Access to Pharmaceutical Services in Indigenous People of Pacquibato, Davao City: A Qualitative Analysis

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Abstract

Background: Access to pharmaceutical services among indigenous people (IP) remains a challenge, making them susceptible to self-medication, medication errors, and reduced quality of life.

Objectives: The study recognized the role of pharmacists in ensuring timely and safe medication use for chronic conditions, as well as access to pharmaceutical services for Indigenous people, to improve disease management, health outcomes, and health equity.

Methods: A phenomenological qualitative design was used to investigate pharmaceutical access among IPs. Eight (8) individuals aged 30–50 from Paquibato, Davao City, were interviewed through a focused group discussion (FGD). Five (5) were male and three (3) female. Adapted survey questionnaires guided data collection. Interviews were audio-recorded, transcribed, and analyzed inductively and deductively using thematic methods to generate major themes.

Results: Respondents highlighted their dependence on barangay health centers and the challenges they face in accessing pharmaceutical services, including discrimination, geographical isolation, and financial constraints. Major themes included: 1) Access to patient and medication counseling, 2) Positive and negative experiences with pharmacists, 3) Improved health outcomes, 4) Preference for traditional medicine, and 5) Barriers such as geographical limitations, financial constraints, and cultural awareness.

Conclusion: Indigenous reliance on barangay health centers, lack of available pharmacists, financial burden of travel, and preference for traditional remedies limit access to medications. Barriers included geography, cost, cultural awareness, and stigma.

Keywords: Indigenous people, Pharmaceutical services, Pharmaceutical access, medicines, counseling, Philippines

Acknowledgments: The authors would like to express their sincere gratitude to their advisers, the panel of reactors, the questionnaire validators, and the Dean of the College of Pharmacy and Chemistry.

Funding/support: None

Conflicts of interest: None

Introduction

The availability of healthcare services has a direct impact on community well-being and the physical and mental health of individuals. Access ensures early detection, efficient treatment, and prevention of disease. Despite such efforts, Indigenous peoples continue to face significant barriers to healthcare. According to Degawan (2020), limited knowledge of medication accessibility, particularly in rural areas, hinders their ability to understand the complexity of their situation. Similarly, Nguyen et al. (2020) emphasized that limited access to healthcare remains a significant challenge.

Poorer health outcomes among Indigenous peoples are attributed to these barriers compared to the general population. In developed countries like Canada, such problems remain profound and prominent for both Canadians and Indigenous communities (Nguyen et al., 2020). In the Philippines, the Indigenous Peoples Rights Act of 1997 (Republic Act 8371) safeguards the well-being by ensuring equal access to healthcare services. However, challenges persist, including inadequate funding and inefficiencies in pharmaceutical procurement (Batangan, 2014). Region 11 (Davao Region), which has the largest projected Indigenous population, faces frequent marginalization and limited access to resources, resulting in persistent health inequalities (Domingo & Manejar, 2020; Hasan et al., 2021; Macusi et al., 2023).

Many Indigenous peoples refrain from medical care despite its availability. Misconceptions, reinforced by cultural practices, often outweigh scientific approaches to healing. As a result, self-medication and reliance on community-based remedies preserve cultural beliefs and rituals.

Identifying and addressing barriers to healthcare access is critical, as it enables earlier detection, reduces mortality, and improves overall outcomes. It also promotes culturally sensitive pharmaceutical services that respect Indigenous traditions while enhancing recovery (Smye et al., 2023).

Ultimately, the dissemination of study findings should maximize their impact and engagement. Results may be shared with academics and practitioners at conferences, community forums directly involving those affected, healthcare organizations tailoring services to meet specific needs, and government agencies guiding policy and resource allocation. Equally important is ensuring that dissemination methods respect the privacy and cultural preferences of Indigenous communities (Sacca et al., 2022).

