



Assessing Perceived Healthcare Access and Attitudes Towards Complementary and Alternative Medicine Amongst Parents in Cebu City

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Abstract

With the pressing demands of healthcare for most families, especially parents, different perceptions and challenges can be drawn when accessing healthcare needs and services, which can potentially drive people to generate certain attitudes towards alternative treatments or CAM in addressing health disparities. Hence, this study aimed to measure the perceived healthcare access and attitudes towards complementary and alternative medicine (CAM) among randomly selected fifty parents in a mountainous barangay in Cebu City, Philippines through a descriptive correlational approach. Data were collected using two valid and reliable 5-point adapted Likert-type survey questionnaires. Findings revealed that perceived healthcare access was rated average, while attitudes towards CAM were high. The variables were also not found to be significant $r(48) = -.057, p = .694189, p > 0.05$ at $\alpha = 0.05$, thus accepting the null hypothesis of no significant relationship, and concluding that there is a weakly negative correlation ($r = -.057$) between the perceived healthcare access and attitudes towards CAM among the parents. This means that the views of parents regarding the availability and access to healthcare services do not entirely but can weakly influence their positive outlook towards alternative medicines and treatments, as it could potentially come from other factors such as inherited tradition, socio-cultural influence, preference, and prior experience of efficacy. This negative relationship suggests that limited healthcare access leads to more prominent use of alternative medicines, and vice versa. This study recommends implementing policy changes, emphasizing the need to improve access to services in low-income areas, especially in mountainous barangay.

Introduction

The Universal Health Coverage established by the World Health Organization (2019) spearheads health promotion in countering various barriers to help reduce health-related burdens and overcome disparities. But as various threats and risks to health continue to emerge at present, when the provided healthcare is not proportionate to the deemed healthcare needs, demand continues to increase. A multi-country survey evaluated how the majority of populations face challenges and difficulties with access to health products, goods, facilities, and services (Al-Tammemi et al., 2023). The existing pressures only further aggravate specifically among low-income families who struggle to acquire basic necessities in addition to adequate health care. This range of demand on the existing health systems continues to expand as families require standard conditions for health (Duran, 2004). Healthcare accessibility only continuously becomes a pressing demand for most families, especially

concerning parents upholding the responsibility to sustain the well-being of their children. In developing countries, the availability of medicine within the public sector only covers about 35% across 27 countries which was deemed to be low while the private sectors were indicated to be higher, but it is still not guaranteed (Ortiz-Ospina & Roser, 2016)

Under the Philippine Constitution, Republic Act No. 11223 consists of the protection and promotion of every Filipino towards the right to health in relation to the Universal Health Coverage. The provision of healthy living conditions establishes the implementation of healthcare policies and programs as well as the convenience of quality and efficient health products, goods, facilities, and services. In Cebu City, the Integrated Health Konsulta Caravan has reached several communities offering medical and health services without charge; however, it only covered barangays Kinasang-an, Poblacion Pardo, Cogon Pardo, Bulacao and Inayawan.

Moreover, the Philippine Statistics Authority (2021) indicated twenty-two out of a hundred families in Central Visayas generate income lower than the necessary amount for their basic goods. Parents balance their finances between food, shelter, and medicine. Parents are concerned with the overall welfare of their children, and as primary caregivers, financial constraints contribute to shifting towards alternatives distinguished as safer, more effective, and cheaper than other conventional and standardized ones. How they perceive such barriers also contributes to adopting practical solutions as a way to mitigate varied health concerns.

This entails the use of alternative medicines and practices that is increasing both in adults and children (Leach et al., 2019). Complementary and Alternative Medicine (CAM) are regarded as any medical practices, treatments, and products that are outside the scope of conventional and standard medical care approaches (Cobb, 2016). But its application is not limited only to common or self-manageable illnesses like flu and colds. Choi & Felicilda-Reynaldo (2018) have unveiled that about 3% of Filipino adults also utilize alternative practices to manage pain-related conditions, such as back pain, arthritis, and migraines. Moreover, it is used by 2% of Filipinos to manage cardiovascular system conditions like hypertension. Whereas, conventional medicine is the use of modern or mainstream treatments offered by hospitals and medical professionals such as pharmaceutical medications, and surgery, among many others (Wilson, 2023). Moreover, the American Academy of Pediatrics (2019) mentioned common illnesses that are treated based on scientific evidence and best practices include sore throat, skin infection, chronic bronchitis, and food poisoning.

