



MINISTRY OF HEALTH MALAYSIA

TECHNICAL REPORT

**PUBLIC AWARENESS AND
PERCEPTION TOWARDS
TRADITIONAL AND
COMPLEMENTARY MEDICINE
IN MALAYSIA: A TELEPHONE SURVEY**

Institute for Health Behavioural Research (IHBR)
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Ministry of Health, Malaysia
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RESEARCH PROJECT NO: NMRR-21-1530-60077

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Public Awareness and Perception Towards Traditional and Complementary Medicine in Malaysia: A Telephone Survey, was accomplished with the support of the National Institutes of Health, Ministry of Health Malaysia. The authors also thank all parties who assisted in the implementation of the survey, from advisors and data collectors to research team members, without whom the survey would not have been a success.

Finally, our sincere appreciation to all respondents who participated in, as well as, contributed their valuable time and precious feedback towards the survey.

It is our hope that these findings will help program leaders and policy makers to have a better understanding, ideas and perspective in handling and managing various issues surrounding the practice of Traditional and Complementary Medicine in Malaysia.

EXECUTIVE SUMMARY

Traditional medicine is the culmination of all knowledge, abilities, and procedures derived from theories, beliefs, and experiences unique to various cultures, whether understandable or not, and applied to health preservation as well as the prevention, diagnosis, improvement, or treatment of diseases of the body and mind. In Malaysia, traditional and complementary medicine (T&CM) is defined as a form of healthrelatedpractice designed to prevent, treat, and/or manage illness and/ or preserve the mental and physical wellbeing of individuals; and include such practices as traditional Malay medicine, traditional Chinese medicine, traditional Indian medicine, homeopathy, chiropractic, osteopathy and Islamic Medical Practice.

The objectives of this study were to assess public awareness of the existence of; as well as, public perceptions on the role of T&CM services in Malaysia. Data wascollected from August 22 to October 3, 2022, via a telephone call survey using the Computer Assisted Telephone Interview (CATI) method involving respondents aged 18 years old and above. The structured questionnaires were divided into three sections: i) sociodemographic questions; ii) measures of public knowledge on the existence of T&CM services in Malaysia; and iii) perceptions of public on the role of T&CM services in Malaysia T&CM. 3825 (41.04%) of the 9320 phone numbers called were active, and 1804 (47.16%) of those phone numbers called were answered. However, only 463 (25.67%) agreed to be respondents; out of which, only 395 (85.31%) completed the questionnaire completely.

216 (54.68%) of the respondents admitted to having experience in using T&CM services. 142 (65.7%) claimed that they used T&CM services to maintain or improve their health and wellness, 127 (58.8%) claimed that it was for the purpose of rehabilitation, 57 (26.4%) claimed that it was for disease cure, and 17 (7.9%) claimed that it was for disease prevention.

26.3% of respondents have High level of awareness of the existence of T&CM services in Malaysia, 37.5% have Moderate level of awareness while 36.2% have Low level of awareness. Most i.e. 384 (97.2%) of respondents have Positive perception of the role of T&CM services and only 11 (2.8%) of respondents have Negative perception.

Based on the findings of the study, it is our considered views that T&CM may, in the future, be cultivated in a constructive and proactive manner to assure the quality, safety of practises, and even have structural education programmes for example:

- (i) Certain by-laws, policy, rules and regulations can be introduced to make it a compulsory requirement for all T&CM practitioners and service providers to include the contact details of the Ministry of Health (MOH)'s T&CM Division hotline on the name card or signages of business premises of T&CM practitioners/service providers, to raise public awareness of the channels that can be used to file a report or lodge a complaint in the event of possible malpractice.
- (ii) A proper database of trusted T&CM practitioners and service providers registered with MOH's T&CM Division can be established and shared with the public via official MOH websites, apps like MySejahtera, or even on social media so that the public can refer, seek information and consider before they decide to subscribe to or choose the kind of T&CM services that they are looking for.

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1.0 INTRODUCTION

Traditional and complementary medicine (T&CM) has been gaining acknowledgment and acceptance all over the world. Its growing global interest and demand necessitates a new approach to its development. This is consistent with the paradigm shift in health care that is taking place throughout the world (MOH, 2007).

World Health Organization (WHO) is aware of the important role played by T&CM in preventive, promotive and curative aspects of health, especially in developing countries, and advocates tapping its usefulness. It therefore encourages member countries to support T&CM and the continuous evaluation and formulation of policies with appropriate regulations, suited to their specific national health systems. To this end, many governments including Malaysia, have recognised the role of T&CM and developed national policies as well as strategies, to protect public health and maximise the potential contribution of T&CM products, practices and providers towards health care.

In Malaysia, T&CM is defined as a form of health-related practice designed to prevent, treat, and/or manage illness and/ or preserve the mental and physical well being of individuals; and include such practices as traditional Malay medicine, traditional Chinese medicine, traditional Indian medicine, homeopathy, chiropractic, osteopathy and Islamic Medical Practice (MOH, 2021). The National Health and Morbidity Survey (NHMS) 2015 shows that the overall prevalence of ever using T&CM with consultation was 29.25% (95% CI: 27.66–30.89). This indicates a significant level of utilisation and demand for T&CM in the health care management of our country (Institute for Public Health, 2015).

T&CM has been incorporated into the national healthcare system since 2007 with the introduction of services such as traditional Malay massage, acupuncture, Chinese herbal medicine and Shirodhara at 14 Ministry of Health (MOH) hospitals. These services are provided for a limited range of indications, including chronic pain, post stroke, insomnia and as an adjunct therapy for cancer patients.

In 2012, T&CM services were extended to primary healthcare with delivery of postnatal care services in the comfort of patients' own home. As of December 2020, there are 89 Health Clinics and 15 Rural Clinics from 15 State Health Departments involved in offering Traditional Postnatal Care services.

The MOH has taken proactive measures to disseminate information on T&CM including its regulation, consumer rights, safety and proper use, through various initiatives such as exhibitions, distribution of printed educational materials and awareness programmes, through conventional and electronic media. However, findings of a study revealed that the main sources of knowledge on T&CM are from family members, friends and neighbours. Despite this, there have not been many studies on the awareness of T&CM among Malaysians.

More emphasis has been given towards the conduct of awareness and perception studies on the safety of T&CM products as well as use of herbal medicine in Malaysia. A recent study shows that about 51% of the respondents were unaware of the possible side effects of T&CM and did not recognise the possibility of using counterfeits (Saranyaa Silvanathan & Low, 2014). Additionally, studies conducted among the Pharmacy and Medical students of a Public University in Saudi Arabia reported that 37.9% of students had the perception that T&CM have low side effects (Ahmad R et.al., 2017).

Perception about the safety of T&CM plays a major role in its use. There are still many people who are not convinced of the safety of T&CM, as can be seen through previous studies. A study conducted among adults in Malaysia showed that only 23.5% of respondents believed that T&CM is natural and safe (Jasamai M et.al, 2017). This result is almost similar with another study conducted among residents in Saudi Arabia, where only 17.4% of respondents believed that alternative medicine is safe (Alqahtani TS et.al., 2021).

With regard to perceptions about the benefits of T&CM, 48.6% agreed that T&CM is a useful complement to pharmacological medicine (Alqahtani TS et.al., 2021). Surprisingly however, 51% respondents believed that herbal medicine are better than commercially available prescription and over-the-counter drugs (Hanan Mohammed Al-Yousef et.al., 2019).

In general, studies on the awareness and perception of T&CM products and herbal medicine have been widely carried out among patients but studies on the awareness and perception on T&CM practices and services among the public in Malaysia have been quite limited.

