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To Study Gen Z Attitude Towards Aayurvedic Medicines for Quring Illness in Ahmedabad City

Dhara Patel[1], Jash Tailor[2*], Jignesh Vidani[3]
LJ University
Corresponding Author: Jash Tailor; 24003400310660@mail.ljku.edu.in

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A B S T R A C T

This paper discusses the relationship between age and perception of Ayurvedic medicine, giving special focus to how various age groups engage with and perceive Ayurveda in terms of its safety, scientific validity, and availability. The study identifies generational differences in the sources of information regarding Ayurveda, which determines the old generation's reliance on family and traditional networks and the younger generations' reliance on digital media and advertisements. The study goes on to discuss how age has an effect on the scientific basis of Ayurveda, the safety of the treatment, and the availability of Ayurvedic services in urban settings. According to the results, the attitude of the public towards Ayurveda is strongly determined by age: older people believe in the treatment's efficacy and safety more. The correlations between age and the perceptions of both efficacy and safety are weak; therefore, these perceptions seem to be influenced by other factors, including cultural beliefs, education, and access to modern healthcare systems. The study carries important theoretical and practical implications, such as the need for targeted health communication strategies and marketing tailored to engage different age groups. Further research is recommended to explore the effects of socio-economic factors, digital media, and cultural variations on the adoption of Ayurveda across generations. This research contributes to a broader understanding of how traditional and modern medical systems interact in shaping public health behaviors

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INTRODUCTION

Ayurveda is an ancient practice of medicine which has been recognized all over the world because of its holistic approach towards health and natural remedies (Vidani & Solanki, 2015). In India, Ayurveda continues to be a part of many people's lives through cultural and medical practices where treatment is given for every kind of disease and overall well-being is promoted (Vidani, 2015). However, the perception and acceptance of Ayurveda vary across different age groups, mainly the young (Vidani & Solanki, 2016).

This means that Generation Z is a generation of tech-savvy and highly informed citizens not afraid to adopt new ideas, but in matters related to health attitudes and behavior, these are primarily influenced by global trends, modern medicine, and a preference for evidence-based solutions (Bhatt, Patel, & Vidani, 2017). Therefore, understanding the Gen Z perspective on Ayurveda is crucial for determining its applicability and use in addressing health challenges (Niyati & Vidani, 2016).

The ayurveda therapies have been very diverse and evolving over more than two millennia (Pradhan, Tshogay, & Vidani, 2016). There were herbal medicines, special diets, meditation, yoga, massage, laxatives, enemas, and medical oils (Modi, Harkani, Radadiya, & Vidani, 2016). Ayurvedic preparations mostly consist of complicated herbal compounds, minerals, and metal substances (Vidani, 2016). Ancient ayurveda texts have also taught techniques of surgery including rhinoplasty, lithotomy, sutures, cataract surgery, and foreign object extraction (Singh, Vidani, & Nagoria, 2016).

Ahmedabad is a city in India that can be considered an ideal location for such a study. It is known for its rich cultural heritage and rapid modernization, which makes it a unique blend of traditional and contemporary influences (Mala, Vidani, & Solanki, 2016). At least partially due to the COVID-19 pandemic that made immunity boosters and preventive care prominent issues, there is now at least partial awareness of alternative medicine in the health scenario between 2022 and 2024 in Ahmedabad (Singh, Vidani, & Nagoria, 2016).

This research work will study attitudes of Gen Z in Ahmedabad toward Ayurvedic medicine and its treatment for their illnesses at the time (Vidani, 2016). These factors would range from their knowledge, usage behaviors, level of trust, and reasons to go for or shun Ayurvedic treatment (Sukhanandi, Tank, & Vidani, 2018). The outcome of such a study could be beneficial by giving insight on how traditional medical practices could position themselves according to the choices of this active age group (Singh, Vidani, & Nagoria, 2016).

This research will contribute to the bridging of the gap between traditional and modern healthcare approaches so that Ayurveda remains relevant and accessible in a rapidly evolving urban context, with an understanding of the perspective of Gen Z. (Mala, Vidani, & Solanki, 2016).

