

**LEVEL OF PERCEPTION AND ADHERENCE TO SAFETY
PRACTICES OF COMPLEMENTARY AND
ALTERNATIVE MEDICINE USE
AMONG OLDER ADULTS**

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**LEVEL OF PERCEPTION AND ADHERENCE TO SAFETY PRACTICES
OF COMPLEMENTARY AND ALTERNATIVE MEDICINE
USE AMONG OLDER ADULTS**

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Requirements for the Degree
Bachelor of Science in Nursing

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CERTIFICATE OF PANEL APPROVAL

In partial fulfillment of the requirements for the degree of Bachelor of Science in Nursing, this research output entitled **“LEVEL OF PERCEPTION AND ADHERENCE TO SAFETY PRACTICES OF COMPLEMENTARY AND ALTERNATIVE MEDICINE USE AMONG OLDER ADULTS”**, prepared and submitted by **Mary Rose Dianne G. Bulacan, Flordelou E. Baroro, Mae Ann L. Bonghanoy, Kimberly Azcona And Janine Andrea L. Jagonia** is hereby recommended for acceptance and approval.

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ABSTRACT

Conventional medicine remains the primary treatment choice today. However, the use of Complementary and Alternative Medicine (CAM) is rising, particularly among older adults with chronic illnesses seeking relief from side effects of conventional treatments. Rooted in cultural traditions, personal beliefs, and a desire for holistic well-being, many older adults incorporate CAM to complement conventional care for a more comprehensive approach to health. This study assessed the perceptions of CAM use among adults aged 60 and above, focusing on perceived benefits, barriers, and self-efficacy. It also examined their adherence to CAM safety practices and explored how perceptions influence adherence. Conducted in Molave, Zamboanga del Sur, the study involved 138 participants selected through purposive and stratified random sampling. Data was gathered using a pilot-tested, standardized survey questionnaire. Results showed a strong positive correlation between perceived benefits and adherence to safety practices ($r = 0.64$, $p = 0.00$). A weaker but significant positive correlation was found between perceived barriers and safety adherence ($r = 0.25$, $p = 0.00$). Perceived self-efficacy also demonstrated a strong positive correlation with safety adherence ($r = 0.70$, $p = 0.00$). The study concludes that enhancing perceptions of CAM benefits and self-efficacy improves adherence to safety practices, while addressing barriers is essential to promoting safe CAM use. These findings highlight the need for better regulation, education, and integration of CAM within healthcare systems to support older adults' well-being.

Keywords: *adherence, complementary and alternative medicine, perception, older adults, safety practice*

This research paper is dedicated to our ever-supportive and loving parents, who have been our main support system in every endeavor. We also dedicate this work to our Almighty God, who has been our guiding light and pillar of strength through triumphs and hardships.

The Researchers

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The Researchers

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INTRODUCTION

Rationale/Background of the Study

The history of medicine is intricately connected to diverse healing practices rooted in cultural and religious beliefs, subject to scrutiny across generations. As medical practices advanced, traditional healing practices were refined or eliminated based on empirical evidence. Despite the proven safety and evidence-based nature of conventional medicine, the 21st century is witnessing a renewed interest in traditional healing practices, known as complementary and alternative medicine (CAM) or "traditional medicine" (Heinrich et al., 2023). These time-honored approaches continue to attract attention and trust. Given this resurgence, nurses, who are central to patient-centered care, play a pivotal role in recognizing diverse healing practices and advocate for an integrative healthcare model that values evidence-based conventional medicine while acknowledging the cultural significance of traditional healing practices. Hence, exploring CAM in this day and age becomes crucial for a comprehensive understanding of healthcare options and patient preferences.

Complementary and Alternative Medicine (CAM) are products and practices that refer to unconventional therapies or not part of standard medical care. Its major components include mind-body therapies, biologically based practices, manipulative and body-based practices, energy healing and whole medical systems (National Cancer Institute, 2023). Based on the World Health Organization (WHO), 60% to 90% of patients in Southeast Asian nations utilize CAM for primary care. According to Larson, unlike the organ-specific focus of modern medicine, CAM adopts a more holistic approach and requires active participation from patients (Ünlüyol et al., 2023). Studies link the prevalence of CAM to older adults aged 60 and above which can be attributed to the presence of multiple medical conditions and decreased functional activities (Aljawadi et al., 2020) and for the treatment of their diseases because they think that traditional methods, that are in line with their cultural values and beliefs, can also be effective (Aktaş & Bakan, 2021). Supporting

this trend, another study underscores the widespread acceptance of CAM, emphasizing its perceived attributes of convenience, effectiveness, safety, tolerability, and affordability. These factors are notably influenced by individual religious and spiritual convictions (Agrawal et al., 2019).

Individual perceptions play a significant role in the global utilization of CAM (Odegard et al., 2022). Perceived benefits, such as its effectiveness in addressing health concerns, encourage its usage; while perceived barriers, such as skepticism about its safety or cultural misalignment, may deter individuals from incorporating CAM into their healthcare practices. Self-efficacy, or an individual's belief in their ability to utilize CAM effectively, can strongly impact its adoption. Those with high self-efficacy are more likely to explore and integrate CAM into their health routines, considering it a viable and empowering option. The use of CAM is steadily increasing despite gaps in the scientific evidence supporting its use. CAM use is widespread and has played critical roles in preventing infections, including previous coronaviruses (Kretchy et al., 2021).

Despite the prevalence of its use, other literatures indicate challenges to CAM utilization, including non-disclosure to primary healthcare providers (Ghada Ben Salah et al., 2023), limited knowledge on drug-food interactions and drug-drug interactions (Chee Tao Chang et al., 2021), and delays in seeking conventional therapies (Akhtar et al., 2018). Moreover, there is a lack of proactive regulation for the safety of CAM treatments, and information gaps often persist until issues are reported. Despite the WHO's requirement for countries to have proper regulations of traditional, complementary and alternative medicine, the regulations for providers and health insurance coverages of CAM use is low (World Health Organization, 2019, p. 55). The five regulatory issues identified in the report include lack of research data, lack of financial support for research, lack of mechanisms to monitor safety of practices, lack of education and training for providers, and the lack of expertise within national health authorities and control agencies (World Health Organization, 2019, p. 56).

Based on the report made by the WHO, the Philippines is found to have a national policy, laws and regulations, a program, an office and a national expert committee with herbal medicine regulation and registration systems (World Health Organization, 2019, p. 14-46). The country employed the Traditional and Alternative Medicine Act (TAMA) of 1997 (R.A. No. 8423) to regulate CAM use nationally, however, criticism of the law highlights unclear regulations for Traditional and Alternative Health Care (TAHC) product sales, insufficient safety and efficacy safeguards, a lack of enforcement leading to unlicensed practitioners, and inadequate support for research and development. Moreover, the law has been faulted for not addressing the informal health economy involving unlicensed TAHC practitioners.

The lack of regulations for CAM use calls for the evaluation of adherence to safety practices in Complementary and Alternative Medicine (CAM) use is crucial for empowering healthcare providers to confront challenges associated with CAM utilization. This process allows providers to identify potential risks and safety concerns linked to CAM practices, contributing to enhanced patient safety (Bellanger et al., 2019). By understanding how individuals navigate safety protocols in CAM, healthcare professionals can tailor their guidance and support, mitigating potential harms and promoting informed decision-making. Furthermore, this assessment contributes to the broader development of effective regulatory frameworks for CAM (Pokladnikova & Telec, 2020). Insights into adherence patterns provide a foundation for creating guidelines and standards that prioritize patient well-being and align with the diverse nature of CAM practices. Thus, the evaluation not only safeguards individual health but also aids in establishing comprehensive and responsive regulatory structures that balance the growing popularity of CAM with the imperative to ensure safety and efficacy within healthcare systems.

In moving forward, healthcare systems should actively address these challenges, fostering collaboration between conventional medicine and CAM to provide holistic and patient-centered care. The study serves as a valuable

contribution to the ongoing dialogue on healthcare practices, urging a balanced and inclusive approach to meet the diverse needs and preferences of the aging population.

Theoretical Framework

This study adopted the Health Promotion Model by Nola Pender to investigate how older adults perceive the benefits of CAM, identified barriers linked to adhering to safety practices in CAM use and delved into how older adults' perceived self-efficacy influenced their capacity to follow safety practices while incorporating CAM. The HPM views human behavior as rational and economical based from the expectancy value model of human motivation described by Feather (1982), and it is similar to the Health Belief Model, but it does not include fear or threat as a source of motivation for health behavior (Alligood, 2014, p. 398). The HPM focuses on promoting health and preventing illness by considering individual characteristics and experiences, behavior-specific cognitions and affect, and the interpersonal and physical environment.

To gain a comprehensive understanding of the interplay between the level of perception, adherence to safety practices, and their mutual relationship, this research incorporated several key constructs from the Health Promotion Model (HPM). The study explored Perceived Barriers to Action to highlight the obstacles and challenges faced by older adults in their perceptions about CAM and adhering to safety practices. Perceived Benefits of Action was examined to explain the factors that motivate individuals to engage in different CAM practices, and the evaluation of Perceived Self-Efficacy aimed to gauge the confidence and belief that older adults possess based on their perceptions of CAM use and their ability to adhere to safe practices related to CAM.

Conceptual Framework

The conceptual framework employed in this study functions as a methodological roadmap, providing a systematic approach to analyze the

interconnected elements and variables within the study context, ultimately addressing the research problem. The research aimed to elucidate the connection between the level of perception and adherence to safety practices concerning the utilization of CAM among individuals aged 60 and above. Within this framework, the dependent variable is the adherence to safety practices related to CAM use among older adults, while the independent variable is the level of perception among this demographic.

To accomplish this, the study incorporated three key constructs derived from the Health Promotion Model, initially formulated and subsequently revised by Nola Pender in 1996. These constructs include perceived benefits to action, perceived barriers to action, and perceived self-efficacy. The utilization of these constructs aimed to provide a comprehensive understanding of the factors influencing the relationship between perception levels and adherence to safety practices in the context of CAM usage among older adults.