Materials and Methods

Research Design

This study adopted a Phenomenological Qualitative Research Design to explore the lived experiences of Indigenous people in accessing pharmaceutical services. Phenomenology focuses on individuals' direct experiences of phenomena, examining events that affect people in diverse ways and eliciting personal accounts of specific incidents (Srivastava, 2021). It describes these experiences from the participants' perspectives by analyzing their spoken or written narratives.

To capture these perspectives, the study conducted an in-depth investigation of how Indigenous peoples access pharmaceutical services. Thematic analysis was employed for its comprehensiveness and utility in qualitative studies involving Indigenous populations, facilitating the identification, analysis, and presentation of shared ideas within the data. This approach conveyed participants' perceptions and highlighted recurring themes. Finally, consideration of participants' cultural backgrounds and social statuses ensured that the findings reflected their everyday realities and contextualized their lived experiences (Espiritu, 2017).

Research Locale

This study was conducted in Paquibato District, Davao City, chosen for its high concentration of Indigenous Peoples, which allowed the researchers to gather sufficient information on access to pharmaceutical services. Paquibato (7.3709, 125.4961), formerly Población, is a barangay in Davao City and the city's largest district, with a land area of 65,339.122 hectares: 53,040 hectares classified as brushland, 10,492 hectares as grassland, and 1,733 hectares as agricultural land (Macusi et al., 2023).

Sampling Strategy

Purposive sampling was employed to collect detailed information on the accessibility of medicines. This method, also called non-probability sampling, is practical when studying specific cultural topics with qualified informants (Dolores, 2007). Eight (8) Indigenous individuals from Paquibato were selected, restricted to ages 30–50, diagnosed with hypertension or diabetes, and using maintenance medications. Individuals who did not meet the inclusion criteria were excluded from the study.

Sources of Data

Data were obtained through a Focus Group Discussion (FGD) in Paquibato. FGDs enable selected respondents to engage in extensive deliberation on a specific subject under the guidance of a trained moderator, generating new concepts while capturing their experiences, beliefs, and opinions (Van Eeuwijk & Angehrn, 2017). Eight (8) participants joined the FGD.

Data Collection

Data collection procedures directly influenced the dependability of findings (Veginadu et al., 2022). Observation was integrated into the design, allowing the researchers to adapt methods during fieldwork — a key feature of phenomenological research (Charmaz, 2014).

NCIP Clearance. Data collection began after approval from the Region XI National Commission on Indigenous Peoples (NCIP). This ensured legal compliance, protected participants' rights, and adhered to ethical standards, while fostering cultural understanding and preserving Indigenous knowledge.

Informed Consent. All participants received detailed information on the study's purpose, process, and anticipated results. Informed consent forms were distributed to ensure autonomy, uphold community rights, and guarantee that the study met ethical standards (Fitzpatrick et al., 2016).

Interviews. Semi-structured interviews gathered firsthand accounts of participants' experiences and provided insights into sensitive issues that may not be fully discussed in group settings (Gill et al., 2008; Clements, 2023).

Survey Questionnaires. Open-ended questionnaires were used to explore participants' views and beliefs in their native language or dialect (Bhandari, 2023). The tool was adapted from Thummapol (2018), revised to fit the study's context, and validated through expert evaluation and content validity procedures.

Data Analysis

This study employed the narrative analysis approach, which examines stories to gain a deeper understanding of human experiences and actions (Jansen, 2023). Researchers conducted interviews, gathered and organized responses, and emphasized first-person

accounts to capture how participants perceived their situations. This allowed for a deeper understanding of the lived experiences of Indigenous people in relation to their access to pharmaceutical services.

Trustworthiness of the Study

Credibility. To ensure the study's credibility, the researchers prioritized maintaining consistency throughout the data collection process, especially during interviews. All of the data were based on factual experiences directly from the respondents. According to Sinkovics et al. (2008), trustworthiness is established by establishing the validity and reliability of qualitative research. Shenton (2004) supported the notion that credibility is a fundamental criterion for ensuring the quality and trustworthiness of data. To enhance the study's credibility, the researchers extended their engagement by closely observing the research participants. With this, the researchers could provide confident and factual findings.

