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Research Article

Utilization of Traditional Medicines for Pediatric Care Among Households in The Fifth District of Camarines Sur

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Abstract:

Traditional medicines remain moderately utilized among households, underscoring the importance of educating the community on their appropriate use and fostering a balanced understanding of both their potential benefits and limitations. This quantitative, descriptive-correlational study with causation design assessed the utilization of traditional medicines for pediatric care among households in the fifth district of Camarines Sur**.** Utilizing a descriptive correlational design, data were gathered through questionnaires and analyzed using percentage techniques, weighted means, and Chi-square tests of independence.

The study found that most of the respondents were belonged to the age group 25-34; majority were females and most were college graduate. Majority reported a family income of Php 10, 957- Php 21, 914 with number of children 1-3. Moreover, the predominant religion was Roman Catholic, and most were professionals. Traditional medicines are moderately utilized for pediatric care. Families continue to favor accessible and culturally accepted practices such as herbal medicine, hilot, and pilgrimages and healing masses, indicating that these remain deeply rooted in the community's healthcare practices while exorcism, anito rituals, anting-anting, tayhup, and pagtatawas, are now rarely used. Traditional medicines are most often applied only when a child is sick and seasonal and occasional uses also persist, suggesting that traditional medicine is often tied to illness patterns, cultural timing, and specific symptoms rather than habitual use. It is mainly utilized for common, mild, and frequently occurring conditions such as cough, colds, fever, headache, abdominal pain, and vomiting while limited reliance on traditional medicine for more serious or high-risk conditions including shortness of breath, malnutrition, helminthiasis, diarrhea, and dengue fever indicating that caregivers are more cautious and tend to seek formal medical care when illnesses become severe or life-threatening.

Both intrinsic and extrinsic factors significantly influence the utilization of traditional medicines for pediatric care. For intrinsic factors, family health practices, cultural beliefs, and personal experiences with both traditional healing and religious or spiritual practices play the most influential roles, while for extrinsic factors the cost of modern healthcare and the accessibility of health facilities greatly influence families' reliance on traditional practices. For the types of pediatric illnesses treated, age, sex, education, number of children, and occupation again show significant relationships, meaning that parents profile influence the kinds of illnesses they choose to manage through traditional methods. In contrast, family monthly income and religion do not significantly affect the types of illnesses treated with traditional medicine. The study develops an educational material for traditional medicines among households in the fifth district of Camarines Sur.

Keywords: Types of traditional medicines, frequency of use, types of pediatric illnesses

1. Introduction

Utilization of Traditional Medicines (TM) are still widespread in the contemporary world due to ease of access, cost-effective, and high cultural acceptance. It differs significantly from one culture or region to another and is usually passed down from generation to generation. It is a notion to the knowledge, skills, and practices utilized for the purpose of preserving well-being and preventing, identifying, managing, or treating physical and psychological conditions. Also, it has a vital role for pediatric care since it remains an important priority for families and communities, especially in developing countries where access to modern health centers may be underprivileged.

Parents practiced traditional medicine on their children extensively and it makes a major impact to public health. According to Hailu, et al. (2020), majority of parents use TM and it is the best option for promoting, preventing, and treating their children's health/health problems. Herbal remedies, massage, and faith-based or prayer interventions were the traditional medicine approaches most frequently utilized. Factors such as household income, cultural influences, religious beliefs, and the length of the child's illness were associated with parents' use of traditional practices for their children. Parents with higher socioeconomic standing were less likely to rely on traditional medicine, as they had the financial means to access modern healthcare services, even those located outside the district.

According to Zinboonyahgoon et al. (2025), traditional medicine has been utilized for a wide range of painful conditions globally,

since pre-historic times. Even though traditional medicine lost its relevance gradually with the advent of western medicine, traditional medicine continues to be practiced in various regions of the world at varying intensities. A combination and integrated approach of traditional medicine with western medicine could be an effective source of relief for some selected chronic pain conditions. Individuals must take into account the effectiveness of the integrated intervention, safety, and cost-effectiveness from robust and high-quality available evidence. These traditional medicine traditions have been practiced for thousands of years and are more globalized today. Utilization of these therapies may also be culture dependent, thus, evidence of their efficacy and safety within one culture does not automatically establish that these would be safe and effective across all cultures.

In the Philippines, Patron (2023) stated that traditional medicine has survived through centuries of colonization. However, today, science can provide us a new perspective on these ancient, misconstrued arts and show us that really, there is always something new to discover in the old. There are over 1,500 known medicinal plants that exist, and at least 120 of them have been scientifically validated as effective and safe, at least based on today's standards. Despite this tremendous potential to utilize this cornucopia of drugs, the country has yet to go a long distance in embracing traditional medicine in today's times. According to Felipe Jocano Jr., Assistant Professor of the UP Diliman Department of Anthropology, while there are plants that have been used throughout history, whose great potential has not been used until today because of our personal biases, or because of the biased use of certain practices over others, we tend to look more on those that are Western-oriented.

The Philippine law that was put in place to develop and integrate traditional and alternative health care into the national health care system as appropriate role towards safe and effective indigenous practices, support research on the same and preserve traditional knowledge is the Republic Act No. 8423 the Traditional and Alternative Health Care (TAMA) of 1997. The RA 8423 article IV establishes the Care Development fund that will be used in programs, research, training and projects to be implemented in both traditional and alternative healthcare in the Philippines. According to the law, it is to be used specifically in research, development and promotion of the traditional and alternative health care practices and products and that the fund is to be used in strict ways that help in promoting and improving the traditional and alternative health care sector.

In the fifth district of Camarines Sur, Cerio (2024) studied the use of traditional medicine, particularly medicinal plants, by folk healers. In all, 153 plant species belonging to 60 botanical families are used as therapeutic resources against 17 disease categories, which include ordinary ailments and others relating to traditional beliefs about spiritual or unseen causes. This indicates that extensive cultural knowledge and long-standing plant-based healing practices remain strong among traditional healers. It also illustrates the need for ethnopharmacological documentation and scientific research into the identified plants, particularly those with high fidelity levels and significant use values.

