

Original Article

Health-Seeking Behavior in Rural Communities: Understanding of Cultural Beliefs of Folk Medicine

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Abstract

Folk medicine is still a common practice in healthcare among rural populations, influenced by culture, faith, and economic status. This research examined the lived experiences of people who practice folk medicine in managing their health issues. The research used a qualitative phenomenological approach and sampled seven participants from rural populations in Mindanao. Data were collected using semi-structured interviews and analyzed through thematic analysis. The results indicated that generational practices, confidence in herbal remedies, healing rituals, and guidance from elders and traditional healers guided participants' use of folk medicine. Participants used coping strategies like spiritual healing, sharing information within the community, and utilitarian openness to modern medicine when needed. Economic hardship and limited access to formal healthcare further solidified their reliance on traditional healing. Respondents articulated that their use of folk medicine is not just a choice but a necessity driven by cultural and socioeconomic factors. In conclusion, the study finds that folk medicine is rooted in the cultural and spiritual life of rural communities. These health-seeking behaviors must be understood to ensure that healthcare policies and interventions are culturally responsive. It is advised that health practitioners and policymakers recognize traditional healing practices and incorporate them into health programs that value cultural identity while still supporting informed

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healthcare choices. Future studies might investigate the incorporation of folk medicine into established formal healthcare systems to enhance community health outcomes in public health initiatives.

Keywords: folk medicine, health-seeking behavior, qualitative phenomenology, rural communities

1. Introduction

Cultural traditions typically influence health-seeking behavior in rural communities, as folk medicine is generally regarded as a readily accessible, low-cost alternative to conventional healthcare. Limited access to modern health services is a contributing factor. Rizwan-Khan et al. (2024) defined health-seeking behavior as the seeking of healthcare motivated by personal preferences, community influences, and the characteristics of accessible healthcare facilities. Health-seeking behavior is also influenced by local knowledge and cultural values that favor traditional over modern medicine (Rondilla et al., 2021). Amid studies examining such behaviors, there remains an important need to examine the cultural beliefs underlying the preference for folk medicine in rural areas. Research across diverse cultural contexts consistently demonstrates that health-seeking behavior is influenced not only by access to healthcare but also by deeply rooted cultural beliefs, spirituality, socioeconomic conditions, and historical experiences.

Although these factors vary across settings, they collectively suggest that decisions to seek folk medicine are shaped by the interaction of cultural traditions and structural barriers rather than by a single determinant. Conventional medicine, including divination, spiritual healing, and herbal medicine, continues to be central to health-seeking in rural African societies. Current initiatives incorporate traditional healers into public health interventions, acknowledging their cultural significance and reach (Nolna et al., 2020). In Mesoamerican societies, conventional medicine is traditionally dependent upon it due to social disparities and poor access to official healthcare, resulting in the coexistence of disparate health systems (Geck et al., 2020).

In South Africa, religious and cultural values greatly influence the management of chronic diseases such as diabetes and hypertension, such that traditional treatments are more preferred as a result of unawareness and fear of incurability (Chikafu et al., 2022). In Canada, geographic and socio-historical challenges have fostered reliance on traditional healing practices among Indigenous populations (Nguyen et al., 2020), while in Ghana, safety concerns over traditional medicine continue to grow amid weak regulatory frameworks and misinformation about modern medical practices (Clay, 2024). Due to vulnerability and limited access to public health services, migrant women in Zimbabwe rely on traditional and religious practices as coping mechanisms for their health concerns (Chekero, 2024). In Singapore, financial constraints and

inadequate healthcare services lead elderly individuals in low-income communities to forgo formal healthcare, often relying on self-reliance to meet their needs (Lee et al., 2020).

Similarly, Philippine studies affirm that the continued reliance on folk medicine reflects the interplay of cultural traditions, community knowledge, and limited access to formal healthcare. Across different regions, these studies consistently demonstrate that folk medicine remains embedded in everyday health practices despite the availability of modern healthcare services. Medicinal plants play a pivotal role in the healthcare practices of the Manobo people in Agusan del Sur, with most methods deeply rooted in their cultural identity (Dapar et al., 2020). Cebu traditional healers play a significant role in promoting physical and spiritual wellness, with roots dating back to pre-colonial times, reflecting cultural preservation (Candilada, 2023). Traditional healers working with clients with mental disabilities in South Cotabato highlight the necessity of folk medicine, as it is readily available and culturally significant in the community (Decdican et al., 2023). Other research in the Philippines has reported barriers to formal healthcare, particularly in underserved communities. In Ilocos Sur, community members primarily obtain health information from family and peers rather than experts, and they tend to self-medicate due to access barriers such as transportation and financial constraints (Kawi et al., 2024). In rural Cebu, conventional medicine is often prioritized due to limited access to modern healthcare (Gonzales et al., 2024), whereas in Cagayan de Oro, financial barriers and inadequate resources lead to missed appointments and unmet healthcare needs (Candelario et al., 2024).

While previous international and Philippine studies have established that cultural beliefs influence the continued use of folk medicine, most have focused primarily on documenting traditional healing practices, identifying socioeconomic barriers to healthcare access, or describing the role of traditional healers. Comparatively little attention has been paid to understanding how individuals interpret and negotiate these cultural beliefs when making healthcare decisions, particularly through their lived experiences in rural communities. Furthermore, there remains limited qualitative evidence from rural communities in Davao, where cultural traditions, indigenous influences, and evolving access to formal healthcare create a distinct sociocultural context that may shape health-seeking behavior differently from other regions of the Philippines. Addressing this gap, the present study explores the lived experiences of rural residents in Davao who continue to prioritize folk medicine. Rather than merely documenting the existence of traditional healing practices, the study seeks to explain how cultural beliefs are formed, sustained, and translated into healthcare decisions within their specific community context.