Level of Perception on CAM Use. In this study, level of perception refers to the extent to which older adults are aware of the use of CAM. It is the individual's self-reported understanding and awareness of recommended safety measures, including knowledge about potential risks, precautions, and guidelines when using CAM (Aljawadi et al., 2020). Scores indicating a comprehensive understanding and heightened awareness of recommended safety measures and potential risks associated with CAM.

Perceived Benefits of Action. In the context of this study, perceived benefits of action denoted the older adults' subjective evaluations of the positive outcomes and advantages associated with adhering to safety practices during their use of complementary and alternative medicine (CAM). It involves capturing respondents' beliefs regarding the positive impacts of following safety guidelines, including improved health outcomes, symptom relief, enhanced well-being, and alignment with personal health goals (Gallego et al., 2019). Higher scores reflect a stronger perception of benefits, encompassing positive health effects and well-being derived from CAM practices.

Perceived Barriers to Action. In this study, perceived barriers to action is referred to the subjective assessment by older adults of obstacles or challenges that may impede their ability to adhere to safety practices when using complementary and alternative medicine (CAM). It involves identifying and assessing respondents' beliefs about potential hindrances, such as concerns about side effects, lack of reliable information, financial constraints, cultural beliefs, or difficulties integrating CAM practices into their daily routines (Johnson et al., 2019). Elevated scores indicating a greater perception of barriers, such as concerns about potential risks or hindrances related to CAM utilization.

Perceived Self-efficacy. In this study, perceived self-efficacy represented the older adults' confidence in their ability to adopt, adhere to, and effectively implement safety practices associated with the use of complementary and alternative medicine (CAM). It entails assessing respondents' beliefs in their capability to follow recommended safety guidelines, communicate with healthcare providers about CAM use, and manage potential challenges or uncertainties related to safety (Josfeld et al., 2021). Higher scores indicating a stronger perceived self-efficacy, demonstrating confidence in managing and maintaining safety in CAM utilization.

Adherence to Safety Practices on CAM Use. In this study, adherence to safety practices is referred to the degree to which individuals engage in and consistently follow the recommended safety guidelines and precautions associated with the utilization of complementary and alternative medicine. Higher scores indicating greater adherence to safety practices, reflecting a consistent and cautious approach to the use of complementary and alternative medicine. The adherence to safety guidelines by older adults when utilizing complementary and alternative medicine (CAM) is influenced by factors like perceived benefits, accessibility, sociocultural influences, interactions with conventional treatments, non-disclosure to healthcare practitioners, and adherence to medication therapy (Tangkiatkumjai et al., 2020).

The subsequent page presents the conceptual model for this research study, illustrating the variables. The dependent variable is the safety practices of complementary and alternative medicine use among older adults, and the independent variable is the level of knowledge among older adults.

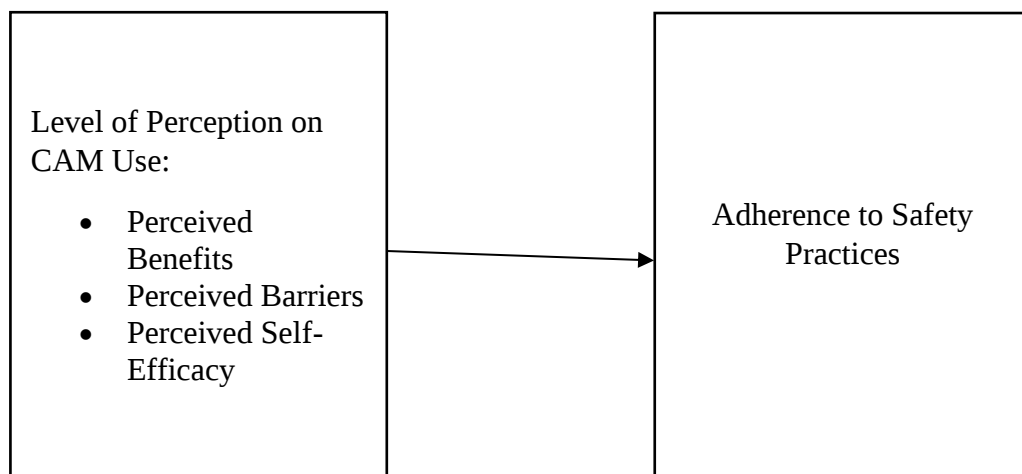


Figure 1. Schematic Diagram of the Study

While the cited literature examined the perceptions of complementary alternative medicine (CAM), it is crucial to acknowledge certain potential limitations in previous studies, revealing several noteworthy gaps. Firstly, concerns arise about the generalizability of the findings due to the reliance on a homogeneous sample size, potentially limiting their relevance to a broader population (Agrawal et al., 2019). Most of the studies utilized online surveys which introduced bias by favoring the recruitment of younger individuals inclined towards self-administered questionnaires. Additionally, exclusive reliance on electronic questionnaires may result in uneven population sampling, excluding those without platform access or literacy, thus compromising external result validity (Ünlüyol et al., 2023). Challenges related to a low response rate raise doubts about data reliability. The absence of validation for the survey instrument further questions the accuracy and precision of the measurements. Respondents' potential overestimation of product usage introduces bias, impacting overall result validity and reliability (Makarem et al., 2022). These limitations could affect the generalizability and accuracy of the findings. On the other hand, there is a significant lack of information exploring adherence to safety practices in CAM use, particularly within the Philippines. This underscored the need for a thorough investigation and understanding of safety practices associated with CAM, specifically within the unique cultural and geographical context of the Philippines, adding an additional layer to the identified research gaps.

In addressing research gaps concerning perceptions and adherence to safety practices on the use of CAM among older individuals, this study promoted sample diversity and minimizing bias. Additionally, it utilized a purposive and stratified random sampling methods for both population selection and data collection, the research team actively engaged in face-to-face interactions during survey distribution. This approach not only addressed concerns and ensured comprehension but also opened the door for the participation of underserved populations lacking internet access. The employment of a rigorously validated questionnaire, developed through a meticulous researcher-based approach and pilot

testing, underscored the commitment to reliable data collection. Moreover, this study contributed to the body of knowledge in the Philippines by delving into the adherence of older adults to safety practices, shedding light on a critical yet underexplored aspect of CAM use.

Objectives of the Study

In a thorough research effort aimed at exploring older adults' level of perceptions and adherence to safety practices on CAM, this study will specifically: (1) assess the respondents level of perception on CAM use in terms of perceived benefits, perceived barriers, and perceived self-efficacy, (2) assess the respondents adherence to safety practices on CAM, and explore (3) explore the significant relationship between the respondent's level of perception and their adherence to safety practices on CAM use. By analyzing this correlation, the research aimed to reveal how beliefs and attitudes towards CAM influenced the implementation of safety measures. This investigation promised valuable insights into the interplay between perception and behavior in CAM usage among older adults. Additionally, this study hypothesized that there is no significant relationship between the level of perception and the adherence to safety practices on CAM use among the chosen demographic.

Significance of the Study

The research study offered significant potential for the nursing profession, policy integration, and communities. In nursing, insights into the correlation between older adults' perceptions and their adherence to safety practices regarding complementary and alternative medicine (CAM) informed patient education and support strategies. Policymakers used evidence-based findings to refine healthcare policies to meet the specific needs of older populations. At the community level, the study's outcomes guided interventions and educational programs, promoting healthier choices and practices among older adults using CAM. This collaborative

approach among healthcare professionals, policymakers, and communities aimed to enhance overall well-being and health literacy in this demographic.

METHODOLOGY

This chapter provides an overview of the methodological approach employed in the research. It encompasses the research design, research setting, respondents, sampling method, instruments, data gathering procedure, data analysis technique, and ethical considerations.

Research Design

A descriptive correlational research design was adopted to investigate the relationship between perception levels and adherence to safety practices in CAM use among older adults. The study quantified these variables using a validated questionnaire, which guided the development of a researcher-based questionnaire. Pilot testing ensured validity, and statistical tools were employed for analysis. This design provided a robust framework for analyzing and interpreting the correlation between perception and adherence to safety practices in CAM use among older adults.

Research Environment

The research was conducted in Molave, Zamboanga del Sur, a first-class municipality with twenty-five barangays. Predominantly rural, 99.44% of Molave's area fell under this category, with only 0.56%, or 122 hectares, allocated to urban development. The selection of this locale was based on literature indicating a higher prevalence of CAM use among older adults in rural areas compared to urban ones. This strategic location facilitated a comprehensive examination of CAM utilization patterns, contributing to a nuanced understanding of healthcare practices among older adults in different geographical settings.

Unit of Analysis, Respondents and Sampling Procedure

The research involved 138 individuals aged 60 and above from three selected barangays in Molave, Zamboanga del Sur, who had actively used various

CAM modalities. Purposive and stratified random sampling methods were employed to ensure a fair and representative subset from the broader population. Each barangay was chosen based on its demographics and characteristics that fits in the study's respondent criteria. Within each barangay, participants aged 60 and above who had used any CAM modality over the past 9 months to 1 year were randomly selected. This approach aimed to mitigate selection biases and ensured that the sample accurately reflected the diversity and characteristics of older adults utilizing CAM across different areas of Molave. By stratifying the sampling process, the researchers sought to enhance the study's validity and applicability in drawing conclusions about perceptions and adherence to safety measures in CAM usage among older adults in the region. Sample sizes were determined using Slovin's formula to ensure an optimal and statistically sound number of participants. The total population of older adults in the first barangay was 453, in the second barangay it was 410, and in the third barangay it was 309. The sample size for each barangay was computed by dividing the respective total population by $1 + N \cdot (e)^2$, resulting in sample sizes of 41, 44, and 53 respondents for the three barangays respectively, totaling 138 respondents.

Data Gathering Instruments and Procedure

Prior to data collection, approval was secured from the dean of the College of Nursing, Midwifery, and Radiologic Technology. Purposive and stratified random sampling method was used to select a diverse group of older adults aged 60 and above from 3 barangays, with the required number of participants from each group determined by the calculated sample size. Informed consent was obtained from identified respondents, and questionnaires were distributed, allowing ample time for thoughtful responses. The research team addressed any queries or concerns from participants. The collected data then underwent meticulous analysis and interpretation by a statistical expert. A researcher-made and standardized questionnaire, based on previously validated questionnaires, was utilized as a guide for this study.