The researcher sought to pursue this study because the Fifth District of Camarines Sur composed largely of rural municipalities offers an important context for examining the role of traditional medicines in pediatric care. Observations within the researcher's community revealed that many families rely on herbal remedies, faith healers (albularyo), and other traditional health practices to manage common childhood ailments such as fever, cough, colds, abdominal discomfort, and skin infections. Despite its widespread use, traditional medicine remains poorly understood in terms of its prevalence, the factors influencing its utilization, and its implications for child health outcomes. During a review prior to taking the Philippine Licensure Examination for Nurses, the researcher also noted that several traditionally used remedies are still widely accepted and recommended in certain health contexts. The motivation to pursue this study was further strengthened by a pre-survey conducted among the researcher's former classmates and cousins who are currently employed as Nurse Deployment Program (NDP) nurses. Majority of them reported that many parents in their assigned communities continue to use traditional medicine as part of their pediatric care practices. They observed firsthand, particularly during home visits how parents administer traditional remedies to manage childhood conditions. These insights highlighted a clear knowledge gap that, once addressed, could enhance pediatric health outcomes.

2. Methodology

This section discussed the methodologies and techniques employed in the collection of data requisite for the research study. The researcher employed diverse approaches in the execution of the investigation. This includes the study's research design, respondents, research instruments, data collection technique, and data analysis. This section delineated the methods and procedures employed in the collection of data requisite for the research study.

2.1 Research Design

This research employed a quantitative, descriptive-correlational study to assess the utilization of traditional medicines for pediatric care among households in the fifth district of Camarines Sur. This design was used since it enables the effective gathering of information from a large population and allows one to discover patterns, trends, and potential determinants of the use of traditional medicine in actual settings. It also works well for discovering associations with causation. According to Creswell (2021), the descriptive research design is a study that describes the characteristics of a population or phenomenon being studied. It will be used to gather and evaluate the objective data through structured questionnaire.

2.2 Respondents of the Study

The respondents of this study were 280 parents in the Fifth District of Camarines Sur of children aged 0 to 12 years old. Even though the study presented some interesting data, certain limitations were identified. This study was only conducted on the parents who are

using the traditional medicine. The research considered only up to the Fifth District of Camarines Sur and not the generalizable consideration of other locations that may have varying cultural, economic, and medical characteristics. The research was based on the truthfulness and correctness of the self-reported applications of traditional medicines by the interviewees which was influenced by the recollection bias or social want bias. Only a given period of time was used to collect data and seasonal illness or behavior may not be effectively reported. The study used the quota sampling to identify the number of respondents.

2.3 Research Instruments

In order to collect necessary data and information, this study utilized structured self-made survey questionnaire. Surveys questionnaires were provided to the respondents in the city and municipalities in the fifth district of Camarines Sur.

Questionnaire is a specific tool or instrument for collecting the data. It is a list of questions or items used to gather data from respondents about their attitudes, experiences, or opinions. Questionnaires can be used to collect quantitative and/or qualitative information (Bhandari, 2023). This research instrument was used to gather information on the utilization of traditional medicines form pediatric care in the fifth District of Camarines Sur.

2.4 Data Gathering Procedure

A vital part of the research process, the data collecting process is the methodical gathering of pertinent and accurate information from many sources using suitable tools and techniques to solve the research questions, test hypotheses, and finally help the accomplishment of the goals of the study.

Preparation of Questionnaire. Through a rigorous reading from different studies and online sources as well as the researchers own understanding of the topic, questionnaires were made. The first part of the survey questionnaire focused on the profile of the respondents in terms of age, sex, highest educational attainment, family monthly income, number of children, religion and occupation. The second part pertained to the extent of utilization of traditional medicines along with type of traditional medicine, frequency of use and type of pediatric illnesses treated. The third part determined the factors that influence the use of traditional medicine along with intrinsic and extrinsic factors.

Validation of Questionnaire. To test the questionnaire's validity, the researcher submitted the initial draft of the questionnaire to the research adviser, members of the oral examination committee and statistician for comments and suggestions. A pilot testing was done in Iriga City for 10 parents qualified to the criteria and not included in the actual conduct of this study. The questionnaire was adjusted depending upon various considerations. Cronbach's alpha was used to check the reliability of the questionnaire. Cronbach's alpha is a statistical coefficient used to assess the internal consistency (reliability) of a set of items in a scale, questionnaire, or test that is, how closely related the items are as a group and how consistently they measure the same underlying construct (Hayes & Coutts, 2020). The results of the questionnaire given to the statistician for the extent of utilization of traditional medicine was 0.922 while for the factors that influence the utilization traditional medicine was 0.961, both passed the reliability test.

Administration and retrieval of Questionnaire. Administration and retrieval of questionnaires were conducted systematically. Permission to conduct the study was secured from the Mayor through the City and Municipal Health Officers. After approval, the questionnaires were personally distributed to participating respondents. Following a cordial greeting, the researcher briefly explained the study. Using Cronbach's alpha, reliability analysis showed that it passed, indicating acceptable internal consistency, instrument dependability, clarity of items, respondent comprehension, ethical compliance, confidentiality assurance, accurate data collection, and suitability of the questionnaire for quantitative analysis and subsequent statistical interpretation within the research framework.

3. Results and Discussion

3.1 Profile of the Respondents

a. Age. Table 1 shows the distribution of the respondents in terms of age. It shows that out of 280 respondents, 119 (42.50%) belonged to the 25-34 age group, ranked first; 73 (26.07%) belonged to 35-44 age group, ranked second; 47 (16.79) belonged to 45-54 age group, ranked third; 20 (7.14%) belonged to 20-24 age group, ranked fourth; 16 (5.71%) belonged to 55 and above age group, ranked fifth and five (1.79%) belonged to 19 and below age group, ranked sixth. These figures revealed that most of the respondents belonged to 25-34 years old. Based on the result of the study, this age group utilized traditional medicines for pediatric care among households in the fifth district of Camarines Sur. Their significant presence demonstrated that the younger generation, especially those in the age group of 25-34, was the largest number of respondents and applied traditional medicine in terms of pediatric care in the fifth district of Camarines Sur community.

