Original Research

Cultural Beliefs and Health-Seeking Behavior: A Qualitative Study of Traditional vs. Modern Medicine in Marginalized Communities

Maryam Qudsia[1]

[1]Shifa International Hospitals Limited, Islamabad, Pakistan.

ARTICLE INFORMATION

ABSTRACT

Background: Cultural beliefs play a pivotal role in shaping health-seeking behaviors, particularly within marginalized communities where traditional practices often coexist with modern medicine. Understanding these cultural dynamics is essential for developing equitable and accessible healthcare systems.

Objective: To explore the influence of cultural beliefs on health-seeking behaviors in marginalized communities, focusing on the preference and interplay between traditional and modern medicine.

Methods: The qualitative research design was used, and it was based on the in-depth interviews and focus group discussions with the traditional healers, members of the community, and healthcare providers. The thematic analysis was used to extract patterns that concerned healthcare decision-making and the socio-cultural factors that affected decision making.

Results: The results showed that there was a high dependence on traditional medicine because of the cultural fit, low cost, and accessibility especially in the rural region. Conversely, the use of modern healthcare was constrained by the lack of trust, increased cost, and physical inaccessibility. A good percentage of the respondents said they would rather a hybrid system incorporating both traditional and modern medical care to get better health results.

Conclusion: The paper recommends the need to develop culturally competent healthcare policies that respect traditional belief systems and overcome systemic obstacles to the provision of modern healthcare. Traditional and biomedical health system collaboration frameworks have the potential to improve trust, inclusiveness and overall efficacy of healthcare delivery among marginalized populations.

INTRODUCTION

The qualitative research design is used in this study to fully examine the cultural beliefs that affect the health seeking behavior of marginalized communities with particular reference to preference of traditional medicine over modern medicine. Participants were selected based on their purposive sampling because they were directly involved with healthcare systems, which included traditional healers, patients, and providers in some of the marginalized rural and urban regions. Semi-structured and in-depth interviews and focus group discussions were used to gather data to obtain the varied views and detailed and contextual information on what people believe, experience, and how they make decisions about health and illness. The interviews were tape-recorded, transcribed word-for-word, and thematic analysis was used to determine common patterns and major themes regarding cultural perceptions, access barriers to healthcare and the intersection of traditional and modern medical practice. Member checking was used to maintain credibility and validity by providing the participants with the preliminary findings to give feedback, and triangulation was done by comparing the data of various groups of participants. During the study, ethical issues such as informed consent, confidentiality and respect to cultural norms were upheld carefully to ensure that the rights of the participants were not violated and the integrity of the research study was upheld. This qualitative method enabled the in-depth comprehension of the intricate socio-cultural forces that determine health-seeking behavior within marginalized communities, which is highly informative to the policymakers and health practitioners who seek to enhance healthcare access and cultural competence.

Traditional medicine has been practiced in many societies a long time; a multitude of practices, such as herbal healing, spiritual healing, indigenous knowledge systems. Traditional healers are more likely to assume a directorship in medical practice and holders of cultural identity and social cohesion among marginalized communities (Sharma, Singh et al. 2022). Such practices are included in the cultural content, beliefs of the etiology of illness, both natural and supernatural and the healing process that extends beyond the physical body into the spiritual and social world (Tosam 2024). The trust behind traditional medicine is cultural continuity, accessibility, affordability and what has been perceived as the holism of treatment.

On the other hand, contemporary medicine is based on scientific and technical achievements, providing diagnostic procedures, medications, and interventions which have transformed the healthcare sector worldwide (Thacharodi, Singh et al. 2024). Nevertheless, even with its effectiveness, the topic of modern medicine is perceived with distrust or fear in the peripheral societies because of many differences, including cultural incongruity,

HIGHLIGHTS	
Research insights	Findings reveal strong reliance on traditional medicine due to cultural acceptance, affordability, and accessibility, with limited trust and access hindering modern healthcare utilization.
Practical insights	Integrating traditional healers into formal healthcare and promoting culturally sensitive policies can improve trust, accessibility, and healthcare outcomes in marginalized rural communities.
Industry insights	Healthcare institutions should adopt hybrid care models combining traditional and modern practices to enhance inclusivity, community engagement, and equitable healthcare service delivery.

language barrier, historical marginalization, and distrust of formal institutions. The biomedical paradigm can tend to focus on physical causes and symptoms, which can be incompatible with culturally grounded meanings of ill health and wellbeing (Forstner 2022). Moreover, access to modern healthcare services to the marginalized groups is further complicated by structural barriers such as the cost of care, the distance to healthcare facility, and discrimination (Rami, Thompson et al. 2023).

