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BARRIERS TO HEALTHCARE ACCESS, CULTURAL PRACTICES, AND PERSONAL EXPERIENCES AS WAYS TO DEVELOP STRATEGIES TO IMPROVE HEALTHCARE ACCESS EQUITY: EXPERIENCES OF THE INDIGENOUS PEOPLE

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ABSTRACT

Access to equitable and quality healthcare for Indigenous Peoples is a continuing global challenge. This study investigates the perspectives of the Mansaka community regarding their access to fair healthcare services. Using a qualitative descriptive methodology, data were collected through focus group discussions and in-depth interviews with ten Indigenous health workers, community leaders, and members. The findings identified significant barriers to healthcare access, such as perceived cultural insensitivity, financial challenges, and geographic isolation. The study suggests implementing culturally competent healthcare practices and involving Indigenous Peoples in healthcare planning and delivery. Additionally, it advocates for utilizing identified themes and sub-themes as variables with corresponding indicators to assess health access and equity in Indigenous communities.

KEYWORDS: *Barriers, healthcare access, cultural Practices, personal experiences, ways to develop strategies, improve healthcare access equity, experiences Indigenous People.*

1. INTRODUCTION

The Problem and its Scope

Indigenous peoples face significant challenges in accessing high-quality primary healthcare, largely due to structural violence affecting their health (Davy et al., 2016; Browne et al., 2016). Access and equity in healthcare are critical socioeconomic determinants of health (Horrill et al., 2018).

Indigenous populations worldwide face ongoing challenges in accessing equitable healthcare. In Canada, Indigenous Peoples encounter significant barriers to equal healthcare services (Nguyen et al., 2020). In Australia, despite efforts to address health inequities, many Indigenous Australians continue to experience poor health (Carson et al., 2020). Similarly, in Thailand, despite recognizing healthcare access as a human right, ethnic groups still face disparities in health and access (Thummapol et al., 2018).

In developing countries like the Philippines, power imbalances between the majority and Indigenous Peoples contribute to significant health disparities (Evangelista et al., 2022). Additionally, many Indigenous communities in remote areas have limited access to government social assistance programs, including healthcare (Asi et al., 2022).

Previous studies on healthcare accessibility and inequalities often overlooked the unique challenges faced by Indigenous Peoples, particularly the Mansaka Tribe in Davao de Oro. This study aims to understand their healthcare struggles and develop culturally sensitive solutions tailored to their needs, addressing a critical gap in research and providing valuable insights for this disadvantaged community.

Significance of the Study

This study explores the healthcare experiences of the Mansaka tribe in Davao de Oro, focusing on their challenges in accessing equitable services. It aims to support the UN's Sustainable Development Goals, particularly Universal Health Coverage and reducing health inequities, by identifying barriers and informing policies for social justice and inclusive development. The findings will provide valuable insights for the academic community, local government, and Indigenous communities, advocating for equitable access to services. This research aligns with the Holy Cross Graduate School's vision of promoting social justice and inclusive growth.

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Research Questions

This study aimed to explore the standpoints of Indigenous People on access and equity to quality healthcare. Specifically, it sought answers to the following questions:

1. What are the Indigenous People's standpoints on their access to and equity in Healthcare?
2. What are the standpoints of the Indigenous people on accessing equitable quality healthcare?
3. What are the standpoints of the Indigenous people on their cultural practices in accessing equitable quality healthcare?
4. What are the standpoints of the Indigenous people on their personal experiences in accessing equitable quality healthcare?
5. What are the standpoints of the Indigenous people on their strategies for improving health?

Assumptions

This study examined healthcare inequalities faced by Indigenous Peoples in Davao de Oro, noting that cultural norms, such as reliance on traditional healing practices, may contribute to these disparities. It explored how Indigenous communities adapt by prioritizing community-based support and folk remedies over institutional healthcare. Understanding these culturally rooted responses requires insight into the social structures and belief systems of Indigenous groups, which can guide the development of more culturally sensitive and inclusive healthcare models.

Theoretical Lens

This study was seen through Levesque's Conceptual Framework for Healthcare Access (2013). This model explains how individuals access healthcare by examining both individual and health system factors. It highlights four key dimensions covering barriers, cultural practices, personal experiences, and strategies for improvement. This framework highlights that healthcare access is about availability and how cultural, financial, and personal experiences shape people's ability to seek and receive care. Addressing barriers and incorporating culturally appropriate solutions can significantly improve access to Healthcare.