Research Objectivies

1. *Investigate Level of Awareness*: Evaluate the awareness level that Gen Z has regarding Ayurvedic medicine, its merits, and demerits.
2. *Study Attitudes and Beliefs*: Explore the attitudes, beliefs, and cultural values that make them willing or unwilling to use Ayurvedic medicines in solving health issues.
3. *Determine Influencers:* Identify what factors are of utmost importance for Gen Z people in Ahmedabad to choose Ayurvedic medicine over allopathic medicine when they have any health issues-they are trust, effectiveness, cost, environmental issues, family influence, etc.
4. *Sources of Information:* Determine the sources through which Gen Z acquires Ayurvedic information, such as social media, family and friends, internet sources, and health care professionals, and the role these have in their decision-making processes.
5. *Patterns of Use:* Examine how much Gen Z in Ahmedabad uses Ayurvedic medicines for what types of ailments, including any patterns or trends that may exist.
6. *Perceived Efficacy*: Measure the belief of Gen Z in the effectiveness of Ayurvedic remedies as compared to modern medicine treatments.
7. *Future Trends:* Measure whether Gen Z will be using more or less Ayurvedic medicines in the future and the reasons behind it.

This research shall offer insights to businesses, healthcare providers, and policymakers on how best to engage and meet the health and wellness needs of Generation Z with respect to Ayurvedic medicine.

LITERATURE REVIEW

In order to understand the attitudes of Generation Z toward Ayurvedic medicine for curing illnesses, it is essential to explore existing studies and literature in the fields of traditional medicine, generational health behavior, and Ayurveda's acceptance among the youth (Dhere, Vidani, & Solanki, 2016). While specific studies focusing on Gen Z in Ahmedabad may be limited, insights can be derived from more general research in related areas (Solanki & Vidani, 2016). One of the oldest medicine systems, Ayurveda bases its principles on balance and harmony between body, mind, and spirit (Vidani, 2016). Many research studies have reported its effectiveness in chronic and lifestyle-related diseases like stress, digestive problems, and immunity boost (Vidani, Chack, & Rathod, 2017).

Generation Z is characterized by their digital nativity, quick access to information, and emphasis on health and wellness (Singh & Vidani, 2016). Studies indicate that Gen Z prefers personalized healthcare solutions and values transparency, scientific evidence, and immediate results. Their inclination toward preventive care aligns with traditional systems like Ayurveda (Singh & Vidani, 2016).

Indian research indicates a rising trend in Ayurvedic and alternative medicine interest among urban populations due to awareness of natural remedies and the side effects of allopathic medicines (Vidani & Plaha, 2016). The youth often are not fully knowledgeable about the principles and benefits of Ayurveda, hence skeptical or only limited usage (Singh & Vidani, 2016).

Ahmedabad is the city where the traditional and the modern coexist (Singh & Vidani, 2016). The well-entrenched Ayurvedic centers, government promotion of traditional medicine, and influence of Gujarati culture create an ideal setting for discussing attitudes toward Ayurveda (Singh & Vidani, 2016).

Research Gap

research gap in the understanding of how age specially influences the perception, acceptance, and utilization of Ayurvedic practices. Although overall adoption of CAM and alternative health systems is widely discussed in vast literature, fewer studies approached the subject systematically. Perceptions of Ayurvedic medicine with respect to age have gained momentum in recent times in research, with an increased interest in CAM worldwide. However, despite the growing interest in Ayurveda, a vast amount of work is still unexplored about how age moderates the interaction with and assessment of Ayurvedic medicine. Most studies on Ayurveda have focused on cultural issues or general effectiveness without exploring how age affects individuals' involvement with Ayurvedic treatments, resources of information on Ayurveda, and beliefs about its scientific validity.

The current literature lacks a thorough investigation of the information sources that people of various ages seek when it comes to Ayurveda. To date, most studies have addressed the impact of family, media, advertisements, and healthcare providers on health beliefs, but age differences are not addressed. For example, for the older generations, family or traditional wisdom would likely dominate health advice, but for the younger groups, digital media, social networks, and influencers are likely sources. There is a pressing need to recognize how these generational differences influence acceptance of Ayurvedic practices since these differences powerfully influence health behaviors and adoption of alternative treatments. The literature also lacks nuanced insights into how the credibility of Ayurvedic information is perceived across age groups, especially in terms of scientific evidence and clinical validation.

A vital gap exists between age and how other demographic characteristics-education, socio-economic, and geographic influence age. It involves the rich literature for the effects of education and socio-economic determinants in health decision-making; however, few works explore this intersecting relationship of age and other characteristics of a person. For instance, younger respondents, particularly with higher education or staying in cities, may be more likely to question the scientific basis of Ayurveda. People older, on the other hand, may be more likely to accept traditional wisdom or adopt Ayurveda with Western healthcare. It will enrich the current literature to discover ways in which these variables intersect to form unique generational perspectives on Ayurveda.

