

Beliefs and Traditional Medicine Use Among Vietnamese Older Adults: The Case Study in Hoc Mon District

Thi Ngoc Phuc Le^{1*}, Mark Stephan Felix¹, Sauwakon Ratanawijitrasin¹, and Seung Chun Paek¹

¹ Faculty of Social Sciences and Humanities, Mahidol University, Thailand

* Thi Ngoc Phuc Le, corresponding author. Email: phucle@hcmussh.edu.vn

Submitted: 15 May 2022. Accepted: 18 December 2022. Published: 9 January 2023

Volume 31, 2023. pp. 381–402. <http://doi.org/10.25133/JPSSv312023.022>

Abstract

The paper explores traditional medicine beliefs among older Vietnamese persons in the Hoc Mon district. Twenty-two respondents aged 62 to 82 years and nine key informants were recruited. Bourdieu's theory of practice was used to analyze data through thematic analysis. The main findings explore two models of traditional medicine used in the aging population to control chronic diseases and post-stroke: (1) the switch from western to traditional medicine and (2) the use of both western and traditional medicine. Moreover, traditional medicine use is influenced by beliefs about susceptibility and severity of disease, the pros and cons of traditional medicine, and beliefs about traditional medicine practitioners. This exploratory study may shed more light on the promotion of traditional medicine for health and health management for the aging population in Vietnam.

Keywords

Aging population; belief; cognitive anthropology; traditional medicine use; Vietnam

Introduction

The World Health Organization (WHO) (2013) stated that traditional medicine (TM), often referred to as complementary or alternative medicine (Che et al., 2017), has been shown to prevent, improve, or cure physical and mental issues. In Vietnam, the medical knowledge and practices of traditional medicine used to cure diseases and maintain health are based on experience and experiment observations passed down from one generation to the next. Despite having different meanings, there are two terms for traditional medicine in Vietnam: oriental medicine and traditional medicine. Oriental medicine is a general term that refers to traditional remedies of most Eastern countries. In contrast, traditional medicine describes the specific services provided in Vietnam, such as acupuncture, massage, pressing acupuncture points, rehabilitation, and dietary methods (Pham et al., 2013; Tran et al., 2016). Moreover, the Ministry of Health lists additional forms of traditional medicine, including herbal medicine, acupuncture, massage, and acupressure (Pham et al., 2013).

The use of traditional medicine has increased globally. As of 2018, many nations have designed programs, regulations, laws, and national policies for traditional medicine (WHO, 2019). The Vietnamese government is no exception. Since 1978 they have tried to integrate traditional medicine into western medicine by establishing traditional medicine hospitals or institutes in both the public and private sectors (WHO, 2001). As most nations are facing an aging population (Shetty, 2012; United Nations, 2019), it is not surprising that nearly 80% of people in developing countries rely on traditional medicine for their primary health care (Kumar & Navaratnam, 2013; WHO, 2019). By 2050 around a quarter of older people will live in developing countries (United Nations, 2017, 2019).

Recently, the World Health Organization found that from 2011 to 2020, over 90% of the population in Brunei Darussalam, Malaysia, New Zealand, Singapore, and Vietnam used traditional medicine, while less than 30% in Australia, China, and Korea followed suit (WHO, 2020). Older people use traditional medicine more often than other age groups since they are more willing to seek ways to improve their health (Cohen et al., 2002; Himmel et al., 1993). Studies have indicated that older Vietnamese people often use herbal and non-herbal remedies (acupuncture, acupressure, and Tai-chi) for joint pain, stroke, and other health issues (Nguyen & Nguyen, 2022; Peltzer et al., 2016; Vo et al., 2022;). The longevity of the older population reflects susceptibility to various age-related diseases and morbidities that require both long-term and short-term medical care (WHO, 2013). As a result, there is an increasing demand for all health services and significant challenges in policymaking and social protection for older people.

It is essential to fully understand older people and their health issues based on their opinions and relevant stakeholders. Many previous studies have shown patterns and reasons for traditional medicine use among the general population in primary healthcare and for specific diseases (Himmel et al., 1993; Huang et al., 2018) and the integration of traditional medicine into traditional healthcare systems (Krah et al., 2018). However, little research has been developed on the older population and their use of traditional medicine in Asian countries, including Vietnam. Furthermore, other factors, such as beliefs about traditional medicine and their impacts on traditional medicine use, still need to be discovered. For instance, several previous studies examined older persons with chronic diseases or cancer using traditional medicine to relieve pain, improve well-being, or treat symptoms due to the lack of its side effects. They found that treatment was more successful when combined with western

medicine and the competence of traditional medicine practitioners (Ayele et al., 2017; Hossen & Westhues, 2012; Mitha et al., 2013; Özera et al., 2013). However, beliefs about traditional medicine practitioners are rarely addressed.

Over the years, Ho Chi Minh City has implemented many activities to promote traditional medicine. These undertakings include combining traditional medicine and western medicine in treatment, education, scientific research, training, and production and establishing the Eastern Medicine Association and the Ho Chi Minh City Acupuncture Association. As a result, the state's traditional medicine and pharmacy system have 700 inpatient beds, and inpatient treatment is 8,385 people per year; a medical examination is 2 million visits per year. The report on activities of the Ho Chi Minh City Health Sector in 2015 and further activities in 2016 indicates traditional medicine systems with ten and 23 departments at general and district hospitals, respectively (Department of Health in Ho Chi Minh City, 2016). Moreover, 256 out of 318 ward and communal health stations have traditional medicine divisions, and 7 out of 24 Department of Health have full-time traditional medicine workers. In addition, the rate of medical examination and treatment with traditional medicine, combining traditional medicine and western medicine, increased by 6.2% at the district level and accounted for 6.2% at the health stations compared to 2010, making an essential contribution to the comprehensive health care of people at the grassroots level.

In Vietnam, several studies examined the pattern of traditional medicine used by the general population (Nguyen, 2018; Nguyen et al., 2021; Peltzer et al., 2016) and access to traditional medicine services (Pham, 2013). However, none of the studies on beliefs about traditional medicine and traditional medicine use under patients' perspectives (including older adults) have been published in Vietnam. Consequently, it is essential to describe these beliefs because they have implications for how traditional medicine use can be better integrated into the western national healthcare system of Southeast Asian countries, including Vietnam.

The Department of Health in Ho Chi Minh City has strengthened and consolidated the use of traditional medicine at the provincial, district, and grassroots levels through No. 3379/KH-UBND dated 09/7/2009 of the City People's Committee on the Implementation of Directive; No. 24-CT/TW of 04/7/2008 of the Secretariat; and the Notice No. 20 -TT/TU dated 30/01/2009 of the Standing Committee of the City Party Committee on Oriental Medicine Development and the City Oriental Medicine Association. Considering the above, the Hoc Mon district of Ho Chi Minh City was selected as a research site. By utilizing the theory of practice by Bourdieu (1990), this paper explores how beliefs about the use of traditional medicine for treatments, the pros and cons of traditional medicine use, and beliefs about traditional medicine practitioners influence traditional medicine use by older adults in the Hoc Mon community (Ho Chi Minh City), Vietnam. This exploratory study may shed light on promoting traditional medicine for health and health management for the aging population in Vietnam.