1.1 CONCEPTUAL AND OPERATIONAL DEFINITIONS

The conceptual and operational definitions of T&CM that guided this study were based on Bloom's taxonomy (Bloom, 1956) (Table 1).

Table 1: Conceptual and Operational Definitions

Term	Conceptual Definition	Operational Definition
Awareness	The quality or state of being aware : knowledge and understanding that something is happening or exists. (Merriam-Webster.com Dictionary, 2021).	The respondents are aware of the existence of T&CM services in Malaysia.
Perception	Is the organization, identification, and interpretation of sensory information in order to represent and understand the presented information or environment. (Schacter, Daniel, 2011).	The way respondents think or notice about the role of T&CM services in Malaysia.
T&CM	T&CM is defined as a form of health related practice designed to prevent, treat, and/or manage illness and/ or preserve the mental and physical wellbeing of individuals. (MOH, 2021)	All types of T&CM services known to respondents.

1.2 TELEPHONE SURVEYS

Telephone surveys are widely used in certain types of research, particularly market surveys. Professional market research companies utilise the latest technology in telephone surveying, for example, computer-based systems with automatic random digit dialling and forms for the easy and direct entry of response data.

Studies have shown that data collected in telephone interviewing are as valid as data collected by other survey methods (questionnaire, face-to-face interview). However, researchers considering telephone surveys needs to be aware of certain limitations of this data collection method. If the survey is planned accordingly, telephone surveys can be very successful. The decision on whether a telephone survey is a suitable method for a particular survey will depend on factors such as: the topic under investigation; whether or not sensitive or complex issues are being explored; the depth of responses sought; and whether visual aids are necessary to explain the point (Kerry Tanner, 2002).

Telephone surveys are structured interviews conducted by an interviewer who records the answers to mostly closed-ended questions. Improvements in electronic technology, particularly computer-assisted telephone interview (CATI) systems, have enabled interviewers to enter responses immediately into databases that commence aggregation and analysis of the entered data. In addition to this advantage, telephone interviews are relatively inexpensive to administer (unless calling long distance) and of short duration, compared to the time taken by respondents to complete written questionnaires (Gayle R.Jennings, 2005).

2.0 GENERAL OBJECTIVE

To investigate awareness and perception of public towards T&CM in Malaysia

2.1 Specific Objectives

The two specific objectives of this study are:

1. To assess awareness of public on the existence of T&CM services in Malaysia;
2. To assess perceptions of public on the role of T&CM services in Malaysia.

3.0 METHODOLOGY

3.1 Study Design

This is a cross-sectional study. Sampling was done with probability proportional to prefix in terms of subscriptions for mobile-cellular. The target population are all residents in Malaysia and mobile-cellular device users, aged 18 years and above. The interview will be conducted on the user of the device when the call is made. This would be a representative sample as over 97.5% of Malaysians aged 15 years and above are mobile phone users (Department of Statistics Malaysia, 2021). The study protocol was reviewed and approved by the National Medical Research Registry (NMRR-21-1530-60077) and Medical Research Ethics Council (MREC), MOH. Data collection for this study was conducted from 22th August until 3rd October 2022 (29 days).

3.2 Sampling Frame

The sampling frame for the study is based on randomly generated numbers matching the mobile-cellular numbers of all providers in Malaysia. The random numbers are generated using Microsoft Excel 2016. A 9-digit random number will be generated, and attached to a prefix of "01" to match the mobile-cellular number format utilized in Malaysia. As these numbers are randomly generated, simple random sampling shall be used to select telephone numbers to be included in the study.

3.3 Sample Size Determination

Sample size was calculated using Sample Size Calculation Formula for a prevalence study. The sample size calculation was based on the reported prevalence of respondents' awareness of T&CM (50%) (Saranyaa Silvanathan & Low, 2014) and respondents' perception on T&CM (51%) (Hanan Mohammed Al-Yousef et.al., 2019). Calculation is done with a margin of error of 0.05 and Type 1 error determined at 5%. The largest sample size required is 385 respondents. Taking into account, inflating the sample size for invalid numbers (75%), non-responses (60%), refusal (50%) and incomplete interviews (5%), the sample size is inflated by a factor of 28(x) (Shubash Shander et.al.,2021). Thus, the final sample size is determined to be 8105 respondents.

3.4 Selection of Respondents

All eligible individuals, who are using mobile-cellular devices shall be invited to join the survey. If one device has more than one user, the main user will be interviewed. Only individuals aged 18 years and above will be included in the survey. The respondents will be contacted by a survey team member to inform them about the survey, obtain informed verbal consent for the interview and subsequently conduct the interview.

The selected respondents will be explained about the study. Their participation in the study is on voluntary basis and verbal consent will be obtained from the selected respondents. The respondent has the right to refuse to participate, or withdraw from the study at any point of time during the survey. If the respondent refuses to participate, there will be no replacement done. The particulars of the respondent will not be recorded. If a respondent wishes to withdraw their involvement at any point of time after the interview has started, the interviewer would then stop the survey and end the survey. If the respondent consents, the available interview results will then be recorded. If the respondent refuses, all details of the respondent as well as any response given would then be deleted. Respondents' refusal or withdrawal from the survey will not affect any medical treatment or care that they are currently receiving or may possibly receive from Government-run medical facilities in the future, and will not be followed up after the survey.

At least 3 calls will be made if a call is unanswered. Each call will be carried out at a different time of the day. If a respondent is willing, but is busy and requests a call at a different time, the call will then be repeated at the date and time convenient to the respondent.

3.5 Inclusion and exclusion criteria

The inclusion and exclusion criteria for this study are summarised in Table 2.

Table 2: Inclusion and Exclusion Criteria

Inclusion Criteria	Exclusion Criteria
<ul style="list-style-type: none"> i) Aged 18 years and above ii) Malaysian iii) The main user of the mobile-cellular device respondent was contacted with. iv) Able to communicate in Malay or English language 	<ul style="list-style-type: none"> i) Non-Malaysian. ii) Refuse to participate in this study.

3.6 Survey Questionnaire

Structured questionnaires will be used to collect data on the scopes of the survey. The questionnaire is adopted and adapted from literature review. This questionnaire was translated, pre-tested and validated accordingly to suit the local settings. The questionnaire consists of three parts, namely (i) socio-demographics, as well as, questions to measure (ii) awareness and (iii) perception towards T&CM among the public.

The questionnaire is adapted and adopted from previous studies (Saranyaa Silvanathan, Bin Seng Low., 2014, Sridhar, et al., 2017 and Al-Yousef, et al., 2019). The overall questionnaire consists of two main domains, namely, Section B (9 items) – Awareness (Yes/No) and Section C (11 items) – Perception. Response for domains C uses a five-point Likert scale; “Strongly Disagree”, “Disagree”, “Not Sure”, “Agree”, and “Strongly Agree” with numerical scores of 1, 2, 3, 4, and 5, respectively. Possible scores ranged from 11–55 for Section C. The scores are transformed into percentage by dividing the scores obtained by the respondent with the possible maximum score and then multiplying it by 100. The mean score of each outcome is assessed based on Bloom’s cut-off point, which classifies the score into between 3.1 and 5 (good or positive), and less than 3 (poor or negative). In section C, there are positive and negative statements. For negative statements, the score was recoded to a positive score.

Table 3: The Scale Level of Awareness

Level of Awareness	The Score
High	7-9
Moderate	5-6
Low	0-4

The scale used to measure the level of awareness can be viewed in Table 3. The score of 7-9 represents a high score; 5-6 represent the moderate score, while a low score is from 0-4.

