

ORIGINAL ARTICLE

Herbal Medicines Prescription among Health Care Providers in Primary Health Settings in Rural Thailand: Perceptions and Experiences

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ABSTRACT

Introduction: Although the Thai Ministry of Public Health has set a benchmark prescribing rate of 15% for herbal medicines, recent trends indicate a decline in this rate. This study explored perceptions of and experiences with herbal medicine prescriptions among health providers working in primary health settings. **Methods:** A descriptive qualitative approach was employed, utilising three focus group discussions with 12 primary care unit administrators, 10 public health providers from primary healthcare units and five Thai traditional medicine practitioners. The data were analysed using thematic analysis method. **Results:** Four key themes emerged: 1) Perceptions and experiences of herbal medicine policies, 2) The current situation of prescribing herbal medicines in primary healthcare units, 3) Barriers to enhancing the prescription of herbal medicines, and 4) Strategies for increasing the prescription of herbal medicines in primary healthcare units. The findings revealed that healthcare facilities with Thai traditional medicine practitioners had a higher frequency of herbal medicine prescription. Despite supportive health policies promoting herbal medicine integration, many facilities without Thai traditional medicine practitioners did not prioritise the prescription of such medicines. Concerns about the potential adverse effects of combining modern and herbal treatments contributed to hesitancy among healthcare providers in prescribing herbal remedies. **Conclusion:** This research highlights the importance of enhancing traditional medicine use in primary healthcare, particularly in rural areas. Increasing awareness of herbal medicine policies and providing support to healthcare professionals are essential steps towards boosting the prescription of traditional medicines and ultimately promoting local wisdom and practices in rural communities in Thailand.

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INTRODUCTION

Herbal medicines have long been integrated into the Thai healthcare system and have persisted alongside the dominance of modern medications, especially in rural regions, where accessing modern healthcare remains challenging for many. In response, the Ministry of Public Health (MoPH), aiming to enhance healthcare accessibility for the Thai populace, initiated a policy to advocate the utilisation of herbal medicines within public health units situated in local communities (1).

Annually, Thailand allocates approximately 60-70 billion baht to healthcare. Of this expenditure, drugs and medical supplies account for roughly 13.8%-16.5% (2). The MoPH collaborated with governmental and private organisations to develop the National Master Plan on the Development of Thai Herbs, No. 1, which lasted from 2017 to 2021. This plan provided guidelines directing the missions and strategies of both governmental agencies and private entities to position Thai herbal medicines as a key driver of Thailand's economy. As part of this effort, the MoPH established a policy aimed at promoting public healthcare through the use of herbal medicines. The goal of this policy is to decrease reliance on imported modern medications while fostering self-sufficiency and local expertise within

Thailand's pharmaceutical landscape (3).

Despite the continuing promotion of herbal medicines within healthcare, the prescription rate has yet to meet the 15% benchmark established by the ministry (4). The primary reason for this shortfall is an inadequate understanding among healthcare providers about the significance of herbal medicine promotion policies, coupled with a lack of experience prescribing such medicines. As a result, many prioritise modern medications over herbal remedies, despite the potential effectiveness of the latter for certain ailments. Furthermore, the policy to promote herbal medicine usage within the primary healthcare system lacks clarity for practitioners, resulting from a dearth of guidelines supporting the implementation of the policy in their respective contexts (5). Previous studies have indicated that while healthcare personnel possess a solid understanding of prescribing herbal medicines, their attitudes towards doing so remain at a moderate level. The primary obstacle to the prescription of herbal medicines is the prescribers' lack of comprehensive knowledge regarding the dosage and properties of the various medicines available within the healthcare system (6-8). Evidence suggests that increased knowledge among herbal medicine prescribers regarding the properties of herbal medicines correlates with a higher rate of prescribing herbal medicines for Thai health (9).