1. Level of Perception Questionnaire. This questionnaire was derived from the Older Adults' Health Promotion Activity Questionnaire formulated and validated by Chen and Hsieh (2021). The questionnaire had three sections: demographic, frequency of participation in health promotion activities, and the third, based on Pender's Health Promotion Model, covered perceived benefits (19 items), barriers (20 items), self-efficacy (10 items), social support (14 items), and activity-related affect (9 items). Responses ranged from 1 (disagree/not confident) to 5 (agree/very confident), with higher scores indicating more positive perceptions with negative items reverse-coded. The questionnaire in this study underwent modifications and standardization through pilot testing to address the research inquiry regarding the perception of complementary and alternative medicine (CAM) use among older adults. Additionally, the third section focused solely on three Health Promotion Model (HPM) constructs: perceived benefits, perceived barriers, and self-efficacy.

2. Adherence to Safety Practices Questionnaire. This questionnaire was derived from the Medication Adherence Rating Scale (MARS) (Thompson et al., 2000). It was a self-report tool consisting of ten yes/no items, derived from the amalgamation of two existing scales: the 30-item Drug Attitudes Inventory (DAI; Hogan et al., 1983) and the 4-item Medication Adherence Questionnaire (MAQ; Morisky et al., 1986). This scoring system recognized adherence as a continuous variable, acknowledging that individuals might make decisions anywhere along the spectrum between complete adherence and complete non-adherence, such as only taking medication when they felt unwell (Fialko et al., 2008). The questionnaire was slated for modifications and standardization in this study via pilot testing to effectively address the research inquiry related to adherence to safety practices concerning complementary and alternative medicine (CAM) usage among older adults. Moreover, the questionnaire's scoring guideline underwent modification, changing from a range from 0 (low likelihood of medication adherence) to 10 (high likelihood), to a 5-point Likert Scale for scoring.

Validity and Reliability of the Instrument

This study used previously validated questionnaires as a foundation to develop a researcher-based tool for assessing how older adults perceive and adhere to safety practices in CAM use. A pilot test was conducted with 20 participants not part of the sample size, results were then checked by a statistician. The aim was to refine the researcher-designed questionnaire based on participant feedback, ensuring its reliability and validity.

Scoring Guidelines

Part I. Frequency of CAM Use for the Past Year

Weight	Continuum	Response	Interpretation
5	4.20 – 5.0	Very Frequently	Very High
4	3.20- 4.19	Frequently	High
3	2.61-3.19	Occasionally	Fair
2	1.81-2.60	Rarely	Low
1	1.0 – 1.80	Very Rarely	Very Low

Part II. Perceived Benefits on CAM Use

Weight	Continuum	Response	Interpretation
5	4.20 – 5.0	Completely Agree	Very High
4	3.20- 4.19	Agree	High
3	2.61-3.19	Neutral	Fair
2	1.81-2.60	Disagree	Low
1	1.0 – 1.80	Completely Disagree	Very Low

Part III. Perceived Barriers on CAM Use

Weight	Continuum	Response	Interpretation
5	4.20 – 5.0	Completely Agree	Very High
4	3.20- 4.19	Agree	High
3	2.61-3.19	Neutral	Fair
2	1.81-2.60	Disagree	Low
1	1.0 – 1.80	Completely Disagree	Very Low

Part IV. Perceived Self-efficacy on CAM Use

Weight	Continuum	Response	Interpretation
5	4.20 – 5.0	Very Confident	Very High
4	3.20- 4.19	Fairly Confident	High
3	2.61-3.19	Neither	Fair
2	1.81-2.60	Not Very Confident	Low
1	1.0 – 1.80	Not Confident at All	Very Low

Part V. Adherence to Safety Practices

Weight	Continuum	Response	Interpretation
5	4.20 – 5.0	Completely Agree	Very High
4	3.20- 4.19	Agree	High
3	2.61-3.19	Neutral	Fair
2	1.81-2.60	Disagree	Low
1	1.0 – 1.80	Completely Disagree	Very Low

Mode of Analysis, Statistical Instruments/Procedure

A Pearson correlation coefficient was employed to assess the strength and direction of linear relationships between the two variables. Pearson's correlation coefficient (r) ranged from -1 to +1, with -1 and +1 indicating a perfect linear relationship between the two variables. A value of 0 signified no linear relationship between the variables (Stewart, 2023). In medical research, Pearson's correlation coefficient was used to evaluate the relationship between two quantitative variables (The BMJ, 2019). Other modes of analysis used included the mean, standard deviation, and p-value. The mean was used to determine the average value of a variable, playing a key role in making comparisons and predictions based on the data. Standard deviation measured the extent to which individual data points differed from the mean. A higher standard deviation signified greater variability in the data, whereas a lower standard deviation indicated increased consistency (Hayes, 2023). The p-value was a statistical metric used to assess the significance of results in hypothesis testing. It represented the probability of obtaining results as extreme as the observed ones, given that the null hypothesis was true (Bradley University, 2020).

Ethical Consideration

To adhere to ethical standards, the researchers emphasized moral principles and guidelines. Participants were fully informed about their autonomy in deciding whether to participate, with no consequences for their choice. Informed consent was obtained from all respondents before the survey, with each participant signing a consent form to signify their voluntary agreement. Participants were assured of their right to join or withdraw from the study at any time. Data interpretation was conducted anonymously to protect privacy, preserving the confidentiality of respondents' identities. The study design and questionnaire content were carefully crafted to mitigate potential harm. The questionnaires were securely stored, and after a specified retention period, the data were systematically discarded in compliance with ethical protocols.

RESULTS AND DISCUSSIONS

This chapter displays the obtained data in table form, arranged in the order of the problem of the study:

Respondent's level of perception on CAM use in terms of perceived benefits, perceived barriers, and perceived self-efficacy.

Respondent's adherence to safety practices on CAM.

Significant relationship between the respondent's level of perception and their adherence to safety practices on CAM use.

Respondents' Level of Perception on CAM Use in Terms of Perceived Benefits, Perceived Barriers, and Perceived Self-efficacy

The respondents' level of perception regarding the use of CAM in this study is based on perceived benefits, perceived barriers, and perceived self-efficacy. The data is displayed in Table 1.

The factors that shape people's views on complementary and alternative medicine (CAM) are crucial for healthcare professionals and researchers to understand. The manner individuals perceive CAM greatly impacts whether they choose to incorporate it into managing their health. Three main constructs—perceived benefits, perceived barriers, and perceived self-efficacy—significantly mold these perceptions. Perceived benefits cover the positive results people link to CAM, like better health and symptom alleviation, which can motivate its use (Wahab et al., 2021). In contrast, perceived barriers, such as issues with cost, availability, and potential adverse effects, can deter people from considering CAM (Albashtawy et al., 2016). Moreover, perceived self-assurance, or the belief in one's capability to effectively use CAM treatments, influences the chances of CAM adoption (Frachiseur, 2021). These elements provide a comprehensive framework for assessing and comprehending the multifaceted perceptions of CAM use, directing interventions intended to promote or optimize its incorporation into healthcare.

The overall perception level among respondents was considered fair ($M=3.18$; $SD=0.53$). This mean score suggested a moderately positive perception, neither highly favorable nor highly unfavorable. The standard deviation of 0.53 indicated some variation in responses but not significantly wide, implying a mix of positive views and reservations or neutral feelings. Respondents generally exhibited moderate satisfaction or acceptance, recognizing some benefits and having fair confidence in self-efficacy, while also perceiving some barriers or uncertainties. Thus, respondents maintained a balanced perspective, acknowledging both positive and negative aspects.

Perceived Benefits. The research participants acknowledged significant advantages linked with CAM ($Mean=3.51$, $SD=0.55$). The elevated mean score indicates a general recognition of substantial benefits associated with CAM usage. The moderate consistency indicated by the standard deviation suggests that these positive perceptions are relatively consistent across the participant group. These results emphasize a positive attitude towards the effectiveness and advantages of CAM among the participants, highlighting its perceived worth and potential as a complementary health approach.

A study by Wahab et al. (2022) found that perceived benefits significantly influenced CAM (Complementary and Alternative Medicine) usage among older adults. Those who considered CAM "natural" and "more effective" were more inclined to use modalities like herbal and dietary supplements, despite limited scientific support. Similarly, Johnson et al., (2023) reported that many individuals, including older adults, turned to CAM therapies such as herbal remedies for perceived benefits like boosting immunity and preventing illness, even without robust clinical evidence.

Several studies have reviewed the interaction between CAM and conventional medicine. The use of CAM in cancer patients is concerning due to potential interactions with prescribed medications (Knecht, 2020). CAM is often used to boost immune function and manage treatment-related side effects (Berretta, 2022), but the lack of clear scientific evidence on the safety and efficacy of many

CAM methods complicates the situation (Bellanger, 2020). The potential medicalizing and de-medicalizing effects of CAM in primary healthcare further underscore the need for a better understanding of these practices (Tesser, 2020).

Perceived Barriers. The study indicates that participants identified few barriers to using CAM ($M=2.50$, $SD=0.45$). The low mean score indicates that participants generally do not see significant obstacles to using CAM. This suggests that perceived barriers are not a major hindrance for participants when it comes to engaging with CAM. The standard deviation of 0.45 suggests that there is moderate variability in participants' perceptions of barriers. This means that while most participants perceived few barriers, there is some variation, with a few participants perceiving more or fewer barriers than the average.

In a population-based study conducted among older adults in Saudi Arabia, it was found that a substantial 62.5% of respondents had used complementary and alternative medicine (CAM) in the past year. This high prevalence of CAM utilization implies that perceived barriers are not major obstacles for many older adults. The study also revealed that factors such as gender and age did not have a significant impact on CAM use, indicating broad acceptance of CAM across various demographic groups (Aljawadi et al., 2020). Another study that examined enablers and barriers to healthcare access among older adults in Southeast Asia emphasized the impact of factors like accessibility, acceptability, and social support on healthcare utilization. The study findings indicate that when older adults view services, including complementary and alternative medicine (CAM), as accessible and socially acceptable, they experience fewer obstacles to utilization (Mohd Rosnu et al., 2022). A study conducted in the Philippines found that after the implementation of mandatory national health insurance, there was a substantial decrease in inequalities related to healthcare utilization among older adults. This improvement indicates that when systemic barriers are addressed, older adults are better able to access a range of healthcare services, including complementary and alternative medicine (CAM), and consequently perceive fewer obstacles to utilizing these services (Siongco et al., 2020).