Confirmability. To address the confirmability of this study, personal opinions, judgments, and assumptions were set aside. The use of audit trails,, such as audio recordings and note-taking,, was employed to ensure the confirmability of this study. An audit trail was initially introduced in the study by Lincoln and Guba (1985), who stated that it is a principal technique for establishing the confirmability of qualitative studies (Amankwaa, 2016). To ensure the confirmability of this study, the researchers utilized Lincoln and Guba's 6 categories in an audit trail. These are the following: (1) use of raw data and written notes, (2) analysis and data summaries such as condensed notes and theoretical notes, (3) data construction such as integrating the data into existing literature and integration of interpretations, (4) process notes including methodological process such as procedures, design, and rationales, (5) materials relating to intentions and dispositions, and lastly (6) instrument development information. With this, researchers provided transparent and clear findings.

Transferability. To achieve credible and authentic findings, the results of this research were made transferable and generalizable. The data and results were presented as transparently as possible to assess their applicability to other contexts for transferability. Hence, the researchers provided detailed descriptions of the respondents to facilitate comparisons with other research findings, individuals, and groups.

Dependability. To establish the dependability of this study, the researchers ensured consistency in the data collection and analysis by reviewing the collected data and transcribed materials. A thorough analysis of the entire research process yielded high-quality and reliable data. Lincoln and Guba (1985) employed the term "dependability" in qualitative research, which is closely related to the concept of "reliability."

Ethical Considerations

The safety, rights, and dignity of participants were prioritized. Authorization was obtained from the National Commission on Indigenous Peoples (NCIP), and informed consent was secured before data collection (Bryman & Bell, 2007; Resnik, 2013). Measures were taken to preserve privacy, ensure cultural sensitivity, and guarantee confidentiality of responses. The participation of the participants in this study was voluntary. Before the study, the researchers secured ethical clearance from the University of the Immaculate Conception Research Ethics Committee (UIC-REC) with Protocol Code: UG-0021-02-24. This study followed the ethical considerations guidelines that adhered to 10 elements, namely, social value; informed consent; vulnerability of research participants; risks, benefits, and safety; privacy and confidentiality of information; justice;

transparency; qualifications of the researcher; adequacy of facilities; and community involvement as stipulated in the ICF.

Results

Demographic Characteristics

Eight (8) Ata residents of Barangay Embac, Paquibato District, participated in this study. There were five (5) males and three (3) females present. Among the respondents, two (2) were 33 years old, five (5) were in their 40s (40, 41, 45, 47, and 49, respectively), and one (1) was aged 50 years old. These respondents either have hypertension, diabetes, or both.

Table 1.
Lived experiences of Indigenous people, specifically those with hypertension and diabetes, residing in Paquibato, Davao City, concerning their access to pharmaceutical services.

Essential Themes	Core Ideas
Access to Patient and Medication Counseling	The unavailability of pharmacists in health centers results in nurses and midwives providing medication information and counseling.
Positive Experiences with Pharmacists	Medication counseling is provided by pharmacists outside of the barangay upon request.
Negative Experiences with Pharmacists	Obtaining certain medications without a prescription outside their own barangay is challenging.
	Dispensing rule adherence varies among pharmacies, affecting medication acquisition.

The lived experiences of Indigenous peoples regarding their access to pharmaceutical services are summarized in Table 1. Analysis of participants' narratives revealed two major themes: (1) Access to patient and medication counseling, and (2) Experiences with pharmacists. These themes highlight the participants' perspectives on the availability, quality, and effectiveness of pharmaceutical care within their communities.