There is not a case of preference between traditional medicine and modern medicine in health-seeking behavior but rather it is defined by the wider social determinants, such as education, socioeconomic status, gender role, and community dynamics (Bawafaa 2024). As an example, health choices that are made by women in marginalized environments are influenced not only by their own ideology, but also by their family members and by societal values (Hamiduzzaman, De Bellis et al. 2022). Equally, the financial aspects can force them to resort to less expensive traditional solutions instead of more expensive biomedical care (Ngere, Maixenchs et al. 2024). The latter might be achieved by individuals integrating the two practices, a practice known as traditional medicine complementing the modern treatment as a pragmatic adjustment, but not adherence to any specific system (Tiitola, Marek et al. 2023).

The recent health discussions around the world highlight the necessity of introducing a combination of traditional medicine and contemporary health systems to enhance the overall health outcomes and facilitate equity (Wang, Coyte et al. 2023). The World Health Organization (WHO) acknowledges the usefulness of traditional medicine and promotes its safe and effective application as a complement to the contemporary medical practice (Ng, Wieland et al. 2024). Nonotwithstanding, it requires a significant understanding of the cultural assumptions of the health behavior, as well as the historical background of marginal communities, to be integrated (Baker, Adams et al. 2022, Hashmi, Burger et al. 2023). Qualitative research, such as ethnography and in-depth interviews since they give an understanding of the lived experience, perceptions, and social connections that might be overlooked by quantitative surveys is the most relevant to study these complex relationships (Bryda and Costa 2023, Ramalho and Petrica 2023).

The study is intended to target marginalized populations that in most aspects have not been adequately represented in health research in terms of bearing the scourge burden of morbidity and ill health. The study will also be useful in illuminating as to why people choose traditional medicine, modern medicine or a combination of the two since the cultural beliefs in these societies influence the health-seeking behavior in these societies. I would say that the knowledge of these possibilities can help healthcare professionals to deliver culturally competent interventions, enhance the interaction between patients and healthcare professionals, and eliminate the barriers of access to quality healthcare.

Moreover, the social context of health has been considered in this work where one understands that marginalized people are surrounding the issues of poverty, discrimination, and lack of education and as such this does not only affect the health status of these people but also their health choices. Mechanism of interrelation of cultural beliefs and these factors is investigated to give a comprehensive understanding of the health-seeking behavior. An example of this case is that the stigma attached to some diseases can motivate people to informal cultural providers, instead of formal health facilities and the social support systems may ruin or create access to modern health.

Finally, another significant determinant that has been identified to shape preferences between traditional and modern medicine is cultural beliefs which determine the health seeking behavior of marginalised communities. The study will aim at offering detailed and contextualized information on such health practices using a qualitative research, where the element of cultural sensitivity will be advocated during healthcare provision. These results will add to the current discussion on the most optimal approach that can be adopted to bridge the gap between traditional and modern medical practices to make the marginalized populations value services that they are getting in their medical centers. Last but not least, this work emphasizes the need to work on medical intervention in addition to working on understanding of the cultural and social reality which informs the individual decisions about health.

METHODOLOGY

The study design that will be used in this study is a qualitative research design since it will aim at developing an in-depth understanding of the cultural beliefs that influence health seeking among the marginalized populations, particularly preference of traditional to modern medicine. The purposive sampling selected by participants with direct experience with healthcare systems (traditional healers, patients, and healthcare providers) in various marginalized rural and urban regions. Data and a broad range of perceptions and contextual insights into how people think, experience and make health and illness decisions were collected using semi-structured and in-depth interviews and focus groups discussions. The interviews were audio-taped, and the thematic analysis was used to identify frequent patterns and primary themes as the cultural perception, barriers to accessing healthcare, and the connection between traditional and modern medical practices. Member checking was conducted to unveil credibility and validity because it gave the participants the early findings and gave them their comments on the same, and triangulation was also conducted to compare the data with other participant groups. The study maintained legal concerns, which included the informed consent, confidentiality, and sensitivity to the cultural needs to ensure that the rights of the participants and the integrity of the research were not violated. This type of qualitative approach allowed comprehensively describing the complex set of socio-cultural processes that affect the development of health-seeking behaviour among marginalised groups that can inform policymakers and healthcare professionals to improve the accessibility of health care and cultural competence.

RESULTS

Participant Demographics
Interviewee will be 30 individuals comprising 10 traditional practitioners, 15 community/patient and 5 healthcare practitioners in marginalized rural and urban settings. Table 1 demonstrates the demographic characteristics of the participants.