Research methodology

Research design

The research aims to understand the phenomenon of traditional medicine using the beliefs about traditional medicine among older Vietnamese. These beliefs should explain why older

people use traditional medicine and embody the older persons through traditional medicine use. To explore the research focus, a qualitative research approach was used to conduct research in 2020 at two field sites, the Department of Traditional Medicine (Hoc Mon Regional General Hospital) and Tan Xuan Commune (Hoc Mon District).

Research site

The Hoc Mon district, with its 11 administrative communes and a current population of just over 542,000 inhabitants, sits about 20 minutes northwest of Ho Chi Minh City. Situated in the center of the Hoc Mon district, the Tan Xuan Commune is connected by arterial roads and has over 27,000 people. Based on the report by the Vietnam Association of the Elderly (VAE), in 2019, Tan Xuan Commune had about 1,500 older individuals, which accounted for nearly 6% of the total population.

Many public and private facilities provide traditional medicine, medical examinations, and treatment in the Hoc Mon district. Based on the report of the Department of Traditional Medicine, the number of patients with ten common diseases (back pain, vestibular dysfunction, itching, circadian rhythm sleep disorders, gastritis, common cold, other arthritis, neck shoulder-neck pain, sciatica pain, and other liver diseases) ranged from 10,000 to 16,000 per year. However, there has been a decline in patients since 2017 due to the suspension of supplies of dried herbal medicine and social distancing measures enforced during the COVID-19 pandemic. Meanwhile, the private sector, which includes traditional medicine clinics, pagodas, and communal temples, has 32 traditional medicine clinics, five stores selling herbal medicine, two traditional medicine production establishments, and four charity traditional medicine establishments for poor patients.

Respondents and sampling

This study aimed to explore traditional medicine use among older people aged 60 and above who reside in the Hoc Mon district since they can describe the context where they live and get beliefs about traditional medicine better. Data saturation was reached after interviewing twenty-two respondents and nine key informants. The 22 older adults were recruited by purposive sampling and interviewed with a semi-structured interview guideline. They were older Vietnamese people in the Hoc Mon district aged above 60, had functional communication skills, using traditional medicine, and were not patients with severe or contagious diseases. The inclusion criteria of the additional nine key informants were as follows: 1) those who have worked with the older persons in the community for at least three years; 2) those aged above 25; 3) Vietnamese citizens; and 4) being healthy without severe or highly infectious diseases (for example, cancer, tuberculosis, COVID-19). The sampling criteria were designed as above because the study was conducted in the context of integrating traditional medicine into a Western-based healthcare system; the leaders of the VAE and traditional medicine practitioners became key respondents. However, some traditional medicine practitioners are above 25 years old because the minimum age for graduating from a college or university with a medical major is 24 years old.

Ethical consideration and approval

The research received ethical approval from the Institutional Review Board of the Mahidol University, Faculty of Social Sciences and Humanities, Department of Health and Society) (Reference number COA2020.164.B2). All interviews were conducted at the hospital or in the respondents' houses. Consent was obtained before interviews, and pseudonyms were used for anonymity. All respondents were able to decline at any time during the interview.

Data collection

After getting permission from Hoc Mon Regional General Hospital and the Vietnam Association of the Elderly (VAE), data collection was carried out for six months, from July to December 2020. All interviews met ethical considerations. For instance, all appointments were made once the respondents signed consent forms. During the interview, open-ended questions were raised to allow respondents chances to share information about their traditional medicine use. "What do you believe about traditional medicine?" and "Can you tell me about your traditional medicine use?" were the main questions for data collection. Each interview lasted about 45–60 minutes and was recorded for data analysis. After completing data collection, the researchers wrote and submitted a brief report on the data collection procedure and main findings to the hospital, VAE, and respondents to check the rigor of the data. After that point, no further data was added.

Data analysis

All collected data were transcribed and analyzed by the thematic analysis approach of Braun and Clarke (2006). Namely, beliefs about disease, pros and cons, and traditional medicine practitioners were emerging themes from the dataset, explaining the different ways to use traditional medicine among Vietnamese older adults. According to the theory of practice, Bourdieu (1990) stated that an individual's practice is structured by their habitus and capital within the field occupied and structured, thereby shaping future practice. In other words, when participating in a given field, agents interact with people around them to receive knowledge and possibilities or norms. These agents embed knowledge and possibilities to become their habitus, which can influence their behavior. In addition, an agent's habitus reflects the social structures that the agent perceives in interacting with people in a given field. Therefore, a set of beliefs in the article is viewed as cultural capital that older people possess through socialization, pedagogy, or experiences in each field. During interactions or personal experiences, older adults unconsciously acquire norms and expectations as embodied dispositions. It is called habitus. Therefore, traditional use results from cultural capital and habitus (see Figure 1).

Figure 1: The Framework

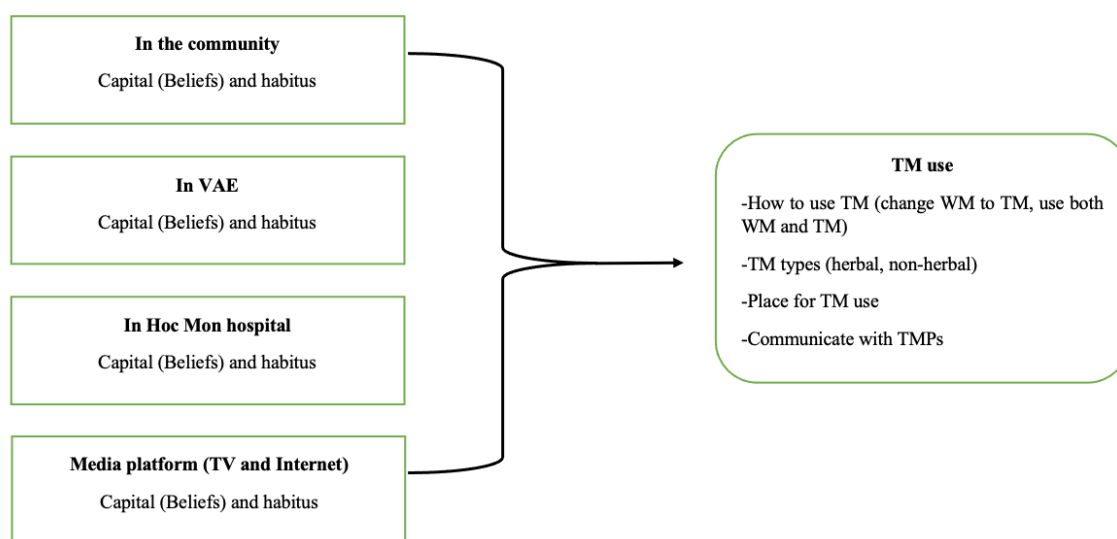


Table 1: Examples of Data Analysis

| Major Themes | Sub-themes | Coding |
|---|----------------|---|
| The belief of Traditional Medicine | Effectiveness | – I have taken acupuncture at the hospital <i>to relieve pain quickly</i> . |
| | Safety | – I think traditional medicine is also a plant of <i>natural origin</i> , like the plants in a garden, so it is okay if I use it a lot. |
| | Convenience | – Capsule/tablet herbs are convenient and <i>easy to carry</i> . |
| | Potential risk | – I saw that someone in my family who came home from acupuncture was <i>paralyzed</i> . |

Results

Demographic characteristics

The mean age of the 22 respondents was 69.7 years, with common diseases such as joint pain (arthritis, arthropathic, hand-leg-knee hurt, plantar fasciitis, and rheumatism), degenerative spine (spondylosis, sciatica), hypertension, stroke, kidney stone, and diabetes in the past 12 months. The older persons used traditional medicine at the hospital, communal health station, and traditional medicine clinics at the community and communal temples/pagodas. However, acupuncture and herbal medicine were common types because the Department of Traditional Medicine and communal traditional medicine clinics were not well-equipped.

