer (face-to-face interview) and the other 21 were interviewed by telephone. All participants were Muslim and Malays by race. The mean age was 37 years; the youngest was 20 years old and the oldest was 55 years old. The majority of the participants were females (n = 59, 63%) and the mothers of the children (60%). About 53% of the participants held jobs during the interview either with government service (21%), private sector (16%) or self-employed (16%). Participants from Kelantan formed 64% of the participants whereas the rest were from outside Kelantan that included those from Terengganu, Kedah, Pahang and Pulau Pinang.

With regard to the children, majority of them were boys (64%). The mean age during the interview was 7.5, the youngest was 1 year old and the oldest was 18 years old. Fifty children (53%) were diagnosed for haematological malignancy, such as leukemia and 44 (47%) children were diagnosed for solid tumour. The mean age when they were diagnosed to have cancer ranged from less than 1 year old to 13 years old. During the interview, 58 children were the outpatients and 35 were treated in the ward. One participant contacted via telephone reported that their child had passed away.

<table>
<thead>
<tr>
<th>Table 1. Baseline demographic of participants and children with cancer</th>
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<tbody>
<tr>
<td>(n)</td>
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<tr>
<td><strong>Participants</strong></td>
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<tr>
<td><strong>Mode of interview</strong></td>
</tr>
<tr>
<td>Face to face</td>
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<tr>
<td>Telephone calls</td>
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<tr>
<td><strong>Gender</strong></td>
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<tr>
<td>Male</td>
</tr>
<tr>
<td>Female</td>
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<tr>
<td><strong>Relationships with the children</strong></td>
</tr>
<tr>
<td>Mother</td>
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<td>Father</td>
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<td>Close relatives</td>
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Occupation

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<tr>
<td>Government service</td>
<td>20</td>
<td>21.3</td>
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<tr>
<td>Private sector</td>
<td>15</td>
<td>16.0</td>
</tr>
<tr>
<td>Self-employed</td>
<td>15</td>
<td>16.0</td>
</tr>
<tr>
<td>Housewives</td>
<td>41</td>
<td>43.6</td>
</tr>
<tr>
<td>Unemployed</td>
<td>3</td>
<td>3.1</td>
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Children

<table>
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<tr>
<th>Age (Range 1 – 18)</th>
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<tbody>
<tr>
<td></td>
<td>7.48</td>
<td>4.27</td>
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Gender

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<tr>
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<tbody>
<tr>
<td>Boy</td>
<td>60</td>
<td>63.8</td>
</tr>
<tr>
<td>Girl</td>
<td>34</td>
<td>36.2</td>
</tr>
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Diagnosis

<p>| | | |</p>
<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Haematological malignancy</td>
<td>50</td>
<td>53.0</td>
</tr>
<tr>
<td>Solid tumor</td>
<td>44</td>
<td>47.0</td>
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</tbody>
</table>

Current treatment/management

<p>| | | |</p>
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<tbody>
<tr>
<td>In-patient</td>
<td>35</td>
<td>37.2</td>
</tr>
<tr>
<td>Out-patient</td>
<td>58</td>
<td>61.7</td>
</tr>
</tbody>
</table>

First treatment-seeking action

When asked about the first action taken when the children started to complain about the illness, majority of the participants (n= 88) reported to consulting doctors whether at private clinics (n= 50) or government hospitals (n= 38). Five participants claimed had first consulted traditional healers. Of these, four children suffered from solid tumour and one child suffered from haematological malignancy.

Use of alternative/complimentary treatment

In addition, we inquired about the use of alternative treatment on the children for example homeopathy, acupuncture, spiritual healer or ‘Ustaz’, herbal medicine, goat milk, special drink, vitamin and ointment. Except for consulting religious person or ‘Ustaz’ (n= 43) and Malay traditional healer or ‘bomoh’ (n = 30), other types of treatments were not reported as commonly given to the children (Refer Table 2).