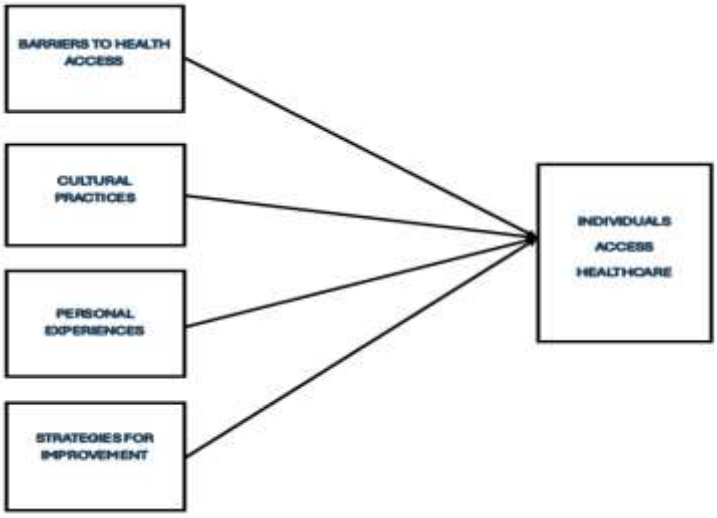


Figure 1. Paradigm of the Study

2. METHODOLOGY

This study used a qualitative methodology to investigate the Mansaka tribe's experiences with healthcare access in Davao de Oro. Tribe members, community leaders, and medical professionals were interviewed by researchers, who then prioritized ethical issues throughout the data analysis process to find patterns and themes.

Research Design

This study utilized qualitative research, specifically the descriptive research approach, to investigate the lived experiences of Indigenous peoples facing obstacles in accessing healthcare. According to Furidha (2023), descriptive qualitative research provides a systematic and accurate overview of the characteristics and relationships related to the phenomenon being studied, examining human stability and current realities.

Locale of the Study

This study focused on the lived experiences of the Mansaka Tribe in the various barangays of Davao de Oro, a landlocked province characterized by coastal plains and rugged terrain.

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Sample and Sampling Technique
Ten Mansaka community members (four tribal members and six health workers) representing diverse ages and experiences participated in this study to explore the Mansaka tribe's challenges in accessing equitable healthcare. Indigenous health professionals provided additional insights into specific challenges.

Research Instrument
Semi-structured interviews, a qualitative data collection method, involve organized discussions enriched by interactive exchanges (Ahlin, 2019). They are verbal encounters where the interviewer elicits information through questioning.

This study explores Indigenous Peoples' perspectives on accessing equitable, high-quality healthcare, examining their experiences, cultural practices, and strategies for improving health outcomes to identify barriers to equitable access.

Data Gathering Procedure
The researcher followed a rigorous ethical protocol for conducting the study, obtaining necessary approvals from the HCDC Society for Moral Integrity and Legal Ethics (SMILE), the National Commission on Indigenous Peoples (NCIP), and local government representatives. The researcher also sought direct permission from the Datu or Council of the Indigenous group, respecting their traditional leadership. Data collection only began after all required approvals were secured, ensuring ethical conduct and community collaboration.

The study also prioritized data integrity and confidentiality, securely storing and anonymizing information, and implementing a thorough data cleaning and validation process. Ethical considerations, including informed consent, confidentiality, data security, and awareness of potential biases, were maintained throughout the data collection process.

Data Analysis
The study used thematic analysis to examine interview data from Indigenous populations in Davao de Oro, focusing on barriers to healthcare access, cultural influences, and the interaction between societal structures and individual experiences. It aimed to understand Indigenous perspectives on access and equity, the impact of cultural practices, personal navigation experiences, and strategies for improvement to generate actionable insights for enhancing healthcare equity in the region.

Thematic analysis is a qualitative research method that systematically organizes and analyzes complex data by identifying themes that reflect the narratives within the data (Dawadi, 2020).

Trustworthiness
Credibility, strengthened by researcher reflexivity and participant confirmation of findings (Kyngäs et al., 2019), refers to the data's truthfulness and the researcher's accurate portrayal of participant opinions.

Dependability, ensured by clear procedures and replicable results under similar circumstances (Cope, 2013), refers to the consistency of the data.

Transferability, enhanced by detailed descriptions of the study's context, participants, and methods (Ahmed, 2024), refers to the applicability of findings to other contexts.

Confirmability, focusing on the relationship between data and results, requires the researcher to assess whether findings are solely based on participant data or influenced by researcher bias (Kyngäs et al., 2019).