3.7 Validity and Reliability

In terms of validity assessment, two levels of test were conducted, namely content validity and face validity. For content validation, the Subject-Matter Expert's (SME) from T&CM Division MOH (Table 4) reviewed the first version of the questionnaire's items, which needed some revision. All the questions were reviewed for language, wording, technical term used and overall structure to provide clarity of meaning. The flow of the questionnaire was also examined. Most of the questions were not deleted since the contents were comprehensible.

Prior to this survey, the questionnaires used was tested for face validity among public and staff in NIH Malaysia. Face validity was assessed to complete the respective instrument and to comment on cognitive comprehension (language, difficulty level, clarity, and the relevance of the questions) and ease of using the instrument. A total of 37 respondents were interviewed to determine the face validity and the changes that needed to be made according to the feedback received from the respondents of this current study.

Table 4: Validity Assessment

Validity Assessment	Response Rate
Content Validity	Reviewed by SME from MOH, Malaysia: 1. Dr. Adilla Nur Halim 2. Dr. Jaspal Kaur a/p Marik Singh
Face Validity	37 respondents Duration: 10 to 15 minutes per respondent

The reliability assessment results indicated that only one item had to be deleted to achieve better values of Cronbach's alpha. For Section B (awareness), the values of Cronbach's alpha is 0.68. Meanwhile, for Section C (perception), one item (number 11) was deleted to get the value of 0.61. This current study considered the Cronbach's alpha value of ≥ 0.6 acceptable (Moss et al., 1998; Hinton et al., 2004).

3.8 Statistical Analysis

Statistical analysis was done using SPSS version 26.0. Data were entered, cleaned, and checked before performing the analysis. Descriptive and inferential analysis will be carried out according to objectives of the survey. Descriptive analysis will be reported as frequency and percentage for awareness and perception towards T&CM. Anova and chi-square will be conducted to see the relationship between sociodemographic factors with awareness and perception towards T&CM.

4.0 RESULTS

4.1 Response Rate

In total, 9320 phone numbers were called from 22th August until 3rd October 2022 (29 days). 3825 (41.04%) of the phone numbers contacted were valid, and 1804 (47.16%) of the calls were answered. However, only 463 (25.67%) of those who picked up the calls agreed to become respondents and only 395 (85.31%) out of the total respondents, answered the questionnaire completely (Table 5).

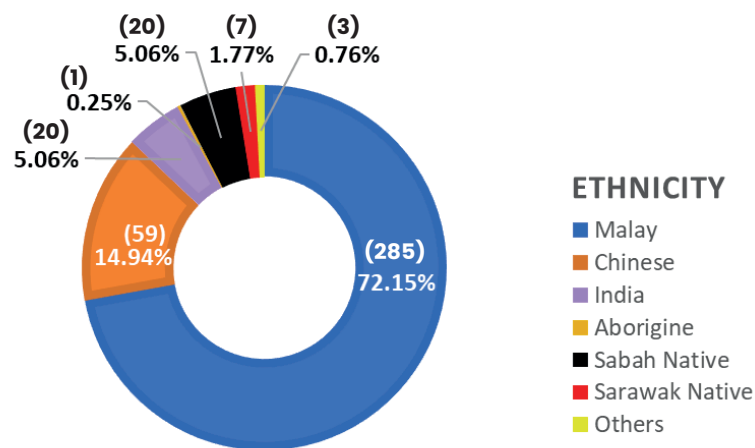
Table 5: Sample Size and Response Rate

ITEM	ITEM	%
TOTAL NUMBER OF CALL	9320	-
Valid Phone Number	3825	41.04
Call answered	1804	47.16
Agree to be a respondent	463	25.67
Completed interviews	395	85.31
TOTAL RESPONDENTS REQUIRED	385	
% Participation success rate (Complete questionnaire out of answered calls)		21.9%

4.2 Basic Characteristics of Respondents

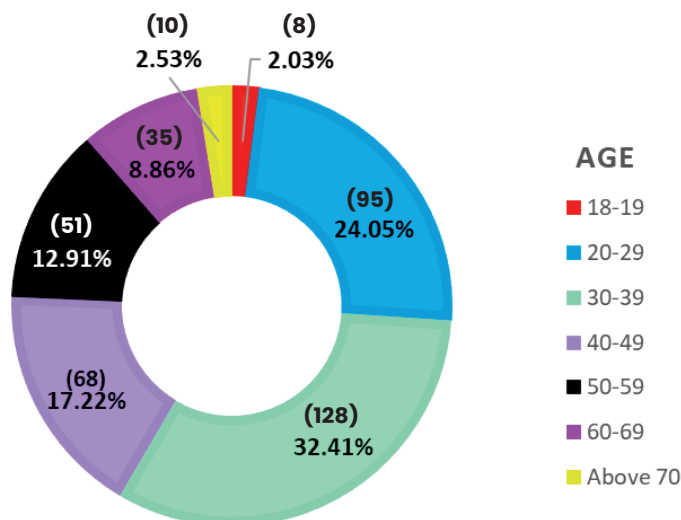
A total of 395 respondents completed the telephone study interviews. Males 220 (55.7%) dominated this survey, with Malay ethnics representing the most 285 (72.15%), followed by Chinese 59 (14.94%), other Bumiputera (including Bumiputera Sabah, Sarawak, and Orang Asli) 28 (7.09%), Indians 20 (5.06%) and other ethnics 3 (0.76%). (Chart 1)

Chart 1: The Ethnicity Distribution of Respondents



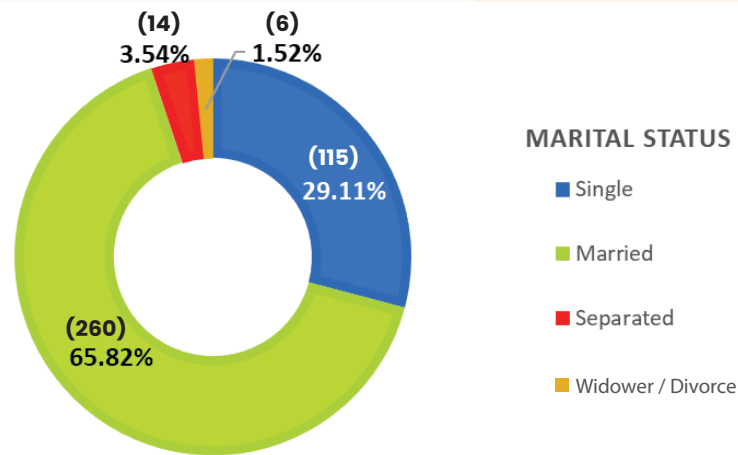
Age groups with the highest percentages are 30 to 39 (32.41%), 20 to 29 (24.05%), 40 to 49 (17.22%), 50 to 69 (12.91%), 60 to 69 (8.86%), 70 and older (2.53%) and 18 to 19 (2.03%). (Chart 2)

Chart 2: The Age Distribution of Respondents



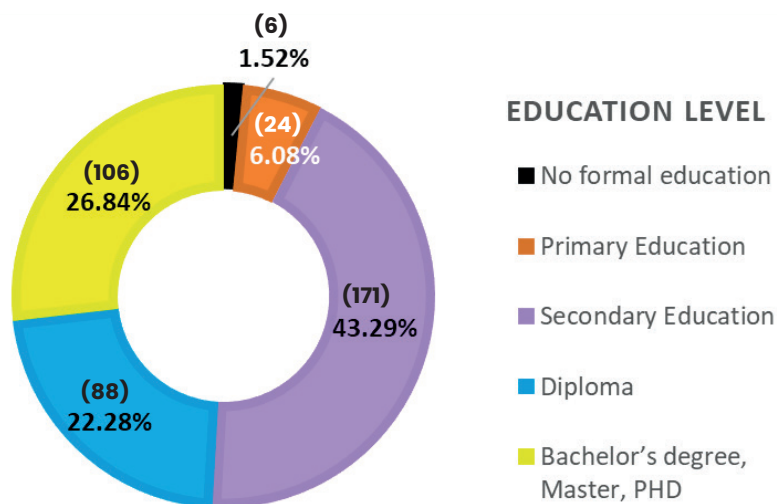
65.82% of respondents are married, 29.11% are single, 3.54% are separated and 1.52% are widow(er)/Divorcee. (Chart 3)

