

**Public Patronage and Its Associated Factors Toward Traditional Bonesetting for Musculoskeletal Injury Management: A Cross-Sectional Study**

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**Purpose:** «A traditional bonesetter is a lay practitioner who deals with the management of musculoskeletal (MSK) injuries. They often use splints made from a split of bamboo or strips of wood tightly bound about the limb. Many Individuals who face musculoskeletal injuries utilizes traditional bonesetters (TBS) for their treatment.» P. Singh, 2013 Traditional bonesetting is associated with more treatment-related complications in its practice while modern health institutions deploy sophisticated techniques of treatment that result in satisfactory outcomes. A retrospective study by Eshete in 2002 showed that out of 49 major limb amputations done in 2 years in a single zonal hospital, 25 were because of gangrene from a tight splint applied by TBS for simple fractures. In spite of the relative accessibility of modern orthopaedic care, to date we roughly understand how much people do and the reason why yet they prefer to go to TBS for MSK injuries as a first treatment destination while facing major limb and life-threatening complications from their mismanagement. The objective of this study is to determine the proportion of the community who prefers traditional bonesetting as a primary treatment destination for MSK injuries and to identify factors that modulate this preference.

**Methods:** A community-based cross-sectional study was conducted from November 10 to December 20, 2020. A systematic random sampling technique was deployed for sample selection and data were collected using a pretested structured questionnaire. Finally, collected data were reviewed for completeness, coded, and fed to the computer using SPSS version 26 software. Descriptive tables were used for simple descriptive analysis and binary logistic regression analysis was deployed to identify associated factors, for which  $\chi^2$  assumption was fulfilled. Ethical clearance was obtained from a local medical college.

**Results:** More than half (208 [53.5%]), of the study participants preferred traditional bonesetting as a primary treatment destination for possible MSK injury. 92.3% of them believe in superior skill of TBS in fracture management than doctors. Half of them prefer TBS, fearing perceived higher tendency of doing amputation in hospitals. The multivariable logistic regression revealed that gender, religion, educational status, previous TBS visit, and previous hospital visit were significantly associated ( $P = 0.00$ ) with TBS preference for MSK injury treatment. Accessibility, cheap and negotiable price, and community trust in TBS positively affected their TBS preference for possible MSK injuries.

**Conclusion:** The community of the study area prefers TBS as primary treatment destination for MSK, while previous treatment in health facilities for similar incidents decreases the chance of preferring TBS.