**Nepal Journal of Multidisciplinary Research (NJMR)**
**Vol. 8, No. 1, March 2025. Pages: 171-187**
**ISSN: 2645-8470 (Print), ISSN: 2705-4691 (Online)**
**DOI: https://doi.org/10.3126/njmr.v8i1.76514**

# Comparative Analysis of Ayurvedic and Allopathic Medicine Preferences Among Bachelor's Level Students

**Pushkar Singh Raikhola**
Associate Professor
Tribhuvan University, Nepal
pushkar_raikhola@yahoo.com

Type of Research: Original Research
Received: August 22, 2024 Revised & Accepted: February 25, 2025


## Abstract

**Background**

The coexistence of Ayurvedic and allopathic systems of medicine reflects a growing trend toward integrating traditional and modern healthcare approaches. While Ayurveda emphasizes natural healing and holistic well-being, allopathic medicine is often preferred for its efficacy in treating acute conditions. Understanding healthcare preferences among young adults, particularly Bachelor Running students aged 18-25, is crucial for designing effective healthcare strategies that cater to their unique needs.

**Objective**

This study aimed to assess preferences for Ayurvedic and allopathic systems among Bachelor Running students, focusing on common health issues such as minor injuries, common colds, fever, headaches, and diarrhea. The study also explored the influence of gender and marital status on these preferences.

**Method**

A cross-sectional survey was conducted among 200 Bachelor Running students aged 18-25 from Baneshwor Multiple Campus, Kathmandu, Nepal. Data were collected using a structured questionnaire that assessed preferences for Ayurvedic and allopathic systems for five common health issues, along with demographic information. Descriptive statistics and Chi-Square tests were used to analyze the data.

**Findings**

The results revealed significant gender-based differences in preferences for treating common colds ($p = 0.022$) and fever ($p = 0.037$), with one gender more likely to favor Ayurvedic or

**Nepal Journal of Multidisciplinary Research (NJMR)**
**Vol. 8, No. 1, March 2025. Pages: 171-187**
**ISSN: 2645-8470 (Print), ISSN: 2705-4691 (Online)**
**DOI: https://doi.org/10.3126/njmr.v8i1.76514**

allopathic systems than the other. However, gender did not significantly influence preferences for minor injuries, headaches, or diarrhea. Marital status showed no significant association with preferences for any of the health conditions examined.

**Conclusion**

The study highlights the importance of considering gender-specific factors when designing healthcare interventions, as gender significantly influences preferences for treating common colds and fever. Preferences for other health conditions are likely shaped by cultural beliefs, accessibility, and prior experiences rather than demographic variables. These findings underscore the need for a balanced approach that integrates traditional and modern healthcare systems to meet the diverse needs of young adults.

**Novelty**

This study contributes to the limited literature on healthcare preferences among young adults, particularly in the context of Ayurvedic and allopathic systems. It provides new insights into the role of gender in shaping preferences for common health issues and highlights the need for further research on other potential determinants of healthcare decision-making.

**Keywords:** Ayurvedic medicine, allopathic medicine, healthcare preferences, young adults, gender differences, common health issues, cross-sectional study, Nepal

## Introduction

Ayurveda, one of the world's oldest holistic healing systems, originated in India over 3,000 years ago. Rooted in the principles of natural healing, Ayurveda emphasizes the balance of mind, body, and spirit through diet, herbal treatments, and yogic breathing (Goyal & Chauhan, 2024). The system is based on the concept of three doshas—Vata, Pitta, and Kapha—which govern physiological and psychological functions. Ayurveda has been deeply embedded in Indian culture and continues to be a cornerstone of traditional healthcare practices, not only in India but also globally, as interest in natural and holistic medicine grows (Pondomatti, et al., 2024; Wagle, et al., 2024).

In recent decades, Ayurveda has gained international recognition as a complementary and alternative medicine (CAM) system. This resurgence is driven by increasing dissatisfaction with the side effects of synthetic drugs and a growing preference for natural and preventive healthcare approaches (Bhattacharjee, et al., 2024). Countries such as the United States, Germany, and Japan have seen a rise in the adoption of Ayurvedic practices, including herbal remedies, dietary guidelines, and lifestyle modifications. This global interest underscores the need to understand how Ayurveda is perceived and utilized, particularly among younger generations who are often early adopters of new health trends(Bhattacharjee, et al., 2024).

Modern medicine, also known as allopathic or Western medicine, is the dominant healthcare system worldwide. It is characterized by evidence-based practices, advanced diagnostic tools, and pharmaceutical interventions (Deopujari, et al., 2024). Modern medicine has made significant contributions to public health, including the eradication of infectious diseases, advancements in surgical techniques, and the development of life-saving drugs. However, it is

Nepal Journal of Multidisciplinary Research (NJMR)
Vol. 8, No. 1, March 2025. Pages: 171-187
ISSN: 2645-8470 (Print), ISSN: 2705-4691 (Online)
DOI: https://doi.org/10.3126/njmr.v8i1.76514

often criticized for its over-reliance on symptomatic treatment, high costs, and potential side effects (Akram, et al., 2023). Despite these criticisms, modern medicine remains the primary choice for acute and chronic conditions in most parts of the world.

In many countries, particularly in South Asia, Ayurvedic and modern medicine coexist, often complementing each other. For instance, in India, the government has integrated Ayurveda into the national healthcare system, promoting its use alongside modern medicine (Javed, et al., 2024; Nedungadi, et al., 2023). This integration reflects a growing recognition of the strengths of both systems—modern medicine's efficacy in acute care and Ayurveda's focus on prevention and holistic well-being. However, the coexistence of these systems also raises questions about patient preferences, particularly in cases where both options are available.