Table 1. Age of the Respondents

Indicators	Frequency	Percentage	Rank
19 years old and below	5	1.79	6
20-24 years old	20	7.14	4
25-34 years old	119	42.50	1
35-44 years old	73	26.07	2
45-54 years old	47	16.79	3
55 years old and above	16	5.71	5

Total	**280**	**100.00**

Most of the respondents fell in the age category of 25-34 as the prime care giving years. This is consistent with the results provided by Alyafei and Easton-Carr (2024), who noted that younger adults are also more apt to be the ones that are closely engaged in health decisions related to children, including the use of traditional medicines. Young parents have a tendency to compromise the conventional beliefs with new health practices.

b. Sex. Table 2 shows the distribution of respondents in terms of sex. It revealed that out of 280 respondents, 225 (82.36%) were females who ranked first while 55 (19.64%) were males, ranked second. This implies that majority of the respondents were women and characteristic of intercultural patterns, according to which mothers are the most important decision-makers in children health care. Mothers in particular, play a central role in the decision and prescription of the traditional medicines to their children. Their preeminence might also aim at their familiarity with culturally immersed health practices that can significantly impact the occurrence of traditional health practices among households and their trends.

Table 2. Sex of the Respondents

Indicators	Frequency	Percentage	Rank
Male	55	19.64	2
Female	225	80.36	1
Total	**280**	**100.00**	

Females constituted 80.36% of respondents, which also aligns with other reviewed studies that highlight the fact that female is the most important caregiver mainly in the health sector that deals with the pediatric health complications (Umeokonkwo, 2025). It also forms the study that mothers tend to make vital decisions about the health of their children such as the application of traditional and culturally based treatments hence the importance of women in managing health within the family.

c. Highest Educational Attainment. Table 3 shows the distribution of respondents in terms of highest educational attainment. It revealed that out of 280 respondents, 127 (45.36%) were college graduate, ranked first followed by high school graduate who have 111 (39.64%) respondents, ranked second; 27 (9.64%) of the respondents were elementary graduate, ranked third and 15 (5.36%) were master's degree holder, ranked fourth. This implied that most of the respondents are quite educated and it may have an impact on the perceptions about pediatric health care. When applied in the case of utilization of traditional medicine by households in the fifth district of Camarines Sur, increased education level will help to be selective or informed in the use of traditional medicines as a factor of integrating cultural practices with health and safety knowledge. In a way that the interaction between education and healthcare choices at home, the less educated respondents are more likely to resort to traditional medicine because of familiarity and more access.

Table 3. Highest Educational Attainment of the Respondents

Indicators	Frequency	Percentage	Rank
Elementary Graduate	27	9.64	3
Highschool Graduate	111	39.64	2
College Graduate	127	45.36	1
Master's Degree Holder	15	5.36	4
Total	**280**	**100.00**	

Most of the respondents were educated and the sample was fairly educated with most having undergone college education. Education level among the people is associated with openness to modern medicine as well as respecting validated traditional practices. This is relevant since the level of education determines health literacy and health-seeking behavior (Lasco, Yu, and David, 2025).

d. Family Monthly Income. Table 4 shows the distribution of respondents in terms of family monthly income. It revealed that out of 280 respondents, 264 (94.29%) of the respondents have monthly income of Php 10,957-Php 21,914, ranked first followed by 10 (3.57%) respondents have monthly income of Php 10, 957 and below, ranked second and lastly, six (2.14%) of the respondents have monthly income of Php 21,915-Php 43,828, ranked third. This implies that majority of families are in a middle-income category and it may serve as the defining factor in pursuit of healthcare services. Based on the use of traditional medicine in the management of children at the homes of the Fifth District of Camarines Sur, the poor and middle-income families would find the application of traditional medicines cheaper and more readily available than the modern medical care. This would imply that financial factors play a great role in reliance on culturally accustomed health practices in addressing childhood diseases.

Table 4. Family Monthly Income of the Respondents

Indicators	Frequency	Percentage	Rank
Php 10,957 and below	10	3.57	2
Php 10,957- Php 21,914	264	94.29	1
Php 21,915- Php 43,828	6	2.14	3
Total	**280**	**100.00**	

In the literature, the most frequent reason is the economic constraints that make the use of traditional medicines an option since they are more affordable and accessible, particularly in rural settings (Hailu et al., 2020). This justifies moderate application of traditional medicine observed in the study.

e. Number of Children. Table 5 shows the distribution of respondents in terms of number of children. It revealed that out of 280 respondents, 221 (78.93%) of the respondents have number of children 1-3, ranked first followed by 48 (17.14%) of the respondents have number of children 4-6, ranked second. Also, 11 (3.93%) of the respondents have number of children 7-9, ranked third. It revealed that majority of the families within the Fifth District of Camarines Sur have small to medium sized number of children. Given the number of individuals in the family and practice of traditional medicine, it is anticipated that parents with fewer children will be able to spend more time and effort towards the administration of remedies using traditional medicine. It is also possible that parents who have many children simply find it more convenient, less expensive and more manageable to use traditional medicine. The size of a family can thereby affects the health practice of pediatrics.

Table 5. Number of Children of the Respondents

Indicators	Frequency	Percentage	Rank
1 - 3	221	78.93	1
4 - 6	48	17.14	2
7 - 9	11	3.93	3
Total	**280**	**100.00**	

Evidence to support this observation is provided by a study of Hailu et al., (2020), which reported that small family sizes (1-3 children) are associated with focused attention by the parents and conscious health management.

f. Religion. Table 6 shows the distribution of respondents in terms of religion. It revealed that out of 280 respondents, 271 (96.79%) of the respondents are Roman Catholic, ranked first followed by six (2.14%) respondents who are religion Iglesia ni Cristo, ranked second. Also, three (1.07%) respondents are Born Again, ranked third. This implies that majority of the respondents shared the same religious affiliation, which can be one of the reasons behind shared cultural practices and health beliefs. In the example on the use of traditional medicine to treat children in the fifth district of Camarines Sur, religious and cultural beliefs that are common among the communities may support the acceptance of traditional medicines, as most health practices are usually associated with religion, rituals, and community practices.