The use of traditional medicine differs among older people due to their health issues. The respondents with degenerative spine diseases and stroke used acupuncture and herbal medicine at the same time much more than other traditional medicine types. Two out of seven respondents used traditional medicine at communal temples free of charge due to poor living conditions. Few respondents used traditional medicine again after stopping for a long time. Therefore, this study reported all traditional medicine cases for at least three months. All

detailed information is shown in Tables 2–5. Namely, Table 2 shows the demographic characteristics of respondents such as sex, age, health insurance card, the Vietnam Association of the Elderly (VAE), and Health Preservation Club member, type of TM use, and the way to use TM. The findings indicated that many older people used acupuncture and herbal medicine much more than other types of TM. In addition, nearly 50% of respondents changed from western medicine (WM) to TM for their treatment.

Table 2: Demographic Characteristics of the Twenty-Two Respondents ($n = 22$)

| Personal characteristic | Total respondents |
|--|---------------------------------|
| Sex | |
| Female | 15 |
| Male | 7 |
| Age | mean = 69.7, min = 62, max = 82 |
| 62–70 | 15 |
| 71–82 | 7 |
| HI card Health Insurance card | |
| Yes | 22 |
| No | - |
| Member of VAE or HPC (Health Preservation Club) | |
| VAE | 9 |
| VAE and HPA | 2 |
| Not a member of any organization | 11 |
| Traditional medicine use | |
| Only use traditional medicine | 1 |
| Use western and traditional medicine (for the same disease) | 7 |
| Use western medicine (for other diseases) and traditional medicine | 4 |
| Change from western medicine to traditional medicine | 10 |
| Type of traditional medicine | |
| Acupuncture | 5 |
| Herbal medicine | 6 |
| Acupuncture and herbal medicine | 11 |

Table 3 reports comorbid diseases, while Table 4 briefly describes the most common diseases in the last twelve months and TM use. The respondents with degenerative spines (B) used acupuncture and herbal medicine at the same time much more than other TM types. The findings were similar for stroke survivors (C).

Table 3: List of Respondents With Comorbid Diseases

| Case | Sex | Age | Health issues (self-report by respondent) | Note |
|------|--------|-----|--|--|
| 1 | Female | 77 | A, E, F | Group A. Joint pain (arthritis, arthropathia, hand-led-knee hurt, plantar fasciitis, rheumatism) |
| 2 | Female | 70 | E, G | |
| 4 | Female | 68 | A, E, G, H | Group B. Degenerative spine (spondylosis, sciatica) |
| 5 | Female | 63 | B, D | Group C. Stroke (cerebral infarction or cerebrovascular accident) |
| 6 | Female | 67 | A, C, E, F | |
| 9 | Male | 65 | A, B | Group D. Kidney stone |
| 12 | Female | 76 | A, D, E | Group E. Hypertension |
| 15 | Male | 67 | A, C | Group F. Diabetes |
| 17 | Male | 70 | C, E, H | Group G. Angiocardopathy |

| Case | Sex | Age | Health issues (self-report by respondent) | Note |
|------|--------|-----|---|-------------------------|
| 21 | Female | 62 | A, B, D | Group H. Hyperlipidemia |

Table 4 mentions health issues and how to use TM among respondents at least three months in the last 12 months. In addition, Table 4 describes two common types of TM, such as herbs and acupuncture. Several respondents use both to treat their health issues.

Table 4: The Most Common Health Issues in the Last 12 Months and Traditional Medicine Use

| Health issue (based on Table 2) | A | B | C | D | E |
|--|---|---|---|---|---|
| Traditional medicine use | | | | | |
| Only traditional medicine | | | | 1 | |
| Use western and traditional medicine | 3 | 1 | 3 | | |
| Use western medicine (for other diseases) and traditional medicine | 3 | | | | 1 |
| Change from western medicine to traditional medicine | 3 | 6 | 1 | | |
| Type of traditional medicine | | | | | |
| Acupuncture | 2 | 1 | 1 | | 1 |
| Herbal medicine (traditional Vietnamese medicine and traditional Chinese medicine) | 5 | | | 1 | |
| Acupuncture and Herbal medicine | 2 | 6 | 3 | | |
| Duration of traditional medicine use | | | | | |
| From 3 months–under 6 months | 6 | 5 | 1 | | |
| From 6 months–under 1 year | 3 | 2 | 2 | 1 | |
| More than 1 year | | | 1 | | 1 |

Note: Unit of measure = person

Table 5 explains that eight respondents often sought TM at communal traditional medicine clinics. Twelve respondents used TM at the hospital and in the community. However, many respondents chose two sectors due to objective factors, much more personal factors. Namely, the reasons included (1) lack of TM at the Department of Traditional Medicine (DOTM) and (2) several types of TM not covered by health insurance cards.

Table 5: Places for Traditional Medicine Use

| Places for traditional medicine use | Only at the community (P1) | Only at the hospital (P2) | Hospital and Community | |
|---|----------------------------------|---------------------------------|-----------------------------|----------------------------|
| | | | Objective factor (P3) | Personal factor (P4) |
| Acupuncture | 3 | 2 | - | - |
| Herbal medicine (traditional Vietnamese medicine and traditional Chinese medicine) | 3 | - | 1 | 2 |
| Acupuncture and herbal medicine | 2 | - | 8 | 1 |

Note: Unit of measure = person

Beliefs and traditional medicine use among Vietnamese older adults

Beliefs about diseases and traditional medicine use

The respondents categorized the illnesses/diseases they had into two categories: chronic and acute. Chronic disease included joint pain, degenerative spine, kidney stones, and hypertension, while acute disease was exemplified by stroke. Most respondents believed they were susceptible to chronic diseases due to age. For example, although joint pain is less dangerous, cardiovascular disease and disability complications can occur. Furthermore, without proper treatment, arthritis can lead to poor health and reduce the quality of life in older people. Therefore, these beliefs shaped their healthcare behavior. Namely, they used traditional medicine as one of the therapies to help them manage chronic diseases and reduce the financial burden on themselves and their families. Examples of the verbatim responses from the respondents are as follows:

"Old people all suffer from joint pain. This disease is common. It is not life-threatening but not curable. I used western medicine, but it did not work. I changed to acupuncture and felt much better even though I still take western medicine when it recurs."

