Do People Prefer Home Remedies Over Prescribed Medications? A Study Among Adults Aged 20–60

Abstract:

This study examines whether adults aged 20–60 prefer home remedies over prescribed medications and the factors driving their choices. Data were collected from 42 respondents through a structured questionnaire exploring treatment preferences, frequency of use, and decision-making influences. Results indicate that 54.8 percent of participants believe home remedies are more effective than prescribed medicines, with this trend consistent across both younger and older adults. Key motivations included perceptions of natural safety, cultural familiarity, psychological comfort, and negative experiences with pharmaceuticals, such as side effects or dissatisfaction with outcomes. Financial barriers contributed to the choice in some cases, particularly among older respondents, although belief in home remedies existed independently of economic constraints. Many participants continued to visit doctors while simultaneously relying on home remedies, reflecting a blended approach to healthcare. The findings highlight the importance of patient-centered communication and the need for healthcare systems to acknowledge traditional practices while ensuring safe integration.

Chapter 1. Introduction

In recent years, there has been a noticeable rise in the use of home remedies and alternative medicine across the world. While modern healthcare systems have expanded access to prescribed medications, many adults continue to rely on herbal teas, spices, oils, and other natural preparations to treat everyday health problems. Studies have shown that this trend is not limited to developing regions where access to healthcare may be restricted, but is also widespread in developed countries where patients actively choose traditional practices alongside conventional medicine (Astin, 1998; Welz et al., 2018). This persistence reflects more than just availability; it is tied to beliefs about safety, effectiveness, cultural traditions, and personal trust in natural approaches (Karimi et al., 2017).

Understanding why people prefer one treatment over another is critical. For some, prescribed medications may be seen as quick, effective, and backed by scientific evidence. For others, however, these same drugs may represent chemical dependency, high costs, and potential side effects. On the other hand, home remedies are often perceived as affordable, safe, and aligned with cultural traditions, even when clinical evidence is limited or mixed (Li et al., 2020; Salm et al., 2023). These preferences not only affect individual health outcomes but also shape broader public health strategies, as healthcare providers must respond to patient choices that sometimes diverge from biomedical recommendations.

Against this backdrop, the present study focuses on adults aged 20 to 60, a group that spans young adulthood, middle age, and the beginning of older adulthood. This age range is significant because it includes individuals who are both highly active in the workforce and

responsible for family healthcare decisions, making their preferences especially influential (Mohamad et al., 2019; Zaidi et al., 2022).

The central research question guiding this study is: *Do adults aged 20–60 prefer home remedies over prescribed medications, and what factors influence this preference?* The aim is to explore the cultural, psychological, economic, and demographic drivers of treatment choices within this group. By examining these dimensions, the study seeks to provide insights that may help healthcare practitioners better understand patient perspectives and contribute to discussions on how modern healthcare systems might integrate traditional practices responsibly.

Chapter 2. Literature Review

2.1 Cultural and Traditional Influences

The persistence of home remedies across generations highlights the strength of cultural traditions in shaping health behavior. In many communities, remedies are passed down as trusted knowledge within families, creating a sense of continuity and cultural identity. Research on the "herbal medicine paradox" points out that even in societies with highly advanced medical systems, traditional remedies maintain a strong presence because they align with collective memory, heritage practices, and cultural trust (Sage Journals, 2024). This cultural embeddedness often makes people more willing to rely on home remedies than on prescribed drugs, even when modern healthcare is accessible.

2.2 Perceived Effectiveness and Safety

One of the strongest drivers of home remedy use is the belief that natural products are inherently safe and effective. Patients often associate herbal preparations with fewer side effects and a gentler approach to healing compared to pharmaceuticals. Karimi et al. (2017) note that this perception persists despite evidence that some herbal preparations can carry risks, especially when combined with prescribed drugs. Similarly, Salm et al. (2023) argue that while herbal medicines show benefits for certain non-life-threatening ailments, their clinical efficacy varies widely. The contrast between popular perceptions of safety and scientific findings illustrates the tension between tradition and evidence-based medicine.

2.3 Cost, Accessibility, and Economic Factors

Economic considerations also play a role in shaping treatment preferences. Home remedies are often viewed as more affordable alternatives to prescription drugs, especially in communities where healthcare access is limited. Singh et al. (2023) emphasize that herbal drugs can be cost-effective, making them attractive to patients with limited financial resources. At the same time, accessibility is crucial: in rural or underserved regions, people may turn to home remedies not out of preference but necessity, as prescribed medicines are either unavailable or unaffordable.