Table 6. Religion of the Respondents

Indicators	Frequency	Percentage	Rank
Roman Catholic	271	96.79	1
Born Again	3	1.07	3
Iglesia Ni Cristo	6	2.14	2
Total	**280**	**100.00**	

Practically, majority the respondents were Roman Catholics at 96.79%, and this sets the cultural context where religious beliefs are strong in influencing health practices. According to Meiza et al., (2024), integrative practices that combine faith healing with traditional medicine are common in predominantly Catholic communities.

g. Occupation. Table 7 shows the distribution of respondents in terms of occupation. It revealed that out of 280 respondents, 138 (49.29%) respondents are professionals, 44 (15.71%) are unemployed, ranked second; 24 (8.57%) are working in the office, ranked third; 20 (7.14%) are service worker, ranked fourth; 16 (5.71%) are farmer/fisherman, ranked fifth; 14 (5.00%) are business owner, ranked sixth; nine (3.21%) are laborer/factory workers, ranked seventh; seven (2.50%) are under sales/marketing, ranked eighth; five (1.79%) are skilled worker/technician, ranked ninth and lastly, three (1.07%) are under managerial/executive, ranked tenth.

This implies that the majority of the respondents are professional workers and this fact might have a certain influence on their health-seeking behavior. On the use of traditional medicines in pediatric care among households in the fifth district of Camarines Sur, professionals can consider integrating it with modern care practices since they are more knowledgeable or they have more exposure to the information whereas the unemployed or low-income workers rely heavily on traditional medicines due to its affordability and availability. In effect, it appears that occupation is the primary factor that characterizes the manner in which households respond to pediatric health management and use of traditional remedies.

Table 7. Occupation of the Respondents

Indicators	Frequency	Percentage	Rank
Professional	138	49.29	1
Managerial / Executive	3	1.07	11
Office / Clerical Staff	24	8.57	4
Sales / Marketing	7	2.50	9
Service Worker	20	7.14	5
Skilled Worker / Technician	5	1.79	10

Farmer / Fisherman	16	5.71	6
Laborer / Factory Worker	9	3.21	8
Business Owner / Self-employed	14	5.00	7
Government Employee	49	17.50	2
Unemployed	44	15.71	3
Total	**280**	**100.00**	

In a study carried out at the Philippines on the use of TCAM, Palileo-Villanueva (2022) notes that the occupational status has an effect on how the people seek healthcare and their perception of traditional and modern medicine. In the majority of instances, working individuals particularly the ones with consistent jobs would only use traditional medicine as a supplementary activity selectively when it is perceived to be convenient or culturally desirable.

3.2 Extent of Utilization of Traditional Medicines Use for Pediatric Care

a. Type of traditional medicines. Table 8 presents the extent of utilization of traditional medicine for pediatric care among households in the fifth district of Camarines Sur along with the type of traditional medicine, showing an overall Average Weighted Mean of 2.34, which indicates that traditional medicine is moderately utilized in pediatric care. The most commonly used practices are herbal medicine (WM = 3.09), ranked first; hilot or traditional therapeutic massage (WM = 2.98), ranked second; pilgrimages and healing masses (WM = 2.84), ranked third; albularyo healing (WM = 2.78), ranked fourth and novena and religious processions (WM = 2.74), ranked fifth. These top five practices highlight the community's reliance on accessible, culturally familiar, and faith-based remedies to address children's health needs. In contrast, the least utilized practices include exorcism and spiritual deliverance (WM = 1.48), ranked fifteenth; pagpapaanito or anito rituals (WM = 1.54), ranked fourteenth; anting-anting and agimat rituals (WM = 1.65), ranked thirteenth; tayhup or tutho (WM = 1.75), ranked twelveth and pagtatawas or divination for diagnosis (WM = 1.85), ranked eleventh reflecting a decline in more animistic or divination-based practices. This pattern suggests that while traditional medicine remains relevant, the community tends to favor remedies that are practical, safe, and reinforced by faith.

These results suggest that pediatric healthcare interventions might be aimed on facilitating the safe use of the very popular traditional medicine, including herbal medicine and therapeutic massage, and offer advice on less popular and possibly unsafe interventions.

Table 8. Extent of Utilization of Traditional Medicine Use along Type of Traditional Medicines

Indicators	WM	Interp.	Rank
1. Albularyo Healing (Traditional Folk Healing)	2.78	Utilized	4
2. Hilot (Traditional Therapeutic Massage)	2.98	Utilized	2
3. Pagtatawas (Divination for Diagnosis)	1.85	Moderately Utilized	11
4. Pagpapaanito (Anito Rituals)	1.54	Moderately Utilized	14
5. Novenas and Religious Processions	2.74	Utilized	5
6. Exorcism and Spiritual Deliverance	1.48	Not At All	15
7. Pagpapahid ng Langis (Anointing with Holy Oil)	2.26	Moderately Utilized	10
8. Anting-Anting and Agimat Rituals	1.65	Moderately Utilized	13
9. Usog Ritual	2.60	Utilized	7
10. Pilgrimages and Healing Masses	2.84	Utilized	3
11. Pasma	2.53	Utilized	8
12. Suob (steam bath therapy)	2.33	Moderately Utilized	9
13. Santigwar	2.63	Utilized	6
14. Herbal Medicine	3.09	Utilized	1
15. Tayhup (Tutho)	1.75	Moderately Utilized	12
Average Weighted Mean	**2.34**	Moderately Utilized	

According to a cross-sectional study by Tekle et al. (2025), parents tended to use such herbal remedies and practices well-known in the local setting in the management of common childhood diseases and cited such factors as accessibility, perceived safety, and cultural appropriateness as the main causes of their use. On the same note, a systematic review conducted by James et al. (2021) established that traditional medicine is widely practiced with children with low and middle-income settings, but faith-based interventions of prayer, healing mass, and religious ceremonies are more prevalent compared to animistic or divination-based practices.

b. Frequency of Use Table 9 presents the extent of utilization of traditional medicines for pediatric care among households in the fifth district of Camarines Sur along with the frequency of use. Ranked first was the use of traditional medicines during illness (traditional medicine is only used when someone is sick or showing symptoms.) with a weighted mean of 2.91 which was interpreted as utilized; ranked second was seasonal use (traditional medicine is used during specific seasons with a weighted mean of 2.71 and interpreted as utilized; ranked third was monthly use (used occasionally during specific ailments or for preventive rituals) with a weighted mean of 2.28 and interpreted as moderately utilized; ranked fourth was weekly use (traditional medicine is used at least once a week, usually for recurring symptoms or preventive care) with a weighted mean of 2.11 and interpreted as moderately

utilized; lastly, ranked fifth was daily use (individual uses traditional medicine as part of daily routine or maintenance) with a weighted mean of 2.01 and interpreted as moderately utilized.

