

Patterns of Medical Pluralism in Health-Seeking Behavior among Communities in Barru Regency, South Sulawesi, Indonesia

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Received: 10-12-2025 | Revised: 24-01-2026 | Accepted: 29-01-2026

ABSTRACT

This study examines how medical pluralism shapes health-seeking behavior among communities in Barru Regency, South Sulawesi, by analyzing the roles of cultural beliefs, clinical experience, and economic as well as accessibility factors in treatment decision-making. Employing a qualitative descriptive-exploratory design, data were collected through in-depth interviews, non-participant observation, and document review involving community members, traditional healers, and formal health practitioners. Thematic analysis identified three main findings: culturally grounded beliefs that legitimize traditional medicine as a holistic and spiritually meaningful initial reference; clinically based trust that positions biomedical services as the primary source of diagnostic certainty and the management of serious illness; and economic and accessibility considerations that influence the sequence and intensity of health service utilization. These findings indicate that health-seeking behavior in Barru Regency is characterized by a sequential and complementary pattern of medical pluralism rather than a dichotomous opposition between traditional and modern medicine. Theoretically, this study contributes to the literature on health-seeking behavior by conceptualizing medical pluralism as a contextual social strategy, while practically highlighting the importance of culturally sensitive and integrative health service approaches.

Penelitian ini bertujuan menganalisis bagaimana pluralisme medis membentuk perilaku pencarian pengobatan masyarakat di Kabupaten Barru, Sulawesi Selatan, dengan menelaah peran kepercayaan budaya, pengalaman klinis, serta faktor ekonomi dan aksesibilitas dalam pengambilan keputusan berobat. Penelitian menggunakan pendekatan kualitatif dengan desain deskriptif-eksploratif melalui wawancara mendalam, observasi nonpartisipatif, dan telaah dokumen yang melibatkan masyarakat, penyembuh tradisional, dan tenaga kesehatan formal. Analisis tematik menunjukkan tiga temuan utama, yaitu kepercayaan berbasis budaya yang melegitimasi pengobatan tradisional sebagai rujukan awal yang holistik dan bermakna spiritual, kepercayaan berbasis pengalaman klinis yang menempatkan layanan biomedis sebagai sumber utama kepastian diagnosis dan penanganan penyakit serius, serta faktor ekonomi dan aksesibilitas yang memengaruhi urutan serta intensitas pemanfaatan layanan kesehatan. Temuan ini menunjukkan bahwa perilaku pencarian pengobatan masyarakat Barru dicirikan oleh pola pluralisme medis yang berurutan dan saling melengkapi, bukan pertentangan antara sistem tradisional dan modern. Secara teoretis, penelitian ini memperkaya kajian health-seeking behavior dengan memosisikan pluralisme medis sebagai strategi sosial yang kontekstual, sementara secara praktis menegaskan pentingnya pendekatan layanan kesehatan yang integratif dan sensitif budaya

Keywords: medical pluralism, health-seeking behavior, traditional medicine, community health

Introduction

In medical anthropology and the sociology of health, contemporary health practices are increasingly understood through the concept of medical pluralism, which refers to the coexistence and simultaneous use of multiple healing systems, both biomedical and traditional, within a single social setting (Baer, 2022; Singer, 2019). Treatment decisions in this context are not merely clinical choices but socially constructed actions shaped by cultural values, collective beliefs, social relations, and the symbolic legitimacy of healers and health institutions. Globally, medical pluralism constitutes a common pattern of health-seeking behavior, in which communities navigate between traditional, spiritual, and biomedical therapies based on religious and cultural convictions, accessibility, affordability, and perceived effectiveness. Such dynamics are evident in the integration of traditional and biomedical practices in the management of chronic diseases in Vanuatu (Elliott et al., 2021), spiritual–herbal healing among migrant communities in China (Shixian et al., 2025), and the prominence of faith healing in Tanzania as a response to limited biomedical services and the strong cultural meaning attached to spiritual recovery (Gammelin, 2018).

Medical pluralism is also shaped by structural factors such as the availability of health facilities, geographical proximity, and household economic conditions. Studies among the Jola community in Gambia demonstrate a preference for traditional medicine due to cost and accessibility (Randall, 2013), while urbanization in Taiwan has facilitated the adoption of Traditional Chinese Medicine alongside biomedical care (Shih et al., 2010). Nevertheless, plural medical practices are not without challenges. Research among the Shawi people in the Peruvian Amazon indicates that reliance on traditional healing may delay critical biomedical interventions (Bussalleu et al., 2021), and similar patterns have been observed among HIV/AIDS patients in South Africa, where initial dependence on traditional and spiritual healing contributed to delayed initiation of antiretroviral therapy (Moshabela et al., 2011; Pantelic et al., 2015). These findings highlight that medical pluralism embodies both adaptive strategies and potential risks, necessitating culturally sensitive yet critically informed analysis.