Access to Pharmaceutical Services

Based on the participants' responses, Indigenous people primarily rely on barangay health centers for basic pharmaceutical healthcare services. These centers provide accessible entry points for community members, particularly those from Indigenous communities. The health center serves as a primary point of care, and it may not always have all the required medications in stock. However, accessing specific medications beyond basic treatments is difficult, frequently necessitating travel outside the community to larger pharmaceutical establishments or private pharmacies. We need to remember that the importance of healthcare infrastructure, as well as the availability of medicines and effective and timely treatment therapies, are crucial for Indigenous people. This situation highlights the need to address these circumstances immediately.

In addition, there are instances where pharmacists are not always available in certain places and are limited. Midwives or nurses often fill in as a stand-in pharmacist in village or barangay health centers. This highlights the scarcity and shortage of pharmacists,

especially in remote areas. As a result, there is a significant impact on the availability of pharmaceutical services in a local area.

The study by Davy et al. (2016) highlighted the concerning shortage of pharmaceutical services for Indigenous people, finding that this is a significant concern, as the result may hinder the accessibility of pharmaceutical and health services for Indigenous peoples. In addition, Dawson et al. (2020) found that limited access to quality healthcare has been a fundamental social determinant of health. Many indicators suggest that not all citizens have equal access to healthcare services.

Experiences with Pharmacists

Participants have had mixed experiences with pharmacists. At the same time, some pharmacists provide clear guidance on medication usage and dosage, this is very helpful for Indigenous people. Moreover, there are cases where obtaining certain medications without a prescription is difficult, particularly in private pharmacies, which indicates strict adherence to prescription requirements that may impede access to necessary treatments. Pharmacists' compliance with dispensing requirements varies, affecting medication accessibility. The variation in practices among different pharmacies adds another layer of uncertainty. While some pharmacies may prioritize patient education and provide thorough explanations of medications, even without a prescription, others strictly adhere to protocols, such as requiring prescriptions for certain medications, including those used for diabetes and hypertension.

In Davy et al. (2016), he implied that accessing prescription medications is due to systemic barriers within the healthcare system that prevent patients from receiving them. These can include discrimination, a lack of culturally appropriate care, and legal issues related to medication use. In addition, certain medications may not be readily available in remote areas where Indigenous people live.

> **“Sa mga matag botika naa man gud pharmacist na depende unsay kadako ilang store nya ang ang Drug Store tapos mangutana man gud ta didtoa, mag explain jud sila”**. (In every pharmacy, there's a pharmacist who manages the store depending on its size, and in Mercury [drug], when we ask questions there, they really explain things thoroughly.) Female, 41.

> **“Depende man gud na sa pharmacy. Naa man gud uban pharmacy, halimbawa, naay diabetes human muadto ug pharmacy, pag once man gud na wa kay reseta, dili ka tagaan”.** (It really depends on the pharmacy, ma'am. In some pharmacies, for example, if you have diabetes and you go to the pharmacy without a prescription, they won't give you the medication.) Male, 33.

The second research question aimed to understand the effects of pharmaceutical access on Indigenous people, as depicted in Table 2. The identified themes include (1) improved health outcomes, and (2) preference for traditional medicine.

Table 2.
Effects of pharmaceutical access on the health and well-being of Indigenous people.

Essential Themes	Core Ideas
Improved Health Outcomes	Clear communication, patient counseling, and access to basic medications can significantly improve health outcomes as well as medication adherence.
Preference to Traditional Medicine	Indigenous people heavily rely on traditional/herbal medications because of their accessibility. The impact of financial barriers or medication affordability also affects the preference for conventional options.

The findings of this study reveal two central themes that shape the healthcare experiences of Indigenous peoples: Improved Health Outcomes and Preference for Traditional Medicine. These themes illustrate the dual reliance on modern healthcare services for managing chronic conditions and on traditional healing practices that remain integral to Indigenous cultural identity. Together, they underscore the importance of harmonizing biomedical and conventional approaches to achieve equitable and culturally responsive healthcare delivery.