Although previous Philippine studies have examined folk medicine through phenomenological and community-based perspectives, limited attention has been given to how rural residents in Davao construct, sustain, and navigate cultural beliefs surrounding folk medicine within their unique sociocultural context. By focusing on these lived experiences, this study provides localized qualitative evidence that extends existing Philippine literature on health-seeking behavior. Additionally, this study aims

to generate context-specific insights into how cultural beliefs influence healthcare decision-making, how individuals reconcile folk medicine with modern healthcare, and what these experiences reveal about culturally responsive health interventions in rural communities.

On top of that, even though alternative treatment plays an important role in rural access to healthcare (Mukhamedova & Kravchenko, 2023), it can also be associated with the maintenance of mental health stigma and less engagement with formal mental health services overall (Masemola, Thobakgale, & Govender, 2023). Tackling these issues is paramount to Sustainable Development Goal 3, which aims to ensure healthy lives and promote well-being. Ultimately, this study will contribute to understanding how rural beliefs shape the incorporation of mental health services in these communities.

This study will benefit the following sectors: (1) Folk Medicine Adherents will gain valuable knowledge into health-seeking behaviors that foster a better understanding of how cultural beliefs influence healthcare choices. (2) Rural and urban communities may develop interventions and educational initiatives that aid in generating culturally sensitive solutions to address health concerns. (3) The Government may find perspectives for health policies and program development that enable culturally appropriate initiatives across regions in the country. (4) Future Researchers may use this study as a foundation for exploring related facets and the interplay between culture, health-seeking behaviors, and folk medicine. Looking into the dynamics between folk medicine and health services may help develop culturally appropriate and accessible healthcare in rural communities. The outcome of this study provides insight into understanding how cultural beliefs affect health-seeking behavior, further informing future health interventions to improve health services in these areas.

Three key theoretical lenses provide significant insights for analyzing health-seeking behavior among rural populations, particularly in relation to cultural beliefs. The Health Belief Model (HBM) of Hochbaum, Rosenstock, and Kegels (1952) as quoted by Boskey (2024) asserts that people's beliefs about health threats and incentives have a direct relationship with healthcare decisions, which in the case of this research facilitates understanding how rural health and folk medicine beliefs influence decision-making. The Socio-Ecological Model by Bronfenbrenner (1979), as referenced by Cherry (2023), emphasizes the role of external influences, such as culture and spirituality, in health behavior and elaborates on folk medicine. Finally, Bandura's Social Cognitive Theory (1986) emphasizes that behavior is acquired through social observation and interaction, providing insight into how common experiences influence folk medicine and health among rural communities. These theoretical lenses informed the interpretation of the participants' lived experiences by providing complementary perspectives on individual health beliefs (Health Belief Model), the influence of social and cultural environments (Socio-Ecological Model), and the role of observational learning and shared community practices (Social

Cognitive Theory). Together, they guided the analysis of how cultural beliefs shape health-seeking behavior in the rural community.

2. Methodology

This section outlines the research design, including the selection of respondents, the development and use of research instruments, and the ethical considerations guiding the study. It provides a comprehensive overview of the methodology to ensure thorough and ethical research practices.

The phenomenological research design of this study was used to capture the experiences of people in rural communities regarding their preference for folk medicine. A phenomenological approach is well-suited to this study, as it exposes the subjective experiences of individuals and offers an interpretive lens on their choices regarding health, among other things (Creswell & Poth, 2021). Such a design is consistent with the study's goals of understanding the role of cultural beliefs in folk medicine in health-seeking behavior at the community level in rural areas. Data were gathered through semi-structured interviews, each lasting approximately 30–60 minutes. Interviews were conducted in English, Filipino, or Cebuano, depending on the participant's preferred language to ensure comfort and facilitate rich descriptions of their lived experiences.

The study was conducted in four phases: preparation and ethical approval, participant recruitment, data collection, and transcription and data analysis. During the preparation phase, the research team developed and pretested a semi-structured interview guide and prepared participant information materials describing the study objectives, procedures, potential risks, and confidentiality measures.

During the participant recruitment phase, snowball sampling was employed to identify individuals who met the study criteria while considering the importance of trust and community relationships in rural settings. To protect participants' privacy, all collected information was de-identified, and potentially identifying details such as specific personal histories, medical conditions, or unique community roles were removed or generalized during reporting.

During the data collection phase, informed consent was obtained from all participants before conducting interviews. Interviews were transcribed verbatim to preserve participants' narratives while maintaining confidentiality. The transcribed data were then analyzed using thematic analysis to identify recurring patterns and themes related to participants' experiences with folk medicine. Interviews conducted in Filipino and Cebuano were translated into English during transcription while preserving the intended meaning and context of the participants' responses.

The data analyst conducted the initial coding of responses, marking key phrases and patterns. The initial codes were grouped into broader categories to create themes. The research team worked together with the data analyst to examine, refine, and finalize the thematic framework. The research adviser and panel members likewise

reviewed the preliminary themes to ensure coherence, credibility, and alignment with the study objectives prior to finalization. Subsequently, each theme was well-defined and labeled using direct participant quotes to ensure authenticity. The researchers also engaged in reflexivity during the analysis to avoid bias and ensure cultural sensitivity in interpreting the data.

Ethical integrity was upheld throughout the research to ensure participant well-being and respect for research ethics. The researchers adhered to applicable ethical principles throughout the study, including voluntary participation, informed consent, privacy, confidentiality, and respect for participants' rights. Cultural sensitivity was a high priority, with respect for rural communities' traditional practices and beliefs (Joseph et al., 2021). Participants received an information sheet and consent form detailing the study objectives, procedures, and participant rights. Informed consent ensured their voluntary participation and awareness of the research process (Stewart, 2024). Privacy and confidentiality were maintained at all costs. All information was kept confidential and accessed only by the researchers to prevent unauthorized disclosure. Participants were free to pose questions prior to giving consent to ensure transparency and trust between them. These ethical standards ensured respectful interaction with the community and responsible research practice consistent with cultural contexts.