In Indonesia, the persistence of traditional medicine has developed alongside the expansion of modern health services through hospitals, primary health centers, and the national health insurance system. The World Health Organization emphasizes that traditional medicine remains deeply rooted in local knowledge, historical experience, and cultural identity, and therefore advocates integrative, people-centred health systems that respect sociocultural diversity (Organization, 2022). Studies on health-seeking behavior reveal that Indonesian communities commonly follow layered and non-linear pathways, ranging from self-treatment and informal consultation to traditional healing and formal biomedical services (Pengpid & Peltzer, 2018; Widayanti et al., 2020). Empirical evidence from Kampung Naga shows the integration of herbal remedies, prayer, and modern medical care (Nurochmah et al., 2024), while research in West Java indicates a high

utilization of traditional medicine driven by cultural trust, accessibility, and economic considerations (Febriyanti et al., 2023).

Social values such as gotong royong further reinforce collective support networks in the healing process, reflecting the communal dimension of health practices in Indonesia (Cipta et al., 2024). Hybrid patterns are also found in West Manggarai, where traditional medicine is commonly used for prevention and early treatment, whereas biomedical services are sought for acute or emergency conditions in accordance with ancestral wisdom (Krisna & Nurcahyo, 2025). However, similar to global contexts, medical pluralism in Indonesia faces challenges related to unequal access, limited facilities, and low health literacy, which may lead to delayed biomedical treatment (Nurochmah et al., 2024).

Consequently, international and national scholars have emphasized the importance of integrating traditional and biomedical systems through culturally sensitive approaches, regulatory strengthening, and improved community education. The inclusion of traditional healers within formal health systems has been recommended in Uganda (Sundararajan et al., 2020), and structural improvements in chronic disease management have been proposed in Tanzania (Kolling et al., 2010). In Indonesia, comprehensive strategies that address socioeconomic factors such as household income, geographical proximity, and service costs (Handayani et al., 2003), alongside the preservation and development of traditional knowledge through research, digitalization, and education (Adnyana et al., 2025), are crucial for achieving equitable and sustainable health systems.

Against this global and national backdrop, the present study aims to examine patterns of medical pluralism in health-seeking behavior among communities in Barru Regency, South Sulawesi. The analysis focuses on how people interpret illness, select therapeutic options, and combine traditional healing with biomedical services in everyday life, considering the roles of belief systems, healing experiences, socioeconomic conditions, access to care, and patient-provider relationships (Baer, 2022; Singer, 2019). By situating local empirical findings within broader theoretical discussions on medical pluralism, this study seeks to contribute to sociological understandings of community-based healing strategies and to inform culturally grounded health education and social studies learning.

Methods

This study adopted a qualitative approach with a descriptive-exploratory design to investigate patterns of medical pluralism in health-seeking behavior among communities in Barru Regency, South Sulawesi, Indonesia. A qualitative paradigm was considered most appropriate because the phenomenon under study involves subjective meanings, culturally embedded beliefs, and socially constructed decision-making processes that cannot be adequately captured through quantitative measurement alone. As emphasized by Creswell and Poth (2018), qualitative inquiry enables researchers to explore how individuals interpret their experiences and how social realities are constructed through interaction within specific cultural contexts. Accordingly, this design allowed for an in-

depth examination of how people understand illness, evaluate different therapeutic options, and negotiate between traditional healing practices and biomedical services within their everyday lives.

Participants were selected using purposive sampling with a maximum variation strategy in order to capture a wide range of perspectives and experiences (Guest et al., 2013). Selection criteria included diversity in age, gender, educational background, and place of residence (rural and urban), as well as prior experience in utilizing both traditional and formal medical services. The study involved community members who had sought treatment, traditional healers who provide culturally rooted therapies, and formal health practitioners working in primary health centers or hospitals. Data collection was conducted through semi-structured in-depth interviews, which provided flexibility to probe participants' narratives while maintaining a consistent thematic focus on perceptions of illness, reasons for treatment choice, experiences of healing, and strategies for combining different medical systems. These interviews were complemented by non-participant observation of healing practices and by a review of relevant local health documents and policy reports to enrich contextual understanding and to triangulate information sources.

Data analysis was carried out using thematic analysis, following the phases of familiarization with the data, initial coding, searching for themes, reviewing and refining themes, and defining and naming the final thematic structure (Braun & Clarke, 2019). This analytic process facilitated the identification of recurrent patterns that reflect how medical pluralism is socially organized and how health-seeking trajectories are shaped by cultural norms, economic considerations, accessibility of services, and relational trust between patients and healers. To enhance the trustworthiness of the findings, the study applied several strategies recommended in qualitative research, including source and method triangulation, member checking to validate interpretations with participants, and peer debriefing to critically examine analytic decisions (Lincoln & Guba, 1985). Through these procedures, the study sought to ensure credibility, dependability, and confirmability, thereby strengthening the rigor of the qualitative analysis and the validity of the conclusions regarding plural medical practices in the community.

