

Myths and Beliefs in Health in the Framework of the Economic Crisis of 2008 in the Sierra De Cádiz*

María de los Santos Oñate Tenorio¹ and Antonio Oñate Tenorio^{2*}

¹In Health Sciences, Diploma in Nursing, University of Cádiz (UCA), Spain

²In Social Sciences, Bachelor's Degree in Social Work, Universidad Católica San Antonio de Murcia (UCAM), Spain

*Corresponding author: Antonio Oñate Tenorio, in Social Sciences, Bachelor's Degree in Social Work, Universidad Católica San Antonio de Murcia (UCAM), Spain

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SUMMARY

Basics: The relationship between health, the rural environment and the economic crisis are the central themes of this article along with the study of myths and beliefs. Health behaviors or behaviors together with sociocultural phenomena will characterize the way we respond to an illness.

Justification: It is considered necessary and significant to see the scope of the economic crisis on traditional and scientific or conventional medicine, and which of them acquires greater weight in the population during the economic crisis of 2008.

Aim: To know if health myths and beliefs in the Sierra of Cádiz are more or less used in time of economic crisis.

Methods: Descriptive, observational and cross-sectional study. The data collection instrument is a questionnaire. A sample selection is carried out by convenience or intention of 120 participants, 83% think that there are myths and beliefs about health and 87 % that the economic crisis of 2008 conditioned the use of scientific or conventional medicine in favor of traditional medicine.

Conclusions: It is confirmed that the myths and beliefs are still valid and even new ones appear, detailing them. It is a topic studied throughout history, especially in rural areas. In periods of economic crisis the population declines towards the use of traditional medicine.

Fundamentals: The relationship between health, rural environment and economic crisis are the central themes of this article along with the study of myths and beliefs. Health behaviors or behaviors together with sociocultural phenomena will characterize the way of responding to a disease.

Justification: It is considered necessary and significant to see the extent of the economic crises on traditional and scientific or conventional medicine, and which of them acquires greater weight in the population during the economic crisis of 2008.

Objective: To know if myths and beliefs about health in the Sierra de Cádiz are more or less used in times of economic crisis.

Methods: This was a descriptive, observational and cross-sectional study. The data collection instrument is a questionnaire. A sample selection of 120 participants was carried out by convenience or intentional, 83% think that there are myths and beliefs about health and 87% that the economic crisis of 2008 conditioned the use of scientific or conventional medicine in favor of traditional medicine.

Conclusions: It is found that myths and beliefs are still valid and even new ones appear, detailing them. It is a subject studied throughout history, especially in rural areas. In periods of economic crisis, the population declines towards the use of traditional medicine.

Keywords: Beliefs; Economic Crisis; Myths; Health and Sierra of Cádiz

Introduction

This article is based on two doctoral theses based on the one hand on the study of the relationship between health and the rural environment [1], in which one of the variables studied was health behaviors, and within these the myths and beliefs in the Sierra de Cádiz and the other in the relationship between the economic crisis of 2008 and the welfare state in the province of Cádiz [2]. This study proposes to know if health myths and beliefs in the Sierra de Cádiz are more or less used in times of economic crisis, carrying out a comparison between the existing data in the two doctoral theses, in addition to the incorporation of current data in order to renew and update these studies and keeping in mind that every being who suffers from a disease has the urgent need to cure it, or at least to alleviate or reduce its symptoms and adverse manifestations, for this the population, in addition to having the science of medicine, resort to other knowledge such as popular knowledge, home remedies, beliefs, myths, behaviors or ways of proceeding, and to act in the face of the adversities of discomfort [3]. Or in other words, seeing in times of economic crisis that conventional medicine or popular knowledge, home remedies, beliefs, myths, or behaviors have more weight for human beings. The World Health Organization (WHO [4]) defines traditional medicine as the set of knowledge, skills and practices based on indigenous theories, beliefs and experiences of different cultures, whether explainable or not, used for the maintenance of health.

As well as for the prevention, diagnosis, improvement or treatment of physical or mental illnesses, covering a wide variety of therapies and practices that vary between countries and between regions. It has been used for thousands of years, and its practitioners have contributed greatly to human health, particularly as primary health care providers at the community level. This same organization (WHO [5]) to analyze how traditional, complementary and integrative medicines help to address pressing health problems and drive progress towards improved health and sustainable development organized in Gandhinagar the World Summit on Traditional Medicine. In this sense, for more than twenty years people have been considering how traditional medicine influences the population and there are authors such as Gordon [6] who analyze the importance of alternative medicines. Given this scenario, we can say that traditional medicine is the set of practices, or beliefs and health knowledge based on the use of natural resources (plants, animals or minerals), spiritual therapies and manual techniques that seek to maintain individual and community health. And scientific medicine is conventional medicine, considered official in our health system. The existence of a dichotomy or contradiction between them causes them to develop a coexistence lacking horizontality and respect between them [7].