(77-year-old-woman with three health issues)

"Pain sometimes occurs suddenly and lasts for days. I cannot do anything. Joint pain is a chronic disease; taking western medicine does not improve the situation much. Joint pain is a common health issue for older people. I ask my medical doctor's permission to undergo acupuncture at the hospital."

(62-year-old with three health issues)

Moreover, most respondents reported that stroke cases increased and affected anyone, including older people. The causes are high blood pressure, heart disease, and cholesterol. If not treated effectively, a stroke can result in death or disability. Therefore, they considered traditional medicine an effective combination therapy during recovery. For example, stroke survivors use acupuncture to relieve pain and perform daily activities or herbal medicine to improve their health. The stroke survivor said:

"The cause of a stroke can be caused by complications from high blood pressure and blood fat levels that make blood not circulate well. All older people have high blood pressure, so they are susceptible to stroke. However, traditional medicine can support good rehabilitation, help patients walk and hold objects."

(75-year-old-man with sciatica pain)

Although the respondents' classifications differed, the common causes of the diseases included hard work, unsafe foods, menopause, and old age. In addition, the respondents said these root causes lead to the organs' malfunction and the imbalance of yin and yang. They believed high blood pressure and cholesterol were caused by eating habits, hard work, and fewer exercise regimens. Therefore, traditional medicine is a promising therapy for rebalancing yin-yang in the body. Some respondents stated:

"As we get old, organ function naturally declines. From there, the disease appeared. I used western medicine to treat sciatica pain for almost two years. However, I later found that western medicine was no longer effective; sometimes, I still have pain in my right leg, unable to walk. I have been using acupuncture and herbs for three months. I realize the pain seldom recurs."

(76-year-old-woman with sciatica pain)

"Women's bodies during menopause are like a machine that has been used for a long time, and it hurts everywhere. In particular, the psychology of women in this period is also uncomfortable, easily angered, and irritable. Western medicine can treat these diseases with more potential side effects and less effectiveness. I like traditional medicine much more because it makes me feel elated."

(70-year-old-man with three health issues)

"Food sources cause illnesses. Food is introduced to imbalance yin-yang, so traditional medicine is an effective therapy for treatment."

(77-year-old-woman with three health issues)

Furthermore, the duration of the illness influenced the type of traditional medicine used. In particular, some respondents suffering from spondylosis for a year used acupuncture as a control measure. They believed that persistent pain impairs health, psychology, and work. Therefore, the sooner the respondent uses traditional medicine, the more likely the recurrence of the disease is reduced. Others with cerebral infarction believe recovery efficiency will be high if the stroke survivor receives acupuncture after several days of emergency treatment. Therefore, traditional medicine was viewed as a complementary therapy.

"The sooner the disease is treated, the faster the recovery. I have got spondylosis disease for six months. When the pain comes, my arm has no strength, feels paralyzed, fingers shrink. I cannot help my wife at the food store. That is why I try to get enough therapy to recover quickly."

(68-year-old-male with spondylosis disease)

"I remember I started acupuncture a week after being admitted to the hospital. I heard stroke survivors should use acupuncture as soon as possible; the rehabilitation effect is high. Like me, I feel much better now; I can take care of myself."

(67-year-old-woman with four health issues)

Beliefs about the benefits of traditional medicine and traditional medicine use

The effectiveness, safety, and convenience influence TM use among the respondents. Older adults believed that TM could effectively treat the root cause of disease, aid in rehabilitation, promote good health and reduce stress. However, TM use depends on the disease and its severity.

Effectiveness

Traditionally, WM has been the first choice of older people in emergencies, and TM is widely used for rehabilitation and radical treatment. Therefore, stroke survivors combined WM and TM, as recommended by a doctor or their judgment, because they believed TM could not save their lives in an emergency. Meanwhile, others with arthritis or degenerative cervical spondylolisthesis switched from WM to TM due to ineffective and side-effects of WM treatment. Finally, they considered TM psychotherapy for those who suffer from painful symptoms and have negative thoughts such as being disabled, disturbing their sleep, and affecting their quality of life. Some respondents stated:

"I have been suffering from spondylolisthesis for six months. I take WM at the hospital every month but sometimes feel terrible pain. I could not help my wife work at our food store. I have taken acupuncture at the hospital to relieve pain quickly. A few days later, I can work again."

(68-year-old-male with spondylosis disease)

"I was afraid of pain, making me unable to do anything. Many times, the pain interferes with sleep. Older people have trouble sleeping; now, it is very uncomfortable to have pain. Therefore, it is necessary to find a way to treat the pain."

(80-year-old-woman with a degenerative spine)

Some older people using dried and herbal medicines in capsules/tablets thought that the effectiveness of these two types was different. They believe dried herbal medicines with active ingredients work faster than capsules/tablets because they can preserve all the essence and taste of the drugs after decoction. Meanwhile, the herbal medicine capsule/tablet can be mixed with many other substances. The dose will not be high because the capsule/tablet can only purify one chemical in the medicine, not all the substances in the medicine. Although capsules/tablets have many storage and transportation advantages, they take longer to use than dried herbal medicines to be effective. A participant stated:

"I am taking both the dried and capsule/tablet herbal medicine. Dried herbal medicine works faster than a capsule/tablet. I recovered after taking five to six packages of dried herbal medicine. For capsules/tablets, I have to take much more. Since the hospital did not provide dried herbal medicine anymore, I rarely come to see the doctor, but now because I am in too much pain to drive, I come to the hospital for a medical check and take the capsule/tablet."

(70-year-old-male with arthropathia)

Safety

Most respondents believed that traditional medicine was derived from nature; therefore, it is safer than western medicine and is used regularly in food and drink. Moreover, the remedial value of traditional medicine is spread in the community by word of mouth. It is commonly used for common ailments like colds and sore throats or even remedies for chronic illnesses. Traditional medicine is also believed to be safe and has no side effects when used. Although

it works slower than western medicine, it can treat the root cause of diseases. Furthermore, many respondents believed traditional medicine is far less likely to have adverse effects if an overdose occurs, unlike western medicine.

"The effectiveness of traditional medicine is slow, but it can treat the root cause of disease. Western medicine is fast but with many side effects. Long-term use of western medicine will affect the stomach and cause many other diseases."

(70-year-old-male with arthropathia)

"I think traditional medicine is also a plant of natural origin, like the plants in a garden, so it is okay if I use it a lot. Western medicine is full of antibiotics and anti-inflammatories, which are toxic to the body. If you take too much of this medicine, you will die."

(67-year-old-woman with a cerebrovascular accident)

Furthermore, eleven respondents using traditional and western medicine thought the combination was right for them. However, the doses must be three to four hours apart not to endanger one's life. They reported to the doctor on this combination because it could be dangerous or reduce effectiveness.

"I think western medicine and traditional medicine can be used in combination, but you have to ask your doctor. I see many people using western medicine and acupuncture at the same time. As for herbal medicine and western medicine, I take it from time to time."

(68-year-old-woman with four health issues)

"I think those two drugs can be combined, but the combination depends on the doctor's decision. However, if I do not take it properly, it will endanger my life or reduce the effectiveness of the drug."