This study involved individuals from rural communities with direct experience using folk medicine for health concerns. Participants were selected using snowball sampling, a non-probability sampling technique suitable for qualitative research, particularly when targeting hard-to-reach populations (Creswell & Creswell, 2022). This approach effectively built trust within the target communities and encouraged open, in-depth participation (Raifman et al., 2022). Initial participants were identified through individuals familiar with local health practices. These participants, in turn, recommended others who also met the inclusion criteria, allowing the sample to grow through chain referral. To ensure relevance to the study's objectives, participants were required to (1) be residents of identified rural communities within Davao City, (2) have used or currently use folk medicine as part of their health-seeking behavior, and (3) be at least 18 years old. One participant was an active traditional healer who also met all inclusion criteria as an individual with lived experience using folk medicine for health concerns. The participant was included because the study sought to understand the shared phenomenon of reliance on folk medicine rather than compare participant roles. Although the study included seven participants in accordance with the approved research design, the researchers observed recurring themes during data analysis, reflecting the principle of data saturation, wherein no substantially new information emerged from the final interviews.

In this study, rural communities are operationally defined as geographically remote or less urbanized areas within the political boundaries of Davao, characterized by limited access to healthcare services and infrastructure, lower population density, agricultural livelihoods, and strong adherence to traditional practices. Although administratively part of Davao, these areas align with the Philippine Statistics

Authority's indicators of rurality, including sparse population, minimal road infrastructure, and limited commercial establishments.

As this study employed a qualitative research design, the primary instrument was a semi-structured interview guide developed to explore participants' lived experiences. Semi-structured interviews provide flexibility in questioning while ensuring that essential topics relevant to the study are systematically addressed (Belina, 2022). The interview guide was pretested for clarity, pertinence, and its ability to elicit the desired responses that would serve the purpose of the study by the research advisor and two panel members. The semi-structured nature of the materials allowed the researchers to explore issues that arose during the discussion while still having a guide (Kallio et al., 2020). Besides the interview guide, data collection also used recording devices and online communication software, namely Zoom and Messenger. These instruments allowed for accurate transcription and data confirmation and reduced interpretation errors.

3. Results

Seven participants with experience in folk medicine from rural communities were included in the study. They were selected through snowball sampling based on their direct use of, knowledge of, or involvement in traditional healing practices. The participants represented different age groups, genders, and roles within their communities, providing varied perspectives on the use, transmission, and significance of folk medicine. While most participants primarily relied on herbal remedies for common illnesses, some also incorporated spiritual healing, ritual practices, and indigenous beliefs into their approaches to health and well-being. To protect participant confidentiality, identifying information was generalized. Exact ages, specific medical conditions, and unique personal roles were modified or grouped into broader categories, where necessary, to reduce the risk of re-identification, particularly in small rural communities. Table 1 summarizes the demographic characteristics and relevant backgrounds of the participants.

Participant	Age	Gender	Background and Experience with Folk Medicine
P1	50–59	Not specified	Uses herbal remedies and spiritual practices as part of personal health experiences; learned folk medicine through family knowledge and shares traditional knowledge within the community.
P2	50–59	Female	Learned folk medicine from family members; uses herbal remedies influenced by accessibility, healthcare limitations, and personal experiences.
P3	50–59	Female	Learned traditional remedies through family practices; uses herbal preparations and prayer for common health concerns while recognizing the importance of professional medical care for serious conditions.
P4	50–59	Female	Has long-term familiarity with folk medicine through family and community practices; uses traditional remedies for common

			health concerns and seeks professional healthcare when necessary.
P5	40–49	Male	Learned folk medicine through family experiences and cultural traditions; values these practices for their accessibility and cultural significance.
P6	40–49	Male	Learned traditional healing practices through observation of community members; incorporates herbal knowledge and indigenous rituals within personal and community practices.
P7	20–39	Male	Has experience practicing traditional-spiritual healing and contributes to the preservation and sharing of indigenous healing traditions.

3.1 Cultural Experience That Led Participants to Adhere to Folk Medicine for Health Concerns

The participants’ narratives revealed that cultural experiences, family traditions, personal encounters with illness, and community practices shaped their adherence to folk medicine. Their accounts showed that traditional medicine was not limited to herbal remedies but also encompassed healing rituals, spiritual beliefs, and culturally transmitted knowledge about health and illness. Participants further described how their perceptions of the effectiveness of traditional medicine, as well as the influence of family members, elders, and socioeconomic circumstances, contributed to its continued use. These experiences highlight how cultural and social factors collectively shaped participants’ understanding, acceptance, and reliance on folk medicine for various health concerns.

Theme 1: Herbal Remedies for Different Illnesses

Participants emphasized that herbal remedies were commonly used to manage various health concerns, particularly common illnesses and minor conditions. They described how these practices were sustained through personal experiences and knowledge passed down by family members and the community. They mentioned:

“Pareha ana karon na kalibangaon, o gi diarrhea; ginagamit giyud namo na sa amua sa bayabas, kaymito.” (If someone has diarrhea, in our place, we really use guava and star apple leaves.) – Participant 2
“Ang akong siko igo raman gibira, gitambalan raman og panit sa Madre de Cacao. Naulian man ko.” (My elbow was just sprained, so it was treated using the bark of the Madre de Cacao plant. I recovered.) – Participant 4
“Giingnan ko sa akong lola nga dali ra nang mabughat, gipapangita ko niyag dahon sa makahiya or dahon sa sampinit.” (My grandmother told me that the condition was easy to treat and asked me to gather Makahiya or Sampinit leaves.) – Participant 5

Theme 2: Traditional Healing Rituals and Practices

Participants emphasized that traditional healing practices extended beyond the physical use of medicinal plants and included spiritual and culturally significant practices. Their narratives revealed the importance of prayer, faith in God, and customary rituals in their understanding of healing. These practices were learned through family and community traditions and reflected participants' view of healing as involving physical, emotional, and spiritual dimensions. They mentioned:

