

HEALTH-SEEKING BEHAVIOR AMONG FILIPINO INDIGENOUS FAMILIES IN RURAL AREAS OF THE PHILIPPINES**Brenda Lotte Redillas Oberio**Student, MPA Major in Organizational Studies
Graduate School of Development Management
University of Southeastern Philippines
Mintal Campus, Davao City**Co- Author****Aristeo C. Salapa**<https://orcid.org/0000-0003-0934-3571>

Professor, University of Southeastern Philippines

ABSTRACT

Health-seeking behavior among Indigenous Peoples (IPs) is a critical determinant of health equity, particularly in rural and geographically isolated settings. In the Philippines, Indigenous families continue to experience disproportionate health risks due to entrenched cultural practices, socioeconomic disadvantage, geographic isolation, and limited access to culturally responsive healthcare services. Traditional healing practices and family-centered decision-making remain integral to Indigenous health behavior and may contribute to delayed utilization of formal medical services. Additionally, the growing influence of digital technologies and social media is reshaping health information-seeking patterns, particularly among younger Indigenous populations. This study examined the health-seeking behavior of Filipino Indigenous families residing in rural communities, focusing on the interplay of cultural beliefs, structural barriers, and emerging digital influences. A qualitative descriptive research design guided by Andersen's Behavioral Model of Health Services Utilization was employed. Data were collected through semi-structured interviews and questionnaires from 220 participants across selected rural Indigenous communities in the Philippines. Thematic analysis was conducted to identify key determinants of healthcare utilization.

Findings indicate that cultural beliefs, reliance on traditional healing practices, poverty, and geographic isolation significantly shape health-seeking decisions. Indigenous families frequently rely on home remedies, herbal medicine, and traditional healers prior to seeking biomedical care. Financial constraints, transportation difficulties, limited health literacy, and perceived quality of care further contribute to delayed health service utilization. While national policies such as the Indigenous Peoples' Rights Act (IPRA) and the expansion of rural health units have improved access, persistent gaps in service delivery and cultural responsiveness remain. Digital health information-seeking through mobile phones and social media is emerging but remains uneven and susceptible to misinformation.

The study concludes that health-seeking behavior among Indigenous families in rural Philippines is a culturally embedded and socially negotiated process shaped by enduring structural inequities. Strengthening culturally responsive healthcare systems, community-based interventions, and inclusive health policies—while integrating appropriate digital health strategies—is essential to advancing health equity among Indigenous populations.

Keywords:

Health-seeking behavior; Indigenous Peoples; Rural health; Traditional healing; Cultural beliefs

INTRODUCTION

Health is widely recognized as a fundamental human right and a cornerstone of social and economic development (World Health Organization [WHO], 1948). Despite global and national commitments to universal health coverage, disparities in health access and outcomes persist, particularly among Indigenous Peoples (IPs). In the Philippines, IPs consistently experience poorer health indicators, higher disease burden, and limited access to essential healthcare services compared with non-Indigenous populations (Gabriel, 2016; Peiris et al., 2008).

Health-seeking behavior refers to the actions and decisions individuals and families undertake in response to perceived illness in order to restore or maintain health (Rosenstock, 1974). Among Indigenous families in rural settings, health-seeking behavior is shaped by collective decision-making, cultural traditions, ancestral beliefs, and socioeconomic constraints. These factors often result in reliance on traditional healing practices and delayed engagement with biomedical healthcare systems (Pelayo, 2015; Rondilla et al., 2021).

Rural Indigenous communities in the Philippines face compounded barriers to healthcare access due to geographic isolation, poverty, limited infrastructure, and shortages of healthcare professionals. Although legislative measures such as the Indigenous Peoples' Rights Act of 1997 (Republic Act No. 8371) aim to promote equity and inclusion, Indigenous access to quality and culturally appropriate healthcare remains uneven. Moreover, the rapid expansion of digital technologies and social media introduces new dimensions to health information-seeking behavior, influencing perceptions of illness and care-seeking practices (Kim et al., 2020; Namli, 2025).

Understanding the health-seeking behavior of Indigenous families is essential to informing culturally responsive health policies, strengthening healthcare delivery, and reducing persistent health inequities. This study addresses gaps in existing literature by examining health-seeking behavior among Filipino Indigenous families in rural contexts using a socio-cultural and structural framework.

Background of Study

Rural Indigenous communities in the Philippines face multiple and overlapping barriers to healthcare access, including poverty, distance to health facilities, inadequate transportation, shortage of healthcare professionals, and limited availability of medical supplies (Peters et al., 2008; Bright et al., 2017). Cultural beliefs and traditional medicine continue to play a central role in Indigenous health systems, often coexisting with biomedical care in a pluralistic manner (Abe & Ohtani, 2013; Rondilla et al., 2021).