Perceived Self-efficacy. The study indicates that participants are highly confident in their ability to use CAM effectively ($M=3.54$, $SD=0.58$). The mean value of 3.54 indicates that on average, participants feel confident about their capability to use CAM. The standard deviation of 0.58 suggests a moderate level of variability in participants' self-efficacy, indicating that while many participants are confident, there is some variation, with a few participants feeling more or less confident than the average.

A study by Myung et al. (2020) involving older adults found that factors like health literacy, social support, and health-promoting behavior are linked to better quality in life. It suggests nursing interventions focus on assessing health literacy, promoting healthy behavior, and enhancing emotional support to improve older adults' quality of life. Another study delved into the factors affecting older adults' adoption of digital health services. It emphasized that self-efficacy concerning health plays a significant role in their willingness to use such services. This underscores the importance of older adults' confidence in managing their health, including complementary and alternative medicine (CAM), for effective health management (Jokisch et al., 2022). These studies confirm the data's observation that participants exhibit strong confidence in using complementary and alternative medicine (CAM). Their belief in effectively utilizing CAM corresponds with wider research indicating that self-efficacy greatly influences health-promoting behaviors and overall well-being among older adults. This heightened self-efficacy proves advantageous in promoting CAM usage as an integral component of holistic health management.

Some people had reservations or neutrality towards Complementary and Alternative Medicine (CAM) due to various reasons, including perceived barriers, lack of standardization, and concerns about safety and efficacy. Research indicated that older adults generally had positive attitudes towards CAM (Aktas, 2021; Hmwe, 2020; Aryal, 2021), particularly evident in their willingness to accept it. However, their knowledge about CAM and its modalities was often limited, suggesting that while older adults might be open to CAM, they might not have a

comprehensive understanding of its potential benefits and risks. Further research is needed to explore the factors influencing their perceptions and utilization of CAM. A related study among pregnant women in the Niger Delta region of Nigeria found that while perceived benefits of CAM use, such as improved psychological/emotional well-being, significantly influenced CAM use, perceived barriers and risks did not reduce its usage (Uzobo, 2020). This suggested that despite reservations about CAM, many individuals still found it appealing for various health concerns.

The study also highlighted that cultural beliefs and accessibility were significant reasons for CAM use, indicating that CAM is often seen as a more accessible and culturally aligned healthcare option. However, the lack of standardization, laws, and regulations, including safety and precautions about CAM use, as well as the presence of quack practitioners in alternative medicines, were perceived as problems that did not deter CAM use.

Table 1. Level of Perception of CAM Use

Level of Perception	Mean	SD	Interpretation
Perceived Benefits	3.51	0.55	High
Perceived Barriers	2.50	0.45	Low
Perceived Self-efficacy	3.54	0.58	High
Overall Perception	3.18	0.53	Fair

Perception Scale: 4.20-5.00 (*Very High*); 3.20-4.19(*High*); 2.61-3.19 (*Fair*);1.81-2.60 (*Low*);1.0-1.80(*Very Low*)

Respondents' Adherence to Safety Practices on CAM

The study indicates that overall adherence to safety practices on the use of complementary and alternative medicine (CAM) among older adults is high, as reflected by a mean score of 3.64 with a standard deviation of 0.59. This suggests that, on average, older adults are following recommended safety guidelines for CAM use effectively. The relatively low standard deviation indicates a consistent

adherence to these practices across the population studied, highlighting a strong awareness and implementation of safety measures in their use of CAM therapies. The respondents' level of adherence to safety practices on CAM utilization is presented in Table 2.

The use of complementary and alternative medicine (CAM) among older adults is a growing trend as they seek to manage chronic conditions and improve their quality of life. However, the extent to which this population adheres to safety practices when using CAM therapies is a critical area of investigation (Morrissey et al., 2021). Based on the survey results, the most common factors to the adherence to safety practices among older adults in CAM utilization involve the prevention of adverse effects, their carefulness and attentiveness in following safety practices when using CAM, followed by their strong belief that adhering to these safety practices enhances clarity of thought, and lastly, respondents rarely feel uneasy or uncomfortable when practicing safety measures in CAM use. This indicates a high overall adherence and a positive attitude towards maintaining safety in the utilization of complementary and alternative medicine.

Adhering to safety practices ensures proper use and dosage of CAM therapies. Proper adherence prevents underdosing or overdosing, which can lead to ineffective treatment or harmful side effects. A study in BMC Complementary Medicine and Therapies highlights the significance of correct usage and dosage for the safety and effectiveness of CAM therapies (Maharjan et al., 2020). Understanding older adults' adherence to recommended guidelines is essential, as it not only highlights the potential benefits and risks associated with CAM but also informs healthcare providers and policymakers about the necessary measures to ensure the safe and effective integration of these practices into the healthcare regimen of older adults (Mora et al., 2022). Natural remedies, frequently employed in complementary and alternative medicine (CAM), are commonly believed to be harmless; nevertheless, they can potentially have adverse interactions with conventional treatments, underscoring the necessity for caution and strict adherence to safety protocols (Kretchy et al., 2021).

Table 2. Adherence to Safety Practices on CAM

Adherence to Safety Practices on CAM	Mean	SD	Interpretation
Overall Adherence	3.64	0.59	High
<i>Adherence Scale: 4.20-5.00 (Very High); 3.20-4.19(High); 2.61-3.19 (Fair);1.81-2.60 (Low);1.0-1.80(Very Low)</i>			

Significant Relationship Between the Respondent's Level of Perception and their Adherence to Safety Practices on CAM Use

Patients' perceptions significantly influence their safety practices when it comes to CAM use. Contreras-Yáñez (2020) found that significant risk perception was associated with CAM use in Hispanic patients with rheumatoid arthritis. Similarly, Odegard (2021) identified mainly positive perceptions of CAM among adult residents of Hawai'i, despite the lack of scientific evidence. Alzahrani (2022) highlighted factors such as accessibility, affordability, and perceived safety that influence CAM use in diabetic patients. Crichton (2021) emphasized the influence of past experiences on CAM use during chemotherapy, with patients valuing CAM as a natural complement to conventional treatment. These studies collectively underscore the need for healthcare providers to understand and address patients' perceptions to ensure safe CAM use.

Perceived Benefits & Adherence to Safety Practices on CAM Use. With regard to CAM use among older people, there is a high positive association (r-value) of 0.64 between adherence to safety precautions and perceived benefits. This implies that the probability of following safety procedures rises along with the impression of CAM's advantages. This is a very significant finding, as indicated by the p-value of 0.00 (less than 0.01). We can thus be positive that the observed link is not the result of random variation. This suggests that promoting awareness of the advantages of complementary and alternative medicine (CAM) could be an effective way to increase adherence to safety procedures.

Positive perceptions of CAM, such as its effectiveness and ability to foster well-being, are key factors in its use (Odegard, 2021). These positive perceptions are often driven by an expectation of benefits and a perception of safety (Tangkiatkumjai, 2020). The study found a high significant relationship between perceived benefits of Complementary and Alternative Medicine (CAM) and adherence to safety practices in its use. The more individuals recognize and experience the benefits of CAM, the more likely they are to follow the associated safety protocols. When individuals perceive that CAM enhances their physical health, such as muscular strength, cardiovascular health, stress/tension relief, and physical endurance, they are more likely to adhere to safety practices to maximize these benefits. Recognizing CAM's role in managing conditions like blood pressure, weight, and back pain also prompts users to follow recommended guidelines to sustain the positive outcomes.

The perception of CAM fostering new friendships and earning respect from others may motivate users to practice it safely, to continue enjoying these social benefits. The view of CAM as enjoyable and recreational further encourages adherence to safety practices, as individuals seek to preserve the pleasurable aspects. Experiencing increased daily energy, improved sleep, satisfaction, and a sense of ease, peace, and relaxation through CAM makes users more inclined to follow safety protocols to maintain these enhancements in well-being. Positive impacts on self-confidence, mental health, appearance, and a sense of accomplishment also reinforce the importance of adhering to safety practices to continue reaping these benefits.

Despite these perceived benefits, it is important for healthcare providers to be aware of patients' CAM use and associated factors to ensure safety and avoid potential drug-CAM interactions (Alzahrani, 2022). This is particularly important for patients with chronic diseases, as a high prevalence of potential drug-herbal interactions has been found among this group (Albassam, 2021). Open communication between patients and doctors about CAM use is crucial to avoid harmful interactions, especially among cancer patients (Cui, 2013). However,

despite the widespread use of CAM, many lack clear scientific evidence of their safety and efficacy, highlighting the need for healthcare providers to be vigilant (Berretta, 2022). Giving the patient simple and clear information about their perceptions, Patient information leaflets (PILs) can increase medication adherence, especially older patients, female patients, and patients with greater educational attainment. But, the literacy level, patient's age, and the intricacy of the information provided all have an impact on how well PILs improve adherence. PILs should be created with the target audience in mind to have the most possible impact. They should also be used in conjunction with expert counseling from healthcare providers to make sure patients understand how to take their drugs as prescribed. (Jeraisy et al., 2023).

Perceived Barriers & Adherence to Safety Practices on CAM Use. The correlation coefficient (r-value) of 0.25 indicates that there is a weakly positive association between CAM use safety practice adherence and perceived barriers. This implies that there is a minor increase in adherence to safety practices when perceived advantages or self-efficacy. The highly significant nature of this result is indicated by the p-value of 0.00. Despite its weakness, the association is statistically significant, suggesting that perceived impediments continue to have an impact on adherence to safety procedures. It's possible that people who perceive greater barriers are more circumspect and, as a result, are more inclined to follow safety procedures.

