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Kertas Asli/*Original Article*s

Belief Persistence and Reliance on Traditional Healing of Students at Central Bicol State University of Agriculture

(Kebergantungan dan Ketekalan dalam Kepercayaan kepada Rawatan Tradisional dalam Kalangan Pelajar di Universiti Pertanian Negeri Bicol Tengah)

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ABSTRACT

Limited scientific evidence about the safety and efficacy of traditional healing make it essential for policymakers to develop policies, regulations, and strategies to mitigate issues related to this practice. Such issues include hit-and-miss operation, incorrect diagnosis, improper dosage, low hygiene standards, and the dominant lack of statutory regulation for traditional healing practitioners and practices owing to the secrecy of some healing methods. On the other hand, the high cost of drugs and other critical considerations strengthen the belief persistence and reliance of people on traditional healing over modern medical treatments, a situation that makes it challenging for the government to define the policymaking parameters in this area. The focus of this descriptive-comparative study was to determine how persistent are the beliefs and reliance on traditional healing of students by obtaining quantitative results from a survey. A total of 277 students were surveyed using stratified proportionate random sampling. Data were gathered through a questionnaire and unstructured interviews. Descriptive statistics, dependent t-test, and one-way analysis of variance were the statistical tools used. Results showed that almost all respondents still manifest very strong belief persistence in faith healers (arbolaryo) and bone setters (hilot) and a great majority in those who cure illness caused by spirits (surhano/parasantigwar). The illnesses they usually consult with traditional healers were vomiting, sprain, and stomachache. Male respondents have stronger belief persistence than do their female counterparts. The belief persistence and reliance of students on traditional healing, even with the recent advances in science, technology, and innovation, as well as the upsurge of new interventions for diagnosis, prevention, and treatments, indicate that the popularity of traditional healing is not declining. These findings are particularly evident in some prevailing traditional healing practices.

Keywords: Belief in traditional healing; reliance on traditional healing

ABSTRAK

Bukti saintifik yang terhad mengenai keselamatan dan keberkesanan rawatan tradisional menjadikannya penting bagi pembentuk polisi untuk mengembangkan dasar, peraturan, dan strategi untuk mengurangkan masalah yang berkaitan dengan praktis ini. Isu-isu tersebut termasuk operasi hit-and-miss, diagnosis yang salah, dos yang tidak betul, piawai kebersihan yang rendah, dan kekurangan peraturan yang ketat untuk pengamal serta amalan penyembuhan tradisional kerana kerahsiaan beberapa kaedah penyembuhan. Sebaliknya, kos ubatan yang tinggi dan pertimbangan kritikal lain memperkuat ketekalan dan kebergantungan masyarakat terhadap kaedah penyembuhan tradisional berbanding rawatan perubatan moden, hal ini menyukarkan pentadbir untuk menentukan parameter pembentukan polisi di daerah ini. Fokus kajian deskriptif-perbandingan ini adalah untuk menentukan seberapa tekal dan kebergantungan kepercayaan pada kaedah penyembuhan tradisional dalam kalangan pelajar berdasarkan hasil kuantitatif tinjauan ini. Seramai 277 pelajar dipilih secara pensampelan rawak berstrata dalam tinjauan ini. Data dikumpulkan melalui soal selidik dan temu bual tidak berstruktur. Statistik deskriptif, ujian-t bergantung, dan analisis varians sehala adalah kaedah statistik yang digunakan. Hasil kajian menunjukkan bahawa hampir semua responden masih menunjukkan ketekalan kepercayaan yang sangat kuat pada penyembuh tradisional (arbolaryo) dan penyusun tulang (hilot), sebilangan besar mereka dipercayai dapat menyembuhkan penyakit yang disebabkan oleh roh (surhano/parasantigwar). Gejala yang biasa dialami sewaktu bertemukan penyembuh tradisional adalah muntah, terseliuh, dan sakit perut. Responden lelaki mempunyai ketekalan kepercayaan yang lebih kuat daripada responden wanita. Ketekalan dan kebergantungan kepercayaan pada penyembuhan tradisional dalam kalangan walaupun dengan kemajuan sains, teknologi, dan inovasi baru-baru ini, serta peningkatan intervensi baru untuk diagnosis, pencegahan, dan rawatan, menunjukkan bahawa popularitи penyembuhan tradisional tidak menurun. Penemuan ini jelas terbukti dalam beberapa amalan penyembuhan tradisional yang berlaku.