At the beginning of the 21st century, authors such as Lacruz and Díez [8] stated that health-risk behaviors are mediated by the socio-demographic characteristics of the area where they live. As we know, health is a broad field that has been linked to religious, spiritual and belief phenomena throughout time. Researchers who have

approached this social and cultural dimension, who come into contact with the sacred and its intercession in the healing process, assure that knowledge of these practices by health professionals can help to understand the beliefs and attitudes towards health of some of their patients. Approaching the study of this type of sociocultural phenomena can help us understand why, in a society in which rationalism derived from official scientific knowledge is supposed to be the paradigm of cultural guidelines, we can find this type of approach and search for health that connect with traditions outside the channels of institutionalized official medicine and approach the relationship between health, spirituality and ritual [9]. The province of Cadiz is located in the extreme south of Europe, being the southernmost province of the entire Iberian Peninsula, mostly surrounded by the coast of the Atlantic Ocean, and to a lesser extent bordering the Mediterranean Sea, its health system is public, universal and free, although there are certain benefits that are subject to contributions by the user regulated by national regulations that establish exemptions, the percentage of contribution and limits [10].

The economic crisis affected people's health, mainly psychological health, although it also affected other types of pathologies, mainly due to the shortage of medicines due to a lack of financial resources to buy them. With the cutback policies, many elderly people stopped taking some medicines [2]. For all these reasons, it is considered necessary and significant to see the scope of the economic crisis on traditional medicine and scientific or conventional medicine and which of them acquires greater weight in the population during the period of economic crisis.

Subjects and Methods

A descriptive, observational and cross-sectional study is carried out. The research was carried out through anonymous and voluntary surveys of residents of the Sierra de Cádiz region, linked to the rural world in general and belonging to different social classes and who have had some health problem (Annex 1). The first questions collected in the questionnaire are socio-demographic data and data related to health behaviors. Next, a question with a dichotomous answer is asked, another using a Likert-type scale and two questions with open answers. A sample selection is carried out by convenience or intention. For the sample size we have been motivated by Guest, et al. [11] who maintain that generally between 6 and 7 interviews would capture most of the topics in a homogeneous sample. Although these authors conclude that 12 interviews could reach higher degrees of saturation. In our case, the sample size used is within the information threshold of $\leq 5\%$ recommended by these authors. And to complete the questionnaire, the inclusion and exclusion criteria were (Table 1): The variables that were studied were: age, sex, area of the Sierra de Cádiz where they live, existence of myths and beliefs in health, examples and putting them into practice. And the number of surveys completed in their entirety by 120 participants whose questionnaires were distributed at street level.

Annex 1: Questionnaire: Myths and beliefs in health in the Sierra de Cádiz. Own elaboration.

Questionnaire: Health Behaviors in the Sierra De Cádiz. Myths and Beliefs?		
This Survey is Completely Anonymous, Voluntary and Confidential, Please Answer with Complete Sincerity.		
AGE:	SEX:	STUDY LEVEL:
1. Indicate your profession:		
2. Have you ever had any health problems?:		
3. Please indicate in which town or towns in the Sierra de Cádiz you live, work or have worked:		
4. Do you have any myths or beliefs about health? YES NO		
Detail below in the following space all the health myths and beliefs that you know, including food beliefs:		
5. Do you think that the 2008 crisis conditioned the use of scientific or conventional medicine in favor of traditional medicine.		
6. Indicate from 1 to 10 the level of preference with which you resort to the different alternatives when faced with a health problem, with 1 being the minimum value and 10 the maximum value:		
<ul style="list-style-type: none"> • Use of traditional medicine: 1 2 3 4 5 6 7 8 9 10 • Use of conventional medicine: 1 2 3 4 5 6 7 8 9 10 • Myths and beliefs about food: 1 2 3 4 5 6 7 8 9 10 		
7. Do you think that the level of preference for the use of traditional medicine or conventional medicine is affected in periods of economic crisis?		
8. Indicate from 1 to 10 your level of satisfaction with the alternative chosen for the health problem and at what level it has been achieved.		
<ul style="list-style-type: none"> • Use of traditional medicine: 1 2 3 4 5 6 7 8 9 10 • Use of conventional medicine: 1 2 3 4 5 6 7 8 9 10 • Assistance to healers: 1 2 3 4 5 6 7 8 9 10 • Myths and beliefs about food: 1 2 3 4 5 6 7 8 9 10 		

