

Factors Influencing Choice of Traditional Bone Fracture Treatment Choice of Patients in East Deli Tua

Rini Debora Silalahi¹, Rasninta Devi Ansela²

^{1,2}Institut Kesehatan Deli Husada

*Corresponding Author : rinisilalahi19@gmail.com

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Abstract

Introduction: Traditional medicine is still widely practiced by the community despite the increasing development of modern health services. This study aims to analyze the factors influencing the choice of traditional bone fracture treatment in fracture patients in East Deli Tua in 2025. **Methods:** The study design used a cross-sectional method. The study sample consisted of 55 respondents selected using a purposive sampling technique. The instrument used was a Likert scale questionnaire that measured knowledge, socio-cultural factors, family support, economic, and psychological factors. **Results:** The results showed that the majority of respondents had a low level of knowledge (41.8%), weak socio-cultural influence (45.5%), sufficient family support (34.5%), and sufficient economic conditions (41.8%). Bivariate analysis showed that all independent variables had a significant relationship with the choice of traditional medicine (p-value <0.05). The most dominant factors influencing patient decisions were family support and economic considerations. **Conclusion:** The conclusion of this study is that the choice of traditional medicine in fracture patients is influenced by a combination of internal and external factors, especially knowledge, culture, family support, economic, and psychological conditions of the patient. The findings of this study have important implications for nursing practice, particularly in improving patient-centered fracture care, health education, and culturally sensitive interventions for individuals with fractures.

Keywords: Bone Fracture; Factors Influencing; Traditional Treatments

Introduction

Traditional medicine, including bone fracture treatment, remains the primary choice for Indonesians, despite the decline in modern healthcare services. Globally, the World Health Organization (WHO) notes that approximately 80% of people worldwide use traditional medicine, including in Europe and Asia (1). In Indonesia, the utilization rate for traditional medicine reached 25.17% based on the 2018 national economic survey, with one of the most popular treatments being bone fracture treatment. This practice is known by various names in each region, such as sangkal plutlung in Java, sandro palurlu in North Sulawesi, and dluklun potong in Madura (2).

The incidence of bone fractures is relatively high worldwide, with the WHO recording 5.6 million deaths due to traffic accidents by 2020, with 1.3 million people experiencing fractures. The global incidence of bone fractures reached 1.71 billion people,

with 440 million of these resulting in bone fractures. In Indonesia, according to the Basic Research and Development (RISKLESDAS), the prevalence of lower extremity fractures due to accidents reached 46.2% of total fracture cases, with femur fractures being the most common (3). Data from H. Adam Malik General Hospital in Medan in 2023 showed that lower extremity fractures accounted for 94 of the 196 cases, making North Sumatra one of the regions with a high fracture burden (4).

Although traditional medicine is still considered safe for mild cases, the reality in the community shows that many patients with severe fractures still choose traditional healers (5). This decision is often based on factors such as easy access, low cost, and environmental and cultural influences (6). As a result, medical complications such as inflexion wounds, compartment syndrome, osteomyelitis, and even bone failure (non-union) often occur. This demonstrates a gap between the perceived safety of traditional medicine and its actual clinical risks (7).

The results of the initial survey at the research site, namely the traditional fracture treatment center in Sitleplu, East Timor, showed that in the last year, there were approximately 120 fracture patients who received treatment. From the results of interviews with these patients, the main reasons for choosing traditional treatment were because of the lower cost, geographical factors, and positive experiences from local people (8). This phenomenon was explained by the continued strength of the values of knowledge and trust in traditional medicine (9). According to, the research team was interested in studying in more depth what factors influence the choice of fracture patients in Deli Tua Timur in choosing traditional treatment for bone fractures.