(65-year-old-woman with leg pain)

Convenience

Similarly, some other respondents perceived that old age inevitably includes illness. If they followed the doctor's orders, they would be healthy. However, their adherence to treatment regimens depends on their family background and memory capacity. Therefore, they have different ways of using traditional medicine. They believed traditional medicine comes in many forms and thus provides choices for patients. Capsule/tablet herbs, in particular, are easy to carry and do not take much time to prepare. In addition, there are many traditional medicine clinics in Hoc Mon District and its adjacent areas, so respondents could choose where to use traditional medicine. Some respondents stated:

"I am old, so I am forgetful. Although I know my disease can be cured, I prefer to use something simple and easy to take. I heard that dried herbs are more effective than the capsule form. However, I do not remember how to cook it effectively."

(73-year-old-woman with joint pain)

"Capsule/tablet herbs are convenient and easy to carry. It does not take me much time to decoct. I still run a small grocery shop at home and take care of my grandchildren, so I do not have time. I do this although many people say dried herbs are more effective than capsule/table herbs."

(62-year-old-woman with three health issues)

"There are traditional medicine clinics near my house. I do not go to the hospital because my children do not have time to take me there. Hence, I go to the private traditional medicine clinic after my children's working hours."

(67-year-old-woman with cerebrovascular accident)

"Although traditional medicine clinics are fewer in Hoc Mon than in other places, many traditional medicine clinics are open in Hoc Mon and its surrounding areas. I live in Hoc Mon; I can see many traditional medicine clinics when I drive my motorbike across a bridge to District 12."

(63-year-old-woman with two health issues)

Beliefs about traditional medicine barriers and traditional medicine use

Potential risk

Six respondents thought a long-term overdose of traditional medicine could still cause serious bodily harm, such as poisoning and kidney failure. Others believed they were at risk of paralysis if the acupuncture went awry. As a result, these respondents often visited hospitals or reputable traditional medicine facilities licensed to perform medical evaluations and treatments to prescribe the proper dosage for their condition. A participant stated:

"I saw that someone in my family who came home from acupuncture was paralyzed ... Therefore, I thought that if acupuncture is used, a patient should look for reputable places to do it."

(62-year-old-woman with three health issues)

Reduce the effectiveness of Western medicine/traditional medicine

A 67-year-old respondent who used both western and traditional medicine for six months in the hospital said it was impossible to combine these two drugs as they reduced the effectiveness. The medical doctors did not consent to their patients combining the two types of treatments as follows:

"The doctors are excellent; they see my test results and know whether I am taking other drugs. Many doctors say that the combination reduces the effectiveness of the drug. They yelled at me too. That is why I do not have a combination of drugs. I took western medicine and used acupuncture."

(65-year-old-woman with joint pain)

Others believe that prolonging the treatment regimen reduces the drug's effectiveness arbitrarily:

"If you do not take enough medicine, you cannot get rid of the disease early. I know that, but sometimes when I am old and busy with work, I often forget to take it, so the doctor gives it two weeks, but sometimes it takes 2.5 – 3 weeks."

(62-year-old-woman with three health issues)

Inconvenience

The findings showed that it was time-consuming to go to well-equipped traditional medicine clinics, discontinuing the Department of Traditional Medicine's supply of dried herbs, and taking herbal medicine late due to limited memory and busyness were problems when using traditional medicine.

"I was treated at the traditional medicine hospital three months ago. Although there are many services, it is far from my home – 15 kilometers. It took me a lot of time to get there, so I moved back to the Hoc Mon hospital because it is near my home."

(82-year-old woman with knee hurt)

"I heard that dried herbs are no longer available in the hospital, so I use them outside. I think dried herbs are more effective than capsule/tablet herbs."

(70-year-old-man with three health issues)

"Effective medicine depends on diagnosing the disease correctly, properly decocting the medicine, and taking reasonable time. Some drugs are used in the morning; others are taken in the afternoon. Sometimes I am busy with work, so I do not drink on time."

(63-year-old-woman with two health issues)

Beliefs about TMPs and TM use

Most respondents believed that traditional medicine practitioners play an essential role in medical treatment. All information that traditional medicine practitioners provide is based on scientific evidence and the effectiveness of therapy. Furthermore, the respondents believed in the competence of traditional medicine practitioners due to their being well-trained. The respondents believed that traditional medicine practitioners had been trained for many years to get certificates before the examination. Therefore, traditional medicine practitioners have

much experience and are open-minded and friendly. Traditional medicine practitioners guide reliably, approaching the patient's opinion. Traditional medicine practitioners make them feel secure when they come for treatment by consulting and asking about their feelings. Therefore, they realized it is necessary to use traditional medicine in reputable places where traditional medicine practitioners must have proper licenses and qualifications.

Furthermore, some respondents viewed traditional medicine practitioners as relatives or neighbors, so they trusted the effectiveness of traditional medicine. Moreover, a course of acupuncture takes older people three to ten days, or ten-day ailments, for herbal medicine, so traditional medicine practitioners have time to talk to them. Therefore, many respondents felt comfortable talking to traditional medicine practitioners. Some respondents said:

"The doctors here are well-trained. Although the acupuncturists are young, they talk very kindly and give enthusiastic advice. I always feel comfortable during acupuncture."

(67-year-old-woman with four health issues)

"Traditional medicine practitioners are very enthusiastic. They are also people from Hoc Mon, so I also talk a lot."

(70-year-old-man with three health issues)

"The doctors here have well-educated; they are outstanding, so I talk to them often."

(75-year-old-man with sciatica pain)

However, three cases using western medicine and traditional medicine revealed that they did not report the use of western medicine to traditional medicine practitioners at communal traditional medicine clinics because they thought it unnecessary to tell the doctor without the doctor asking. However, some respondents were hesitant to talk to traditional medicine practitioners because they already knew their health problems before recommending therapy and did not have time for a patient. In addition, the traditional medicine practitioners' level of education is high comparatively, so respondents are afraid to ask questions that bother traditional medicine practitioners unnecessarily. One participant said:

"I think the doctor who took my pulse knew what I had; then they administered acupuncture, so I rarely told them about my illness. Unless they ask, I do not say anything."

(70-year-old-woman with two health issues)

Traditional medicine use among Vietnamese older adults

Most respondents' beliefs are from the family, community, the VAE, social media (TV and Internet), and hospitals. Each field has provided respondents with possibilities to practice and become their habitus. Therefore, when the respondents use traditional medicine, they embody the habitus acquired in the fields to choose the type of traditional medicine, where to use it, and how to use it.

All respondents did not use traditional medicine for the first time to treat all their health issues due to their habitus acquired by families, the community, social media, and the hospital. Namely, they learned how to use western medicine for all illnesses in their families. Moreover, many respondents often accessed more information on western medicine through television and the Internet than more formal sources of traditional medicine information. They could easily find many private pharmacies, hospitals, and western medicine clinics in their community. However, they still used traditional medicine differently due to their habitus and beliefs. Based on the theory of practice, traditional medicine use is the same when older people are in the same field (community, VAE, hospital, and media). The findings showed that although older people are in the same field, they still use traditional medicine differently.