Treated as an immediate and practical form of treatment, families opt to use CAM methods when hindered in acquiring standard healthcare services. Parents at present stay open-minded about the usage of complementary modalities in providing treatment to their children. Leach et al. (2019) discuss that parents' decision to turn to alternative modes is caused by external factors such as the cost of standardized consultations and prescribed treatments with the lack of government rebates. Practical considerations such as ease of use and accessibility, along with economic factors like financial implications, are important in healthcare decision-making. Turning to such practices is realized when parents think that conventional medicine has been unable to help their children or, rather, have always preferred CAM more than conventional medicine (Coat et al., 2009).

Hence, this study looked into measuring the perceived healthcare access and attitudes towards complementary and alternative medicine of parents who belong to the classification of low-income families and as primary health caregivers. This explores how people view the availability of desired healthcare services, in a way that their choices are not constrained by certain factors or barriers. Among these services include but are not limited to oral and dental care, initial treatment of open wounds, minor afflictions, and small injuries, and common illness assessment and management, which their availability is probed at hospitals and other

medical institutions as well as local health centers. It reflects an individual's sense of ease or difficulty in obtaining necessary medical care, medications, or treatments when needed. People's perceptions vary and can be influenced by different factors, including geographic location, socioeconomic status, insurance coverage, and personal individual experiences.

Sagun-De Vera (2017) focused on the utilization of alternative medicine and healthcare practices of the people since access to conventional medicines in remote barangays was both expensive and challenging. This pushed low-income families to rely on and turn to alternative healthcare methods for treating illnesses, as financial constraints prevented them from purchasing commercialized pharmaceutical products or availing of professional medical services. Traditional, complementary, and alternative medicines (TCAM) use among Filipinos are prevalent and mostly directed to a person's financial situation as the determinant. Palileo-Villanueva et al. (2021) support this by indicating that one of the prevalent indicators of utilization of alternative means involves low income and socioeconomic status. In relation to this, other determinants include the impact of access barriers in healthcare services and healthcare utilization among publicly insured residents in the Philippines (Alipio, 2020). The study concluded that residents had low levels of approachability in terms of healthcare services due to barriers or factors such as personal mobility, availability of transportation, occupational flexibility, and knowledge about health services. This highlights that Filipinos who viewed healthcare services as less approachable had low levels of utilizing these healthcare services and instead utilized other alternatives for healthcare.

Such perceptions can drive certain attitudes, referring to an individual's thoughts, feelings, and behaviors toward healthcare services. It emphasizes the role of personal beliefs and perceptions in motivating a person to seek and utilize specific healthcare practices. These attitudes can either be positive or negative, depending on the level of satisfaction or dissatisfaction experienced by the individual.

Tangkiatkumjai et al. (2020) identified the reasons for utilizing CAM as individuals having a positive attitude towards such form of treatment, specifically perceived benefit, and safety, and having a negative attitude towards conventional medicine (CM), particularly dissatisfaction. The factors that motivate individuals to utilize alternative methods are their positive attitude towards certain practices and negative attitude towards standardized medicine. Hernandez et al. (2010) also acknowledge that dissatisfaction with conventional treatment has been suggested as a reason for seeking CAM, with patients citing such issues as poor doctor-patient communication and not enough time spent with medical professionals.

However, Ballesteros et al. (2019) found that the usage of CAM practices based on beliefs and attitudes is not recommended by medical professionals. Since it is not scientifically proven and tested, they doubt its effectiveness and do not guarantee healing. Despite the contradictions, the study also highlighted that there are still many Filipinos who are open to the utilization of alternative medicine, which remains very popular in the Philippines. Additionally, Dahilig & Salenga (2012) supported that the application of CAM observed a higher prevalence in rural areas (68.4%) compared to urban settings (51.5%), but both areas still deemed such treatments as beneficial. This further illustrates how Filipinos opt to use alternative medicines instead of conventional ones, while others acknowledge the combination of both. Moreover, Ching et al. (2016) emphasized the knowledge, patterns of use, and attitudes of residents towards CAM in different municipalities in Upland Cavite, Philippines, which are mainly herbal and traditional massages. These elicited positive attitudes as the practice of alternative treatments in these areas stems from the perceived efficacy of treatment for common ailments and is significantly rooted in their culture. This wide scope of belief in healthcare methods has been passed on from one generation to the next, which is why such practices continue to prevail in the country.