2.4 Psychological Comfort and Trust

Beyond economics, psychological comfort influences treatment choices. Many adults express a natural preference bias, believing that what is "natural" is inherently better. Li et al. (2020) show that this bias extends beyond safety and includes emotional reassurance, as patients often feel more in control when using familiar remedies. Distrust of pharmaceutical companies and skepticism toward medical professionals can reinforce this preference, with some patients associating prescribed medicines with profit-driven motives rather than genuine care.

2.5 Demographic Predictors

Demographic factors such as age, gender, education, and socioeconomic background also shape attitudes toward home remedies. Mohamad et al. (2019) found that Malay women showed high levels of herbal medicine use, influenced by cultural expectations and family roles in healthcare decisions. Similarly, Zaidi et al. (2022) documented that in Saudi Arabia, levels of knowledge, education, and access strongly influenced patterns of herbal medicine use. These findings suggest that demographics intersect with cultural and economic factors, producing diverse motivations across populations.

2.6 Integration of Remedies and Modern Medicine

Rather than viewing home remedies and prescribed medicines as mutually exclusive, many patients combine them. This practice reflects a pragmatic approach where individuals use home remedies for minor ailments but rely on prescribed medicine for more serious conditions. Alghadir et al. (2022) highlight that while patients value the accessibility and cultural fit of home remedies, they often acknowledge the strength of prescribed medicine in acute cases. However, this co-use also raises concerns about herb–drug interactions, underscoring the need for better patient education and physician guidance.

2.7 Perspectives of Healthcare Professionals

Healthcare professionals occupy a complicated position when advising patients who rely on home remedies. Some physicians and nurses acknowledge the cultural significance of these practices, while others express concern about their unregulated use. Makarem et al. (2022) report that many healthcare providers lack sufficient knowledge of complementary and alternative medicine (CAM), which makes it difficult to counsel patients effectively. This gap in understanding can create tension in doctor–patient relationships, particularly when patients do not disclose their use of home remedies.

2.8 Cross-Cultural and Global Comparisons

Studies across different countries reveal that preferences for home remedies versus prescribed medicine are not uniform but deeply shaped by cultural context. Welz et al. (2018) found that in Germany, many patients turned to herbal remedies because they fit into a broader lifestyle

emphasizing natural health. In contrast, Astin (1998), analyzing data from the United States, showed that dissatisfaction with conventional medicine and a desire for holistic treatment played stronger roles. Together, these studies illustrate that while the choice of home remedies is global, the motivations behind it vary widely across cultural and national contexts.

Chapter 3. Methodology

3.1 Sample

The study focused on adults aged 20 to 60 years, chosen to represent a wide span of healthcare users. This range captures young adults who are forming independent health practices, middle-aged adults balancing personal and family health, and older adults who may face chronic conditions. Respondents were recruited through randomized selection to minimize bias and to ensure variation in demographic factors such as age group, gender, education, and socioeconomic background. A stratified random sampling approach was applied where possible, dividing the population into subgroups (e.g., 20–40 and 40–60 years) to allow meaningful cross-comparisons. The final sample size was determined by feasibility and aimed at ensuring statistical power for basic inferential tests.

3.2 Data Collection

Data was collected through a structured questionnaire designed to elicit both quantitative and qualitative insights. The survey instrument consisted of multiple-choice questions, Likert-scale items, and short-answer prompts. Key domains included:

- **Treatment Preference**: whether participants primarily used home remedies, prescribed medications, or both.
- **Frequency of Use**: number of times per month or per illness episode remedies or medicines were used.
- **Decision Drivers**: reasons influencing treatment choice, including perceived safety, cultural traditions, affordability, accessibility, trust in healthcare providers, and previous experiences with side effects.

To improve validity, the survey items were adapted from previous studies on complementary and alternative medicine use (e.g., Astin, 1998; Rashrash, 2017). Pre-testing was conducted with a small pilot group to refine wording and ensure comprehension. Both online distribution (via Google Forms) and offline paper-based responses were used to reach participants from varied educational and socioeconomic backgrounds. Informed consent was obtained, and anonymity of responses was assured to reduce social desirability bias. Data cleaning included removing incomplete responses, standardizing open-text answers (e.g., categorizing ailments such as “cough/cold” or “stomach ache”), and recording categorical variables for analysis.