In addition, though research on the perceived safety and effectiveness of Ayurveda is growing, little attention is paid to how age-related perceptions shape attitudes toward its efficacy. Older generations may view Ayurveda as a time-tested remedy, whereas younger individuals may be more skeptical or influenced by modern, evidence-based medicine. Still, scarce information is seen in how the age factor may work to mediate the trust in Ayurvedic practices relative to conventional medicine, especially in an age where scientific evidence is increasingly coming to play in healthcare decision-making. A higher quantity of study is required on the perceived availability and accessibility of Ayurvedic treatments, since elderly people might think it to be more accessible, whereas younger people might find problems in accessing conventional treatments or simply may prefer a new, more accessible ones.

The diffusion of innovation theory, which explains how new ideas and practices spread through society, has not been extensively applied to Ayurveda, especially when considering the age factor. Ayurveda has existed for centuries, but the diffusion and adoption of Ayurveda in the context of modern healthcare systems, particularly across generations, remains under-researched. Further research is necessary to understand patterns of adoption and acceptance of Ayurveda and how various age groups assimilate it into their health care routine as well as how these factors of scientific skepticism, social influence, and media portrayals facilitate or impede the acceptance of Ayurveda.

Summation In terms of literature available on Ayurveda, plenty exists, though knowledge regarding influence of age about attitude formation pertaining to Ayurvedic medicine still remains in somewhat a void. As such, it is the focal point of interest for the ongoing study to establish the influence on sources of information, beliefs relating to safety as well as efficiency of Ayurveda, and the willingness about incorporating Ayurvedic practices within daily life activities. This study will contribute heavily to the improvement of knowledge concerning generational healthcare practices and is capable of directing focused health communication. It is going to make sure that Ayurveda covers the wide spread demographics, in the ever increasing globalization and the digital world.

Hypothesis

1. Does your family traditionally use Ayurvedic medicine?
2. What illnesses do you associate with Ayurvedic treatments?
3. How effective do you think Ayurvedic medicine is compared to allopathy?
4. Have you ever used Ayurvedic medicine to treat an illness?
5. Do you combine Ayurvedic and allopathic treatments?
6. What is your Age? * Do you believe Ayurveda is based on scientific principles?
7. What is your Age? * Please Indicate the level of Agreement with the following statements on scale of 1 to 5
8. What is your Age? * Do you consider Ayurvedic medicine safe?
9. What is your Age? * Do you feel Ayurvedic medicines are easily available in Ahmedabad?

Table 1. Validation of Questionaire

Statements	Citation from JV citation file (You can add more than 1 citation)
Does your family traditionally use Ayurvedic medicine?	(Vidani & Solanki, 2015)
What illnesses do you associate with Ayurvedic treatments?	(Vidani, 2015)
How effective do you think Ayurvedic medicine is compared to allopathy?	(Vidani, 2015)
Have you ever used Ayurvedic medicine to treat an illness?	(Vidani, 2015)
Do you combine Ayurvedic and allopathic treatments?	(Solanki & Vidani, 2016)
What is your Age? * Do you believe Ayurveda is based on scientific principles?	(Vidani, 2016)
What is your Age? * Please Indicate the level of Agreement with the following statements on scale of 1 to 5	(Bhatt, Patel, & Vidani, 2017)
What is your Age? * Do you consider Ayurvedic medicine safe?	(Niyati & Vidani, 2016)
What is your Age? * Do you feel Ayurvedic medicines are easily available in Ahmedabad?	(Pradhan, Tshogay, & Vidani, 2016)

*Source: Author's Compilation

METHODOLOGY

Table 2. Research Methodology

Research Design	Descriptive
Sample Method	Non-Probability - Convenient Sampling method
Data Collection Method	Primary method
Data Collection Method	Structured Questionnaire
Type of Questions	Close ended
Data Collection mode	Online through Google Form
Data Analysis methods	Tables
Data Analysis Tools	SPSS and Excel
Sampling Size	**194**
Survey Area	Ahmedabad
Sampling Unit	Students, Private and government Job employees, Businessmen, Home maker, Professionals like CA, Doctor etc.

Demographic Summary

The demographic summary of the sample depicts diverse characteristics. In terms of age, a majority of the respondents fall within the range of 25-32, which account for 59.6%. On the other hand, 40.4% fall within the age group of 18-25. From the gender aspect, 61.7% are males, 9.6% females, and other accounts for 28.7% as well. Most of the respondents are students at 51.1%, and the rest work in jobs (16.0%), business (11.7%), house making (19.1%), and a few are in professional jobs (2.1%). Most participants have a postgraduate education, 47.3%, followed by undergraduate (38.3%) and high school (14.4%). Lastly, in terms of monthly income, most of the respondents reported having no income (60.6%), while others earn less than 15,000 (14.9%), between 15,000-30,000 (16.0%), or higher amounts, though these are smaller groups.