This study was anchored by Saurman (2015) Theory of Access and the Health Belief Model by Skinner et al. (2015). The Theory of Access, which was later modified by Saurman (2015), emphasizes how access influences individuals and healthcare systems in three (3) ways: use of service, consumer satisfaction, and system practice. It provides a useful definition that incorporates six (6) dimensions of access: (1) availability which measures whether healthcare services have the necessary resources to meet the patient's and community's needs; (2) accessibility refers to the gap between the patient and the location of medical facilities in terms of time and distance; (3) affordability assesses an individual's financial stability and the service's cost; (4) accommodation reflects on how a service is well-organized in accepting and meeting the needs and preferences of its patients; (5) acceptability focuses on patient's perception as to how their experience influences their recurrent visit to services; and (6) awareness refers to the patient being health literate on having the knowledge and understanding of both the individual's health and healthcare services.

Meanwhile, the Health Belief Model highlights how a person's beliefs, attitudes, and practices influence their behaviors concerning health. The belief is derived from a psychological and behavioral theory that revolves around two key components of health-related behavior: (1) the desire to avoid sickness, or rather recover if already ill, and (2) the belief that doing a particular health action will prevent or treat illnesses (LaMorte, 2022). Furthermore, the HBM suggests that an individual's perception and attitude are central factors that contribute to and determine how people will practice and behave in certain health conditions. A person will take proactive health-related measures, such as the use of complementary and alternative medicine (CAM) when recognizing the advantages that will lower the likelihood of further developing medical conditions.

Considering all of these, the researchers have identified the following research gaps: (1) existing studies did not focus on parents but more on the general users of CAM; (2) the lack of studies in the context of both variables; and (3) deficiency of inputs regarding the relationship of both variables. Hence, this study was conducted to fill in the aforementioned gaps. The results of this research provided clarity on the association between the parents' perceptions of healthcare accessibility and attitudes towards CAM in the urbanized environment, which can pave the way for potential solutions to address and promote the value of social health. Through the Theory of Access and the Health Belief Model, the framework illustrates how the parents perceive healthcare in their community from the various dimensions that incorporate healthcare products and services, along with their attitude toward complementary and alternative medicine. These aspects contribute to the establishment of an intervention program that will serve as the basis for recommendations to the specifically chosen community. This is shown in Figure 1, which presents the conceptual framework of the study

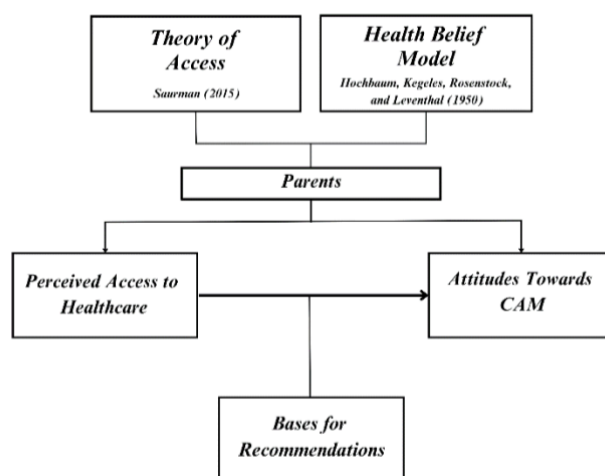


Figure 1. Conceptual Framework

The research aims to describe the relationship between the perceived healthcare access and attitudes towards complementary and alternative medicine among parents in Barangay Pamutan, Cebu City. This involves the extent of both variables and their underlying relationship assessing the perceptions of parents in terms of healthcare accessibility and their attitudes towards CAM. Considering the existing research gaps, the researchers also aim to generate possible healthcare interventions relating to the study.

Methods

A quantitative non-experimental descriptive correlational method is utilized in this study to assess the relationship between perceived healthcare access and attitudes towards CAM among parents. The study was conducted in Barangay Pamutan, Cebu City, a far-flung rural area within the urban context. Using purposive sampling, the respondents were sampled according to the following criteria: (1) have lived in Barangay Pamutan for more than twenty (20) years; (2) fall under the ages of twenty and above; (3) have children; (4) utilizes complementary and alternative medicine. Table 1 below presents the respondents of the study.

