



Factors Influencing Preferences for Traditional and Complementary Medicine Offered by Informal Practitioners in Türkiye

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Abstract

Traditional and Complementary Medicine (T&CM) has a long history and is gaining global popularity. In Europe, official regulations are increasingly shaping its practice. Standardized definitions, country-specific core practices, and reporting guidelines are suggested to enhance study quality. This study aims to identify and evaluate key factors influencing the preference for T&CM services provided by informal providers in Türkiye. The study was conducted in Karaman, Türkiye, among informal practitioners, service users, and experts. A purposive sampling method was used, and data were collected through semi-structured face-to-face interviews with 20 participants. Thematic analysis was performed using MAXQDA 18 software, with 680 minutes of recorded interviews transcribed and analyzed. Participants had a mean age of 36 years, 75% had an income at least twice the minimum wage, and 62.5% were male. The most used methods were cupping (hijama), chiropractic intervention, and phytotherapy. Factors influencing T&CM preference included contemporary medicine-based orientations, a positive attitude towards T&CM, a positive attitude towards practitioners, religion-based factors, feelings of helplessness, recollections, and experiences, non-serious conditions, and a lack of awareness or education. Understanding these determinants is crucial for healthcare professionals and managers to integrate T&CM into regulated healthcare settings, ensuring safer and more controlled treatment options.

Keywords: Cultural and religious factors; Health-seeking behaviors; Informal practitioners; Patient preferences; Traditional and complementary medicine

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Introduction

Countries have started to implement national policies on Traditional and Complementary Medicine (T&CM) practices, which are becoming increasingly popular. In its report on the subject, the World Health Organization stated that the number of countries with national policies on T&CM increased from 25 to 98 between 1999 and 2018 [1]. Studies show that around half the population of many developed countries use T&CM today, and in many developing countries, the figure is as high as 80% [2]. In other words, the frequency of use of T&CM varies from country to country. Despite the heterogeneity of the studies conducted on this subject, it is evident that the frequency of traditional and complementary medicine use has been documented at up to 71% in the United Kingdom, 62% in Germany, 57% in Switzerland, 64% in Sweden, 84% in Italy, 47% in Spain, and 86% in Türkiye [3]. Despite their extensive utilization, T&CM methodologies are not recognized as a component of contemporary medicine. Scientists have expressed reservations regarding traditional medicine. The issues mentioned below are discussed in terms of traditional Chinese medicine, but it is believed that these issues are related to traditional medicine in general. The formulas of traditional medicine products are composed of a wide variety of components containing numerous chemical molecules. This presents a significant challenge in elucidating the therapeutic mechanisms of traditional medicine products. Another factor to consider is that the effectiveness and reliability of the drugs used in traditional medicine cannot be guaranteed because they are not subjected to the rigorous procedures of Western medicine. The final factor to consider is that the products of traditional medicine are subject to clinical studies in their own geographical regions; while the West utilizes these products in limited quantities. Consequently, the quality of studies conducted on traditional medicine and the acceptability of the results obtained are low [4].

The findings of the research indicate that T&CM is not adequately or comprehensively addressed from an evidence-based perspective. However, there is a noted increase in its popularity. A detailed analysis of the available data indicates that 82.4% of the Slovak population has utilized T&CM at least once. The prevalence of T&CM applications in Europe is also known [5,6]. The Far East has also witnessed a similar trend. An analysis was conducted on Western Medicine, Traditional Chinese Medicine, and Integrative Medicine, which includes both, in the provision of healthcare services in China. The analysis revealed a preference among 71.2 percent of individuals for integrated approaches in healthcare services [7]. This situation demonstrates the significance and complexity of T&CM, emphasizing the need for meticulous

management and consideration.

In the context of T&CM, it has been asserted that enhanced accessibility and reduced costs have a favorable impact on the utilization of these applications. Concurrently, factors such as the apprehension of hospital treatment, treatment accessibility challenges, and protracted treatment queues have the potential to exert a positive influence [8]. Consequently, individuals across numerous nations utilize healthcare services that fall outside the purview and comprehension of the prevailing medical system. T&CM services are frequently utilized in conjunction with (and in addition to) contemporary medical methodologies. Consequently, a substantial and hitherto under-researched informal healthcare sector exists in all countries. The absence of comprehensive data on this sector in any country is striking [2].

In Türkiye, T&CM is widely practiced, and there is a strong belief in the effectiveness of these treatments [9]. No study has been found that examines this situation within the context of Türkiye's modern healthcare services, particularly from the perspectives of patients, physicians, and informal practitioners. It is also emphasized in the international literature that research of this nature remains limited. [10]. This situation creates a critical gap in understanding who turns to traditional medicine, for what reasons, and within which contexts [11]. Bridging this gap is essential both in light of the public's growing interest in T&CM and for the integration of T&CM into the modern healthcare system. This study aims not only to address this deficiency, but also to illuminate the attitudes of stakeholders on this matter.