3. RESULTS
This chapter summarizes a study on Indigenous populations' access to healthcare, proposing a modified paradigm based on the Levesque Conceptual Framework (2013) to illustrate interconnected barriers. Key obstacles include financial constraints, geographic challenges, and the impact of cultural customs on healthcare-seeking behaviors. The strategy to improve access emphasizes culturally safe services, better transportation, economic empowerment, and community-based healthcare facilities run by Indigenous professionals, capturing the complexities and potential solutions for achieving healthcare equity.

The paradigm identifies four key themes related to healthcare access challenges for Indigenous people: barriers, cultural practices, personal experiences, and strategies for improvement.

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Modified Paradigm



Figure 2. Modified Paradigm based on the findings of the Levesque Conceptual Framework (2013) study on the experiences of Indigenous peoples in accessing healthcare.

Barriers to Healthcare Access

The first emerging theme, Barriers to Health Care Access, encompasses three sub-themes: financial constraints, distance-related issues, and reluctance to seek medical care.

Financial Constraints: Participants reported significant financial difficulties that impede healthcare access, particularly in affording travel to medical facilities. They expressed feelings of sadness and helplessness due to financial limitations affecting their ability to access healthcare and medications, which are often unavailable at tribal health centers. This highlights the urgent need for improved funding and affordability in healthcare, particularly given the distance required to obtain necessary medications.

Distance-related challenges refer to barriers caused by physical separation from healthcare services. Participant IDI-P4 highlighted these obstacles, particularly for rural residents, emphasizing issues like impassable roads and a lack of transportation that contribute to their distress in accessing care. Her emotional expression and remarks reflected her struggles and frustrations, suggesting a desire to give up. While some participants discussed distance as a concern, others did not mention reluctance to seek medical help.

Reluctance to seek healthcare emerged as a significant theme during discussions, with participants expressing hesitation in consulting doctors. One participant noted feeling ashamed to talk to a doctor due to a lack of education and difficulty in expressing his illness. This shame reflects a social and cultural divide rooted in feelings of inferiority and fear of criticism, highlighting how it serves as a major barrier to healthcare access. Many individuals may avoid seeking medical attention due to a lack of confidence in communicating their health issues, often related to limited education.

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Cultural Practices
The strong preference for herbal remedies reflects a deeply ingrained cultural practice. Participant IDI-P3's description of a culture relying on herbal remedies and traditional medicine highlights the influence of cultural norms on healthcare decisions and the need for culturally sensitive healthcare practices.

Personal experience
This refers to the specific stories and anecdotes shared by the participants in the study or interview. Personal Experiences have one sub-theme: Encountered Unfair Treatment.

On Encountered unfair Treatment. A concerning truth reflected in this statement is that patients feel their care is determined by their social status rather than a fair standard of care.

The participant's story of frustration revealed that her treatment relied on her connection to the mayor, highlighting healthcare inequality and leaving me feeling angry and disheartened for her.

The fourth emerging theme: Strategies for Improving Equity and Access to Healthcare, as reflected in her subsequent comments.

(In the past, financial hardship led to our medical assistance requests being disregarded. However, with the IPRA law, our healthcare needs are now recognized and addressed-IDI-P1)

It is striking how they connected the changes from the IPRA law to their financial struggles, highlighting the heartbreak of having medical aid requests ignored due to their Indigenous identity. IDI-P1's message evoked deep sympathy for her past challenges.

Listening to IDI-P1's comments evokes sympathy and frustration regarding their situation, highlighting a significant barrier to healthcare access. Despite a nearby health center, challenges persist due to leadership not being from their tribe. This underscores the urgent need to explore strategies for improving health access and equity for Indigenous Peoples.

Strategies for Improvement of Health Access and Equity.
Strategies for Improvement of Health Access and Equity comprise five sub-themes: Provide a Medical Response Vehicle, develop more Improved Health Services, Involve IP leaders in Health Planning to Ensure Cultural Sensitivity, Set a Community Health Center with IP Workers, and Provide a Sustainable Livelihood Program.

On *Provide Medical Response Vehicle*. Indigenous People's access to Healthcare can be greatly enhanced by providing medical response vehicles (MRVs), especially in remote areas with inadequate infrastructure.

Hearing those remarks from IDI-P4 evoked deep empathy and urgency for improved healthcare access in the community, highlighting their serious challenges. It also instilled a sense of shame for taking healthcare for granted, reinforcing my responsibility to advocate for solutions.