Chart 3: The Marital Status Distribution of Respondents



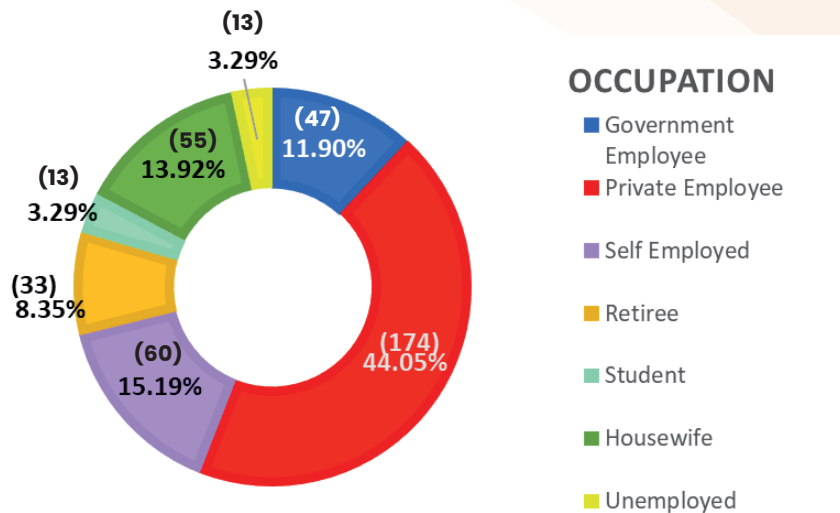
In terms of education, 43.29% held a secondary education, 26.84% of respondents hold a tertiary degree, 22.28% have diplomas, 6.08% have primary education and 1.52% have no formal education. (Chart 4)

Chart 4: Distribution of Respondents' Education Levels



By occupation, 44.05% work in the private sector, 15.19% are self-employed, 13.92% are housewives, 11.90% are government employees and 8.35% are retirees while both; students, and unemployed are represented by 3.29% respectively for each category. (Chart 5)

Chart 5: Distribution of Respondents' Occupation

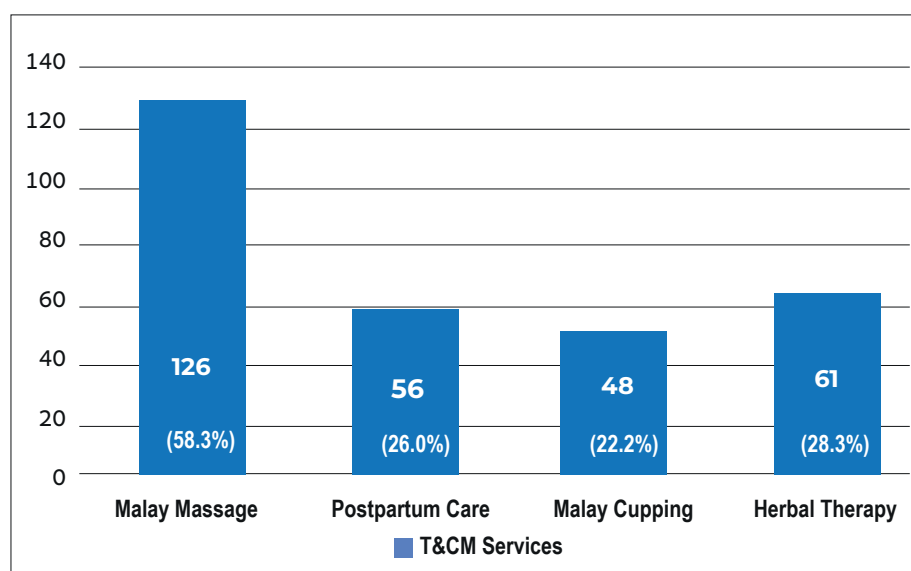


4.3 The Prevalence of Ever Used T&CM Services Among Respondents

T&CM services were used by 216 (54.68%) of the respondents i.e. 100 (25.32%) females and 116 (29.37%) males. Among them, 177 (81.9%) have used Malay traditional medicine, 97 (44.9%) have used traditional Chinese medicine, 68 (31.5%) have used traditional Indian medicine, 10 (4.6%) have used Homeopathy, 4 (1.9%) have used Chiropractic and 43 (19.9%) have used Islamic Medical Practice. 17 (7.9%) of them, also admitted to have used other T&CM services, such as Tradional Healer (Bomoh) and Hormone Therapy. (Table 6)

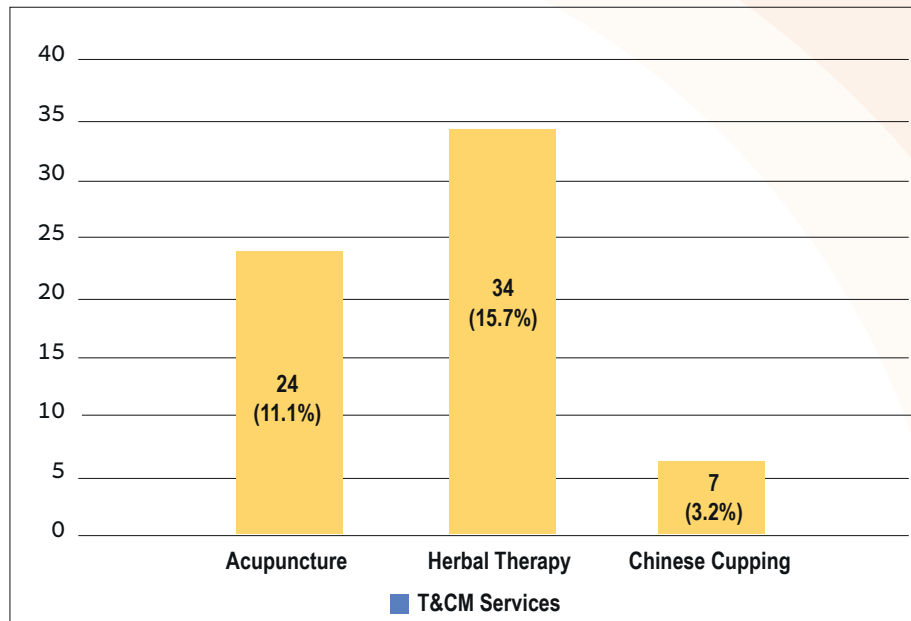
Table 6: Prevalence of Ever Used T&CM Services

Services	Prevalence (%)
Malay Traditional Medicine	177 (81.9%)
Traditional Chinese Medicine	97 (44.9%)
Traditional Indian Medicine	68 (31.5%)
Homeopathy	10 (4.6%)
Chiropractic	4 (1.9%)
Islamic Medical Practice	43 (19.9%)
Others (<i>Tradional Healer & Hormone Therapy</i>)	17 (7.9%)

Chart 6: Type of Malay Traditional Medicine Ever Used

Respondents' use of Malay Traditional Medicine is depicted in Chart 6. Malay Massage was used by 126 (58.3%) of respondents, Postpartum Care by 56 (26.0%), Malay Cupping by 48 (22.2%), and Herbal Therapy by 61 (28.3%).