Table 1:

Inclusion and exclusion criteria	Age	Place of residence
Inclusion	Old enough to have lived through the 2008 economic crisis. Who reside or have resided in the province of Cádiz, during the period of economic crisis of 2008.	Old enough to have lived through the 2008 economic crisis. Who reside or have resided in the province of Cádiz, during the period of economic crisis of 2008.
Exclusion	Not being old enough to have experienced the crisis of 2008.	That they have not lived in Cádiz during the 2008 crisis and the post-crisis.

Note: Source: Own elaboration.

Once all the information has been collected through the delivery of the questionnaire as a data collection tool during the months of January and February 2024, a thorough and exhaustive analysis of the topics is carried out through the questionnaire depending on its analytical approach, using a mixed research methodology. The quantitative themes have been explored through descriptive statistics and the average pertinently represented by graphs and diagrams appropriate to the magnitudes they represent and will be represented by describing each variable through the appropriate frequency distributions, the corresponding tables and graphs, using Microsoft Office Excel® software for this purpose. To represent the responses obtained through the open questions that study the qualitative themes, they have been explored through the frequency of coding after performing a content analysis.

Results

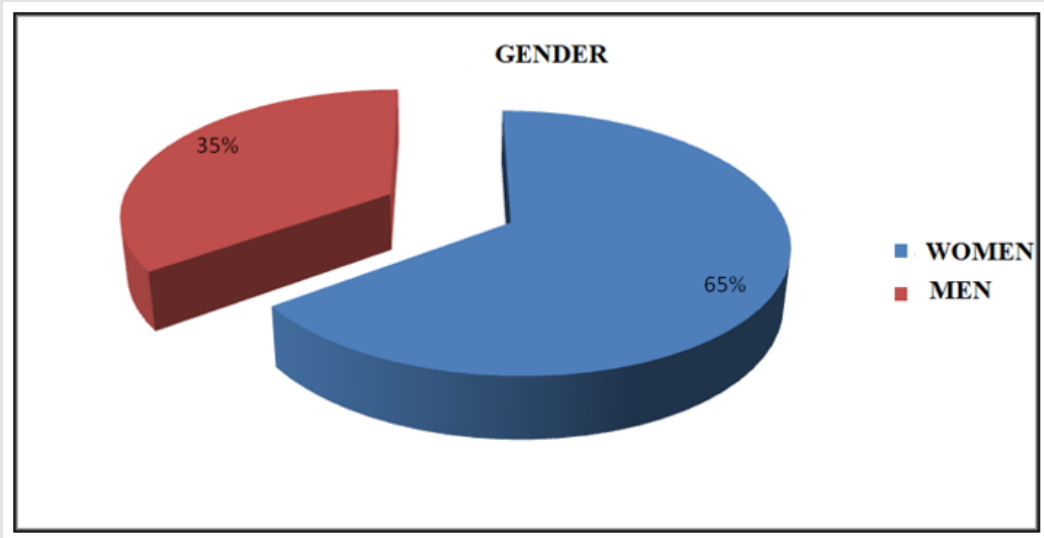
The average age of respondents is 62 years, with a gender distribution of 35% men and 65% women. As expressed in Graph 1. Regarding the level of study of the participants in the survey, the average level predominates, with the distribution remaining as shown in Graph 2. Likewise, research has been done on the profession, where in most cases it is correlated with the level of study and linked to the Sierra de Cádiz. Regarding health problems, all of them stated that at some point in their life they had had a health problem. Likewise, 17% think or believe that there are no myths or beliefs about health, while 83% think that there are myths and beliefs about health, as shown in Graph 3. When asked to relate all the health myths and beliefs they know, including dietary beliefs, they detail those that appear in Table 2. 87% of those surveyed think that the 2008 crisis conditioned

the use of scientific or conventional medicine in favor of traditional medicine and only 13% think that the 2008 crisis did not condition the use of scientific or conventional medicine in favor of traditional medicine. It is reflected in Graph 4. When investigating the level of preference for the different alternatives to health problems during the 2008 crisis, the levels of preferences of the respondents are very varied, drawing attention to the fact that 75% of those who declined traditional medicine, They give little importance, giving it a value of 1 to 5 and the rest, the 25% that use traditional medicine, give a preference value of 8 to 9, as reflected in Graph 5. On the other hand, in the use of conventional medicine, 45% give a level of preference between 1 and 5, the rest, 55% of those surveyed, show a very high preference value between 8 and 10, as shown. presented in Graph 5.