Improved Health Outcomes

Pharmacists play a pivotal role in enhancing health outcomes through personalized counseling services. By providing guidance on medication adherence, including dosage instructions and potential side effects, pharmacists empower patients to follow their treatment plans effectively. An Indigenous female, 41, shared that:

> **"Ang Mercury kay murag tulo o upat man yata na sila tapos mangutana man gud ta didtoa, mag explain jud sila…" (**At the drugstore there are like three or four of them (pharmacists), and when we ask them there, they really explain things thoroughly.) Female, 41.
>
> **"Ang mga dagko na drugstore kay mu-explain gyud na sila."** (These large drugstores explain [counsel] thoroughly.) Male, 33
>
> **"Kinahanglan man jud nag naay reseta kay bawal man gud daw na sya kay basin daw naay mga allergy."** (It's really necessary to have a prescription because it might be prohibited due to possible allergies.) Male, 47

These positive experiences of these participants, where the pharmacist takes the time to thoroughly explain the medication, dosage instructions, and potential side effects, cansignificantlyy enhance the patient's understanding and adherence to the treatment plan (De Dassel et al., 2017). This highlights the importance of clear communication and patient counseling in the practice of pharmacy. And because of this, there is a positive health outcome to medication adherence of Indigenous peoples.

However, some participants added that it suggests existing knowledge about specific medications for particular illnesses. For instance, if someone's fever is exceptionally high, there's an understanding that drugs like Paracetamol should be used. Additionally, there's confidence in using basic, commonly taken medicines for fevers

without encountering any issues. This demonstrates a level of familiarity and expertise within the community regarding traditional remedies and treatments for common ailments.

> **“Pero kung kanang mga tambal ra na basic nato na ginainom nato para sa mga sakit nga kalintura, wa may problema.”** (But if it's just basic medicines that we commonly take for fevers, there shouldn't be a problem.) Female, 49

Preference to Traditional Medicine

The community strongly prefers traditional healing practices and herbal remedies. Participants value these practices as part of their cultural heritage, as well as alternatives or supplements to modern medicine. This preference emphasizes the desire to preserve indigenous knowledge and methods in healthcare. Participants prefer traditional herbal remedies for minor ailments or prevention. However, they rely on modern medicine for more serious or acute health problems that necessitate specialized care. This dual approach reflects both a cultural preference for holistic health practices and a practical recognition of the benefits of modern medical interventions. However, medication costs frequently influence healthcare decisions, with participants often choosing traditional healing practices over modern pharmaceutical treatments because they are more accessible and affordable. This reliance on conventional remedies emphasizes the impact of financial barriers on healthcare access and reveals disparities in medication affordability within the community.

The finding concerning the preference for traditional medicine among Indigenous people aligns with the study by Liu (2021), which stated that conventional medicine is a crucial component of healthcare services.

> **"Kung taas na gyud imo kalintura, dira na magpalit ug tambal kanang Paracetamol"** (If your fever is already really high, that's when you buy medicine like Paracetamol.). Female, 49.

> **“Mao ng mag maninghat mi kay, kung wala’y tambal sa tindahan, di ari raman ko kasagaran [herbal]. Mupalit ko ug tambal para sa bughat, ug wala gani sa tindahan, mag herbal”.** (That's why we get stressed, because if there's no medicine in the store, I usually just turn to [herbal remedies]. I buy medicine for 'bughat,' and if it's not available in the store, then I will use herbal remedies instead.) Female, 49.

> **“Mao bitaw ang punto, maong dili mi maka afford anang among mga sakit [tambal] midangop nalang mi anang mga herbal.”** (That’s the point, because we can't afford those [medicines] for our diseases, we resort to herbal remedies.) Female, 41.

The third research question aimed to understand the barriers to accessing pharmaceutical services for Indigenous people, as depicted in Table 3. The identified themes are (1) geographical limitations, (2) financial constraints, and (3) cultural unawareness.

Table 3.

