

PREFERENCE OF ALLOPATHY IN TREATMENT OF CHRONIC ILLNESS IN SOCIOECONOMICALLY DISADVANTAGED POPULATIONS IN ASPIRATIONAL DISTRICT OF BAHRAICH UTTAR PRADESH, INDIA

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Abstract

Background: People suffering from chronic illness like diabetes mellitus, blood pressure and heart disease need life-long medication in order to minimize disease complications and enhance the quality of life. However, patients belonging to other socioeconomic groups prefer allopathic therapy, traditional therapy, particularly in rural and low-income regions of India where alternative medicines are adhered to.

Objective: To find the extent to which allopathic drugs were accepted by patients suffering with long term chronic diseases in the socioeconomically-deprived Bahraich district of the state of Uttar Pradesh and to understand what socioeconomic, cultural, and behavioral factors influence medication decisions.

Methods: An observational cross-sectional study was performed with a study population of 390 patients with chronic disease and taking medication for 6 or more months. Study population was selected from low socio-economic areas of Bahraich city. Structured questionnaires and face-to-face interviews were used to collect information in terms of demography, socioeconomic status, and access to health care, treatment choice and perceptions of the type of treatment. Statistical analysis through chi-square tests and regression analysis was applied to analyze data and P value < 0.05 was considered significant.

Results: There were 390 participants of the study. 224 (57.44%) preferred allopathic treatment, while 166 (42.56%) did not. Lack of funds was the most common element that was reported by 299 (76.67) participants; this was followed by healthcare accessibility by 240 (61.54) participants. Participants who experienced side effect fear (156) and those who experienced the influence of their culture (165) were 40.00 percent here, 42.31 percent here respectively. Chi-square test indicated that there was significant association between preference of allopathy and (P = less than 0.001), fear of side effects (P = less than 0.001), availability of health care (P = less than 0.001) and preference towards traditional medicine (P = less than 0.001). Regression analysis showed influence of independent factors on preference of allopathy with trust in traditional medicine as the strongest factor (OR=0.007), while economic constraints (OR=0.18), fear of side effects (OR=0.36) access to healthcare (OR=0.50) being other influential factors.

Keywords: Allopathic medicine, chronic illness, treatment acceptance, medical pluralism, socioeconomic barriers, Uttar Pradesh, India

1. Introduction

1.1 Overview

The chronic illnesses like diabetes mellitus, raised blood pressure and heart disease are significant sources of public health problems in India, the treatment seeking behaviors of these illnesses are complex relation between the financial status, availability of healthcare facilities and socio cultural beliefs in preference of traditional healthcare systems, and consequently, reduce the compliance with allopathic therapies. In the practice of Medical Pluralism, using one or more system of medicine at a time, is common in rural areas, depending on affordability and convenience patients switch between allopathy and traditional system of Indian medicine for treatment of chronic diseases. To provide proper treatment of diseases it is essential to know the core needs of the population inhabiting a particular area. It is a significant step to meet unmet needs in the management of non communicable diseases. In this study, the socio-economic factors, accessibility issues, local and traditional beliefs about modern system of medicine have been studied which influence people towards use of allopathy as the preferred modality of disease management. Detection of imbalance, acceptable policy actions to incorporate the allopathic care in more effective ways into the underserved regions and underserved populations lies in the motive of this study.

Sociological Theories in healthcare preferences

Social interactions and its structures, social inequalities, and cultural beliefs shape healthcare preferences, such as choices about treatments, providers, prevention versus cure, modern versus traditional medicine, and whom to consult. There are three primary perspectives in medical sociology, structural functionalism, conflict theory, and symbolic interactionism. In real-life situations, people do not make healthcare decisions purely on logic, their choices are influenced by their social surrounding, family, and experiences¹⁶.

1. **Structural Functionalism** Parsons "Sick Role" Theory- It is macro-level perspective which explains the society as a stable system in which healthcare system acts as a social institution that maintains social order. Illness is viewed as a temporal disruption of social productivity that must be handled; good health is vital for social productivity¹⁷.