In 2017, the Pattani Provincial Public Health Office in Thailand's Deep South began directing public health service units in the province to elevate the prescription of herbal medicines for primary healthcare. Subsequently, in 2020, a policy was introduced mandating the use of 14 herbal substitutes in health service units to encourage the prescription of herbal medicines instead of modern medications as a first-line treatment. These herbal alternative choices were Fah Talai Jone (*Andrographis paniculata*), Ma Kham Pom (*Phyllanthus emblica* L.), Ya Keaw Hom (A green aromatic herbal formulation), Chantaleela (Fever remedy treatment), Kha Min Chan (*Curcuma longa* Linn.), Khing (Ginger), Ya Tat Ob Chey (Cinnamon tonic), Ya Leuang Pit Samut (A traditional yellow herbal preparation), Ma Kham Khek (*Senna alexandrina* P. Miller.), Phet Sang Kat (*Cissus quadrangularis* L.), Ya Dok Khao (*Cyanthillium cinereum* (L.) H. Rob.), Thao Wan Preang (*Derris scandens* (Roxb.) Benth), Ya Hom Thepchit (A traditional aromatic tonic) and Phaya Yor (*Clinacanthus nutans* (Burm.f.) Lindau). This initiative led to prescription rates of 14.95%, 12.69% and 14.02% over each of the last three years (10). Nevertheless, the percentage of herbal medicine prescriptions in primary care units failed to meet the indicator criteria (11). This situation hampers the development of the primary healthcare system, which emphasises delivering comprehensive healthcare services based on local community resources and self-reliance, in line with primary healthcare strategies. Residents in rural areas

face limited healthcare options, potentially escalating the expenses associated with medical treatment reliant on imported medicines, medical supplies and modern medical technologies (3,12). This could raise a barrier to promoting the prescription of herbal medicines in primary healthcare units (13, 14). This study aims to investigate herbal medicine prescribing practices in primary healthcare settings in rural areas. It also seeks to establish guidelines for enhancing the prescription of herbal medicines in primary healthcare services and to evaluate the implementation of these guidelines.

This paper is situated within the framework of local wisdom. Local wisdom embodies a cognitive process that mirrors the lifestyles, experiences and behaviours of individuals within a specific locality. It encompasses the accumulation of knowledge derived from observation, experimentation, adaptation and refinement over time, evolving into a form of wisdom that persists through generations and remains relevant in contemporary contexts (15). The concept of local wisdom emerges from the recognition of past inadequacies, whereby previous developments overlooked the knowledge and technologies inherent in each community, neglecting cultural systems and grassroots economies. Consequently, local wisdom shares traits akin to culture, displaying dynamism, differentiation and continual evolution (16).

Wisdom represents a valuable asset for individuals and communities, encompassing accumulated intellectual capital, cultural heritage, inherent skills, peaceful coexistence, lifestyle and utilisation of natural resources. These elements constitute the fundamental or social capital of a community, as they are creations passed down and collectively owned by community members (17). The primary imperative is to advance local wisdom, safeguard traditional Thai knowledge and augment it with modern technology and expertise. By doing so, Thailand can strengthen its foundations, ensuring resilience and sustainability in the face of contemporary challenges (18).

The essence of local wisdom arises from the complex interplay among people, their surroundings and spiritual dimensions. Within this intricate web of interactions, communities enrich their lives, tackle obstacles, share knowledge, spark innovation and nurture a balanced lifestyle. Grounded in environmental, sociocultural and spiritual contexts, local wisdom guides sustainable cohabitation and communal prosperity. It manifests across various domains, each reflecting expertise and insight into specific realms. Traditional Thai medicine epitomises such wisdom by highlighting community self-sufficiency in healthcare and hygiene practices, notably through herbal remedies, traditional massage and holistic healthcare approaches (19).

Thailand promotes the use of herbal medicines for

treatment in its public health system. This is a body of knowledge that has arisen from the thought and adjustment processes of Thai people so that they can live healthily within their local communities (16).