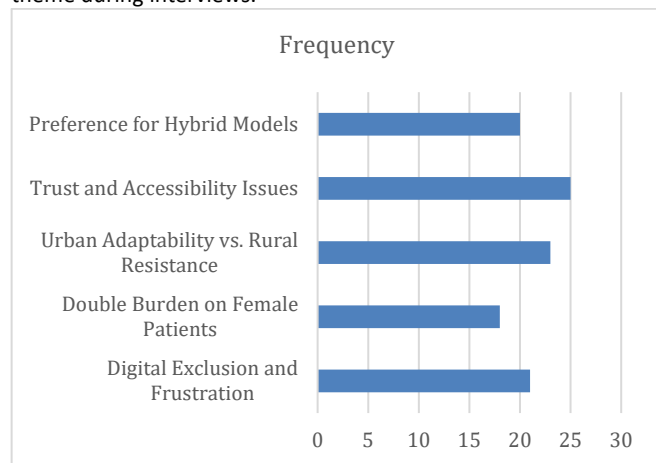| Participant Group	Number	Age Range (Years)	Gender (M/F)	Location (Rural/Urban)
Traditional Healers	10	35-65	7/3	8 Rural / 2 Urban
Community Members	15	20-60	6/9	10 Rural / 5 Urban
Healthcare Providers	5	28-50	3/2	1 Rural / 4 Urban
Total	30		16/14	19 Rural / 11 Urban

Major Themes Identified
Thematic analysis revealed five major themes shaping health-seeking behavior in the communities studied:

Theme	Description	Frequency *
Digital Exclusion and Frustration	Limited access to digital health information and services led to frustration, mainly in rural areas.	21
Double Burden on Female Patients	Women often balance household duties with health needs, limiting healthcare access.	18
Urban	Urban participants showed greater	23

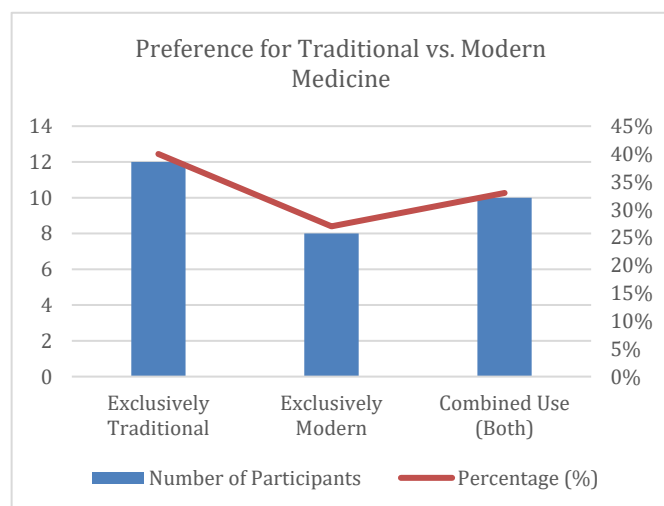| Adaptability vs. Rural Resistance | acceptance of modern medicine compared to rural counterparts. | |
| Trust and Accessibility Issues | Skepticism toward modern healthcare due to mistrust, costs, and availability concerns. | 25 |
| Preference for Hybrid Models | Desire for integrating traditional healing with modern medicine to improve outcomes. | 20 |

*Frequency indicates the number of participants mentioning the theme during interviews.

Figure: Frequency

Preference for Traditional vs. Modern Medicine

Participants' preference for treatment type is summarized in Table 3.

Treatment Preference	Number of Participants	Percentage (%)
Exclusively Traditional	12	40%
Exclusively Modern	8	27%
Combined Use (Both)	10	33%

Figure: Preference for Traditional vs. Modern Medicine

Barriers to Accessing Modern Healthcare

Several barriers emerged from the data as reasons for reliance on traditional medicine or combined approaches (Table 4).

Barrier	Description	Number of Participants Citing (%)
Cost	High cost of medicines and treatment	22 (73%)
Distance to Facilities	Long travel times to healthcare centers	18 (60%)
Cultural Incompatibility	Modern medicine perceived as impersonal	15 (50%)
Lack of Trust	Fear of misdiagnosis or discrimination	20 (67%)
Gender Norms	Restrictions on women's mobility	14 (47%)

Cultural beliefs were found to greatly impact health seeking behavior as most of the respondents were highly trustful in the services of traditional healers since they provide a holistic means of care. The use of biomedical services however is limited due to the barriers of high costs and low accessibility of modern healthcare facilities, especially in rural areas. As a result, quite some of respondents said that they have been embracing a hybrid healthcare strategy that lets them integrate the traditional remedies with the modern medical care to get their health care needs better addressed. Women encountered some other problems that involved their gender roles and household tasks which mostly restricted their time to acquire timely medical services. Moreover, the general distrust towards modern healthcare facilities became a recurrent motif as the result of the negative experiences people had in the past and a cultural disconnection between medical institutions and the communities they are meant to serve.