Application to health care preferences: Parsons sick role consists of rights- exemption from normal social duties, and escape any blame for the illness; obligations- to try and get well, help seeking (from doctors). This promotes preferences for conventional medical care as opposed to self-treatment or alternatives, since¹⁸

Critique and modern relevance: Parsons Sick Role theory for assuming that everyone willingly accepts the doctor's authority and for ignoring social inequalities like class, caste, and gender differences, has been criticized but it still remains useful. It helps us understand why many people in society still prefer qualified doctors and evidence-based treatment to fulfill their social expectations and responsibilities

2. **Conflict Theory;** (Marx and others) This theory marks the effect of power imbalances, social inequality, and social dominance on healthcare preferences. Healthcare is believed to be influenced by capitalism, where access and quality are determined by class, race, gender, and other inequalities¹⁹.

Application to healthcare preferences: Healthcare preferences are not equally to all. Higher socioeconomic groups can act on preferences for premium care and advanced treatments, while marginalized groups face barriers of cost, discrimination, distrust and may prefer low-cost, traditional, or emergency-only options. Capitalism commodifies health, so preferences remain the choice of who controls resources and policy¹⁷.

3. **Symbolic Interactionism:** This micro-level approach examines how individuals create meanings through everyday interactions, symbols, and interpretations. Health and illness are not objective but socially constructed²⁰.

Application to healthcare preferences: Preferences emerge from negotiated realities—how people label symptoms, interpret advice from doctors/family/media, manage stigma, or engage in doctor-patient communication. For instance, stigma (Goffman) might lead someone to avoid mental health care or prefer discreet options. Lay beliefs and cultural meanings influence whether someone prefers biomedical treatment vs. holistic/alternative care. Shared decision-making in patient-centered care arises from these interactions; preferences for certain treatments depend on how illness is defined in social contexts (e.g., medicalization turns normal life events like aging into conditions requiring intervention)²¹.

Other Relevant Sociological Theories: Social Constructionism (overlaps with interactionism): Illness categories and preferred treatments are culturally defined, varying by society/time shifting preferences for home birth vs. hospital delivery).

Feminist and Poststructuralist Theories, Foucault’s biopower Gendered power dynamics shape women’s healthcare preferences (reproductive rights, body image); medical discourse and surveillance influence what options feel “normal” or empowering.

Bourdieu’s Cultural Capital and Habitus: Class-based dispositions shape “health lifestyles”—middle/upper classes often prefer preventive, wellness-oriented care due to cultural knowledge, while others may prioritize immediate needs

Objective

- ❖ To assess the extent of acceptance of allopathic medications in patients suffering with chronic illnesses in the socioeconomically disadvantaged Bahraich district of Uttar Pradesh and
- ❖ To identify the socioeconomic, cultural, and behavioral factors affecting treatment choices.

Methods

3.1 Study Design- This study is a cross-sectional observational study.

3.2 Area & Duration- Between January and February 2025 in Bahraich district, Uttar Pradesh.

3.3 Sample size & Sampling- According to NSS (1990- 2016) data prevalence of chronic disease in general population is given as 47.9%¹⁵. Conversion of sample size into 95% confidence showed a sample size of 384. Sample size was rounded off to 390 adult patients for cleaner percentage & easier computation. Stratified sampling from the population residing in socio-economically backward areas of Bahraich like Nazirpura west Chandpura Dhawalpur Baksipura Ghasiyaripura Chikkipura locality which is considered as socio-economically backward & one of the newly populated. This methodology increased the applicability of the results to other levels of care in the district.

3.4 Inclusion Criteria: Individuals aged 35-65 years with at least one chronic disease diagnosis like including diabetes, high blood pressure, or heart disease had been under medication at least 6 months long such that the participants had adequate exposure to their prescribed either allopathic or traditional medicine.

3.5 Data collection: By structured interviews and questionnaires data were received in the form of demographics of the participants (age, gender, education, occupation, and income), preferences on types of treatment, economic factors, and availability of healthcare, and personal attitudes toward the effectiveness and safety of allopathic and traditional medicines. All the answers were anonymous in order to preserve confidentiality and reduce the response bias.