Chart 7: Type of Traditional Chinese Medicine Ever Used



Respondents have used three types of Traditional Chinese Medicine. Acupuncture was used by 24 (11.1%) respondents, herbal therapy by 34 (15.7%), and Chinese cupping by 7 (3.2%). (Chart 7)

4.4 The Prevalence of Reasons for Choosing to Use T&CM Services

Respondents who used T&CM services, have shared the reasons why they choose these services. Among them, 142 (65.7%) respondents claimed that they chose to use T&CM services to improve or maintain health and wellness; 127 (58.8%) respondents use T&CM services for rehabilitation treatment and 57 (26.4%) to cure disease while 17 (7.9%) used T&CM services to prevent disease.

4.5 Public Awareness of The Existence of T&CM Services in Malaysia

Public Awareness and Perception Towards Traditional and Complementary Medicine in 2 26.3% of respondents have High level of awareness of the existence of T&CM services in Malaysia, 37.5% have Moderate level of awareness while 36.2% have Low level of awareness.

Table 7. The Level of Awareness of The Existence of T&CM Services in Malaysia

Level of Awareness	Prevalence
High	104 (26.3%)
Moderate	148 (37.5%)
Low	143 (36.2%)

4.5.1 The Prevalence of Awareness of The Existence of T&CM Services in Malaysia Among Respondents

330 (83.54%) of respondents have heard of T&CM. Only 181 (45.82%) are aware that T&CM is regulated in Malaysia while 254 (64.30%) are aware that T&CM practitioners must be registered with the MOH. However, only 121 (30.63%) of respondents are aware that T&CM services are available at certain MOH healthcare facilities, compared to 289 (73.16%) who are aware that T&CM services are available in the private sector. 284 (71.9%) of those polled are aware of the existence of bogus T&CM services. When using T&CM services, 290 (73.42%) of respondents are aware of the possibility of side effects but only 116 (29.37%) respondents are aware of channels for lodging complaints about T&CM services. 135 (34.18%) of those polled are aware of T&CM education programmes at local and international universities.

4.6 Public Perceptions on The Role of T&CM Services in Malaysia

Most i.e.384 (97.2%) of respondents have Positive perception of the role of T&CM services and only 11 (2.8%) of respondents have Negative perception.

Table 8. The Level of Perception of The Role Of T&CM Services in Malaysia

Level of Perception	Mean (SD)
Positive	384 (97.2%)
Negative	11 (2.8%)

4.6.1 The Prevalence of Perception of The Role of T&CM Services in Malaysia Among Respondents

356 (90.10%) of respondents believe that it is not important to seek medical advice first before using T&CM services and 331 (83.8%) of respondents believe that T&CM practitioners do not need formal qualifications to practise. 293 (74.10%) of respondents believe T&CM can be used as an alternative to modern medicine, 273 (69.10%) believe that T&CM services are not easily accessible in this country, 244 (61.70%) believe it can help treat diseases, 243 (61.50%) believe that all types of T&CM services are safe, 215 (54.50%) believe T&CM services have fewer side effects compared to modern medicine 211 (53.40%) of respondents believe T&CM is a complement to modern medicine, 202 (51.20%) believe that T&CM is more effective than modern medicine and 192 (48.60%) believe T&CM will improve their health. However, none of the respondents believe that T&CM is well regulated in this country.

Table 9: The Prevalence of Perception of The Role of T&CM Services in Malaysia

Level of Perception	Prevalence (%)
I believe that all types of Traditional and Complementary Medicine services are safe	243 (61.52)
I believe that it is not important to seek medical advice first before using Traditional and Complementary Medicine services	356 (90.13)
I believe Traditional and Complementary Medicine services have fewer side effects compared to modern medicine	215 (54.43)
I believe that Traditional and Complementary Medicine is more effective than modern medicine	202 (51.14)
I believe Traditional and Complementary Medicine can be used as an alternative to modern medicine	293 (74.18)
I believe Traditional and Complementary Medicine can help treat diseases	244 (61.77)
I believe that Traditional and Complementary Medicine will improve the level of my health	192 (48.61)
I believe that Traditional and Complementary Medicine is a complement to modern medicine	211 (53.42)
I believe that traditional and complementary medicine practitioners do not need to have formal qualifications to practice	331 (83.80)
I believe that Traditional and Complementary Medicine services are not easily accessible in this country	273 (69.11)
I believe that Traditional and Complementary Medicine is well regulated in this country	0 (0%)

5.0 DISCUSSION

According to the 2015 (NHMS), 29.25% of the population used T&CM. This finding, however, was significantly lower than the WHO estimate which reports that approximately two-thirds and 50–80% of the population of developed and developing countries, respectively, use traditional and complementary medicine (WHO, 2001).

This study, on the other hand, shows that T&CM services have been used by 54.68% of respondents which is more in line with the WHO statement. Another baseline study that was conducted in Malaysia also found that the prevalence of TCAM that had been used by respondents throughout their lives was relatively high i.e. 69.4% (Siti ZM, et al., 2009).

The primary reason for respondents in using T&CM practises was to maintain health and wellness. T&CM services are also used for rehabilitative treatment, disease cure, and disease prevention. This is consistent with the reported reason for use of T&CM worldwide as NHMS 2015 found that T&CM practices were mainly used to maintain wellness and in combination (treatment and to maintain wellness) while an earlier study conducted in Malaysia in 2004 reported that the most common use of T&CM were for health problems (88.9%) and for health maintenance (87.3%). (Siti ZM, et.al., 2009). According to a recent study conducted in Saudi Arabia by Abdelmola et al. (2021), majority of the respondents (43.2%) used T&CM services for disease treatment. Additionally, a Japanese study revealed that 49.3% of respondents decided to employ T&CM services as a disease preventive method (Yamashita et al.,2002)

In our study, more than half (61.70%) of the respondents believed that T&CM can help treat diseases. This is in line with the study carried out by Othman and Farooqui (2015) which reported the same, high percentage of respondents (85.57%), who claimed that there was an improvement of their health condition after using T&CM. A high percentage of respondents stated that they use T&CM for disease treatment (66.5%) followed by as health maintenance (30.49%) and only a small percentage (2.95%) use T&CM for both reasons.

Respondents who are aware of the possibility of T&CM side effects is relatively quite high i.e 73.42% despite earlier assumptions on the opposite. Earlier studies show that the public may not be aware of the possibility of side effects as the knowledge on T&CM is still insufficient. Hence, they see that T&CM has low side effects compared to western medicine which leads to them to use T&CM instead (Silvanathan & Low, 2014).

Based on the findings of this study, the level of perception among respondents towards T&CM shows the highest percentage (97.2%) at Positive level. This high percentage of Positive perception which include T&CM service users and non-users, reflects that majority of the respondents have unbiased and positive perception towards T&CM.

In regard to perception that T&CM practitioners do not need formal qualification to practise, a majority (90.1%) of respondents also believe that it is not important to seek medical advice first before using T&CM services. This finding was similarly reported by Othman and Farooqui (2015), who highlighted that majority of the respondents (68.52%) did not inform their doctor about their use of T&CM. Similar findings were reported by Laiyemo et al. (2015) where almost half of T&CM users (47.6%) did not inform their doctors.

According to WHO Traditional Medicine Strategy 2014-2023, the way in which T&CM practitioners obtain their knowledge and skill vary between countries. In some countries, some T&CM practices have become established, and practitioners are required to complete an official education/training programme. However, in many developing countries including Malaysia, traditional medicine knowledge and skills have been transferred from generation to generation orally, making it difficult to identify qualified practitioners (WHO,2013).