Methods

This study employed a descriptive quantitative design with a cross-sectional approach. This means that the study aimed to describe factors influencing the choice of traditional fracture treatment in fracture patients at a given time, based on the patient's condition and experience (10). The cross-sectional approach was chosen because it allows the study to examine both independent and non-independent variables simultaneously in the same study group, without conducting intervention or long-term follow-up (11). The study was conducted in Dluklun Patah Tlulang Sitleplu, located in Deli Tua Timur, Deli Serdang Regency, North Sumatera. This location was chosen because of the high number

of people who still use traditional bone fracture treatment services. The study population was all fracture patients who had undergone traditional bone fracture treatment at the location in 2025, with a total of 120 people. The sampling technique used multiple positivistic sampling, namely respondents were selected based on the following criteria: having experienced a fracture, choosing traditional bone fracture treatment, and living in Deli Tua Timur District. Using the Slovin formula and a 10% error rate, a sample size of 55 respondents was obtained.

This study had one dependent variable, namely the patient's choice of traditional bone fracture treatment, and five dependent variables: knowledge and education, socioeconomic status, family support, economics, and psychology. The operational definition of each variable was clearly explained. For example, the knowledge factor was assessed through the patient's understanding of the benefits and risks of traditional medicine, while the economic factor was assessed from the patient's financial ability to choose the type of treatment. All variables were analyzed using a 5-point Likert scale (very unaffected to very unaffected), except for nominal scale variables (medical or traditional). The research instrument included a questionnaire containing statements related to the five factors influencing the choice of traditional medicine. The data set was divided into primary data, which were direct responses from respondents through questionnaires, and secondary data, which were supplementary documents such as notes or reports from the research site. Data processing was carried out through three stages: editing (compiling the questionnaire), coding (compiling the numerical code for each answer), and tabulating (compiling the data into a distribution table). This process involved analyzing and drawing conclusions.

This study applied three main principles of ethics. First, informed consent, meaning each respondent was given a questionnaire and signed it voluntarily without coercion. Second, anonymity, meaning the respondent's name was not included, only initials or a number were used. Third, confidentiality, that is, all data and information of the respondents are kept confidential and are only used for the purposes of the research. For data analysis, a univariate analysis is used to describe the distribution of frequencies of each variable, as well as a bivariate analysis with the Chi-Sql test to determine the relationship between each independent and dependent variable. The significance level is determined by a p-value <0.05 , which means the relationship is considered statistically significant.

Results

Table.1 Distributes The Frequency Of Respondents Based On Gender At Sitepu Traditional Fracture Treatment

Variable	Frequency (F)	Percentage (%)
Man	31	56,4
Women	24	43,6
Totally	55	100,0

Based on gender data, of the 55 respondents, the majority were male, namely 31 people (56.4%), while 24 people (43.6%) were female. This result shows that the respondents in this study were dominated by men.

Table 2. Distribution Of The Frequency Of Fractures Based On The Fracture Patients Who Underwent Traditional Treatment For Simple Bone Fractures.

Characteristics	Frequency (F)	Percentage (%)
25-30	6	10,9
31-40	20	36,4
41-50	12	21,8
51-60	17	30,9
Totally	55	100,0

Based on data from age characteristics, the majority of respondent are in the 31-40 years range, namely 20 people (36.4%), followed by age of 51-60 years as many as 17 people (30.9%), age of 41-50 years as many as 12 people (21.8%), and the least in Lusua 25-30 years as many as 6 people (10.9%). Thus, the majority of respondent are in the productive age group, especially the 31-40 years range.

Table 3. Distribution Of The Frequency Of Fractures Based On The Work Of Patients With Fractures Who Underwent Traditional Treatment For Simple Fractures

Characteristics	Frequency (F)	Percentage (%)
Farmer	18	32,7
Self-Employed	18	32,7
Housewife	14	25,5
Retirement	5	9,1
Totally	55	100,0

Based on occupation, of the total 55 respondents, the most common occupations were farming and self-employment, with 18 people each (32.7%). Furthermore, respondents with household occupations numbered 14 people (25.5%), while retirees were the smallest group, with 5 people (9.1%). This shows that most respondents are still of productive age with their main livelihoods in the agricultural sector and independent businesses.