3.6 Statistical analysis was conducted on descriptive statistics to provide an overview of frequencies and percentages. Association between categorical variables was done by the chi-square test was used to test and logistic regression models to highlight independent predictors of allopathic treatment preference A p value of below 0.05 was regarded as significant. All calculations were held with the standard statistic programs,

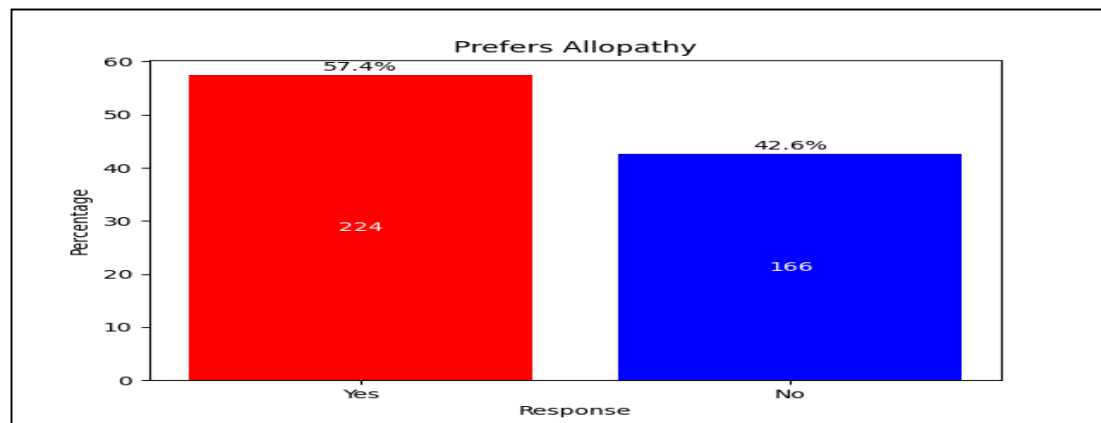
4. Result

4.1 Percentage data analysis of variables: The patients sampled in the study were found in the Bahraich district in Uttar Pradesh and had been living with the chronic illnesses (diabetes, high blood pressure, or heart problems) and undergoing some type of treatment at least six months.

Table 1: Frequency distribution on Preference for Allopathic Treatment

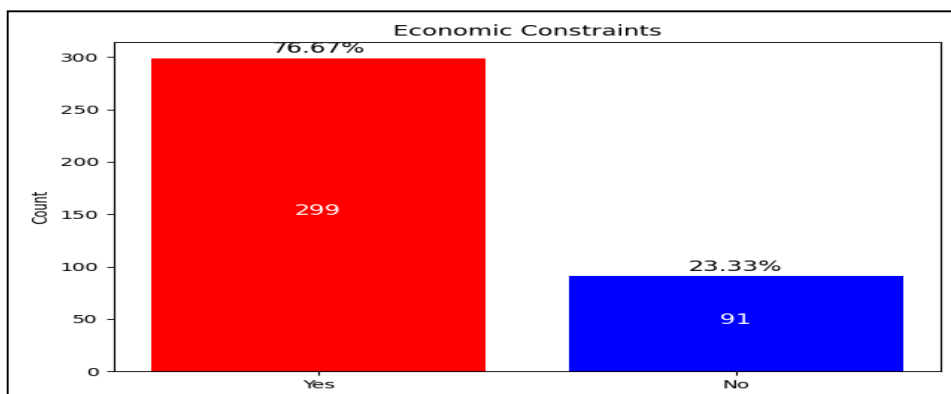
Factors	Yes	No
Prefers Allopathy	224 (57.44%)	166 (42.56%)
Economic Constraints	299 (76.67%)	91 (23.33%)
Fear of Side Effects	156 (40.00%)	234 (60.00%)
Healthcare Accessibility Issue	240 (61.54%)	150 (38.46%)
Trust in traditional medicine	165 (42.31%)	225 (57.69%)