Financial barriers, including lack of insurance coverage, are a significant obstacle in the United States (Chatterjee, 2023). In Australia and New Zealand, access to research funding and training, as well as cultural values, are key barriers to the conduct and application of research in CAM (Veziari, 2021). Strategies to address these barriers include educational initiatives and collaborative efforts with CAM stakeholders (Veziari, 2021). However, a qualitative study in the same region found that lack of resources, inadequate governance, and intrinsic perceptions within CAM are additional barriers to research engagement (Veziari, 2022). However, research suggest that barriers to CAM use are not significant. The study

found a weak association between perceived barriers and adherence to safety practices in the use of Complementary and Alternative Medicine (CAM). This suggests that while individuals may recognize several obstacles to engaging in CAM, these barriers do not significantly deter them from following safety protocols. Physical challenges such as feeling powerless, experiencing muscle soreness, or having concerns about falling or injury do not strongly influence adherence to safety practices. This indicates that individuals who decide to participate in CAM despite these physical difficulties are committed to maintaining safety. Similarly, fears about worsening existing disease symptoms or safety concerns do not significantly impact adherence to safety practices. This separation between perceived physical and health-related barriers and the commitment to safe practice suggests that motivated individuals follow safety guidelines regardless of their concerns. Chatterjee (2023) supports this, emphasizing that despite obstacles like financial constraints, skepticism, and challenges in evaluating complementary and alternative medicine (CAM) in the US, individuals persist in using CAM because of its perceived benefits and the appeal of a more holistic approach to healthcare.

Perceived Self-Efficacy & Adherence to Safety Practices on CAM Use. This study indicates that the respondents have a very high positive association, as indicated by the correlation coefficient (r-value) of 0.70. This implies that older persons are far more likely to follow safety procedures if they have greater trust in their capacity to utilize CAM safely. The highly significant nature of this result is indicated by the p-value of 0.00. This indicates that there is a strong and unlikely correlation between self-efficacy and following safety procedures. Improving older persons self-efficacy using CAM possibly via instruction and training might greatly increase adherence to safety procedures.

The results indicate a highly significant relationship between self-efficacy and adherence to safety practices in the use of complementary and alternative medicine (CAM). This means that individuals who are confident in their knowledge of CAM and their ability to use it effectively are more likely to adhere to safety

protocols. They feel assured in participating in CAM independently, without needing encouragement from others, and are confident in avoiding CAM practices if there is a risk of interaction with current medications. Additionally, these individuals believe they can make decisions about engaging in CAM even when it conflicts with advice from healthcare providers, peers, or family members. They are confident in continuing CAM practices despite feeling tired, distressed, or experiencing discomfort from previous activities. This high level of self-efficacy allows them to follow safety guidelines and recommendations, as they feel empowered and capable of using CAM in a responsible manner. A strong foundation in self-efficacy and health literacy is crucial for promoting self-care habits and positive health outcomes. The greatest predictors of intentions to utilize integrative health approaches and self-reported improvement in clinical practice were found to be self-efficacy to use integrative health approaches and perceived preparedness to discuss non pharmaceutical approaches with patients (Richard BO, et al,2020). A range of studies have explored the relationship between perceived self-efficacy and adherence to safety practices in the use of complementary and alternative medicine (CAM).

In contrast, Farrukh (2021) found that CAM usage was associated with non-adherence to antiepileptic drug therapy, suggesting a potential lack of self-efficacy in managing epilepsy. Josfeld (2021) also noted that higher self-efficacy was correlated with healthy lifestyle choices, but not with CAM use, indicating a potential disconnect between self-efficacy and CAM adherence. Tan (2023) found that CAM use was associated with good antibiotic usage practices, suggesting a potential positive impact on safety practices. However, Contreras-Yáñez (2020) found that significant risk perception, which may be linked to self-efficacy, was associated with CAM use in Hispanic patients with rheumatoid arthritis. These findings suggest a complex relationship between perceived self-efficacy and adherence to safety practices in CAM use, with potential variations across different conditions and populations.

Table 3. Significant Relationship Between the Respondent's Level of Perception and their Adherence to Safety Practices on CAM Use

Variables	r- value	p-value	Interpretation
Perceived Benefits & Adherence to Safety Practices on CAM Use	0.64	0.00	Highly Significant
Perceived Barriers & Adherence to Safety Practices on CAM Use	0.25	0.00	Highly Significant
Perceived Self-Efficacy & Adherence to Safety Practices on CAM Use	0.70	0.00	Highly Significant

Note: $p < 0.01$ (Highly Significant); $p < 0.05$ (Significant); $p > 0.05$ (Not Significant)

CONCLUSIONS AND RECOMMENDATIONS

Conclusions

Based on the findings of the study, the conclusions are as follows:

1. Older adults generally hold a moderately positive perception towards complementary and alternative medicine (CAM). They perceive significant benefits and have confidence in their ability to manage CAM effectively, as reflected in high mean scores for perceived benefits and self-efficacy. Conversely, perceived barriers are comparatively lower, indicating fewer concerns. This fair overall perception underscores the potential for supporting and promoting safe CAM practices among older adults through targeted education and awareness efforts.
2. Older adults demonstrate a commendably high level of adherence to safety practices concerning complementary and alternative medicine (CAM), as evidenced by a mean score of 3.64 and a standard deviation of 0.59. This suggests a strong commitment to ensuring safe utilization of CAM therapies, highlighting the importance they place on health and safety considerations in their healthcare choices.
3. It is evident that older adults' perceptions regarding complementary and alternative medicine (CAM) strongly influence their adherence to safety practices. The highly significant correlations between perceived benefits, perceived barriers and perceived self-efficacy with adherence underscore the importance of these perceptions in shaping behavior. Specifically, perceived self-efficacy emerges as the most influential factor, indicating that older adults who feel confident in their ability to manage CAM are more likely to adhere to safety guidelines. These insights highlight the need to address perceptions effectively to enhance safe practices in CAM use among older adults.

Recommendations

Based on the findings and conclusions of the study, the recommendations are as follows:

1. Education and communication tailored to older adults regarding the benefits and risks of CAM therapies should be prioritized, emphasizing the documented benefits, as highlighted by the study's findings of high perceived benefits, can help reinforce positive attitudes towards CAM. Simultaneously, addressing perceived barriers, although relatively low, through informative sessions can mitigate concerns and foster informed decision-making.
2. Interventions aimed at enhancing perceived self-efficacy should be developed and implemented. Since perceived self-efficacy emerged as the strongest predictor of adherence to safety practices, empowering older adults with practical knowledge and skills to manage CAM effectively is crucial. This could include workshops or one-on-one consultations focusing on self-care practices, dosage management, and recognizing adverse effects, thereby bolstering confidence in their ability to navigate CAM safely.
3. Community-based initiatives and support networks should be established to sustain and reinforce safe CAM practices among older adults. These could involve peer support groups, online forums moderated by healthcare professionals, or local community health events focusing on CAM safety. Encouraging dialogue and sharing experiences can help validate perceptions and promote adherence to safety guidelines, fostering a culture of responsible CAM use within the older adult population.
4. Future researchers should continue to explore the nuanced factors influencing older adults' perceptions and behaviors towards CAM, considering demographic variables and cultural contexts. This would provide deeper insights into tailoring interventions and educational strategies effectively.

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Appendix A: Survey Questionnaire

MODIFIED & STANDARDIZED CAM QUESTIONNAIRE FOR LEVEL OF PERCEPTION AND ADHERENCE TO SAFETY PRACTICES

Part 1: Personal Information
Gender:
Year of Birth:
Marital Status: ☐ Married ☐ Widowed ☐ Divorced ☐ Single
Highest educational attainment: ☐ Less than High school ☐ High school ☐ College ☐ Master's degree
Total monthly income: ☐ More than 25000php ☐ Less than 25000php
How is your health in general? ☐ Good ☐ Not Good
Do you smoke/ are you a long-term previous smoker? ☐ Yes ☐ No
Are you a long-term alcohol drinker? ☐ Yes ☐ No
Do you have any chronic diseases? ☐ Yes ☐ No
Part 2: Frequency of Using Complementary Alternative Medicine for the past 1 Year or 9 Months
☐ Very rarely ☐ Rarely ☐ Occasionally ☐ Frequently ☐ Very Frequently
Level of Perception
Part 3.1: Perceived Benefits of CAM Use

Please read each statement carefully and select the response that best represents your opinion or agreement using the following scale:

Direksyon: Tseki ang kolum nga labing mouyon sa imong pagtuo alang sa matag pahayag sa paggamit ug Complementary ug Alternatibo na Medisina.

(1) Completely Disagree **(2) Disagree** **(3) Neutral**
(4) Agree **(5) Completely Agree**

	1	2	3	4	5
Utilizing complementary alternative medicine enhances my muscular strength. Ang paggamit sa komplementaryong alternatibong tambal makapauswag sa akong kusog sa kaunoran.					
Incorporating complementary alternative medicine guards against the onset of cardiovascular diseases. Ang paggamit sa komplementaryong alternatibong tambal nag panalipod batok sa pagsugod sa mga sakit sa kasingkasing.					
The use of complementary alternative medicine alleviates stress and tension for me. Ang paggamit sa komplementaryong alternatibong tambal nagpagaan sa stress ug tensiyon alang kanako.					
Integrating complementary alternative medicine enhances my physical endurance. Ang paggamit sa komplementaryong alternatibong tambal makapauswag sa akong pisikal nga paglahutay.					
Utilizing complementary alternative medicine contributes to the management of my blood pressure. Ang paggamit sa komplementaryong alternatibong nagtabang sa pagdumala sa akong presyon sa dugo.					

The use of complementary alternative medicine aids in maintaining my body weight and figure. Ang paggamit sa komplementaryong alternatibong tambal makatabang sa pagmintinar sa akong timbang ug panglawas.					
Integrating complementary alternative medicine alleviates my backache. Ang paggamit sa komplementaryong alternatibong tambal makapahupay sa akong sakit sa likod ug bukobuko.					
Utilizing complementary alternative medicine increases my opportunities to form new friendships. Ang paggamit sa komplementaryong alternatibo nga tambal nagpalambo sa akong higayon nga makakakita og bag-ong mga higala.					
The use of complementary alternative medicine allows me to earn respect from others. Ang paggamit sa komplementaryong alternatibong tambal nagtugot kanako nga makakuha og pagtahod gikan sa uban.					
I view complementary alternative medicine as enjoyable and recreational. Gilantaw nako ang komplementaryong alternatibong tambal nga makasadya ug makalingaw.					
Following the use of complementary alternative medicine, I experience increased daily life energy and reduced fatigue. Human gamiton ang komplementaryong alternatibong tambal, nakakatagamtam ko ug dugang enerhiya sa adlaw-adlaw ug pagkawala sa kakapoy.					
Incorporating complementary alternative medicine enhances the quality of my sleep and facilitates easier sleep onset.					

