

Cultivating Self-Care: Health Television and the Internalization of Individual Responsibility for Health in Contemporary China

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Encouraging personal responsibility for health is central to China's policy response to rapid population aging, with mass media mobilized to support this goal. Drawing on cultivation theory, this study surveys 500 Chinese adults to examine how health television cultivates beliefs in personal responsibility for health and traditional Chinese medicine (TCM) self-care. TV viewing was positively associated with favorable TCM attitudes, perceived benefits of self-care, endorsement of cultural-moral values, and belief in personal health responsibility, with these links mediated by perceived source credibility. Belief in personal responsibility, positive TCM attitudes, and dissatisfaction with the health care system significantly predicted intentions to engage in TCM-based self-care. Findings highlight TV's role in aligning health orientations with state priorities and cultural traditions.

Keywords: cultivation, Chinese television, self-care, traditional Chinese medicine (TCM)

China's population is aging faster than that of almost any other country in modern history. According to the State Council of the People's Republic of China (2025), more than 21% of the population in China is 60 or older, and this proportion is projected to exceed 30% by 2035. This demographic shift, coupled with the growing burden of chronic diseases, presents urgent challenges for public health in China.

In response, the Chinese government launched the Healthy China 2030 initiative, calling for a nationwide transition from treatment-based care to prevention-oriented health management. A core component of this plan is strengthening individual responsibility for health, and broadcast media are actively mobilized to support this goal. The "*Healthy China 2030*" *Planning Outline* (State Council of the People's Republic of China, 2016) highlights the need to "strengthen personal responsibility for health,

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improve public health literacy, and guide the formation of autonomous and self-disciplined healthy lifestyles suited to individual circumstances” (p. 5) and calls on radio and television to “increase the dissemination of health science knowledge, actively develop and standardize health programs” (p. 8).

In this context, health television programs have become a popular genre in China. Many of these programs are grounded in traditional Chinese medicine (TCM), promoting self-care routines designed to maintain health, prevent illness, and extend life. Critical scholarship suggests that by disseminating health knowledge and offering TCM-based guidance, Chinese television encourages viewers to internalize norms of personal responsibility for managing their own health (Sun & Lei, 2018). Despite such observations, few empirical studies have tested the direct relationship between sustained television exposure and beliefs in personal health responsibility.

Cultivation theory (Gerbner & Gross, 1976) provides a useful lens for this question. While sometimes viewed as a “classic” theory of the broadcast era, recent evidence confirms its continuing relevance in today’s fragmented media environment. Large-scale meta-analyses show that cultivation effects have remained consistent over five decades of research (Hermann et al., 2021) and extend beyond traditional television to social media and streaming platforms (Hermann et al., 2023). Core mechanisms like mainstreaming still operate, with television retaining its cultural centrality in shaping shared attitudes (Morgan et al., 2025). In China, cultivation is particularly relevant because television remains one of the most accessible and trusted media sources, especially among older adults, as 96.5% of them watch television daily (Jiao & Chang, 2020).

Using a cross-sectional online survey of 500 Chinese adults, this study examines whether regular exposure to health television is associated with beliefs in personal responsibility for health and corresponding self-care practices. The findings show that health television cultivates personal health responsibility as a normative belief, which in turn shapes culturally embedded self-care practices. This study introduces personal responsibility for health—a normative belief central to public health policy yet rarely examined in cultivation research—as a key outcome of sustained media exposure, expanding the scope of cultivation outcomes. Moreover, this study situates cultivation in a policy-driven health communication context, revealing its strategic use in aligning public beliefs and behaviors with policy priorities. In doing so, it offers a distinctive perspective on how a classic media effects framework can be purposefully integrated into state governance.

Health Television in China

The rise of health television in China is closely linked to public dissatisfaction with the health care system. Despite reforms since the 1990s, access to quality care remains uneven, and financial burdens persist, particularly for low-income and rural populations (Chen & Qian, 2019; Meng et al., 2019; Zhang & Navarro, 2014). Inequalities in preventive service use have also widened because of disparities in income, insurance coverage, and medical resources (Xu et al., 2019). In this context, television has become a highly accessible and influential source of health-related information.

Recognizing its influence, the Chinese state has incorporated health television into broader public health promotion strategies. The “*Healthy China 2030*” *Planning Outline* (State Council of the People’s Republic of China, 2016) calls for expanding health programming as part of a broader effort to improve public health literacy. Meanwhile, the State Administration of Radio, Film, and Television has strengthened oversight, positioning health television as a platform that both disseminates medical knowledge and aligns with state public health goals (Xinhua News Agency, 2016). Through such direct state interventions, health television has become a platform for deliberate, top-down health literacy education. By 2018, there were 349 health-related television programs nationwide, making health television one of the most popular genres in China (Zhang, 2019). These programs typically blend expert commentary with illustrative cases to offer guidance on health management, often using light entertainment elements to enhance audience engagement (Lewis et al., 2012; Yang & Jansz, 2021). A distinctive feature of Chinese health television is its emphasis on TCM, particularly the concept of *yangsheng* (“life-nurturing”), which promotes everyday self-care practices aimed at maintaining health and preventing illness (Keane, 2016).