Barriers to accessing pharmaceutical services for Indigenous people in remote areas

Essential Themes	Core Ideas
Geographical Limitations	Access to pharmaceutical services is insufficient due to transportation challenges
Financial Constraints	Narrowing an individual's ability to pay for medicines and receive pharmaceutical services
Cultural Unawareness	Stigmatization narrows access to pharmaceutical services

Findings revealed that geographical limitations, financial constraints, and cultural unawareness emerged as the predominant themes influencing the participants' experiences. These factors were identified as significant barriers that hindered access to resources, participation in health-related programs, and the practical implementation of interventions within the community.

Geographical Limitations

Most Indigenous people live in remote and inaccessible areas, resulting in transportation problems. Due to the insufficient availability of medications that cater to patients, some individuals are forced to purchase medicines outside their community. This necessitates traveling,, but due to limited transportation options and rugged terrain that can cause delays or prevent people from reaching pharmacies, some opt to turn to herbal remedies rather than visit pharmacies, where pharmacists could have helped them through proper medication counseling. The findings highlighting the challenges faced by Indigenous people due to their geographical location align with the study by Stoner et al. (2012), which stated that geographical location can also hinder access to pharmaceutical services.

> **"Ang kalsada sauna kay rough road mana, maglisod jud mi ug baba ug adto sa mga botika tungod sa kalsada ug kalay-on".** (The road back then was rough; we really struggled to go to pharmacies due to the road conditions and distance.) Male, 33.

Financial Constraints

The findings highlight significant challenges to accessing pharmaceutical healthcare for the community, primarily due to financial constraints. Income disparities may make it difficult for Indigenous people to afford medications and access pharmaceutical services. This finding aligns with the study by Davy et al. (2016), which suggests that financial constraints prevent community members from affording medications and healthcare costs, forcing them to rely on herbal remedies or alternative therapies.

> **"Apektado ang panudlanan sa among kwarta kay imbes ipalit pa namog tambal kay mas mauna namog bayad ang mga utang kay mag-uuma ra man mi"**. (Our budget is affected because instead of buying medicine, we prioritized paying off our debts since we're just farmers). Male, 50.

Cultural Unawareness

The participants have reported discrimination when seeking healthcare services outside of their community. Despite efforts to adapt and cope with these circumstances, reminders of past discrimination persist and continue to affect individuals on a personal level. Moreover, when accessing healthcare services or interacting with pharmacists, they encounter further discrimination, such as being served last or ignored due to their appearance. Discrimination based on cultural identity is common, and it can have an impact on service delivery and reception, which can potentially result in disparities in access and quality of care for Indigenous people.

The finding concerning discrimination among Indigenous people aligns with the study of Allan and Smylie (2015), wherein they stated that discrimination towards Indigenous people is rampant, and it still has a significant impact on their access to healthcare compared to the majority population. Moreover, they further discussed that there is maltreatment, stereotyping, and insufficient quality care towards Indigenous people, which contributes to the hesitancy of Indigenous people to seek healthcare. Indigenous people tend to feel unwelcome and perceive that they only receive second-rate or inadequate care, which creates distrust and unwillingness to engage with the healthcare system.

> **“Sa komunidad gani namo, naay diskriminasyon. Kana pa kahang muadto ta sa lain”.** (Even within our own community, there is discrimination. How much more if we go to other places). Male, 33.

> **"Mamalit mi ug tambal tas nakasinina atong traditional na kasuotan namo, dili mi ginaentertain. Murag ginaulahi mi nila ug cater."** (While purchasing medicine, we were disregarded due to our traditional attire. It appeared that we were being delayed in their service.). Male, 47.

Conclusion

This study underscores the complex interplay of cultural, geographic, and systemic barriers that hinder Indigenous peoples' access to pharmaceutical services in rural areas. The limited presence of pharmacists, inadequate medication supply, and financial constraints collectively restrict timely and equitable healthcare. Despite valuing barangay health centers, Indigenous communities often depend on traditional healing practices and herbal remedies, reflecting both cultural preservation and economic necessity. Addressing these gaps requires culturally sensitive and collaborative healthcare approaches that integrate pharmacists into primary care settings, enhance the availability of essential medicines, and promote mutual understanding between Indigenous communities and healthcare providers to ensure equitable and culturally appropriate pharmaceutical care.