Ang paggamit sa komplementaryong alternatibong tambal nagpalambo sa kalidad sa akong pagkatulog ug nagpalig-on sa mas sayon nga pagkatulog.					
I find satisfaction in using complementary alternative medicine. Nakakaplag ko og katagbawan sa paggamit sa komplementaryong alternatibong tambal.					
Utilizing complementary alternative medicine induces a sense of ease, peace, and relaxation. Ang paggamit sa komplementaryong alternatibong tambal nagdasig sa pagbati sa kahalom, kalinaw, ug khamugaway.					
Incorporating complementary alternative medicine enhances my self-confidence. Ang paggamit sa komplementaryong alternatibong tambal nagpalig-on sa akong kumpyansa sa kaugalingon.					
Utilizing complementary alternative medicine positively impacts my mental health. Ang paggamit sa komplementaryong alternatibong tambal positibo nga nakaapekto sa akong kahimsog sa pangisip.					
The use of complementary alternative medicine contributes to a youthful appearance. Ang paggamit sa komplementaryong alternatibong tambal nagtabang sa pagpabilin og bataong hitsura.					
Incorporating complementary alternative medicine instills a sense of accomplishment. Ang paglakip sa komplementaryong alternatibong tambal naghatag og khamugaway nga gibati.					

Part 3.2: Perceived Barriers on CAM Use

Please read each statement carefully and select the response that best represents your opinion or agreement using the following scale:

Direksyon: Tseki ang kolum nga labing mouyon sa imong pagtuo alang sa matag pahayag sa paggamit ug Complementary ug Alternatibo na Medisina.

(1) Completely Disagree (2) Disagree (3) Neutral
(4) Agree (5) Completely Agree

	1	2	3	4	5
I feel powerless and weak, lacking sufficient physical strength, to engage in complementary and alternative medicine practices. Gibati nako nga walay gahum, huyang, ug kulang ako sa igo nga pisikal nga kusog para mugamit sa komplementaryo ug alternatibong mga pamaagi sa medisina.					
I experience body pain, such as muscle soreness, after participating in complementary and alternative medicine practices. Nasinati nako ang kasakit sa lawas, sama sa pagsakit sa kaunoran, pagkahuman sa pag-apil sa mga komplementaryo ug alternatibong pamaagi sa medisina.					
I have concerns about falling or getting injured during complementary and alternative medicine practices. Aduna koy mga kabalaka bahin sa pagkahulog o pagka-piang sa panahon sa paggamit nako sa komplementaryong ug alternatibong mga pamaagi sa medisina.					
I fear that involvement in complementary and alternative medicine practices may worsen the symptoms of my existing diseases. Nahadlok ko nga ang pag-apil sa komplementaryong ug alternatibong mga					

pamaagi sa medisina mahimong makapasamot sa mga sintomas sa akong mga sakit.					
The location of the complementary health activity center is too far from my residence. Layo ra kaayo sa akong pinuy-anan ang lokasyon sa complementary health activity center.					
Safety is a worry for me when engaging in complementary and alternative medicine practices. Ang kaluwasan maoy usa ka kabalaka nako sa pag-apil sa komplementaryong ug alternatibong mga pamaagi sa medisina.					
I perceive a lack of professional guidance and engagement in complementary and alternative medicine practices. Akong nasinati ang kakulang sa propesyonal nga giya ug pakiglambigit sa komplementaryo ug alternatibong pamaagi sa medisina.					
The available activity groups in community-based health promotion activities do not suit my preferences. Ang mga kalihokan alang sa promosyon sa kahimsog sa kalawasan nga nakabase sa komunidad dili mohaum sa akong gusto.					
I do not have peers who can join me in participating in complementary and alternative medicine practices. Wala koy mga higala nga makaapil kanako sa pag-apil sa mga komplementaryong ug alternatibong pamaagi sa medisina.					
Adverse weather conditions (too cold, too hot, or rainy weather) can impact my involvement in complementary and alternative medicine practices. Ang dili maayo nga kahimtang sa panahon (sobra ka tugnaw, init kaayo, o ting-ulan nga					

panahon) mahimong makaapekto sa akong pagkalambigit sa komplementaryong ug alternatibong pamaagi sa pagpanambal.					
There are no suitable complementary health promotion activity centers near my residence. Walay angay nga komplementaryong health promotion center nga duol sa akong pinuyan-an.					
There is a lack of information about complementary and alternative medicine practices. Adunay kakulang nga kasayuran bahin sa komplementaryo ug alternatibong mga pamaagi sa medisina.					
I feel I am too old to engage in complementary and alternative medicine practices due to declined physical functions and strength. Gibati nako nga tigulang na kaayo ako aron moapil sa komplementaryo ug alternatibong mga pamaagi sa medisina tungod sa pagkunhod sa akong pisikal nga mga gimbuhaton ug kusog.					
I lack motivation and interest in participating in complementary and alternative medicine practices. Kulang ko sa kadasig ug interes sa pag-apil sa komplementaryong ug alternatibong pamaagi sa medisina.					
The cost associated with engaging in complementary and alternative medicine practices is a barrier for me. Ang gasto sa pag-apil sa komplementaryo ug alternatibong mga pamaagi sa pagpanambal usa ka babag alang kanako.					
I do not have sufficient time to participate in complementary and alternative medicine practices due to caregiving responsibilities					

(e.g., looking after grandchildren or family members. Wala koy igong panahon sa pag-apil sa komplementaryong ug alternatibong pamaagi sa medisina tungod sa mga responsibilidad sa pag-atiman (pananglitan, pag-atiman sa mga apo o mga sakop sa pamilya).					
Part 3.3: Perceived Self -Efficacy on CAM Use					
Please read each statement carefully and select the response that best represents your opinion or agreement using the following scale: Direksyon: Tseki ang kolum nga labing mouyon sa imong pagtuo alang sa matag pahayag sa paggamit ug Complementary ug Alternatibo na Medisina.					
(1)Not confident at all (2) Not Very Confident (3)Neither (4)Fairly Confident (5) Very Confident					
	1	2	3	4	5
I am confident that I know enough about complementary and alternative medicine (CAM) to use it effectively. Masaligon ako nga igo ang akong nahibal-an bain sa komplementaryo ug alternatibong tambal aron magamit kini nga epektibo.					
I am confident in my ability to participate in complementary and alternative medicine (CAM) practices independently, without relying on invitations or encouragement from relatives and friends. Masaligon ako sa akong abilidad nga independeteng pag praktis sa komplementaryo og alternatibong tambal nga wala nagsalig sa mga imbitasyon o pagdasig gikan sa ako mga paryente og higala.					
I am confident that I would refrain from using CAM practices if there is a chance of interactions with my current medications. Masaligon ako nga dili nako gamiton ang					

pag praktis sa pag gamit sa komplementaryo og alternatibong tambal kung adunay mga higayon nga ako sa interaksyon gikan sa akong mga tambal karon.					
I am confident that I will engage in CAM practices even when it may conflict with the advice from my healthcare provider. Masaligon ako nga mi apil sa pag praktis sa komplementaryo og alternatibong tambal bisan og naay mga panagbangi sa mga advice gikan sa mga nag serbisyo nga naghatag og maayong panglawas.					
I am confident in my ability to make decisions about engaging in CAM practices, even if my peers or family advise against it. Masaligon ako sa akong abilidad sa paghimo og ma desisyon bahin sa pag-apil sa pag praktis sa komplementaryo og alternatibong tambal bisan akong mga kaedad o pamilya nagtambag batok niini.					
I am confident in my ability to make decisions about engaging in CAM practices even without consulting my healthcare provider. Masaligon ako sa akong abilidad sa paghimo og ma desisyon bahin sa pag-apil sa mga gawi sa komplementaryo og alternatibong tambal bisan ako wala mokosulta sa mga nag serbisyo nga naghatag og maayong panglawas.					
I am confident that I will engage in CAM practices even when I feel tired. Masaligon ako nga mi apil sa pagpraktis sa komplementaryo of alternaibong tambal sap ga praktis bisan ako bation og kakapoy.					
I am confident that I will engage in CAM practices even when I feel very distressed. Masaligon ako nga mi apil sa pagpraktis sa komplementaryo og alternatibong tambal bisan naka bati akog hilabihang kaguol.					

I am confident that I will engage in CAM practices even when I feel sore and uncomfortable after the last activity. Masaligon ako nga mi apil sa pagpraktis sa komplementaryo og alternatibong tambal bisan gibati nako ang kasakit ug dili komportable pagkahuman sa katapusang kalihokan.					
I am confident that I will engage in CAM practices even when more interesting events are available. Masaligon ako nga mi apil sa pagpraktis komplementaryo og alternatinong tambal bisan pag adunay daghang interisado na bakanting panghitabo.					

Part 4: Adherence to Safety Practices on CAM

Please read each statement carefully and select the response that best represents your opinion or agreement using the following scale:
Direksyon: Tseki ang kolum nga labing mouyon sa imong pagtuo alang sa matag pahayag sa paggamit ug Complementaryo ug Alternatibo na Medisina.

(1) Completely Disagree (2) Agree (3) Neutral
(4) Agree (5) Completely Agree

	1	2	3	4	5
I always follow safety practices in CAM use. Permi ko nagsunod sa maayong pamaagi sa pag gamit sa komplementaryo ug alternatibong tambal.					
I am careful and attentive in adhering to safety practices in CAM use. Mabinantayon ko og matinagdanon sa pagsunod sa maayong pamaagi sa pag gamit sa komplementaryo ug alternatibong tambal.					
I consistently adhere to safety practices in CAM use, even when I feel better.					