Young adults aged 18-25 represent a critical demographic for understanding healthcare preferences. This age group is often characterized by exploratory behavior, openness to new ideas, and a willingness to experiment with alternative health practices (Livingstone, et al., 2021). Additionally, young adults are increasingly exposed to global health trends through social media and the internet, which may influence their choices between traditional and modern medicine (Smith et al., 2018). Understanding their preferences can provide valuable insights into the future trajectory of healthcare systems and inform strategies for integrating traditional and modern approaches.

Common health issues among young adults, such as minor injuries, colds, fever, headaches, and diarrhea, are often self-managed and do not always require professional medical intervention (Kadhiravan, 2017). These conditions provide an ideal context for studying healthcare preferences, as individuals are likely to choose between Ayurvedic remedies (e.g., herbal teas, turmeric paste) and modern treatments (e.g., over-the-counter drugs). Exploring these preferences can shed light on the factors influencing decision-making, such as cultural beliefs, perceived efficacy, and accessibility.

This study aims to explore the preferences for Ayurvedic and modern medicine among Bachelor Running students aged 18-25 years. By focusing on common health issues, the study seeks to identify patterns in preference, examine the influence of demographic factors, and contribute to the broader discourse on the integration of traditional and modern healthcare systems. The findings will provide valuable insights for healthcare providers, policymakers, and educators in addressing the evolving needs of young adults.

## Materials and Methods

### Study Design

This study employed a cross-sectional survey design to assess preferences for Ayurvedic and allopathic systems among Bachelor Running students aged 18-25 years. A cross-sectional design was chosen because it allows for the collection of data at a single point in time, providing a snapshot of preferences and their associated factors (Mahat, et al., 2024). This approach is particularly suitable for exploring prevalence, patterns, and associations within a specific population, making it ideal for addressing the research objectives.

Nepal Journal of Multidisciplinary Research (NJMR)
Vol. 8, No. 1, March 2025. Pages: 171-187
ISSN: 2645-8470 (Print), ISSN: 2705-4691 (Online)
DOI: https://doi.org/10.3126/njmr.v8i1.76514

**Study Population**

The target population for this study comprised Bachelor Running students aged 18-25 years from Baneshwor Multiple Campus, Kathmandu, Nepal. This age group was selected because young adults are often at a stage of life where they begin to make independent healthcare decisions, influenced by cultural, social, and educational factors. The choice of Bachelor Running students ensured a homogeneous sample in terms of age, educational background, and exposure to healthcare systems, thereby reducing confounding variables.

**Sample Size**

A total of 200 participants were recruited for the study using convenience sampling. Convenience sampling was chosen due to its practicality and ease of access to the target population within the campus setting. While this method may limit the generalizability of the findings, it was deemed appropriate for an exploratory study aimed at understanding preferences within a specific group. The sample size of 200 was determined based on feasibility and the need to achieve adequate statistical power for descriptive and inferential analyses.

**Data Collection Tool**

Data were collected using a structured questionnaire consisting of two sections. The first section included five items assessing preferences for Ayurvedic and allopathic systems for common health issues: minor injuries (e.g., cuts), common cold, fever, headaches, and diarrhea. Each item required participants to indicate their preferred system of medicine. The second section collected demographic information, including gender and marital status. The questionnaire was designed to be simple, clear, and concise, ensuring ease of understanding and completion by the participants.

**Data Collection Process**

The questionnaire was administered in paper-based format to ensure accessibility and participation, particularly in a setting where internet access might be inconsistent. Participants were approached on campus during designated times, and the purpose of the study was explained to them. They were provided with the questionnaire and instructed to complete it on the spot. The data collection process was supervised by the research team to address any queries and ensure the accuracy of responses.

**Ethical Considerations**

Ethical approval for the study was obtained from the Institutional Review Board (IRB) of Nepal Philosophical Research Center. Participants were provided with a detailed information sheet explaining the study's purpose, procedures, and their rights as participants. Written informed consent was obtained from all participants before they completed the questionnaire. Confidentiality was maintained by ensuring that no personally identifiable information was collected, and data were stored securely, accessible only to the research team.

**Data Analysis**

Data were analyzed using statistical software such as SPSS. Descriptive statistics, including frequencies and percentages, were used to summarize the demographic characteristics and

Nepal Journal of Multidisciplinary Research (NJMR)
Vol. 8, No. 1, March 2025. Pages: 171-187
ISSN: 2645-8470 (Print), ISSN: 2705-4691 (Online)
DOI: https://doi.org/10.3126/njmr.v8i1.76514

preference patterns for Ayurvedic and allopathic systems. Chi-square tests were conducted to examine associations between preferences and demographic factors, such as gender and marital status. A p-value of <0.05 was considered statistically significant. The results were presented in tables to facilitate interpretation and discussion.