Methods

Research objective

Approaches to T&CM practices include a range of methods and products that have a history of use or origin outside traditional Western medicine [12]. Recent observations indicate that official authorities have proposed a variety of legal regulations for T&CM practices. These practices are gaining increasing acceptance and popularity in European communities on a daily basis [13]. Given the paucity of research on T&CM and the heterogeneity of the studies conducted, it is challenging to make cross-country comparisons regarding the prevalence of T&CM use. The extant literature suggests that establishing a consistent definition of T&CM, a basic set of T&CMs with country-specific differences, and a standardized reporting strategy will improve the quality of studies on this subject [3]. The objective of this study is to ascertain the factors that determine the preference for T&CM offered by informal providers in Türkiye. In line with this objective, the problem statement of the study was

determined as, ‘What are the factors affecting the preference of informal T&CM providers in Türkiye?’ In the context of the study, a qualitative research design was employed, given the importance of evaluating the determinants of T&CM use from diverse perspectives: service providers, service recipients, and medical experts.

Research sample

The research was conducted in Karaman province, located in Western Anatolia according to the statistical regional classification system. The research population consists of individuals who meet their health service informally needs outside the official authorities within the scope of the T&CM method (Informal Practitioners), individuals who recipient this service (Service Users), and individuals who possess expertise in the method (Experts).

The purposive sampling method was utilized in the selection of the sample. This approach entails the deliberate selection of individuals deemed most suitable for the specific objectives of the research study [14]. Given the heterogeneity of T&CM methods, this sampling method was employed, including individuals who received different practices from various practitioners in the study. In this context, a total of 20 individuals were interviewed, comprising 7 informal service providers, 8 people who receive services from informal service providers, and 5 people who have undergone training and academic studies on the method. The inclusion criteria for the study were as follows: service users had to have received at least one of the T&CM methods from informal practitioners; informal service practitioners had to have applied at least one method; and specialists (physicians, certified physiotherapists, etc.) had to have received training on the subject or have legal competence. In this context, the experts include two physiotherapists with at least ten years of both academic and field experience, an operator doctor and a physical therapist who use T&CM applications in the field of orthopedics with their patients, and a professor in the faculty of medicine who also provides T&CM training in the field of phytotherapy in institutions affiliated with the Ministry of Health.

Data collection method and collection of data

The researchers employed a semi-structured interview form consisting of eight main topics as a result of a literature review [15–18]. Semi-structured interviews offer researchers a high degree of flexibility, enabling them to address the subject matter of their research in a more effective manner. This approach facilitates the exploration of detailed information and the acquisition of more accessible answers [19].

The semi-structured interview form commenced with an introductory question (What are your views on T&CM?) and was supported with follow-up questions (concerns, differences and reasons for preference, etc.) to reveal sub-themes. In the formulation of the questions, the experiences and thoughts of the individuals in question were given due consideration. Concurrently, a more holistic approach was adopted for the purpose of identifying the determinants. This was achieved by formulating question sentences in alignment with both T&CM methodologies and contemporary medical practices.

In order to ascertain whether the criteria such as clarity, comprehensibility and relevance to the subject matter were met for the questions in the semi-structured interview form, the opinions of experts in the relevant field were consulted. The interview form was then shaped in accordance with the feedback provided by these experts. In this context, the interview form consists of the following questions: What are your thoughts on traditional and complementary medicine? Why is T&CM preferred over hospitalization for the same health problem? What concerns that may arise before using traditional medicine? What are the differences between receiving services from a health institution and using traditional medicine? What are the reasons for preferring traditional medicine practices? What changes could be made to health institutions to encourage people to prefer them over traditional medicine?

In accordance with the aforementioned permission, the research data were subsequently gathered. The participants were duly informed of the nature of the study and provided their consent during the data collection process. The principles set forth in the Declaration of Helsinki were adhered to throughout the study.

The research data were collected between January 25 and March 17, 2024, through face-to-face interviews. In the course of this planning, it was imperative to ensure that the interviews were conducted in a manner that ensured privacy and a tranquil environment. To overcome the obstacles that hinder the open exchange of experiences and ideas, the present endeavor sought to eliminate the influence of third parties.

Prior to commencing the interviews, the participants were informed about the research objectives, and it was stated that the interview would be recorded, and that personal information would be kept confidential. Thereafter, the participants were requested to either sign the voluntary participation form or provide verbal consent. The interviews, conducted with a total of 20 participants, had an average duration of 35 minutes (the shortest interview lasting 25 minutes and the longest 51 minutes). The interviews were terminated when participants became repetitive in their disclo-

asures of thoughts and experiences to the researcher.

Statistical analysis

The research involved the collection of 680 minutes of voice recording data from the participants. Following the transfer of the complete set of recorded interviews to the designated word processing program, a total of 6,989 words of data were obtained. The MAXQDA 18 program was utilized for the analysis of data, with all interview files being classified according to the designated interview groups and subsequently transferred to the program. In this classification, service recipients are coded as SU1, SU2, ..., SUX; service providers/implementers (Informal Practitioners) are coded as IP1, IP2, ..., IPX, and those who have expertise on the subject are coded as E1, E2, ..., EX. The thematic analysis framework was used as the analysis method. In this study, audio-recorded interviews were transcribed and subjected to a thematic content analysis. The analysis sought to distill the principal patterns embedded in the data by organizing the transcripts according to predefined conceptual categories and elucidating the underlying nuances of participants' accounts. Employing MAXQDA 18, the researchers carried out an exploratory, theme-oriented analytic procedure, integrating quotations judiciously to illuminate salient orientations, concepts, and codes. To strengthen internal validity, a multi-coder strategy was implemented: two independent researchers undertook the coding, compared their outcomes, and reconciled discrepancies through deliberation, thereby refining the codes and unifying the emergent overarching themes. This study received ethical approval from the Social and Human Sciences Scientific Research and Publication Ethics Committee of Karamanoğlu Mehmetbey University (Decision No: 01-2024/02; Date: 04 January 2024; Approval code: 170430). All participants were informed about the purpose and procedures of the study, and verbal consent was obtained prior to the interviews.