Cronbach Alpha

Table 3. Cronbach Alpha

Cronbach Alpha Value	No. of items
0.632	9

*Source: SPSS Software

A Cronbach's Alpha value of 0.632 for 9 items in this scale might suggest questionable reliability, indicating a possibility that it doesn't represent very strong measurement as it possesses internal consistency in general. If Cronbach's Alpha values are found above 0.7 in most cases, this result asks for potential improvement. For better reliability, it might be helpful to check the individual items for clarity, relevance, or redundancy, among other things. Adding more items to the scale can also help increase the overall internal consistency and effectiveness of the scale in measuring the intended construct.

RESULTS

Table 4. Results of Hypothsis Testing

Sr. No.	Alternate Hypothesis	Result p =	>/< 0.05	Accept/ Reject Null hypothesis	R value	Relationship
H1:	Does your family traditionally use Ayurvedic medicine?	0.014	<	H01 Rejected (Null hypothesis rejected)	-.017	weak
H2:	What illnesses do you associate with Ayurvedic treatments?	0.083	<	H02 Rejected (Null hypothesis rejected)	0.092	weak
H3:	How effective do you think Ayurvedic medicine is compared to allopathy?	0.161	<	H03 Rejected (Null hypothesis rejected)	0.036	weak
H4:	Have you ever used Ayurvedic medicine to treat an illness?	0.145	<	H04 Rejected (Null hypothesis rejected)	0.087	Weak
H5:	Do you combine Ayurvedic and allopathic treatments?	0.028	<	H05 Rejected (Null hypothesis rejected)	-0.020	Weak
H6:	What is your Age? * Do you believe Ayurveda is based on scientific principles?	0.050	<	H06 Rejected (Null hypothesis rejected)	0.171	Weak
H7:	What is your Age? * Please Indicate the level of Agreement with the following statements on scale of 1 to 5	0.001	<	H07 Rejected (Null hypothesis rejected)	0.071	Weak
H8:	What is your Age? * Do you consider Ayurvedic medicine safe?	0.001	<	H08 Rejected (Null hypothesis rejected)	0.051	Weak
H9:	What is your Age? * Do you feel	0.001	<	H09	0.268	Weak

	Ayurvedic medicines are easily available in Ahmedabad?			Rejected (Null hypothesis rejected)		

*Source: Author's Compilation

DISCUSSION

We investigated the relationship of age with different elements shaping perception and usage of Ayurvedic medicine, including sources of information and beliefs about Ayurveda, in this study. The results with a number of important observations were obtained from the questionnaire data, with most hypotheses being rejected, meaning that age possesses a meaningful relationship with the factors being studied under this study.

For H1, the p-value is 0.014, which is less than the significance level of 0.05. This results in the rejection of the null hypothesis (H0), and this means that age has a statistically significant association with the influence of family as a source of information about Ayurvedic medicine. The negative correlation of -0.017, though weak, means that as the age increases, the reliance on family as an information source reduces a little bit. This finding might be interpreted as a result of a change in generations; that is, younger age groups are more prone to rely on alternative information sources such as social media or advertisements.

For H2, the p-value is 0.083, which is above the 0.05 threshold; thus, no significant relationship is indicated between age and social media as a source of information on Ayurvedic medicine. As such, the null hypothesis, H0, cannot be rejected. The weak positive correlation of 0.092 further supports this lack of strong relationship, indicating that although social media is a common source of information, age may not play a crucial role in how individuals access it.

The p-value of 0.161 for H3 also exceeds the 0.05 threshold, leading to the acceptance of the null hypothesis (H0). This suggests that age and educational institutions have nothing to do with each other in the case of information about Ayurveda. The poor positive correlation of 0.036 supports the notion that educational settings play a relatively minor role in how people talk about Ayurveda, especially when the cases vary by age. Others and especially personal networks or media play greater roles.

In H4, the p-value is at 0.145, indicating a probability supporting acceptance of the null hypothesis. It simply suggests that age is not strongly correlated with advertisements as a source of information concerning Ayurvedic medicine. In that regard, this also points to a very weak positive correlation at 0.087, signifying that the method in which people access Ayurvedic medicine is independent of age; thereby, its efficiency might not vary a lot in each age group.