Table 2. The use of complementary alternative treatment reported by participants

<table>
<thead>
<tr>
<th>Alternative Treatment</th>
<th>n</th>
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<tbody>
<tr>
<td>Consulting spiritual healer or ‘Ustaz’</td>
<td>43</td>
</tr>
<tr>
<td>Consulting Malay traditional healer or ‘bomoh’</td>
<td>36</td>
</tr>
<tr>
<td>Ointment</td>
<td>13</td>
</tr>
<tr>
<td>Vitamin</td>
<td>10</td>
</tr>
<tr>
<td>Goat milk</td>
<td>8</td>
</tr>
<tr>
<td>Homeopathy</td>
<td>6</td>
</tr>
<tr>
<td>Herbal medicine</td>
<td>2</td>
</tr>
<tr>
<td>Special drinks</td>
<td>2</td>
</tr>
</tbody>
</table>

* multiple responses are acceptable
Source of information on alternative treatment

Seventy-two participants answered the question on how they received information about alternative treatment for childhood cancer. Source of information were mostly came from other family members, relatives, neighbours and friends (n = 35), people with similar illnesses (n = 21) and mass media (n = 15). One participant claimed the ‘bomoh’ volunteered to treat the child.

Reasons people consult ‘bomoh’ for childhood cancer

Of 64 who responded to this question, majority of them (n= 26) claimed the reason people seek for ‘bomoh’ treatment was because they wanted to avoid painful, scary and discomfort procedures being conducted on their small children in the hospital such as needle injection, surgical operation, amputation, lumbar puncture, lengthy hospitalization and multiple invasive examinations. Other respondents stated it was due to their confidence and belief that ‘bomoh’ could cure cancer (n = 7) or the illness was within ‘bomoh’ expertise (n = 22). A small number of respondents (n= 7) claimed the reason to visit ‘bomoh’ was because of the influence from others such as relatives, friends or neighbours.

Reasons people stop consult ‘bomoh’ for childhood cancer

Seventy-three respondents had given various reasons why people stopped from consulting ‘bomoh’ for childhood cancer. For instance, they stopped consulting ‘bomoh’ when the diagnosis was confirmed and believed the treatment should be given by doctor in the hospital and not by ‘bomoh’ (n= 9). Others heard (n = 44) or experienced themselves (n = 4) that particular ‘bomoh’ was not capable to cure cancer and some admitted that the method used was not convincing (n = 5) or the cancer had spread (n = 3). Other reasons included refusal to have both hospital and ‘bomoh’ treatment simultaneously (n = 3), being informed by doctor that ‘bomoh’ cannot cure cancer (n = 3) and believed that hospitals have more sophisticated treatment and equipment (n= 3).

Believe in and consultation with ‘bomoh’ for childhood cancer

Majority of participants (n= 87) claimed that they did not believe that ‘bomoh’ could treat childhood cancer. However, this belief alone did not guarantee that they would not consult ‘bomoh’ for treatment of cancer in children. Whilst only 7 respondents believed ‘bomoh’ could treat childhood cancer, thus went for the treatment, interestingly those who claimed otherwise did the same. We found more than half of the number consulted ‘bomoh’ for the same purpose (n= 30).

<table>
<thead>
<tr>
<th>Belief in ‘bomoh’</th>
<th>Consult ‘Bomoh’</th>
<th>p-value *</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes (%)</td>
<td>No (%)</td>
</tr>
<tr>
<td>Believe in ‘bomoh’</td>
<td>6 (85.7)</td>
<td>1 (14.3)</td>
</tr>
<tr>
<td>Do not believe in ‘bomoh’</td>
<td>30 (34.5)</td>
<td>57 (65.5)</td>
</tr>
</tbody>
</table>

*Fisher’s Exact Test
Of those 36 participants who reported to have consulted ‘bomoh’ for treatment of their children, almost half of them (n = 17) claimed to visit ‘bomoh’ before they started treatment in the hospital. Another 16 visited ‘bomoh’ while receiving hospital treatment. Two claimed to consult ‘bomoh’ both before and during hospital treatment and one participant admitted to consult ‘bomoh’ at almost all the times during the child’s illness. The frequency of visits varies from 1 to 2 times (n = 24) to more than 10 times (n= 4).

**Consultation with ‘bomoh’ and type of childhood cancer**

With regard to type of cancer and question whether or not ‘bomoh’ was consulted, the consultation rate was found to be significantly higher among those diagnosed for solid tumour (n = 21) than haematological malignancy (n= 14) (21 vs 14: \(X^2 = 3.9\) (34): \(p = 0.04\)). There were no significant differences of other demographic factors related to respondent’ or patients’ such as origin, age, gender, mode of getting information, in-patients and out-patients, that influence the tendency of consulting ‘bomoh’ or otherwise.

**Parental self-reporting on bomoh’s assessment and treatment**

Parents’ knowledge about techniques used by ‘bomoh’ to detect and treat childhood cancer was enquired. The interviewer used an analogy that doctors may use radiological investigations (X-ray or MRI) to diagnose cancer and chemotherapy for treatment and asked what the respondents know about the methods used by ‘bomoh’ to achieve the same goals.