4.1.1 Preference for Allopathic Treatment



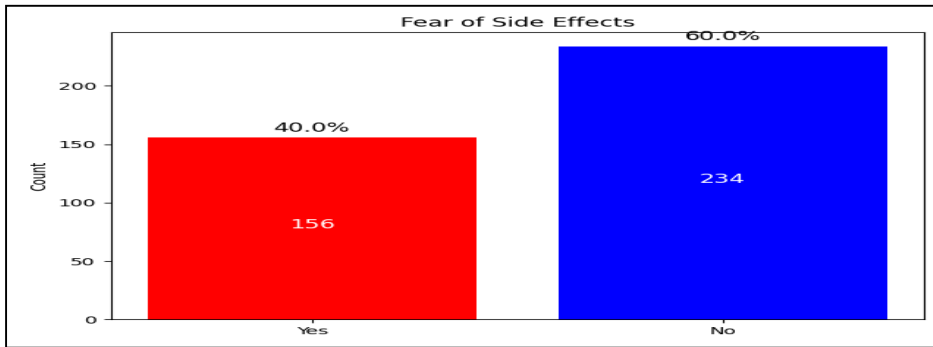
Of the 390 individuals that participated in the research, 224 participants (57.44) reported that they prefer allopathic medicine for the management of their chronic disease. Conversely, 166 participants (42.56) did not prefer allopathic treatment and instead, corresponded relied on traditional remedies or a combination of varying treatment options.

4.1.2 Economic Constraints



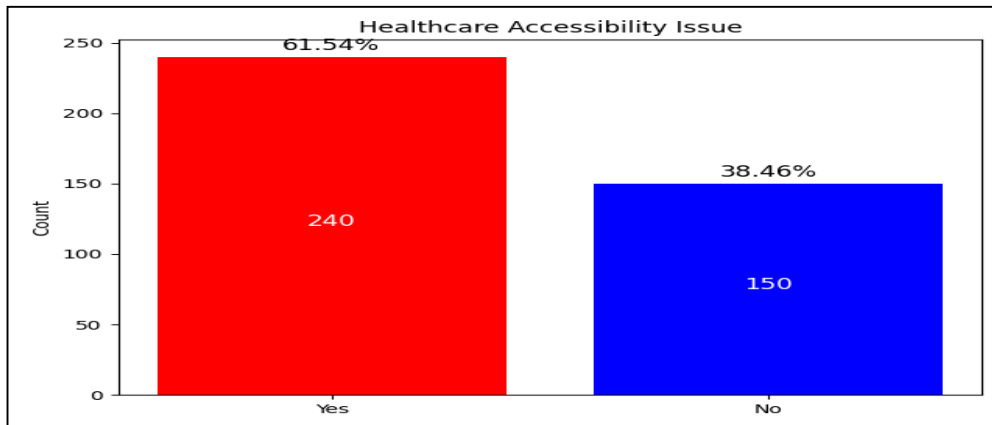
A substantial proportion of the participants, 299/ 390 (76.67) reported that they face financial troubles in order to keep receiving treatment. The respondents who did not report having such problems were only 91 (23.33%). This fact shows clearly that most people in this category are hindered by the expenses of treatment. The cost of medicine, doctor fee and cost of diagnostic tests appear to dominate their treatment choices, especially among the lower socioeconomic segment.

4.1.3 Fear of Side Effects



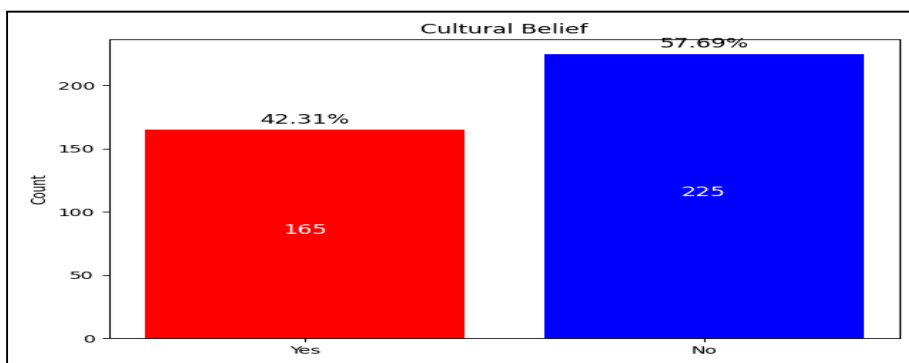
Among 390 participants, 156 (40 percent) participants responded that they feared the side effects of allopathic medicines and 234 (60 percent) participants did not express the same. Though this is not an issue of as many a magnitude as the financial burden is, it indicates that many patients are not keen on using allopathic treatment due to the concerns about the potential side effects. Such fear can certainly influence their adherence to their long-term treatment.