MATERIALS AND METHODS

Study design

This study adopted a descriptive qualitative design due to the limited existing knowledge of the phenomenon (20,21). The focus group method was employed to gather the data. This approach holds significant importance in the realm of healthcare, offering a valuable means to delve into intricate issues, elicit nuanced qualitative data and understand participants' viewpoints and experiences. Leveraging group interaction, it facilitates thorough exploration of participants' thoughts, emotions and opinions regarding specific topics. In addition, it enables researchers to delve into the underlying motivations behind behaviours, preferences and attitudes (22,23). After obtaining ethical approval from the Thaksin University Research Ethics Committee, potential participants who met the study objectives were purposively invited to group discussions.

Participants

The participants comprised three distinct groups: 12 primary care unit executives, 10 primary care service providers and five Thai traditional medicine practitioners, selected through purposive sampling based on the inclusion and exclusion criteria. Primary care unit executives hold pivotal roles in implementing health policies within operational frameworks. Primary care service providers serve as the frontline healthcare providers closest to the community and act as the primary interface for accessing healthcare services. Notably, there is a policy emphasis on promoting treatment with Thai traditional medicine within primary healthcare units. Thai traditional medicine practitioners specialise in traditional Thai medicine practices and are authorised to prescribe herbal remedies for basic symptoms, in alignment with provincial and national policies on herbal medicine substitution. The majority of the participants were female (81.48%), with approximately 44% falling into the age range of 31–40 years. Among them, 48.15% were public health workers holding bachelor's degrees. A significant portion had over a decade of experience working at the primary healthcare level (59.26%) (Table I).

Table I: Socio-demographic characteristics of the study participant

Characteristics	Number (%) (n= 27)
Gender	
Male	5 (18.52)
Female	22 (81.48)
Age (years)	
≤ 30	7 (25.93)
31 – 40	12 (44.44)
41 – 50	5 (18.52)
> 50	3 (11.11)
Mean ± S.D. (Max, Min)	37.11 ± 10.36 (59, 23)
Education	
Bachelor's degree	23 (85.19)
Master's degree or higher	4 (14.81)
Work position	
Public health worker	13 (48.15)
Nurse	7 (25.93)
Thai traditional medicine practitioner	6 (22.22)
Pharmacist	1 (3.70)
Experiences of working in the health care system (years)	
< 5	5 (18.52)
5 – 10	6 (22.22)
> 10	16 (59.26)
Mean ± S.D. (Max, Min)	15.19 ± 10.38 (38, 1)

Data collection

Three separate focus groups were conducted: one with 12 primary care unit executives, one with 10 primary care service providers and one with five Thai traditional medicine practitioners. The research was conducted in Mueang district, a rural setting in deep southern province of Thailand. Prior to each session, the participants were briefed on the study's background, its objectives, the potential benefits of their involvement and relevant issues. Consent for participation was obtained, followed by efforts to establish rapport and create a comfortable environment to ensure participants' relaxation. The participants were explicitly informed of their right to withdraw from the research at any point.

The focus group discussions commenced with broad enquiries and gradually transitioned to more specific questions aimed at eliciting comprehensive insights aligned with the study's objectives. The questions evolved and were refined throughout the discussions to enquire deeper into the narratives under investigation. We employed a set of open-ended questions, including 'Is the prescription of herbal medicine in primary care units important?', 'If so, why is it important?', 'What are your expectations from prescribing herbal medicines in primary care units?', 'Do you have difficulty prescribing herbal medicines in this setting?' and 'What kind of support would you like, and from whom?' Each session was conducted in the meeting room of the Provincial Health Office and lasted from 1.5 to 2 hours. The primary researcher facilitated the discussions, while the second researcher observed to ensure that all queries were addressed adequately. Group conversations were recorded using digital voice recorders for later analysis.