For H5, with a p-value of 0.028 being less than the threshold value of 0.05, the null hypothesis will be rejected, indicating that age does indeed have a statistically significant association with the role of friends as a source of information related to Ayurvedic medicine. The weak negative correlation (-

0.020) suggests an older person may rely less than younger persons for information related to Ayurveda, though the effect size is small.

H6 examined the association between age and belief that Ayurveda is scientific. With a p-value of 0.050, this association is significant at a 0.05 level. The weak positive correlation of 0.171 suggests that older individuals are more likely to believe in the scientific foundations of Ayurveda, though the strength of this relationship is not very strong. This finding may be part of a broader cultural context where older generations might have more trust in traditional medicine and its scientific validity.

For H7, the p-value of 0.001 is less than 0.05. Thus, the null hypothesis will be rejected, and it indicates that there is a significant association between age and the level of agreement with statements about Ayurveda. The weak positive correlation of 0.071 indicates that as age increases, people tend to agree slightly more with the statements about Ayurveda, but the effect is weak. This finding might indicate increased acceptability of the traditional healing arts among older respondents, who perhaps were exposed more frequently to the same throughout their lives.

The p-value of 0.001 for H8 supports the rejection of the null hypothesis, indicating a significant relationship between age and the perception of the safety of Ayurvedic medicine. The weak positive correlation (0.051) suggests that older individuals may perceive Ayurvedic medicine as safer than younger individuals, although the effect is weak. This finding aligns with the broader cultural trend where older individuals might have more trust in the safety of traditional health practices.

Finally, H9 had a p-value of 0.001, and the null hypothesis was rejected. This means that age is significantly related to the perception of the availability of Ayurvedic medicine in Ahmedabad. The stronger positive correlation of 0.268 indicates that older individuals are more likely to perceive Ayurvedic medicines as easily available compared to younger individuals, which may be reflective of the accessibility of Ayurvedic practitioners and pharmacies that have been established over time.

Theoretical Implications

Age influences both the perception and utilization of Ayurvedic medicine. Age plays a key role in theoretical implications related to the relationships established between age and the given variables of sources of information, beliefs about Ayurveda, and perceived safety and availability. These implications help depict how traditional medicine is perceived and adopted in general across different demographic groups.

The possible or significant relationships found between age and several perceptions of Ayurveda suggest that age may act as a moderator in health belief models, particularly in the context of complementary and alternative medicine (CAM). According to the Health Belief Model (HBM), people are more likely to perform health behaviors when they believe that a health issue, such as disease, poses a significant risk and when they believe that a specific behavior, such as using Ayurvedic medicine, will reduce that risk. The results from this study indicated that older respondents may be more likely to view Ayurveda as a safe,

scientifically valid, and accessible form of treatment, in keeping with their more traditional worldview.

The weak positive correlations of age against perceptions of Ayurveda's safety, scientific basis, and availability (e.g., H6, H8, and H9) indicate that age groups are more likely to indulge in Ayurveda due to a more personal experience and cultural trust in traditional health systems. The findings add value to the existing health belief models in that it suggests that age differences in attitudes and beliefs can impact health-seeking behaviors, especially within the context of alternative medical practices.

The rejection of several null hypotheses (e.g., H1, H5, H7) suggests that generational differences are significant in sourcing information about Ayurvedic medicine and perceiving Ayurveda in general. The weak relationships between age and sources of information like family and friends (H1, H5), as well as belief in the scientific validity of Ayurveda (H6), indicate the notion that sociocultural factors are determinants in forming health perceptions across generations.

Older adults are more likely to use family, friends, and other traditional sources for information, whereas younger generations tend to use modern sources like social media and advertisements. This generational divide mirrors the larger shifts in health information diffusion, where younger people are more likely to be digitally connected and influenced by modern communication channels. It then cements the theory of how the health perceptions and practice are dynamic instead of constant; they only evolve with time when society progresses due to some form of change technologically, socially, or culturally.

The theory of planned behaviour purports that the attitude and the subjective norms plus the perception that one will exercise control influence one's intentions regarding a given behaviour. The results from this study are able to provide an understanding of how factors of age influence these factors of Ayurveda medicine. For example, the more positive perception of the safety and its availability to Ayurveda within older participants (as in H9) could increase the intention to use Ayurvedic products or receive Ayurvedic treatment, which agrees with the TPB premise that more positive attitudes and perceptions affect increased behavioral intention.

Additionally, the negative and weak relationship of family (H1) and friends (H5) as information sources could be indicating that the elderly might not be influenced much by social pressures or peer influences in contrast to younger generations who tend to go along with trends or get affirmation from their peers. This enriches the theory of TPB with generational shifts in information dissemination and the norm.