4.1.4 Healthcare accessibility issues



Among the 390 respondents, 240 (61.54) respondents affirmed that they have had some problems with accessing healthcare services. Such issues were long distances to hospitals, unreliability of transport, and difficulties in regular follow-up visits. Quite to the contrary, 150 participants (38.46) neither had these problems. This goes a long way in demonstrating that accessibility remains a significant practical issue to many particularly in semi-urban and rural locations such as Bahraich whose healthcare infrastructure and modes of transport are still underdeveloped.

4.1.5 Trust in Traditional Medicine



Among the 390 respondents, 165 (42.31) respondents stated cultural beliefs or their belief in traditional medicine were some of the factors that affected their treatment decision. In the meantime, 225 respondents (57.69) denied that these factors mentally influenced them. This observation indicates that nowadays, traditional beliefs remain very influential in how individuals make healthcare choices, despite the presence of modern medical options.

Table 4.2 To understand whether these barriers actually influenced treatment preference the chi-square test, that is commonly used in social-science research was used

The results obtained were:

Variables	Response	Prefers Allopathy Y n (%)	Prefers Allopathy NO n (%)	X ² Value	p-value	Significance
Economic Constraints	No	81 (89.0%)	10 (11.0%)	46.74	<0.0001	YES
	Yes	143 (47.8%)	156 (52.2%)			
Fear of Side Effects	No	158 (67.5%)	76 (32.5%)	23.32	<0.0001	YES
	Yes	66 (42.3%)	90 (57.7%)			
Trust in Traditional Medicine	No	199 (98.5%)	3 (1.5%)	285.77	<0.0001	YES
	Yes	25 (13.3%)	163 (86.7%)			
Healthcare Accessibility Issue	No	102 (68.0%)	48 (32.0%)	10.44	0.001	YES
	Yes	122 (50.8%)	118 (49.2%)			

4.2.1 Economic Constraints vs Preference for Allopathy: The chi-square test showed that there was a very significant relationship between the economic constraint and preference towards allopathic treatment ($\chi^2 = 46.74$, $df = 1$, $p < 0.001$). The above outcome is a clear indication that financial problems tend to affect the treatment option of an individual. The respondents that were experiencing financial issues were much less likely to choose allopathic medicines than those who did not experience such a problem.

Interpretation: Simply put, the expensive nature of medicines, medical tests, and frequent visits to a doctor are a significant barrier to accepting allopathic treatment. Affordability alone may be the most significant considerations to people who belong to a lower socioeconomic background, when deciding on how to manage their chronic illness.

4.2.2 Fear of Side Effects vs Preference for Allopathy: The chi-square test reflected a statistically significant association between fear of side effects and preference for allopathic treatment ($\chi^2 = 23.32$, $df = 1$, $p < 0.001$). This finding suggests that the fear of side effect of allopathy has a significant impact on determining the choices of the people. Those subjects who had apprehensions about allopathic medicines resulting in adverse effects were obviously less likely to consider them as a preference.

Interpretation: Simply stated, the overall attitude towards the long-term use of allopathic medicines seems to decrease their uptake in patients. This fear can be either as a result of a negative experience in the past or as a result of the cultural beliefs set in the community or just due to lack of sufficient clear information and counseling by the medical professionals.

4.2.3 Trust in Traditional Medicine vs Preference for Allopathy

The chi-square test showed highly significant association between preference for allopathic treatment and trust in traditional medicine ($\chi^2 = 285.77$, $df = 1$, $p < 0.001$). This proved to be the most powerful association of the whole study. Those who rated traditional medicine highly had very low chances of preferring allopathic treatment.