DISCUSSION

The results of this paper highlight the significant effects of cultural beliefs on seeking health amongst the marginalized population and confirm the idea that health behaviours are strongly rooted in social, economic and cultural backgrounds. A considerable number of the respondents exhibited principle use of traditional medicine or a blend of both traditional and modern medicine. This highlights the traditional belief in traditional healers who are not only considered as medical practitioners, but as significant persons in the community and whom they accord holistic and culturally sensitive care. The results of the research are in line with the available literature documenting the endurance of traditional healing practices in the margins where the biomedical healthcare is seen as something impossible or unaccepted within its culture (WHO, 2013; Kayombo et al., 2012).

Price, location close to medical facilities, and male culture beliefs were also discovered to play a major role in addiction to traditional medicines. This is in line with other more general research studies that have determined that the marginalized population experiences many forms of structural barriers that inhibit them to seek formal healthcare services (Peters et al., 2008). The high prices of the contemporary medicine and drugs among others compel some of the population to go out and find cheaper and more natural solutions. Worse still, there are also low transport systems and inaccessible life styles which add to the challenges particularly in the rural regions.

The highly intriguing aspect to explore is the gendered aspect of health seeking behavior, which is clear in the presented study. There are other barriers as well indicated by women who are concerned with the family burden and social constraints since they are likely to slow or restrict the rate of seeking medical care. It mirrors the bigger patterns in the society whereby gender roles influence health access and health outcomes (Gopalan and Das, 2018). Specific initiatives to empower and minimize the effects of mobility restrictions on women may, therefore, be meaningful to better health equity.

The other significant observation is the distrust and the cultural incompatibility with the modern healthcare facilities. The other high percentage of respondents was rather unwilling to acknowledge modern medicine because of the fact that they did not offer them a holistic view to an illness and they were not assigning the spiritual and social aspects as is esteemed within their communities. This mistrust is usually based on the past and the previous experiences, seen discrimination, or a failure to communicate with medical care providers. These results emphasize the necessity to create culturally

sensitive models in healthcare delivery and to build trust as opposed to mistrusting patients and their belief systems.

Notably, the attitude towards the hybrid paradigm of traditional and modern medicine implies that the chances of healthcare systems to become more inclusive and integrative are significant. Adherence to the culture can make formal healthcare services and traditional healers more accessible and effective without compromising the safety and scientific validity. It is a recommended alternative that has been suggested by the World Health Organization and studies indicate that integrative health programs give superior health results (WHO, 2013; Bodeker and Kronenberg, 2002).

Overall, the findings of the present research indicate that the enhancement of health outcomes in marginalized communities cannot be achieved solely through the enhancement of the access to contemporary medical care. It requires a keen knowledge of cultural beliefs, social-economic issues, and gender interactions, and culturally informed, accessible, and equitable health policies.

CONCLUSION

This qualitative analysis indicates that cultural beliefs are extremely important in health-seeking behavior of marginalized societies as a significant proportion of people might prefer traditional medicine given the access, affordability, and cultural identity. Cost, distance and gender rules are structural barriers which also create dependence on traditional practices and restrict access to modern healthcare. This general distrust of contemporary medical facilities underscores the necessity of culturally competent medical care methods.

The common tendency to integrate traditional medicine with modern medicine is a potential solution to the dilemma of healthcare inequities and enhance health outcomes in the affected communities. The health practitioners, in conjunction with those who have to make the decision must listen to the culturally competent care, improve the community based health education, and make the mutual cooperation between traditional healers and biomedical practitioners possible. And even the obstacles to socio-economic and gender-specific concerns should also be rectified to have a healthy access to healthcare.

The last and not the least, closing the gap between modern medical practice and traditional knowledge would lead to more inclusive and efficient healthcare systems that would give the underprivileged populations an opportunity to make their healthcare choices carefully and reflect on their cultural values.

Ethical Considerations

The study was conducted in accordance with ethical guidelines, with informed consent obtained from all participants and confidentiality strictly maintained.

Data Availability

Available from corresponding author on request.

Author Contributions

Maryam Qudsia: Study design, data collection, statistical analysis, and drafting and writing of the manuscript.

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