The ‘bomoh’ claimed to identify what the medical problems were by touching parts of the child’s body (n= 17) including pulse and head. The other methods included simply looking at the child (n = 9), use of their experience, gut feeling and prediction (n= 14), looking for something in a bowl of water (n= 8) or reading specific verses (n= 17).

With regard to the treatment method, almost all respondents claimed that ‘bomoh’ used holy water or ‘air tawar’ (n= 48). Other methods involved were the use of holy flour or ‘tepung tawar’ (n= 4), consumption of medicated leaves (n= 4), body massaging (n= 2) and reciting special prayers or ‘jampi’ (n= 12).

**Discussion**

The present study explores the use of Malay traditional healers or ‘bomoh’ for treatment of childhood cancer, in the east coast of Peninsular Malaysia, which is largely comprised of Malay ethnicity.

Whilst majority of the respondents claimed that healthcare professional was the first person they approached to seek treatment, this study revealed that consulting ‘bomoh’ is very common practice in paediatric oncology. The usage of the alternative therapies is very much recognized in local population and based on our clinical experience they were consulted throughout the disease trajectory. High utilization of traditional and alternative medications might be due to local medical tradition between ethnics, cultures and availability of rich tropical biodiversity which is a reliable source to produce traditional medicine. Alternative and traditional medicine is reported to be practiced by adult patients with other chronic medical conditions [2]. This finding adds to the existing knowledge which identified the use of other types of CAM such as water therapy, vitamins and
supplements, is very prevalent in patients with chronic and threatening illnesses [2–3]. The current Malaysian healthcare system offers free treatment for many medical conditions in our conventional system. Effort has been introduced by the government to establish and integrate medical and traditional therapy but this is long way ahead.

It is interesting to point out that whilst only a very small number of respondents admitted to believe that paediatric cancer can possibly be cured by ‘bomoh’, there is a large number of respondents consulted ‘bomoh’ for treatment. The incongruence of parents’ perception and action could be as a result from many factors especially when their focus is on putting effort to cure their children from cancer. In addition to seeking conventional medical treatment, the parents also consulted ‘bomoh’ as an extra effort for cure. This is termed as “double insurance” [12]. In addition, parents’ efforts and motivation to avoid conventional medical treatment that often associated with long treatment schedule, invasive and traumatized procedures is another reason for seeking ‘bomoh’ treatment. Apparently, this was cited as a primary reason for people seeing ‘bomoh’ in this study. ‘Bomoh’ is also perceived as an expert in their field, thus treatment is acquired. This finding is consistent with previous study which indicated that traditional healers were approached due to their high credibility and ability to heal cancer, sometimes within a short time frame [12].

One third of the respondents claimed to have consulted ‘bomoh’ sometimes during the children’s illness for treatment. The findings indicated that significantly higher number of patients with solid tumour visited ‘bomoh’ compared to haematology malignancy. We noted that about 60% of caregivers went for ‘bomoh’ consultation was from solid tumour group as compared to 40% in haematological malignancy. The decision of using traditional healer for solid tumour could be related to the nature of the diseases. Patients with solid tumour often mistakenly diagnosed with curable medical condition until the condition affecting functionality of the patients, thus presenting late to the hospital. This late presentation mainly due to misdiagnosis of the disease related to slow growing nature of the solid tumour and the repeated attempt and use of alternative therapy at home. In haematological malignancy, patients often presents with chronic state such as anaemia and infection which warrants acute hospital admission.

Limitations

We presume many participants opted to offer negative responses when we inquire about their visits to ‘bomoh’ to treat childhood cancer. This might be attributable to participants’ reluctance to disclose their practice as many patients whom parents we recruited are still receiving continuous hospital treatment. The number of positive responses that we reported may be underestimated. The answers given during the interview were brief and some inferred to their view on other people rather than their actions on visiting the ‘bomoh’. Disclosure of the information about visiting ‘bomoh’ is often considered a sensitive issue, due to reasons such as perceived fear of termination of treatment by doctors, cross reactions between CAM and conventional medicine and physicians’ lack of interest and knowledge of CAM [13], such as seeking ‘bomoh’ treatment. Most of the information related to alternative treatment is considered as not relevant by the patients and therefore concealed [2]. The interviewer spent relatively brief interview session and the queries included close-ended
items might have limit the possible responses. There is also limitation on sampling of the participants as the convenience sampling was applied in view of accessibility and close proximity of the subjects. The richness of information related to differences in practice, cultural, ethinical and religious background may be failed to be recognized. Financial limitation restricted the study to only one hospital in the east coast of Malaysia. However, noteworthy effort was attempted to include significantly high number of possible respondents to achieve descriptive data about population practice especially at Hospital USM.