Interpretation: This finding emphasizes it being one of the most effective determinants when it comes to making a decision in relation to treatment within this population. The cultural beliefs that are deeply rooted, the family members, and the old habits or customs of a community usually compel the individuals to remain in the conventional non-allopathic care, even when the modern allopathic care is easily accessible.

4.2.4 Healthcare Accessibility Issues vs Preference for Allopathy

Chi-square test indicated that there was a statistically significant correlation between the problem of healthcare accessibility and preference of allopathic treatment ($\chi^2 = 10.44$, $df = 1$, $p = 0.001$). This finding implies that the existence of practical challenges in accessing healthcare services make a definite weight on the treatment decisions of people. Participants with such issues as they had to travel long distances to hospitals, had no means of transportation, or the services were not available consistently were less inclined to choose allopathic treatment.

Interpretation: Such real life obstacles like distance, lack of transport and healthcare centers limit allopathic care in simple terms. In such regions as Bahraich when most residents are repeatedly dependent on a limited transport and generalized peripheral services, accessibility usually plays a major role that influences the way patients treat their illness.

4.3.1 Logistic regression was done for assessment of the independent effect of multiple predictor variables simultaneously, making the findings more clinically interpretable. The results obtained were

Table 4.3.2- Logistic regression analysis (the odds ratio)

Variable	B (Coefficient)	SE	Wald	p-value	Odds Ratio (Exp(B))	Interpretation
Economic Constraints (Yes)	-1.74	0.26	44.8	<0.0001	0.18	Strong ↓ likelihood
Fear of Side Effects (Yes)	-1.02	0.22	21.5	<0.0001	0.36	Moderate ↓ likelihood
Trust Traditional Medicine (Yes)	-4.89	0.45	118.6	<0.0001	0.007	Extremely strong ↓ likelihood
Healthcare Accessibility (Yes)	-0.68	0.21	10.2	0.001	0.50	Moderate ↓ likelihood

Interpretation

Trust in traditional medicine was the strongest predictor of treatment choice ($OR = 0.007$). Participants in the study who had trust in traditional systems were less likely to prefer allopathy as the treatment modality. In this region cultural beliefs about traditional medicine are deeply rooted. Local remedies and healers are easily available and people rely on them for generations. So many patients continue to seek this option as their first choice.

Economic constraints posed a major barrier ($OR = 0.18$). Participants having financial difficulties were less likely to choose allopathic treatment. In this study population most participants are daily wagers, it often becomes tough to bear the costs of medicines, laboratory tests, and repeated hospital visits. As a result many individuals postpone care or shift to less expensive system of medicine, even though recognizing the potential benefits of modern medicine.

Fear of side effects also affected treatment choice ($OR = 0.36$). Patients who had experienced or heard about adverse reactions frequently hesitated to continue prescribed regimens. Such concerns sometimes arose simply from general awareness of possible risks rather than personal exposure. Inadequate counseling and limited understanding of medication safety appeared to intensify these fears.

Healthcare accessibility played a notable role as well ($OR = 0.50$). In many localities, long distances to facilities, unreliable transportation, and the pressure to avoid losing a day's income created practical obstacles. For these patients, readily available local options often became the more realistic choice.

Collectively, the findings demonstrate that treatment preference results from the combined influence of financial pressures, cultural convictions, and logistical challenges rather than any isolated factor. In settings such as Bahraich, simultaneous improvements in affordability, service accessibility, and patient education will be essential to increase acceptance of allopathic treatment

5. Discussion and Analysis: The research was conducted to gain insight into the preferential treatment of allopathic and the different variables that affect the treatment decision among the patients with chronic diseases in the socioeconomically backward district of Bahraich.