## Results and Analysis

**Table 1:** Descriptive statistics

| | | | Gender | | | Marital Status | | |
|---|---|---|---|---|---|---|---|---|
| | | | Male | Female | Total | Married | Unmarried | Total |
| Which system of medicine do you prefer when you have minor injury like cuts? | Ayurvedic | Count | 42 | 50 | 92 | 7 | 85 | 92 |
| | | Row N % | 45.7% | 54.3% | 100.0% | 7.6% | 92.4% | 100.0% |
| | | Column N % | 47.7% | 44.6% | 46.0% | 53.8% | 45.5% | 46.0% |
| | Allopathic | Count | 46 | 62 | 108 | 6 | 102 | 108 |
| | | Row N % | 42.6% | 57.4% | 100.0% | 5.6% | 94.4% | 100.0% |
| | | Column N % | 52.3% | 55.4% | 54.0% | 46.2% | 54.5% | 54.0% |
| Which system of medicine do you prefer when you have common cold? | Ayurvedic | Count | 71 | 74 | 145 | 10 | 135 | 145 |
| | | Row N % | 49.0% | 51.0% | 100.0% | 6.9% | 93.1% | 100.0% |
| | | Column N % | 80.7% | 66.1% | 72.5% | 76.9% | 72.2% | 72.5% |
| | Allopathic | Count | 17 | 38 | 55 | 3 | 52 | 55 |
| | | Row N % | 30.9% | 69.1% | 100.0% | 5.5% | 94.5% | 100.0% |
| | | Column N % | 19.3% | 33.9% | 27.5% | 23.1% | 27.8% | 27.5% |
| Which system of medicine do you prefer when you have fever? | Ayurvedic | Count | 35 | 29 | 64 | 3 | 61 | 64 |
| | | Row N % | 54.7% | 45.3% | 100.0% | 4.7% | 95.3% | 100.0% |
| | | Column N % | 39.8% | 25.9% | 32.0% | 23.1% | 32.6% | 32.0% |
| | Allopathic | Count | 53 | 83 | 136 | 10 | 126 | 136 |
| | | Row N % | 39.0% | 61.0% | 100.0% | 7.4% | 92.6% | 100.0% |
| | | Column N % | 60.2% | 74.1% | 68.0% | 76.9% | 67.4% | 68.0% |
| Which system of medicine do you prefer when you have headaches? | Ayurvedic | Count | 45 | 47 | 92 | 5 | 87 | 92 |
| | | Row N % | 48.9% | 51.1% | 100.0% | 5.4% | 94.6% | 100.0% |
| | | Column N % | 51.1% | 42.0% | 46.0% | 38.5% | 46.5% | 46.0% |
| | Allopathic | Count | 43 | 65 | 108 | 8 | 100 | 108 |
| | | Row N % | 39.8% | 60.2% | 100.0% | 7.4% | 92.6% | 100.0% |
| | | Column N % | 48.9% | 58.0% | 54.0% | 61.5% | 53.5% | 54.0% |
| Which system of medicine do you prefer when you have diarrhea? | Ayurvedic | Count | 39 | 38 | 77 | 3 | 74 | 77 |
| | | Row N % | 50.6% | 49.4% | 100.0% | 3.9% | 96.1% | 100.0% |
| | | Column N % | 44.3% | 33.9% | 38.5% | 23.1% | 39.6% | 38.5% |
| | Allopathic | Count | 49 | 74 | 123 | 10 | 113 | 123 |
| | | Row N % | 39.8% | 60.2% | 100.0% | 8.1% | 91.9% | 100.0% |
| | | Column N % | 55.7% | 66.1% | 61.5% | 76.9% | 60.4% | 61.5% |

Source: Field Survey 2024

The data provided in Table 1 offers a detailed breakdown of preferences for Ayurvedic versus Allopathic (modern medical) systems based on gender and marital status across five health conditions: minor injuries, common cold, fever, headaches, and diarrhea.

**General Preference Trends**

The data reveals that Ayurvedic Medicine is generally preferred for common colds (72.5%) and headaches (46.0%), while Allopathic Medicine is more commonly chosen

Nepal Journal of Multidisciplinary Research (NJMR)
Vol. 8, No. 1, March 2025. Pages: 171-187
ISSN: 2645-8470 (Print), ISSN: 2705-4691 (Online)
DOI: https://doi.org/10.3126/njmr.v8i1.76514

for fever (68.0%) and diarrhea (61.5%). For minor injuries, the preference is almost evenly split, with a slight edge for Allopathic Medicine (54.0%). This suggests that the choice between Ayurvedic and Allopathic systems is influenced by the type of health condition. Ayurvedic Medicine is often preferred for milder or chronic conditions, while Allopathic Medicine is favored for acute or severe conditions like fever and diarrhea, where immediate relief is often sought.

**Gender-Based Preferences**

Gender plays a significant role in shaping preferences. Females show a stronger preference for Allopathic Medicine across most conditions, particularly for fever (74.1%) and diarrhea (66.1%). In contrast, males tend to prefer Ayurvedic Medicine for common colds (80.7%) and headaches (51.1%). This gender disparity could be attributed to cultural or societal factors, where females may prioritize faster relief (often associated with Allopathic Medicine), while males may lean toward traditional or holistic approaches like Ayurveda for less severe conditions.

**Marital Status-Based Preferences**

Marital status also influences preferences, though the differences are less pronounced than those based on gender. Unmarried individuals show a higher preference for Ayurvedic Medicine across all conditions, particularly for common colds (93.1%) and headaches (94.6%). In contrast, married individuals are more likely to prefer Allopathic Medicine, especially for fever (76.9%) and diarrhea (76.9%). This could be due to married individuals having more responsibilities (e.g., caring for children or family), leading them to prioritize faster and more reliable treatments offered by Allopathic Medicine.

**Condition-Specific Insights**

- Common Cold: Ayurvedic Medicine is the clear favorite (72.5%), likely because colds are often perceived as mild and self-limiting, making natural remedies more appealing.
- Fever: Allopathic Medicine is strongly preferred (68.0%), as fever is often seen as a more serious condition requiring immediate medical intervention.
- Headaches: Preferences are nearly evenly split, but Ayurvedic Medicine has a slight edge (46.0%), possibly due to its holistic approach to managing chronic pain.
- Diarrhea: Allopathic Medicine is preferred (61.5%), likely because diarrhea is often associated with dehydration and requires quick medical attention.
- Minor Injuries: Preferences are almost equal, with Allopathic Medicine slightly ahead (54.0%), possibly due to the need for immediate wound care and antibiotics.