Kanunay kong nagsunod sa maayong pamaagi sa pag gamit sa komplementaryo ug alternatibong tambal, bisan og maayo akong pamati					
I continue to follow safety measures in CAM use, even if I feel worse. Nagpadayun kog sunod sa maayong pamaagi sa pag gamit sa komplementaryo ug alternatibong tambal, bisan og grabe ako pamati.					
I practice safety measures in CAM use whenever I experience symptoms. Nag praktis ko og maayong lakang sa pag gamit sa komplementaryo ug alternatibong tambal sa panahon nga makasinati ko og mga sintomas.					
It feels natural for me to prioritize safety measures in CAM use for my well-being. Natural ra sa ako nga unahon ang mga maayong lakang sapag gamit sa komplementaryo ug alternatibong tambal para sa akong kaayohan.					
I strongly believe that following safety practices in CAM use enhances clarity of thought. Dako akong pagtuo nga ang pag sunod sa maayong pamaagi sa pag gamit sa komplementaryo ug alternatibong tambal makapaguswag sa katin-aw sa panghunahuna.					
I am confident that adhering to safety practices in CAM use helps prevent adverse effects. Masaligon ako nga ang pagsunod sa maayong pamaaging pag gamit sa komplementaryo ug alternatibong tambal kay makatabang sa pagpugong sa dili nga mga maayong epekto.					
I rarely feel uneasy or uncomfortable when practicing safety measures in CAM use. Talagsa rako mka pamati og dili sayon o dili komportable kung mag praktis kog maayong lakang sa pag gamit sa komplementaryo ug alternatibong tambal.					
Following safety practices in CAM use consistently makes me feel alert and energetic.					

Ang pag sunod sa maayong pamaagi sa pag gamit sa komplementaryo ug alternatibong tambal kanunay nagpabati nakog alerto og aktibo.					
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Appendix B: Sample of the Filled-out Questionnaire

Direksyon: Tseki ang mga kahon na maayong naka-representa sa imong kaugalingon, imoang kahimsong, o sa imoang pagamit sa Complementary ug Alternatibo na mga Medisina.

Part 1: Personal nga Detalye					
Kasarian: <u>lalaki</u>					
Tuig nga Natawhan: <u>1962</u>					
Marital Status:					
☐ Minyo ☐ Balo					
☐ Bulag ☒ Single					
Labing taas nga edukasyon nga nakab-ot:					
☐ Less than High school ☒ High school					
☐ College ☐ Master's degree					
Binulan nga kita:					
☒ Labaw pa sa 25000php ☐ Ubos sa 25000php					
Kamusta ang kahimtang sa imong panglawas?					
☐ Maayo ☒ Dili Maayo					
Nagsigarilyo ka ba o ga sigarilyo na ka sauna sa dugay nga panahon?					
☒ Oo ☐ Dili					
Ikaw ba usa ka dugay nga tig-inom sa alkohol?					
☒ Oo ☐ Dili					
Aduna ka bay mga malungtarong sakit?					
☒ Oo ☐ Wala					
Part 2: Kasagaran nga Paggamit sa Complementary ug Alternatibo na Medisina sa miaging 1 ka Tuig o 9 ka Bulan					
☐ Panagsa ra kaayo ☒ Panagsa ra					
☐ Usahay ☐ Kanunay					
☐ Kanunay Kaayo					
Level of Perception (Antas sa Pagsabot)					
<i>Direksyon: Tseki ang kolum nga labing mouyon sa imong pagtuo alang sa matag pahayag sa paggamit ug Complementary ug Alternatibo na Medisina.</i>					
Part 3.1: Perceived Benefits of CAM Use (Giisip nga mga Benepisyo sa Paggamit sa CAM)					
	Hugot nga Dili Mouyon (1)	Dili Mouyon (2)	Neutral (3)	Uyon (4)	Uyon Kaayo (5)
Ang paggamit sa komplementaryong alternatibong tambal makapauswag sa akong kusog sa kaunoran.			/		
Ang paggamit sa komplementaryong alternatibong tambal nag panalipod batok sa pagsugod sa mga sakit sa kasingkasing.				/	

	Hugot nga Dili Mouyon (1)	Dili Mouyon (2)	Neutral (3)	Uyon (4)	Uyon Kaayo (5)
Ang paggamit sa komplementaryong alternatibong tambal nagpagaan sa stress ug tensiyon alang kanako.				/	
Ang paggamit sa komplementaryong alternatibong tambal makapauswag sa akong pisikal nga paglahutay.				/	
Ang paggamit sa komplementaryong alternatibong nagtabang sa pagdumala sa akong presyon sa dugo.			/		
Ang paggamit sa komplementaryong alternatibong tambal makatabang sa pagmintinar sa akong timbang ug panglawas.		/			
Ang paggamit sa komplementaryong alternatibong tambal makapahupay sa akong sakit sa likod ug bukobuko.			/		
Ang paggamit sa komplementaryong alternatibo nga tambal nagpalambo sa akong higayon nga makakakita og bag-ong mga higala.				/	
Ang paggamit sa komplementaryong alternatibong tambal nagtugot kanako nga makakuha og pagtahod gikan sa uban.				/	
Gilantaw nako ang komplementaryong alternatibong tambal nga makasadya ug makalingaw.			/		
Human gamiton ang komplementaryong alternatibong tambal , nakakatagamtam ko ug dugang enerhiya sa adlaw-adlaw ug pagkawala sa kakapoy.			/		
Ang paggamit sa komplementaryong alternatibong tambal nagpalambo sa kalidad sa akong pagkatulog ug nagpalig-on sa mas sayon nga pagkatulog.				/	
Nakakaplag ko og katagbawan sa paggamit sa komplementaryong alternatibong tambal.			/		

	Hugot nga Dili Mouyon (1)	Dili Mouyon (2)	Neutral (3)	Uyon (4)	Uyon Kaayo (5)
Ang paggamit sa komplementaryong alternatibong tambal nagdasig sa pagbati sa kahilom, kalinaw, ug kahamugaway.			/		
Ang paggamit sa komplementaryong alternatibong tambal nagpalig-on sa akong kumpyansa sa kaugalingon.				/	
Ang paggamit sa komplementaryong alternatibong tambal positibo nga nakaapekto sa akong kahimsog sa pangisip.			/		
Ang paggamit sa komplementaryong alternatibong tambal nagtabang sa pagpabilin og bataong hitsura.	/				
Ang paglakip sa komplementaryong alternatibong tambal naghatag og kahamugaway nga gibati.			/		
Part 3.2: Perceived Barriers on CAM Use (Giisip nga mga Babag sa Paggamit sa CAM)					
	Hugot nga Dili Mouyon (1)	Dili Mouyon (2)	Neutral (3)	Uyon (4)	Uyon Kaayo (5)
Gibati nako nga walay gahum, huyang, ug kulang ako sa igo nga pisikal nga kusog para mugamit sa komplementaryo ug alternatibong mga pamaagi sa medisina.			/		
Nasinati nako ang kasakit sa lawas, sama sa pagsakit sa kaunoran, pagkahuman sa pag-apil sa mga komplementaryo ug alternatibong pamaagi sa medisina.			/		
Aduna koy mga kabalaka bahin sa pagkahulog o pagka-piang sa panahon sa paggamit nako sa			/		

komplementaryong ug alternatibong mga pamaagi sa medisina.					
	Hugot nga Dili Mouyon (1)	Dili Mouyon (2)	Neutral (3)	Uyon (4)	Uyon Kaayo (5)
Nahadlok ko nga ang pag-apil sa komplementaryong ug alternatibong mga pamaagi sa medisina mahimong makapasamot sa mga sintomas sa akong mga sakit.			/		
Layo ra kaayo sa akong pinuy-anan ang lokasyon sa complementary health activity center.				/	
Ang kaluwasan maoy usa ka kabalaka nako sa pag-apil sa komplementaryong ug alternatibong mga pamaagi sa medisina.				/	
Akong nasinati ang kakulang sa propesyonal nga giya ug pakiglambigit sa komplementaryo ug alternatibong pamaagi sa medisina.				/	
Ang mga kalihokan alang sa promosyon sa kahimsog sa kalawasan nga nakabase sa komunidad dili mohaum sa akong gusto.			/		
Wala koy mga higala nga makaapil kanako sa pag-apil sa mga komplementaryong ug alternatibong pamaagi sa medisina.			/		
Ang dili maayo nga kahimtang sa panahon (sobra ka tughaw, init kaayo, o ting-ulan nga panahon) mahimong makaapekto sa akong pagkalambigit sa komplementaryong ug alternatibong pamaagi sa pagpanambal.		/			
Walay angay nga komplementaryong health promotion center nga duol sa akong pinuy-anan.			/		
Adunay kakulang nga kasayuran bahin sa komplementaryo ug alternatibong mga pamaagi sa medisina.				/	
Gibati nako nga tigulang na kaayo ako aron moapil sa komplementaryo ug alternatibong mga pamaagi sa			/		

medisina tungod sa pagkunhod sa akong pisikal nga mga gimbuhaton ug kusog.					
	Hugot nga Dili Mouyon (1)	Dili Mouyon (2)	Neutral (3)	Uyon (4)	Uyon Kaayo (5)
Kulang ko sa kadasig ug interes sa pag-apil sa komplementaryong ug alternatibong pamaagi sa medisina.			/		
Ang gasto sa pag-apil sa komplementaryo ug alternatibong mga pamaagi sa pagpanambal usa ka babag alang kanako.				/	
Wala koy igong panahon sa pag-apil sa komplementaryong ug alternatibong pamaagi sa medisina tungod sa mga responsibilidad sa pag-atiman (panaglitan, pag-atiman sa mga apo o mga sakop sa pamilya).			/		

Part 3.3: Perceived Self-Efficacy on CAM Use (Giisip nga Kaayohan sa Kaugalingon sa Paggamit sa CAM)