3.3 Analysis

The data analysis employed a mixed-methods approach combining descriptive and inferential techniques. Quantitative data were analyzed using:

- **Descriptive Statistics**: Frequencies, percentages, mean values, and standard deviations to summarize overall patterns.
- **Cross-tabulations**: Used to explore associations between demographic variables (age, gender, education, income) and treatment preferences.
- **Chi-square tests of independence**: Conducted to determine whether observed differences across groups were statistically significant.

For qualitative responses (e.g., narratives on negative experiences with prescribed medicines), thematic coding was applied. Responses were categorized into themes such as "side effects," "ineffectiveness," or "cultural trust," allowing triangulation with quantitative findings. Data visualization techniques; including bar charts, cross-tab tables, and proportion plots; were applied to highlight key trends and improve interpretability.

This methodological framework ensured both breadth and depth: breadth through quantitative generalizations across the sample, and depth through qualitative explanations of the reasoning behind preferences.

Chapter 4. Results

4.1. Prevalence of Preference for Home Remedies

The analysis of the survey data revealed the following distribution regarding the belief that home remedies are more effective than prescribed medicines:

Home Remedies More Effective	count
Yes	23
No	19

(Table 1: Prevalence of Belief in Home Remedies Effectiveness)

As shown in Table 1, a significant portion of respondents (23 out of 42, or approximately 54.8%) believe that home remedies are more effective than prescribed medications. This indicates a notable preference for home remedies within the surveyed population.

4.2. Demographic Factors Shaping Preferences

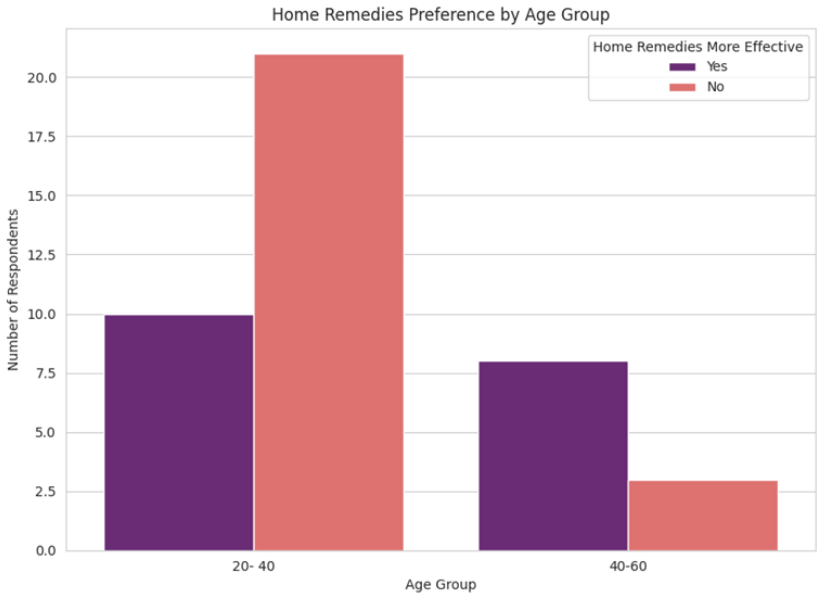
4.2.1. Age Group

The preference for home remedies varies across different age groups:

Age Group	No	Yes
20- 40	16	18
40-60	3	5

(Table 2: Home Remedies Preference by Age Group)

Both age groups, 20-40 and 40-60, show a higher number of respondents who believe home remedies are more effective. The 20-40 age group has a slightly higher absolute number of 'Yes' responses (18 vs 5), but the proportion is similar (18/34 ~ 53% for 20-40 and 5/8 ~ 62.5% for 40-60). This suggests that the preference for home remedies is present across both age brackets, with a slightly higher proportional preference in the older age group.



(Figure 1: Home Remedies Preference by Age Group)

4.3. Influencing Factors

4.3.1. Financial Issues and Discontinuation of Medications

Financial issues play a role in the discontinuation of prescribed medications and the subsequent use of home remedies:

Discontinued Meds Due to Financials	No	Yes
No	19	22
Option 1	0	1

(Table 3: Discontinuation of Medications Due to Financials vs. Home Remedies Preference)

Respondents who have not discontinued medications due to financial issues still show a preference for home remedies (22 'Yes' vs 19 'No'). The 'Option 1' response, which likely indicates a positive affirmation to the question about discontinuing meds due to financial issues, shows a clear preference for home remedies (1 'Yes' vs 0 'No'). This suggests that while financial issues can drive the use of home remedies, the belief in their effectiveness exists independently of financial constraints for many.