Kata Kunci: ***Kepercayaan dalam perubatan tradisional; kebergantungan pada perubatan tradisional***

INTRODUCTION

Traditional healing practices include not only medicinal substances of natural origin but also items such as magic (sorcery), charms, incantations, religious verses, spiritual methods, amulets, sacrifices, rituals, and even invasive physical and mental torture (Ikram & Ghani 2015; Bannerman 1982). Traditional healing is generally viewed as a distinctly different system of providing treatment from modern medical treatments. It is called "traditional" because the system of treatment has been used for generations for various physical and psychological diseases (Ojakaa et al. 2014). Traditional healing has been practiced since ancient times in every culture throughout the world and has been an integral part of human evolution and development (Sharifi-Rad et al. 2017; Rathnavelu et al. 2016).

In particular, traditional healing practices in the Philippines are deeply rooted in the Filipino culture. Many of these practices are still in common use and practiced today in most communities, though with some reform and alteration, such as faith healers (Arbolaryo), who people believe can cast out "engkantos," "dwendes," and "taong lipod"; bone setters (Hilot); and spirit exorcism (or "pagbawi," "santigwar," and "usog"). From time immemorial, different forms of traditional healing practices have been used in the Philippines as essential means of treatment for diseases and management of various health problems. Traditional healing methods have been relied on by Filipinos to cure maladies, heal wounds, and recover from sicknesses for hundreds of years. These methods exist today in many forms and have aided the survival of humankind. The remedies used by conventional healers have been passed down from generation to generation (Dorai 2012; Pereira & Bártolo 2016).

Traditional healers are particularly prevalent in societies where the modern medical care system cannot adequately meet the health needs of the entire population. In addition, the financial limitations of the people drive them to seek affordable healthcare, leading them to seek services from traditional healers. These situations are also aggravated by other reasons, such as the under-education of many people in rural areas (Suwankhong, Liamputtong & Rumbold 2012; Merriam & Muhamad 2013).

Traditional healers are continuously sought even in the advent of scientific and technological advancements, as they are skilled in interpersonal relations, including counseling, and can fill the vacuum in healthcare created by the shortage of biomedical health personnel for the delivery of primary healthcare. They are also prepared to consider safer practices and eliminate traditional remedies and practices that are harmful to patients. Moreover, their methods are effective in certain illnesses (e.g., psychosomatic illnesses), as is their use of local herbs and medicinal plants for therapeutic purposes (Berger 2014; Berger and Roloff 2019).

The World Health Organization defined health as a complete state of physical and mental wellbeing and not merely the absence of disease or infirmity. This definition is in line with the practice of traditional healers who look at the whole body (physical, mental and spiritual). By contrast, biomedicine heals only the affected parts of the body and is continually looking for germs. Traditional healers offer treatment through their extensive knowledge of herbal and animal-based medicines and therapeutic actions, such as rituals (World Health Organization 2014).

According to the 2015 population census and the Community-based Monitoring System of the Municipality of Calabanga, Camarines Sur (2014), the health and medical services of Calabanga is provided by three physicians, four private medical practitioners, five nurses, nineteen midwives, one government dentist, one medical technologist, and two sanitary inspectors, all of whom serve a total population of 83,033 people. The health facilities available are fifteen private clinics (medical & dental), three main and rural health centers, and five pharmacies. The Municipality of Calabanga consists of 48 barangays, 14 of which are considered as urban and 34 as rural. Of the 48 barangays, only 19 have health stations. A total 65% (10,674) of the households in Calabanga have income below the poverty threshold. This figure indicates that only 35% of its total population enjoy a monthly income of no less than PhP 10,481, as declared in the Food and Poverty Thresholds in the Philippines (Philippine Statistics Authority 2019). The constituents' main source of income is either fishing or farming, which are both seasonal in nature. Therefore, it is not surprising that conventional health practices and practitioners still exist in this place.

Stanley Krippner (Verma et al. 2019) contend that there is a "basic conflict between traditional healing and modern technology." The most frequently aired objection by modern medical personnel against traditional healers is the failure of the latter to acknowledge the limits of their skills and competence and an associated reluctance to refer patients to proper medical authority. Modern physicians, meanwhile, are skeptical of traditional healers because available information on the safety and efficacy of traditional medicine is far too scant. Hence, traditional healing is rated as anything from beneficial to outright dangerous or even fatal. Given the lack of uniform standards of training and practice and the absence of registration of bona fide traditional (or conventional) healers, it is difficult—if not impossible—to distinguish

between qualified traditional healers and fake healers who put the health and life of the people they treat at risk.