In addition, 74.10% of respondents believe that T&CM can be used as an alternative to modern medicine. This result was in concordance to studies by Widayati et al., (2021), where most of the participants (87%) had a positive attitude towards the use of traditional medicines. When people had experienced a positive outcome from the traditional medicines they used, then they would have a positive attitude towards such use.

In terms of effectiveness of T&CM, half (51.2%) of respondents believed that T&CM is more effective than modern medicine. However, this figure is significantly lower than the finding by Silvanathan and Low (2014), where most respondents (85%) preferred T&CM over the conventional Western treatments and had the impression that T&CM was safe. Similarly, it has been found that the main reasons for trying T&CM were its perceived effectiveness, a positive inclination towards it, and its relaxing effects (Ernst and White,2000).

6.0 CONCLUSION

In conclusion, the respondents' level of awareness of the existence of T&CM services in Malaysia are relatively Moderate and Low i.e at 37.5% and 36.2% respectively. Despite moderate and low levels of awareness, public perceptions of T&CM were largely positive 97.2%.

In this regard, T&CM need more, better and wider health promotion activities to elevate the public's perception and awareness towards it. This may include, but not limited to:

- i) Publicity and access of comprehensive information under T&CM Division/MOH website and social media accounts, particularly of T&CM services available at MOH medical and healthcare facilities;
 - To provide services resembling T&CM services at healthcare facilities, the MOH may consider collaborations with registered T&CM practitioners. As a result, there may be an increase in registered T&CM practitioners as well as better regulations and control over services.

- ii) Direct, straight forward, user-friendly channels where T&CM user/patients may report and highlight both compliments and complaints on use of T&CM to MOH;
- Promulgate a complaint platform that the public can use to make complaints / give feedback related to services provided by T&CM practitioners. Advise T&CM practitioners to display the T&CM service response line number or QR code at the service counter. An example that has been implemented by the Ministry of Transport via its Agensi Pengangkutan Awam Darat (APAD) (formerly known as Suruhanjaya Pengangkutan Awam Darat (SPAD) is that the complaint hotline number is displayed on the transportation vehicle to monitor the services provided by the transport company including poor driving manners. Indirectly, the public – helps the MOH in regulating the services provided by T&CM practitioners.
- iii) Awareness and promotional programmes, posters and audio/visual contents to be created, parked and posted, both physically at MOH medical facilities and online.
- Health education can be an efficient method for raising public awareness of and collate favourable opinion of T&CM services. According to a 2020 Malaysian Communications and Multimedia Commission study, 88.7% of Malaysians use social media platforms for communication, connection, informational search, and amusement. Accordingly, social media platforms are used as the primary method for disseminating information about T&CM by giving messages top priority and nudging the general public to be aware of T&CM services such as the necessity of seeking medical advice before seeking T&CM services, the requirement to obtain registered T&CM services, and the impact of T&CM on health. Additionally, particular radio and television timeslots as well as magazine or newspaper pieces are suitable outlets.

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Appendix A

SCORING

Public Awareness of The Existence of T&CM Services

26.3% High

37.5% Moderate

36.2% Low

Statistics
Level of score B

N	Valid	395
	Missing	0
Mean		1.90
Std. Error of Mean		.040
Std. Deviation		.786

Level of score B

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid				
Poor	143	36.2	36.2	36.2
Moderate	148	37.5	37.5	73.7
High	104	26.5	26.3	100.0
Total	395	100.0	100.0	

Public Perceptions on The Role of T&CM Services

97.2% Positive

2.8% Negative

Statistics
Level of score C

N	Valid	395
	Missing	0
Mean		.97
Std. Error of Mean		.008
Std. Deviation		.165

Level of Score C

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid				
Negative	11	2.8	2.8	2.8
Positive	384	97.2	97.2	100.0
Total	395	100.0	100.0	

Appendix B: Questionnaire

BAHAGIAN A SECTION A SOSIODEMOGRAFI SOCIODEMOGRAPHY		
1	Jantina <i>Gender</i>	<input type="checkbox"/> Lelaki <i>Male</i> <input type="checkbox"/> Perempuan <i>Female</i>
2	Umur <i>Age</i>	
3	Bangsa <i>Ethnicity</i>	<input type="checkbox"/> Melayu <i>Malay</i> <input type="checkbox"/> Cina <i>Chinese</i> <input type="checkbox"/> India <i>Indian</i> <input type="checkbox"/> Orang Asli Semenanjung <i>Aborigines</i> <input type="checkbox"/> Bumiputera Sabah <i>Sabah Native</i> <input type="checkbox"/> Bumiputera Sarawak <i>Sarawak Native</i> <input type="checkbox"/> Lain- lain <i>Others</i>
4	Taraf perkahwinan <i>Marital status</i>	<input type="checkbox"/> Tidak Pernah Berkahwin <i>Never married</i> <input type="checkbox"/> Berkahwin <i>Married</i> <input type="checkbox"/> Berpisah <i>Separated</i> <input type="checkbox"/> Janda/ Duda <i>Divorced</i> <input type="checkbox"/> Balu <i>Widow/Widower</i>
5	Tahap Pendidikan <i>Education level</i>	<input type="checkbox"/> Tiada pendidikan formal <i>No formal education</i> <input type="checkbox"/> Sekolah rendah <i>Primary school</i> <input type="checkbox"/> Sekolah menengah <i>Secondary school</i> <input type="checkbox"/> Diploma <i>Diploma</i> <input type="checkbox"/> Ijazah, Sarjana, Doktor Falsafah atau yang setaraf/lebih tinggi <i>Bachelor's degree, Master, Philosophical Doctorate (PhD) or equivalent/above</i>
6	Jenis pekerjaan <i>Type of occupation</i>	<input type="checkbox"/> Pekerja kerajaan <i>Government employee</i> <input type="checkbox"/> Pekerja swasta <i>Private employee</i> <input type="checkbox"/> Bekerja Sendiri <i>Self-employed</i> <input type="checkbox"/> Pesara <i>Retiree</i> <input type="checkbox"/> Pelajar <i>Student</i> <input type="checkbox"/> Suri Rumah <i>Housewife</i> <input type="checkbox"/> Tidak Bekerja <i>Unemployed</i>
7	Pernahkah anda menggunakan perkhidmatan perubatan tradisional dan komplementari? <i>Have you used traditional and complementary medicine services?</i>	<input type="checkbox"/> Ya <i>Yes</i> <input type="checkbox"/> Tidak <i>No</i> Sekiranya YA, sila teruskan ke Soalan 8. <i>If YES, please proceed to Question 8.</i> Sekiranya TIDAK, sila teruskan ke Bahagian B. <i>If NO, please proceed to Section B.</i>
8	Apakah perkhidmatan perubatan	<input type="checkbox"/> Perubatan Tradisional Melayu <i>Malay Traditional Medicine</i> <input type="checkbox"/> Urut Melayu <i>Malay Massage</i> <input type="checkbox"/> Penjagaan Selepas Bersalin <i>Postpartum Care</i>