"Bag-o nako na imnon mga sagbuta na, ako giyud nang pabendisyonan sa kahitas-an." (Before I drink these herbal remedies, I always ask for a blessing from the Almighty.) – Participant 1

"Pagsalig lang jud sa Ginoo ma'am." (It's just about putting our trust in God, ma'am.) – Participant 3

"...murag imo lang siya isipon nga naay tag-iya, murag ipananghid nimo saiyaha." (You should acknowledge that the plant has an owner, as if asking for permission before taking it.) – Participant 6

Theme 3: Efficacy and Safety of Traditional Medicine

Participants emphasized that personal experiences, family traditions, and cultural beliefs shaped their confidence in traditional medicine. They described herbal remedies as beneficial, citing perceived positive outcomes, and expressed a preference for traditional remedies in certain situations. Their narratives also revealed that proper preparation, adherence to customary practices, and personal faith were viewed as important factors in achieving what they perceived as successful healing outcomes. They mentioned:

"Based sakong mga kasinatian, mag try sa jud ta og kanang hampol-hampol. Dili sa dayun ta mag inom og tambal." (Based on my experience, we should try hampol-hampol first. We should not immediately take medicine.) – Participant 3

"So kung gikan pa sauna hantod karon nga kana nga herbal o tambal nga okay sa imong panlawas, ngano mu try pa man mig lain, noh? Tradisyon naman na." (If this herbal remedy has worked well for my health since way back, then why should I try something else, right? Especially if it's already a tradition.) – Participant 5

"Nakita namo nga epektibo ang ilahang ginagamit nga pagpanambal. Dako siyag impluwensya kay kami mismo nakakita nga epektibo gyud siya." (We have seen that their healing practices are effective. It greatly influenced us because we ourselves witnessed that they truly work.) – Participant 6

Theme 4: Source of Influence on Traditional Medicine

Participants emphasized that their use of traditional medicine was influenced by family practices, intergenerational knowledge, and the socioeconomic conditions of their communities. Their narratives revealed that elders and parents served as important sources of knowledge, while limited financial resources and access to healthcare also contributed to the continued use of herbal remedies. These influences were reinforced through repeated exposure to traditional practices within families and communities. They mentioned:

“... nag mata ko sa akuang mga ginikanan na hilig sila ug herbal.” (... I grew up seeing my parents being fond of herbal medicine.) – Participant 1

“Ah, nakatuon mi ani sa amoang mga ginikanan, tungod kay mao man ang nabuhat giyud nila.” (Aah, we have learned about it from our parents, because that is what they do.) – Participant 3

“... ang pangwarta gani ma’am, ang trabaho, ug ang income, ahmm kulang gyud siya.” (I think we belong to a community where, in terms of financial status—work and income—there’s a shortage.) – Participant 6

3.2 Coping Mechanisms Participants Employ to Manage Challenges Associated with Folk Medicine Adherence

The participants’ narratives revealed that spiritual beliefs, cultural traditions, access to medicinal resources, interactions with others, and perceptions of healthcare options influenced their coping mechanisms regarding adherence to folk medicine. Their accounts showed that participants relied on various strategies to address challenges associated with traditional healing practices, including prayer and faith, the sharing and preservation of traditional knowledge, and the use of readily available medicinal plants within their communities. Participants further described how they responded to skepticism toward folk medicine while also recognizing circumstances in which modern medical care may be necessary. These experiences highlight how cultural, social, spiritual, and practical factors collectively shaped participants’ approaches to maintaining and navigating their adherence to folk medicine.

Theme 1: Spiritual Healing and Beliefs

Participants emphasized that faith and prayer were important components of their traditional healing practices. Their narratives revealed that spiritual practices often accompanied the preparation and use of herbal remedies and were viewed as essential elements of the healing process. Participants further described how their beliefs in God, prayer, and spiritual guidance influenced their understanding of illness and shaped their approaches to healthcare within their cultural context. They mentioned:

“Ako gyud gina-ampo sa Ginoo nga blessingan niya ang herbal. Ang herbal sabayan nimo ug pag-ampo, epektibo gyud siya.” (I always pray for God to bless the herbal remedy. When herbal medicine is accompanied by prayer, I believe it becomes effective.) – Participant 1

“Ampo lang ta sa Ginoo. Ampo ra sa Ginoo nga maulian.” (I simply pray to God. I pray to God for healing.) – Participant 4

“Kanang mag-ampo ka nga, 'Lord, gamiton nako ni nga instrument. I hope na maayo ko ani.' God jud first. God giyud. Mao jud na'y pinaka importante.” (You pray, saying, 'Lord, I am using this as an instrument. I hope this heals me.' God always comes first. God is truly the most important.) – Participant 5

Theme 2: Knowledge-Sharing

Participants emphasized that traditional healing knowledge was preserved through the transmission of practices and experiences across generations. Their narratives revealed that folk medicine was commonly learned from parents, grandparents, and other community members, allowing these practices to remain present within families and local communities. Participants further described how they not only received this knowledge from others but also shared it with individuals who were interested in learning about traditional healing practices. They mentioned:

“Kay kutob sa mutuo sa kanang mga alternative na mga tambal sama anang mga herbal, daghan na kaayo ko natudluan.” (For those who believe in alternative medicines, like herbal remedies, I've taught many people already.) – Participant 1

“Wala na nawala sa amua... hantud sa akong mga apo, naa sa akong mga anak. Wala na nila giwala.” (It hasn't disappeared from us... until my grandchildren, it's still with my children. They haven't abandoned it.) – Participant 2

“..., sa kato na mu-align, sa mga nituo, ..., and wala mi pagduha-duha ug share about unsa pay mga insight na among mahatag or ma-share na mga ... gagmay wisdom about traditional-spiritual healing.” (But for those who align, to those who believe, thank you, and we have no hesitation in sharing whatever insight we can give or share, uhm, small wisdoms about traditional-spiritual healing.) – Participant 7