It is in this context where the researchers draw their motivations for attempting to investigate the persistent beliefs and reliance on traditional healing of students from Central Bicol State University of Agriculture who reside within the Municipality of Calabanga, Camarines Sur, and from their findings, derive some policy implications. Accordingly, the objectives of this study were to determine the respondents' belief in traditional health practices, identify significant demographic differences in their belief level, determine their reliance on traditional healthcare, and propose policy implications based on the findings of the study.

METHODOLOGY

The descriptive-comparative method of research was used in this study. The sample size for this study was determined using Cochran's sample size formula. In the formula, a proportional variable (p = 0.5) and an alpha level set at 95% confidence interval (t = 1.96) with a precision (d) of 5% were used, which resulted in a calculated sample size of 277.

Stratified proportionate random sampling technique was employed in the selection. The sample was proportionately distributed among the students of three colleges, namely, College of Development Education (n = 83), College of Industrial Technology (n = 66), and College of Arts and Sciences (n = 128), who are residents of the Municipality of Calabanga, Calabanga, Camarines Sur. The data-generating tool used was a self-made questionnaire, which was created through item pooling from different reading materials and unstructured interviews, which were used to verify information that were either vague or interesting to the researcher. The questionnaire was subdivided into three sections. Section One consisted of the personal and home demographics of the respondents. Section Two measured the percentage distribution of student believers and non-believers of traditional healing, which became the basis of the level of persistence. Percentages were converted to a value range to represent the level of belief persistence, where 100%–76% means Very Persistent (VP), 75%–51% means Persistent (P), 50%–26% means Less Persistent (LP), and 0–25% means Not Persistent (NP). Section Three determined the reliance of the students on traditional healing according to the number or percentages of respondents who still consult traditional healers at present.

The questionnaire also generated data on the nature of illnesses the respondents commonly consulted. To define the content validity of the questionnaire, the researcher consulted experts in instrument development in the university, including the research director and advisor professors. Their suggestions and recommendations were noted and integrated in the final form. The questionnaire was also pretested with a sampled population from the university who were not the actual respondents of the study. Thereafter, the results were subjected to reliability testing. Hence, the researcher obtained the Cronbach's alpha coefficient, which resulted in a value of .712. Data were treated using descriptive statistics (e.g., frequency, percentage, and mean), dependent *t*-test, and one-way analysis of variance (ANOVA). The latter two were specifically utilized to find out whether significant demographic differences exist in the belief persistence of the students.

RESULTS AND DISCUSSION

DEMOGRAPHICS

Information about the respondents was subdivided into personal and home characteristics. Personal characteristics include age, gender, and year level, while home characteristics consist of parental education and occupation.

The typical participants were between 16 and 19 years of age (67.87%), and their mean age was 18.2 with the standard deviation of 2.39. The minimum and maximum ages were 16 and 27.

As to sex, respondents were predominantly women (68.23%), with men consisting only of 31.77%. Majority of the respondents were on their second year (75.45%), followed by those in their third year (16.61%) and lastly by those in their first year (7.94%). Of the mothers, 44.04% were engaged in sales/trade, but 40.8% of them were jobless. A few were professionals (6.50%) and farmers (6.50%), and the remaining were domestic helpers (2.2%). The majority of the respondents' mothers finished only secondary education (52.7%), 29.9% reached the elementary level, 15.5% the tertiary level, and only 1.8% were postgraduates.

The fathers of 38.63% of the respondents were into farming, while some were engaged in sales/trade (22.4%), fishing (12.3%), and transport (11.91%). Only 4.7% were professionals, and the rest have no work (10.1%). As to education, 160 of the 277 respondents attained the secondary level, 57 reached elementary level, 52 the tertiary level, and 8 the postgraduate level.