	<p>tradisional dan komplementari yang pernah digunakan? (Anda boleh memilih lebih daripada satu jawapan)</p> <p><i>What traditional and complementary medical services have you ever used? (you may choose more than one answer)</i></p>	<p><input type="checkbox"/> Bekam Melayu <i>Malay Cupping</i></p> <p><input type="checkbox"/> Terapi Herba Melayu <i>Malay Herbal Therapy</i></p> <p><input type="checkbox"/> Perubatan Tradisional Cina <i>Traditional Chinese Medicine</i></p> <p><input type="checkbox"/> Akupunktur <i>Acupuncture</i></p> <p><input type="checkbox"/> Terapi Herba Cina <i>Chinese Herbal Therapy</i></p> <p><input type="checkbox"/> Akupunktur & Moksibusi <i>Acupuncture & Moxibution</i></p> <p><input type="checkbox"/> Bekam Cina <i>Chinese cupping</i></p> <p><input type="checkbox"/> Perubatan Tradisional India <i>Traditional Indian Medicine</i></p> <p><input type="checkbox"/> Ayurveda (contoh: Shirodhara/Basti) <i>Ayurvedic Traditional Indian Medicine (example: Shirodhara/Basti)</i></p> <p><input type="checkbox"/> Siddha (contoh: Varmam) <i>Siddha (example: Varmam)</i></p> <p><input type="checkbox"/> Unani <i>Unani</i></p> <p><input type="checkbox"/> Homeopati <i>Homeopathy</i></p> <p><input type="checkbox"/> Kiropraktik <i>Chiropractic</i></p> <p><input type="checkbox"/> Osteopati <i>Osteopathy</i></p> <p><input type="checkbox"/> Amalan Pengubatan Islam <i>Islamic Medical Practice</i></p> <p><input type="checkbox"/> Lain-lain <i>Others</i> _____</p>
9	<p>Mengapa anda memilih untuk menggunakan perkhidmatan perubatan tradisional dan komplementari (Anda boleh memilih lebih daripada satu jawapan)</p> <p><i>Why do you choose to use traditional and complementary medicine services (You may choose more than one answer)</i></p>	<p><input type="checkbox"/> Untuk meningkatkan atau mengekalkan kesihatan dan kesejahteraan <i>To improve or maintain health and well-being</i></p> <p><input type="checkbox"/> Untuk mencegah penyakit <i>To prevent disease</i></p> <p><input type="checkbox"/> Untuk menyembuh penyakit <i>To cure disease</i></p> <p><input type="checkbox"/> Untuk rawatan pemulihan <i>For rehabilitative treatment</i></p>

BAHAGIAN B SECTION B KESEDARAN AWARENESS		
Sila tandakan (✓) pada yang berkenaan Please tick (✓) whichever is relevant	YA YES	TIDAK NO
1. Adakah anda pernah mendengar tentang Perubatan Tradisional dan Komplementari <i>Have you ever heard of Traditional and Complementary Medicine</i>		
2. Adakah anda sedar bahawa Perubatan Tradisional dan Komplementari dikawalselia di Malaysia <i>Are you aware that Traditional and Complementary Medicine is regulated in Malaysia</i>		
3. Adakah anda sedar bahawa pengamal Perubatan Tradisional dan Komplementari perlu berdaftar dengan Kementerian Kesihatan Malaysia <i>Are you aware that Traditional and Complementary Medicine practitioners are required to be registered with the Ministry of Health Malaysia</i>		
4. Adakah anda sedar tentang kewujudan perkhidmatan Perubatan Tradisional dan Komplementari disediakan di fasiliti kesihatan, Kementerian Kesihatan Malaysia terpilih <i>Are you aware that Traditional and Complementary Medicine services are available at selected Ministry of Health healthcare facilities</i>		
5. Adakah anda sedar tentang kewujudan perkhidmatan Perubatan Tradisional dan Komplementari yang disediakan oleh pihak swasta atau persendirian <i>Are you aware of that Traditional and Complementary Medicine services are available in the private sector</i>		
6. Adakah anda sedar tentang kewujudan perkhidmatan Perubatan Tradisional dan Komplementari palsu <i>Are you aware of the existence of bogus Traditional and Complementary Medicine services</i>		
7. Adakah anda sedar tentang kemungkinan terdapat risiko kesan sampingan akibat penggunaan perkhidmatan Perubatan Tradisional dan Komplementari <i>Are you aware about the possible risk of side effects when using Traditional and Complementary Medicine services</i>		
8. Adakah anda sedar tentang saluran yang boleh digunakan untuk melaporkan aduan berkenaan perkhidmatan Perubatan Tradisional dan Komplementari <i>Are you aware of channels that may be used to lodge complaints regarding Traditional and Complementary Medicine services</i>		
9. Adakah anda sedar berkenaan kewujudan program pengajian Perubatan Tradisional dan Komplementari di institusi pengajian tinggi di dalam dan luar negara <i>Are you aware of the existence of Traditional and Complementary Medicine education programmes at local and overseas higher education</i>		

BAHAGIAN C SECTION C

PERSEPSI PERCEPTION

<p>Sila pilih jawapan skala 1 hingga 5 untuk setiap kenyataan di bawah;</p> <p><i>Please choose the answer which best describe your opinion on the following statements on the scales of 1 to 5</i></p>	<p>1</p> <p>Sangat tidak setuju</p> <p><i>Strongly disagree</i></p>	<p>2</p> <p>Tidak setuju</p> <p><i>Disagree</i></p>	<p>3</p> <p>Tidak pasti</p> <p><i>Not sure</i></p>	<p>4</p> <p>Setuju</p> <p><i>Agree</i></p>	<p>5</p> <p>Sangat setuju</p> <p><i>Strongly agree</i></p>
<p>1. Saya percaya semua jenis perkhidmatan Perubatan Tradisional dan Komplementari adalah selamat</p> <p><i>I believe that all types of Traditional and Complementary Medicine services are safe</i></p>					
<p>2. Saya percaya adalah tidak penting untuk mendapatkan nasihat doktor terlebih dahulu sebelum menggunakan perkhidmatan Perubatan Tradisional dan Komplementari</p> <p><i>I believe that it is not important to seek medical advice first before using Traditional and Complementary Medicine services</i></p>					
<p>3. Saya percaya perkhidmatan Perubatan Tradisional dan Komplementari hanya mempunyai kurang kesan sampingan berbanding perubatan moden</p> <p><i>I believe Traditional and Complementary Medicine services have fewer side effects compared to modern medicine</i></p>					
<p>4. Saya percaya Perubatan Tradisional dan Komplementari adalah lebih berkesan daripada perubatan moden</p> <p><i>I believe that Traditional and Complementary Medicine is more effective than modern medicine</i></p>					
<p>5. Saya percaya bahawa Perubatan Tradisional dan Komplementari boleh digunakan sebagai alternatif kepada perubatan moden</p> <p><i>I believe Traditional and Complementary Medicine can be used as an alternative to modern medicine</i></p>					
<p>6. Saya percaya Perubatan Tradisional dan Komplementari dapat membantu merawat penyakit</p> <p><i>I believe Traditional and Complementary Medicine can help treat diseases</i></p>					
<p>7. Saya percaya Perubatan Tradisional dan Komplementari akan meningkatkan tahap kesihatan saya</p> <p><i>I believe that Traditional and Complementary Medicine will improve the level of my health</i></p>					

BAHAGIAN C SECTION C

PERSEPSI PERCEPTION

<p>Sila pilih jawapan skala 1 hingga 5 untuk setiap kenyataan di bawah;</p> <p><i>Please choose the answer which best describe your opinion on the following statements on the scales of 1 to 5</i></p>	<p>1</p> <p>Sangat tidak setuju</p> <p><i>Strongly disagree</i></p>	<p>2</p> <p>Tidak setuju</p> <p><i>Disagree</i></p>	<p>3</p> <p>Tidak pasti</p> <p><i>Not sure</i></p>	<p>4</p> <p>Setuju</p> <p><i>Agree</i></p>	<p>Sangat setuju</p> <p><i>Strongly agree</i></p>
<p>8. Saya percaya Perubatan Tradisional dan Komplementari adalah pelengkap kepada perubatan moden</p> <p><i>I believe that Traditional and Complementary Medicine is a complement to modern medicine</i></p>					
<p>9. Saya percaya pengamal perubatan tradisional dan komplementari tidak perlu ada kelayakan formal untuk mengamal</p> <p><i>I believe that traditional and complementary medicine practitioners do not need to have formal qualifications to practice</i></p>					
<p>10. Saya percaya perkhidmatan Perubatan Tradisional dan Komplementari tidak mudah diakses di negara ini</p> <p><i>I believe that Traditional and Complementary Medicine services are not easily accessible in this country</i></p>					
<p>11. Saya percaya Perubatan Tradisional dan Komplementari di kawal selia dengan baik di negara ini</p> <p><i>I believe that Traditional and Complementary Medicine is well regulated in this country</i></p>					