TCM Self-Care

TCM is a holistic medical system grounded in a longstanding Chinese philosophical tradition that emphasizes balance within the body and harmony between humans and nature. From this perspective, illness is understood as a disruption of bodily balance, often associated with inadequate adaptation to environmental or emotional conditions (Keji & Hao, 2003). A core concept of TCM is *yangsheng*, which emphasizes everyday self-care practices such as diet, physical activity, and emotional regulation as forms of preventive medicine aimed at supporting the body’s self-healing capacity and restoring balance (Jia, 2005).

Chinese health television frequently foregrounds *yangsheng*, framing TCM-based self-care as both a practical health strategy and a moral responsibility. Prior research suggests that by promoting *yangsheng*, health television encourages individuals to internalize responsibility for maintaining their own health (Sun, 2015). At the same time, these programs embed broader cultural meanings into TCM practices, portraying self-care as aligned with familial obligation, moral self-discipline, and national heritage (Zhu, 2022). In this way, television health discourse positions TCM self-care as not only a personal choice but also a culturally valued form of responsibility.

Cultivation

Cultivation theory examines how television shapes viewers’ perceptions of social reality through sustained and routine exposure to mediated content. The theory posits that heavy television viewers are more likely to perceive the real world in ways that reflect recurrent patterns and meanings emphasized on television. Cultivation effects are not limited to perceptions of how frequently events occur in the real world, a process commonly described as first-order cultivation; they also extend to viewers’ broader assumptions, value judgments, and normative orientations toward social reality, referred to as second-order cultivation (Gerbner et al., 1986). A meta-analysis of over two decades of research demonstrates that although second-order cultivation effects tend to be modest in magnitude, television exposure consistently contributes to shaping viewers’ beliefs and perspectives over time (Shanahan & Morgan,

1999). The present study focuses on second-order cultivation by exploring how habitual exposure to health television is associated with viewers' broader beliefs about personal responsibility, self-care, and cultural legitimacy of TCM.

Cultivation research has increasingly emphasized genre-specific effects, highlighting how exposure to particular television genres shapes domain-specific beliefs rather than treating television as a homogeneous medium, an approach that is especially relevant in today's fragmented media environment (Niederdeppe et al., 2010). Empirical studies have documented genre-specific cultivation effects across a wide range of contexts, including beliefs about marriage (Segrin & Nabi, 2002), cancer fatalism (Chung, 2014), body satisfaction (Kubic & Chory, 2007), and concerns about violent crime and climate change (Andersen et al., 2024). Although much of cultivation research has focused on fictional or narrative content, its core logic of repeated and routine exposure also applies to persuasive media when such content consistently frames social issues and normative expectations. For example, prior studies have demonstrated that sustained exposure to persuasive television content, such as advertising and political campaign messages, produces second-order cultivation outcomes including crime worry, materialism, and perceived social affluence (Chan & Cai, 2009; Kwak et al., 2002; Liu et al., 2023). Although the intended function of Chinese health television may be primarily educational or persuasive, the present study is interested in how it shapes perceptions not just through short-term information transmission but also through the repeated normalization of health-related values and responsibility frameworks.

Like many macrolevel media effect theories, cultivation is often criticized for relying on correlational data, which limits causal inference. Some argue the relationship between media exposure and social beliefs does not necessarily suggest the perceptions are the results of TV viewing, but a mere reflection of popular beliefs of the society. In response, Gerbner et al. (1986) emphasized that cultivation is a dynamic and ongoing process: Television messages are shaped by institutional goals and simultaneously reinforce existing public values and ideologies. Viewers may gravitate toward content that aligns with their beliefs, while television strengthens and stabilizes those beliefs over time. Rather than asking which came first, belief or viewing, Gerbner urged scholars to focus on the culture within which cultivation occurs and on television's role in maintaining and amplifying the cultural mainstream.

This broader cultural perspective informs the focus of the current study. In contemporary China, TCM has been increasingly framed as a marker of cultural heritage and national identity (Zhu, 2022), aligning with state-led nationalism that strategically revives and reinterprets tradition as a source of social cohesion and state legitimacy (Hao & Cherng, 2020). At the same time, the emphasis on self-discipline and self-care within TCM discourse reflects broader social and economic transformations, in which responsibility for health-related decisions and practices has increasingly shifted toward individuals alongside processes of marketization and partial privatization (Zhang & Ong, 2015). Health television frequently emphasizes traditional medicine and self-care in ways that resonate with these institutional goals and cultural norms. From a cultivation perspective, the repeated pattern may contribute to second-order cultivation effects by reinforcing viewers' normative beliefs about individual responsibility for health and the cultural legitimacy of TCM in contemporary Chinese society. Therefore, the present study proposes the following hypotheses:

H1: Heavier viewing of health-related television programs will be positively associated with (a) more favorable attitudes toward TCM, (b) greater perceived benefits of TCM self-care, (c) stronger endorsement of the cultural and moral values embedded in such practices, and (d) a firmer belief in individual responsibility for health.

In addition, this study explores the following research question:

RQ: Which factors—including media exposure, attitudinal beliefs, and demographic characteristics—best predict Chinese viewers' behavioral intentions to engage in TCM self-care practices?