Theme 3: Availability of Plants and Herbs

Participants emphasized that the accessibility of medicinal plants and herbs influenced their continued use of folk medicine. Their narratives revealed that these

resources were readily available within their homes, backyards, and surrounding communities, making them a convenient option for addressing common health concerns. Participants further described how the abundance of medicinal plants and their familiarity with these resources contributed to the preservation of traditional healing practices. They mentioned:

“Bayabas ang importante gyud kaayo. Dali ra kaayo kay naa man sa atuang mga bakuran.” (Guava is very important. It is easy to obtain because it grows in our backyards.) – Participant 2

“Gamit pud mi ug uban nga mga dahon-dahon nga makatabang. Daghan mag mga tambal nga dahon-dahon diri sa bukid namo.” (We also use other medicinal leaves that are helpful. There are many medicinal plants here in our mountains.) – Participant 3

“Kami diri naa gyud mi gitanom nga mga sagbot ug mga dahon. May panahon nga naa mi balatian, mao to among kwaon dayon.” (We always have medicinal herbs and leaves planted at home. Whenever we become ill, we immediately gather them.) – Participant 6

Theme 4: Reaction to Skepticisms

Participants acknowledged encountering skepticism toward folk medicine, particularly from individuals who preferred conventional medical treatments. Their narratives revealed different ways of responding to such criticisms, including respecting differing beliefs, drawing confidence from cultural traditions, relying on personal experiences, and maintaining trust in practices passed down through generations. Participants further described how these experiences reinforced their commitment to traditional healing despite varying opinions from others. They mentioned:

“Dili man siya komportable. Dili man mi pareha ug kumbaga, prinsipyo.” (But they weren’t comfortable with it. We didn’t share the same principles.) – Participant 1

“Dili sila ingon na mutuo, kay wala paman nila na tistingan.” (They do not believe it because they have not tried it yet.) – Participant 5

“Continue ra mi sa amoang passion, himuon namo sila as fuel na mas strengthen pa namo ang foundation sa among compassion.” (We continue with our passion and use their criticism as fuel to strengthen our commitment and compassion.) – Participant 7

Theme 5: Modern Medicine Reliance

Participants acknowledged that modern healthcare remained an important option when traditional healing practices were perceived as insufficient to address their health concerns. Their narratives revealed that hospitals, doctors, and medical treatments were often considered when symptoms persisted, illnesses became severe, or herbal remedies did not provide the desired outcomes. Participants further described how they balanced their reliance on folk medicine with the recognition that professional medical care may be necessary in certain situations. They mentioned:

“Kung di na gyud nato makaya, kinahanglan na gyud nato siya nga iadto na giyud sa doctor.” (If we can no longer manage it, we really need to bring the patient to the doctor.) – Participant 2

“Kung bug-at-bug-at na giyud nga balatian, diha na ta mudangop og hospital, kung paminaw nato di naman ni kaya aning mga dahon-dahon.” (If the illness becomes really serious, that is when we go to the hospital, when we feel that the herbal leaves can no longer handle it.) – Participant 4

“Dili pud namo ginatagaan ug bias na di nami mutuo ug physical doctor. Mutuo gihapon ta sa ilahang expertise.” (We do not become biased and say that we no longer believe in medical doctors. We still believe in their expertise.) –Participant 7

3.3 Insights of the Participants Regarding Their Reliance on Folk Medicine

The participants’ insights revealed that their reliance on folk medicine was influenced by both cultural beliefs and practical circumstances surrounding their health-seeking practices. Their narratives reflected the continued influence of traditional knowledge, family and community teachings, and spiritual beliefs in shaping their understanding of health and healing. At the same time, economic constraints and limited access to formal healthcare contributed to their continued use of traditional remedies. These insights demonstrate that participants’ reliance on folk medicine was shaped by an interplay of cultural, spiritual, economic, and accessibility-related factors.

Theme 1: Traditional and Supernatural Beliefs

The participants described strong adherence to traditional and supernatural healing practices, which they associated with personal experiences, family teachings, and community beliefs. These practices were often transmitted across generations through parents, elders, and traditional healers. Several participants also expressed

beliefs regarding supernatural influences on health, reflecting the cultural and spiritual dimensions that shape their understanding of illness and recovery. They mentioned:

“Kana siya, mao pud guro na ang mga naandan pud sa amoang mga ginikanan nga mga tinun-an sa ilang mga mananambal sa unang mga panahon. Nasunod pud namo nga kanang mga sinunod lang kana sa mga katigulangan.” (Those were probably the practices our parents learned from the healers of earlier times. We also continued to follow what was passed down from our elders.) – Participant 4

“Murag imo lang siya isipon nga naay tag-iya, murag ipananghid nimo saiyaha.” (You should consider that it has an owner, as if you are asking permission from it.) – Participant 6

“Nagacomunicate mig spirits, unseen beings na mutabang sa atoang ing-ani. Sa spiritual, daghang mga beings ang nagaexist pud. Even mga bad ones, bad entities, kaya namo sila ipabalik sa hayag or mapabalik sila as pure energy.” (We communicate with spirits and unseen beings that help us in these practices. In the spiritual realm, many beings also exist. Even bad entities, we can bring them back to the light or transform them back into pure energy.) – Participant 7

Theme 2: Economic Considerations

Beyond cultural tradition, participants emphasized that economic and accessibility factors also influenced their preference for folk medicine. Their narratives revealed that limited financial resources, geographical distance from healthcare facilities, and transportation difficulties contributed to their reliance on traditional remedies. Participants also perceived folk medicine as a more accessible and affordable option because medicinal plants were readily available in their surroundings and required fewer financial resources than formal healthcare. They mentioned:

“Wala na mi laing choice ma'am kung dili kana lang sa ang among ginagamit kay naa mi sa bukid. Ikaduha pud wala mi kwarta. First remedy giyud namo nang mga dahon-dahon.” (We have no other choice but to use what we have because we live in the mountains. Secondly, we also do not have money. Our first remedy is really the medicinal leaves.) – Participant 2