Table 4. Frequency distribution of respondents based on occupation in fracture patients undergoing traditional treatment for sitepu fractures

Variable	Frequency (F)	Percentage (%)
Elementary School	19	34,5
Junior High School	11	20,0
Senior High School	21	38,2
Bachelor	4	7,3
Totally	55	100,0

Based on the education data, the highest level of education of respondents was high school with 21 people (38.2%), followed by elementary school with 19 people (34.5%), junior high school with 11 people (20.0%), and the lowest was bachelor's degree with 4 people (7.3%). Thus, the majority of respondents were at the elementary to middle level, namely high school, which reflects the educational background of respondents at the elementary to middle level.

Table 5. Table of Frequency Distribution of Knowledge Factors on the Selection of Traditional Bone Fracture Treatment at Sitepu's Bone Fracture Traditional Treatment

Variable	Frequency (F)	Percentage (%)
High (30-40)	10	18,2
Sufficient(19-29)	22	40,0
Insufficient(8-18)	23	41,8
Totally	55	100,0

Based on table 5 above, the results show that most respondents are in the weak knowledge category, namely 23 people (41.85%). And respondents with sufficient knowledge numbered 22 people (40.0%), while respondents with strong knowledge were the smallest group, namely 10 people (18.2%).

Table 6 Distribution of the Frequency of Social and Cultural Factors on the Selection of Traditional Medicine at Sitepu's Bone Fracture Traditional Treatment.

Variable	Frequency (F)	Percentage (%)
High (30-40)	8	14,5
Medium(19-29)	22	40,0
Low(8-18)	25	45,5
Totally	55	100,0

Based on table 6, it is known that from a total of 55 respondents, most of the respondents are in the low social class category, namely 25 people (45.5%). And respondents with the low social class category are 22 people (40.0%), while the high social class category is the smallest group, namely 8 people (14.5%).

Table 7 Distribution of the Frequency of Family Influence Factors on the Selection of Traditional Bone Fracture at Sitepu's Bone Fracture Traditional Treatment.

Variable	Frequency (F)	Percentage (%)
High (30-40)	17	30,9
Medium (19-29)	19	34,5
Low (8-18)	19	34,5
Totally	55	100,0

Based on the results of the research in table 7, it can be seen that from a total of 55 respondents, the categories of sufficient family support and weak family support were 19 people (34.5%) each, while the category of strong family support was 17 people (30.9%).

Table 8 Frequency Distribution Table of Economic Factors on the Selection of Traditional Bone Fracture Treatment at Sitepu's Bone Fracture Traditional Treatment

Variable	Frequency (F)	Persentase (%)
High (30-40)	17	29,1
Medium (19-29)	20	41,8
Low (8-18)	18	29,1
Totally	55	100,0

Based on the research results in Table 8, the distribution of respondents' economic factors regarding their choice of traditional bone fracture treatment from the Si Tepuh bone fracture healer was obtained from a total of 55 respondents. Respondents in the middle economic category and the largest group were 20 people (41.8%). Respondents in the strong economic category and the weak economic category were 17 people (29.1%) and 18 people (29.1%), respectively.

Table 9 Frequency Distribution Table of Psychological Factors in the Selection of Traditional Bone Fracture Treatment at Sitepu's Bone Fracture Traditional Treatment

Variable	Frekuensi (F)	Persentase (%)
High (30-40)	16	29,1
Medium(19-29)	23	41,8
Low (8-18)	16	29,1
Totally	55	100,0

Based on Table 9, it is known that of the total 55 respondents, the psychologically moderate category was the largest group, with 23 respondents (41.8%). Furthermore, the psychologically strong and psychologically weak categories each had 16 respondents (29.1%).