Table 1. Demographic Table of the Respondents of the Study

Demographic Profile	f	rf (%)
Age		
20 - 40 years old	16	32%
41 - 60 years old	24	48%
61 - 80 years old	6	12%
≥ 81 years old	4	8%
Gender		
Male	14	28%
Female	36	72%
Educational Attainment		
Elementary Undergraduate	11	22%
Elementary Graduate	17	34%
Highschool Undergraduate	0	0
Highschool Graduate	14	28%
College	8	16%
Employment Status		
Employed	26	52%
Unemployed	24	48%
Type of CAM Used		
<i>Hilot</i> , Herbal Medicine	10	20%
<i>Tuob, Tutho, Hilot, Haplas</i> , Herbal Medicine	8	16%
Herbal Medicine	7	14%
<i>Haplas, Hilot</i>	4	8%
<i>Haplas, Hilot</i> , Herbal Medicine	4	8%
<i>Tuob, Tutho, Hilot</i>	3	6%
<i>Tuob, Hilot, Dahon-dahon</i>	3	6%
<i>Haplas</i> , Herbal Medicine	2	4%
<i>Himasmó, Tuob</i> , Herbal Medicine	2	4%
<i>Tuob</i> , Herbal Medicine	2	4%
<i>Tuob, Hilot, Tutho, Dahon-dahon</i>	2	4%
<i>Haplas, Himasmó</i>	2	4%
<i>Hilot, Himasmó, Tuob</i>	1	2%
<i>Hilot, Himasmó, Tuob, Tutho</i> , Herbal	1	2%
Medicine	1	2%
Total: n=50		

The study implored a two adapted 5-point Likert-type questionnaire namely Perceived Access to Health Care Questionnaire and Scale for Attitudes Toward Complementary and Alternative Medicine Questionnaire. There are two parts to the questionnaire. The first section is the Perceived Access to Health Care Questionnaire adapted from Delavar et al. (2021), which consists of six dimensions that assess (1) accessibility, (2) availability, (3) acceptability, (4) affordability, (5) accommodation, and (6) awareness of the respondents centered on health care services. The second and fourth dimensions contain 3 items, while the first dimension has 4 items, and more than 5 items for the third, fifth, and sixth dimensions respectively. Hence, having a total of 30 items with a scale that ranges from strongly agree (SA - 5) to strongly disagree (SD - 1). The Perceived Access to Healthcare Questionnaire has a calculated Cronbach's alpha coefficient of 0.86 which is acceptable. Moreover, the second survey instrument which is the Scale for Attitudes toward Complementary and Alternative Medicine Questionnaire developed by Araz and Harlak (2006) deals with assessing the approach of the respondents to the utilization of complementary and alternative medicine (CAM). It has a total of 12 items with a scale that ranges from strongly agree (SA - 5) to strongly disagree (SD - 1) with items 8, 9, 10, and 12 that are reverse-scored. Each item on the survey was adapted to measure a particular aspect related to the extent of the respondents' perception and attitudes toward CAM. The Scale for Attitudes Toward Complementary and Alternative Medicine Questionnaire has a reliability coefficient of 0.85 which is also acceptable.

The research instrument went through a face and content validation from a research teacher who is majoring in research and evaluation, and from a panel of experts during the research hearing. As for the reliability, the survey tool went through reliability procedures, through a pilot test another setting with similar characteristics to the final one. To determine the reliability coefficient, Cronbach's alpha reliability test was employed to assess the reliability of each tool individually and the overall reliability of the tools, this ensures that they are credible, accurate, and consistent results (Sorono-Gagani & Bonotan, 2017). The tools used underwent pilot testing that resulted in a reliability coefficient of 0.87 for the Perceived Access Questionnaire and 0.70 for the CAM Attitudes Questionnaire, indicating a good and acceptable reliability result, respectively (George & Mallery, 2012).

Simple percentages, simple mean, and standard deviation measure the extent of perception of healthcare access and the attitudes towards CAM. A statistical test of correlation, specifically the Pearson Correlation Coefficient was applied to determine the significant relationship between perceived healthcare access and attitude towards CAM of the parents in Barangay Pamutan, Cebu City. The measurement scale of the adapted 5-point Likert-type questionnaires is primarily ordinal but is converted and treated as a continuous interval (Blanco et. al, 2020). This is to determine the descriptive levels as very low, low, average, high, and very high (Baronia et al., 2022).

Result and Discussion

The first variable of the study refers to the perceived healthcare access of parents categorized according to six dimensions and these are presented in the following tables:

Table 2. Perceived Access to Healthcare – Accessibility

Items	Mean	SD	Description
1. The services I need are provided at the health center	3.48	1.05	High
2. Getting to and from the health center is easy for me.	3.44	1.07	High
3. The time required from the health centers to my house is appropriate.	3.32	1.10	Average
4. The distance from the health centers to my house is appropriate.	3.14	1.05	Average

Totality	3.35	1.09	Average
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Interval: 1-1.80 (Very Low); 1.81-2.60 (Low); 2.61-3.40 (Average); 3.41-4.20 (High); 4.21-5.00 (Very High)

In Table 2, the services that parents need are provided at the health centers which was rated highest at ($\bar{x} = 3.48$, $SD = 1.05$). They can provide a range of different services that the parents need. However, the distance from the health centers to their house had the lowest rating of average ($\bar{x} = 3.14$, $SD = 1.05$), which implies that parents who live close to the health centers found it convenient, while others who live far away found it inconvenient.