Developing a more improved Healthcare Service is a way of developing a healthcare system that is much superior to the current one.

I could feel the participant's hope and vulnerability. IDI-P2 statement struck a deep chord with me, bringing to mind the injustice of their circumstances and the significance of their fragility.

Involve IP leaders in Health Planning to ensure cultural sensitivity. This approach ensures that healthcare services are available, culturally appropriate, and truly meet the unique needs of Indigenous communities. I agree that these executives have significant knowledge of culturally appropriate methods and can ensure that health programs are consistent with traditional treatment procedures.

Set up community-based health centers. These facilities are situated in Indigenous communities, obstacles like Distance and transportation are removed, and Healthcare becomes more accessible.

In *setting up community-based health centers*, we will offer medical care adapted to Indigenous peoples' unique requirements and customs. It would be great to have a clinic or tribal health institution run by their tribe. Additionally, it would strengthen ties and confidence in medical professionals within the community.

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On Provide Sustainable Livelihood Program seeks to empower communities, IDI-P2 stated:
(Hoping the government will support the IP community with livelihood programs, such as animal domestication, to help them earn income and afford medical expenses-IDI-P2)

Government assistance for livelihood initiatives would be really helpful to those who might not have much money. If one becomes ill, the money earned from that could assist with paying for medical bills.

Individuals Access Healthcare
It refers to everyone's right to obtain high-quality healthcare services when needed, irrespective of their background. Individuals' Access to Healthcare comprises three sub-themes: Community-based health system, belief in doctors' expertise in prescribing proper treatment, and reliance on folk healing.

Community-based Health System focuses on bringing services directly to people within their communities instead of relying solely on traditional hospital care. It involves fostering a relationship of trust and understanding, where the healer is regarded as a community member who recognizes cultural nuances and can offer respectful and effective care. This approach emphasizes the importance of providing holistic care grounded in trust and cultural awareness.

Believe in Doctor's Expertise in Prescribing Proper Healthcare. It means acknowledging that medical professionals have received substantial training and have specific skills in identifying and treating diseases. According to IDI-P1:

(Believe in doctors' ability to cure illnesses, and one will consult them regardless of their different approaches to treatment. It emphasizes the importance of trust in medical professionals and the willingness to seek their help despite potential differences in treatment approaches IDI-P1)

The participant's explanation of his faith in doctors' ability to treat illness led me to conclude that Indigenous people still had greater faith in doctors' ability to treat disease than in their traditional healers.

In folk healing, herbal treatments serve as an example of how cultural practices influence medical decisions.
After hearing IDI-P1's comment, I became acutely aware of the strong connection between Indigenous Peoples' experiences with healthcare and traditional healing practices. I discovered that healing for them includes physical issues and spiritual and social well-being.

4. DISCUSSIONS

This study identified four main themes with thirteen sub-themes that influence healthcare access for Indigenous people. The first theme, Barriers to Health Care Access, includes financial constraints, distance-related issues, and reluctance to seek medical care. The second theme, Cultural Practices, focuses on the use of herbal medicine and reliance on traditional healing remedies. The third theme, Personal Experiences, highlights encounter with unfair treatment. The fourth theme, Strategies for Improvement of Health Access and Equity, encompasses sub-themes like providing medical response vehicles, improving healthcare services, involving Indigenous leaders in health planning for cultural sensitivity, establishing community-based health centers with Indigenous workers, and offering sustainable livelihood programs. This framework examines how individuals access healthcare by considering both personal and systemic factors.

Barriers to healthcare access
Healthcare access barriers are classified as distal (colonialism, racism, social exclusion), intermediate (employment/financial disparities, inaccessible health education), and proximal (geography, education, professional biases), which contribute to disparities and limit Indigenous participation in policymaking (Nguyen et al., 2020). Disparities in primary care access exist within and between health systems (Corscadden et al., 2018), and healthcare access remains a major challenge for low-income households (Lazar & Davenport, 2018).

This theme, Barriers to Healthcare Access, comprises three sub-themes: financial constraints, Distance-related Challenges, and Reluctant to seek Healthcare.

Financial constraints limit healthcare access (Hamilton et al., 2019), particularly for those in remote areas with low income and education (Haimi, 2023), impacting access to essential medicines (Yenet et al., 2023). Levesque's (2013) framework comprehensively addresses these barriers, incorporating individual and systemic factors.