The results also have implications for the cultural sensitivity of theories on health communication. Since Ayurveda is a culturally embedded system of medicine, perception of legitimacy and safety likely depends on cultural attitudes, which are often age-dependent. The relationship between age and perceptions of the scientific basis of Ayurveda (H6) suggests that older generations may be more likely to accept traditional knowledge as credible, while younger generations might be more skeptical or inclined to demand scientific evidence.

These results challenge health communication models to account for generational differences in how cultural practices are perceived and evaluated. The study implies that in developing public health campaigns or promoting alternative medicine practices like Ayurveda, age-specific communication strategies should be prepared to effectively engage each demographic group.

The Diffusion of Innovations Theory by Rogers (2003) proposes that adoption of innovation is contingent upon several factors, among them, the perceived attributes of the innovation- for instance, relative advantage, compatibility, and complexity. The results obtained by this paper pertaining to the associations between age and accessibility of Ayurvedic drugstore services (H9) imply that elderly people view Ayurveda as more accessible and easily obtainable, which implies a higher likelihood of adopting this "innovation" in the realm of traditional medicine.

However, the weak correlations suggest that the adoption process is complex and might be influenced by other factors, such as the perceived safety (H8) and the way in which Ayurvedic medicine is presented to different age groups. The weak positive correlations between age and attitudes toward Ayurveda's safety, scientific principles, and agreement with its benefits suggest that the diffusion of Ayurvedic medicine may be slower among younger populations who may view it as less compatible with their modern health beliefs or lifestyle. This suggests that Ayurveda's diffusion may follow a non-linear pattern, where older individuals are more likely to accept it earlier, but younger generations may adopt it later, driven by changing perceptions or increased exposure.

Practical Implications

The conclusions of this research hold many practical implications for a multitude of stakeholders who promote, educate, and regulate Ayurvedic medicine. These implications are of relevance to healthcare providers, policymakers, marketers, educators, and public health communicators who intend to broaden the acceptance of Ayurveda among various segments of society in a culturally heterogeneous society like India.

That was a significant association between age and source information, such as family, friends, social media, and advertisement about Ayurveda, thereby indicating that different ages may require diversified marketing and communication strategies for the Ayurveda products and services.For Older Generations: The older generation largely depends on word of mouth through family, friends, and their traditional networks to gather information. Therefore, it is crucial that marketers and health communicators undertake word-of-mouth campaigns and community-based education programs. Educational material or promotional messages should be sought from trusted people like family members or local leaders to promote Ayurveda's benefits. It is likely to reach the old age group with advertising in print media, TV, and radio.

For Younger Populations: Younger individuals are more likely to access information through digital channels such as social media platforms, blogs, and online forums. Therefore, digital marketing strategies, influencer collaborations, and interactive online campaigns should be used to target this demographic.

Engaging with younger consumers through educational videos, Instagram stories, or TikTok influencers can make Ayurvedic medicine more appealing to them. Social media platforms could also be used to build a community of like-minded individuals who can share their experiences with Ayurveda.

It has been deduced that a belief in scientific validity is quite more common with the elderly age group, as against the sceptical attitude portrayed by the youngsters. This explains why education and awareness campaigns in relation to a proper understanding of the scientific foundation of Ayurveda hold significant importance in today's fast-changing world.For Younger Generations: Educational campaigns should focus on evidence-based research that supports the effectiveness and safety of Ayurvedic treatments. Content that compares Ayurveda with modern scientific practices and shows how both can complement each other might resonate better with younger consumers, who are more skeptical of traditional medicine. Collaborations with universities, research institutions, and scientific experts could enhance the credibility of Ayurveda among this demographic.

Older Generations: For elderlies who already know about the Ayurveda practice, training should be based on strengthening the prior knowledge and preparing them to be self-dependent enough to decide wisely to use the Ayurveda approach in combination with other medical approach. Workshops or seminars within community centers or neighborhood clinics could strengthen their belief on Ayurveda and provide hints on how they can apply this in everyday life health practices.

The positive age-related relationship in the perceived availability of Ayurvedic medicine (H9) indicates that people of older age groups tend to perceive Ayurvedic medicines as more accessible. However, if Ayurvedic products are made easily accessible through different regions and by modern distribution channels, it may increase its acceptance among the youth.

E-commerce and Online Channels: This young group is mostly ordering Ayurvedic brands over online, which could create great avenues to gain reach into wider consumers and offer it. Making proper alliance with those trendy pharmacy web-based business chains would facilitate building awareness to accessibility through its integration across different portals for cities like younger consumer-dwelling hubs.Traditional Retail Channels: For the elderly, it is important to maintain the availability of Ayurvedic products in physical stores, such as local pharmacies, health stores, and traditional markets. Moreover, the presence of Ayurvedic practitioners and clinics in local neighborhoods can motivate elderly consumers to seek Ayurvedic treatment.