The results showed that the level of accessibility of parents was rated *average* ($\bar{x} = 3.35$, $SD = 1.09$), which indicated that although health centers have the right services, parents may find it difficult to access due to the distance while others perceived it as appropriate. Buzza et al. (2011) stated that distance is a serious access barrier to healthcare because it involves how patients experience challenges in reaching necessary services, especially during emergencies.

Table 3. Perceived Access to Healthcare – Availability

Items	Mean	SD	Description
5. The health services (immunization, medical visit, family planning, mother and childcare, injections, etc.) I need are provided at the public health center.	3.56	0.86	High
6. Health staff is tailored to the number of clients and their needs.	3.28	1.09	Average
7. The facilities of the health center meet the health needs of the clients.	2.98	1.00	Average
Totality	3.27	0.98	Average

Interval: 1-1.80 (Very Low); 1.81-2.60 (Low); 2.61-3.40 (Average); 3.41-4.20 (High); 4.21-5.00 (Very High)

In Table 3, the health services catered at the center were rated high ($\bar{x} = 3.56$, $SD = 0.86$). In contrast, the facilities that meet the needs of the clients were rated the lowest mark of average ($\bar{x} = 2.98$, $SD = 1.00$). This means that although some parents may meet their needs, others may not be given the same facility in the healthcare service that aligns with their needs. The overall mean rating obtained for the second dimension was average ($\bar{x} = 3.27$, $SD = 0.98$), which implies that some of the respondents' needs are adequately met in terms of staffing, facilities, and health services. While some may struggle with the availability of such that responds to their needs. Hylén et al. (2022) defines availability refers to the range of health services acquired in a facility, wherein their study showed similar findings that parents had sufficient experience in the healthcare facility with regards to availability.

The results indicated that an item entailing the parent's perception and acceptance of a respectful treatment team in the health center garnered the highest rating which is high ($\bar{x} = 3.88$, $SD = 0.90$). With this, the researchers can deduce that parents find health workers respectful in catering to their clients. On the contrary, the item referring to the acceptance of screening services at the center was rated the lowest found at low ($\bar{x} = 2.10$, $SD = 1.15$) which means that screening services are not directly accepted by the parents, concerned with insufficiency and the unavailability of such.

Table 4. Perceived Access to Healthcare – Acceptability

Items	Mean	SD	Description
8. The treatment team at the health center is respectful.	3.88	0.90	High
9. Health workers listen carefully to what I have to say.	3.84	0.55	High
10. Health workers (doctors, nurses, midwives, etc.) are familiar with the culture of clients and communicate with them appropriately.	3.84	0.71	High
11. The health workers give me enough time.	3.80	0.67	High
12. I trust the statements of the treatment team (doctor, nurse, midwife, etc.) about my health and illness.	3.76	0.92	High
13. The quality of services provided in the health center is acceptable.	3.64	0.88	High
14. The health center staff meets the needs of the clients in various ways, such as being introduced to the community resources.	3.48	0.89	High
15. My request for same sex health care professionals is taken into account.	2.32	1.20	Low
16. I accept screening services such as cervical and colon cancer at this center.	2.10	1.15	Low
Totality	3.41	0.87	High

Interval: 1-1.80 (Very Low); 1.81-2.60 (Low); 2.61-3.40 (Average); 3.41-4.20 (High); 4.21-5.00 (Very High)

Parents' procured overall mean rating shows that the perceived healthcare access in terms of acceptability is rated high ($\bar{x} = 3.41$, $SD = 0.87$). By definition, the dimension of acceptability is the impact of the traits of both the patients and providers on their attitudes and behavior (Kyriopoulos et al., 2014). Hence, with a high overall rating, it can be drawn that the provision of healthcare in the centers is respectful to the parent's needs and values without any uncivil treatment but rather established by trust and acceptance.