TABLE 1. Personal and home characteristics of the respondents

Characteristics	Categories	(N = 277)	Percent
Age	25–27	10	3.61
	23–24	11	3.97
	20–22	68	24.55
	16–19	188	67.87
Mean (SD)	18.2 (2.39)		
Maximum – Minimum	16–27		
Sex	Male	88	31.77
	Female	189	68.23
Year Level	Third Year	46	16.61
	Second Year	209	75.45
	First Year	22	7.94
Mothers' Occupation	Farmer	18	6.50
	Professional	18	6.50
	Sales/Trade	122	44.04
	Domestic Helper	6	2.17
	Jobless	113	40.79
Mothers' Education Level	Elementary	83	29.96
	Secondary	146	52.71
	Tertiary	43	15.52
	Postgraduate	5	1.81
Fathers' Occupation	Farmer	107	38.63
	Fisherman	34	12.27
	Professional	13	4.69
	Sales/Trade	62	22.38
	Transport	33	11.91
	Jobless	28	10.11
Fathers' Education Level	Elementary	57	20.58
	Tertiary	52	18.77
	Secondary	160	57.76
	Postgraduate	8	2.89

BELIEF STATUS ON CONVENTIONAL HEALING

The status of respondents' belief persistence in traditional healing practices was compared according to their personal and home characteristics. In terms of age, very persistent belief was observed among students aged 16–19 and 20–22 years old. In ratio, 9 out of 10 of the students are believers of *Hilot* (bone setter, massage) and *Arbolaryo* (herbalist).

As to sex, there were predominantly more male than female believers in *Arbolaryo* (herbalist; Those from the age brackets of 23–24 and 25–27 years, however, expressed their disbelief in the *Manugluy-a* (uses ginger for diagnosis), *Paragabot* (untrained tooth-extractor), and *Babaylan* (ritualist) 95.5%), *Hilot* (bone setter, massage; 97.7%), and *Surhano/parasantigwar* (cures illness caused by spirits; 84.1%). However, both sexes equally displayed a most persistent belief in *Arbolaryo* (herbalist; 95.5 %, male for male; 90.5% for female) and *Hilot* (bone setter, massage; 97.7% for male; 90.0% for female).

Across year levels, belief in *Hilot* (bone setter, massage), *Surhano/parasantigwar* (cures illness caused by spirits), and *Arbolaryo* (herbalist) were found to be most persistent. The percentage of believers of these types of healing practices ranged between 73.9% and 100.00%. By contrast, the belief in *Manugluy-a* (uses ginger for diagnosis), *Paragabot* (untrained tooth-extractor), and *Babaylan* (ritualist) were less to not persistent.

Moreover, first-year students expressed the most persistent belief in the traditional healing practices than any other group. Interestingly, when compared according to their mothers' type of work, regardless of the type of

TABLE 2. Percentage distribution of student believers in traditional healing according to their demographics

