Health-Seeking Behaviors: Factors Affecting Reliance on Traditional, Complementary, and Alternative Medicine (TCAM)

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ABSTRACT

This study aimed to examine the reliance of community residents on traditional, complementary, and alternative medicine (TCAM) and to identify the factors influencing such reliance. A descriptive-correlational research design was employed using a validated questionnaire administered to 100 purposively selected residents from selected barangays in the Municipality of Dapa. Findings revealed a high level of TCAM reliance among respondents, as indicated by three key dimensions: frequency of use (M = 3.324), types of TCAM utilized (M = 3.252), and purposes of TCAM use (M = 3.318), with frequency of use obtaining the highest mean score. Furthermore, all five identified factors were found to contribute to continued TCAM reliance: cultural beliefs and traditions (M = 3.311), perceived effectiveness (M = 3.310), influence of family and community (M = 3.178), accessibility and affordability of healthcare (M = 3.155), and trust in healthcare providers (M = 3.155). Among these, cultural beliefs and traditions and perceived effectiveness received the highest ratings. Analysis of variance (ANOVA) revealed significant differences in TCAM reliance when respondents were grouped according to educational attainment ($p = 0.007$) and socioeconomic status ($F = 0.093$; $p = 0.044$). Pearson's correlation analysis demonstrated significant relationships among all identified factors, with the strongest correlation observed between perceived effectiveness of TCAM and the purposes for its use ($r = 0.758$, $p < .001$). These findings suggest that reliance on TCAM is shaped by both individual perceptions and sociocultural influences, highlighting the important role of personal beliefs, lived experiences, and community context in healthcare decision-making.

Keywords: TCAM, Health-Seeking behavior, Cultural Belief and Tradition, Socioeconomic Factors, Perceived Effectiveness

INTRODUCTION

Health-seeking behavior is a fundamental determinant of individual and community health outcomes, as it influences how and when people access healthcare services. Across global and local contexts, Traditional, Complementary, and Alternative Medicine (TCAM) continues to be widely utilized as part of health maintenance and treatment practices, including in the Philippines where it remains deeply embedded in cultural and traditional healing systems. However, concerns arise when TCAM is used as a substitute for conventional medical care, particularly when it leads to delayed consultation or complete avoidance of hospital-based treatment (Ljerka, 2025). This situation underscores the importance of examining TCAM-related health-seeking behaviors to better understand how individuals make healthcare decisions. Thus, this study focuses on the level of reliance on TCAM and the factors influencing such reliance.

Several theoretical and empirical frameworks help explain TCAM utilization, particularly the Theory of Planned Behavior (Ajzen, 1991), which posits that behavior is driven by intentions shaped by attitudes, subjective norms, and perceived behavioral control. In the context of TCAM, these constructs are reflected in key influencing factors identified in the literature, including cultural beliefs and traditions, perceived effectiveness of TCAM, accessibility and affordability of healthcare, influence of family and community, and

trust in healthcare providers. These factors collectively shape individuals' treatment preferences and health-related decisions by interacting with both personal perceptions and social environments. Existing studies generally agree on the importance of these determinants, although variations persist in the strength and direction of their influence across different populations and settings (Purić et al., 2025; Ljerka et al., 2025; Arevalo et al., 2022; Ganguly et al., 2025; Lobera et al., 2020; Trübner et al., 2025).

Despite the growing body of literature on TCAM, several gaps remain, particularly in terms of localized and community-based evidence. Many studies are limited by urban-centric samples or lack sufficient representation of rural and geographically isolated populations (Ljerka et al., 2025; Iktidar et al., 2022; Ganguly et al., 2025; Atekoja et al., 2025). Furthermore, inconsistencies in findings across studies highlight the need for context-specific investigations (Purić et al., 2025; Gonzales et al., 2024). In the Philippine context, particularly in island and rural communities such as Dapa, Surigao del Norte, empirical evidence on TCAM reliance remains limited despite its strong cultural presence. Given its geographic and socio-cultural characteristics as part of Siargao Island, Dapa provides a relevant setting for examining how demographic and socioeconomic factors influence TCAM utilization in a localized context.