“Layo jud ang hospital, mao nang naningkamot giyud mi nga makapangita mi, makapanganap mi anang dahon-dahon.” (The hospital is really far, that is why we make an effort to find and gather those medicinal leaves.) – Participant 3

“Kung kugihan lang ta, di ta mag salig sa kwarta. Kumbaga, mapagmasid pud mo sa palibot ninyo, naa rana diha, makit-an ninyo, mga tambal-tambal dira naa rana dira.” (If we are just diligent, we do not have to rely on money. If we observe our surroundings, they are already there—you can find those medicinal plants everywhere.) – Participant 5

4. Discussion

Data obtained from the participants highlight the cultural experiences and beliefs that shape their use of folk medicine for health concerns. These include herbal treatments for specific illnesses, participation in traditional healing rituals, perceptions of the effectiveness and safety of traditional medicine, and social influences on its use. As a qualitative study, this research describes participants’ lived experiences and beliefs rather than establishing the clinical safety or effectiveness of folk medicine.

Participants described folk medicine as accessible, affordable, and aligned with longstanding cultural traditions. Some preferred traditional remedies over hospital treatments and attributed their recovery to these practices, while others associated certain illnesses with spiritual causes. These findings reflect how cultural heritage and personal beliefs influence health-seeking behaviors. This is consistent with Abobatta (2024), which discusses the historical use of herbal medicine while emphasizing regulation and sustainability, and with Chaachouay et al. (2022), which document the continued use of 280 medicinal plant species by traditional healers in Northern Morocco.

These findings also align with the Health Belief Model by Godfrey Hochbaum (Boskey, 2024), which suggests that individuals’ beliefs about treatment influence health decisions. However, participants’ perceptions should not be interpreted as evidence of therapeutic efficacy or safety. Some herbal remedies may pose risks such as toxicity, herb–drug interactions, or delayed access to appropriate medical care, highlighting the need for further clinical research and regulatory evaluation before their safety or effectiveness can be established. Beyond supporting the Health Belief Model, the present findings suggest that perceived benefits of folk medicine in rural Mindanao extend beyond individual health beliefs to include cultural identity, intergenerational traditions, and spiritual meaning. This indicates that healthcare decisions are influenced not only by perceptions of effectiveness but also by the desire to preserve culturally rooted practices, adding a contextual dimension to the model within rural communities.

Participants described traditional healing rituals as deeply spiritual and culturally embedded practices that extend beyond the physical use of remedies. Many emphasized prayer and divine intervention, such as praying over medicinal plants before use, while others believed that plants have spiritual ownership and require permission before harvesting. One participant also described shamanistic practices, attributing certain illnesses to spiritual causes that are addressed through rituals such as exorcisms and spiritual cleansing. These accounts reflect participants’ cultural and

spiritual beliefs and should not be interpreted as evidence of the effectiveness of these practices in treating illness.

These findings are consistent with Khoury, Rafah, and Bou Dargham (2024) and Andalan et al. (2024), who describe the continued role of traditional healing within cultural and spiritual contexts. Khoury, Rafah, and Bou Dargham (2024) highlight the influence of cultural beliefs, spiritual practices, and accessibility on traditional healing in the Arab region, while Andalan et al. (2024) document the therapeutic and ritual use of medicinal plants among indigenous communities in Benguet, Philippines. Through the Socio-Ecological Model of Urie Bronfenbrenner (Cherry, 2023), these findings suggest that cultural heritage, community practices, and the local environment influence healthcare choices, but do not establish the clinical efficacy or safety of traditional healing practices. While the Socio-Ecological Model explains how environmental and social contexts shape health behavior, the present findings further demonstrate that these influences are deeply interconnected in rural Mindanao, where spirituality, indigenous beliefs, and community traditions collectively reinforce health-seeking decisions. Rather than functioning as separate influences, these factors interact to sustain the continued practice of folk medicine across generations.

Participants expressed strong confidence in the perceived effectiveness and safety of traditional medicine, often attributing positive health outcomes to herbal remedies and long-practiced rituals. Some believed these remedies caused fewer side effects than pharmaceuticals because of their natural origins, while others emphasized that proper application, personal belief, and spiritual faith contributed to their perceived benefits. These findings reflect participants' perceptions and experiences and should not be interpreted as evidence that traditional medicine is clinically effective or safe.

This is consistent with Balkrishna et al. (2024), who discuss efforts to scientifically evaluate the safety, efficacy, and bioactivity of herbal remedies while recognizing the continuing influence of cultural beliefs on their use. Similarly, Awor et al. (2024) reviewed herbal medicines for sickle cell disease in Africa. They reported insufficient evidence to draw firm conclusions about their efficacy and safety due to limited study quality and sample sizes. In addition, some herbal remedies may carry risks, including toxicity, herb-drug interactions, and delayed access to appropriate medical treatment. These findings may be explained through Bandura's Social Cognitive Theory (1986), which suggests that beliefs about traditional medicine are shaped by social learning, observation, and shared cultural experiences. These findings suggest that observational learning in rural Mindanao extends beyond imitation of health behaviors. Participants not only observed successful healing practices but also inherited the cultural meanings and spiritual values attached to them. This expands the application of Social Cognitive Theory by highlighting how cultural identity and shared community narratives reinforce health-seeking behaviors over time.

The participants' responses suggest that intergenerational knowledge, cultural practices, economic realities, and personal experiences influence the use of traditional medicine. Many learned these practices from elders and family members, while

limited access to healthcare and financial constraints reinforced their reliance on herbal remedies. Spiritual beliefs and community traditions also contributed to the continued use of traditional medicine. These findings describe participants' experiences and do not imply that traditional medicine is clinically effective or appropriate for all health conditions.