References

Allan B, Smylie J. (2015). First peoples, second class treatment: the role of racism in the health and well-being of indigenous peoples in Canada. Toronto: Wellesley Institute. https://policycommons.net/artifacts/1204263/first-peoples-second-class-treatment/1757369/

Amankwaa, L. (2016). Creating protocols for trustworthiness in qualitative research. Journal of Cultural Diversity, 23(3).

Batangan, D. B. (2014). Formative Evaluation of the DOH's Complete Treatment Pack (Compack) Program (No. 2014-47). PIDS Discussion Paper Series. https://www.pids.gov.ph/publication/discussion-papers/formative-evaluation-of-the-doh-s-complete-treatment-pack-c

Bhandari, P. (2023). Questionnaire Design | Methods, Question Types & Examples. https://www.scribbr.com/methodology/questionnaire/

Bryman, A. & Bell, E. (2007) "Business Research Methods", 2nd edition. Oxford University Press.

Charmaz, K. (2014). Grounded theory in global perspective: Reviews by international researchers. Qualitative inquiry, 20(9), 1074-1084.

Clements, J. (2023). What Are The Benefits Of Using Interviews In Research?. https://www.legaltranscriptionservice.com/blog/what-the-benefits-of-using-interviews-in-research/

Davy, C., Harfield, S., McArthur, A., Munn, Z., Brown, A. (2016). Access to Primary Healthcare Services for Indigenous Peoples: A framework synthesis. International Journal for Equity in Health 15, Article number: 163. https://equityhealthj.biomedcentral.com/articles/10.1186s12939-016-0450-5

Dawson, A. Z., Walker, R. J., Campbell, J. A., Davidson, T. M., & Egede, L. E. (2020). Telehealth and indigenous populations around the world: a systematic review on current modalities for physical and mental health. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7327286

De Dassel, Jessica Langloh, et al. "A Systematic Review of Adherence in Indigenous Australians: An Opportunity to Improve Chronic Condition Management." BMC Health Services Research, vol. 17, no. 1, Dec. 2017, https://doi.org/10.1186/s12913-017-2794-y.

Degawan, M. (2020). Kasiyanna: Particular challenges of Indigenous Peoples in facing COVID-19. Cultural Survival.

Dolores, M. (2014). Purposive Sampling as a Tool for Informant Selection. Hawaii.edu; University of Hawaii at Manoa. https://scholarspace.manoa.hawaii.edu/items/bb41a2e3-2408-436b-933d-8fbc47465d79

Domingo, S. N., & Manejar, A. J. A. (2020). Review of Indigenous Peoples' Policy and Institutional Grounding (No. 2020-20). PIDS Discussion Paper Series. https://pidswebs.pids.gov.ph/CDN/PUBLICATIONS/pidsdps2020.pdf

Espiritu, B. F. (2017). The Lumad Struggle for Social and Environmental Justice: Alternative Media in a Socio-Environmental Movement in the Philippines. Journal of Alternative & Community Media, 2(1), 45-59.

Fitzpatrick EF, Martiniuk AL, D'Antoine H, Oscar J, Carter M, Elliott EJ (2016). Seeking consent for research with indigenous communities: a systematic review. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5075161/

Gill, P., Stewart, K., Treasure, E. et al. Methods of data collection in qualitative research: interviews and focus groups. https://doi.org/10.1038/bdj.2008.192

Hasan, S. G., Borlio, J. G., & Duterte, J. P. (2021). Indigenous water, sanitation, and hygiene (WaSH) practices: The case of the IP community in Barangay Lower Panaga, Panabo, Philippines. International Journal of Research and Innovation in Social Science, 5(10), 339-342.

https://www.rsisinternational.org/journals/ijriss/Digital-Library/volume-5-issue-10/339-342.pdf

Jansen, D. (2023). Narrative Analysis Explained Simply (With Examples) - Grad Coach. Grad Coach. https://gradcoach.com/narrative-analysis/

Lincoln, YS. & Guba, EG. (1985). Naturalistic Inquiry. Newbury Park, CA: Sage Publications.