This study aims to examine the health-seeking behaviors of residents in selected poblacion barangays of the Municipality of Dapa and determine the factors influencing their reliance on TCAM. Specifically, it seeks to identify how these factors shape individuals' preferences and utilization patterns in relation to TCAM. The study contributes to a deeper understanding of health-seeking behavior in culturally grounded communities and provides empirical evidence that may guide healthcare practice and policy. The findings may assist healthcare providers in better understanding patient health choices and support policymakers in developing culturally responsive and evidence-based interventions that promote safe and informed TCAM use. Ultimately, this study aligns with Sustainable Development Goal 3 by contributing to improved health outcomes, equitable healthcare access, and informed decision-making in community health systems.

METHODOLOGY

This study utilized a descriptive-correlational research design to determine the level of reliance on Traditional, Complementary, and Alternative Medicine (TCAM) among elderly respondents and to identify the factors influencing its use. The design used a descriptive-correlational method involving the participation of 100 purposively selected community residents from the municipality of Dapa, Surigao del Norte. Residents selected as respondents were vetted to ensure the following prerequisites are observed: they must be 60 years old and above, with prior or current experience with TCAM, and must use it at least every week. Data were collected using a validated and reliable researcher-made questionnaire designed to systematically measure the level of respondents' reliance on traditional, complementary, and alternative medicine (TCAM) and what influencing factors affect their reliance. Data were analyzed using descriptive statistics, pearson product-moment correlation coefficient, independent samples t-test, and one-way ANOVA.

The study was conducted in four purposively selected barangays in the municipality, which includes Barangay 1, Barangay 2, Barangay 12, and Barangay 13. These are administrative divisions etched far away from the municipality's center, excellent for their strategic geographic and demographical relevance to the topic of traditional, complementary, and alternative medicine (TCAM) reliance. Quantitative findings were used to create a recommended intervention program entitled Project TCAM. Ethical protocols, including informed consent, confidentiality, and institutional approval from both the school and barangays, were strictly observed throughout the study.

RESULTS AND DISCUSSION

This section presents the quantitative findings of the study, focusing on the demographic profiles of the respondents, along with their level of reliance on TCAM and the factors affecting TCAM reliance. It also scrutinizes the relationships between the demographic profiles and the level of TCAM reliance. Additionally, it also investigates the differences between the identified influencing factors and the level of TCAM reliance.

The results are interpreted in connection with related literature to provide meaning to respondents' individual profiles and their TCAM usage.

Profile of the Respondents

Table 1. Profile of the Respondents in terms of age, sex, educational attainment, occupation, and socioeconomic status

Profile	**Category**	**f**	**%**
Age	60–70 years old	58	58.0
	71–80 years old	34	34.0
	81–90 years old	6	6.0
	91 years old and above	2	2.0
Sex	Male	40	40.0
	Female	60	60.0
Educational Attainment	Elementary Level/Graduate	45	45.0
	Junior High School Level	32	32.0
	College Level	6	6.0
	College Graduate	17	17.0
Occupation	Unemployed/Not Working	54	54.0
	Self-employed/Entrepreneur	25	25.0
	Farmer/Fisherman/Agricultural Worker	5	5.0
	Government Employee	4	4.0
	Retired	10	10.0
	Others	2	2.0
Socioeconomic Status	Low	22	22..0
	Lower-middle	54	54.0
	Middle	22	22.0
	Upper-middle	2	2.0
	High	0	0.0

Table 1 presents the demographic profile of the respondents in terms of age, sex, educational attainment, occupation, and socioeconomic status.

Majority of the respondents are categorized in the 60-70 age group (58.0%), followed by 71-80 (34%), denoting that young-old elderly people in their late sixties and early seventies are usually dependent with TCAM. In terms of sex, females (60%) marginally exceeds males (40%), displaying a fairly stable distribution.