4.3.2. Trust in Medical Professionals

The frequency of doctor visits in relation to home remedy preference is as follows:

Visit Doctor for Health Issues	No	Yes
No	2	2
Yes	17	21

(Table 4: Doctor Visits vs. Home Remedies Preference)

Even among those who visit the doctor for health issues, a majority (21 out of 38) still believe home remedies are more effective. This indicates that visiting a doctor does not necessarily negate the belief in home remedies, suggesting a potential for concurrent use or a nuanced approach to healthcare.

4.3.3. Tendency to Stop Medications Early

The tendency to stop prescribed medications before the suggested time period also correlates with home remedy preference:

Stop Meds Early	No	Yes
No	17	17
Yes	2	6

(Table 5: Stopping Medications Early vs. Home Remedies Preference)

Among those who tend to stop medications early, a higher proportion (6 out of 8) believe home remedies are more effective. This could indicate a lack of trust in prescribed medications, a preference for perceived natural alternatives, or a combination of factors.

4.3.4. Negative Experience with Prescribed Medications

Negative experiences with prescribed medications are a significant factor:

Negative Experience with Prescribed Meds	No	Yes
No	15	17
Yes	2	4

(Table 6: Negative Experience with Prescribed Meds vs. Home Remedies Preference)

Respondents who reported a negative experience with prescribed medications show a stronger preference for home remedies (4 'Yes' vs 2 'No'). This highlights that adverse effects or dissatisfaction with conventional medicine can push individuals towards alternative treatments.

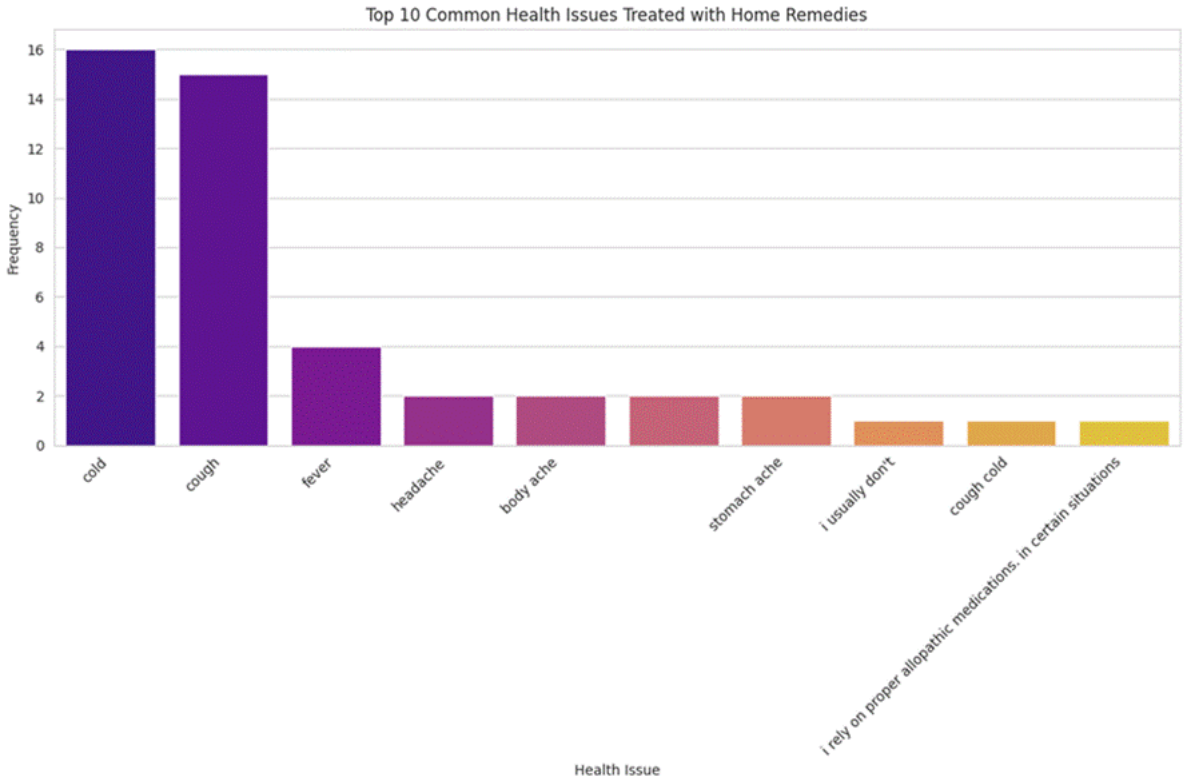
4.4. Common Health Issues Treated with Home Remedies