Data analysis

A thematic analysis technique was employed to analyse the data. Initially, we conducted open coding, meticulously reviewing each transcript line by line multiple times to acquaint ourselves with the data and pinpoint key points conveying meanings, thus forming codes and categories. Subsequently, we consolidated the categories and subcategories into broader categories, thereby facilitating the development of overarching themes. The process of amalgamating relevant themes continued until no new themes could be discerned. The identified themes played a crucial role in elucidating the narratives conveyed by the participants in this study (23, 24).

Rigour of the study

The study's rigour was ensured through a triangulation of the three distinct participant groups for relevance to the study objectives in the group discussions. To validate the truthfulness of the focus group discussions, a member-checking approach was adopted whereby the participants reviewed the transcripts before the data analysis. In addition, peer review was employed to enhance rigour; the data were analysed first by the primary author and subsequently scrutinised by the research team. These three approaches collectively contributed to bolstering the trustworthiness of the data (25, 26).

Ethical considerations

This study obtained ethical approval from the Thaksin University Research Ethics Committee, Thailand (COA no. TSU 2022_172, REC no. 0426). Written informed consent was obtained from the study participants before data collection. We use pseudonyms to refer to study participants when presenting the results, to maintain their anonymity.

Results

From the data, four distinct themes were constructed: 1) Perceptions and experiences of herbal medicine policies, 2) The current situation of prescribing herbal medicines in primary healthcare units, 3) Barriers to enhancing the prescription of herbal medicines, and 4) Strategies for increasing the prescription of herbal medicines in primary healthcare units.

Perceptions and experiences of herbal medicine policies
The majority of participants observed that the promotion of prescribing herbal medicines in local health units was a focal point of the Provincial Public Health Office's strategic plan. This policy was initially instigated by the MoPH before being cascaded down to the Provincial Public Health Office and disseminated to the District Public Health Office and finally reaching the primary healthcare unit for implementation by its staff. It incentivises the prescription of herbal medicines in primary care units, which has been designated as a key performance indicator that these units are expected to meet. However, there has been a notable lack of motivation among practitioners to adhere to this policy, resulting in a lower uptake of prescribing herbal medicines compared to the anticipated indicator. Somying, a Thai traditional medicine practitioner based in a primary health unit, reflected this sentiment:

Previously, the Public Health Office placed significant emphasis on promoting herbal medicine, but lately, it seems to have faded from discussions during meetings. There appears to be less concern regarding the percentage of herbal medicine prescriptions and related indicators.

Several participants acknowledged the significance of the policy, since it provides practitioners with clear indicators to strive for. The National Health Security Office (NHSO) later introduced a specific approach to incentivising health centres to prescribe herbal medicines that involves allocating budgets to the health centres, with the hope that this financial incentive will lead to an increase in the prescription rate, aligning with the set indicator. Sopit, a nurse working in a primary health unit, expressed the following:

We will closely monitor the actions of the NHSO because our income is tied to it. Whatever the NHSO prioritises becomes the focal point of its actions. Therefore, if the NHSO emphasises promoting the prescription of herbal medicine, we can expect the prescription rate to rise. I believe that everyone will be motivated to prescribe herbal medicines to generate more income for the health centre.

The current situation of prescribing herbal medicines in primary healthcare units

Numerous participants pointed out that herbal medicines are not prescribed solely by Thai traditional medicine practitioners but by various members of healthcare teams, including nurses and public health workers at health centres. Members of the latter group possess basic knowledge of herbal medicine administration, as they have been trained based on modern medicine principles. Each service unit had tried to create manuals, guidelines or other materials to bolster its confidence in prescribing herbal medicines for clients. The prescription of herbal medicine by nurses or public health workers was found to have stayed low, potentially contributing to the declining rate of herbal medicine prescriptions in healthcare units. We found that healthcare units with Thai traditional medicine practitioners exhibited higher prescription rates, as they regarded herbal medicines as their primary treatment choice. However, in many healthcare units, there was a shortage of Thai traditional medicine practitioners, so the prescription of herbal medicines was not prioritised. The absence of clear guidelines caused concern among the practitioners, fearing potential errors. As a result, they tended to focus more on prescribing modern medicines with which they were more familiar. Sompob, a public health worker, agreed with this perspective:

Each time herbal medicines are considered for patient treatment, it's mandatory to consult with a Thai traditional medicine practitioner beforehand to ensure accuracy. This process is time consuming and adds to our workload, unlike with modern medicines, for which we don't require consultation with anyone.