For educational attainment, most of the respondents have attained at most elementary (45.0), ensued by those who completed Junior High School (32.0%), with a minority gaining small proportions either by attaining the college level or completing it as a college graduate. This suggests lower attainment among the respondents.

In terms of occupation, more than half of the respondents have no work or are unemployed (54.0%), trailed significantly by those who identify themselves as self-employed or as an entrepreneur (25.0%). Other categories reached small proportions including farmer/fisherman/agriculturual worker (5.0%), retired (10.0%), government employee (4.0%), and other occupations (2.0%). This implies that a lot of the respondents do not place themselves in a work environment.

With socioeconomic status, a greater number of respondents chose to classify themselves as lower-middle (54.0%) in the socioeconomic scale, followed both by low (22.0%) and middle (22.0%) categories. This demonstrates that respondents are struggling at the financial level.

These findings demonstrate that most people who use TCAM have lower income with a lower attainment of education, reflecting the financial and social aspects of their dependence. This is consistent with research showing that people living in lower-middle income areas use TCAM more than those who live at higher income levels (Palileo-Villanueva et al., 2022) along with lower educational level correlates to more frequent TCAM use (Mokhesi & Modjaji, 2023)

Respondents' Reliance on Traditional, Complementary, and Alternative Medicine (TCAM)

Table 2. Level of Respondents' Reliance on Traditional, Complementary, and Alternative Medicine (TCAM)

Indicators	**M**	**SD**	**VI**	**QD**
Frequency of Use	3.324	0.624	Agree	Highly Reliant
Types of TCAM Utilized	3.252	0.6594	Agree	Highly Reliant
Purposes of Using TCAM	3.318	0.6423	Agree	Highly Reliant
Overall	3.298	0.6419	Agree	Highly Reliant

Table 2 presents the level of respondents' reliance on Traditional, Complementary, and Alternative Medicine (TCAM). The findings reveal that respondents exhibit a generally high level of reliance on TCAM, as indicated by the overall mean score (M = 3.298, SD = 0.6419), which is interpreted as "Highly Reliant." This suggests that TCAM plays a substantial role in the respondents' health-related behaviors and decision-making processes.

Across the three indicators, all dimensions consistently fall within the "Highly Reliant" category. Specifically, frequency of use obtained the highest mean (M = 3.324, SD = 0.624), followed by purposes of using TCAM (M = 3.318, SD = 0.6423), and types of TCAM utilized (M = 3.252, SD = 0.6594). The relatively close mean values and comparable standard deviations indicate a uniform pattern of reliance, suggesting that respondents not only use TCAM frequently but also engage with a variety of modalities and for multiple health-related purposes.

The high level of reliance on frequency of use implies that TCAM is not merely an occasional alternative but is regularly integrated into the respondents' health practices. This may reflect accessibility, cultural acceptance, or perceived effectiveness of TCAM modalities. Similarly, the strong reliance in terms of purposes of use indicates that respondents turn to TCAM for a wide range of needs, including disease prevention,

symptom management, and overall well-being. This multifunctional utilization underscores the holistic role that TCAM occupies in personal healthcare strategies.

Furthermore, the high reliance on different types of TCAM suggests that respondents are not limited to a single modality but instead explore diverse options, such as herbal medicine, massage therapy, and other traditional practices. This diversity may be attributed to cultural traditions, availability of resources, and accumulated experiential knowledge regarding the benefits of various TCAM approaches.

Overall, the consistently high ratings across all indicators demonstrate that TCAM is deeply embedded in the respondents' healthcare behaviors. These findings align with prior research (Sağlam et al., 2025), which emphasizes the growing reliance on alternative and complementary medicine as part of a broader shift toward holistic and patient-centered health practices. The results highlight the importance of recognizing TCAM as a significant component of healthcare utilization, particularly in contexts where cultural beliefs and accessibility influence medical choices.

