

Determinants of Herbal Medication Utilization

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ABSTRACT

The purpose of the study was to know the determinants that predispose herbal medicine utilization among adults. This research is a non-experimental study utilizing the causal-comparative research design. Thirty respondents, grouped into two (users and non-users of herbal medication) came from the four communities: Buhisan, Busay, Labangon, and Mabolo. The respondents were interviewed using a survey questionnaire containing structured questions. The data were subjected to Discriminant Analysis, a technique for classifying a set of observations into predefined classes. Results show that the determinant with the highest influence on whether one will use herbal medications was cultural values and lifeways, followed by kinship

and social factors, then by educational factors. The factor that least determine an individual's herbal medication utilization is economic, followed by political and legal, then by religious and philosophical.

Keywords - Ethnobotany, herbal medication, descriptive design, Philippines.

INTRODUCTION

Health is one of the dimensions that should be looked into as an important factor for life and survival. Today, health is compromised because of the changes that are occurring in the food that we eat, the technologies that we use and activities we engage daily living. These changes tend to affect our lifestyle and our future disposition. These changes affect every decision we make. One dimension that is affected by these changes is health. Health is one of the most important dimensions in life that is greatly affected by the occurring changes. One alternative way of treating symptoms of an underlying disease is the usage of plants and herbal medications. However, some herbal medications have not yet been approved by the Department of Health (DOH), yet they are just being used by people because of specific beliefs or because of the influence of their relatives or neighbors.

This study identifies reasons why people utilize herbal medications in treating diseases even without consulting the physicians. It also explores the reasons for the uses willingness to take the risk for their kids to take in herbal medications even if these medications have no approved therapeutic claims.

FRAMEWORK

This study is anchored on Leininger's Culture Care Theory. Leininger discovered that patients from diverse cultures valued care more than the nurses did. Gradually, Leininger became convinced about the need for a theoretical framework for the dimensions of life. In her Culture Care Theory, Leininger states that caring is the essence of nursing and unique to nursing. Care always occurs in a cultural context. Culture is viewed as a framework to solve human problems. In that sense, culture is universal. It is also diverse, as Leininger refers culture to the specific pattern of behavior that distinguishes any society from others. Moreover, she pointed out that alternative medications vary from one culture to another. Some cultures may prefer certain medications than other cultures.

The reasons why people resort to complementary medicine are both rational and emotional. Relying on the recommendations of the family and friends, holistic

treatment, mild treatment, dissatisfaction of conventional medicine, fewer side effects, and/or lower costs are few reasons given by adult complementary and alternative medicines (CAM) patients (Wapf and Busato, 2007). These beliefs and practices include the preference of consumers for natural therapies, the belief that herbal drugs are free from side effects, the belief that herbal medicines might be of effective benefit in the treatment of certain diseases where conventional therapies and medicines have proven to be inadequate, to the tendency towards self-medication, and the belief that they can save money more (Braz Med Biol Res, 2005).

In a study, three main reasons explained patient's choice of alternative medicine. First reason is dissatisfaction with conventional medicine. People usually are not satisfied with conventional medicines because of negative experiences; hence, they turn to alternative medicines because they see them as effective, milder, and have less side effects. Second reason is that they want to have a more personal involvement in the healing process, keeping control over their own health care decisions. The third reason is that alternative medicines are more congruent with their spiritual or religious values, beliefs or philosophy regarding the nature and meaning of health and illness (Wapf and Busato, 2007).

Though herbal medicines have so many advantages, herbal medicines do are not always safe for users. Many natural substances and herbal medicines can be harmful if taken excessively if or used wrongly. Moreover, herbal medicines may not be pure sometimes. Unregulated herbal products may be mislabeled and may contain undeclared additives and adulterants. They may also include other things such as plant pollen or contaminants that could make users sick. Also, the active ingredients in many herbal supplements and treatments remain unknown. Some supplements have been found to contain metals, prescription drugs mixed in without any mention on the label, microorganisms or other substances (Ipsium, 2009).

According to an article published in the American Academy of Family Physicians ginkgo biloba is often used by patients for the treatment of many common disorders. However, this herbal supplement has also been known to cause bleeding in some patients after prolonged use. Other examples of side effects associated with the herb include dry mouth, dizziness, confusion and stomach irritation (Fonseca, 2010). Hence, it is always wise to consult a doctor before taking herbal medications.

OBJECTIVES OF THE STUDY

The study identified the determinants for the usage of alternative medications. Specifically, this study sought to achieve the following objectives:

1. Describe the profile of the respondents; and,
2. Identify the determinants of herbal medicine utilization.

Hypothesis

People in the community resort to the use of herbal medicines for these reasons: cheap, safe, and have very few side effects.

METHODOLOGY

Research Design

The study used the causal-comparative research design, which since no manipulation of variables was done. The aims to discover the possible causes and effects of a behavioral pattern, in this case, the use of herbal medications.