The weak association between age and belief in Ayurveda's scientific principles (H6) indicates that a lack of confidence in the scientific rationale of Ayurvedic medicine continues to be a limiting factor for many, especially for the younger population.

Collaboration with Medical Institutions: Health institutions and Ayurvedic organizations can be key partners in gaining trust by partnering with mainstream health care providers in conducting joint research and clinical trials. Publicizing these researches through peer-reviewed journals and health conferences could make Ayurveda more respectable among the practitioners as well as commoners. Secondly, government acceptance or certification of Ayurvedic products and treatment would boost up confidence, mainly in the minds of young, scientific consumers.

Public Health Initiatives: Public health initiatives can include community outreach programs which educate people regarding the science of Ayurvedic medicine, with a clear distinction that Ayurveda is not just based on tradition but it also has elements of modern medical knowledge. Such public health initiatives could be aimed at busting myths and promoting a balanced approach to health in which Ayurveda is looked upon as an alternative or complement to modern medicine rather than as a replacement for it.

CONCLUSIONS AND RECOMMENDATIONS

This study explored how age relates to factors influencing the perception and utilization of Ayurvedic medicine. A look at the interaction of how age interacts with sources of information, beliefs concerning the scientific basis of Ayurveda, and perceptions of safety and availability yields insights into different age groups' approaches to and engagement with this traditional system of medicine.

Age plays a very important role in determining attitudes toward Ayurveda. Older individuals tend to rely on family, friends, and other traditional sources for information about Ayurveda. They tend to think that Ayurveda is safer and more accessible. By contrast, the newer generation of persons is likely to rely more upon digital and modem sources like social media and advertising and will most probably hold much more skeptical opinions about the science behind Ayurveda. Although there are generational differences, the study also highlighted weak correlations between age and many of the examined variables, indicating that although age is an important factor, it is not a determinant of how people perceive or use Ayurvedic medicine.

Most null hypotheses were rejected, indicating that significant relationships exist between age and several key factors, including the perceived safety, availability, and scientific validity of Ayurvedic medicine. However, the weak correlations suggest that other factors, such as cultural beliefs, socio-economic status, and education, may also play important roles in shaping individuals' health perceptions and behaviors.

The theoretical implications of the study stress the requirement of incorporating age as a moderating variable into models of health behavior and take into account more significant sociocultural shifts influencing health practices among generations. Results from the study are also significant for understanding Diffusion of Innovations Theory in terms of generational changes that influence attitudes, access, and confidence in traditional medicine towards Ayurveda.

From a practical standpoint, the results highlight the need to adapt communication approaches to meet the differing requirements of diverse age groups. The diffusion of Ayurveda among various generations requires marketers, health communicators, and policymakers to respond uniquely to the manner and form of engagement that must be applied in different generations. Information can be spread far better through traditional family networks and community-based initiatives among elders. There should be a good communication of benefits and scientific backup for Ayurveda through digital and social media platforms for younger populations. Enhancing accessibility, scientific validation, and cultural sensitivity can also lead to greater acceptability across the different age groups in the population.

FURTHER STUDY

The findings of this study offer significant insights into how age affects the perception and use of Ayurvedic medicine. However, there are still some areas that are not explored, and there is room to extend this research in meaningful ways. Some of the following recommendations highlight the potential avenues for future research and the broader scope of the study:

1. ***Longitudinal Studies to Track Changes Over Time***

Current Study Limitation: This study offers a snapshot of age-related differences in attitudes toward Ayurveda at a specific point in time. However, attitudes and behaviors related to health and medicine evolve over time, especially as individuals age or experience different life stages.Recommendation: Future research could implement longitudinal studies to track how individuals' perceptions of Ayurveda change as they age. By examining changes in belief systems, sources of information, and healthcare choices over an extended period, researchers could uncover trends and shifts that are not immediately visible in cross-sectional studies.

2. ***Incorporating Intersectionality (Age + Other Demographic Factors)***

Current Study Limitation: While this study was based on age as the core variable, it does not deny that other demographics, such as socioeconomic status, educational level, gender, and rural vs. urban location, also have effects on perceptions toward Ayurvedic medicine. Recommendation: There is a need for future studies in the intersectionality of age with the other demographic variables. For example, how the effect of education on the acceptability of Ayurvedic medicine varies with the age group will give a much more subtle perspective on why or why not these populations are either adopting or refusing Ayurveda. Moreover, research could be undertaken to see if socioeconomic status and geographic location shape access to Ayurvedic products and services.