Barriers to enhancing the prescription of herbal medicines

Many participants highlighted barriers to prescribing herbal medicines in primary care settings. Despite the presence of multidisciplinary practitioners at this level, some lacked confidence in the efficacy and safety of herbal medicines due to a lack of training as Thai traditional medicine practitioners. Concerns arose regarding the potential negative side effects on patients if both modern and herbal medicines were administered simultaneously, leading to reluctance to choose herbal medicines for treatment. Moreover, while the healthcare providers possessed knowledge of which herbal medicines treated specific diseases, they lacked proficiency in properly prescribing herbal medicines. Sompob, a public health worker, expressed the following:

I believe that having basic information about herbal medicines will enable me to prescribe them more effectively. However, I lack sufficient knowledge in this area, which leads to hesitation when considering herbal medicine prescriptions. I often worry about potential side effects and lack confidence in prescribing herbal

medicines at times.

Many participants emphasised the need for ongoing knowledge acquisition and confidence building, since there was a lack of clear follow-up and assessments regarding the prescription and use of herbal medicines in primary care settings. Continuous training on how to prescribe herbal medicine was not consistently organised.

Strategies for increasing the prescription of herbal medicines in primary healthcare units

Participants expressed the need for more organised academic support to enhance the use of prescribed herbal medicines in primary care. While policies and information regarding herbal medicines are available online for health workers, effective implementation requires continuous communication between policymakers and health practitioners. Training programmes are essential, as they can bolster the prescription of herbal medicines in healthcare settings. Without ongoing training, some healthcare providers may overlook prescribing herbal medicines for their patients. Somsri, a director of a subdistrict health promoting hospital, emphasised this point:

Perhaps there's a need to stimulate and update new knowledge annually to enhance the understanding of healthcare workers. Even if they prescribe the same herb, new research findings or insights into herbal medicines may emerge. This continuous learning approach can encourage individual practitioners to utilise prescribed herbal medicines more frequently.

Participants suggested additional ideas to create comprehensive manuals, guidelines or materials to aid healthcare workers in following herbal medicine prescriptions in healthcare provision at the local level. They proposed that the existing materials should be made more appealing and user-friendly, such as through videos, websites or infographics that are easy to recall. Phayom, a public health worker, emphasised, "For information presented through media, we sometimes require materials like videos because they feel more authentic. Printed materials are no longer as engaging to persuade people to read. ... Nowadays, people prefer accessing information online." Furthermore, some focus group members outlined a strategy to encourage practitioners to prescribe herbal medicines more frequently by implementing regular training programmes. This would enable them to accumulate professional credits that could be utilised to renew their professional licences. Sai Jai, a nurse in a healthcare setting, highlighted this point:

Implementing a system to collect credit points would be highly beneficial. Similar to nurses who accumulate credit points regardless of the training they attend, offering credits for training on prescribing herbal

medicines could encourage its use. I am confident that providing credits for such training will result in the increased utilisation of prescribed herbal medicines.