Table 10 Results of the Analysis of Knowledge Factors on the Selection of Traditional Medicine at Sitepu's Bone Fracture Traditional Treatment

Treatment selection	Good		Knowledge Enough		Less		Totally		p-value
	N	%	N	%	N	%	N	%	
Medical	2	5,8	9	12,8	21	13,4	32	32,0	0,00
Traditional	8	4,2	13	9,2	2	9,6	23	23,0	0,00
Totally	10	10,0	22	22,0	23	23,0	55	55,	0,00

Based on table 10, a picture of the relationship between the level of knowledge and the choice of fracture treatment is obtained. Of the total of 55 respondents, 32 people (32.0%) chose medical treatment and 23 people (23.0%) chose traditional treatment. In the category of good knowledge, the majority of respondents chose traditional treatment, namely 8 people, and only 2 people chose medical treatment. In the category of poor choice, 13 respondents chose traditional treatment, while 9 people chose medical treatment. On the other hand, in the plengletahuan klurang category, 21 people chose mledis treatment, and only 2 people chose traditional treatment.

Table 11 Results of the Analysis of Socio-Cultural Factors on the Selection of Traditional Treatment for Fracture at Sitepu's Bone Fracture Traditional Treatment

Treatment selection	Socio-cultural						Total		p-value
	High		Medium		Low				
	N	%	N	%	N	%	N	%	
Medicine	0	4,7	12	12,8	20	32,0	32	32,0	0,00
Traditional	8	3,3	10	9,2	5	10,5	23	23,0	0,00
Totally	8	8,0	22	22,0	25	25,0	55	55,	0,00

Based on table 11, it can be concluded that socioeconomic factors have a significant influence on the choice of bone fracture treatment in Dluklun Patah Tlulang Sitleplu. Respondents with a high social level are more likely to choose traditional medicine, while respondents with a low social level are more likely to choose medical treatment.

Table 12 Results of the Analysis of the Influence of Family Support Factors on the Selection of Traditional Bone Fracture Treatment at the Sitepu Bone Fracture Shaman.

Treatment Selection	Family Support						Totally		p-value
	High		Medium		Low				
	N	%	N	%	N	%	N	%	
Medicine	0	9,9	13	11,1	19	11,1	32	32,0	0,00
Traditional	17	7,1	6	7,9	0	7,9	23	23,0	0,00
Totally	17	17,0	19	19,0	19	19,0	55	55,	0,00

Based on table 12, it is known that of the total of 55 respondents, 32 people (32.0%) chose medical treatment and 23 people (23.0%) chose traditional medicine.

Table 13 Results of the Analysis of the Influence of Economic Factors on the Selection of Traditional Bone Fracture Treatment at Sitepu's Bone Fracture Traditional Treatment

Treatment Selection	Economic						Totally		p-value
	High		Medium		Low		N	%	
	N	%	N	%	N	%			
Medicine	17	9,9	15	11,6	0	10,5	32	32,0	0,00
Traditional	0	7,1	5	8,4	18	7,5	23	23,0	0,00
Totally	17	17,0	20	20,0	18	18,0	55	55,	0,00

Based on Table 13, it is known that all respondents with a high economic level chose medical treatment, as many as 17 people (9.9%), and none chose traditional medicine. Among respondents with a middle economic level, the majority chose traditional medical treatment, namely 15 people (11.5%), while those who chose traditional medicine were 5 people (8.4%).

Table 14 Results of the Analysis of Psychological Factors on the Selection of Traditional Bone Fracture Treatment at Sitepu's Bone Fracture Traditional Treatment Dluklun Patah Tlulang Sitleplu

Treatment Selection	Psychology						Totally		p-value
	High		Medium		Low		N	%	
	N	%	N	%	N	%			
Medicine	0	9,3	16	13,4	16	9,3	32	32,0	0,00
Traditional	16	6,7	7	9,6	0	6,7	23	23,0	0,00
Totally	17	17,0	20	20,0	18	18,0	55	55,0	0,00

Based on table 14, it is known that 32 people (55%) chose medical treatment and 23 people (41.8%) chose traditional treatment. Psychological factors have a significant influence on the choice of bone fracture treatment in Dluklun Patah Tlulang Sitleplu. Respondents with high psychological levels tend to choose

traditional medicine, while respondents with medium and low psychological levels are more likely to choose medical treatment. The results of statistical tests show a $p\text{-value} = 0.000$ ($p < 0.05$), so it can be concluded that there is a significant relationship between psychological factors and the choice of bone fracture treatment types.