Findings

Participant descriptive findings

In determining the effective factors in the use of T&CM, 20 people from three different stakeholder groups (service recipients, informal service providers, experts on the subject) were interviewed. These individuals are directly or indirectly affected by these practices and possess knowledge and experience. Of these subjects, eight (SU1, ..., SU8) were T&CM service users, seven (IP1, ..., IP7) were service practitioners, and five (E1, ..., E5) were experts trained in this field. The mean age of the participants was found to be 36, with 75% of them having an income that was twice the minimum wage. Additionally, 62.5% of the

participants were male, and 75% of them had obtained a bachelor's degree or higher.

The following table (Table 1) presents the general opinions of the subjects who received T&CM services within the scope of the study regarding the service they received. It has been demonstrated that individuals utilizing T&CM services employ a minimum of one and a maximum of six distinct methods. The satisfaction levels observed among participants indicated that the majority expressed satisfaction with the method employed and recommended its implementation to relevant individuals within their respective environments. With regard to the utilization of T&CM methods once more, a consensus was achieved among all participants. The most common methods used by the participants were found to be cupping (hijama), chiropractic, and phytotherapy.

Thematic findings

The word cloud obtained from the interview records was utilized in the creation of appropriate themes in the research. Following the evaluation, eight themes and sub-categories were identified.

As illustrated in figure 1, the factors contributing to the utilization of T&CM services from informal providers are categorized as follows: contemporary medicine-based orientations, a positive attitude towards T&CM, a positive attitude towards practitioners, religion-based factors, feelings of helplessness, recollections and experiences, non-serious conditions, and a lack of awareness or education. In the analysis, among the factors that are effective in receiving T&CM services from informal providers, 'contemporary medicine-based orientations' was the theme with the highest level of agreement in terms of both service recipient (33.01%) and practitioner (28.57%) and expert (32.97%) opinions. The theme in which the impact is assessed as the lowest by service recipients is 'lack of awareness or education' (see Table 2).

Contemporary Medicine-Based Orientations: The study found that referrals from modern medicine were effective in getting people to see informal practitioners. In the context of this theme, the following elements were considered: the absence of public relations and information; the ineffectiveness of medical treatment; issues pertaining to the individuals responsible for treatment; ministry policies; problems related to accessibility; problems related to structure and management; and reasons related to drug and chemical opposition. The following table illustrates the relevant codes associated with this theme.

The study revealed that, despite the existence of T&CM implementation centers in Türkiye, stakeholders are not adequately informed about this issue, and efforts to raise awareness are inadequate. It has been asserted that the ineffectiveness of contemporary

Table 1. Service Recipients' opinions on T&CM

Service recipient	SU1	SU2	SU3	SU4	SU5	SU6	SU7	SU8
How many different T&CM methods have you used?	1	4	6	4	4	4	4	3
What is the level of satisfaction with the last service received?	6	10	9	10	2	10	9	5
Have you recommended it to your circle? Yes or No.	Y	Y	Y	Y	N	Y	Y	N
How many people have tried these methods because you suggested them?	0	10	6	6	0	20	5	3
How religious are you?	7	9	9	9	8	10	10	8
Would you consider using T&CM methods again? Yes or No.	Y	Y	Y	Y	Y	Y	Y	Y
When was the last time you used a T&CM method? (month)	1	1	4	1	2	1	1	2
Used T&CM Methods								
Acupuncture	+		+					
Apitherapy							+	
Hirudotherapy			+			+		+
Cupping (hijama)		+	+	+	+	+	+	+
Music Therapy			+					
Phytotherapy		+	+		+	+	+	+
Chiropractic		+	+		+	+	+	
Ozone Therapy				+				
Reflexology							+	