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Distance significantly restricts rural healthcare access due to geographic limitations and inadequate networks (Garnelo et al., 2020; Statz et al., 2020; Buzza et al., 2011). Levesque's paradigm highlights this obstacle, emphasizing culturally sensitive solutions.

Reluctance to seek healthcare. Older individuals and Indigenous people often avoid healthcare due to reluctance and prejudice (George et al., 2020; Wylie et al., 2019). Levesque's approach advocates for culturally aware methods, emphasizing trust-building and addressing prejudice to improve access.

Cultural Practices. This theme comprises a sub-theme
Herbal medicine is essential for healthcare, promoting well-being through spiritual and ancestral connections (Kwame, 2021; Gall et al., 2018, 2019). Indigenous Peoples value the holistic approach of traditional healers. Levesque's (2013) framework supports integrating traditional and contemporary healthcare, promoting collaboration between traditional healers and medical professionals.

Personal Experiences
Indigenous health disparities raise questions about racism and colonialism (Reid et al., 2019). Indigenous patients frequently experience unfair treatment from healthcare providers (Wylie et al., 2019), with poor care quality, long wait times, and racism as major access barriers (Nelson et al., 2018).

Strategies for Health Access and Equity
Universal healthcare access is crucial (Nguyen et al., 2020). Strategies include MRVs improving remote access (Curran et al., 2018), service improvements, Indigenous leadership involvement, community health centers, and sustainable livelihood programs, while inadequate transport compromises safety (Guinaran et al., 2020).

Improved healthcare services improve health outcomes and promote equity through accessible care for underserved groups and cost-effective prevention (Haldane et al., 2019). Meaningful community participation leads to better health status, reduced disparities, and greater community empowerment (Haldane et al., 2019).

Indigenous leader involvement in health planning ensures culturally sensitive care, fostering trust and community empowerment (Harfield et al., 2021; Nwameme et al., 2018), requiring addressing funding, capacity building, and collaboration challenges. Indigenous health practitioners are crucial for cultural safety and access, defined by Indigenous communities (Harfield et al., 2021), with successful community-based interventions and CHW programs (Nwameme et al., 2018; Scott et al., 2018).

Sustainable livelihood programs effectively address medical needs (Damaševičius et al., 2023). The DSWD's Indigenous Peoples Policy Memorandum Circular promotes regulations and practices for creating and financing initiatives for Indigenous people (Bamba et al., 2021). Geographic location contributes to inequalities in access to quality healthcare, disproportionately affecting certain populations (Collado, 2024).

Individuals Access Healthcare
Sustainable livelihood programs effectively address medical needs (Damaševičius et al., 2023), supported by the DSWD's Indigenous Peoples Policy Memorandum Circular promoting initiatives for Indigenous people (Bamba et al., 2021). Geographic location contributes to healthcare access inequalities, disproportionately affecting certain populations (Collado, 2024).

Trust in physicians and appropriate treatment are crucial, although Western medicine's focus on disease elimination differs from Indigenous healing's prioritization of well-being and harmony (Cohen, 2018; Davari et al., 2018).

Folk healing traditions, including herbal remedies and symbolic interventions, are widely practiced (Kleinman, 2022; Krupa et al., 2019). Levesque's (2013) framework is essential for understanding reliance on these traditions, promoting collaboration between traditional healers and medical professionals to improve access.

Implication of the Study
The research identifies key obstacles to healthcare access for Indigenous Peoples, including financial limitations, geographic distance, and care-seeking hesitancy. It advocates for comprehensive solutions like improving healthcare affordability, investing in telehealth and transportation, and creating culturally safe environments to foster trust and reduce prejudice. Systemic transformation is essential, addressing racism, ensuring Indigenous participation in policymaking, and prioritizing community engagement in research.

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The focus on individual experiences and cultural practices provides a framework for culturally relevant interventions, such as establishing community-based health centers with Indigenous staff, enhancing provider training, and integrating traditional healing with Western medicine. Success relies on sustained community engagement, funding for Indigenous healthcare workers, and sustainable livelihood programs addressing social determinants of health. The Levesque framework helps understand the interactions among these elements and develop comprehensive solutions to improve Indigenous health outcomes.

Future Directions

Improving healthcare access for Indigenous communities requires two key strategies: implementing culturally appropriate practices (inclusive facilities, culturally sensitive provider training, integrating Indigenous healing practices) and ensuring meaningful Indigenous involvement in healthcare planning and delivery (empowering Indigenous leadership, community engagement in research, supporting Indigenous health worker leadership).

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