Traditional Medicine used by sociable and unsociable older people in the community

Although western medicine was the first-choice therapy, these respondents switched to traditional medicine when treatment efficacy was low and had side effects. They could solve problems, find folk remedies, or find reputable treatment places from their family and community. The research findings showed differences in using traditional medicine between those who communicate more with the community and those who communicate less with the community. Some respondents actively seek information by chatting with people or doctors to find the most effective therapy. Others do not know about folk remedies because no one in the community uses these folk remedies. These respondents were less likely to talk to their doctors to find the most effective therapy. They believe they have no information to ask for and follow up on the doctor's instructions irregularly.

Traditional medicine used by older people who are in/out of the Union of Elderly

The respondents in the VAE said they got much information about general health care and free health check-ups and were required to participate in activities to get valuable information. In addition, the VAE also directs respondents to live happy and healthy lives by actively talking to people, staying optimistic, and accepting the disease. Since then, when the respondents used traditional medicine, they followed the doctor's instructions and actively asked for the doctor's advice. Based on the research findings, the respondents in the VAE often obeyed the doctor's instructions compared to those who did not participate in the VAE. For example, when they got sick, they embodied their habitus in the hospital, such as talking to traditional medicine practitioners, sharing with surrounding people, and following the advice of traditional medicine practitioners.

Traditional medicine use between inpatients and outpatients in the Hoc Mon hospital

In addition, hospitals are governed by policies, regulations, and information on the bulletin board or leaflets in the waiting area. When the respondents treat diseases in the hospital, they access policies, regulations, and information that are their capital. The respondents are asked to follow their doctor's advice in any hospital. Hence, they used these capitals and habitus in their utilization of traditional medicine. The research findings showed that the respondents at Hoc Mon hospital used traditional medicine recommended by doctors because of the policy of integrating western medicine and traditional medicine in the hospital. In addition, they underwent acupuncture treatments and ingested traditional medicine capsules because they had access to information about the service posted on the bulletin board in the Department of Traditional Medicine waiting area. In contrast, the respondents do not treat any of their diseases at the hospital; their traditional medicine utilization is decided by themselves, their relatives, or doctors' instructions at another hospital.

Traditional medicine use between media users and non-users

The findings showed that the beliefs of older people regarding traditional medicine are influenced by social media platforms and information broadcast on television. The respondents said that information from social media platforms is less reliable than official news broadcast on television. They could endanger their lives if they practiced using traditional medicine following this guide. They choose to trust the information on television because they believe that the doctors who share this information are trained, and the information they share is based on scientific evidence. Therefore, when using traditional medicine, the respondents often asked for traditional medicine practitioners' advice because the traditional medicine practitioners at the hospital are also as qualified as doctors who appear on television. Furthermore, the respondents who used social media and watched television often followed the doctor's instructions and actively discussed with the doctor to find the best therapy. In contrast, the respondents who did not use social media or watch television regularly did not ask their doctors to prescribe more herbal medicine or use other combination therapies.

Discussion

All respondents realize they are at risk of acute and chronic diseases due to age, organ malfunctioning, and yin-yang imbalance. Therefore, older people identify traditional medicine as a complementary or alternative therapy when western medicine is ineffective and has many side effects. Although this result is similar to previous studies (Applewhite, 1995; Hossen & Westhues, 2012; Nguyen et al., 2021; Xin et al., 2020), the article explains the causes of common health issues and beliefs about diseases among the aging population.

The rate of traditional medicine use has been increasing in the Hoc Mon district, mainly in herbal medicine and acupuncture. Most respondents get information on traditional and traditional medicine use from relatives, social media platforms, VAE, and hospitals. The findings differ from a previous study in Vietnam (Nguyen et al., 2021), which indicated that relatives and friends are the primary sources of information regarding traditional medicine. However, older people quickly access social media platforms and join organizations in contemporary society. Consequently, beliefs are socially constructed and formed by interacting with other individuals and groups. Then, subjective beliefs become objective through objectification and sharing stock of common social knowledge. As a result, it can lead to inaccurate and inadequate information about traditional medicine. Therefore, there is a need to provide accurate and adequate information about traditional medicine to older people to promote traditional medicine use in the future safely.

Most respondents in the study believed traditional medicine to be more effective and safer to use and that it promotes better sleep and offers better psychoemotional improvement than previous studies (Applewhite, 1995; Hossen & Westhues, 2012; McLaughlin et al., 2012). However, respondents may experience potential health risks such as paralysis, poisoning, and kidney failure when using traditional medicine in non-reputable locations. These results are the same as those found in previous studies (Ayele et al., 2017; Gupchup et al., 2006; Nguyen et al., 2021).

The respondents' beliefs in traditional medicine practitioners play a vital role in the treatment. The older people felt comfortable, secure, and empathized with traditional medicine

practitioners because they believe they are always well-trained or consider traditional medicine practitioners family members. Previous studies mentioned these findings (Adler et al., 2009; Berger et al., 2012; Popper-Giveon et al., 2012). However, some respondents in this study shared that they are less proactive in talking to traditional medicine practitioners because they are afraid to disturb traditional medicine practitioners with unnecessary questions. They feel that traditional medicine practitioners have a higher position than them in society because of their high educational attainment.

Due to old age, the respondents find it challenging to remember pertinent information. These older people rarely actively communicate with doctors unless asked. Their doctor or relatives essentially decide their traditional medicine use. This finding implies that both traditional medicine practitioners and older persons differ in their beliefs about diseases and traditional medicine, so it is essential to enhance the physician-patient rapport through respect for these differences and to treat each patient as an individual. The challenges for traditional medicine practitioners are to give older persons correct and complex information and discuss traditional medicine management with them or their caregivers. Furthermore, to make traditional medicine more acceptable in an integrated health system, the qualifications and reputations of traditional medicine practitioners should be enhanced and better recognized in the health system.

This study views beliefs as cultural capital, including embodied and objectified cultural capital. Older people's beliefs about disease, the benefits and barriers of traditional medicine, and the role of traditional medicine practitioners are embodied in cultural capital. Objectified cultural capital is information communicated on social media by doctors or VAE through message boards, advertisements, or television programs. The findings show that older people participate in many fields, including family, community, the VAE, social media (television or Internet or both), and hospitals. Each field offers older people the possibility and modus operandi to behave in that field. The long-term practice of possibilities becomes their habitus. As a result, older people can use the habitus of fields to decide what type of traditional medicine to use, where to use and how to use traditional medicine as a complementary or alternative therapy. Although older people live in the same field and have similar habitus, their practice is different. According to Bourdieu (1990), older people are continually passive; they do not rely on willpower but must rely on being taught.

Meanwhile, this study shows that older people are generally creative through their experiences. In other words, older people always choose capital and habitus through being taught and personal experience. As a result, this implies an extension of the cognitive research direction that Bourdieu's model has not yet addressed.

Conclusion and recommendations

In summary, as described by older people, beliefs about diseases are susceptible to disease due to age, labeling diseases as chronic and acute, and causes of diseases that influence their belief in traditional medicine use. These beliefs stem from their experiences or cultural beliefs (yin and yang). Most respondents believe that pain affects their physical and mental health. They cannot do anything, move, or grab objects, have trouble sleeping, and lose their appetite. Therefore, they decide to use traditional medicine to fight the disease. Traditional medicine for chronic diseases is a complementary or alternative therapy when traditional medicine has low effectiveness and few side effects. In contrast, traditional medicine is a complementary

therapy for acute illnesses because it cannot save their lives in an emergency. Moreover, traditional medicine is also a psychological therapy for some respondents.