Factors Affecting Reliance on Traditional, Complementary, and Alternative Medicine (TCAM)

Table 3. Extent of Factors Affecting Reliance on Traditional, Complementary, and Alternative Medicine (TCAM)

Indicators	**M**	**SD**	**VI**	**QD**
Cultural Beliefs and Traditions	3.311	0.694	Agree	Highly Exhibited
Perceived Effectiveness of TCAM	3.31	0.5742	Agree	Highly Exhibited
Accessibility and Affordability of Healthcare	3.155	0.6709	Agree	Highly Exhibited
Influence of Family and Community	3.178	0.6445	Agree	Highly Exhibited
Trust in Healthcare Providers	3.155	0.6709	Agree	Highly Exhibited
Overall	3.2218	0.6509	Agree	Highly Exhibited

Table 3 presents the extent to which various factors affect respondents' reliance on Traditional, Complementary, and Alternative Medicine (TCAM). The results indicate that all identified factors are "Highly Exhibited," with an overall mean of 3.2218 (SD = 0.6509), suggesting that these determinants collectively exert a strong influence on respondents' health-related behaviors and choices.

Among the factors, cultural beliefs and traditions (M = 3.311, SD = 0.694) and perceived effectiveness of TCAM (M = 3.310, SD = 0.5742) obtained the highest mean scores. This finding highlights the prominent role of deeply rooted cultural practices and the respondents' belief in the efficacy of TCAM in shaping healthcare decisions. The strong influence of cultural beliefs suggests that health practices are not solely based on clinical considerations but are also embedded within long-standing traditions and societal norms. Similarly, the high rating for perceived effectiveness indicates that personal experiences and observed outcomes significantly reinforce continued TCAM utilization.

On the other hand, accessibility and affordability of healthcare (M = 3.155, SD = 0.6709), influence of family and community (M = 3.178, SD = 0.6445), and trust in healthcare providers (M = 3.155, SD = 0.6709) also demonstrated high levels of influence, although with slightly lower mean values. These findings underscore the importance of external and contextual factors in shaping health behaviors. Accessibility and affordability may drive individuals toward TCAM as a practical and economically viable option, particularly in settings where conventional healthcare services are limited or costly. Meanwhile, the influence of family and community reflects the social dimension of health decision-making, where shared beliefs, advice, and collective experiences contribute to the adoption of TCAM practices. Trust in healthcare providers further

suggests that individuals may integrate or prefer TCAM depending on their confidence in available medical systems and practitioners.

The findings indicate that reliance on TCAM is shaped by a dynamic interplay of internal beliefs and external conditions. Respondents' health behaviors are influenced not only by personal convictions regarding the effectiveness of TCAM but also by cultural orientation, social environment, and structural factors such as accessibility and cost. This multidimensional influence suggests that TCAM utilization is both a personal and socially constructed practice.

The results also imply that TCAM plays a significant role in the health practices of the target population, emphasizing the need for proper guidance, regulation, and integration within the broader healthcare system. Ensuring safe and informed use of TCAM is particularly important to maximize its benefits while minimizing potential risks.

These findings are consistent with existing literature (Maghrabi et al., 2025), which asserts that perceived usefulness and cultural familiarity are among the strongest predictors of TCAM utilization. The present study reinforces the notion that both cognitive evaluations and socio-cultural contexts are critical in understanding health-related behaviors involving alternative and complementary medicine.