Table 5. Perceived Access to Healthcare – Affordability

Items	Mean	SD	Description
17. To solve my health problem, I first see a general practitioner.	3.50	1.13	High
18. With the guidance of a general practitioner, I use specialized and sub-specialized services.	3.48	0.95	High
19. Cost is not a serious barrier to using health care.*	1.46	0.84	Very Low
Totality	2.81	0.97	Average

Interval: 1-1.80 (Very Low); 1.81-2.60 (Low); 2.61-3.40 (Average); 3.41-4.20 (High); 4.21-5.00 (Very High)

Table five presents the fourth dimension with the highest rated item at high ($\bar{x} = 3.50$, $SD = 1.13$) which means that for any health dilemma that parents encounter, doctors are consulted firsthand. The lowest rated item at very low ($\bar{x} = 1.46$, $SD = 0.84$) marks one of the hindrances that come along with the affordability of healthcare.

With a totality of average ($\bar{x} = 2.81$, $SD = 0.97$), this table indicated that not all respondents mainly perceive the cost as among the reasons for difficult access to conventional healthcare despite the general view of initially seeking professional advice. Aaltonen et al. (2015) supports

this that the people whom most likely encounter problems accessing healthcare methods and services include those living alone, and parents with lower education or income.

Table 6. Perceived Access to Healthcare – Accommodation

Items	Mean	SD	Description
20. It is easy to make an appointment at a health center.	3.62	1.01	High
21. The expected time to receive the services I need is appropriate.	3.52	1.05	High
22. The physical space of the health center is suitable for receiving services.	3.14	1.18	Average
23. The working hours of the public health center are suitable for receiving services from these centers.	2.94	1.35	Average
24. I can discuss health issues and changes in my condition over the phone (in person) with the treatment team (doctor, nurse, midwife, etc.)	2.34	1.32	Low
25. Access to some facilities such as wheelchairs, walkers, etc. is provided in the health center.	1.98	1.06	Low
Totality	2.92	1.16	Average

Interval: 1-1.80 (Very Low); 1.81-2.60 (Low); 2.61-3.40 (Average); 3.41-4.20 (High); 4.21-5.00 (Very High)

The highest-rated item in Table 6 entailed the parents finding appointment scheduling at the health center easy, which was rated high ($\bar{x} = 3.62$, $SD = 1.01$). It is convenient for the parents to make appointments at the health center. Meanwhile, the lowest-rated item was the parents' difficulty in accessing health facilities or equipment provided by the health center which was rated low ($\bar{x} = 1.98$, $SD = 1.06$), implying that the health center lacks these resources and cannot provide to all patients needing them.

Parents' perception of healthcare access regarding its accommodation is rated average ($\bar{x} = 2.92$, $SD = 1.16$). Haggerty & Levesque (2016) define accommodation as the way services are organized to allow patients with different needs to access healthcare, including working hours, communications, and interactions with healthcare workers, and its facilities. While it is evident that most parents view appointment scheduling favorably, other aspects, like having access to particular facilities are rated low. This disparity suggests that there are potential gaps in the service provision within healthcare facilities, emphasizing that despite efforts to streamline certain aspects of access, like appointment booking, the lack of access to essential facilities points to areas that need improvements in order to ensure equitable access for all patients.

Table 7. Perceived Access to Healthcare – Awareness

Items	Mean	SD	Description
26. Communication of health workers (doctor, nurse, midwife, etc.) with clients is appropriate.	4.02	0.47	High
27. Health workers try to make sure I fully understand the health information provided.	3.96	0.64	High
28. The information I need is expressed in simple language without the use of specialized words.	3.94	0.68	High

29. The educations that are given to me are such that I understand them.	3.80	0.61	High
30. My living conditions are taken into accounts, such as marital status, ability to pay, and cultural differences.	3.70	0.9	High
Totally	3.88	0.66	High

Interval: 1-1.80 (Very Low); 1.81-2.60 (Low); 2.61-3.40 (Average); 3.41-4.20 (High); 4.21-5.00 (Very High)

Table 7 indicates the last dimension of the consciousness regarding overall healthcare access. The highest rated item at high ($\bar{x} = 4.02$, $SD = 0.47$) marks the proper and open communication experienced by the people in sharing health situations. This means that the respondents have not felt any miscommunication with the health workers when reaching out to them. The lowest rated item is also high ($\bar{x} = 3.70$, $SD = 0.91$) suggesting that in accessing services, health workers consider some factors around their living conditions.

With a total rating of high ($\bar{x} = 3.88$, $SD = 0.66$), awareness is prevalent among the respondents which means that parents are well-informed about the means of accessing healthcare. This contradicts Hansen et al. (2021) that among the health-seeking barriers that were identified was the lack of information regarding their children's health problems and how to resolve them which made them feel like they failed as parents.