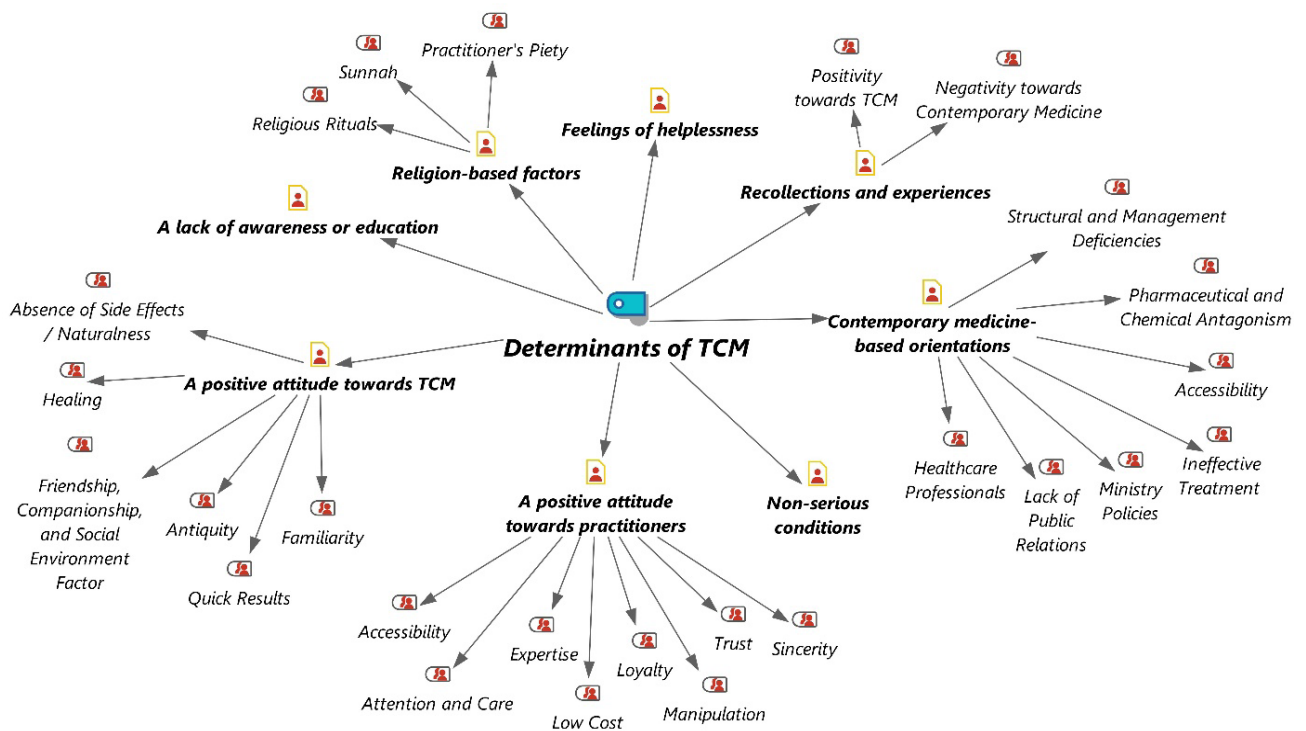


Figure 1. Code Co-occurrence Model for T&CM Preference Factors

Table 2. The distribution of factors affecting participants' preference for informal T&CM practitioners.

Participants	Service recipient		Practitioner		Expert		Total	
	n	%	n	%	n	%	n	%
Determinants of T&CM								
Contemporary Medicine-Based Orientations	34	33.01	30	28.57	28	39.44	92	32.97
A Positive Attitude Towards T&CM	30	29.13	22	20.95	21	29.58	73	26.16
A Positive Attitude Towards Practitioners	14	13.59	25	23.81	10	14.08	49	17.56
Religion-Based Factors	10	9.71	13	12.38	2	2.82	25	8.96
Feelings of Helplessness	4	3.88	5	4.76	4	5.63	13	4.66
Recollections and Experiences	6	5.83	6	5.71	0	0.00	12	4.30
Non-Serious Conditions	3	2.91	2	1.90	3	4.23	8	2.87
A Lack of Awareness or Education	2	1.94	2	1.90	3	4.23	7	2.51
Total	103	100	105	100	71	100	279	100

Table 3. Theme of contemporary medicine-based orientations

Themes	Sub-categories	Informal Practitioners - Service Users - Experts
Contemporary Medicine-Based Orientations	Inadequate public relations and information dissemination	<i>"I'm not sure if this is something doctors do?" (SU4). "If these methods are performed professionally by physicians, hygienically..." (SU7). "If the state starts to offer these procedures properly, I'll still go there even if the practitioners aren't religious." (SU6). "If it were up to the doctor, they'd say it's completely forbidden." (IP5). "The Ministry should raise awareness." (E2).</i>
	Ineffective treatment	<i>"I used to go to hospitals first, but I don't anymore. I was getting better, but then I'd have another relapse. There was something wrong." (SU6). "They come because they've tried everything else. She'd been to the hospital loads of times but couldn't find a cure." (IP4). "The state doesn't evaluate the success of the application, so the patient doesn't benefit. Therefore, the patient ends up wanting to try other options." (E1).</i>
	Provider-related issues	<i>"In hospitals these days, doctors don't really try and understand what's going on in their patients' heads. You say you feel unwell, and they just check the results of the tests they've already done." (SU4). "It's really important that they get more hands-on experience in hospitals and that they learn more." (IP2). "These doctors might have learned something, but how much will they learn in six months?" (E3).</i>
	Accessibility problem	<i>"When it comes to accessibility, there's no need to make an appointment at the hospital. Otherwise, you just call the man, and he says he'll come in the evening." (SU3). "If you go to the hospital for this, it'll cost a lot, or you'll have to wait a month. He might be in pain by the time it's his turn." (IP1). "You might have to wait 3-5 months for a screening. There's a transport problem. It's not something you can solve straight away, especially in big cities." (E2).</i>
	Ministry policy	<i>"The Ministry of Health can't seem to get its head around integrating these practices into the system. It's not fair that health professionals who use traditional methods have been restricted." (E1). "It's important to value different specialties in the health sector. If you make one professional group seem really good and ignore the others, you won't be able to do the job properly." (E2). "There's also a weakness here. Not enforcing the laws is just another part of this." (E5).</i>
	Structural and managerial problems	<i>"Our hospital is like a maze. Everything's location changes all the time, and there's no way to fix it." (SU8). "When people think of hospitals, they often have a certain image in their minds. For example, children get scared when they see a white coat. We also have a bad image when it comes to hospitals, so they don't want to enter." (IP5). "The hospital isn't interested in making the service any better, and there's no way to measure whether or not it's successful." (E1).</i>
Opposition to pharmaceuticals and chemicals	<i>"When you take medicine, it does one thing and harms the other." (SU6). "If I take a pill, it'll do one thing and ruin another. The herbs feel so good." (IP2). "The side effects are pretty high, and the treatment isn't as effective as it used to be. People's trust in the treatment has gone down, and they've started looking at other options." (E3).</i>	