The usage of traditional medicine, by frequency, in the study was characterized by an episodic, moderate use primarily when one has an illness or seasonal events.

Table 9. Extent of Utilization of Traditional Medicine Use along Frequency of Use

Indicators	WM	Interp.	Rank
1. Daily use (The individual uses traditional medicine as part of daily routine or maintenance.)	2.01	Moderately Utilized	5
2. Weekly Use (Traditional medicine is used at least once a week, usually for recurring symptoms or preventive care.)	2.11	Moderately Utilized	4
3. Monthly use (Used occasionally during specific ailments or for preventive rituals.)	2.28	Moderately Utilized	3
4. Seasonal Use (Traditional medicine is used during specific seasons (example: flu season) or cultural/ritual occasions.)	2.71	Utilized	2
5. Use During Illness (Traditional medicine is only used when someone is sick or showing symptoms.)	2.91	Utilized	1
Average Weighted Mean	**2.40**	**Moderately Utilized**	

This implies that traditional medicines are usually applied in a reactionary and not a proactive manner. In the finding that 12% of Filipino communities used herbal medicines daily, 12% used them weekly, and 2% once a month, Marquez (2020) confirms this trend; majority of them used them infrequently, or when they were ill. Traditional medicine is usually an occasion-based phenomenon, with the majority of the interview respondents belonging to the community relying on herbal and other prevalent types of traditional medicine when curing ailments that include coughs, colds, and painkillers.

c. Types of Pediatric Illnesses where Traditional Medicines are Used for Treatment. Table 10 presents the extent of utilization of traditional medicines for pediatric care among households in the fifth district of Camarines Sur along with the types of pediatric illnesses where traditional medicines are used for treatments. The most commonly treated ailments include cough and colds (WM = 2.53), fever (WM = 2.42), headache (WM = 2.29), abdominal pain (WM = 2.19), and vomiting (WM = 2.13), suggesting that parents primarily use traditional remedies for common, mild, and frequently occurring conditions. In contrast, the least addressed illnesses include shortness of breath (WM = 1.53), malnutrition (WM = 1.66), helminthiasis or worms (WM = 1.77), loose bowel movements (WM = 1.83), and dengue fever (WM = 1.84), indicating limited reliance on traditional medicine for severe, potentially life-threatening, or nutrition-related conditions.

This implies that traditional medicine forms a core aspect of treatment of children against day to day problems, parents are likely to resort to professional medical treatment in case of serious diseases and this has led to the need to strike a balance between traditional medicine and evidence-based practices to safeguard the welfare and safety of the children.

Table 10. Extent of Utilization of Traditional Medicine Use along Types of Pediatric Illnesses where Traditional Medicines are Used for Treatment

Indicators	WM	Interp.	Rank
1. Helminthiasis (Worms)	1.77	Moderately Utilized	13
2. Skin conditions (rashes, boils etc.)	2.05	Moderately Utilized	6
3. Cough and colds	2.53	Utilized	1
4. Fever	2.42	Moderately Utilized	2
5. Loose bowel movements	1.83	Moderately Utilized	12
6. Abdominal pain	2.19	Moderately Utilized	4
7. Headache	2.29	Moderately Utilized	3
8. Toothache	1.95	Moderately Utilized	8
9. Shortness of breath	1.53	Moderately Utilized	15
10. Dengue fever	1.84	Moderately Utilized	11
11. Painful urination	1.94	Moderately Utilized	9
12. Malnutrition	1.66	Moderately Utilized	14
13. Colic	1.86	Moderately Utilized	10
14. Indigestion	1.96	Moderately Utilized	7

15. Vomiting	2.13	Moderately Utilized	5
Average Weighted Mean	**2.00**	**Moderately Utilized**	

This is also consistent with the results of the Blaan communities of Balut Island in the Philippines, whereby traditional medicine, mostly made of herbal preparations and spiritual rituals, is used by mothers to treat some of the common childhood diseases including fever and respiratory symptoms in the context of child health care (Arevalo et al., 2022). The cultural beliefs on health contribute to the use of traditional medicine in the treatment of curable ailments without biomedical intervention.

However, this is a cause of concern when the span of traditional medicines use is into critical pediatric ailments such as cancer where a surrogate use might impact on professional advice resulting in a delay on effective treatment, which is a consequence of such delays. This necessitates the encompassment of traditional and professional health systems in the interest of children health. These observations, in their turn, point to the fact that the traditional medicine still serves as a very active complementary one in child care of typical ailments of childhood, which is often dictated by cultural beliefs and barriers to healthcare.

3.3 Factors that Influence the Utilization of Traditional Medicines

a. Intrinsic Factors. Table 11 presents the factors that influence the utilization of traditional medicines along with intrinsic factors. Factors that really influence the utilization of traditional medicines are: ranked first was family health practices (WM = 2.90); ranked second was cultural belief (WM = 2.87); ranked third were personal experience with traditional medicines and religious and spiritual belief both with (WM = 2.83); ranked fifth was parental attitude towards modern health care (WM = 2.81); ranked sixth was knowledge of traditional medicine (WM = 2.68); ranked seventh was trust in folk healers (WM = 2.57); ranked eight was perceived safety (WM = 2.53). On the other hand, factors that moderately influence the utilization of traditional medicine use are: ranked ninth was health literacy (WM = 2.49) and lastly, ranked tenth was perceived effectiveness (WM = 2.36). The average weighted mean is 2.69 which means the intrinsic factors influenced the utilization of traditional medicines for pediatric care among households in the fifth district of Camarines Sur.