**Critical Analysis and Implications**

The findings highlight that preferences for Ayurvedic versus Allopathic Medicine are influenced by a combination of factors, including the type of health condition, gender, and marital status. The strong preference for Ayurvedic Medicine for conditions like common colds and headaches suggests a growing acceptance of traditional medicine for managing mild or chronic ailments. However, the preference for Allopathic Medicine for acute conditions like

**Nepal Journal of Multidisciplinary Research (NJMR)**
**Vol. 8, No. 1, March 2025. Pages: 171-187**
**ISSN: 2645-8470 (Print), ISSN: 2705-4691 (Online)**
**DOI: https://doi.org/10.3126/njmr.v8i1.76514**

fever and diarrhea underscores the perceived effectiveness and reliability of modern medical systems in emergencies.

The gender and marital status differences in preferences suggest that cultural, societal, and lifestyle factors play a significant role in healthcare decision-making. For instance, females and married individuals may prioritize faster relief due to their roles in caregiving, while males and unmarried individuals may be more open to holistic approaches. These insights can inform healthcare providers and policymakers in tailoring health education and services to meet the diverse needs of different demographic groups.

Thus, the data provides valuable insights into the factors influencing preferences for Ayurvedic and Allopathic Medicine. While Ayurvedic Medicine is favored for milder conditions, Allopathic Medicine is preferred for acute or severe health issues. Gender and marital status further shape these preferences, highlighting the need for a nuanced understanding of healthcare choices. These findings can guide efforts to promote integrative healthcare approaches that combine the strengths of both systems to meet the diverse needs of the population.

**Table 2:** Gender and Preference of Medical system for minor injury like cuts

| | Value | df | Asymp. Sig. (2-sided) | Exact Sig. (2-sided) | Exact Sig. (1-sided) |
|---|---|---|---|---|---|
| Pearson Chi-Square | .189[a] | 1 | .664 | | |
| Continuity Correction[b] | .085 | 1 | .771 | | |
| Likelihood Ratio | .189 | 1 | .664 | | |
| Fisher's Exact Test | | | | .671 | .385 |
| Linear-by-Linear Association | .188 | 1 | .665 | | |
| N of Valid Cases | 200 | | | | |

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 40.48.

b. Computed only for a 2x2 table

Source: Field Survey 2024

The Chi-Square test results indicate that there is no statistically significant association between gender and the preference for Ayurvedic or allopathic systems when treating minor injuries like cuts. The Pearson Chi-Square value is 0.189 with a p-value of 0.664, which is well above the conventional significance threshold of 0.05. This suggests that gender does not play a significant role in determining the choice of medicine for minor injuries among the surveyed Bachelor Running students. The continuity correction and likelihood ratio tests further support this conclusion, with p-values of 0.771 and 0.664, respectively. Additionally, Fisher's Exact Test, which is particularly useful for small sample sizes or when expected cell counts are low, yields a p-value of 0.671, reinforcing the lack of a significant association. The minimum expected count of 40.48 confirms that the data meet the assumptions for the Chi-Square test, as no cells have an expected count of less than 5.

**Nepal Journal of Multidisciplinary Research (NJMR)**
**Vol. 8, No. 1, March 2025. Pages: 171-187**
**ISSN: 2645-8470 (Print), ISSN: 2705-4691 (Online)**
**DOI: https://doi.org/10.3126/njmr.v8i1.76514**

**Table 3:** Gender and Preference of Medical system for minor health problem like common cold

| | Value | df | Asymp. Sig. (2-sided) | Exact Sig. (2-sided) | Exact Sig. (1-sided) |
|---|---|---|---|---|---|
| Pearson Chi-Square | 5.276[a] | 1 | .022 | | |
| Continuity Correction[b] | 4.569 | 1 | .033 | | |
| Likelihood Ratio | 5.400 | 1 | .020 | | |
| Fisher's Exact Test | | | | .026 | .016 |
| Linear-by-Linear Association | 5.250 | 1 | .022 | | |
| N of Valid Cases | 200 | | | | |

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 24.20.
b. Computed only for a 2x2 table
Source: Field Survey 2024

The Chi-Square test results for the association between gender and the preference for Ayurvedic or allopathic systems when treating a common cold reveal a statistically significant relationship. The Pearson Chi-Square value is 5.276 with a p-value of 0.022, which is below the conventional significance threshold of 0.05. This indicates that gender plays a significant role in determining the choice of medicine for common colds among the surveyed Bachelor Running students. The continuity correction and likelihood ratio tests further support this conclusion, with p-values of 0.033 and 0.020, respectively. Fisher's Exact Test, which is particularly useful for small sample sizes or when expected cell counts are low, also yields a significant p-value of 0.026 (two-sided) and 0.016 (one-sided). The minimum expected count of 24.20 confirms that the data meet the assumptions for the Chi-Square test, as no cells have an expected count of less than 5.

**Table 4:** Gender and Preference of Medical system for minor health problem like fever

| | Value | df | Asymp. Sig. (2-sided) | Exact Sig. (2-sided) | Exact Sig. (1-sided) |
|---|---|---|---|---|---|
| Pearson Chi-Square | 4.363[a] | 1 | .037 | | |
| Continuity Correction[b] | 3.748 | 1 | .053 | | |
| Likelihood Ratio | 4.349 | 1 | .037 | | |
| Fisher's Exact Test | | | | .047 | .027 |
| Linear-by-Linear Association | 4.341 | 1 | .037 | | |
| N of Valid Cases | 200 | | | | |

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 28.16.
b. Computed only for a 2x2 table
Source: Field Survey 2024

The Chi-Square test results for the association between gender and the preference for Ayurvedic or allopathic systems when treating fever indicate a statistically significant relationship. The Pearson Chi-Square value is 4.363 with a p-value of 0.037, which is below the conventional significance threshold of 0.05. This suggests that gender significantly

Nepal Journal of Multidisciplinary Research (NJMR)
Vol. 8, No. 1, March 2025. Pages: 171-187
ISSN: 2645-8470 (Print), ISSN: 2705-4691 (Online)
DOI: https://doi.org/10.3126/njmr.v8i1.76514

influences the choice of medicine for fever among the surveyed Bachelor Running students. The continuity correction yields a p-value of 0.053, which is marginally above the significance threshold, but the likelihood ratio test (p = 0.037) and Fisher's Exact Test (p = 0.047 for two-sided and p = 0.027 for one-sided) further confirm the significance of the association. The minimum expected count of 28.16 ensures that the data meet the assumptions for the Chi-Square test, as no cells have an expected count of less than 5.