Despite the enactment of the Indigenous Peoples' Rights Act (IPRA) of 1997 (Republic Act No. 8371), which recognizes the rights of IPs to culturally appropriate social services, access to equitable healthcare remains uneven. Studies have shown that Indigenous populations experience delayed care-seeking, lower utilization of preventive services, and poorer maternal and child health outcomes compared to non-Indigenous populations (Duante et al., 2022; Pelayo, 2015).

OBJECTIVES

This study wants to point out the health seeking behavior of Filipino families in rural areas.

To identify how, culture, tradition, religious beliefs, geographical location in health seeking behavior of families in rural areas.

To check the accessibility and utilization of healthcare services in rural areas.

METHODOLOGY

This review synthesizes findings from peer-reviewed journals, policy documents, government reports, and NGO-led studies focusing on health-seeking behavior, Indigenous health, rural healthcare access, and social determinants of health. The literature spans qualitative, quantitative, and mixed-methods studies addressing maternal health, adolescent health, communicable and non-communicable diseases, and health system responsiveness.

The literature was analyzed thematically, organizing evidence around recurring determinants of health-seeking behavior relevant to rural and Indigenous populations.

This study employed a qualitative descriptive research design guided by Andersen's Behavioral Model of Health Services Utilization (Andersen, 1995). The model conceptualizes healthcare utilization as a function of predisposing factors, enabling resources, and perceived or evaluated health needs.

Study Participants and Setting

Participants were Indigenous family members residing in selected rural communities across the Philippines. The study included both household representatives and individuals who had accessed primary healthcare services or referrals to secondary or tertiary health facilities.

A total of 220 participants were purposively selected, consisting of 165 household respondents and 55 barangay health workers or healthcare facility-based participants.

Sample Size

A total of **220 participants** were included:

Table 1. Socio-Demographic Characteristics of Participants (n = 220)

Characteristic	Category	Frequency
Participant Type	Household respondents	165
	Health-related respondents	55
Residence	Rural Indigenous communities	220
Health Service Exposure	Rural health units / hospitals	Majority

Data Collection

Data was collected through:

- Structured questionnaires
- Semi-structured in-depth interviews

These instruments explored illness perception, healthcare decision-making, traditional practices, access barriers, and the influence of social media and digital information.

Data Analysis

Data were transcribed in verbatim and analyzed using **thematic analysis**. Codes were developed inductively and grouped according to Andersen's predisposing, enabling, and need factors.

Ethical Considerations

- Informed consent was obtained from all participants
- Participation was voluntary
- Confidentiality and anonymity were strictly maintained
- Ethical standards in human research were observed throughout the study

RESULTS AND DISCUSSION**Key Themes**

1. Reliance on traditional healing practices
2. Delayed utilization of formal healthcare
3. Financial and geographic barriers
4. Family-centered decision-making
5. Emerging influence of digital health information

Findings align with prior studies documenting pluralistic health systems and delayed care-seeking among Indigenous populations (Pelayo, 2015; WHO, 2021).

Analysis revealed major themes influencing health-seeking behavior among Filipino Indigenous families

1. Cultural Beliefs and Traditional Medicine

Folk medicine and traditional healing practices remain deeply embedded in rural and Indigenous communities. Long before the advent of modern medicine, families relied on herbal remedies, spiritual healing, and culturally grounded diagnostic practices. These systems continue to coexist with biomedical care, with traditional healing often serving as the first point of contact for mild illnesses.

Participants commonly reported the use of herbal medicine and traditional healing practices as initial responses to illness. These practices were rooted in ancestral knowledge and cultural identity.

2. Socioeconomic Constraints

Poverty significantly limited access to healthcare services. Financial constraints often led families to delay consultation or choose informal care options.

3. Geographic Isolation

Distance from healthcare facilities, difficult terrain, and limited transportation options were major barriers to timely healthcare utilization.

4. Socioeconomic and Geographic Barriers

Multiple studies consistently identify poverty, food insecurity, transportation costs, and geographic isolation as major constraints to healthcare utilization. Families living far from health facilities often delay or forego treatment, especially when daily survival needs take precedence over medical consultation.

5. Social Support and Community Influence

Family members, barangay leaders, and traditional healers played a central role in influencing healthcare decisions. Social trust and community support encouraged care-seeking but also reinforced reliance on non-formal care.

6. Emerging Role of Technology and Social Media

Younger participants reported using mobile phones and social media for health information, while older individuals relied more on interpersonal sources. Digital access influenced perceptions of illness and treatment options.

7. Health System Access and Quality

Rural Health Centers (RHCs) and barangay health services form the backbone of public healthcare delivery in rural Philippines. While their presence has improved access, staffing shortages, limited equipment, and inconsistent medicine supply persist. Despite these limitations, community coordination involving barangay officials, tribal leaders, and local health workers plays a crucial role in emergency response and referrals.

8. Indigenous Health and Structural Inequality

Indigenous populations experience disproportionate health disadvantages, including lower access to skilled birth attendants, preventive services, and formal medical care. Adolescent Indigenous mothers, in particular, face compounded risks due to poverty, distance from facilities, and limited maternal health support. The enactment of the Indigenous Peoples' Rights Act has strengthened legal recognition and advocacy, yet gaps in implementation and health equity remain.