Perceived Credibility

Cultivation effects depend not only on exposure but also on how real or credible viewers perceive the televised content to be. Studies have shown that higher perceived realism strengthens cultivation outcomes. For instance, perceived realism and reliability predicted fear of crime more strongly than exposure alone among crime drama viewers (O'keefe, 1984; Potter, 1988). Additionally, Chory-Assad and Tamborini (2003) reported that trust in television news magazines was associated with perceptions of physicians as highly competent. The underlying psychological mechanism is that awareness of the source of information may lead individuals to evaluate the reliability of that information, influencing their judgments (Shrum et al., 1998). Perceived credibility thus functions as a psychological filter that determines whether televised portrayals are integrated into viewers' perceptions of social reality.

Including perceived credibility is essential in the present study because Chinese health television has faced credibility concerns. In the early 2010s, several networks were criticized for promoting unverified health products and featuring fraudulent experts (Sun, 2015), prompting state authorities to tighten program regulations. Health programs were then required to be officially registered and to feature experts with relevant qualifications issued by health authorities (Xinhua News Agency, 2016). Skepticism also surrounds TCM itself, with some modern medical professionals questioning its scientific validity, safety, and effectiveness (Andrews, 2014). Although stricter oversight is now in place, past scandals and ongoing debates may continue to influence audience trust. For these reasons, this study treats viewers' perceived credibility of health television programs as an important variable and examines its mediating role in cultivating health beliefs.

H2: Perceived source credibility will mediate the relationship between health TV viewing and (a) more favorable attitudes toward TCM, (b) greater perceived benefits of TCM self-care, (c) stronger endorsement of the cultural and moral values embedded in such practices, and (d) a firmer belief in individual responsibility for health.

Method

Participant Recruitment

The study received approval from the Institutional Review Board at the researchers' institution. A cross-sectional online survey was conducted among Chinese adults who had watched health television programs in the past six months. A priori power analysis using G*Power ($\alpha = .05$, power = .95, $df = 11$) suggested a minimum sample size of 436. Participants were recruited via wjx.cn, a major crowdsourcing platform in China, using a paid sampling service targeting 500 valid responses. The survey was hosted on Qualtrics, and wjx.cn distributed the link to its national user pool. The survey was administered in simplified Chinese. Scale items originally developed in English were translated to Chinese by a bilingual researcher and then reviewed for accuracy and cultural appropriateness by additional bilingual colleagues. Minor revisions were made to ensure conceptual clarity and ease of understanding for the target population.

Eligibility was screened at the start of the survey: Participants had to be Chinese citizens ages 18 years or older and have watched health TV programs in the last six months. After reading an exempt information sheet outlining the study purpose, procedures, and potential risks, participants provided informed consent before proceeding. Participants were also informed their responses would remain anonymous and be used solely for research purposes. The survey took approximately 10 minutes to complete. Respondents received ¥10.00 (\approx \$1.39) as compensation. Of the 925 individuals who participated in the questionnaire during the two weeks the online survey was open, 500 valid responses were retained after excluding incomplete submissions and those failing attention checks.

Key Measures

Unless otherwise noted, responses to measurement items were indicated on 1–7 Likert scales with "strongly disagree" (1) and "strongly agree" (7) as endpoints. Responses were averaged to create composite indices for each variable (see Appendix).

TV Viewing

Television viewing was measured with a single item asking participants, "In a typical week, how many episodes of health television programs do you watch?" Response options ranged from "less than one episode" to "seven or more episodes," on a 5-point scale.

Source Credibility

Perceived source credibility of health television programs was assessed using five 7-point semantic differential items adapted from the source credibility scale (McCroskey, 1966). Respondents rated whether they perceived the programs as reliable, qualified, valuable, professional, and honest. Higher scores indicated greater perceived credibility ($M = 5.63$, $SD = 1.06$, Cronbach's $\alpha = .90$).

Attitudes Toward TCM

Attitudes toward traditional medicine were measured using seven items adapted from prior research on public perceptions of traditional medicine in Hong Kong (Chan & Tsang, 2018; Chan et al., 2003; Chan et al., 2016). Example items included "TCM formulas and treatments are safe," "TCM is effective in treating chronic diseases," and so forth. Higher scores reflected more favorable attitudes toward TCM ($M = 5.56$, $SD = 1.01$, Cronbach's $\alpha = .91$).

TCM Self-Care Benefits

A five-item scale was developed to assess participants' perceived benefits of engaging in TCM self-care practices. Items reflected beliefs such as "practicing TCM self-care will maintain good health," "TCM self-care practices can treat minor illness at home," and "longevity will be achieved with active TCM self-care." Items were informed by thematic patterns identified in a prior qualitative review of health television content. The final scale demonstrated good reliability ($M = 5.29$, $SD = .99$, Cronbach's $\alpha = .82$).

Cultural-Moral Endorsement

Cultural and moral values related to TCM self-care were measured using four items that captured beliefs such as "TCM self-care is a cultural legacy that should be inherited" and "maintaining TCM self-care is a sign of self-discipline." Items were developed based on qualitative findings from Zhu (2022). The scale showed high internal consistency ($M = 5.57$, $SD = .86$, Cronbach's $\alpha = .88$), with higher scores indicating stronger endorsement of cultural values related to traditional medicine self-care.