Table 8. Summary Table of the Dimensions on Perceived Access to Healthcare

Dimensions	Mean	SD	Description
1.6 Awareness	3.88	0.66	High
1.3 Acceptability	3.41	0.87	High
1.1 Accessibility	3.35	1.09	Average
1.2 Availability	3.27	0.98	Average
1.5 Accommodation	2.92	1.16	Average
1.4 Affordability	2.81	0.97	Average
Totally	3.27	0.96	Average

Interval: 1-1.80 (Very Low); 1.81-2.60 (Low); 2.61-3.40 (Average); 3.41-4.20 (High); 4.21-5.00 (Very High)

The table above presents the summary of the perceived healthcare access of the parents with all six dimensions. The sixth dimension – Awareness, ranked the highest at high ($\bar{x} = 3.88$, $SD = 0.66$), which means people, especially parents, are particularly aware of the various ways to access healthcare methods, treatments, and services to satisfy their health dilemmas. On the other hand, the fourth dimension – Affordability, poses as the lowest-rated mark on average ($\bar{x} = 2.81$, $SD = 0.97$) wherein some parents consider cost as a serious hurdle in obtaining healthcare while some do not, especially when it comes to overcoming their health concerns.

The level of perceived healthcare access among parents was only average ($\bar{x} = 3.27$, $SD = 0.96$), wherein some parents positively perceive healthcare as accessible while a significant portion remains dissatisfied with the accessibility of such services. Overall, this provides a comprehensive overview of perceived healthcare access through multiple dimensions. Despite high-rated dimensions such as Awareness and Acceptability, the overall assessment indicates an average rating, which signifies the complexity of the healthcare access landscape. This average rating showcases the multifaceted nature of healthcare access, wherein it is influenced by various factors such as geographical location, socioeconomic status, and the availability of resources within healthcare facilities. Supported by Levesque et al. (2013), the conceptualization of healthcare access remains complex because it is composed of various interpretations. Moreover, it highlights the need for a holistic approach to address the diverse

needs of patients, while acknowledging the importance of considering these multiple factors when evaluating and improving healthcare access in order to address the unique needs faced by different individuals and communities. Therefore, a comprehensive understanding about the healthcare access landscape is essential in order to implement targeted interventions that effectively address specific gaps and access barriers for a more equitable healthcare system.

Furthermore, the second variable tackles the attitude of parents towards Complementary and Alternative Medicine (CAM). This pertains to their regard for the utilization of unconventional medicines and practices that are presented in the table below.

Table 9. Attitude towards CAM

Items	Mean	SD	Description
I think that using the alternative treatments is not an ignorance. *	4.64	0.63	Very High
In case of sickness, I can orient my relatives to alternative treatments besides conventional medicine.	4.64	0.48	Very High
Alternative treatments can be used in company with conventional medicine so that it could help the treatment.	4.56	0.64	Very High
If patients have an illness that cannot be cured by conventional medicine, they must be directed to alternative treatments.	4.48	0.74	Very High
I think positively about alternative treatments in general.	4.46	0.61	Very High
In case of sickness that cannot be cured by conventional medicine, alternative treatments could be used.	4.42	0.76	Very High
In order to treat the sickness, alternative treatments can be used alone without utilizing conventional medicine.	4.08	0.74	High
I believe that alternative treatments are effective just because of the practitioner's positive approach and successful communication with the patient.	3.96	0.88	High
In order to cure the sickness, not only conventional medicine should be used. *	3.88	0.94	High
I think that alternative treatments are not completely quackery. *	3.70	1.05	High
People are recovered by alternative ways because of their strong beliefs about the curative power of these treatments and with their real effects. *	2.76	0.92	Average
I think that alternative treatments should be used by consulting the doctor.	2.52	1.50	Low
Totality	4.01	0.86	High

Interval: 1-1.80 (Very Low); 1.81-2.60 (Low); 2.61-3.40 (Average); 3.41-4.20 (High); 4.21-5.00 (Very High)

The results showed high regard for parents towards Complementary and Alternative Medicine (CAM). Six out of twelve items were answered very highly with the highest rated item ($\bar{x} = 4.64$, $SD = 0.63$) that entailed that parents do not think that alternative treatments are for those

who lack knowledge about conventional and medical practices. With this, parents utilize alternative treatments never as a product of ignorance but as trusted and effective sources of medicine. Only one item was marked average which pertains to the curative ability of these alternative treatments because of the parents' strong belief, that is far from its real effects. Moreover, item number six has the lowest mark which was rated low ($\bar{x} = 2.52$, $SD = 1.50$) wherein parents independently use such alternative treatments or CAM without consulting or needing the approval of a doctor.