Characteristics	Categories	A	B	C	D	E	F	G	H	I	Mean	VI
Age	16–19	92.0	95.7	62.2	45.7	79.3	18.1	18.1	15.4	19.7	49.6	LP
	20–22	94.1	85.3	50.0	35.3	73.5	14.7	19.1	16.2	23.5	45.7	LP
	23–24	90.9	81.8	45.5	9.1	63.6	9.1	0.0	27.3	0.0	36.4	LP
	25–27	80.0	90.0	80.0	30.0	60.0	20.0	30.0	0.0	30.0	46.7	LP
Gender	Male	95.5	97.7	68.2	50.0	84.1	22.7	27.3	14.8	34.1	54.9	P
	Female	90.5	90.0	55.0	37.0	73.0	14.3	13.8	15.9	13.8	44.8	LP
Year Level	First	95.5	100.0	77.3	45.5	95.5	18.2	9.1	36.4	36.4	57.1	P
	Second	90.9	93.8	59.3	43.5	75.1	16.8	18.7	12.4	20.6	47.9	LP
	Third	95.7	82.6	50.0	28.3	73.9	17.4	19.6	19.6	10.9	44.2	LP
Mothers' Occupation	Farmer	94.4	100.0	38.9	27.8	77.8	22.2	22.2	5.6	5.6	43.8	LP
	Professional	94.4	94.4	50.0	38.9	83.3	16.7	11.1	0.0	16.7	45.1	LP
	Sales/Trade	90.2	88.5	56.6	38.5	78.7	16.4	21.3	18.0	23.0	47.9	LP
	Domestic Helper	100.0	100.0	33.3	50.0	83.3	0.0	0.0	16.7	33.3	46.3	LP
	Jobless	92.0	94.7	68.1	46.0	72.6	17.7	15.9	16.8	19.5	49.3	LP
Mothers' Education Level	Elementary	97.6	98.8	66.3	39.8	81.9	20.5	25.3	19.3	22.9	52.5	P
	Secondary	87.7	87.0	59.6	41.1	73.3	13.0	15.8	13.7	19.2	45.6	LP
	Tertiary	95.4	100.0	48.8	46.5	76.7	25.6	14.0	14.0	18.6	48.8	LP
	Postgraduate	100.0	80.0	20.0	20.0	80.0	0.0	0.0	20.0	20.0	37.8	LP
Fathers' Occupation	Farmer	84.1	85.1	55.1	41.1	69.2	13.1	19.6	10.3	17.8	43.9	LP
	Fisherman	88.2	94.1	50.0	38.2	73.5	14.7	20.6	20.6	17.7	46.4	LP
	Professional	92.3	100.0	69.2	30.8	76.9	30.8	7.7	15.4	15.4	48.7	LP
	Sales/Trade	98.4	100.0	69.4	46.8	90.3	12.9	14.5	21.0	17.7	52.3	P
	Transport	100.0	97.0	63.6	39.4	78.8	18.2	15.2	18.2	30.3	51.2	P
	Jobless	100.0	92.9	53.6	39.3	75.0	35.7	25.0	14.3	28.6	51.6	P
Fathers' Education Level	Elementary	98.3	94.7	57.9	40.4	75.4	21.1	22.8	15.8	22.8	49.9	LP
	Secondary	91.9	92.5	63.8	40.0	79.4	14.4	16.9	15.0	19.4	48.1	LP
	Tertiary	86.5	88.5	48.1	44.2	73.1	17.3	15.4	17.3	17.3	45.3	LP
	Postgraduate	87.5	100.0	51.0	50.0	51.0	37.5	25.0	12.5	37.5	50.2	LP
Mean		93.0	93.0	56.1	38.7	76.0	17.8	16.6	15.8	21.2	47.6	P
Verbal Interpretation		MP	MP	MP	P	MP	NP	NP	NP	NP	P	

Legend: 100–76, Very Persistent (VP); 75–51, Persistent (P); 50–26, Less Persistent (LP); 0–25, Not Persistent (NP)

A - *Arbolaryo* (herbalist); B - *Hilot* (bone setter, massage); C - *Partera* (untrained midwife); D - *Faith healers* (cures illness with prayer/incantations); E - *Surhano/parasantigwar* (cures illness caused by spirits); F - *Manugbutbot* (withdraws objects from the body with incantations); G - *Manugluy-a* (uses ginger for diagnosis); H - *Babaylan* (ritualist); I - *Paragabot* (untrained tooth-extractor).

work, the students all indicated most persistent beliefs in *Hilot* (bone setter, massage)*, Arbolaryo* (herbalist), and *Surhano/parasantigwar* (cures illness caused by spirits). Those whose mothers were engaged in sales/trade and were jobless also showed the same level of persistence for *Partera* (untrained midwife). Approximately 57%–100% of believers were recorded for those particular traditional healing practices. On the contrary, the children of domestic helpers and professionals expressed their disbelief in *Babaylan* (ritualist), *Manugbutbot* (withdraws objects from the body with incantations), and *Manugluy-a* (uses ginger for diagnosis). This persistence was likewise remarkably noted among respondents with parents who had completed tertiary and postgraduate levels. All these respondents were believers of *Hilot* (bone setter, massage) and *Arbolaryo* (herbalist). Furthermore, students whose mothers were graduates of primary and secondary education exhibited the most persistent beliefs in *Partera* (untrained midwife).

Almost the same pattern of responses was also exhibited in terms of the occupation of the respondents' fathers. It can be gleaned that, notwithstanding their fathers' type of work, the student-respondents all showed

the strongest belief persistence in the following practices: *Hilot* (bone setter, massage), *Arbolaryo* (herbalist), *Partera* (untrained midwife), and *Surhano/parasantigwar* (cures illness caused by spirits). In particular, those who exhibited the highest level of persistence were the children of those whose nature of work were related to transport and Sales/Trade, including those whose fathers were professionals and jobless. These respondents all revealed belief persistence in those types of healing practices. As to the fathers' educational level, the children of those who completed their postgraduate level had the most persistent belief in *Hilot* (bone setter, massage; 100%). They were followed closely by those whose fathers had only achieved elementary level, who had the most persistent belief in *Arbolaryo* (herbalist; 98.3%).