	Dili Gyud Kopyansa (1)	Dili Kaayo Kopyansa (2)	Wala (3)	Medyo Masaligon (4)	Masaligon Kaayo (5)
Masaligon ako nga igo ang akong nahibal-an bain sa komplementaryo ug alternatibong tambal aron magamit kini nga epektibo.				/	
Masaligon ako sa akong abilidad nga independeteng pag praktis sa komplementaryo og alternatibong tambal nga wala nagsalig sa mga				/	

imbitasyon o pagdasig gikan sa ako mga paryente og higala.					
	Dili Gyud Kompyansa (1)	Dili Kaayo Kompyansa (2)	Wala (3)	Medyo Masaligon (4)	Masaligon Kaayo (5)
Masaligon ako nga dili nako gamiton ang pag praktis sa pag gamit sa komplementaryo og alternatibong tambal kung adunay mga higayon nga ako sa interaksyon gikan sa akong mga tambal karon.			/		
Masaligon ako nga mi apil sa pag praktis sa komplementaryo og alternatibong tambal bisan og naay mga panagbangi sa mga advice gikan sa mga nag serbisyo nga naghatag og maayong panglawas.				/	
Masaligon ako sa akong abilidad sa paghimo og ma desisyon bahin sa pag-apil sa pag praktis sa komplementaryo og alternatibong tambal bisan akong mga kaedad o pamilya nagtambag batok niini.			/		
Masaligon ako sa akong abilidad sa paghimo og ma desisyon bahin sa pag-apil sa mga gawi sa komplementaryo og alternatibong tambal bisan ako wala mokosulta sa mga nag serbisyo nga naghatag og maayong panglawas.			/		
Masaligon ako nga mi apil sa pagpraktis sa komplementaryo of alternatibong tambal sap ga praktis bisan ako bation og kakapoy.				/	
Masaligon ako nga mi apil sa pagpraktis sa komplementaryo og alternatibong tambal bisan naka bati akog hilabihang kaguol.			/		
Masaligon ako nga mi apil sa pagpraktis sa komplementaryo og alternatibong tambal bisan gibati nako ang kasakit ug dili komportable pagkahuman sa katapusang kalihokan.				/	

Masaligon ako nga mi apil sa pagpraktis komplementaryo og alternatinong tambal bisan pag adunay daghang interisado na bakanting panghitabo.				/	
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Part 4: Adherence to Safety Practices on CAM (Pagsunod sa Maayong Praktis sa CAM) <i>Direksyon: Tsek-i ang kolum nga labing moyon sa imong pagtuo alang sa matag pahayag sa pagsunod nimo sa maayong praktis sa Complementary ug Alternatibo na Medisina.</i>					
	Higpit nga Dili Makuyon (1)	Dili Uyon (2)	Neutral (3)	Uyon (4)	Bug-os nga Pag-uyon (5)
Permi ko nagsunod sa maayong pamaagi sa pag gamit sa komplementaryo ug alternatibong tambal.					/
Mabinantayon ko og matinagdanon sa pagsunod sa maayong pamaagi sa pag gamit sa komplementaryo ug alternatibong tambal..				/	
Kanunay kong nagsunod sa maayong pamaagi sa pag gamit sa komplementaryo ug alternatibong tambal, bisan og maayo akong pamati				/	
Nagpadayun kog sunod sa maayong pamaagi sa pag gamit sa komplementaryo ug alternatibong tambal, bisan og grabe ako pamati.				/	
Nag praktis ko og maayong lakang sa pag gamit sa komplementaryo ug alternatibong tambal sa panahon nga makasinati ko og mga sintomas.				/	
Natural ra sa ako nga unahon ang mga maayong lakang sapag gamit sa komplementaryo ug alternatibong tambal para sa akong kaayohan.				/	
Dako akong pagtuo nga ang pag sunod sa maayong pamaagi sa pag			/		

gamit sa komplementaryo ug alternatibong tambal makapaguswag sa katin-aw sa panghunahuna.					
	Higpit nga Dili Makuyon (1)	Dili Uyon (2)	Neutral (3)	Uyon (4)	Bug-os nga Pag-uyon (5)
Masaligon ako nga ang pagsunod sa maayong pamaaging pag gamit sa komplementaryo ug alternatibong tambal kay makatabang sa pagpugong sa dili nga mga maayong epekto.			/		
Talagsa rako mka pamati og dili sayon o dili komportable kung mag praktis kog maayong lakang sa pag gamit sa komplementaryo ug alternatibong tambal.				/	
Ang pag sunod sa maayong pamaagi sa pag gamit sa komplementaryo ug alternatibong tambal kanunay nagpabati nakog alerto og aktibo.			/		

Salamat sa paggahin ug oras sa pagtubag sa among survey.

Appendix D: Approved Letter of Consent

 **MISAMIS UNIVERSITY**
Ozamiz City 7200, Philippines
College of Nursing, Midwifery and Radiologic Technology
Tel No. +63 88 521-0367 / Telefax No. +63 88 521-2917
E-mail Address: info@misamis.edu.ph 

CERTIFIED: ISO 9001:2015 Quality Management System - 1996
ACCREDITED: Philippine Association of Colleges and Universities Commission on Accreditation (PACUCOA)
GRANTED: AUTONOMOUS STATUS by the Commission on Higher Education (CHED)

April 19, 2024

DR. JESUS G. OCAPAN JR.
Dean, College of Nursing, Midwifery and Radiologic Technology
Misamis University

Dear Dr. Ocapan:

Good day!

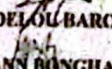
The undersigned are 3rd year students of Misamis University, Ozamiz City taking up Bachelor of Science in Nursing and are currently working on research study entitled "Level of Perception and Adherence to Safety Practices of Complementary and Alternative Medicine Use Among Older Adults" This study aims to find the correlation between the level of perception among older adults regarding complementary and alternative medicine use and their adherence to its safety practices. With this, they would like to ask approval from your good office to allow them to conduct the study. It will be conducted in Molave, Zamboanga del Sur specifically in Barangay Madayipon, Barangay Makuguihon, and Barangay Maloloy-on from April to May 2024.

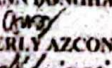
Rest assured that all information derived herein will be treated with utmost confidentiality.

Thank you very much and God bless.

Sincerely yours,


MARY ROSE DIANNE BULACAN

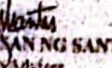

FLORDE LOUR BARORO


MAE ANN BUGHANOY

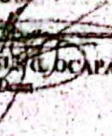

KIMBERLY AZCONA


ANDREA JAGUILA

Noted by:


MS. SUSAN NG SANTOS
Research Adviser

Approved by:


DR. JESUS G. OCAPAN JR.
College Dean

Appendix E: Documentations



Appendix F: Grammarly Report, and Turnitin Results



Similarity Report ID: oid:28447:69682871

PAPER NAME

FLORDELOU E. BARORO.docx

WORD COUNT

12363 Words

CHARACTER COUNT

77851 Characters

PAGE COUNT

54 Pages

FILE SIZE

69.0KB

SUBMISSION DATE

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Summary

68

Appendix F: Cont'd



Report: LEVEL OF PERCEPTION AND ADHERENCE TO SAFETY PRACTICES OF COMPLEMENTARY AND ALTERNA...

LEVEL OF PERCEPTION AND ADHERENCE TO SAFETY PRACTICES OF COMPLEMENTARY AND ALTERNATIVE MEDICINE USE AMONG OLDER ADULTS

by lavberi

General metrics

97,067	12,633	898	50 min 31 sec	1 hr 37 min
characters	words	sentences	reading time	speaking time

Score

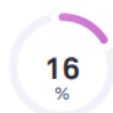


This text scores better than 94% of all texts checked by Grammarly

Writing Issues

285	98	187
Issues left	Critical	Advanced

Plagiarism



228
sources

16% of your text matches 228 sources on the web or in archives of academic publications

CURRICULUM VITAE

PERSONAL DATA

Name : Mary Rose Dianne G. Bulacan
Date of Birth : July 10, 2001
Place of Birth : Molave, Zamboanga del Sur
Home Address : 1479 B. Guillen Street,
Brgy. Makuguihon
Gender : Female
Civil Status : Single
Contact No : 09776812734
Email : diannebulacanfrn@gmail.com



EDUCATIONAL BACKGROUND

Elementary : Molave Regional Pilot School- SPED Center
Molave, Zamboanga del Sur
2009-2014

Secondary : Sacred Heart Diocesan School Incorporated
Kamagong Street, Molave, Zamboanga del
Sur
2014-2018

Senior High School : La Salle Integrated School
St. Columban Drive, Ozamiz City
Misamis Occidental
2018-2020

College : Misamis University
H.T. Feliciano St., Aguada, Ozamiz City,
Misamis Occidental

CURRICULUM VITAE

PERSONAL DATA

Name : Flordelou E. Baroro
Date of Birth : June 30, 2002
Place of Birth : Olutanga, Zamboanga Sibugay
Home Address : P-2, Barangay Esperanza, Olutanga
Zamboanga Sibugay Province
Gender : Female
Civil Status : Single
Contact No : 09656794886
Email : flordeloubaroro@gmail.com



EDUCATIONAL BACKGROUND

Elementary : Esperanza, Olutanga Zamboanga Sibugay
2008-2011
Olutanga, Central, Elementary School
2011-2015
Secondary : Olutanga, National High School
2015-2019
Senior High School : La Salle Integrated School
St. Columban Drive, Ozamiz City
Misamis Occidental
2019-2021
College : Misamis University
H.T. Feliciano St., Aguada, Ozamiz City,
Misamis Occidental

CURRICULUM VITAE

PERSONAL DATA

Name : Mae Ann L. Bonghanoy
Date of Birth : May 1, 2003
Place of Birth : Pob. Kapatagan Lanao del Norte
Home Address : P-10, Barangay Poblacion,
Kapatagan, Lanao del Norte
Gender : Female
Civil Status : Single
Contact No : 09293133580
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EDUCATIONAL BACKGROUND

Elementary : Kapatagan East Central School
2009-2015
Secondary : Kapatagan National High School
2015-2019
Senior High School : Kapatagan National High School
2019-2020
College : Misamis University
H.T. Feliciano St., Aguada, Ozamiz City,
Misamis Occidental

CURRICULUM VITAE

PERSONAL DATA

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EDUCATIONAL BACKGROUND

Elementary : San Isidro Academy
2009-2014
Secondary : San Isidro Academy
2014-2018
Senior High School : Misamis University
H.T Feliciano Street
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2018-2020
College : Misamis University
H.T. Feliciano St., Aguada, Ozamiz City,
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CURRICULUM VITAE

PERSONAL DATA

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EDUCATIONAL BACKGROUND

Elementary : Ozamiz City Seventh Day Adventist
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2007-2012
Secondary : Ozamiz City National High School- STE
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2012-2016
Senior High School : Misamis University
H.T. Feliciano St., Aguada, Ozamiz City,
Misamis Occidental
2016-2019
College : Misamis University
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