These findings are consistent with Kawi et al. (2024), who found that Filipinos in rural communities often rely on family, friends, herbal medicine, and prayer when making health decisions. Likewise, Sengar and Sachan (2025) reported that the use of medicinal plants in rural healthcare is influenced by cultural beliefs, religious practices, and knowledge passed across generations. These patterns align with Bandura's Social Cognitive Theory (1986), which emphasizes the role of social influence and observational learning in shaping health behaviors. Unlike previous studies that primarily emphasize socioeconomic or accessibility factors, the present findings indicate that healthcare decisions arise from the interplay among family traditions, spirituality, community expectations, and personal experiences. This highlights the complexity of health-seeking behavior within rural Mindanao, where cultural influences remain central even when modern healthcare services are available.

The identified themes, including the use of herbal remedies, traditional healing rituals, perceptions of the efficacy and safety of folk medicine, and the sources influencing these practices, highlight the cultural and social factors that shape health-seeking behaviors. These findings are relevant to SDG 3 (Good Health and Well-Being) by demonstrating the importance of understanding culturally rooted healthcare practices, particularly in resource-limited settings. However, this study does not establish the clinical safety or effectiveness of folk medicine. Instead, it underscores the need for culturally sensitive healthcare, health education, and open communication between healthcare providers and communities. It also highlights the importance of further clinical research and appropriate regulatory evaluation to determine the safety, efficacy, and potential role of traditional medicine in healthcare.

The data collected from participants reveal several coping mechanisms related to their adherence to folk medicine, including spiritual healing and beliefs, knowledge sharing, the availability of medicinal plants, responses to skepticism, and reliance on modern medicine. Participants consistently described faith, prayer, and divine intervention as important aspects of their healing experiences, often viewing these as complementary to herbal treatments. These findings reflect participants' beliefs and lived experiences rather than evidence that spiritual practices or folk medicine improve health outcomes.

These findings are consistent with Boateng et al. (2023), who reported that religious beliefs influence confidence in alternative medicine, and Del Castillo et al. (2023), who found that Filipino Christian youth commonly use prayer as a coping strategy during psychological distress. The findings may also be understood through the Health Belief Model (Hochbaum, Rosenstock, & Kegels, 1952), which suggests that perceived benefits, including spiritual beliefs, influence health-related decisions and treatment choices. These findings further demonstrate that spirituality functions

not merely as a coping strategy but as an integral component of healthcare decision-making. In rural Mindanao, prayer and traditional healing are perceived as complementary rather than separate practices, reflecting a culturally embedded understanding of health that extends beyond conventional biomedical perspectives.

These findings highlight the role of intergenerational transmission in preserving traditional medicinal knowledge within communities. Participants consistently described learning about folk medicine from elders and passing this knowledge to younger generations through family traditions, personal experiences, and community teaching. They also emphasized that belief and willingness to practice these traditions contribute to their continuity. These findings describe how traditional knowledge is maintained within communities and do not indicate the clinical effectiveness of these practices.

This is consistent with Ouma (2022), who reported that traditional healing practices are sustained through place-based intergenerational learning, and Obligar et al. (2024), who found that maternal figures in rural communities play a key role in preserving and transmitting traditional health practices. These patterns align with Social Cognitive Theory (Bandura, 1986), which explains how observation, modeling, and social reinforcement influence the continuation of health-related behaviors across generations.

Participants' reliance on folk medicine was influenced by the availability of medicinal plants and herbs in their surroundings. Many described these remedies as easily accessible, often growing in their backyards or nearby areas, which encouraged their continued use and recommendation within the community. These findings describe participants' experiences and the environmental factors that influence their health-seeking behaviors, rather than the effectiveness of the remedies themselves.

This finding is consistent with Andalan et al. (2024), who documented the use of 28 medicinal plants among indigenous communities in Benguet, Philippines, where the availability of local herbs influenced healthcare decisions. Similarly, Cordero et al. (2023) reported that local communities possess extensive knowledge of medicinal plants, and that their abundance contributes to the continued use of herbal remedies. These findings align with the Socio-Ecological Model (Bronfenbrenner, 1979), which emphasizes that environmental factors, including the availability of natural resources, influence health-related decisions.

Participants reported encountering skepticism from individuals who preferred modern medical treatments, yet they generally remained committed to their use of folk remedies. Many attributed these differing views to personal upbringing, cultural beliefs, and previous exposure to conventional medicine. Some regarded criticism as unimportant, while others viewed it as motivation to continue practicing and sharing traditional healing. These findings reflect participants' perspectives on how cultural beliefs influence their responses to skepticism.

This is consistent with Jamil et al. (2022), who found that cultural beliefs influence adherence to prescribed medical regimens, with some individuals preferring traditional remedies. Likewise, Benitez et al. (2024) reported that beliefs in the

effectiveness of herbal medicine may influence decisions regarding the use of prescribed treatments. These findings align with the Health Belief Model (Hochbaum, Rosenstock, & Kegels, 1952), which suggests that perceived benefits and barriers shape health-related behaviors and treatment choices.

While participants primarily expressed a preference for traditional healing practices, many also acknowledged the role of modern medicine, particularly for more serious health concerns. Traditional remedies were often described as an initial approach, with biomedical care considered when symptoms persisted or worsened. This reflects participants' adaptive health-seeking behaviors and their negotiation between cultural practices and professional healthcare services. Some participants emphasized factors such as accessibility, cultural beliefs, and trust in science when deciding between traditional and modern treatments, while others viewed both systems as addressing different dimensions of health. These findings represent participants' perspectives and do not establish the effectiveness or safety of either approach. Rather than rejecting modern healthcare, participants described a flexible approach in which folk medicine served as the initial response, with biomedical treatment sought when necessary. This suggests that rural Mindanao communities do not necessarily perceive traditional and modern healthcare as competing systems but instead navigate both according to the nature of the illness, accessibility of services, and cultural beliefs.