Individual Responsibility for Health

Belief in individual responsibility for health was measured using four items adapted from prior instruments developed by Dutta-Bergman (2004) and Hong (2009), focusing on health consciousness. Sample items included "one should take responsibility for the state of one's health" and "good health takes active participation of an individual." Higher scores indicated stronger personal endorsement of individual health responsibility ($M = 5.94$, $SD = .88$, Cronbach's $\alpha = .90$).

Behavioral Intention

Behavioral intention to engage in TCM self-care practices was measured using three items adapted from Ajzen's (2006) theory of planned behavior framework. Items assessed participants' intention to adopt TCM self-care behaviors in the upcoming six months. Higher scores indicated stronger behavioral intention ($M = 5.19$, $SD = 1.05$, Cronbach's $\alpha = .95$).

Satisfaction With Health Care System

Participants rated their satisfaction with various aspects of the health care system, including accessibility, service quality, treatment effectiveness, medical expenses, and insurance coverage. Items were adapted and modified from Footman et al. (2013), who examined public satisfaction with health system performance in the former Soviet Union. Each item was rated on a 7-point Likert scale ranging from 1 (not at all satisfied) to 7 (very satisfied). The scale showed good internal consistency ($M = 4.75$, $SD = 1.21$, Cronbach's $\alpha = .83$).

Demographics

In addition to the key measures above, participants were asked to report their age, gender, education, and income. Respondents were also asked to rate their health status from 1 (poor) to 5 (excellent).

Data Analysis

Survey data were analyzed using the Statistical Package for the Social Sciences (SPSS). Linear regression analyses were conducted to examine associations between television viewing and participants' health-related attitudes and beliefs. Mediation analysis was performed using PROCESS macro for SPSS by Hayes (2022) to test the mediating effect of source credibility. A hierarchical multiple regression analysis was performed to test the factors explaining the behavioral intention of performing TCM self-care.

Results

Descriptive Results

Among the 500 respondents, 59.8% were female ($n = 295$). The average age of respondents was 37.77 years (ranging from 20 to 66 years). Approximately 73.8% of the sample had obtained or were currently seeking a bachelor's degree or higher. For over half of the participants (52%, $n = 260$), the monthly income was above ¥8,000 (approximately \$1,262), slightly higher than the national urban average. More than 70% of participants rated their health status as "excellent" or "very good" (see Table 1).

Table 1. Demographic Characteristics of Participants (N = 500).

Age	
	$M = 37.77$
	$SD = 9.06$
Gender	
Male	$n = 205$ (41%)
Female	$n = 295$ (59%)
Education	
Less than high school	$n = 7$ (1.4%)

High school or technical secondary school	<i>n</i> = 34 (6.8%)
Professional training college (including currently enrolled)	<i>n</i> = 90 (18%)
Bachelor (including currently enrolled)	<i>n</i> = 341 (68.2%)
Master and above (including currently enrolled)	<i>n</i> = 28 (5.6%)
<hr/>	
Monthly income (RMB)	
0–2,000	<i>n</i> = 7 (1.4%)
2,001–4,000	<i>n</i> = 30 (6%)
4,001–6,000	<i>n</i> = 92 (18.4%)
6,001–8,000	<i>n</i> = 111 (22.2%)
8,001–10,000	<i>n</i> = 116 (23.2%)
10,000–12,000	<i>n</i> = 89 (17.8%)
> 12,000	<i>n</i> = 55 (11%)
<hr/>	
Self-rated health status	
Excellent	<i>n</i> = 63 (12.6%)
Very good	<i>n</i> = 300 (60%)
Good	<i>n</i> = 125 (25%)
Fair	<i>n</i> = 10 (2%)
Poor	<i>n</i> = 2 (0.4%)

Survey responses revealed variation in participants' health television viewing habits. Nearly half (47.2%) watched 1–3 episodes per week, while about one-third watched 3–7 episodes, and a smaller proportion watched less than one or more than seven episodes per week. On average, viewers rated health TV programs as credible ($M = 5.63$, $SD = 1.06$), with particularly high scores for "valuable" ($M = 5.82$, $SD = 1.16$) and "honest" ($M = 5.70$, $SD = 1.03$), suggesting these programs are generally trusted as reliable sources of information.

Participants expressed overall positive attitudes toward TCM ($M = 5.56$, $SD = 1.01$), especially agreeing that "TCM can cure diseases and promote health" ($M = 6.02$, $SD = 0.86$). However, some skepticism remained, as seen in lower agreement with "TCM has little side effects" ($M = 4.53$, $SD = 1.36$). Perceived benefits of TCM self-care were also rated positively ($M = 5.29$, $SD = 0.99$), particularly for statements about maintaining health and preventing disease.

Respondents strongly endorsed cultural and moral values tied to TCM self-care ($M = 5.57$, $SD = 0.86$), especially on the item about seeing it as a cultural legacy that should be inherited ($M = 5.78$, $SD = 0.92$). There was also strong support for individual responsibility for health ($M = 5.94$, $SD = 0.88$), with high agreement on statements emphasizing personal effort in maintaining health.