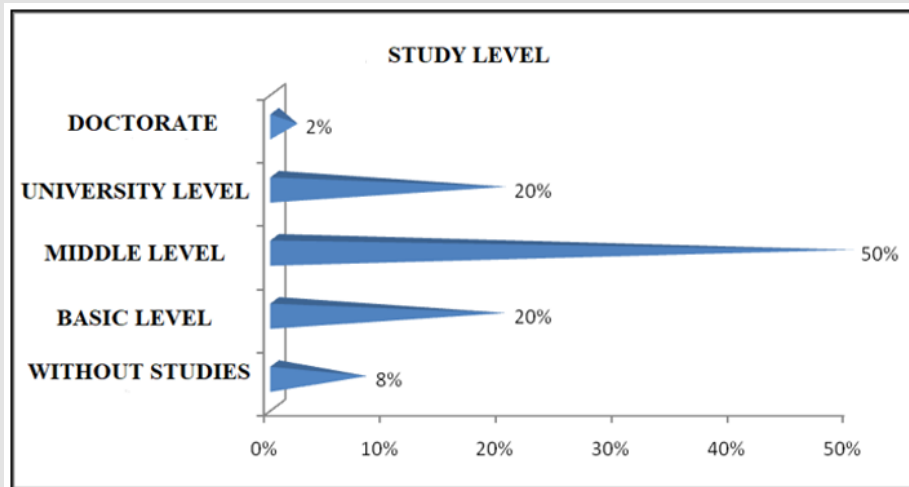
Table 2: List of health myths and beliefs.

Healers/Healers/Santeras:
herpes/shingles/evil eye/bone dislocations/joint pain/rituals, rubbing sty with gold ring.
Field herbs:
gall killer/colds, sedge/internal wounds, lemon/low blood pressure, horsetail, cranberry/urinary problems. Bitter chestnuts / cold, Garlic lighten spots, Ripe tomatoes and wheat grains / cysts or “lumps”. Thyme / for toothache. St. John’s wort / skin pain, spots and eczema.
Myths and beliefs about food:
Do not eat red meat / consumption of salt bread makes you fat obesity as a healthy aspect / consumption of bacon-fat / lupins lowers sugar / onion lowers cholesterol and sugar / lemon juice and onion cooked on an empty stomach cleanses the blood / if you skip a meal you lose weight / wine is healthy / milk is cut if you eat it on top of it.

Note: Source: Own elaboration.

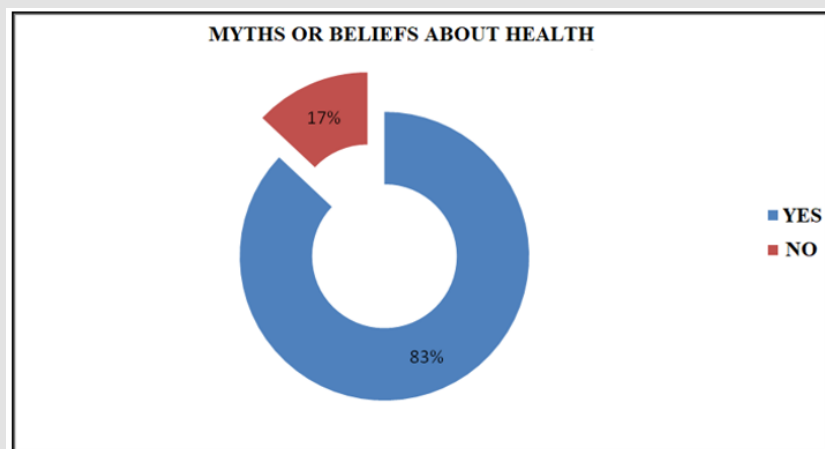


Note: Source: Own elaboration.
Graph 1: Gender.

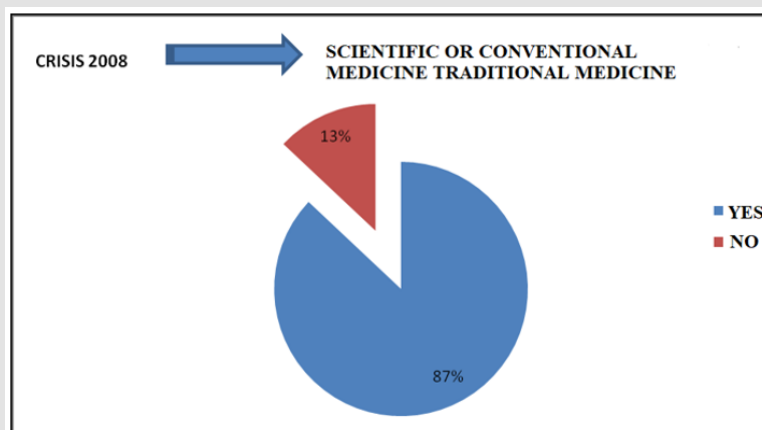


Note: Source: Own elaboration.