Table 11. Intrinsic Factors influencing the utilization of Traditional Medicine Use

Indicators	WM	Interp.	Rank
1. Cultural belief	2.87	Influence	2
2. Personal experience with traditional medicines	2.83	Influence	3
3. Perceived effectiveness	2.36	Moderately Influence	10
4. Health literacy	2.49	Moderately Influence	9
5. Perceived safety	2.53	Influence	8
6. Religious or Spiritual belief	2.83	Influence	3
7. Trust in folk healers	2.57	Influence	7
8. Knowledge of traditional medicines	2.68	Influence	6
9. Family health practices	2.90	Influence	1
10. Parental attitude towards modern health care	2.81	Influence	5
Average Weighted Mean	**2.69**	**Influence**	

It revealed that the intrinsic factors related to culture, family practices, and spiritual beliefs are the key drivers of traditional medicine use in pediatric care. Interventions for health to improve child health in the district need to respect the intrinsic motivators by incorporating culturally sensitive education on how to safely and effectively prepare traditional remedies while also increasing awareness of when modern healthcare may be required.

These results reflect the deep cultural embedding of traditional medicine in Filipino communities, where spiritual and familial traditions guide healthcare decisions (Rondilla et al., 2021; Alyafei & Easton-Carr, 2024).

b. Extrinsic Factors. Table 12 presents the factors that influence the utilization of traditional medicines along with extrinsic factors. Factors that really influence the utilization of traditional medicines are: ranked first is the cost of modern medicine (WM = 2.90); ranked second is the accessibility of health facilities (WM = 2.76); ranked third is the availability of folk healers (WM = 2.72); ranked fourth is the availability of traditional medicines (WM = 2.68); ranked fifth is government health programs (WM = 2.66); ranked sixth is the influence of community norms (WM = 2.65); ranked seventh is socioeconomic status (WM = 2.61); ranked eighth is educational attainment of parents (WM = 2.56). Factors that moderately influence the utilization of traditional medicine use are: ranked ninth is government support (WM = 2.49) and ranked tenth is media and information exposure (WM = 2.40). Lastly, ranked eleventh is perceived effectiveness (WM = 2.36). The average weighted mean is 2.64 which means the extrinsic factors influenced the utilization of traditional medicines for pediatric care among households in the fifth district of Camarines Sur.

It revealed that traditional medicines are heavily influenced by external factors in reference to economic considerations, accessibility, and community support. Households may need to rely on traditional remedies due to the high cost or limited availability of modern healthcare, while the presence of folk healers and culturally accepted practices reinforces their use. In addition, socioeconomic status, education, and exposure to health information play a role, suggesting that both practical and social influences determine the choice of pediatric care. These insights underscore the importance of public health programs seeking to

improve access, affordability, and awareness of safe options for healthcare while remaining sensitive to traditional practices and allowing each family to make appropriate decisions regarding their children's health.

Table 12. Extrinsic Factors influencing the utilization of Traditional Medicine Use

Indicators	WM	Interp.	Rank
1. Accessibility of health facilities	2.76	Influence	2
2. Availability of folk healers	2.72	Influence	3
3. Socioeconomic status	2.61	Influence	7
4. Cost of modern medicine	2.90	Influence	1
5. Influence of community norms	2.65	Influence	6
6. Availability of traditional medicines	2.68	Influence	4
7. Government Health Programs	2.66	Influence	5
8. Educational attainment of parents	2.56	Influence	8
9. Media and information exposure	2.40	Moderately Influence	10
10. Government support	2.49	Moderately Influence	9
Average Weighted Mean	**2.64**	**Influence**	

The strongest external factors that affected utilization were cost of modern medicine (2.90), accessibility of health facilities (2.76) and availability of folk healers (2.72). This reinforces the conclusions of Hailu et al. (2020) and Umeokonkwo (2025) who have provided economic and geographic obstacles facilitate the use of traditional medicine.

3.4 Relationship Between the Profile of the Respondents and the Extent of Utilization of Traditional Medicines.

a. Relationship Between the Profile of the Respondents and the Extent of Utilization of Traditional Medicine along with Type of Traditional Medicines.

Table 13 presents the relationship between the profile of the respondents and the extent of utilization of traditional medicine along with type of traditional medicines. It revealed in the result of chi-square test that six variables have statistically significant relationship with the extent of utilization of traditional medicine along with the type of traditional medicine and these are the age, sex, highest educational attainment, number of children, religion and occupation. The computed chi-square value for age was 74.5 leading to rejection of the null hypothesis and indicating a significant relationship. While for the sex, it has a value of 18.9 leading to rejection of the null hypothesis and indicating a significant relationship. Highest educational attainment has a value of 91.1 leading to rejection of the null hypothesis and indicating a significant relationship. Number of children has a value of 86.3 leading to rejection of the null hypothesis and indicating a significant relationship. Religion has a value of 48.1 leading to rejection of the null hypothesis and indicating a significant relationship and lastly, the occupation has a value of 17.4 leading to rejection of the null hypothesis and indicating a significant relationship. On the other hand, only the family monthly income was accepted indicating a not significant with the value of 3.41.

It implies that the age, sex, educational level, number of children, religion, and occupation of parents significantly affect their reliance on traditional medicines and the types preferred for pediatric care. The nonsignificant association of family income may imply that economic status is less decisive as compared to socio-cultural determinants.