medical treatment, the negative perception of service providers, and issues with accessibility are effective in the orientation towards T&CM methods.

The majority of the experts included in the study indicated that ministry policies were among the underlying factors contributing to the tendency of individuals to seek services from informal practitioners. The situation is explained as follows: the Ministry restricts professional providers who apply the traditional method; it discriminates between professional groups; the education system for this field is flawed; and the supervision mechanism does not work effectively. Furthermore, the analyses demonstrated that the participants evaluated the hospitals from both a psychological and structural standpoint. Consequently, hospitals, which are structurally complex and tiring, are not well-positioned in people's minds psychologically. Medicines and various chemical factors are also part of the service provision in contemporary medicine. Nevertheless, it has been observed that individuals may express a preference for alternative solutions to medication.

A positive attitude towards T&CM was seen as another factor in preferring informal practitioners, after modern medicine-based orientations. The most important factors contributing to this positive attitude are recommendations from friends or colleagues, awareness of the methods used, the history of these methods, the

absence of side effects, and the desire to find healing. The significance of environmental factors in relation to T&CM utilization is a point of consensus among all stakeholders. It is asserted that individuals are influenced by their environment and make recommendations to each other. Moreover, family members or the surrounding environment may have previously introduced these methods to individuals. This situation has given rise to a demand for T&CM utilization. Furthermore, the historical longevity of these methods, dating back numerous years, contributes to their continued utilization.

Another salient factor that has been demonstrated to engender a positive attitude towards the T&CM method is the belief that the methods employed are devoid of adverse effects and are characterized as natural. There is a growing inclination among the general public to seek natural remedies and treatments. Moreover, there is a prevalent belief that these methods pose no inherent risks to individuals. This phenomenon has the potential to influence the preference for T&CM methods. Furthermore, it was asserted that the methods employed are efficacious in alleviating, eradicating, and rectifying complaints, with certain methods even yielding benefits that contemporary medicine is unable to provide.

A positive attitude towards practitioners: Participants

Table 4. Theme of a positive attitude towards T&CM

Themes	Sub-categories	Informal Practitioners - Service Users - Experts
A Positive Attitude Towards T&CM	Recommendation From Social Circle	<i>"I'm not worried about it. People who are adept at this method recommend it to each other."</i> (SU2). <i>"I didn't tell anyone that I was going to try it. The thing just sort of spreads from person to person, and before you know it, everyone's in on it."</i> (IP7). <i>"When the initial treatment didn't work, his friend suggested trying this different option."</i> (E5).
	Presence of Awareness	<i>"My grandparents used to do it."</i> (SU8). <i>"If he grew up hearing phrase like you have a cold, a spirit's cup, oil, spicy soup people who believe in those methods tend to prefer them."</i> (IP1). <i>"It's definitely a sociocultural aspect."</i> (E2). <i>"Social factors can significantly effect this."</i> (E5).
	Established Historical Background	<i>"Back in the day, medicine wasn't as advanced as it is today, so people turned to herbal treatments and other natural remedies for their health concerns."</i> (SU2). <i>"People did this before modern medicine existed."</i> (IP7). <i>"Traditional and complementary medicine boasts a history stretching back five thousand years. It represents a type of medicine that our Islamic scholars developed from the 700s to the 1500s."</i> (E3).
	Absence of Side Effects	<i>"Alternative medicine has no side effects; it doesn't cause any long-term damage."</i> (SU8). <i>"So far, my clients haven't had any side effects or problems."</i> (IP6). <i>"Traditional and non-invasive methods can be used. They're more convenient and cheaper. They're also harmless and won't cause any discomfort for the patient."</i> (E2).
	Desire to Find Healing	<i>"If I have a problem, he can sort it straight away, so I don't have to go to the hospital."</i> (SU5). <i>"You just feel like your body is renewed with these methods – it feels good."</i> (SU8). <i>"They sent two men to me. I looked at the patient's waist and straightened it, and one of them came over and I healed him too."</i> (IP3). <i>"Sometimes, these alternative treatments can help people with things that can't be cured or diagnosed by conventional medicine."</i> (E4).