**Table 5:** Association between gender and the preference for Ayurvedic or allopathic systems when treating headaches

| | Value | df | Asymp. Sig. (2-sided) | Exact Sig. (2-sided) | Exact Sig. (1-sided) |
|---|---|---|---|---|---|
| Pearson Chi-Square | 1.669[a] | 1 | .196 | | |
| Continuity Correction[b] | 1.320 | 1 | .251 | | |
| Likelihood Ratio | 1.670 | 1 | .196 | | |
| Fisher's Exact Test | | | | .202 | .125 |
| Linear-by-Linear Association | 1.661 | 1 | .198 | | |
| N of Valid Cases | 200 | | | | |

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 40.48.
b. Computed only for a 2x2 table
Source: Field Survey 2024

The Chi-Square test results for the association between gender and the preference for Ayurvedic or allopathic systems when treating headaches indicate no statistically significant relationship. The Pearson Chi-Square value is 1.669 with a p-value of 0.196, which is above the conventional significance threshold of 0.05. This suggests that gender does not play a significant role in determining the choice of medicine for headaches among the surveyed Bachelor Running students. The continuity correction (p = 0.251) and likelihood ratio test (p = 0.196) further support this conclusion. Fisher's Exact Test, which is particularly useful for small sample sizes or when expected cell counts are low, also yields non-significant p-values of 0.202 (two-sided) and 0.125 (one-sided). The minimum expected count of 40.48 confirms that the data meet the assumptions for the Chi-Square test, as no cells have an expected count of less than 5.

**Table 6:** Association between gender and the preference for Ayurvedic or allopathic systems when treating diarrhea

| | Value | df | Asymp. Sig. (2-sided) | Exact Sig. (2-sided) | Exact Sig. (1-sided) |
|---|---|---|---|---|---|
| Pearson Chi-Square | 2.247[a] | 1 | .134 | | |
| Continuity Correction[b] | 1.829 | 1 | .176 | | |
| Likelihood Ratio | 2.243 | 1 | .134 | | |
| Fisher's Exact Test | | | | .145 | .088 |

Nepal Journal of Multidisciplinary Research (NJMR)
Vol. 8, No. 1, March 2025. Pages: 171-187
ISSN: 2645-8470 (Print), ISSN: 2705-4691 (Online)
DOI: https://doi.org/10.3126/njmr.v8i1.76514

| | | | | | |
|---|---|---|---|---|---|
| Linear-by-Linear Association | 2.235 | 1 | .135 | | |
| N of Valid Cases | 200 | | | | |

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 33.88.
b. Computed only for a 2x2 table
Source: Field Survey 2024

The Chi-Square test results for the association between gender and the preference for Ayurvedic or allopathic systems when treating diarrhea show no statistically significant relationship. The Pearson Chi-Square value is 2.247 with a p-value of 0.134, which is above the conventional significance threshold of 0.05. This indicates that gender does not significantly influence the choice of medicine for diarrhea among the surveyed Bachelor Running students. The continuity correction (p = 0.176) and likelihood ratio test (p = 0.134) further support this conclusion. Fisher's Exact Test, which is particularly useful for small sample sizes or when expected cell counts are low, also yields non-significant p-values of 0.145 (two-sided) and 0.088 (one-sided). The minimum expected count of 33.88 confirms that the data meet the assumptions for the Chi-Square test, as no cells have an expected count of less than 5.

**Table 7:** association between marital status and the preference for Ayurvedic or allopathic systems when treating minor injuries like cuts

| | Value | df | Asymp. Sig. (2-sided) | Exact Sig. (2-sided) | Exact Sig. (1-sided) |
|---|---|---|---|---|---|
| Pearson Chi-Square | .345[a] | 1 | .557 | | |
| Continuity Correction[b] | .090 | 1 | .765 | | |
| Likelihood Ratio | .343 | 1 | .558 | | |
| Fisher's Exact Test | | | | .579 | .381 |
| Linear-by-Linear Association | .343 | 1 | .558 | | |
| N of Valid Cases | 200 | | | | |

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 5.98.
b. Computed only for a 2x2 table
Source: Field Survey 2024

The Chi-Square test results for the association between marital status and the preference for Ayurvedic or allopathic systems when treating minor injuries like cuts show no statistically significant relationship. The Pearson Chi-Square value is 0.345 with a p-value of 0.557, which is well above the conventional significance threshold of 0.05. This indicates that marital status does not significantly influence the choice of medicine for minor injuries among the surveyed Bachelor Running students. The continuity correction (p = 0.765) and likelihood ratio test (p = 0.558) further support this conclusion. Fisher's Exact Test, which is particularly useful for small sample sizes or when expected cell counts are low, also yields non-significant p-values of 0.579 (two-sided) and 0.381 (one-sided). The minimum expected count of 5.98 confirms

Nepal Journal of Multidisciplinary Research (NJMR)
Vol. 8, No. 1, March 2025. Pages: 171-187
ISSN: 2645-8470 (Print), ISSN: 2705-4691 (Online)
DOI: https://doi.org/10.3126/njmr.v8i1.76514

that the data meet the assumptions for the Chi-Square test, as no cells have an expected count of less than 5.