Result

The findings indicate that health-seeking behavior among communities in Barru Regency cannot be understood through a simple dichotomy between traditional and modern medicine. Instead, it is shaped by a pattern of medical pluralism in which treatment choices are negotiated through cultural belief systems, empirical healing experiences, and structural conditions. Decisions to select and combine different forms of therapy emerge as socially constructed processes influenced by the meaning of illness, prior outcomes of treatment, and considerations related to economic capacity and accessibility. Based on the analysis of interview and observational data, the findings are

organized into three main themes: culturally grounded beliefs, clinically based trust, and economic as well as accessibility factors in treatment selection.

1. Culturally Grounded Beliefs

Field data reveal that strong adherence to traditional medicine in Barru Regency is deeply rooted in cultural values and collective experiences transmitted across generations. Practices such as consulting sanro, using herbal remedies, receiving traditional massage, and performing prayers derived from religious texts are not perceived merely as physical treatments, but as integral components of a cultural and spiritual system of meaning. In rural communities, traditional healers are regarded as figures with moral and spiritual authority, often associated with personal piety and religious knowledge. The relationship between patients and healers is characterized by emotional closeness, empathy, and intensive communication, which fosters a sense of comfort and strengthens trust in the healing process as addressing not only bodily ailments but also spiritual and emotional well-being. This culturally grounded trust is further reinforced by the belief that certain illnesses, particularly those perceived as non-physical or spiritually related, are more appropriately treated through traditional and spiritual approaches than through biomedical intervention. Illness is interpreted not solely as a biological disorder, but also as a disturbance of balance in one's relationship with the social and spiritual environment. Consequently, traditional healing is viewed as a holistic means of restoring harmony, which explains why it often becomes the initial point of reference in the search for treatment, even in the presence of modern health facilities.

2. Clinically Based Trust

In addition to cultural factors, trust in modern medical services is constructed through individuals' empirical experiences with clinical diagnosis and measurable therapeutic outcomes. Informants who had suffered from severe or chronic conditions, or whose symptoms did not improve after traditional treatment, tended to seek care at primary health centers or hospitals. Biomedical services were perceived as providing greater diagnostic certainty through scientific examination, laboratory tests, and standardized therapeutic procedures. The presence of trained medical professionals and advanced diagnostic equipment contributed to the perception that modern medicine is more reliable in managing serious illnesses and emergency situations.

However, the level of trust in biomedical services was also shaped by prior experiences of health care delivery. Long waiting times, limited communication, or impersonal interactions with health professionals could reduce patients' sense of comfort and satisfaction. Conversely, successful recovery following medical treatment, particularly in cases where traditional approaches had proven ineffective, strengthened confidence in the authority of biomedical care. These findings suggest that trust in modern medicine is not solely grounded in scientific knowledge, but is continuously negotiated through patients' lived clinical experiences and interactions with health care providers.

3. Economic and Accessibility Factors in Treatment Selection

Economic conditions and accessibility emerged as critical determinants in shaping treatment choices. Communities in rural areas, where transportation infrastructure is limited and distances to formal health facilities are considerable, tend to rely more heavily on traditional medicine. Traditional healers are usually located within the same community, and herbal materials are readily available in the surrounding environment, making such treatments more affordable and immediately accessible. In contrast, accessing biomedical services often entails additional indirect costs, such as transportation expenses, time, and potential loss of income due to absence from work.

Although the national health insurance scheme has improved financial access to medical services, these indirect costs and logistical barriers continue to influence decision making. As a result, many community members adopt a pragmatic strategy by utilizing traditional medicine as an initial form of treatment and turning to biomedical services when symptoms persist or are perceived as serious. In urban settings and among individuals with higher educational attainment, closer proximity to health facilities and greater exposure to medical information encourage more frequent use of biomedical care. Nevertheless, traditional medicine is often retained as a complementary option, reflecting a flexible and adaptive pattern of health-seeking behavior within a plural medical context.

Discussion

The findings of this study indicate that health-seeking behavior among communities in Barru Regency reflects a layered and contextual pattern of medical pluralism, in which traditional and biomedical systems are not positioned in a dichotomous or competing relationship, but are continuously negotiated according to social meanings, healing experiences, and structural conditions. This pattern is consistent with perspectives in medical anthropology that conceptualize medical pluralism as the coexistence of multiple knowledge systems and therapeutic practices within a single social arena (Baer, 2022; Singer, 2019). Within the framework of health-seeking behavior, treatment decisions are understood as dynamic social processes shaped by cultural beliefs, experiential evaluation of therapeutic outcomes, and differential access to health services (Widayanti et al., 2020).