Difference Between Respondents' Reliance on Traditional, Complementary, and Alternative Medicine (TCAM) and Demographic Profiles

Table 4. Test of Difference in the Level of Reliance on TCAM When Grouped According to their Demographic Profile

Profile	**Factors**	**F/t**	**p-value**	**Interpretation**	**Decision**
Age	Frequency of Use	0.9270	0.496	Not Significant	Do not reject H_{o_1}
	Types of TCAM Utilized	0.3549	0.789	Not Significant	Do not reject H_{o_1}
	Purposes of Using TCAM	0.0365	0.989	Not Significant	Do not reject H_{o_1}
Sex	Frequency of Use	0.16902	0.824	Not Significant	Do not reject H_{o_1}
	Types of TCAM Utilized	0.33262	0.651	Not Significant	Do not reject H_{o_1}
	Purposes of Using TCAM	0.00559	0.906	Not Significant	Do not reject H_{o_1}
Educational Attainment	Frequency of Use	5.32	0.007	Significant	Reject H_{o_1}
	Types of TCAM Utilized	2.09	0.133	Not Significant	Do not reject H_{o_1}
	Purposes of Using TCAM	1.83	0.168	Not Significant	Do not reject H_{o_1}
Occupation	Frequency of Use	1.68	0.253	Not Significant	Do not reject H_{o_1}
	Types of TCAM Utilized	1.97	0.197	Not Significant	Do not reject H_{o_1}
	Purposes of Using TCAM	1.72	0.243	Not Significant	Do not reject H_{o_1}
Socioeconomi	Frequency of Use	2.20	0.0093	Significant	Reject H_{o_1}

c Status	Types of TCAM Utilized	2.80	0.044	Significant	Reject H_{o_1}
	Purposes of Using TCAM	2.28	0.084	Not Significant	Do not reject H_{o_1}

Table 4 presents the test of differences in the level of reliance on Traditional, Complementary, and Alternative Medicine (TCAM) when respondents are grouped according to selected demographic variables. The results reveal that there are no statistically significant differences in TCAM reliance in terms of age, sex, and occupation across all indicators ($p > .05$). This suggests that reliance on TCAM is relatively consistent across these demographic groups, indicating that such factors do not substantially differentiate respondents' patterns of TCAM use. These findings imply that TCAM utilization may be broadly accepted and practiced regardless of basic demographic characteristics.

In contrast, statistically significant differences were observed in relation to educational attainment and socioeconomic status. Specifically, educational attainment showed a significant difference in terms of frequency of use ($F = 5.32$, $p = .007$), indicating that respondents' level of education influences how often they utilize TCAM. This suggests that education may shape individuals' health-seeking behaviors, possibly by affecting their access to information, awareness of treatment options, or critical evaluation of healthcare practices.

Similarly, socioeconomic status exhibited significant differences in both frequency of use ($F = 2.20$, $p = .0093$) and types of TCAM utilized ($F = 2.80$, $p = .044$). These findings indicate that financial capacity plays a role in determining not only how frequently individuals use TCAM but also the variety of modalities they access. Individuals with differing economic conditions may have varying levels of access to healthcare resources, thereby influencing their reliance on alternative or complementary options.

Despite these significant findings, no differences were observed in the purposes of using TCAM across any demographic grouping, suggesting that the underlying motivations for TCAM use—such as prevention, treatment, and well-being—remain consistent regardless of demographic profile.

Overall, the results suggest that while TCAM reliance is generally widespread and consistent across certain demographic variables, educational attainment and socioeconomic status serve as important determinants in specific aspects of utilization, particularly in frequency and diversity of use. These findings highlight the role of structural and informational factors in shaping health behaviors, rather than purely personal or demographic characteristics.

The present findings are consistent with previous studies (Machado et al., 2024; Heise et al., 2025), which emphasize that educational and economic factors influence healthcare decision-making by shaping access to resources, health literacy, and perceived options for treatment. Thus, while TCAM use appears to transcend basic demographic boundaries, it is still partly conditioned by individuals' socioeconomic and educational contexts.