Overall, Table 9 indicates the extent of the parents' attitudes towards complementary and alternative medicine (CAM). As presented, it gained a totality of high ($\bar{x} = 4.01$, $SD = 0.86$). Tangkiatkumjai et al. (2022), stated that high levels and positive regard for CAM are rooted in its perceived benefit, trust, and safety as well as traditional influence, affordability, easy access, and a way to fill in the gaps of conventional medicine. Since the overall rating of the parents' attitudes toward CAM is high, it can be inferred that the parents strongly trust the efficacy brought about by CAM and have relatively positive attitudes toward utilizing it as a form of treatment for certain health disparities. In contrast, Peng & Xie (2021) have shown that the nature and efficacy of these treatments need much more systematic and structured research for parents to believe. Doctors and other health care professionals and providers are not convinced about these practices. As they are not part of the standard medical care and they are skeptical about the efficacy of such methods and treatments (Phutrakool & Pongpirul, 2022).

Table 10. The Correlation Between Perceived Healthcare Access and Attitude Towards CAM

Variables	Mean	R-value	P-value	Description	Decision
Perceived Healthcare Access	3.27	-.057	.694189	Weak negative correlation	Do not reject the null hypothesis
Attitudes towards CAM	4.01				

Source: Hinkle et al. (2003)

The correlation between the extent of Perceived Healthcare Access and Attitudes towards CAM was not found to be significant at $r(48) = -.057$, $p = .694189$, $p > 0.05$ at $\alpha = 0.05$. Therefore, the researchers accept the null hypothesis stating that there is no significant relationship while concluding with at least 95% confidence that there is a weakly negative correlation ($r = -.057$) between the variables of the study. This means that the degree and strength of the relationship between the perceived healthcare access is negatively correlated to the attitudes of CAM among the 50 respondents.

Both the Theory of Access (1981) and the Health Belief Model (1950) confirmed the current study based on the findings. The six dimensions according to the Theory of Access were utilized to showcase how the parents' perspective may influence them in utilizing CAM. The results show how parents' perceptions of accessibility in different dimensions vary which is why their attitudes towards CAM are not always reflected in their accessibility but rather the drive to use these due to their attitude towards the effectiveness of CAM. This relates to the Health Belief Model wherein the parents' positive beliefs and attitudes influence them to use CAM due to the effectiveness of CAM and the parents' drive to recover from illnesses. Both theories made a significant contribution to the research process and were effectively employed as verification to support the results of the study.

The findings of the study revealed that parents' views on the accessibility of healthcare services suggest that it is particularly difficult in terms of affordability while others were deemed just as adequate. Even with this, the respondents still have positive outlooks toward alternative treatments and particularly agree that utilizing them does equate to whether or not they know

conventional and standardized medicines. This entails that other factors strongly influence their drive to practice CAM other than the way they perceive healthcare accessibility.

Conclusion

In conclusion, the current study has proven that the prevalent CAM practices at present, as well as the people's accessibility to healthcare, contribute to their approaches in resolving various health situations and dilemmas. Although there is a weakly negative correlation ($r = -.057$) between the extent of Perceived Healthcare Access and Attitudes towards CAM, this study shows that perceived healthcare access of the parents does not entirely affect their attitudes toward CAM. Additionally, the low perceived accessibility can potentially but weakly contribute to high and positive attitudes towards alternative treatments. This implies that the higher their perception of healthcare accessibility, the lower their attitudes towards CAM, and vice versa. Implying that if they have low access to healthcare, then they are most likely to use CAM. However, despite high levels of awareness and acceptability in their perceptions of healthcare access, the prevalence of positive attitudes toward CAM is still strongly evident among the respondents, meaning that the utilization of such practices is more independent of perceived accessibility. This entails that the respondents prefer to use CAM as an alternative form of treatment whether or not they can access immediate healthcare. Reasons for use may come from other various factors outside of perceived healthcare access.

Accordingly, the researchers recommend implementing policy changes, emphasizing the need to improve access to services in low-income areas. By concentrating efforts on improving availability in these areas, the challenges in healthcare accessibility will be mitigated. The researchers also recommend that future researchers explore further as this study only heavily focused on remote areas. Further studies could also examine different areas and populations, such as young adults and the elderly, to contribute to a more comprehensive understanding and improvement of healthcare accessibility and CAM use on a broader scale. Future researchers could focus on other factors or variables that could potentially drive the utilization and positive attitudes toward alternative treatments.

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