The culturally grounded trust in traditional medicine found in Barru demonstrates that illness and healing are interpreted not solely through biomedical categories, but also through social and spiritual frameworks. Similar to the findings of Febriyanti et al. (2023) in West Java, traditional healing practices in Barru are embedded in local values, religious meanings, and collective memory, which confer symbolic legitimacy upon traditional healers. From a social constructionist perspective, such meanings shape how communities define the causes of illness and the appropriate pathways to recovery, thereby reinforcing the role of traditional medicine as an initial and culturally congruent therapeutic option (Baer, 2022). The preference for consulting sanro and engaging in

spiritual practices reflects an understanding of illness as a disturbance of holistic balance, encompassing physical, emotional, and spiritual dimensions.

At the same time, trust in biomedical services is constructed through empirical clinical experiences and the perceived effectiveness of modern diagnostic and therapeutic technologies. Consistent with the observations of Widayanti et al. (2020), community members tend to seek formal medical care when symptoms persist, worsen, or are interpreted as serious, chronic, or life-threatening. The authority of biomedicine is thus grounded in its capacity to provide diagnostic certainty, standardized treatment, and measurable outcomes. Pengpid and Peltzer (2018) similarly note that positive treatment outcomes and previous successful encounters with health facilities strengthen public confidence in modern medicine. In this sense, trust in biomedical care is continuously shaped by patients' lived experiences and interactions with health professionals, rather than being derived solely from abstract scientific knowledge.

The interaction between culturally grounded beliefs and clinically based trust gives rise to a pattern of sequential and complementary use of different medical systems. This form of sequential medical pluralism corresponds to Singer's (2019) argument that individuals often begin treatment within the system that is culturally familiar and emotionally reassuring, and subsequently turn to biomedical services when greater diagnostic certainty or technological intervention is required. Comparable patterns have been documented in other Indonesian contexts, such as Kampung Naga, where herbal remedies, prayer, and modern medical services are combined pragmatically as part of a coherent healing strategy (Nurochmah et al., 2024). Such findings suggest that pluralism is not merely a passive coexistence of systems, but an active process of negotiation through which communities seek to maximize therapeutic effectiveness.

Economic conditions and accessibility further shape these patterns, confirming that medical choices are embedded in broader social structures. National survey data indicate that income level, education, and geographical proximity to health facilities significantly influence the utilization of both traditional and biomedical services in Indonesia (Pengpid & Peltzer, 2018). In Barru, indirect costs, transportation constraints, and administrative procedures associated with formal health care continue to affect decision making, particularly in rural areas. These structural factors encourage the continued reliance on traditional medicine as a more affordable and readily accessible option, illustrating that medical pluralism also represents an adaptive response to inequalities in the distribution of health resources (Baer, 2022).

Overall, this discussion underscores that medical pluralism in Barru Regency emerges from the intersection of local knowledge systems, experiential evaluation of biomedical effectiveness, and socioeconomic conditions. The integration of traditional and modern medicine is shaped by ongoing assessments of illness meaning, therapeutic outcomes, and service accessibility. These findings extend sociological and anthropological understandings of medical pluralism by demonstrating that it operates

not only as a cultural phenomenon, but also as a structured social strategy. In line with the recommendations of the World Health Organization, the results highlight the importance of culturally sensitive and integrative health approaches that recognize the legitimacy of local healing traditions while strengthening access to and trust in biomedical services, thereby promoting socially acceptable and clinically effective health care practices.

Conclusion

This study concludes that health-seeking behavior among communities in Barru Regency exhibits a structured pattern of medical pluralism in which traditional and biomedical systems are selectively, sequentially, and complementarily employed on the basis of cultural beliefs, clinical experiences, and considerations of economic capacity and service accessibility, thereby achieving the research objective of elucidating how treatment choices are socially negotiated within a specific sociocultural context. The main findings demonstrate that traditional medicine serves as an initial reference imbued with cultural and spiritual meaning, whereas modern medical services are primarily sought for diagnostic certainty and the management of serious conditions, directly addressing the research question concerning the ways in which communities navigate multiple therapeutic systems in everyday life. Theoretically, this study contributes to the advancement of sociological and health-seeking behavior research by conceptualizing medical pluralism as a contextual social strategy rather than a dichotomous opposition between tradition and modernity, while practically it underscores the need for culturally sensitive and integrative health approaches and suggests that future studies may further explore collaborative models between traditional healers and formal health practitioners to enhance community-based health education and service effectiveness.

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