Regarding behavioral intentions, respondents reported more than moderate motivation to engage in TCM self-care ($M = 5.19$, $SD = 1.05$), with the highest endorsement for trying to perform it regularly in the next six months ($M = 5.33$, $SD = 0.97$).

		2	*		2	*		2		2		
Sex	.11	.4	2.42*	.05	.3	1.11	.00	.3	.03	.01	.2	.12
		3			5			0			8	
Educatio	.07	.3	1.31	.02	.2	.43	.02	.2	.44	.05	.2	.92
n		2			6			3			1	
Income	-.0	.1	-.11	.06	.1	1.10	.07	.1	1.58	-.0	.1	-.55
	1	7			4			2		3	1	
Health	-.1	.3	-2.05	-.0	.2	-1.41	-.0	.2	-.37	-.2	.2	-4.3
Status	0	1	*	7	5		2	2		0	0	3 **
Adjusted	.03			.03			.24			.04		
R^2												

Note. $N = 500$. * $p < .05$, ** $p < .01$.

However, H1(d) was not supported. No significant association was found between television viewing and belief in individual responsibility for health. Among all sociodemographic variables, self-rated health status was a significant predictor of responsibility beliefs ($\beta = -.20$, $p < .01$), indicating that participants in poorer health were less likely to believe individuals should take personal responsibility for their health.

H2 proposed that source credibility would mediate the relationship between television viewing and the attitudinal and belief variables outlined in H1. Mediation analysis (see Table 3) revealed a significant indirect effect through source credibility on attitudes toward TCM ($B = 0.26$, $SE = 0.09$, 95% CI [0.10, 0.45]) and perceived benefits of TCM self-care ($B = 0.18$, $SE = 0.06$, 95% CI [0.07, 0.31]), with nonsignificant direct effects for both. This indicates full mediation, supporting H2(a) and H2(b), and suggests that the association between health television viewing and these health-related beliefs is accounted for by viewers' perceptions of source credibility.

For cultural-moral endorsement of TCM self-care, there was a significant indirect effect ($B = 0.14$, $SE = 0.05$, 95% CI [0.06, 0.24]) along with a significant direct effect ($B = 1.54$, $SE = 0.13$, 95% CI [1.28, 1.80]). This result is consistent with partial mediation, supporting H2(c), and suggests that health television viewing is associated with value endorsement both directly and indirectly through perceived credibility.

Finally, although no significant direct effect of television viewing on individual responsibility for health was found ($B = 0.09$, $SE = 0.12$, 95% CI [-0.15, 0.32]), there was a significant indirect effect through source credibility ($B = 0.15$, $SE = 0.05$, 95% CI [0.06, 0.27]). This indicates an indirect-only mediation effect, supporting H2(d), and suggests that the association between television viewing and responsibility beliefs is evident only through perceived credibility.

Table 3. Direct and Indirect Effects of Health TV Viewing on Outcomes via Perceived Source Credibility.

Dependent variable	Effect (direct or indirect)	<i>B</i>	<i>SE</i>	95% CI	Model summary
Attitudes Toward TCM	Direct	.22	.18	[-0.14, 0.58]	$R^2 = .15, F(2, 497) = 42.41, p < .001$
	Indirect	.26	.09	[0.10, 0.45]	
TCM Self-Care Benefits	Direct	.19	.15	[-0.11, 0.48]	$R^2 = .11, F(2, 497) = 31.81, p < .001$
	Indirect	.18	.06	[0.07, 0.31]	
Cultural-Moral Endorsement	Direct	1.54	.13	[1.28, 1.80]	$R^2 = .30, F(2, 497) = 103.97, p < .001$
	Indirect	.14	.05	[0.06, 0.24]	
Individual Responsibility for Health	Direct	.09	.12	[-0.15, 0.32]	$R^2 = .12, F(2, 497) = 33.09, p < .001$
	Indirect	.15	.05	[0.06, 0.27]	

Note. *SE* = standard error, *CI* = confidence interval.

The research question sought to explore factors that predict Chinese viewers' behavioral intention to engage in TCM self-care practices. A hierarchical multiple regression analysis was performed with behavioral intention as the dependent variable (see Table 4). TV viewing and source credibility were entered in Block 1, attitudinal and belief variables were entered in Block 2, and demographic variables were entered in Block 3. The overall model was significant [$F(11, 488) = 7.98, p < .001$], with an adjusted R^2 of .133, indicating that approximately 13.3% of the variance in behavioral intention was explained by the full set of predictors. Entering TV viewing and source credibility in the first stage produced a statistically significant model [$F(2, 497) = 3.132, p < .05$], yet it explained only a very small portion of the variance in behavioral intention (adjusted $R^2 = .008$). Adding attitudinal and belief variables significantly improved the demographic variables and contributed a modest, but significant, additional variance ($\Delta R^2 = .044, p < .001$).