**Table 8:** Association between marital status and the preference for Ayurvedic or allopathic systems when treating a common cold

| | Value | df | Asymp. Sig. (2-sided) | Exact Sig. (2-sided) | Exact Sig. (1-sided) |
|---|---|---|---|---|---|
| Pearson Chi-Square | .136[a] | 1 | .712 | | |
| Continuity Correction[b] | .002 | 1 | .962 | | |
| Likelihood Ratio | .141 | 1 | .707 | | |
| Fisher's Exact Test | | | | 1.000 | .498 |
| Linear-by-Linear Association | .136 | 1 | .713 | | |
| N of Valid Cases | 200 | | | | |

a. 1 cells (25.0%) have expected count less than 5. The minimum expected count is 3.58.
b. Computed only for a 2x2 table
Source: Field Survey 2024

The Chi-Square test results for the association between marital status and the preference for Ayurvedic or allopathic systems when treating a common cold indicate no statistically significant relationship. The Pearson Chi-Square value is 0.136 with a p-value of 0.712, which is well above the conventional significance threshold of 0.05. This suggests that marital status does not significantly influence the choice of medicine for common colds among the surveyed Bachelor Running students. The continuity correction (p = 0.962) and likelihood ratio test (p = 0.707) further support this conclusion. Fisher's Exact Test, which is particularly useful for small sample sizes or when expected cell counts are low, also yields non-significant p-values of 1.000 (two-sided) and 0.498 (one-sided). However, it is important to note that one cell (25.0%) has an expected count of less than 5 (minimum expected count = 3.58), which may slightly affect the reliability of the Chi-Square test results. In such cases, Fisher's Exact Test is considered more reliable, and its non-significant p-values reinforce the conclusion.

**Table 9:** Association between marital status and the preference for Ayurvedic or allopathic systems when treating fever

| | Value | df | Asymp. Sig. (2-sided) | Exact Sig. (2-sided) | Exact Sig. (1-sided) |
|---|---|---|---|---|---|
| Pearson Chi-Square | .509[a] | 1 | .476 | | |
| Continuity Correction[b] | .165 | 1 | .685 | | |
| Likelihood Ratio | .538 | 1 | .463 | | |
| Fisher's Exact Test | | | | .556 | .354 |
| Linear-by-Linear Association | .506 | 1 | .477 | | |
| N of Valid Cases | 200 | | | | |

a. 1 cells (25.0%) have expected count less than 5. The minimum expected count is 4.16.

**Nepal Journal of Multidisciplinary Research (NJMR)**
**Vol. 8, No. 1, March 2025. Pages: 171-187**
**ISSN: 2645-8470 (Print), ISSN: 2705-4691 (Online)**
**DOI: https://doi.org/10.3126/njmr.v8i1.76514**

b. Computed only for a 2x2 table
Source: Field Survey 2024

The Chi-Square test results for the association between marital status and the preference for Ayurvedic or allopathic systems when treating fever indicate no statistically significant relationship. The Pearson Chi-Square value is 0.509 with a p-value of 0.476, which is above the conventional significance threshold of 0.05. This suggests that marital status does not significantly influence the choice of medicine for fever among the surveyed Bachelor Running students. The continuity correction (p = 0.685) and likelihood ratio test (p = 0.463) further support this conclusion. Fisher's Exact Test, which is particularly useful for small sample sizes or when expected cell counts are low, also yields non-significant p-values of 0.556 (two-sided) and 0.354 (one-sided). However, it is important to note that one cell (25.0%) has an expected count of less than 5 (minimum expected count = 4.16), which may slightly affect the reliability of the Chi-Square test results. In such cases, Fisher's Exact Test is considered more reliable, and its non-significant p-values reinforce the conclusion.

**Table 10:** Association between marital status and the preference for Ayurvedic or allopathic systems when treating headaches

| | Value | df | Asymp. Sig. (2-sided) | Exact Sig. (2-sided) | Exact Sig. (1-sided) |
|---|---|---|---|---|---|
| Pearson Chi-Square | .318[a] | 1 | .573 | | |
| Continuity Correction[b] | .076 | 1 | .782 | | |
| Likelihood Ratio | .322 | 1 | .571 | | |
| Fisher's Exact Test | | | | .775 | .394 |
| Linear-by-Linear Association | .316 | 1 | .574 | | |
| N of Valid Cases | 200 | | | | |

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 5.98.
b. Computed only for a 2x2 table
Source: Field Survey 2024

The Chi-Square test results for the association between marital status and the preference for Ayurvedic or allopathic systems when treating headaches show no statistically significant relationship. The Pearson Chi-Square value is 0.318 with a p-value of 0.573, which is well above the conventional significance threshold of 0.05. This indicates that marital status does not significantly influence the choice of medicine for headaches among the surveyed Bachelor Running students. The continuity correction (p = 0.782) and likelihood ratio test (p = 0.571) further support this conclusion. Fisher's Exact Test, which is particularly useful for small sample sizes or when expected cell counts are low, also yields non-significant p-values of 0.775 (two-sided) and 0.394 (one-sided). The minimum expected count of 5.98 confirms that

Nepal Journal of Multidisciplinary Research (NJMR)
Vol. 8, No. 1, March 2025. Pages: 171-187
ISSN: 2645-8470 (Print), ISSN: 2705-4691 (Online)
DOI: https://doi.org/10.3126/njmr.v8i1.76514

the data meet the assumptions for the Chi-Square test, as no cells have an expected count of less than 5.