The benefit of traditional medicine influences traditional medicine use, such as effectiveness, safety, and convenience. Meanwhile, three barriers influence traditional medicine use, including potential risks, reducing the effectiveness of western and traditional medicine when used together, and inconvenience.

The findings provide a basis of information for policymakers to use for the effective promotion of traditional medicine use the future, such as (1) increasing the visibility of traditional medicine and traditional medicine practitioners through social media and official channels, (2) developing well-equipped traditional medicine systems in Hoc Mon, and (3) strengthening the role of the Vietnam Association of the Elderly in working with stakeholders to educate older people about traditional medicine. The findings show that family, social networks, social media, and hospitals form older people's beliefs. Therefore, it is essential to increase the visibility of traditional medicine and traditional medicine practitioners through social media and state media.

In addition to the public health system, the development of private health care is under the government's decision. In the context of Hoc Mon Hospital, there is a need to add more types of traditional medicine to meet the needs of older people. Namely, the information about the integrated policy between western and traditional medicine needs to be widely disseminated among older people using traditional medicine in the hospital. Although the hospital has made efforts to communicate through newsletters, brochures, and direct consultations with physicians, information about traditional medicine in the newsletters and brochures still needs to be updated regularly. As a result, older people mainly receive information about traditional medicine directly from traditional medicine practitioners. However, the research results show that not all older people actively discuss their traditional medicine needs with practitioners. At the same time, the content and form of communication are not descriptive and intuitive, so they do not appeal to older people. Therefore, it is necessary to innovate communication and continuously implement communication programs.

Many older people must learn to use social media to be more mindful internet users. They can only select reliable information if they know how to use social media. They think doctors on television or at the VAE are just as well trained as doctors in hospitals. All information provided through these channels is based on scientific evidence. Therefore, there is a need to strengthen the role of the VAE in working with stakeholders to educate older people about traditional medicine through VAE activities or health programs on television. Due to their age, small activities that benefit older persons can be used to engage them in this educational activity, where other positive beliefs about traditional medicine can be socially constructed.

Based on these findings, future studies on the effectiveness of traditional medicine can be approached by investigating its effectiveness through the perspectives of older persons. Again, these studies would be appropriate in the context of medical pluralism. Thus, one's beliefs about the authenticity, effectiveness, and legitimacy of a medical tradition's treatment can explain much about a society in local and global contexts.

Although these results cannot be generalized, this qualitative snapshot of how beliefs influence traditional medicine use in the aging population could prove crucial to how older people in Vietnam practice traditional medicine use. Beliefs as a core part of societal life will continue to change due to technological advances, access to health information, and societal

interactions. Older people's beliefs about traditional medicine will therefore change, and it is hoped that changes in beliefs will lead to better health care and access to health for the older population as the unprecedented changes in this segment of society continue.

Acknowledgments

The authors would like to thank Mahidol University Thailand, Hoc Mon General Region Hospital, and Hoc Mon District for their support.

References

- Adler, S. R., Wrubel, J., Hughes, E., & Beinfeld, H. (2009). Patients' interactions with physicians and complementary and alternative medicine practitioners: Older women with breast cancer and self-managed health care. *Integrative Cancer Therapies*, 8(1), 63–70. <https://doi.org/10.1177/1534735408329410>
- Applewhite, S. L. (1995). Curanderismo: Demystifying the health beliefs and practices of elderly Mexican Americans. *Health & Social Work*, 20(4), 247–253. <https://doi.org/10.1093/hsw/20.4.247>
- Ayele, A. A., Tegegn, H. G., Haile, K. T., Belachew, S. A., Mersha, A. G., & Erku, D. A. (2017). Complementary and alternative medicine use among elderly patients living with chronic diseases in a teaching hospital in Ethiopia. *Complementary Therapies in Medicine*, 35, 115–119. <https://doi.org/10.1016/j.ctim.2017.10.006>
- Berger, S., Braehler, E., & Ernst, J. (2012). The health professional–patient–relationship in conventional versus complementary and alternative medicine. A qualitative study comparing the perceived use of medical shared decision-making between two different approaches of medicine. *Patient Education and Counseling*, 88(1), 129–137. <https://doi.org/10.1016/j.pec.2012.01.003>
- Bourdieu, P. (1990). *The logic of practice* (R. Nice, Trans.). Stanford University Press.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77–101. <https://doi.org/10.1191/1478088706qp063oa>
- Che, C., Geogre, V., Ijinu, T., Pushpangadan, P., & Andrae-Marobela, K. (2017). Traditional medicine. In S. Badal & R. Delgoda (Eds.), *Pharmacognosy: Fundamentals, applications and strategies* (pp. 15–30). Academic Press.
- Cohen, R. J., Ek, K., & Pan, C. X. (2002). Complementary and alternative medicine (CAM) use by older adults: A comparison of self-report and physician chart documentation. *The Journals of Gerontology*, 57(4), M223–M227. <https://doi.org/10.1093/gerona/57.4.m223>
- Department of Health in Ho Chi Minh City. (2016, December 23). Báo cáo Tình hình hoạt động Ngành Y tế Thành phố năm 2015 và phương hướng hoạt động năm 2016. [Report on activities of the Ho Chi Minh City Health Sector in 2015 and further activities in 2016]. <https://medinet.hochiminhcity.gov.vn/chuyen-muc/bao-cau-tinh-hinh-hoat-dong-nganh-y-te-thanh-pho-nam-2015-va-phuong-huong-hoat-cmobile4675-58639.aspx>
- Gupchup, G. V., Abhyankar, U. L., Worley, M. M., Raisch, D. W., Marfatia, A. A., & Namdar, R. (2006). Relationships between Hispanic ethnicity and attitudes and beliefs toward herbal medicine use among older adults. *Research in Social and Administrative Pharmacy*, 2(2), 266–279. <https://doi.org/10.1016/j.sapharm.2006.02.002>
- Himmel, W., Schulte, M., & Kochen, M. M. (1993). Complementary medicine: Are patients' expectations being met by their general practitioners? *British Journal of General Practice*, 43(371), 232–235. <https://bjgp.org/content/43/371/232>
- Hossen, A., & Westhues, A. (2012). In search of healing between two worlds: The use of traditional and modern health services by older women in rural Bangladesh. *Social Work in Health Care*, 51(4), 327–344. <https://doi.org/10.1080/00981389.2011.638223>