Among the predictors in the final model, attitudes toward TCM ($\beta = .114, p < .01$), belief in individual responsibility for health ($\beta = .080, p < .05$), and health care system satisfaction ($\beta = -.047, p < .05$) significantly predicted behavioral intention. That is, individuals who held more favorable attitudes toward TCM, believed more strongly in personal responsibility for health, and were less satisfied with the health care system were more likely to report intentions to engage in TCM self-care practices. Perceived benefits of TCM self-care ($\beta = -.084, p = .060$) showed marginal significance. Gender ($\beta = .121, p < .01$) and income ($\beta = -.131, p < .01$) were significant demographic variables: Female participants and those with lower income reported higher intention to practice TCM self-care. TV viewing and source credibility did not significantly predict behavioral intention in the final model, suggesting their effects may be indirect or mediated through attitudinal and belief constructs.

Table 4. Hierarchical Regression Analysis for Predicting Behavioral Intention of Engaging in TCM Self-Care.

	Model 1			Model 2			Model 3		
	β	SE	t	B	SE	t	β	SE	t
TV Viewing	.042	.103	.411	.016	.111	.146	-.043	.110	-.390
Source Credibility	.071	.030	2.369*	-.022	.033	-.653	-.013	.032	-.395
Attitude Toward TCM				.122	.027	4.523***	.114	.027	4.292**
TCM Self-Care Benefits				.051	.032	1.583	.060	.031	1.908
Cultural-Moral Values				-.002	.033	-.063	.009	.033	.280
Individual Responsibility				.089	.039	2.286*	.080	.039	2.065*
Health Care System Satisfaction				-.046	.022	-2.123*	-.047	.022	-2.171*
Age							-.010	.122	-.771
Gender							-.561	.210	-2.622**
Education							-.158	.154	-.988
Income							-.232	.087	-2.639**
Health Status							-.270	.158	-1.659
Adjusted R ²	.008			.097			.133		
F for Adjusted R ²	3.132*			10.753***			5.039***		

Note. $N = 500$. * $p < .05$, ** $p < .01$, *** $p < .001$. Gender was represented by a dichotomous variable with 0 = female and 1 = male.

Discussion

This study explored the cultivation effect of health television on Chinese viewers' attitudes toward TCM self-care practices and beliefs in individual responsibility for health. The findings suggest that television cultivates individual responsibility for health as a normative belief that becomes internalized over time. Alongside ancient healing traditions, cultural endorsement, and socioeconomic factors, this belief contributes to the growing popularity of preventive self-care practices centered on TCM in contemporary China.

Cultivation theory suggests routine television consumption is associated with viewers' attitudes and perceptions in ways that reflect dominant media portrayals (Gerbner & Gross, 1976). In the Chinese context, health television programs tend to depict TCM positively and emphasize the benefits of its life-

nurturing practices (Zhu, 2022). Consistent with the genre-specific cultivation perspective, which argues that sustained exposure to a particular genre can be associated with domain-specific beliefs and perceptions (Lee & Niederdeppe, 2011), the present findings indicate that greater exposure to health television is associated with more favorable attitudes toward TCM and stronger beliefs in the benefits of TCM self-care. It is noteworthy that the proportion of variance explained by television viewing alone for these outcomes is modest. This aligns with prior cultivation research, which has long noted that second-order cultivation effects related to attitudes and beliefs tend to be small in magnitude, but consistent across studies (Shanahan & Morgan, 1999). Given the long historical presence of TCM in Chinese society, public perceptions of TCM are shaped by a wide range of social, cultural, and experiential influences beyond media. From this perspective, the modest effect sizes observed here suggest that positive portrayals of TCM in health television are incrementally and consistently associated with viewers' favorable perceptions alongside other influences.

In contrast, the association between health television viewing and endorsement of cultural and moral values related to TCM self-care is comparatively stronger, suggesting that health television may be particularly influential in shaping value-laden beliefs. Beyond promoting specific health practices, such programming often embeds narratives of cultural heritage, traditional wisdom, and moral responsibility, framing TCM self-care as a meaningful expression of cultural identity and ethical conduct (Zhu, 2022). These messages may resonate strongly with viewers' existing cultural and ideological orientations and become further reinforced through repeated exposure. As a result, health television may play a particularly salient role in normalizing the belief that TCM self-care is not only beneficial for individual well-being but also morally appropriate and culturally significant. This process not only fosters individual responsibility for health but also strengthens a shared sense of national identity and collective cultural belonging among viewers.

Our study identified perceived source credibility as a critical psychological mechanism in the cultivation process. Findings showed that source credibility either partially or fully mediated the relationships between health television viewing and attitudes toward TCM, perceived benefits of self-care, and endorsement of cultural-moral values. Importantly, in the case of belief in individual responsibility for health, no significant direct association with television exposure was observed; instead, a significant indirect effect emerged only through perceived source credibility. That is, beliefs about personal health responsibility are not shaped by exposure alone, but require viewers' trust in the media source for cultivation effects to occur. These findings indicate that it is not mere exposure, but the perceived trustworthiness of health television content that determines whether and how media messages shape deeper beliefs about health and personal responsibility. This interpretation echoes earlier work on the mediating role of perceived realism and credibility in cultivation processes (e.g., Busselle, 2001; Quick, 2009), which suggests that cultivation effects depend not only on viewing frequency but also on how audiences interpret and evaluate media content. In this sense, health television does not influence responsibility beliefs simply by being watched; rather, it shapes such beliefs when its messages are perceived as credible and legitimate sources of health guidance. Without perceived credibility, normative messages about personal responsibility may lack psychological access and are therefore unlikely to translate into attitudinal or moral endorsement.