generally concurred on the effectiveness of the sincerity, accessibility, sense of trust in society regarding the work practitioners do, and the interest and care they show to their clients in T&CM services received from informal practitioners. Practitioners assigned the second highest rating to the positive attitude of the practitioner when assessing T&CM services received from informal practitioners. This theme was also identified as the third most effective factor by service recipients and experts. Within the scope of the research, there is a percep-

tion that doctors are generally starchy; whereas informal practitioners are more sincere and interested. The availability of practitioners who offer flexible appointment times and on-site services for individuals interested in utilizing T&CM methods contributes to the attractiveness of T&CM in terms of accessibility. Another positive factor for the practitioner is the concept of expertise. In this text, expertise is defined as the knowledge and practices transferred from individuals who are considered competent, such as through master-apprentice relationships and the learning pro-

Table 5. Theme of a positive attitude towards practitioners

Themes	Sub-categories	Informal Practitioners - Service Users - Experts
A Positive Attitude Towards Practitioners	Sincerity and attentiveness	<i>"I think they're more interested in me, and I like attention. It's good for me to trust him and for him to take care of me."</i> (SU8). <i>"People tend to be a bit shy around doctors. Because we're just regular folks, we can build a close rapport with most of our clients. But when we're at the hospital, things are a bit more formal, and quite official in fact."</i> (IP5).
	Accessibility	<i>"People can get in touch with them whenever they like."</i> (SU1). <i>"We're better when it comes to accessibility. You can get an appointment from the hospital one and a half to two months later."</i> (IP2). <i>"Obviously, easy accessibility is the most basic element."</i> (E5).
	Trust in competencies	<i>"The person I went to received this training from his grandfather, and it made me feel more confident."</i> (SU6). <i>"I don't go looking at the screening results or anything like that. I've got a talent for it. If you blindfold me, I'll still be able to tell you what's going on with my fingers."</i> (IP3). <i>"I've read 2500 books. I've read everything from textbooks for the pharmacy faculty to books about plants. I know all about fractures and dislocations, and phytotherapy too. My granddad taught me how to fix fractures and dislocations. I worked with him for forty years."</i> (IP7). <i>"I've seen some guys who really know their stuff when it comes to dislocation treatment. If you take it to the best orthopedic surgeon, he might say that I didn't take an X-ray, so I can't do anything about it. But if you take it to the right person, he can put the joint back in place straight away."</i> (E2).

Table 6. Other themes without subcategories

Themes	Informal Practitioners - Service Users - Experts
Religion-Based Factors	<i>"Our prophet says that cupping and leeching are the best forms of treatment."</i> (SU6). <i>"When it comes to practitioners, I make sure they're religious."</i> (SU3). <i>"How did the Prophet do it? For example, I pay attention to fire, sitting, towards the qibla, odd number, intention, point."</i> (IP1). <i>"Fasting is actually really good for you, and since cupping is a sunnah, people come hoping that there is a benefit."</i> (IP5). <i>"I do this job for the sake of Allah, not for money."</i> (IP7).
Recollections and Experiences	A few participant views on this issue are as follows: <i>"I think that maybe 10 percent of people didn't experience the benefits of alternative treatment. I know people who have found great relief from treatments like cupping."</i> (SU2). <i>"For example, one woman had bruising and sores on her legs. She went to Ankara to see a doctor, but nothing helped. Then she came to see me. We did the treatment part. I don't follow every patient, but I asked about her condition, and she told me that she improved in one session. She said it was good."</i> (IP4).
Feelings of Helplessness	The following opinions illustrate this situation: <i>"When modern medicine can't help, people tend to turn to this kind of therapy more often. I was exactly the same."</i> (SU4). <i>"People usually start off by going to the doctor, looking for a cure. When they can't find anything from modern medicine, they'll say, 'Let me try traditional medicine.'" (IP6).</i>
Non-Serious Conditions A Lack of Awareness or Education	<i>"People who don't think their problems are serious are the ones searching for such things. Because even if we don't feel the pain, the person is in pain."</i> (E4). <i>"There's not much to stop people from using it, but those who are more aware and do a bit more research are careful."</i> (E1). <i>"In places where society and culture are lagging behind, you'll probably see more of this kind of behavior."</i> (E2).

cesses of folk healers. It is evident that this dynamic places practitioners at the center of the discussion. In summary, perceiving the practitioner as a specialist creates a beneficial scenario.