9. Social Capital and Community Support

Health-seeking behavior is strongly influenced by family ties, community trust, and social networks. Studies on tuberculosis care, elderly health, and chronic disease management show that social support enhances treatment adherence, motivation, and self-management. Community involvement fosters a sense of care and shared responsibility, reinforcing positive health behaviors.

10. Non-Communicable Diseases and Lifestyle Risks

Non-communicable diseases (NCDs), including hypertension, diabetes, and cardiovascular diseases, represent a growing burden in rural areas. Although medications are often provided free at public facilities, lifestyle modification remains challenging due to cultural habits, economic constraints, and competing household priorities.

11. Digital and Health Information-Seeking Behavior

Health information-seeking behavior has evolved with increased access to mobile phones and social media. Younger adults are more likely to consult online sources and physicians, while older adults rely on relatives, friends, and traditional practitioners. However, digital access remains uneven in geographically isolated communities, limiting the reach of online health information.

12. Vulnerable and Marginalized Populations

Literature highlights distinct health-seeking challenges among parolees, migrants, urban poor families, mothers, and children. Maternal education, economic empowerment, and prior healthcare experiences significantly shape care-seeking decisions. Conflict, displacement, disasters, and pandemics further exacerbate barriers by disrupting livelihoods, infrastructure, and access to care.

Predisposing Factors

Cultural beliefs and traditional healing practices strongly influenced health-seeking behavior. Illness was frequently perceived as a natural, spiritual, or environmental imbalance, leading families to initially rely on herbal medicine, traditional healers, and family-based remedies. Older participants demonstrated particularly strong adherence to ancestral healing practices.

Enabling Factors

Socioeconomic disadvantage emerged as a significant barrier to healthcare utilization. Poverty, transportation costs, long distances to health facilities, and difficult terrain contributed to delayed care-seeking. Although rural health units were available in some communities, limited staffing, inadequate medical supplies, and inconsistent service availability constrained access.

Need Factors

Perceived severity of illness was a primary determinant of formal healthcare utilization. Mild or familiar illnesses were typically managed at home, while severe or persistent conditions prompted consultation with biomedical healthcare providers. Delayed care-seeking was common for chronic diseases, maternal health concerns, and preventive care.

Digital Health Information-Seeking

Younger participants increasingly used mobile phones and social media platforms to seek health information. However, access to reliable digital resources was inconsistent, and misinformation posed potential risks to appropriate health decision-making. Older adults continued to rely primarily on interpersonal networks and traditional sources of health knowledge.

DISCUSSION

The findings demonstrate that health-seeking behavior among Indigenous families is not solely an individual decision but a culturally embedded and socially mediated process. Consistent with Andersen's model, healthcare utilization is shaped by cultural predispositions, enabling resources, and perceived need.

Traditional healing remains a relevant and trusted form of care, particularly in rural settings where formal healthcare is limited. While government initiatives and rural health centers have improved access, persistent barriers such as poverty, workforce shortages, and geographic isolation continue to impede equitable healthcare utilization.

The growing influence of digital technology presents both opportunities and challenges. While access to health information may improve awareness, misinformation and unequal digital access may also exacerbate health inequities.

The reviewed literature demonstrates that health-seeking behavior in rural and Indigenous contexts is not merely an individual choice, but a socially embedded process shaped by culture, poverty, geography, community relationships, and systemic health inequities. While policies promoting universal health coverage and inclusive development exist, practical barriers continue to limit timely and appropriate healthcare utilization.

These findings underscore the importance of culturally sensitive, community-based, and equity-focused health interventions. They also highlight the need for localized studies that capture the lived experiences of Indigenous families navigating pluralistic health systems.

The coexistence of traditional and biomedical systems reflects a pluralistic healthcare environment shaped by cultural continuity and structural inequities. Similar patterns have been observed among Indigenous populations in other low- and middle-income countries, where traditional practices persist alongside formal healthcare services (Pelayo, 2015; WHO, 2021).

Despite policy frameworks aimed at improving Indigenous health, persistent barriers related to poverty, geographic isolation, and limited health literacy continue to restrict equitable access to healthcare. The increasing integration of digital technologies presents opportunities for health promotion and education but requires culturally appropriate and context-sensitive implementation to prevent the widening of existing inequities.

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CONCLUSION

Health-seeking behavior among Filipino Indigenous families in rural Philippines is shaped by the complex interaction of cultural beliefs, socioeconomic constraints, geographic isolation, and emerging digital influences. Traditional healing practices and family-centered decision-making remain central to healthcare choices, while access to formal health services is frequently delayed. Addressing these challenges requires the strengthening of culturally responsive healthcare delivery, community-based interventions, and inclusive health policies, alongside the responsible integration of digital health strategies to promote health equity among Indigenous populations.

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