5.1. Overall Acceptance of Allopathic Treatment: In this research, 57.44 percent of the respondents favored allopathic medicine in the management of their constant ailments whereas 42.56 percent did not. This indicates a moderate degree of modern medicine acceptance among this group of people. The acceptance is significantly lower as compared to the national surveys including the NSS 71st round 2014 which tend to report a higher use of allopathic systems (90%)²². It can be attributed mainly to the particular difficulties of this area, such as lack of access to medical care centers, health status and socioeconomic aspect, and well-established traditional values that remain widely prevalent in places such as Bahraich.

5.2 Role of Economic Constraints: The most common issue was financial difficulty with 76.67 percent of the study participants having financial restrictions in continuing treatment. The chi-square test also proved very significance of the correlation between economic constraints and preference to allopathy ($p < 0.001$). This is an obvious indication that money is the largest determinant of treatment. Chronic diseases require long-time medication, repetition of tests, frequent doctor visits, which makes the constant expenses unaffordable to the low-income families. Other previous researches carried out in India have also shown the same results, as people are unable to adhere to appropriate medical care due to high out-of-pocket costs. Economic constraints also remained strongly significant after adjustment ($OR = 0.18$, p -value < 0.05). This finding supports the view that with reference to chronic diseases, allopathic treatment is perceived costlier because it involves repeated consultation, investigations, transport expenses, and long-term purchase of medicines. When people start having financial stress, even patients who know the value of allopathy may shift toward cheaper or more accessible medicines.

5.3 Impact of Healthcare Accessibility: The problem of accessibility concerned 61.54 percent of the respondents and was closely linked to the preference of treatment ($p = 0.001$). The long distance to hospitals, lack of road connectivity, unreliable public transport, and congested state-run hospitals hamper access to health services by patients in rural and semi-urban regions in Uttar Pradesh. These feasible challenges tend to deter common allopathic attention and drive individuals to any treatment solution that is readily accessible to local areas, including traditional ones. It also retained significance in the regression model ($OR = 0.5$, p value 0.0014) denoting that physical access still matters even after taking account for personal belief and perceived risk. Longer distance and poor transport facility, can weaken continuity of disease care, especially in low-socio-economic populations.

5.4 Fear of Side Effects: It was reported that fear of side effects in 40% of the participants and this had a significant connection with preference to allopathy ($p < 0.001$). Most patients fear that prolonged taking of allopathic medicines may harm a body organ such as liver or kidney. These fears are typically a reflection of the past personal or family experience, the rumors out in the town, or lack of proper counseling by the doctors. Appropriate patient education and communication among healthcare providers might assist in calmly reducing this fear and enhancing patient acceptance. As an independent predictor it is important because it reflects concern about drug reactions, and previous bad experiences with treatment ($OR = 0.36$, p -value < 0.001). Better communication about benefits, side effects, and the prompt management of these effects may help improve confidence in prescribed medicines.

5.5 Influence of Traditional Beliefs: This study demonstrated the highest association between trust in traditional medicine and the choice of treatment ($p < 0.001$). Many of those who eschewed allopathy cited profound belief in alternative systems like home remedies, Ayurveda or local healer advice. Traditional medicine is relatively perceived to be more natural, safer, cheaper and accessible in rural India. These ingrained cultural perceptions to this day influence healthcare choices. It is also the most dominant independent factor ($OR = 0.007$, p -value < 0.0001). This means that even after eliminating negative influences of cost, fear, and access, participants who trusted traditional medicine are markedly less likely to prefer allopathy. Practically this suggests that behaviour per-se does not influence affordability. A significant part of treatment choice is rooted in therapeutic belief and long-standing confidence in traditional systems of medicine.

5.6 Cultural Belief (Non-significant Finding): Though 42.31% of them stated that the choice depended on cultural beliefs, this was not statistically significant ($p = 0.376$). It has also emerged that even if cultural beliefs exist the influence may be overridden by more significant practical concerns such as financial concerns and bad access.

5.7 Non-significant Factors (Gender, Education, Income): There was insignificant relationship between preference towards allopathy and the demographic factors including gender, educational status and income category in this study. This indicates that practical and behavioural factors in this population are important in deciding on treatments compared to the simple demographic features when making treatments.