Liu, C. (2021). Overview of the development of ASEAN traditional and herbal medicines. PMC PubMed Central. Chin Herb Med, v. 13(4). https://www.sciencedirect.com/science/article/pii/S1674638421000976

Macusi, E. S., Sales, A. C., Macusi, E. D., Bong-as, H. P., Cayacay, M. A., Omandam, J. L., Schuler, E., & Carlos Añó Vidal. (2023). Indigenous Knowledge Systems and Practices (IKSPs), Livelihood Resources and Aspirations of the Matigsalog and Ata Tribes. Sustainability, 15(14), 11182–11182. https://doi.org/10.3390/su151411182

Nguyen, N. H., Subhan, F. B., Williams, K., & Chan, C. B. (2020, April). Barriers and Mitigating Strategies to Healthcare Access in Indigenous Communities of Canada: A Narrative Review. In Healthcare (Vol. 8, No. 2, p. 112). MDPI.) https://researchonline.lshtm.ac.uk/6662/1/An%20Overview%20of%20Current%20Knowledge%20of%20the%20Social%20Determinants%20of%20Indigenous%20Health%20Working%20Paper.pdf

Resnik, D. B. (2019). Ethical Consideration. https://doi.org/10.1002/9781444367072.wbiee001

Sacca, L., Shegog, R., Hernandez, B., Peskin, M., Stephanie Craig Rushing, Jessen, C., Lane, T., & Markham, C. (2022). Barriers, frameworks, and mitigating strategies influencing the dissemination and implementation of health promotion interventions in indigenous communities: a scoping review. Implementation Science, 17(1). https://doi.org/10.1186/s13012-022-01190-y

Shenton, A. K. (2004). Strategies for ensuring trustworthiness in qualitative research projects. Education for information, 22(2), 63-75.

Sinkovics, R., Penz, E., Ghauri, P. (Dec. 2008). Enhancing the trustworthiness of qualitative research in international business. Management International Review, 48(6), 689-714. DOI:10.1007/s11575-008-0103-z. ResearchGate.

Smye, V., Browne, A. J., Viviane Josewski, Keith, B., & Mussell, W. (2023). Social Suffering: Indigenous Peoples' Experiences of Accessing Mental Health and Substance Use Services. International Journal of Environmental Research and Public Health/International Journal of Environmental Research and Public Health, 20(4), 3288–3288. https://doi.org/10.3390/ijerph20043288

Srivastava, P. (2021, September 27). Phenomenological Research: Methods And Examples. Harappa. https://harappa.education/harappa-diaries/phenomenological-research/

Stoner, L., Stoner, K. R., Young, J. M., & Fryer, S. (2012). Preventing a Cardiovascular Disease Epidemic among Indigenous Populations through Lifestyle Changes. International Journal of Preventive Medicine, 3(4), 230–240.

Thummapol, O. (2018). A Focused Ethnography of Indigenous Women Accessing Healthcare Services in Northern and Rural Thailand. University of Alberta. 077824d5-2311-4c77-b490-1a949ec82189.pdf

Van Eeuwijk, P., & Angehrn, Z. (2017). How to Conduct a Focus Group Discussion (FGD) Methodological Manual. https://www.swisstph.ch/fileadmin/user_upload/SwissTPH/Topics/Society_and_H

ealth/Focus_Group_Discussion_Manual_van_Eeuwijk_Angehrn_Swiss_TPH_2017.pdf

Veginadu P, Calache H, Gussy M, Pandian A, Masood M. (2022). An overview of methodological approaches in systematic reviews. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9322259/