The most frequently treated health issues with home remedies are:

	count
cold	16
cough	15
fever	4
headache	2
body ache	2
stomach ache	2
i usually don't	1
cough cold	1
i rely on proper allopathic medications. in certain situations	1
etc. to along with the medication but nothing else.	1

(Table 7: Top 10 Common Health Issues Treated with Home Remedies)

Cold and cough are overwhelmingly the most common conditions for which home remedies are used, followed by fever, headache, body ache, and stomach ache. This suggests that home remedies are primarily employed for self-limiting, common ailments.



(Figure 2: Top 10 Common Health Issues Treated with Home Remedies)

3.5. Combined Factor Analysis: Age Group, Financial Issues, and Home Remedies Preference

Combining age group and financial issues provides a more nuanced view:

	No	Yes
("20- 40", "No")	19	7
("20- 40", "Yes")	2	2
("40-60", "No")	3	5
("40-60", "Yes")	0	3

(Table 8: Combined Analysis of Age Group, Financial Issues, and Home Remedies Preference)

This table shows that within the 20-40 age group, those who did not discontinue meds due to financial issues still have a significant number preferring home remedies (19 'No' vs 7 'Yes' for 'Home Remedies More Effective'). However, for those in the 20-40 age group who did discontinue meds due to financial issues ('Yes' or 'Option 1'), the preference for home remedies is either balanced or strongly skewed towards 'Yes'. In the 40-60 age group, those who did not discontinue meds due to financial issues show a stronger preference for home remedies (5 'Yes' vs 3 'No'), and all those who did discontinue due to financial issues ('Yes') prefer home remedies. This indicates that financial constraints can indeed be a strong driver for home remedy preference, especially in the older age group.

Overall, the paper highlights a consistent pattern: a majority of respondents expressed a preference for home remedies over prescribed medications, with this trend evident across both younger and older adults. While financial constraints influenced some individuals to discontinue prescribed treatments, the data also showed that belief in the effectiveness of home remedies exists independently of economic factors. Importantly, negative experiences with prescribed medications, ranging from allergic reactions and side effects to perceptions of ineffectiveness, emerged as a recurring driver pushing individuals toward traditional practices. At the same time, visiting medical professionals did not negate reliance on home remedies, suggesting that many adults adopt a blended healthcare approach, drawing on both systems depending on the situation.

These findings suggest that home remedies continue to play a vital role in everyday health management, particularly for self-limiting conditions such as colds, coughs, and fevers. The nuanced interplay of demographic factors, financial accessibility, and personal experiences illustrates that the preference for home remedies is not merely a matter of convenience but reflects deeper cultural, psychological, and trust-based influences. Taken together, the results confirm that adults aged 20–60 often navigate healthcare choices by balancing tradition with modern medicine, using home remedies as a first line of care and prescribed treatments as necessary.

The findings of this study illustrate how preferences for home remedies over prescribed medications reflect a complex interplay of cultural identity, trust, and practical considerations rather than a simple rejection of modern healthcare. The proportion of respondents who favored home remedies aligns with global patterns, where traditional practices continue to hold relevance even in societies with robust healthcare infrastructure (Welz et al., 2018; Sage Journals, 2024). This suggests that healthcare decisions cannot be reduced solely to issues of availability or affordability; they are deeply shaped by longstanding traditions and beliefs that are resistant to change.

A key insight from the data is that visiting medical professionals does not necessarily undermine reliance on home remedies. This reflects earlier research indicating that patients often integrate alternative treatments with conventional care, creating a complementary rather than exclusive relationship between the two (Alghadir et al., 2022). Such dual use

complicates the role of healthcare providers, who must navigate patients' cultural expectations while safeguarding against potential risks such as herb–drug interactions (Karimi et al., 2017).