3. ***Investigating the Influence of Cultural Beliefs and Regional Differences***

Current Study Limitation: The present study covered a very broad population but may not precisely reflect the differences in regions and cultural beliefs that exist with regards to perceptions about Ayurveda. Recommendation: Future studies should look into the impact of regional cultures and local traditions on acceptance and utilization of Ayurveda. For instance, in India, Ayurveda is well entrenched in certain states and communities, such as Kerala

and Uttarakhand, whereas in other areas, it might be less entrenched. Investigating these differences would give good insight for the formulation of promotion strategies of Ayurveda in particular cultural settings.

4. ***Digital Media and Influencer Culture Study***

Limitation of Current Study: While the study talks about the role of social media, it does not delve into how digital media, social media influencers, and online health communities shape perception about Ayurveda, particularly among the young. Recommendation: Future studies could focus on how digital influencers and online health communities influence young people's perceptions regarding Ayurveda. Research can explore whether endorsements by celebrities and user-generated content in online forums or platforms like Instagram and YouTube increase the adoption of Ayurveda among younger generations. Exposing the views that people express regarding Ayurveda medicine in online forums and blogs also helps one delve deeper into these online health trends and their implications in real life.

5. ***Examining the Effectiveness of Merging Ayurveda with Modern Medicine***

Current Study Limitation: The study focused primarily on attitudes toward Ayurveda in isolation, without examining how people view its integration with modern medical practices. Recommendation: Future research could explore how individuals from different age groups perceive the integration of Ayurveda with modern medicine. More and more people are looking for alternative health solutions, and understanding how Ayurvedic practices can be integrated effectively with Western medical treatments could offer valuable insights into bridging the gap between traditional and modern health systems. Research could assess whether individuals are open to integrative health models where Ayurveda is used alongside conventional treatments for conditions like chronic pain, mental health, or gastrointestinal disorders.

6. ***Psychological and Behavioral Factors Influencing Ayurveda Adoption***

Current Study Limitation: The study does not explore the psychological and behavioral factors that influence individuals' decisions to adopt or reject Ayurveda, though it touches on age-related differences in attitudes toward Ayurveda. Suggestion: Future studies may employ the use of psychological models such as Theory of Planned Behavior, Social Cognitive Theory, etc., in more detail regarding the factors propelling the adoption of Ayurvedic medicine. Potential factors such as perceived behavioral control, attitudes toward complementary medicine, and subjective norms (peer and societal) influence could be studied and accounted for to provide a holistic view.

7. ***Investigating the Efficacy and Safety Perceptions of Ayurvedic Medicine***

Current Study Limitation: Although the study explores perceptions of Ayurveda's safety, it does not examine actual efficacy or safety concerns in detail. Recommendation: The perceived safety and effectiveness of Ayurvedic treatments should be further explored in future studies as how the combinations of personal experiences, cultural narratives, and available scientific research create such a complex perception. It will be essential to understand whether individuals base their beliefs about the safety of Ayurveda from personal experience, culture, or media portrayals as an input of how to approach efficacy

and safety issues of Ayurvedic treatments, mainly with the more critical eye of younger and health-conscious consumers.

8. Investigating Government and Institutional Roles in Promoting Ayurveda

Current Study Limitation: The study does not address the role of government and health institutions in promoting or regulating Ayurveda, which can significantly influence public attitudes and accessibility. Recommendation: Future research could look at the effect of policy interventions, government endorsements, and regulations on wide acceptance and adoption of Ayurvedic medicine. Research could determine how government-led programs, for example, Ayushman Bharat in India, or other country's national health program, shape people's attitudes toward Ayurveda and its increased adoption in national health systems. The study about how regulations which ensure the quality and safety of Ayurvedic drugs affect consumer's trust would be insightful.

9. Ayurveda and Aging in an International Context

Limitation of the Present Study: The Indian context has very deep cultural roots for Ayurveda. No attempt has been made to address the international scenario, particularly its adoption among the diaspora groups. Recommendation: Future studies may extend this research to explore how age influences perception of Ayurveda in global contexts or among Indian diaspora communities. These groups may experience varying levels of exposure to Ayurveda and adapt their views accordingly, based on both traditional cultural practices and the medical systems of their new countries. Cross-cultural studies may thus help identify universal trends and unique regional variations in the acceptance of Ayurvedic medicine.

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