Table 13. Test of Significant Relationship Between the Profile of the Respondents and Extent of Utilization of Traditional Medicine along Type of Traditional Medicines

Indicators	ComputedX^2-Value	P - Value	Decision on Ho	Interpretation
Age	74.5	0.001	Rejected	Significant
Sex	18.9	0.001	Rejected	Significant
Highest Educational Attainment	91.1	0.001	Rejected	Significant
Family Monthly Income	3.41	0.756	Accepted	Not Significant
Number of Children	86.3	0.001	Rejected	Significant
Religion	48.1	0.001	Rejected	Significant
Occupation	17.4	0.001	Rejected	Significant

Hailu et al. (2020) also support these findings by concluding that socio-demographic features of parents are essential predictors of the use of TM by children within Ethiopian communities because the level of higher education is associated with increased selectivity and awareness of the use of traditional and modern medicine. The same outcome has been indicated by Lasco et al. (2025) in Filipino settings, where it is stated that educational level is a powerful factor that determines the inclusion of traditional

medicine in health care. Additional age and sex influence would imply that younger parents and females would tend to be the active adopters or followers of the TM traditions. This confirms earlier studies that have suggested that females are more often involved in pediatric care decisions as caregivers, as well as variations in the use of TM according to age (Alyafei and Easton-Carr, 2024). Overall, the analysis presented in Table 13 has confirmed that the use of TM is a part of intricate socio-cultural processes and not entirely economic; hence, culturally-driven health interventions that consider such factors are required to provide safe and efficient pediatric care (Banua, 2022; Hailu et al., 2020).

b. Relationship Between the Profile of the Respondents and the Extent of Utilization of Traditional Medicines along with Frequency of Use

Table 14 presents the relationship between the profile of the respondents and the extent of utilization of traditional medicines along with the frequency of use. It revealed in the result of chi-square test that all seven variables are statistically significant. The computed chi-square value for age was 61. 7 leading to rejection of the null hypothesis and indicating a significant relationship. While for the sex, it has a value of 58.6 leading to rejection of the null hypothesis and indicating a significant relationship. Highest educational attainment has a value of 63.0 leading to rejection of the null hypothesis and indicating a significant relationship. Family monthly income has a value of 17.2 leading to rejection of the null hypothesis and indicating a significant relationship. Number of children has a value of 77.0 leading to rejection of the null hypothesis and indicating a significant relationship. Religion has a value of 23.0 leading to rejection of the null hypothesis and indicating a significant relationship and lastly, the occupation that has a value of 16.7 leading to rejection of the null hypothesis and indicating a significant relationship.

Table 14. Test of Significant Relationship Between the Profile of the Respondents and Extent of Utilization of Traditional Medicine along Frequency of Use

Indicators	Computed X^2-Value	P - Value	Decision on Ho	Interpretation
Age	61.7	0.001	Rejected	Significant
Sex	58.6	0.001	Rejected	Significant
Highest Educational Attainment	63.0	0.001	Rejected	Significant
Family Monthly Income	17.2	0.009	Rejected	Significant
Number of Children	77.0	0.001	Rejected	Significant
Religion	23.0	0.001	Rejected	Significant
Occupation	16.7	0.001	Rejected	Significant

This implies that the frequency of use on traditional medicines for children within families is determined by cultural, economic, and household characteristics. Parents with larger families might experience more frequent use due to either experience or practicality, while education, religion, and occupation represent underlying beliefs and exposure to health practices that influence the frequency of use of traditional medicines. The importance of family income suggests that economic factors may also affect the frequency at which traditional medicines would be preferred over modern options for healthcare. In general, the findings underline the fact that the frequency of traditional medicines applications in pediatric care is not accidental but firmly linked to the profiles and cultural orientations of the families.

The following studies support these claims. Hailu et al. (2020) noted that the longer the duration and severity of a sickness, the more frequent the use of traditional therapies was among caregivers in Ethiopia. Similarly, the higher frequency of TM among specific age groups, females, and those with particular educational backgrounds reflect the health-seeking behaviors observed globally, where ongoing treatment practices are influenced by beliefs and capacities of caregivers (Alyafei & Easton-Carr, 2024; Lasco et al., 2025). Religion and occupation, by the assertions of Rondilla et al. (2021) and Umeokonkwo (2025) on its importance, indicated that cultural and occupational exposure contributed to TM practices and the frequency of health behavior. Furthermore, a study reported that in Motta Town, Ethiopia, TM use was threefold for acute illnesses. Thus, it was reiterated that the choice of using TM repeatedly, many times, depends on the context of the illness and also the socio-demographic profile of the family (Hailu et al., 2020).

Finally, as Table 14 outlines, profiles of the respondents are fundamental factors that not only determine the use of TM but also its frequency within pediatric care. This thus calls for tailored health communication strategies in consideration of such variables to ensure safe and efficacious TM practices (Banua, 2022; Hailu et al., 2020).

c. Relationship Between the Profile of the Respondents and the Extent of Utilization of Traditional Medicine Along with Types of Pediatric Illnesses Where Traditional Medicines are Used for Treatment

Table 15 presents the relationship between the profile of the respondents and the extent of utilization of traditional medicines along with types of pediatric illnesses where traditional medicines are used for treatment. As revealed in Table 15, the result of chi-square

test shows that there were only five variables have statistically significant relationship with the extent of utilization of traditional medicine along with the types of pediatric Illnesses where traditional medicines are used for treatment and these are the age, sex, highest educational attainment, number of children and occupation. The computed chi-square value for age was 52.5 leading to rejection of the null hypothesis and indicating a significant relationship. While for the sex, it has a value of 8.91 leading to rejection of the null hypothesis and indicating a significant relationship. Highest educational attainment has a value 28.3 leading to rejection of the null hypothesis and indicating a significant relationship. Number of children has a value of 37.1 leading to rejection of null hypothesis and indicating a significant relationship and lastly, the occupation has a value of 219 leading to rejection of the null hypothesis and indicating a significant relationship.

On the other hand, family monthly income with a value of 7.73 and religion with a value of 6.19 rejected the null hypothesis and indicating a not significant relationship.