The results also reinforce the psychological dimension of healthcare choice. The preference for remedies perceived as "natural" illustrates the cognitive bias identified by Li et al. (2020), where familiarity and emotional reassurance outweigh clinical evidence. This highlights the importance of addressing not only the biomedical effectiveness of treatments but also the symbolic value patients attach to them. Healthcare communication strategies that ignore these beliefs risk alienating patients and may inadvertently strengthen their reliance on non-prescribed alternatives.

Economic accessibility, while not the only driver, emerges as a significant factor that interacts with age and life stage. Older adults, in particular, appear more likely to turn to home remedies when financial constraints arise, echoing earlier work on the impact of cost barriers on medication adherence (Singh et al., 2023). This underlines the importance of policy interventions aimed at making prescribed medicines affordable, while simultaneously recognizing that affordability alone will not eliminate cultural and psychological preferences for traditional practices.

Taken together, these findings point to the need for a more holistic approach in public health and clinical practice. Respecting cultural traditions while promoting safe and evidence-based healthcare can foster trust between patients and providers. Encouraging open dialogue about the use of home remedies, rather than dismissing them, may help integrate traditional and modern practices in ways that support patient autonomy while minimizing risks.

Chapter 5. Conclusion & Discussion

The findings of this study indicate a substantial preference for home remedies among adults aged 20–60, with over half of the respondents believing them to be more effective than prescribed medications. This preference was observed across both younger (20–40) and older (40–60) adults, with a slightly higher proportional reliance in the older cohort. These results align with existing research documenting the widespread use of traditional treatments in adult populations (Astin, 1998; Welz et al., 2018; Zaidi, 2022). Like earlier studies, the present work shows that reliance on home remedies cannot be explained solely by economic limitations but is deeply shaped by cultural traditions, perceptions of safety, and psychological reassurance.

Several factors emerged as central to this preference. Perceived effectiveness and trust were the strongest drivers, reinforced by negative experiences with prescribed medications such as weight gain, skin conditions, and allergic reactions. Financial accessibility also played a role, particularly in the 40–60 age group, where cost barriers led to a stronger reliance on remedies. At the same time, the results revealed concurrent healthcare approaches—many respondents continued to visit doctors while still believing in the value of home remedies.

This suggests that home remedies are not seen as a wholesale substitute but as a complementary system, particularly for common, self-limiting ailments like colds, coughs, and fevers.

For healthcare practitioners, these findings emphasize the importance of acknowledging patient choices rather than dismissing them. Doctors can play a critical role in guiding safe integration of remedies and prescribed medications, helping patients avoid risks such as herb–drug interactions. Open communication may encourage patients to disclose their use of home remedies, strengthening trust and enabling more comprehensive care.

At the policy level, the study underscores the need for structured frameworks to regulate and integrate herbal medicine into healthcare systems. Governments should ensure quality control and evidence-based validation of widely used remedies while also addressing cost barriers that make prescribed medications inaccessible for some. However, the results suggest that affordability alone will not change preferences, since cultural trust and psychological comfort are equally powerful influences. A policy approach that balances affordability of pharmaceuticals with respect for cultural practices could improve adherence and outcomes.

In conclusion, this study confirms that home remedies occupy a central role in health management for adults aged 20–60. Their use is driven by a combination of cultural traditions, perceived safety, psychological reassurance, financial considerations, and dissatisfaction with certain aspects of conventional medicine. Importantly, the findings highlight that many individuals adopt blended healthcare strategies, using remedies for minor ailments while turning to prescribed medicine for more serious conditions.

The study highlights several recommendations for healthcare practice and policy. First, patient education is essential: healthcare providers should engage patients in open discussions about their use of home remedies, offering evidence-based guidance on both benefits and risks to encourage informed decision-making. Second, it is necessary to address cost barriers by implementing policies that improve the affordability and accessibility of prescribed medications, thereby reducing instances where financial pressures lead to discontinuation of treatment. Third, a more holistic approach should be promoted in healthcare systems, where safe and effective home remedies are thoughtfully integrated into care plans for minor ailments, acknowledging cultural preferences while ensuring patient safety. Finally, there is a strong need for further research involving larger and more diverse populations, alongside clinical evaluations of commonly used remedies, to establish stronger evidence for their efficacy and guide their responsible inclusion in mainstream healthcare.

Ultimately, understanding the interplay between traditional and modern medicine is not only a matter of cultural sensitivity but also central to building patient-centered healthcare that respects beliefs while ensuring safety and effectiveness.

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