Graph 2: Educational level.

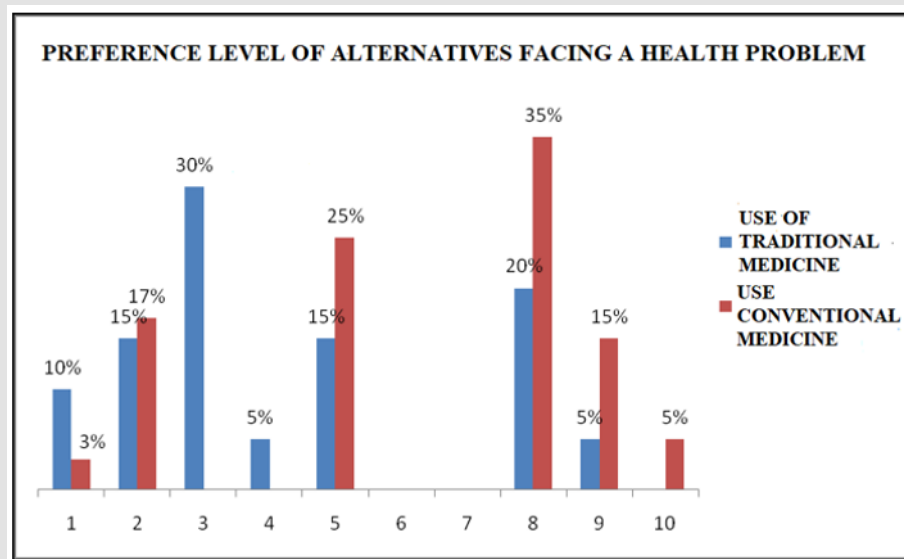


Graph 3: Myths or beliefs about health.



Note: Source: Own elaboration.

Graph 4: 2008 crisis conditioned the use of one medicine or another.



Note: Source: Own elaboration.

Graph 5: Use and level of preference when faced with a health problem.

Discussion

Through this study it is confirmed that myths and beliefs are still valid, and new myths and beliefs even appear in relation to what has been studied and investigated in other studies [1]. Despite this, there is no updated bibliography, although it is a topic that has been studied throughout history, especially in rural areas and further away from cities. With the appearance of the 2008 crisis, which lasted more than five years, new health problems were accused and appeared [2]. "One of the main effects on people as a result of the economic crisis is health, mainly psychological health, although it also affects other types of pathologies, mainly due to the shortage of medicines due to lack of economic resources to buy them. With the cutback policies, many elderly people stopped taking some medications2." (P. 349) From this study it has been seen and proven that in long periods of economic crisis the population declines towards the use of traditional medicine, in which assistance to healers to cure herpes, the use of home remedies with wild herbs from the countryside as treatments for musculoskeletal pain, evil eye, sty, not catching a cold, urinary problems or treatments for dermatitis among others, they become the alternative to the use of conventional or scientific medicine.

It is confirmed and considered after carrying out this study that it is essential to know the health myths and beliefs of a population [3], in order for the population to have accurate and reliable knowledge about health, the need to carry out education campaigns and health educational programs in order to dispel doubts and false notions conceived over time, for this, the requirement to implement and implement health education programs is encouraged and made known

through this study, as well as developing social policies that mitigate the consequences of economic crises, mainly in fundamental rights, such as the case of the right sanitary. Regarding food, it is also corroborated that there are myths and beliefs in the Sierra de Cádiz, with the consumption of bacon and fats and the belief that obesity is something healthy, being these the most frequent. This study once again confirms that in the Sierra de Cádiz there are myths and beliefs about health, although the level of preference is declined for conventional or scientific medicine when faced with a serious health problem. From this study it is reaffirmed and the conclusion is reached that in the Sierra de Cádiz there are myths and beliefs in health, since this is declared by the respondents, accusing these myths and beliefs in times of economic crisis. Therefore, the debate on the creation of new lines of research between traditional medicine and conventional or scientific medicine is once again reopened.

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Antonio Oñate Tenorio. Biomed J Sci & Tech Res



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