Table 15. Test of Significant Relationship Between the Profile of the Respondents and Extent of Utilization of Traditional Medicine along Types of Pediatric Illnesses where Traditional Medicines are Used for Treatment

Indicators	Computed X^2-Value	P - Value	Decision on Ho	Interpretation
Age	52.5	0.001	Rejected	Significant
Sex	8.91	0.030	Rejected	Significant
Highest Educational Attainment	28.3	0.001	Rejected	Significant
Family Monthly Income	7.73	0.259	Accepted	Not Significant
Number of Children	37.1	0.001	Rejected	Significant
Religion	6.19	0.403	Accepted	Not Significant
Occupation	219	0.001	Rejected	Significant

This implies that decisions on which pediatric illnesses are treated using traditional medicines depend on the experiences, roles, knowledge levels, and cultural exposures of parents. Parents with more children or those with certain occupations may experience or find it easier to use traditional practices for specific common illnesses based on familiarity or access. On the other hand, family monthly income and religion are not significantly associated; this means that traditional medicines are utilized regardless of social class and across different religious groups to treat a variety of pediatric conditions.

Moreover, these findings show that practical caregiving experience and educational background, and not economic or religious factors, are more important in the selection of illnesses to be treated with traditional remedies.

The data indicate that demographic factors such as age, sex, education, family size, and occupation significantly influence the selection and utilization of traditional medicines for treating various pediatric illnesses. These findings agree with previous ethnobotanical and health-seeking behavior studies in the Philippines and other low-resource settings.

For instance, Meñiza et al. (2024) reported that herbal medicines are commonly used by indigenous and non-indigenous populations of Mindanao for various diseases, from respiratory and digestive to skin ailments, highlighting how cultural competency and parental characteristics influence treatment modalities. Such a strong influence of educational attainment agrees with Lasco et al. (2025), who identified that parents' knowledge and perceptions of the remedy determine the choice among traditional ones and often require an appropriate balance between effectiveness and safety.

The insignificant relationship of family income and religion with the types of illnesses treated using TM echoes the findings of Hailu et al. (2020), which showed that socioeconomic status may not strongly dictate the nature of illnesses treated with TM but rather the frequency and usage patterns. This is similar to how Rondilla et al. (2021) stressed that cultural-contextual beliefs, instead of economic capability or religious affiliation, drive the preference toward traditional treatment for various childhood illnesses. The significant role of occupation may reflect exposure to different health information channels or traditional healer networks influencing treatment decisions. The observed significance for family size, as expressed in the number of children, would suggest that larger families are likely to have greater experience and use of traditional remedies due to the accumulation of caregiving roles within childhood illnesses.

4. Conclusions

Based on the salient findings of the study, the following conclusions were made:

1. Most of the respondents were belonged to the age group 25-34; majority were females and most were college graduate. Majority reported a family income of Php 10, 957- Php 21, 914 with number of children 1-3. Moreover, the predominant religion was Roman Catholic and most were professionals.

2. The overall findings revealed that traditional medicines are moderately utilized for pediatric care among households in the fifth district of Camarines Sur. In terms of the types of traditional medicines used, families continue to favor accessible and culturally accepted practices such as herbal medicine, hilot, and pilgrimages and healing masses, indicating that these remain deeply rooted in the community's healthcare practices. Meanwhile, more animistic and ritual-centered practices, including exorcism, anito rituals, anting-anting, tayhup, and pagtatawas, are now rarely used, reflecting a gradual shift away from older spiritual traditions toward more socially mainstream healing approaches. Regarding the frequency of use, traditional remedies are most often applied only when a child is sick, demonstrating that these practices are primarily reactive rather than part of daily preventive routines. Seasonal and occasional uses also persist, suggesting that traditional medicine is often tied to illness patterns, cultural timing, and specific symptoms rather than habitual use. In addition, the types of pediatric illnesses treated, traditional medicines are mainly utilized for common, mild, and frequently occurring conditions such as cough, colds, fever, headache, abdominal pain, and vomiting. However, households show limited reliance on traditional medicine for more serious or high-risk conditions including shortness of breath, malnutrition, helminthiasis, diarrhea, and dengue fever indicating that caregivers are more cautious and tend to seek formal medical care when illnesses become severe or life-threatening.

3. Both intrinsic and extrinsic factors significantly influence the utilization of traditional medicines for pediatric care among households in the Fifth District of Camarines Sur. Intrinsic factors, show that personal and family-related considerations strongly shape parents' decisions to use traditional medicines. Family health practices, cultural beliefs, and personal experiences with both traditional healing and religious or spiritual practices play the most influential roles. These results highlight that traditional medicine use is deeply rooted in household routines, cultural identity, and long-standing beliefs passed from one generation to another. Meanwhile, factors such as health literacy and perceived effectiveness exert only moderate influence, suggesting that while families value traditional practices, they also recognize the importance of modern health information when making decisions. In addition, extrinsic factors also play a substantial role in shaping traditional medicine utilization. Economic and environmental conditions particularly the cost of modern healthcare and the accessibility of health facilities greatly influence families' reliance on traditional practices. The presence of folk healers, availability of traditional remedies, and influence of community norms further reinforce the sustained use of these practices. Government health programs and socioeconomic status also contribute, though government support and media exposure exert a more moderate influence, indicating that external information and formal assistance have limited impact in shifting long-established traditions.

4. The analysis of the relationships between the respondents' profile and the extent of traditional medicine utilization reveals that socio-demographic factors play a substantial role in shaping how households use traditional remedies for pediatric care in the fifth district of Camarines Sur. For the types of traditional medicines used, the variables age, sex, highest educational attainment, number of children, religion, and occupation are all significantly related, indicating that cultural roles, caregiving experience, and educational background strongly influence which traditional practices parents rely on. Family monthly income, however, shows no significant relationship, suggesting that the choice of traditional medicine types transcends economic differences and is more culturally driven.

In terms of the frequency of use, all profile variables such as age, sex, education, income, number of children, religion, and occupation show statistically significant relationships. This demonstrates that how often households use traditional remedies is shaped by a combination of demographic, cultural, and economic factors, reflecting varying patterns of reliance on traditional healthcare across different household characteristics. Lastly, for the types of pediatric illnesses treated, age, sex, education, number of children, and occupation again show significant relationships, meaning that caregivers' demographic backgrounds influence the kinds of illnesses they choose to manage through traditional methods. In contrast, family monthly income and religion do not significantly affect the types of illnesses treated with traditional medicine, highlighting that economic status and religious affiliation do not determine whether families use traditional medicines for specific childhood illnesses.

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