DISCUSSION

Thai local wisdom encompasses various domains, including culture, food, agriculture and, health. The tradition of using herbal medicines to treat Thai people has continued for generations, with knowledge of herbal medicine usage passing down from one generation to the next (19). Currently, herbal medicines continue to be utilised for health treatment, with advancements ensuring safety and convenience in their usage. Besides, the government has provided support for the promotion and integration of herbal medicines into Thailand's public health service system. Thus, herbal medicines are accessible across all levels of health service units. Given that primary health units are highly accessible to the public, promoting the use of herbal medicines in such units is crucial for healthcare provision, treatment and the promotion of primary health among the populace (27). Such promotional efforts may lead to a reduction in the number of patients requiring transfer for hospital treatment. By receiving care from primary healthcare units, which serve as primary points of care for communities and individuals, patients may find their healthcare needs effectively addressed, thereby potentially minimising the necessity for hospital referrals.

Despite the promotion of local wisdom in healthcare, our study revealed that some healthcare providers at local healthcare units paid little attention to herbal medicine prescription policies. They perceived these policies as impractical due to unclear formulation and a lack of proactive strategies fitted to real-world contexts. Moreover, herbal medicine prescriptions were not prioritised among health practitioners. These findings align with a study on the utilisation of medicinal herbs in the current health service system of a district health service network in a northeastern province of Thailand (5), which indicated that the policy aimed at promoting the use of herbal medicines within the primary healthcare system lacked clarity. Often established with broad concepts, the policy proved challenging to adhere to and failed to suit the specific contexts of individual areas. Furthermore, the study highlighted that while hospitals' policies on herbal medicines facilitated their utilisation within the health service network, there was a lack of clear guidelines for modern healthcare practitioners to follow. As well, proactive public relations between health service facilities and communities have been found to be absent (28). Though, raising awareness about policy promotion has emerged as a crucial factor that could lead to an uptick in the prescription of herbal medicines.

Supporting healthcare practitioners at the local level is essential for enhancing the prescription of herbal

medicines in primary healthcare facilities. Our study revealed that healthcare providers require annual training sessions specifically focused on the prescription of herbal medicines rather than solely emphasising training on modern medicines. Practical practice guidelines need to be modified to simplify comprehension for healthcare providers. Continuous monitoring and evaluation by policymakers and relevant sectors should be established as ongoing activities, as healthcare providers can be supervised in prescribing herbal medicines more frequently. These findings align with a study addressing issues and recommendations for substituting modern drugs with herbal medicines in public hospitals (27), which identified that certain public health personnel lacked sufficient knowledge about herbal medicines and lacked confidence due to the absence of scientific evidence to support their usage. In addition, the lack of experts available to provide advice on the potential adverse effects of such medicines has exacerbated this issue (5, 29). A study examining the impact of promoting herbal medicine guidelines aligned with the National List of Essential Medicines within community hospitals in Maha Sarakham province, northeastern Thailand, alongside the provision of academic resources on herbal medicines to medical personnel, represents a key element in ensuring the success of this approach (27). The findings of this study indicated that an increase in the utilisation of herbal medicines could lead to a reduction in the inappropriate use of pharmaceutical drugs in Thai healthcare.

Our findings revealed that there was a notable increase in the volume of herbal medicine prescriptions following the introduction of clear guidelines for prescribing herbal medicines in primary healthcare settings. This aligns with a study on the development of guidelines aimed at promoting the utilisation of herbal medicines in accordance with the national list of essential medicines in community hospitals. The study indicated that following the establishment of clear guidelines for prescribing herbal medicines in hospitals, there was a marked rise in the prescription of herbal medicines, which met 100% of the criteria outlined in the national essential drug list (30).

The participants in our study noted that a clearly defined policy approach could enhance prescribing performance, thereby boosting their confidence in prescribing herbal medicines. This echoes findings from a study on the opinions and experiences of physicians who prescribed herbal medicines, which identified that the primary challenges in the prescription of herbal medicines included a lack of confidence in their medicinal properties and knowledge gaps regarding herbal medicines. Moreover, issues such as a lack of systematic management, insufficient education for new doctors and a lack of direct implementation of policies into practice were highlighted (31).