Research Locale

The study was conducted in four communities: Labangon, Mabolo, Buhisan, and Busay. The first two communities are urban communities being near the city proper while the other two are rural communities being located in mountain areas.

Research Respondents

Thirty adults from each selected community composed the sample. The adults were either mother or father of the family. Fifteen adults were users of herbal medications while the other 15 were non-users. The researchers set the following inclusion criteria: a) must be head of the family either user or non-user herbal medicines, b) must be adult aging at least 18 years old, and c) must be able to comprehend and communicate his/her thoughts.

Research Sampling Techniques

The study used the purposive sampling, selecting a sample in a deliberative and non-random fashion to achieve a certain goal.

Research Instruments

This study used the interview for getting data. A questionnaire guided the interviewers.

Research Data Gathering Procedures

The data gathering involved obtaining permission of the respective captains of the four communities getting the informed consent of each respondent, and interviewing the respondents for approximately 5-10 minutes at their respective homes.

Research Statistical Analysis

The researchers used the Discriminant Analysis. This is a statistical method used to understand the relationship between a dependent variable and one or more independent variables. In discriminant analysis, the dependent variable must be a categorical variable. The values of a categorical variable serve only to name groups and do not necessarily indicate the degree to which some characteristic are present. The categories must be mutually exclusive; that is, a subject can belong to one and only one of the groups indicated by the categorical variable. In this study, the categories users and non-users of herbal medicines.

RESULTS AND DISCUSSION

Most herbal users aged 31-40 years old, followed by those who aged above 50 years old and 25-30 years old, 41-50 years old, then 18-24 years old. This finding shows that most users were those influenced by the past generations, specifically the middle-age adults, while the least frequent users were in the new generation or the young adults. Most non-herbal users aged 18-24 and above 50 years old, followed by those who aged 31-40 years old, 41-50 years old, and 25-30 years old. This findings shows that most non-users were young and late adults. There was an equal number of users and non-users aged above 50 years old, but there were more non-users aged

18-24 years old than herbal users of the same age group.

There were more female than male users of herbal medicines contrast 5 while where was an almost equal ratio of male and female non-users.

Most herbal users were married, implying that these respondents probably have their own children, therefore have more expenses and thus resort to the use of herbal medicines. Most non-herbal users were single, hence have lesser expenditures and can afford conventional medicines.

Most users were high-school graduates, followed by those who have not finished high-school, those who studied college. On the other hand, most non-herbal users were those who attended high-school, followed by those who attended elementary only and those reached colleges.

The respondents in both groups had an average income of P3001-P6000 per month, monthly income is not a factor determining whether one will use herbal medicine or not.

Table 1. Matrix for herbal medication utilization

Factors	Factor Loading
I. Educational Factors	
A. Taught in School	.284
B. Taught in Health Centers	.352
C. Educational Background	.111
II. Economic Factors	
A. <i>Total Monthly Income</i>	.53
B. Family Size	.166
C. Medicine Budget	-.013
III. Religious and Philosophical Factors	
A. Reasons of Preference	.293
B. Recommended by Religious Leaders	.134
C. Recommended by Church Members	.292
IV. Kinship and Social Factors	
A. Influence	.100
B. <i>Number of Known Users</i>	.523
C. To Whom Will Promote	.204
V. Cultural Values and Lifeways	
A. <i>Family Tradition</i>	.726
B. Purpose of Using	.360

VI. Political and Legal Factors	
A. Extent of Legal Knowledge	.269
B. Herbal Plants Identified	.211
C. Advocated by Community Leaders	.162

As shown in the table, the three factors that predicted the use of herbal medicines were family tradition (0.726), number of known users (0.523), and total monthly income (0.53). Furthermore, the factor with the biggest impact on determining whether one will use herbal medicines was cultural values and lifeways, followed by kinship and social factor and economic factors. Significantly, the highest specific determinant family tradition of using herbal medicines. According to Ergil, Kramer and Ng (2002), Chinese patients based their decisions about using herbal medicines on family tradition.

CONCLUSION

Based on the research findings, there are three (3) predictors of the use of herbal medicine, namely: family tradition, number of known users, and total monthly income. The furthermore the factor with the biggest impact on determining the use of herbal medicine is cultural values and lifeways, followed by kinship and social factor and economic factor.

RECOMMENDATIONS

Based on the research findings, the researchers advance the following recommendations:

1. That the family tradition of using herbal medicines be preserved and enhanced by learning more about herbal medications, how these medications work and how they can be used in different situations.
2. That information regarding the 10 herbal medicines endorsed by Department of Health be disseminated to health care practitioners and consumers to promote alternative medications.
3. That proper use of herbal medicines be taught in schools, health centers, and other institutions that promote health.
4. That herbal medicines be promoted to remote areas.

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