Lastly, this study examined factors that predict individuals' intentions to engage in TCM self-care practices. Findings indicate that attitudes toward TCM and belief in individual responsibility for health significantly predicted the intention to engage in TCM self-care. Individuals who view TCM favorably and believe that health outcomes are primarily their own responsibility—rather than that of doctors, institutions, or society—are more inclined to engage in proactive health behaviors, such as TCM life-nurturing practices. These findings suggest that attitudes and normative beliefs cultivated through media exposure translate into behavioral intentions, further solidifying the reinforcement loop among television messages, individual attitudes, and cultural practices. Individuals may engage in TCM self-care because of a self-conception as responsible, health-conscious citizens. In this way, they become self-regulating social subjects who actively manage their own health, a role strongly encouraged and demanded by the state.

Moreover, results showed that lower income and dissatisfaction with the health care system were also significant predictors of TCM self-care intentions. This finding echoes Becker et al. (2004), who found that African Americans lacking access to formal health care were more likely to turn to culturally rooted self-care practices. Prior research has noted that high health care costs are a major source of frustration among Chinese citizens (Blomqvist & Qian, 2008). In this study, medical expenses and health insurance were the two lowest-rated aspects of the health care system. Individuals of lower socioeconomic status may perceive greater health risks and turn to traditional, preventive practices like TCM self-care as a practical and culturally familiar coping strategy. Emphasizing TCM self-care on television thus serves a dual purpose: It empowers individuals to take charge of their health while simultaneously reducing the burden on an already strained health care system. This aligns with state strategies to promote prevention over treatment, alleviating pressure on formal medical institutions and reinforcing the government's role as a facilitator rather than sole provider of health services.

Notably, health television viewing did not directly predict intentions to engage in TCM self-care. This finding is consistent with the broader cultivation tradition, which has long emphasized the relationship between media exposure and viewers' perceptions, beliefs, and value systems rather than direct behavioral outcomes. Cultivation research has typically focused on how sustained media exposure contributes to the normalization of particular worldviews and social expectations, which may shape behavior indirectly through their influence on attitudes and normative beliefs. In this study, health television does not function as a direct motivator of action; rather, it is significantly associated with the cognitive and normative orientations that guide behavioral intentions. In this sense, television operates as a cultural and symbolic resource that structures how health risks, responsibilities, and appropriate responses are understood and justified, thereby shaping health-related decision making.

Our study highlights television's role as a cultural mechanism that both reflects and reinforces dominant social orientations, sustaining mainstream beliefs through a process of relative homogenization (Gerbner et al., 1986). In contemporary China, three converging mainstream currents provide the cultural context within which health television operates. First, an aging society and persistent dissatisfaction with the health care system have created widespread public anxiety about health, particularly among vulnerable groups. Second, the state has explicitly promoted a paradigm of individual responsibility for health and positioned prevention and self-management as key public health strategies. Third, traditional

Chinese cultural values, especially those associated with Confucian ethics, self-discipline, and filial duty, continue to shape how health and illness are understood and acted on.

Health television programs, with their emphasis on traditional medicine, personal responsibility, and self-care routines, respond to all three. Our findings suggest that television works as intended: stabilizing and extending mainstream cultural orientations. By strengthening the idea that health outcomes are largely dependent on personal effort and framing these efforts through culturally resonant symbols and values, such programming cultivates a normative health consciousness aligned with both state priorities and traditional morality, thereby indirectly shaping collective practices toward self-care, the state-endorsed health behavior. In this way, television functions as a cultural institution and political apparatus that not only addresses rising health concerns but also legitimizes state authority by fostering self-governing subjects who internalize state-promoted health norms.

Implications

This study advances cultivation theory by situating it within the unique sociocultural and political context of contemporary China. By demonstrating how genre-specific content, particularly health television, reinforces culturally rooted values and state-promoted health norms, the findings highlight television's dual function as both a cultural mirror and an institutional amplifier, providing new evidence for understanding how media interact with political and cultural forces to shape societal beliefs. This study also underscores the importance of perceived source credibility as a mediating mechanism, emphasizing that viewers' trust in media content is crucial for cultivating normative beliefs and practices. Our findings suggest that cultivation effects are not driven by exposure alone, but depend on audiences' evaluations of media authority and legitimacy.

This study also contributes to the broader field of health communication by foregrounding the concept of personal health responsibility. Although personal responsibility occupies a central place in contemporary public health policy, it has received relatively limited systematic and quantitative attention in health communication research. By examining how media exposure is associated with responsibility beliefs, this study highlights the importance of understanding health responsibility as a socially and culturally constructed orientation rather than solely an individual disposition. Moreover, this study extends health communication research by applying a cultivation perspective to health television programs that are partly educational and persuasive in nature. Unlike much prior research on health promotion content, which has primarily relied on persuasive or information-processing approaches emphasizing message features, cognitive elaboration, and short-term attitudinal or behavioral change, the present findings underscore how long-term, routine media exposure is associated with deeper normative beliefs about health, responsibility, and obligation. This perspective offers a valuable lens for understanding the formation, maintenance, and transformation of collective health beliefs and practices over time.