This aligns with the findings of Mutola (2021), which suggest that while there is a growing reliance on modern medicine, the enduring trust in and accessibility of traditional medicine lead to a dual healthcare system. This further illustrates that many rural populations practice a dual healthcare system, combining traditional and modern treatments when necessary. Another study supports this, emphasizing the importance of integrating traditional medicine into current healthcare systems to enhance patient care and acknowledges the pragmatic approaches individuals adopt by combining traditional remedies with modern medical interventions (Zhang et. al., 2024). The Socio-Ecological Model (Bronfenbrenner, 1979) explains this by recognizing that healthcare choices are shaped by multiple levels of influence, including family beliefs and institutional accessibility.

Participants employ various coping mechanisms to navigate the challenges of adhering to folk medicine. These include relying on culturally ingrained practices, spiritual faith, and the emotional support of family and community members. Such strategies help them maintain a sense of control and continuity in managing health concerns, especially in the face of limited access to formal healthcare services. While these mechanisms offer comfort and familiarity, they also reflect broader gaps in health services and availability, as well as trust in institutional care. This emphasizes the relevance of Sustainable Development Goal 3 (Good Health and Well-Being), which advocates for accessible, inclusive, and quality healthcare for all.

Participants also described how these practices were learned and reinforced through continuous exposure within their families and communities. These findings highlight the social and cultural factors that shape health-seeking behaviors rather than establishing the effectiveness of traditional or supernatural healing practices. These

findings are supported by Ahmed et al. (2023), who identified affordability, perceived benefits, and cultural and religious values as factors influencing the continued preference for traditional medicine. Similarly, Palmiano and Molina (2021) found that despite exposure to formal education and modern healthcare knowledge, some students continued to seek assistance from traditional healers such as albularyo, hilot, surhano, and parasantigwar for conditions perceived to have physical and spiritual causes. These patterns align with Social Cognitive Theory (Bandura, 1986), which explains that health-related beliefs and behaviors are shaped through social interactions, direct experiences, and observational learning within one's community.

Participants' reliance on folk medicine is influenced not only by cultural and spiritual traditions but also by economic constraints and geographical isolation. The participants' resides in rural areas, where accessing formal healthcare facilities is a challenge, where financial hardships made it even harder to seek formal medications. Relying on folk medicine is done not only because of cultural traditions but also because it is cost-effective. These findings are supported by Logiel et al. (2021) which states that socioeconomic and health-related factors influence individuals' reliance on traditional medicine, especially in geographically isolated areas where folk remedies are more accessible.

Financial constraints such as medical and travel costs, and distance from healthcare facilities, further discourage the use of formal services. Similarly, Palero et al. (2023) reported that during the COVID-19 pandemic, traditional healers in Maibu Village, Butuan used 34 plants to treat the virus, reflecting the community's dependence on accessible, affordable, and culturally rooted healing practices. This aligns with the Socio-Ecological Model (Bronfenbrenner, 1979), which explains that a person's development is influenced by their relationship towards their environment and community. Similarly, the participants preferred folk medicine because people in their community used it, and to adapt to economic constraints stemming from financial hardships and geographical isolation.

Overall, the findings suggest that health-seeking behavior in rural Mindanao cannot be explained solely through economic limitations or healthcare accessibility. Instead, participants demonstrated that cultural identity, spirituality, family traditions, and practical considerations operate simultaneously in shaping healthcare decisions. These findings extend existing literature by illustrating how folk medicine remains an adaptive and culturally meaningful component of health-seeking behavior despite increasing access to formal healthcare services. In relation to Sustainable Development Goal 3 (Good Health and Well-Being), these findings underscore the importance of developing inclusive, culturally responsive healthcare systems that respect local beliefs while improving access to quality healthcare services. Addressing both structural barriers and cultural dimensions of health-seeking behavior may contribute to more equitable and effective healthcare delivery in rural communities.

5. Conclusion

This study explored the lived experiences of selected rural participants who adhere to folk medicine in addressing their health concerns. The findings revealed that cultural traditions, spiritual beliefs, intergenerational knowledge, and socioeconomic circumstances shaped participants' reliance on folk medicine. Given the qualitative design and small, snowball-selected sample, these findings reflect the participants' experiences and perspectives and should not be generalized to all rural communities.

The findings showed that participants' health-seeking behaviors were influenced by exposure to generational practices, family teachings, and cultural experiences. Themes related to herbal remedies, traditional healing rituals, perceptions of folk medicine, and the influence of family members and traditional practitioners demonstrated how these factors shaped participants' understanding and continued engagement with folk medicine.

Participants described various ways of navigating challenges associated with their use of folk medicine. These included reliance on spiritual beliefs, knowledge-sharing, the availability of medicinal plants, responses to skepticism, and openness to seeking modern healthcare when conditions required professional attention. These accounts highlight the complex decision-making processes involved in balancing traditional practices and formal healthcare options.

Participants' perspectives reflected the influence of cultural identity, spiritual worldviews, and economic considerations on their continued use of folk medicine. Accessibility, affordability, and familiarity contributed to their preference for these practices, while healthcare limitations also influenced their choices. However, these perceptions do not establish the clinical effectiveness or safety of folk medicine.

Overall, this study provides insight into how cultural and social factors influence participants' health-seeking behaviors. Rather than suggesting the direct integration of folk medicine into healthcare systems, the findings highlight the importance of culturally sensitive healthcare approaches that recognize patients' beliefs while promoting informed decision-making and evidence-based care.

The findings may contribute to future discussions on improving healthcare accessibility and communication between healthcare providers and communities. Healthcare professionals and policymakers may consider these perspectives when developing culturally responsive health education initiatives, while ensuring that any recognition or incorporation of traditional practices is supported by appropriate scientific evaluation, safety assessment, and regulatory guidance.

Future research may further examine the relationship between folk medicine and formal healthcare across broader populations, including the potential benefits, risks, and outcomes associated with traditional healing practices. Larger studies and clinical investigations may provide additional evidence regarding the appropriate role of folk medicine within healthcare contexts.

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Conflict of Interest Statement

The authors declare no relevant financial or non-financial conflicts of interest with respect to this manuscript.

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