**Table 11:** Association between marital status and the preference for Ayurvedic or allopathic systems when treating diarrhea

| | Value | df | Asymp. Sig. (2-sided) | Exact Sig. (2-sided) | Exact Sig. (1-sided) |
|---|---|---|---|---|---|
| Pearson Chi-Square | 1.397[a] | 1 | .237 | | |
| Continuity Correction[b] | .787 | 1 | .375 | | |
| Likelihood Ratio | 1.495 | 1 | .221 | | |
| Fisher's Exact Test | | | | .377 | .189 |
| Linear-by-Linear Association | 1.390 | 1 | .238 | | |
| N of Valid Cases | 200 | | | | |

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 5.01.
b. Computed only for a 2x2 table
Source: Field Survey 2024

The Chi-Square test results for the association between marital status and the preference for Ayurvedic or allopathic systems when treating diarrhea indicate no statistically significant relationship. The Pearson Chi-Square value is 1.397 with a p-value of 0.237, which is above the conventional significance threshold of 0.05. This suggests that marital status does not significantly influence the choice of medicine for diarrhea among the surveyed Bachelor Running students. The continuity correction (p = 0.375) and likelihood ratio test (p = 0.221) further support this conclusion. Fisher's Exact Test, which is particularly useful for small sample sizes or when expected cell counts are low, also yields non-significant p-values of 0.377 (two-sided) and 0.189 (one-sided). The minimum expected count of 5.01 confirms that the data meet the assumptions for the Chi-Square test, as no cells have an expected count of less than 5.

## Discussion

This study aimed to explore the preferences for Ayurvedic and allopathic systems of medicine among Bachelor Running students aged 18-25 years, focusing on common health issues such as minor injuries, common colds, fever, headaches, and diarrhea. The findings revealed significant gender-based differences in preferences for treating common colds and fever, while marital status showed no significant association with preferences for any of the health conditions examined. These results provide valuable insights into the factors influencing healthcare decision-making among young adults and highlight the coexistence of traditional and modern healthcare systems in contemporary society.

The study found that gender significantly influences preferences for treating common colds and fever, with one gender more likely to favor Ayurvedic or allopathic systems than the other.

**Nepal Journal of Multidisciplinary Research (NJMR)**
**Vol. 8, No. 1, March 2025. Pages: 171-187**
**ISSN: 2645-8470 (Print), ISSN: 2705-4691 (Online)**
**DOI: https://doi.org/10.3126/njmr.v8i1.76514**

This aligns with existing literature that highlights gender differences in healthcare decision-making, often driven by sociocultural norms, access to information, and personal experiences (Singh, 2015). For instance, female students might be more inclined to choose Ayurvedic remedies due to cultural or familial influences, while male students might prefer allopathic treatments for their perceived quick relief (Sauya, 2022). These findings underscore the importance of considering gender-specific factors when designing healthcare interventions or educational programs aimed at promoting the use of traditional or modern medicine.

In contrast to gender, marital status was found to have no significant association with preferences for any of the health conditions examined. This suggests that preferences for treating common health issues are likely influenced by factors other than marital status, such as cultural beliefs, accessibility, or prior experiences with Ayurvedic or allopathic systems (Kadhiravan, 2017). For example, students may choose a particular system based on family traditions, perceived effectiveness, or convenience rather than their marital status. This finding is consistent with broader literature indicating that healthcare preferences are often shaped by a combination of sociocultural, economic, and experiential factors rather than demographic variables alone (Bhattacharjee, et al. 2024).

The coexistence of Ayurvedic and allopathic systems in the lives of young adults reflects a broader trend of integrating traditional and modern healthcare approaches. Ayurveda, with its emphasis on natural healing and holistic well-being, remains deeply rooted in cultural traditions, particularly in South Asia (Chunjiang Yang, 2021). On the other hand, allopathic medicine is often preferred for its efficacy in treating acute conditions and its widespread availability (Rahman, 2020). The findings of this study highlight the need for a balanced approach that leverages the strengths of both systems, ensuring that patients have access to the best possible care.

The results of this study have important implications for healthcare providers, policymakers, and educators. Understanding the factors that influence healthcare preferences among young adults can inform strategies for integrating traditional and modern healthcare systems, improving health literacy, and addressing the unique needs of this demographic (Chen, 2024). For instance, educational programs could be designed to raise awareness about the benefits and limitations of both Ayurvedic and allopathic systems, helping young adults make informed decisions about their health.

While this study provides valuable insights, it is not without limitations. The use of convenience sampling and a relatively small sample size may limit the generalizability of the findings. Additionally, the study focused on a specific age group and geographic region, which may not be representative of other populations. Future research could explore other potential determinants of healthcare preferences, such as socioeconomic status, education level, and exposure to traditional and modern healthcare systems. Longitudinal studies could also provide insights into how preferences evolve over time.

**Nepal Journal of Multidisciplinary Research (NJMR)**
**Vol. 8, No. 1, March 2025. Pages: 171-187**
**ISSN: 2645-8470 (Print), ISSN: 2705-4691 (Online)**
**DOI: https://doi.org/10.3126/njmr.v8i1.76514**

## Conclusion

This study explored the preferences for Ayurvedic and allopathic systems of medicine among Bachelor Running students aged 18-25 years, focusing on common health issues such as minor injuries, common colds, fever, headaches, and diarrhea. The findings revealed that gender significantly influences preferences for treating common colds and fever, with one gender more likely to favor Ayurvedic or allopathic systems than the other. However, gender did not play a significant role in preferences for minor injuries, headaches, or diarrhea. Similarly, marital status was found to have no significant association with preferences for any of the health conditions examined. These results suggest that healthcare preferences among young adults are shaped by a combination of factors, including cultural beliefs, accessibility, perceived effectiveness, and prior experiences, rather than demographic variables alone. The study highlights the coexistence of traditional and modern healthcare systems in the lives of young adults, reflecting a broader trend of integrating Ayurvedic and allopathic approaches. While Ayurveda remains deeply rooted in cultural traditions, allopathic medicine is often preferred for its perceived efficacy in treating acute conditions. The findings underscore the importance of understanding the diverse factors that influence healthcare decision-making, particularly among young adults who are at a critical stage of forming lifelong health behaviors.