Appendix C: Informed Consent Form

INFORMATION SHEET AND RESPONDENT'S CONSENT FORM

Computer Assisted Telephone Interview (CATI)

PUBLIC AWARENESS AND PERCEPTION TOWARDS TRADITIONAL AND COMPLEMENTARY MEDICINE IN MALAYSIA: A TELEPHONE SURVEY

Introduction:

- Good morning/afternoon Sir/Madam, this is a call from the National Health Institute, Ministry of Health Malaysia and my name is _____.
- We are conducting a survey via telephone interviews to identify public awareness and perception towards Traditional and Complementary Medicine in Malaysia. Your participation in this study will assist us in planning and deciding on policies and regulations with regard to Traditional and Complementary Medicine practices in future.
- This interview will just take approximately between 5 to 10 minutes and we will not ask for or require personal details **like name and identity card number. In fact, the whole interview will not be recorded.**
- **Are you currently free and willing to participate in this telephone interview now/ at this moment?**

If **YES**, proceed to the next question

If **NO**, try to ask the respondent for telephone appointment at another time of convenience.

[Otherwise, politely END the telephone conversation]

- Thank you Sir/Madam for your willingness to participate in this interview. Before we proceed further, we need to inform you that your participation in this interview is strictly voluntarily. You can, at any point of time, stop this interview or decide to withdraw yourself from this study. Your refusal to participate in this study, will not in any way, affect your access to government-offered medical services or other government services which you may potentially require in future.
 - Are you more than 18 year-old?
- If **YES**, proceed to the next question
If **NO**, just say thank you and politely END the telephone conversation.
- Are you willing to participate in / proceed with this interview?
- If **YES**,
- Thank you. We will start with the first question

If **NOT**,

- Thank you for your time Sir/Madam, we apologise for any inconvenience caused and have a nice day. **[politely END the telephone conversation]**

Closure:

- If you have any inquiries regarding this study, please contact Pn. Noorlaile Jasman (Project Leader) at telephone no. (03-33628601) or e-mail noorlaile@moh.gov.my.
- Thank you again for your time and cooperation.

Appendix D: Data Collection Checklist

PHONE CALL CHECKLIST

Bil.	Number to Call	Valid / Invalid	Answer	Call Date & Time			Agree	Completed Survey	Remarks
				1st Call	2nd Call	3rd Call			
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									

Amirah 30/9/22 - 3rd call #

29/9/22 - 3rd call #

28/9/22 - Evening call 2nd call #

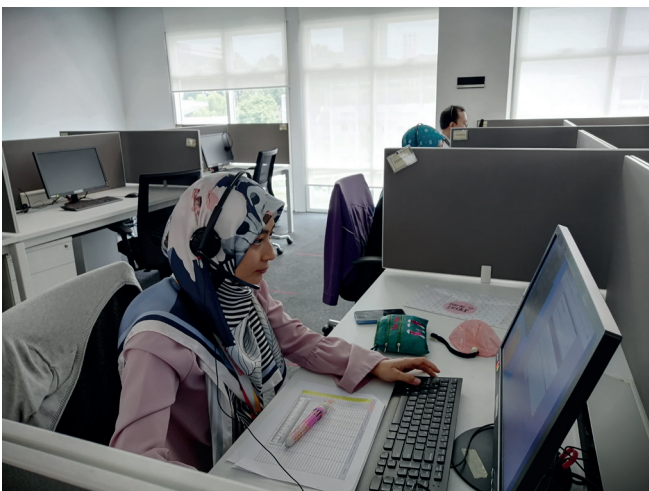
27/9/22 - 1st call #

Bil.	Number to Call	Valid / Invalid	Answer	Call Date & Time			Agree	Completed Survey	Remarks
				1st Call	2nd Call	3rd Call			
1177	0134333642	X	-	9:50am			-	-	Not in service.
1178	0135897830	✓	✓	9:56am	✓		X	-	Bukan warga gaza
1179	0131528376	X	-	9:57am			-	-	Uncomf 1st & 2nd
1180	0133066655	X	-	9:58am			-	-	Not in service.
1181	0133342210	X	-	9:59am			-	-	Not in service.
1182	0138077844	✓✓✓	X X X	9:59am X	2:51pm X	9:59am 3rd	-	-	Engaged 3rd call
1183	0137265577	X	-	10am			-	-	Not in service.
1184	0134076495	✓✓✓	X X X	10:01am X	2:52pm X	10am X	-	-	Engaged 3rd call
1185	0133107152	✓✓✓	X X X	10:01am X	2:53pm X	10:01am X	-	-	Engaged 3rd call
1186	0139507153	X	-	10:04am			-	-	Not in service.
1187	0139463325	✓✓✓	X X X	10:05am X	2:54pm X	10:05am X	-	-	Engaged 3rd call
1188	0139289820	✓✓✓	X X X	10:05am X	2:55pm X	10:05am X	-	-	Engaged 3rd call
1189	0139016677	✓✓✓	X X X	10:06am X	2:57pm X	2:57pm 3rd	✓	-	Another call. Uncomf 1st call 2.
1190	0139008925	✓✓✓	X X X	10:08am X	2:56pm X	10:08am X	-	-	Engaged 3rd call
1191	0137744916	✓✓✓	X X X	10:09am X	2:56pm X		X	-	Bukan warga gaza
1192	0135688141	✓	✓	10:11am	✓		X	-	Not interested.
1193	0138350339	X	-	10:13am			-	-	Not in service.
1194	0131390767	X	-	10:14am			-	-	Uncompleted to 1st
1195	0139919486	✓✓✓	X X X	10:14am X	2:54pm X	10:07am X	-	-	Engaged 2nd call
1196	0135647121	✓✓✓	X X X	10:16am X	3pm X	10:08am X	-	-	ii
1197	0135391270	✓✓✓	X X X	10:18am X	2:44pm X	9:58am X	-	-	Engaged 3rd call
1198	0133099855	✓✓✓	X X X	10:20am X	3pm X	10:09am X	-	-	ii
1199	0137824962	✓✓✓	X X X	10:30am X	3:01pm X	10:10am X	-	-	ii
1200	0137545563	X	-	10:31am			-	-	Not in service.
1201	0135489278	X	-	10:32am			-	-	Not in service.
1202	0138242785	✓✓✓	X X X	10:33am X	3:03pm X	10:11am X	-	-	Engaged 3rd call
1203	0133799113	✓✓✓	X X X	10:35am X	3:05pm X	10:11am X	-	-	Engaged 3rd call
1204	0137816642	X	-	10:36am			-	-	Not in service.
1205	0138422661	✓✓✓	X X X	10:35am X	2:46pm X	9:54am X	-	-	Engaged 3rd call
1206	0137448495	✓✓✓	X X X	10:36am X	2:47pm X	10:01am X	✓	✓	Completed.
1207	0131665069	X	-	10:37am			-	-	Uncompleted to 1st

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Amirah

Appendix D: Photos of Data Collection





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