Overall, the most persistent beliefs of the respondents were displayed in the following traditional healing practices: *Arbolaryo* (herbalist; 93.0%), *Hilot* (bone setter, massage; 93.0%), *Partera* (untrained midwife; 56.1%), and *Surhano/parasantigwar* (cures illness caused by spirits; 76.0%). Comparatively, among the demographics, belief persistence was primarily shown by respondents in the first-year level (57.1%).

The findings on the status of belief in traditional health practices indicate that the students' choices and reliance on traditional healing are not affected by the advancement and innovations in healthcare technology. Moreover, this belief in conventional healers is a manifestation of the value that students attach to the care they receive from traditional healers. According to Blackett-Sliep (1989), traditional healers are an existing source of healthcare; they live where people live and are, therefore, a precious resource for spreading healthcare widely. Besides being widely available, they have a holistic approach. They provide due respect to the physical, psychological, and spiritual aspects of health while relating to the context of the relationships between the individual, family, and community.

These findings were also concurrent with other studies. For instance, Ghani (2002) suggested that, at this age of highly advanced allopathic medicine, a large majority (75%–80%) of the population in the Philippines, particularly in the rural and semi-urban areas, still prefer using traditional practice to treat most of their ailments even though modern medical facilities may be available in their neighborhood.

DEMOGRAPHIC DIFFERENCES IN THE BELIEF STATUS ON TRADITIONAL HEALING

For further analysis, aside from the numerical differences, *t*-tests and ANOVA were performed. These tests were intended to accurately pinpoint which between and among those mean differences led to statistically significant difference results.

The purpose of this additional analysis was to determine which among the demographic categories displayed a rather strong and persistent belief in conventional healing. As indicated, among the seven demographics, only one showed a statistically significant result, namely, the sex category. The beliefs of male respondents were stronger than those of females. This result was validated by a *t*-value of 4.885 and a probability value lower than .05. All the rest of the comparisons revealed otherwise. Data suggest some relevant implications, like the male preference for traditional healthcare being influenced by their healthcare perspectives and orientations, which may have been accumulated over time. The findings may also signify the perceptual barriers of women to conventional healthcare treatments, which make them uncomfortable. Hence, their beliefs are somewhat affected.

The preceding findings confirmed the results of Farooqi (2006), who explored the type of traditional healing practices sought by Muslim psychiatric patients treated at public hospitals in Lahore City, Pakistan. Patients with different psychiatric disorders sought multiple traditional healing methods for the treatment of their mental disorders, including somatoform (73%), personality/conduct disorders (73%), schizophrenia (70%), affective disorders (68%), and anxiety disorders (55%). Proportionately more male than female patients used multiple traditional healing practices. The male patients showed a higher number of visits per week to traditional healers than did their female counterparts. These different help-seeking practices may be attributed to gender discrimination in mobility and the taboos attached to women consulting male traditional healers. The study demonstrates that Islamic religious traditions and Pakistani cultural norms affected the healthcare choices of Pakistani psychiatric patients.

On the other hand, these findings, to some extent, mismatch the results of the study of Kristoffersen et al. (2014), which states that Complementary and Alternative Medicine (CAM) use is believed to be closely associated with sociodemographic variables such as gender, age, education, income, and health complaints. A total of 33% of the participants reported the use of any CAM within the last 12 months, women more often than men (42% and 24%, respectively). When limited to visits to a CAM provider, the study found 17% use among women and 8% among men. The relationship between the demographic variables and being a CAM user differed significantly between men and women with regard to age, household income, and marital status. The study, however, did not find significant differences between men and women concerning education and self-reported health.

TABLE 3. Demographical Differences in the Persistent Beliefs on Traditional Healers

Characteristics	Categories	Mean	T/F-value	P-value
Age	23–24	1.95	.564	.643
	25–27	1.99		
	20–22	2.13		
	26–19	2.32		
Sex	Male	2.36	4.885*	.001
	Female	2.19		
Year Level	Third Year	2.17	.802	.460
	Second Year	2.23		
	First Year	2.52		
Mothers' Occupation	Domestic	2.06	.203	.935
	Helper			
	Professional	2.16		
	No Work	2.26		
	Sales/Trade	2.26		
	Farmer	2.33		
Mothers' Education Level	Elementary	2.15	.054	.983
	Secondary	2.23		
	Tertiary	2.25		
	Postgraduate	2.28		
Fathers' Occupation	Transport	2.19	.051	.998
	Sales/Trade	2.19		
	Fisherman	2.20		
	Professional	2.22		
	Farmer	2.29		
	No Work	2.30		
Fathers' Education Level	Elementary	2.12	.088	.966
	Tertiary	2.22		
	Secondary	2.23		
	Postgraduate	2.09		

RELIANCE ON TRADITIONAL HEALTHCARE

Despite the presence of modern healthcare, the results revealed that reliance on traditional healing is still persistent. This is evidenced by the number of participants who reported having consulted traditional healers on some common illnesses.