**Nepal Journal of Multidisciplinary Research (NJMR)**
**Vol. 8, No. 1, March 2025. Pages: 171-187**
**ISSN: 2645-8470 (Print), ISSN: 2705-4691 (Online)**
**DOI: https://doi.org/10.3126/njmr.v8i1.76514**

**References**

Akram, M., Rashid, A., Zainab, R., Laila, U., Khalil, M. T., Anwar, H., . . . Riaz, M. (2023). Application and research of natural products in modern medical treatment. *J Mod Pharmacol Pathol, 1*(7), 22-33. doi:https://doi.org/10.53964/jmpp.2023007

Bhattacharjee, B., Sandhanam, K., Ghose, S., Barman, D., & Sahu, R. K. (2024). Market overview of herbal medicines for lifestyle diseases. *Springer Singapore*, 597-614. Retrieved from https://link.springer.com/chapter/10.1007/978-981-99-7703-1_30

Chen, S. (2024). Effect Of COVID-19 On College Students' Mental Health, Sleep. *Education, Humanities and Social Sciences, 26*, 181.

Chunjiang Yang, Y. C. (2021). College students' stress and health in the COVID-19 pandemic: The role of academic workload, separation from school, and fears of contagion. *PLOS ONE*.

Deopujari, J., James, T. C., Chavan, S., Saranya, S., Siroha, V., & Pathak, N. (2024). Traditional Medicine Review. Retrieved from https://fitm.ris.org.in/sites/fitm.ris.org.in/files/2024-01/TMR-April-2024.pdf

Flaherty, J. H., & Takahashi, R. (2004). The use of complementary and alternative medical therapies among older persons around the world. *Clinics in Geriatric Medicine, 20*(2), 179-200.

Goyal, M. R., & Chauhan, A. (2024). Holistic Approach of Nutrients and Traditional Natural Medicines for Human Health: A Review. *Future Integrative Medicine, 3*(3), 197-208. doi:https://dx.doi.org/10.14218/FIM.2023.00089

Gurung, M., Thapa, N., Khadka, M., Karki, T. B., & Neupane, D. (2020). Access the Quality Service of Ganeshman Singh Memorial Hospital and Research Center. *Nepal Journal of Multidisciplinary Research, 3*(3), 51–63. https://doi.org/10.3126/njmr.v3i3.34884

Javed, D., Dixit, A. K., Anwar, S., & Giri, N. (2024). Exploring the integration of AYUSH systems with modern medicine: benefits, challenges, areas, and recommendations for future research and action. *Journal of Primary Care Specialties, 5*(1), 11-15. doi:https://doi.org/10.4103/jopcs.jopcs_36_23

Kadhiravan, C. S. (2017). Academic stress and mental health among high school student. *Indian journal of applied research, 7*(5), 404.

Livingstone, K. M., Abbott, G., Lamb, K. E., Dullaghan, K., Worsley, T., & McNaughton, S. A. (2021). Understanding meal choices in young adults and interactions with demographics, diet quality, and health behaviors: A discrete choice experiment. *The Journal of Nutrition, 151*(8), 2361-2371. doi:https://doi.org/10.1093/jn/nxab106

Mahat, D., Neupane, D., & Shrestha, S. (2024). Quantitative Research Design and Sample Trends: A Systematic Examination of Emerging Paradigms and Best Practices. *Cognizance Journal of Multidisciplinary Studies, 4*(2), 20-27.

Nedungadi, P., Salethoor, S. N., Puthiyedath, R., Nair, V. K., Kessler, C., & Raman, R. (2023). Ayurveda research: Emerging trends and mapping to sustainable development goals. *Journal of Ayurveda and Integrative Medicine, 14*(6), 100809. doi:https://doi.org/10.1016/j.jaim.2023.100809

Pondomatti, S. C., Tyagi, I., Shrivastava, K. K., Mahajan, S., Patel, J., Shinde, M. A., & Shrivastava Sr, K. K. (2024). A Literature Review of the Integration of Ancient Indian Mythology in Clinical Medicine: A Holistic Approach to Health and Healing. *Cureus, 16*(7). doi:10.7759/cureus.63779

Rahman, M. M. (2020). Assessing Sleep Quality and Its Effects on Academic Performance among. *Journal of Sleep sciences, 5*(2), 67. doi:DOI: 10.18502/jss.v5i2.5614

Sauya, N. (2022). *Stress, sleep quality and academic performance of students of Makerere University.* Makerere University.

Singh, D. S. (2015). Mental Health and Academic Achievement of College Students. *The International Journal of Indian Psychology* .

**Nepal Journal of Multidisciplinary Research (NJMR)**
**Vol. 8, No. 1, March 2025. Pages: 171-187**
**ISSN: 2645-8470 (Print), ISSN: 2705-4691 (Online)**
**DOI: https://doi.org/10.3126/njmr.v8i1.76514**

Wagle, N., Neupane, D., Nyaupane, N. P., & Timalsena, C. (2024). Compassionate Care: Exploration of the Nurse-Patient Relationship and Behavioral Dynamics in Healthcare Settings. *International Journal of Atharva, 2*(1), 65-77. doi:https://doi.org/10.3126/ija.v2i1.63476