Our study revealed that the level of knowledge among healthcare providers was not correlated with the prescription of herbal medicines (32, 33). This finding aligns with a study on the prescription of herbal medicines by public health officers working in sub-district health promotion hospitals, which concluded that knowledge was not correlated with the prescription of herbal medicines (2, 8, 34). Our studies showed that while the healthcare practitioners possessed knowledge about the prescription of herbal medicines, they might hesitate from prescribing them due to a lack of confidence in their knowledge and the absence of evidence supporting the safety of these herbal medicines.

Our study highlights the critical intersection between local wisdom and evidence-based practice, underscoring both the value and challenges of integrating traditional knowledge, particularly traditional medicine, into modern primary healthcare systems. All participants in this study recognised that Thai traditional medicine and herbal products, grounded in local wisdom, benefit people's health. Promoting the prescription of herbal medicines for patients in primary healthcare units can increase their use and foster a culturally sensitive and sustainable primary healthcare system. This would promote the integration of complementary and herbal medicine (CM/HM) into healthcare systems across countries such as Thailand, Taiwan, South Africa and Qatar. But it somehow faces barriers that include insufficient knowledge of providers, lack of training, unclear policies and limited clinical guidelines. In Thailand and South Africa, healthcare workers often hesitate to use or recommend herbal medicine because they are concerned about safety and interactions with conventional drugs (12). Similarly, in Taiwan, the absence of standardised protocols limits the use of traditional medicines in palliative care settings (34). However, evidence from Qatar suggests that formal training can enhance provider confidence, indicating a global need for structured education and ongoing professional development in CM/HM (14). In Thailand and South Africa, traditional medicine is deeply embedded in local wisdom and cultural identity, influencing both patient preferences and provider attitudes. These findings underscore the importance of culturally sensitive policies and educational interventions. To advance CM/HM integration, health systems must address knowledge gaps, develop actionable guidelines and align policy with both evidence and cultural values.

CONCLUSION

This study explored the perceptions and experiences of healthcare providers regarding the prescription of herbal medicines in primary health settings in rural Thailand. The findings revealed that while many providers acknowledge the cultural relevance and therapeutic potential of herbal remedies, their use is influenced by factors such as training, regulatory frameworks,

the availability of standardised products and patient preferences. Health providers often integrate herbal medicine with modern treatments, reflecting a pragmatic approach to patient care. However, challenges remain, including limited clinical evidence, inconsistent supply chains and a need for clearer guidelines. Strengthening policy support, education and research on herbal medicine can empower healthcare providers to use these traditional therapies more effectively, thereby enhancing culturally responsive care in rural Thai communities.

The findings of this study suggest several actionable policy recommendations aimed at increasing the prescription of traditional medicine in primary care settings. Key strategies include the provision of systematic and continuous academic support to enhance healthcare providers' knowledge, confidence and competence in prescribing traditional medicine. Regular training and annual updates on traditional remedies are essential to encourage consistent use in clinical practice. Also, the development of comprehensive and user-friendly educational tools, such as videos, websites and infographics, can improve information accessibility and engagement. Effective and ongoing communication between policymakers and healthcare personnel is also critical to ensure the successful implementation of relevant policies. It is important to introduce incentive mechanisms, such as a professional credit accumulation system for traditional medicine training that can be applied to professional licence renewal, which may serve as significant motivators.

However, this study has some potential limitations. It cannot be generalised to broader society because it is region-specific. It might have social desirability bias, although this is a common concern in focus group settings, as participants may feel pressured to respond in socially acceptable ways. We tried to mitigate this by creating a safe and non-judgmental environment and by using a skilled facilitator to encourage open dialogue. To our knowledge, this study represents the first investigation conducted in a deep southern province of Thailand utilising a qualitative research approach. The qualitative methodology employed in this study has the potential to assist health services in developing more practical herbal medicine prescription guidelines, thereby enhancing the prescription of herbal medicines in primary healthcare units. This, in turn, will contribute to improving access to healthcare for many local people in rural communities.

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