



Peer-Review Report Form

Manuscript Title:	Health-Seeking Behavior in Rural Communities: Understanding of Cultural Beliefs of Folk Medicine
Type of Article:	Original Article

FIRST ROUND

Editor

<u>General Comments and Recommendations</u>
The reviewers acknowledge the significance of your manuscript and recommend several revisions to further improve its clarity, coherence, organization, and overall scholarly quality. In addition, you are advised to thoroughly review and validate all references included in the manuscript. Please ensure that all cited sources are accurate, accessible, and retrievable through Google Scholar to uphold the credibility and reliability of the study. Additionally, make sure to include the DOI or website link for every reference to facilitate verification and accessibility of sources. Furthermore, only sources that are cited within the manuscript should appear in the References section, and all entries listed in the References section must also be cited in the text. For example, if 20 unique sources are cited in the manuscript, then only those 20 sources should be included in the References section. Please note that repeated citations of the same source within the text are counted as a single reference entry; therefore, the total number of references may be lower than the total number of in-text citations.

Reviewer 1

<u>General Comments and Recommendations</u>
The paper has a very promising local context, but the theoretical contribution needs to be stronger. You have a lot of good data from your participants, but the presentation is too text-heavy and descriptive. We need to shift the tone from just reporting the participants' stories to actually unpacking the theoretical and practical implications of their health-seeking behaviors.

<u>Specific Comments and Recommendations</u>
The introduction provides a lot of international and local literature, citing studies from Africa, Canada, Singapore, and various parts of the Philippines. However, the way it is written looks like a list or enumeration of related studies. Kindly synthesize these paragraphs to build a cohesive argument rather than summarizing them one by one. Your stated research gap is that there is a "need to understand the role of cultural beliefs... specifically about preference for folk medicine". This gap is quite generic. Folk medicine has been studied extensively both locally and internationally. You need to explicitly highlight the true novelty of your study. What is the new knowledge that your specific Davao-based study offers that hasn't been discussed in previous literature?



You mentioned using a phenomenological research design and snowball sampling to get your seven participants. Seven participants can be acceptable, but it must be rigorously justified. You need to explicitly discuss the concept of "data saturation" in your Methodology section. Kindly explain how the research team determined that no new themes or information were coming up after the 7th participant. Adding this will make your methodological approach much more robust.

The Results section is way too long and text-heavy. The individual profiles of Participant 1 to Participant 7 take up too much space. I strongly suggest summarizing their demographic profiles and background into a single matrix or table. This will make the paper look more professional and easier to scan. The verbatim quotes in Bisaya/Cebuano along with their English translations are too lengthy, sometimes taking up whole paragraphs. It is recommended to extract only the most impactful phrases or sentences from the participants to support your themes, rather than dumping their entire answers.

It is good that you brought back your theoretical lenses (Health Belief Model, Socio-Ecological Model, and Social Cognitive Theory) into the discussion. However, the current Discussion section mostly just summarizes what was already presented in the Results. Try to elevate the discussion by arguing how your findings challenge, modify, or add to these existing theories. Do not just report that the findings align with the theories; explain the distinct aspects of the rural Mindanao experience that make these behaviors unique.

Please indicate your recommendation by checking the appropriate box below.

<u>Decision</u>	
	Accept the manuscript for publication.
/	Reconsider the manuscript after the authors have satisfactorily addressed and complied with the reviewers' comments and recommendations.
	Reject the manuscript, as it is not suitable for publication.

Reviewer 2

<u>General Comments and Recommendations</u>
The topic is relevant and the participants' narratives may provide useful understanding of folk medicine in rural communities. However, the manuscript in its present form has fundamental concerns involving methodological credibility, public health safety, ethical reporting, and originality.
<u>Specific Comments and Recommendations</u>
The originality of the study is not clearly established. The manuscript already cited a previous Philippine phenomenological study that examined folk medicine and health-seeking individuals, but it does not explain clearly what new knowledge is contributed by the present study. The stated gap is broad and mostly repeats known cultural, economic, spiritual, and accessibility factors. The three theoretical models are also only introduced and later attached to the findings, but they do not really guide the data collection or deeper interpretation. The authors need to



identify a more specific research gap and show how this study goes beyond the existing Philippine research.

The methodology is not sufficient for a phenomenological study. The specific type and philosophical orientation of phenomenology are not stated. The data analysis is described only as general coding and grouping of themes. Important information is missing, such as interview duration, location and language, translation process, researchers' positionality, bracketing, basis for ending recruitment at seven participants, data saturation, member checking, audit trail, and other procedures for credibility and trustworthiness. The sample also combines ordinary folk-medicine users with an active traditional-spiritual healer, but the authors did not justify whether they experience the same phenomenon. There is also confusion whether participants came from Davao City or the wider Davao Region. Because of these missing details, the credibility of the themes is difficult to judge.

The most serious concern is the handling of medical claims. The manuscript includes accounts of refusing dialysis, using herbs for kidney failure, fractures, dislocations, postpartum conditions, cancer, lupus, and other serious illnesses. Some descriptions are written as though the treatments are medically effective, instead of only being the participants' beliefs or perceptions. The discussion further describes folk medicine as safe and effective, suggests that it reduces risks associated with pharmaceuticals, and connects these practices positively with SDG 3. These conclusions cannot be supported by qualitative interviews with seven adherents. A lived-experience study may report beliefs, but it cannot verify therapeutic efficacy or safety. This framing may unintentionally encourage delayed medical treatment and spread harmful health information. The authors need to clearly separate participant claims from scientific evidence, discuss toxicity, herb-drug interaction and delayed care, and avoid recommending integration into healthcare without proper clinical and regulatory evidence.

The ethical reporting is also inadequate. The manuscript gives only a general statement regarding informed consent and confidentiality, but no research ethics committee, approval number, or approval date is provided. The detailed profiles, including exact age, gender or sexual identity, serious medical condition, healing role, and personal history, may allow participants to be identified within small rural communities. Stronger de-identification and complete ethical clearance information are necessary, especially because the study involves sensitive health conditions and potentially harmful medical decisions.

Lastly, the results are excessively long and mostly descriptive. Include only one representative verbatim response per theme, preferably after the thematic description (e.g., "One participant mentioned..."). The conclusion also generalizes the findings to rural communities and proposes policy and healthcare-system integration despite the small, snowball-selected sample. No clear limitations section is provided. There are also serious reporting inconsistencies: the acknowledgment mentions assistance with "statistical analysis," although this is a qualitative study, while the funding declaration contains an unfinished template instruction and repeated DOST statements. These issues indicate that the manuscript is not yet ready for journal publication.



Please indicate your recommendation by checking the appropriate box below.

<u>Decision</u>	
	Accept the manuscript for publication.
/	Reconsider the manuscript after the authors have satisfactorily addressed and complied with the reviewers' comments and recommendations.
	Reject the manuscript, as it is not suitable for publication.

SECOND ROUND

<u>Decision</u>	<u>Editor</u>	<u>Reviewer 1</u>	<u>Reviewer 2</u>
Accept the manuscript for publication.	/	/	/
Reconsider the manuscript after the authors have satisfactorily addressed and complied with the reviewers' comments and recommendations.			
Reject the manuscript, as it is not suitable for publication.			