In the course of the research, it was observed that religion constituted a significant factor in the preferences of informal T&CM practitioners. A further intriguing facet of this issue is that experts have never addressed it and are not aware of it. Nevertheless, for both users and practitioners, this is considered to be of fourth importance only, after other factors. It is believed that factors such as the religiosity of the practitioners, their compliance with the behavior of the prophet, and the performance of religious rituals, are particularly effective in shaping their preferences. The ensuing participant commentary on the aforementioned situation is as follows:

Feelings of helplessness, recollections, and experiences, non-serious conditions, and a lack of awareness or education were also found to be determinants; however, their effect was found to be lower than that of the other determinants. In the course of the interviews conducted with stakeholders, it was noted that there were certain recollections and experiences related to both T&CM and contemporary medicine. While this information, when retained by individuals, typically contains positive elements for T&CM, this is not the case for contemporary medicine. It has been posited that the level of education and awareness is also effective in the demand for T&CM methods. It is a commonly held view that individuals lacking formal education are more likely to prefer T&CM; while those who are more educated are more likely to favor contemporary medicine. Additionally, participants asserted that informal T&CM practices are used as a last resort. People generally seek treatment from modern medicine first, but if they do not receive a positive response, they often turn to alternative methods. Conversely, less serious situations may also be a reason for preference.

Discussion

The extant literature was analyzed in terms of demographic data. In the study conducted by Şimşek et al. (2017), it was established that the utilization of T&CM was more prevalent among women aged 35 and over. Another study revealed that the utilization of T&CM was elevated among individuals aged 60-69 years, those with a higher educational attainment, and women [20]. It has been documented in a number of studies that females are more inclined to utilize T&CM in comparison to males [3,21,22]. It has been demonstrated that the utilization of T&CM does not exhibit a substantial discrepancy in relation to age [21,23]. It is important to note that, due to the nature of the present research, a comparison cannot be made in terms of

existing variables. However, in light of the findings obtained, it can be hypothesized that the emergence of age as a determining factor is attributable to the fact that individuals accumulate more experiences and recollections as they advance in age. The absence of a statistically significant relationship between age and the outcome variable can be attributed to the fact that the only variable in this context is not demographic. Psychological, sociological, and cultural factors have the capacity to induce behavioral alterations in individuals across the lifespan. Regarding gender, the present circumstances may be addressed on the basis that women exhibit a greater propensity than men to prioritize their health. Taken together, these demographic trends indicate that the use of T&CM in Türkiye is shaped not merely by demographic attributes, but by the intricate interplay of experiential, cultural, and socioeconomic factors. Strengthening the integration of validated T&CM practices into clinical settings—supported by clear guidelines, practitioner training, and patient education—may mitigate reliance on unregulated or potentially unsafe alternative approaches. Accordingly, health policymakers might contemplate structured pathways for safe integrative care, informed by the demographic patterns and behavioral tendencies observed in this study.

In the literature, there is a positive correlation between individuals who have received a high school education or higher, and who earn more money than they spend, and T&CM utilization [24]. This finding is corroborated by existing academic literature [6,25]. The research yielded results that were consistent with the literature. In the context of Türkiye, higher levels of education and financial security may enhance individuals' capacity to navigate a range of therapeutic options, potentially exacerbating disparities in access to safe and evidence-based T&CM services. In line with the cited literature, this underscores the necessity of health policies that promote equitable access to integrative care and ensure the regulated and informed incorporation of T&CM practices into clinical pathways.

Eardley et al. (2012) reported that the most common reason for individuals to utilize T&CM was dissatisfaction with modern medicine. [3]. Agrawal et al. (2023) list the reasons for T&CM preference as low side effects, efficacy, popularity, ease of access and cultural reasons [21]. The existence of long waiting times, a lack of consideration for reported symptoms, treatment efficacy, minimal awareness of T&CM departments in hospitals, and the presence of side effects, are further reasons for this [26–28]. The results obtained in the present study, such as a lack of communication, structural problems, and the ineffectiveness of treatment, are consistent with the extant literature. T&CM methods are perceived by patients as a

secondary option due to the challenges they encounter within the context of contemporary medicine. This situation highlights the necessity of considering the patient perspective and expectations in the provision of conventional medical services. In the absence of such an approach, patients may be compelled to seek treatment through alternative methods that are not part of the formal healthcare system.

Within the context of a favorable attitude towards T&CM methods, Souček & Hofreiter (2022) posit that the primary rationale for the utilization of T&CM is the minimal occurrence of adverse effects, with the secondary rationale being the existence of favorable experiences. Despite the recognition that individuals utilize a diverse array of platforms in their health information-seeking behavior, the findings of Souček and Hofreiter (2022) revealed that the most prevalent source of information regarding T&CM methods was family, relatives, and friends [6,29]. The literature also contains findings that demonstrate the efficacy of T&CM methods, as well as the positive perceptions of these methods among patients and the recommendation of T&CM by the environment [22,24,30,31]. The results obtained in our study for the determinants of positive attitude towards T&CM and recollections and experiences are consistent with the extant literature. The recommendations of acquaintances, the prevalent perception of adverse effects, and the existence of favorable past experiences have been identified as factors that facilitate the adoption of T&CM methods. The propensity for adherence to recommendations is likely to be realized as a consequence of trust in family and friends. Moreover, the prevailing assumption of the absence of adverse effects and the cultivation of positive recollections can prove efficacious in fostering a sense of trust.

The results of a systematic review of the utilization of traditional medicine in Mexico underscored the pivotal role of healers as a driving force in the utilization of such services. It has been asserted that the subjects of the research were drawn from a cohort of traditional healers who have gained a reputation for their expertise within the community. It is suggested that the provision of care services in a non-medical context and the promotion of autonomy in care may be effectively impact the emergence of this situation [28]. The positive attitude towards the practitioner obtained during the research is consistent with the literature. It is imperative that practitioners are held in high esteem within their respective societies and that they can cater to the unique requirements of individuals. For this reason, it is hypothesized that the utilization of the methods offered by these practitioners is increased.