Relationship Between Identified Influencing Factors and Respondents' Reliance on Traditional, Complementary, and Alternative Medicine (TCAM)

Table 5. Test of Relationship Between the Identified Influencing Factors and Level of Respondents' Reliance on TCAM

Influencing Factors	**Frequency of Use (*r*)**	**Types of TCAM Utilized (*r*)**	**Purposes of Using TCAM (*r*)**	**Interpretation**	**Decision**
Cultural Beliefs and Traditions	0.588	0.392	0.744	Significant	Reject H_{02}
Perceived Effectiveness of TCAM	0.524	0.390	0.758	Significant	Reject H_{02}

Accessibility and Affordability of Healthcare	0.491	0.341	0.677	Significant	Reject H_{02}
Influence of Family and Community	0.598	0.471	0.660	Significant	Reject H_{02}
Trust in Healthcare Providers	0.561	0.442	0.690	Significant	Reject H_{02}

Table 5 shows that all identified influencing factors are significantly and positively associated with respondents' reliance on Traditional, Complementary, and Alternative Medicine (TCAM), confirming the multidimensional nature of TCAM utilization.

The strongest association is observed between perceived effectiveness of TCAM and purposes of use (r = 0.758), indicating that belief in efficacy is a primary driver of broader and more purposeful engagement. In contrast, the weakest—though still significant—relationship is found between accessibility and affordability of healthcare and types of TCAM utilized (r = 0.341), suggesting that structural constraints play a comparatively limited role in determining modality choice.

Overall, the findings indicate that TCAM reliance is more strongly shaped by perceptual and cultural factors than by access-related considerations. This pattern underscores that health-seeking behavior is primarily anchored in beliefs about effectiveness and culturally embedded practices, with contextual factors acting as secondary enablers.

These results align with prior evidence that TCAM functions both as a therapeutic alternative and a culturally normative practice, particularly in contexts where formal healthcare systems present structural limitations (Costa & Serra, 2025).

Proposed Intervention Program: Project TCAM (Trusted Choice: Alternative Medicine)

Project TCAM (Trusted Choice: Alternative Medicine) is a proposed community-based intervention program designed to promote the safe, informed, and responsible use of Traditional, Complementary, and Alternative Medicine (TCAM) among community residents who frequently utilize such practices. The increasing reliance on TCAM, coupled with limited awareness of its appropriate and evidence-informed application, highlights the need for a structured educational intervention to address potential misuse, misinformation, and unsafe practices within the community.

The program emphasizes that while TCAM may offer potential health benefits, its use should be guided by accurate knowledge, appropriate application, and awareness of possible risks. It reinforces the principle that not all natural or alternative remedies are universally safe, and that proper dosage, correct usage, and informed decision-making are essential components of responsible TCAM utilization. In addition, the program seeks to dispel common misconceptions and reduce harmful practices that may arise from unverified information or cultural misinterpretations.

In light of the study's findings, it is recommended that Local Government Units (LGUs), healthcare providers, and public health organizations collaborate in sustaining health education initiatives on TCAM. These efforts should focus on strengthening health literacy, regulating misinformation, and encouraging evidence-informed decision-making among community members. Furthermore, the integration of safe and culturally sensitive TCAM education into existing public health programs is encouraged to ensure a balanced, inclusive, and informed approach to healthcare delivery at the community level.

CONCLUSION

Elderly residents in the selected población barangays of the Municipality of Dapa demonstrate a high level of reliance on Traditional, Complementary, and Alternative Medicine (TCAM), shaped by a combination of cultural, perceptual, social, and structural factors. All identified influencing factors—cultural beliefs and

traditions, perceived effectiveness, accessibility and affordability of healthcare, influence of family and community, and trust in healthcare providers—significantly contribute to TCAM utilization, confirming its multidimensional nature. While educational attainment and socioeconomic status significantly affect specific dimensions of TCAM use, particularly frequency and type of utilization, age, sex, and occupation show no significant influence, indicating that TCAM practices are broadly shared across demographic groups. The significant relationships observed across variables underscore that TCAM reliance is not driven by a single factor but emerges from the interaction of personal beliefs, cultural norms, and contextual conditions. These findings highlight the need for multi-level, culturally responsive health strategies involving local government units and community health workers to promote informed and safe TCAM use within the community.

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