Comparison with Other Studies: The findings of this study are consistent with other studies in other regions of India. Economic constraints, problems of access, and a constant hold onto tradition has always been cited as a significant impediment to healthcare usage, particularly among rural and low-income communities. It is also evident that raising awareness alone is not sufficient, but it has to be followed by accessible and affordable healthcare services.

Public Health Implications

The study underscores several actionable priorities for improving chronic disease care in underserved areas:

- 1. Patient Education:** Rising awareness about safety and proven benefits of allopathy, along with correction of widespread misconceptions about side effects, is essential for building patient adherence and trust
- 2. Financial Support:** By increasing public sector facilities for readily available essential medicines, diagnostic tests, and coverage by health insurance can significantly reduce the economic pressure on low-income families.
- 3. Community Engagement:** Active involvement of local leaders, traditional healers, and community health workers can effectively fill the gap between longstanding cultural beliefs and evidence-based practice of modern medical system
- 4. Improving Accessibility:** Strengthening the connectivity of health centres, increasing road networks, and enhancing reliable and readily available transportation services in difficult and hard-to-reach localities will enable more patients to opt and prefer modern system of medicine..

Recommendations

Tackling the barriers identified in this study demands a coordinated, multi-pronged strategy. To enhance affordability, targeted government subsidies, free supply of essential medicines, and expanded health insurance for low-income households are urgently required. Physical and logistical obstacles can be reduced by upgrading rural health facilities, improving transport links, and ensuring regular availability of qualified doctors and medications. Most importantly, culturally sensitive awareness programmes must be prioritized. Rather than rejecting the old belief, the health educators and policymakers are encouraged to work closely with the locals concerned and inform them about the advantage of allopathic medicines, talk over the fears about side effects by offering relevant counseling, and look into the prospects of safe compatibility between the modern system and the traditional system where relevant. Finally, this study adds to the existing knowledge of healthcare behavior in the marginalized areas of India. It reminds us that the process of improving public health is not just in terms of construction of hospitals or increasing the production of medicines; it is also about enlightenment about the reality of lives, the concerns of lives culture and coming up with intervention that brings in the gap between the scientific base and attitude of communities towards the use and effectiveness of allopathic medicines.

Conclusion

This study points out that the uptake of allopathic (modern Western) medicines among the patients suffering from chronic diseases in the Bahraich district of Uttar Pradesh remains unsatisfactory. Although a marginally greater number of the participants (58%) expressed allopathic treatment preference, a substantial division (42) still adhered to conventional systems of medicine or did not get regular modernized treatment. This observation is important, as chronic disorders like diabetes, blood pressure, and heart complications have to be treated throughout a lifetime. Failures of patients to adhere to scientifically proven drugs, negatively affect their well being causing numerous complications, increased medical expenses in the long run, and decreasing the quality of life. The study also clearly outlines the significant factors that contribute to such a low rate of acceptance. Originally, the economic hardship is the most robust impediment. The eminent majority of families living in this socioeconomically deprived district cannot afford frequent buying of allopathic drugs, visiting a doctor, and testing. To individuals earning daily salaries or having fewer incomes, the daily expense of current treatments might be too biting and thus, forcing them into less expensive solutions. Second, the impact of cultural beliefs and strong faith in traditional medicine is strong. Traditional systems of bacterial and herbal healing such as Ayurveda, Unani or herbalist practices are not merely medical options in many rural settings in India but rather linked to cultural identity, family heritage and a feeling of familiarity, and protection. The patients are mostly convinced that these traditional approaches are less harsh to the body and of fewer side effects. Third, anxiety and hesitation are felt due to the fear of the side effects of allopathic drugs that are used in the long run. Various respondents were concerned that allopathy medicines would damage their body when used over a long period of time sociologically, the study highlights a strong association between medicine, culture, and the economy. Whether it is personal decisions, health decisions are never made in a vacuum, but it is greatly influenced by the social and economic environment that individuals reside in. Medical pluralism is a modern and traditional medical system that is found in India, but medical pluralism can also slow down the process of effective treatment when beliefs of traditionalism take over and do not integrate with scientific medicine leading to poor health outcomes of the populations that appear to have their beliefs.

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