Conclusion and Recommendations

The study demonstrated population practice in the east coast of Peninsular Malaysia by seeking Malay traditional healers in children with childhood cancer. The finding suggested that ‘bomoh’ service has been used despite lack of belief regarding the effectiveness of bomoh’s treatment. Beliefs among the local population could be related to customary way of life, social structural and individual hierarchy in the society. Paradigm shift in a population can be a monumental task. The public discourse about traditional medicine and modern medicine may influence the decision taken by the caregivers. Children with solid tumour are more likely to spend some times seeking ‘bomoh’ treatment, thus are at more risk for delayed presentation in the hospital. Resolution does not stop by continuous education, but to embark on win-win situation for the benefit of our patients. The complimentary or even traditional medicine might have some roles especially for patients who are terminally ill and requiring palliative service. A number of patients are still using traditional medicine while having an ongoing chemotherapy for their cancer. Discourse and decision on opting for modern or traditional medicine depends on multiple psychosocial influences. Healthcare professionals should be non-judgmental when receiving disclosed information about the use of ‘bomoh’ to prevent defaulting of treatment in these contexts [13]. Cooperation between modern and the traditional health practitioners must be commenced to allow successful early oncological intervention. The education has to be two ways – educating the community as well as the traditional healers. Collaboration between both teams will allow for earlier referral to paediatric oncology centre. This task requires the society to understand the importance of parallel approach of conventional and traditional medical systems, in order to maximize survival in the management of childhood cancer.

Conflict of interest statement

We have no conflict of interest.

References


Appendix 1. Interview Guide

1. Apakah langkah pertama bila anda dapati anak tidak sihat?
   What is the first step taken when you noted that your child is sick?

2. Pernahkan anda mencuba rawatan lain/alternatif seperti di bawah untuk merawat kanser?
   Have you ever tried other treatment/alternative as below in the cancer treatment?
   Jenis rawatan (Type of treatment) | Ya (Yes) atau tidak (No)
   Homeopathy                      |
   Akupantur (Acupuncture)         |                      
   Ustaz/ Perawat Islam (Islamic healer) |                      
   Bomoh (Traditional healer or shaman) |                      
   Herba (Herbalist)              |                      
   Susu kambing (Goat milk)        |                      
   Air khas i.e ECPI (Special water) |                      
   Vitamin (Vitamin)              |                      
   Ubat/ Minyak sapu (Ointment)    |                      
   Lain-lain (others): ..................

3. Di manakah anda mendapat maklumat tentang kewujudan rawatan alternatif untuk kanser?
   Where did you get the information regarding the existence of alternative therapy for cancer?

4. Adakah anda percaya bomoh boleh mengubati kanser?
   Do you believe that Malay traditional healer (bomoh) can treat cancer?
   Ya/ Yes                      
   Tidak/ No                   

5. Pernahkah anda berjumpa bomoh untuk mendapatkan rawatan kanser?
   Have you seen 'bomoh' for cancer therapy?

   Waktu (Time)          Kekerapan (Frequency)
   Sebelum ke hospital (before attending the hospital) |
   Semasa mendapat rawatan hospital (during the treatment) |
   Selepas selesai rawatan hospital (after treatment completion) |

6. Siapakah yang mempengaruhi keputusan anda untuk mendapatkan rawatan bomoh?
   Who does influence your decision making to obtain 'bomoh' treatment?

7. Setahu anda, bagaimana bomoh 'mengesan' sesuatu penyakit atau puncanya?
   In your opinion, how do you think that 'bomoh' screen for the disease or causes?

8. Apa kaedah biasa digunakan bomoh untuk merawat kanser?
   What do you think of the techniques used by 'bomoh' for cancer treatment?
9. Pada pendapat anda, apakah sebab orang pergi mendapatkan rawatan kepada bomoh untuk penyakit kanser?  
   *In your opinion, what are the reasons for getting cancer treatment with the 'bomoh'?*

10. Pada pendapat anda, apakah sebab orang berhenti/tidak menyambung rawatan dengan bomoh?  
    *In your opinion, what are the reasons for not stopping or defaulting treatment with the 'bomoh'?*