Discussion

Characteristics of Traditional Medicine: Gender, Age, Occupation, and Education

The results of the study showed that the majority of fracture patients who chose traditional medicine were male (56.4%), dominated by productive age groups aged 31–40 years (36.4%), with primary occupations as farmers and entrepreneurs (32.7% each), and with an education level of high school (38.2%) and elementary school (34.5%). The male dominance reflects the high risk of fracture due to heavy physical activity and family economic constraints, as well as the reliance on traditional medicine due to their experience and the surrounding environment (12). The productive segment of the population chooses traditional medicine to return to work and avoid lengthy hospitalizations (13). Meanwhile, informal sector workers, such as farmers and self-employed workers, often lack health insurance, making financial constraints and the need for a speedy recovery primary considerations (14). Low levels of education also contribute to low health literacy, making patients more susceptible to traditions, family experiences, and myths about traditional bone healing (15).

The Influence of Knowledge on the Choice of Traditional Medicine

This study found that the majority of respondents (41.8%) had poor knowledge about medical fracture management, and there was a statistically significant relationship between knowledge and the choice of traditional medicine ($p\text{-value} < 0.05$). Respondents with low knowledge did not understand the difference between mild and severe fractures, and were unaware of the risk of complications such as inflection or bone fracture failure (16). This is in line with previous research, which states that the lower a person's level of education and knowledge, the greater their reliance on non-medical treatments (17). The lack of access to accurate health information makes patients more likely to believe claims of success from traditional medicine without considering scientific evidence (18).

Social and Family Factors

Social factors (45.5% in the low category) and family factors (34.5% in the high and 34.5% in the low category) both showed a significant influence on the choice of traditional medicine (p-value <0.05). The local community maintains traditional medicine practices due to their strong beliefs in traditional medicine passed down through generations, as well as the belief that these medicines are more natural and in line with local cultural identities. Furthermore, families play a crucial role in providing treatment, especially if family members have previously undergone traditional medicine (19). Recommendations from relatives, partners, or neighbors with positive experiences are a key factor in boosting patient confidence (20). Families not only provide advice but also facilitate the entire treatment process, from support to financial assistance (21).

Economic and Psychological Factors Influence the Choice of Traditional Medicine

Economic and psychological factors also significantly influence the choice of traditional medicine (p-value <0.05). The majority of respondents fell into the low economic (41.8%) and low psychological (41.8%) categories. The relatively high cost of modern medical treatment and the lack of health insurance have led people with irregular incomes to prefer traditional medicine, which is perceived as more affordable and flexible. Psychologically, patients feel calmer, more comfortable, and more confident when treated by a traditional healer due to the more humane and familiar approach. Fear of medical procedures such as surgery, plaster casts, or the side effects of chemical drugs also contribute to this (22). Positive experiences in the past or testimonies from traditional people have led to the belief that traditional medicine is more reflective and worth pursuing, even though modern health facilities are available (23).

Conclusion

Based on the results of the analysis of the research on 55 ponds of fracture patients in East Deli, it can be concluded that most of the ponds have a low level of knowledge (41.8%) regarding fracture medical treatment, social factors are in the low category (45.5%), family support is classified as low and weak (34.5% each), the economic conditions of the majority are low (41.8%), and psychological factors are mostly in the low category (41.8%) (24). The results of statistical tests using Chi-Square showed that all

independent variables—namely knowledge, social, family, economic, and psychological—had a significant influence on the choice of traditional fracture treatment, with a p-value of <0.05 for each variable (25). Thus, the choice of fracture patients in East Deli for traditional treatment is not determined by a single factor, but rather by the complex interaction of knowledge, social, and family factors, cost considerations, and the patient's psychological condition (26). This text confirms that comprehensive and locally based health care coverage is essential to increase public awareness of safe and standardized fracture management (27, 28).

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