Table 4 shows that more than half of the total respondents availed of the services of conventional healers on diseases such as vomiting (55%), sprain (55%), and stomachache (54%). Furthermore, approximately 41% patronized these healers when suffering from a muscle spasm. Child's feelings of distress to a stranger, paralysis, diarrhea, animal bite, poisoned, and possessed by evil spirits were included as well among the top 10 illnesses brought to these health practitioners. The preferences for traditional healers over other healthcare providers could have some cultural, economic, and geographic implications.

The selection of these traditional medical services could be traced back to the age-old tradition of orthodox healing, which is more personal than modern therapeutic healing practices. The accessibility and availability of services in the geographical locations of the participants can also contribute to their utilization. The preliminary findings were corroborated by Okonofua et al. (1992), who pointed out that cost of treatment, availability of health facilities, and level of awareness and cultural beliefs are among the significant factors that determine the choice of care.

These findings also concurred with those of Mahilum (2017), who revealed that the selection of healthcare services is significantly determined by the accessibility and availability of healthcare services, family size, beliefs and

TABLE 4. Top 10 illnesses commonly consulted to traditional healers

Particulars	(N = 277)	Percent
Vomiting	151	54.5
Sprain	151	54.5
Stomachache	150	54.2
Muscle spasm	112	40.4
Child's feeling of distress to a stranger (Nausog)	49	17.7
Paralysis	45	16.2
Diarrhea	40	14.4
Animal bite	33	119
Poisoned	7	2.5
Possessed by evil spirits	7	2.5

perceptions about health and illness, joint family monthly income, occupation of household heads, and morbidity occurrence. Clients avail of healthcare services that are readily available when needed. A private tertiary hospital is the choice of those who greatly value health and wellness. Low-level hospitals are more preferred by large families with limited budget for healthcare.

CONCLUSIONS AND RECOMMENDATIONS

Local government units will likely be facing a huge challenge if they continue to discourage conventional healing practices because persistent beliefs and reliance on such are on the rise globally. The results of this study have confirmed the veracity of this account. Paradoxically, despite the negative stigma attached to this form of healing, conventional healers supply most of the population's healthcare needs as the latter have greater access and utilization of such healers compared with modern healthcare. This reality is likewise evident in the Municipality of Calabanga, Camarines Sur, for which the lack of advanced healthcare facilities easily reached in the area contributes to this current state. Hence, if conventional healers are to be taught how to respond to some health problems appropriately, this may lead to less resistance from the LGU and, in turn, increase their likelihood to develop an integrated healthcare system that involves and respects conventional healing practices in their area.

From the foregoing discussion, the following actions are thus recommended. (1) Healthcare education for proper health management and care should be intensified in the community where health practitioners, public health nurses, community midwives, and conventional healers are present for. (2) Regular awareness campaigns should be conducted, such as a symposia specifically on prevailing diseases and other health-related concerns, to ensure prompt and appropriate management and supervision on prevailing and common diseases. (3) Seminars and trainings must be provided for medical health providers on all prevailing conditions and updates on the onset of diseases, so they may anticipate and have their action plan programs on the beginning of diseases in their locality. (4) The establishment of scientific knowledge through health education, trainings, and workshops on the assessment and management of diseases should be made available for conventional healers for them to ensure safe and competent manner practices for the benefit of those who subscribe to conventional healing.

With the persistent belief and reliance of the students revealed by the results, the following are some of the policy areas of this work: legislation of the integration of conventional healing into mainstream medical care; standardization of the healing method and the courses involved in the training of those who deliver it; creation of a specific agency to control and provide guidelines; regulatory requirements for the attendance of conventional healers to first aid basic training courses, basic healthcare, and management and other related training; and mandatory registration and regulation of conventional healers at least at the local level for the monitoring and supervision of medical health teams from local government units.

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