A report indicated that 85.4% of Iranian patients diagnosed with thyroid disease had utilized T&CM within the previous 12 months, with prayer being the most

prevalent method employed [32]. Molemans et al. (2023) also stated that religious beliefs are amongst the contextual factors that influence the utilization of T&CM, and that individuals often seek the guidance of oracles and religious healers [33]. In light of the data obtained, the present study accepts religion-based factors as determinative, a conclusion that is consistent with the extant literature. It is an irrefutable fact that religion exerts a profound influence on a wide range of human activities, behaviors and perspectives. It is notable that adherents of religion are more inclined to engage in practices that are categorized as the Sunnah of the Prophet. This is a factor that triggers the utilization of T&CM methods.

The present study identifies feelings of helplessness as another determining factor. In this context, the utilization of unproven methods on Norwegian cancer patients was investigated. The findings demonstrated that 126 out of 630 patients engaged in the utilization of unproven medical practices. Nevertheless, the primary conclusion is that individuals utilizing these methods possess a diminished expectation of a cure compared to those who do not employ them [30]. In the context of Türkiye, these findings highlight the necessity of robust psychosocial support mechanisms within the healthcare system to diminish patients' vulnerability to unregulated practices and to fortify the integration of evidence-based T&CM modalities into established clinical care pathways.

The findings of the study conducted by Jeitler et al. in 2024, which involved 4065 participants, indicated that musculoskeletal pain was the predominant rationale for T&CM utilization [34]. When Hentschel et al. (1996) analyzed this situation, they stated that the general health status of people using complementary medicine was better. Furthermore, within the scope of the same study, patients reported a preference for contemporary health services when suffering from more serious conditions [35]. The results of the present study are consistent with those reported in the extant literature. In cases of a non-serious nature, the utilization of T&CM methods is unlikely to elicit reservations in individuals. However, it is acknowledged that the utilization of T&CM methods is less likely in patients with more severe illnesses, as this would entail an elevated risk to the treatment regimen.

As demonstrated in the extant literature on the determinants of awareness and education, healthcare professionals appear to apply T&CM methods less frequently than other professionals (e.g., lawyers and engineers) [21]. This tendency may reflect the biomedical orientation and risk-averse disposition embedded within medical training, which often limits practitioners' familiarity with or confidence in integrative approaches. In the context of Türkiye, it underscores the need to develop curricula and continuous profes-

sional development programs that equip healthcare providers with evidence-based knowledge on T&CM practices. Such initiatives would foster safer clinical integration and more informed patient guidance. Our findings, supported by the existing literature, also align with established patterns of healthcare utilization. Andersen's Behavioral Model posits that the use of health services is shaped by predisposing characteristics, enabling resources, and perceived needs [36,37]. The themes identified align closely with these components. Findings such as trust in T&CM practitioners, favorable attitudes toward T&CM, and the influence of religious factors correspond to predisposing elements. Similarly, factors such as greater accessibility and limited education fall within the enabling dimension that facilitates T&CM utilization. Finally, emotional responses such as feelings of helplessness reflect the needs component. Moreover, our findings are consistent with other theories and models of health behavior. For instance, within the push-pull model, dissatisfaction with biomedical treatments is understood to push patients away, while T&CM, aligning more closely with patients' values and beliefs, exerts a pull that draws them toward these practices [38]. This illustrates that the decision to seek healthcare arises from a balance between perceived benefits and barriers, thereby reinforcing the alignment of the findings with established models of health service behavior.

Limitations

The present study is subject to certain restrictions in terms of its capacity to reflect the views of a single region in Türkiye. However, it is thought that the determinants revealed from the data obtained can be extended to cover the whole country. In addressing this issue, presenting studies on determinants in different geographical regions has the potential to yield two main benefits. Firstly, it can provide greater diversity of data; secondly, it can encourage the exploration of different perspectives. Furthermore, although heterogeneity has been identified as a recurrent concern [39], it was deemed inappropriate to impose restrictions on the methods employed, given the research objective.

Conclusion

As a result of the interviews, several determinants for T&CM preference were identified. These factors include contemporary medicine-based orientations, a positive attitude towards T&CM, a positive attitude towards practitioners, religion-based factors, feelings of helplessness, recollections, and experiences, non-serious conditions, and a lack of awareness or education. It is hypothesized that these determinants contain elements capable of exerting a positive influence on individual and patient behavior. Therefore, they are considered significant. The development of contem-

porary medicine, coupled with the integration of traditional and complementary methods within modern medicine, as evidenced by the Turkish context, signifies the potential for significant advancements in the coming years regarding the research topic.

In conclusion, it is imperative that health professionals responsible for the treatment and care of patients, in addition to policymakers in this field, be cognizant of the determinants of T&CM. Consequently, patients will receive more reliable and controlled treatment within the scope of modern medicine, ensuring they are preserved within health care systems.

Conflict of Interests

None.

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None.

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