Practically, this study highlights the powerful role of television as a vehicle for shaping normative health beliefs and behaviors. Despite the rise of digital and social media, the enduring influence of traditional media should not be overlooked, especially among older adults who continue to rely on television as a trusted source of health information. The findings reveal the effectiveness of state

strategies in promoting individual responsibility for health through television, providing valuable insights for future public health policies and media-based health communication initiatives. However, it is essential to balance the emphasis on personal responsibility with adequate structural support. While encouraging individuals to engage in health-promoting practices is beneficial, overemphasizing personal responsibility without addressing underlying structural inequalities may ultimately disempower vulnerable populations and exacerbate health disparities.

Several limitations should be acknowledged. First, although this study examined regular health television viewing, its cross-sectional design does not allow for causal conclusions or for tracking changes over time. Second, the study relied on self-reported measures, which may be affected by social desirability or recall bias. Third, the sample was relatively young and well-educated, which may limit the generalizability of the findings, especially given that health television audiences often include more middle-aged and older viewers. Future studies could use more representative samples to better capture these groups. Fourth, health television viewing was measured with a single item, which may not fully capture differences in viewing depth or engagement. Future research could consider viewing frequency, duration, program types, and levels of attention to better assess how different patterns of exposure relate to health beliefs. Finally, while cultivation theory offers a useful framework for understanding the broader cultural and normative effects of health television, such educational and persuasive content may also operate through other mechanisms, including persuasion, information processing, or social cognitive. Future research could explore these processes using other theoretical perspectives.

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Appendix: Survey Items and Descriptive Statistics

Variable	Item	<i>n</i>	%	Mean	SD
TV viewing	Less than 1 episode	39	7.8%		
	Between 1 and 3 episodes	236	47.2%		
	Between 3 and 5 episodes	120	24%		
	Between 5 and 7 episodes	65	13%		
	7 or more episodes	40	8%		
Source Credibility (<i>M</i> = 5.63, <i>SD</i> = 1.06)	Reliable 1 2 3 4 5 6 7 Unreliable			5.57	.98
	Unqualified 1 2 3 4 5 6 7 Qualified			5.48	1.15
	Valuable 1 2 3 4 5 6 7 Worthless			5.82	1.16
	Inexpert 1 2 3 4 5 6 7 Expert			5.58	1.17
	Honest 1 2 3 4 5 6 7 Dishonest			5.70	1.03
Attitude Toward TCM (<i>M</i> = 5.56, <i>SD</i> = 1.01)	TCM formulas and treatments are safe.			5.73	.79
	TCM can be scientifically validated.			5.72	1.03
	TCM has little side effects.			4.53	1.36
	TCM is effective in treating chronic diseases.			5.88	.96
	TCM is more natural when compared to WM.			5.87	.96
	TCM treats the causative agent, while WM only relieves symptomatic distress.			5.19	1.32
Perceived Benefits of TCM Self-Care (<i>M</i> = 5.29, <i>SD</i> = .99)	TCM can cure diseases and promote health.			6.02	.86
	Performing TCM self-care will maintain good health.			5.56	.82
	Performing TCM self-care will prevent a disease before it occurs.			5.65	.98
	Longevity will be achieved with active TCM self-care.			5.51	1.10
	Practicing TCM self-care can treat minor illness at home.			4.66	1.19
Cultural-Moral Endorsement of TCM Self-Care (<i>M</i> = 5.57, <i>SD</i> = .86)	One can heal oneself by practicing TCM self-care.			5.07	1.22
	TCM self-care represents ancient Chinese wisdom.			5.68	.82
	TCM self-care is a cultural legacy that should be inherited.			5.78	.92
	Maintaining TCM self-care is a sign of self-discipline.			5.43	.91
	Practicing TCM self-care is an act of caring for one's family.			5.38	.98

Individual Responsibility for Health ($M = 5.94$, $SD = .88$)	Good health takes active participation of an individual.	6.35	.67
	One should take responsibility for the state of one's health.	6.44	.69
	One's health depends on how well one takes care of him/herself.	5.53	1.15
	One should take control of his/her own health.	6.05	.86
	Health and longevity are down to myself.	5.46	1.15
Behavioral Intention of TCM Self-Care ($M = 5.19$, $SD = 1.05$)	I intend to perform TCM self-care regularly in the upcoming 6 months.	5.22	1.05
	I will try to practice TCM self-care regularly in the upcoming 6 months.	5.33	.97
	I plan to perform TCM self-care regularly in the upcoming 6 months	5.02	1.15
Satisfaction With Health care System ($M = 4.75$, $SD = 1.21$)	Accessibility to health care	5.33	1.08
	Hospital services	4.95	1.30
	Treatment effect	5.40	1.12
	Medical expenses	3.88	1.52
	Medical insurance	4.19	1.46