- Huang, C. W., Hwang, I. H., Lee, Y. S., Hwang, S. J., Ko, S. G., Chen, F. P., & Jang, B. H. (2018). Utilization patterns of traditional medicine in Taiwan and South Korea by using national health insurance data in 2011. *PLOS ONE*, 13(12), Article e0208569. <https://doi.org/10.1371/journal.pone.0208569>
- Krah, E., de Kruijf, J., & Ragno, L. (2017). Integrating traditional healers into the health care system: Challenges and opportunities in rural Northern Ghana. *Journal of Community Health*, 43(1), 157–163. <https://doi.org/10.1007/s10900-017-0398-4>
- Kumar, V. S., & Navaratnam, V. (2013). Neem (*Azadirachta indica*): Prehistory to contemporary medicinal uses to humankind. *Asian Pacific Journal of Tropical Biomedicine*, 3(7), 505–514. [https://doi.org/10.1016/s2221-1691\(13\)60105-7](https://doi.org/10.1016/s2221-1691(13)60105-7)
- McLaughlin, D., Lui, C. W., & Adams, J. (2012). Complementary and alternative medicine use among older Australian women - A qualitative analysis. *BMC Complementary and Alternative Medicine*, 12(1), Article 34. <https://doi.org/10.1186/1472-6882-12-34>
- Mitha, S., Nagarajan, V., Babar, M. G., Siddiqui, M. J. A., & Jamshed, S. Q. (2013). Reasons of using complementary and alternative medicines (CAM) among elderly Malaysians of Kuala Lumpur and Selangor states: An exploratory study. *Journal of Young Pharmacists*, 5(2), 50–53. <https://doi.org/10.1016/j.jyp.2013.05.002>
- Nguyen, D. T. (2018). *Nghiên cứu thực trạng khám chữa bệnh bằng Y học cổ truyền tại các bệnh viện đa khoa tuyến huyện của tỉnh Vĩnh Phúc và giải pháp can thiệp* [Research on actual situation of traditional medicine health care service at district general hospitals in Vinh Phuc province and interventional solutions] [Doctoral dissertation, Hanoi Medical University]. DSpace. <http://dulieuso.hmu.edu.vn/handle/hmu/1761>
- Nguyen, T., Pham, N., Hoang Văn Đông, V., Nguyen, M., Nguyen, M., & Tran, B. (2021). Thực trạng sử dụng thuốc y học cổ truyền ở bệnh nhân ung thư tại Bệnh viện Trung ương Thái Nguyên năm 2020 [Situation of traditional medicine use among cancer patients at Thai Nguyen National Hospital in 2020]. *Vietnam Journal of Preventive Medicine* [Tập chí Y học dự phòng], 31(6), 19–28. <https://doi.org/10.51403/0868-2836/2021/370>
- Nguyen, T. T. T., & Nguyen, T. T. (2022). Khảo sát phương pháp y học cổ truyền và y học hiện đại điều trị bệnh loãng xương tại Khoa Lão Bệnh Viện Y Học Cổ Truyền Trung Ương [Survey on traditional medicine and modern medicine in treating osteoporosis in the geriatric department of National Hospital of Traditional Medicine]. *Vietnam Medical Journal* [Tập chí Y học Việt Nam], 516(1), 168–173. <https://doi.org/10.51298/vmj.v516i1.2977>
- Özera, Ö., Şantaşa, F., & Yıldırma, H. (2012). An evaluation on levels of knowledge, attitude and behavior of people at 65 years and above about alternative medicine living in Ankara. *African Journal of Traditional, Complementary and Alternative Medicines*, 10(1), 134–141. <https://doi.org/10.4314/ajtcam.v10i1.18>
- Peltzer, K., Pengpid, S., Puckpinyo, A., Yi, S., & Vu Anh, L. (2016). The utilization of traditional, complementary and alternative medicine for non-communicable diseases and mental disorders in health care patients in Cambodia, Thailand and Vietnam. *BMC Complementary and Alternative Medicine*, 16(1), Article 92. <https://doi.org/10.1186/s12906-016-1078-0>
- Pham, D. D., Yoo, J. H., Tran, B. Q., & Ta, T. T. (2013). Complementary and alternative medicine use among physicians in oriental medicine hospitals in Vietnam: A hospital-based survey. *Evidence-Based Complementary and Alternative Medicine*, 2013, Article 392191. <https://doi.org/10.1155/2013/392191>
- Popper-Giveon, A., Schiff, E., & Ben-Arye, E. (2012). I will always be with you: Traditional and complementary therapists' perspectives on patient-therapist-doctor communication regarding treatment of Arab patients with cancer in Israel. *Patient Education and Counseling*, 89(3), 381–386. <https://doi.org/10.1016/j.pec.2012.03.016>
- Shetty, P. (2012). Grey matter: Ageing in developing countries. *The Lancet*, 379(9823), 1285–1287. [https://doi.org/10.1016/s0140-6736\(12\)60541-8](https://doi.org/10.1016/s0140-6736(12)60541-8)
- Tran, B. X., Nguyen, L. H., Nong, V. M., & Nguyen, C. T. (2016). Health status and health service utilization in remote and mountainous areas in Vietnam. *Health and Quality of Life Outcomes*, 14(1), Article 85. <https://doi.org/10.1186/s12955-016-0485-8>
- United Nations. (2017). *World Population Ageing 2017: Highlights* (ST/ESA/SER.A/397). Department of Economic and Social Affairs, Population Division.

- https://www.un.org/en/development/desa/population/publications/pdf/ageing/WPA2017_Highlights.pdf
- United Nations. (2019). *World Population Ageing 2019: Highlights* (ST/ESA/SER.A/430). Department of Economic and Social Affairs, Population Division. <https://www.un.org/en/development/desa/population/publications/pdf/ageing/WorldPopulationAgeing2019-Highlights.pdf>
- Vietnamese Association of Elderly (VAE). (2019). *Báo cáo tổng kết công tác người cao tuổi huyện Hóc Môn năm 2019. [Report on elderly activities in Hoc Mon district in 2019]. Lưu hành nội bộ [Released for internal circulation]*.
- Vo, T. K. A., Nguyen, H. C., Nguyen, T. M. T. & Le, P. N. H. (2022). Sử dụng dịch vụ Y học cổ truyền của người dân tại trạm y tế phường 9, Quận 8, Thành phố Hồ Chí Minh [Using the traditional medicine services of people at medical station, District 8, Ho Chi Minh City]. *Tạp chí Y học Việt Nam [Journal of Vietnamese Medicine]*, 514(2), 74–79. doi.org/10.51298/vmj.v514i2.2625
- World Health Organization (WHO). (2001). *Legal status of traditional medicine and complementary/alternative medicine: A worldwide review*. <https://apps.who.int/iris/handle/10665/42452>
- World Health Organization (WHO). (2013). *WHO traditional medicine strategy: 2014–2023*. <https://apps.who.int/iris/handle/10665/92455>
- World Health Organization (WHO). (2019). *WHO global report on traditional and complementary medicine 2019*. <https://apps.who.int/iris/handle/10665/312342>
- World Health Organization (WHO). (2020). *Traditional medicine in the WHO South-East Asia Region: Review of progress 2014–2019*. Regional Office for South-East Asia. <https://apps.who.int/iris/handle/10665/340393>
- Xin, B., Mu, S., Tan, T., Yeung, A., Gu, D., & Feng, Q. (2020). Belief in and use of traditional Chinese medicine in Shanghai older adults: a cross-sectional study. *BMC Complementary Medicine and Therapies*, 20(1), Article 128. <https://doi.org/10.1186/s12906-020-02910-x>