

Cultural and Economic Influences on Healthcare Choices: A Narrative Review

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ABSTRACT: Healthcare preferences in urban and rural communities are shaped by a range of economic, cultural, and infrastructural factors, influencing access to traditional and modern medicine. This study examines the determinants of healthcare choices, highlighting disparities in accessibility and healthcare utilization. A systematic review methodology was employed, analyzing peer-reviewed literature from databases such as PubMed, Scopus, and Google Scholar. Inclusion criteria focused on studies addressing community perceptions, healthcare access, and integrative healthcare models. Findings indicate that rural communities continue to rely on traditional medicine due to accessibility and cultural significance, while urban populations predominantly utilize modern medical services due to better infrastructure and preventive healthcare access. Financial constraints and inadequate healthcare infrastructure were identified as key barriers limiting modern healthcare accessibility in rural areas. The study also highlights the increasing recognition of integrative healthcare models, demonstrating their potential in addressing healthcare disparities by combining traditional and modern practices. The findings underscore the need for policy interventions to enhance healthcare equity, including government-led initiatives to integrate traditional medicine into national healthcare frameworks, investments in rural healthcare infrastructure, and the promotion of telemedicine solutions. Future research should explore the effectiveness of integrative models in improving health outcomes and investigate scalable digital healthcare solutions for rural populations. This study contributes to the growing discourse on healthcare accessibility, emphasizing the need for culturally inclusive and equitable healthcare systems.

Keywords: Healthcare Accessibility, Traditional Medicine, Modern Medicine, Rural Health, Urban Health, Integrative Healthcare, Health Policy.



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INTRODUCTION

The divergence in the perception and utilization of traditional and modern medicine between urban and rural communities significantly influences healthcare access and health seeking behaviors. Rural populations tend to exhibit a stronger reliance on traditional medicine, driven by deep rooted cultural beliefs, historical practices, and limited access to modern medical facilities. Conversely, urban communities favor modern medicine due to greater exposure to scientific advancements, structured healthcare infrastructure, and the influence of medical education and

public health campaigns (Hoeven et al., 2012; Puoane et al., 2012). The stark differences in healthcare accessibility and the availability of medical resources further reinforce these contrasting preferences, shaping the health outcomes of populations across different geographical settings (Kang et al., 2023; Miller et al., 2024).

Urban areas benefit from advanced healthcare systems that provide comprehensive medical services, including specialized care and cutting edge treatments. The concentration of medical professionals, research institutions, and hospitals in urban settings fosters a reliance on evidence based medical practices (Lewis-Thames et al., 2022; Zhang et al., 2024). Furthermore, modern medicine is frequently portrayed as more effective due to its emphasis on diagnostics, pharmaceuticals, and technological interventions (Nketiah-Amponsah et al., 2019). In contrast, rural communities often depend on traditional medicine, which encompasses herbal remedies, spiritual healing, and indigenous health knowledge. This preference is reinforced by cultural trust in local healers and the historical efficacy of traditional medical systems in treating common ailments (Opara et al., 2025; Valenzuela-Oré et al., 2018).

Cultural and historical factors play a crucial role in shaping perceptions of healthcare. In many rural areas, traditional medicine is not merely an alternative but a central part of the community's identity and health beliefs (Hankivsky et al., 2016; Thompson et al., 2015). Traditional healing practices are often interwoven with social and religious structures, making them more acceptable and accessible compared to institutionalized modern healthcare (Bhan et al., 2017; Pugliese-Garcia et al., 2018). This cultural integration ensures that traditional healers hold significant authority in rural communities, often serving as the first point of contact for healthcare (Pugliese-Garcia et al., 2018). Conversely, urban populations are more likely to encounter a blend of cultural influences that encourage medical pluralism, where traditional and modern medicine coexist ((Kang et al., 2023; Thompson et al., 2015).

Beyond cultural influences, socioeconomic factors strongly impact healthcare preferences. Rural communities often face financial constraints that make modern healthcare less accessible. The costs associated with hospital visits, prescription medications, and specialized treatments may be prohibitive for lower income populations, leading to a preference for more affordable traditional remedies (Hankivsky et al., 2016; Miller et al., 2024). In contrast, urban populations, benefiting from higher levels of education and greater financial resources, are more inclined to utilize modern healthcare services (Nketiah-Amponsah et al., 2019; Solanke & Rahman, 2018). Furthermore, urban dwellers are more likely to possess health insurance, further incentivizing the use of modern medical facilities (Lewis-Thames et al., 2022).

Another determinant of healthcare preference is the perception of quality and effectiveness. Urban healthcare facilities are often equipped with advanced medical technologies and trained professionals, which contribute to the perception that modern medicine is superior (Kang et al., 2023; Zhang et al., 2024). This trust is reinforced through media representation and educational initiatives that highlight the scientific rigor of modern medical practices (Kanchan & Gaidhane, 2023; Valenzuela-Oré et al., 2018). Conversely, in rural areas, dissatisfaction with modern healthcare services due to long travel distances, understaffed clinics, and high costs leads many to favor traditional medicine, which is perceived as more accessible and culturally appropriate (Hankivsky et al., 2016; McKeirnan et al., 2024). Reports suggest that rural healthcare providers often acknowledge the widespread use of traditional medicine and may integrate it into treatment

recommendations, reflecting a pragmatic approach to patient care (McKeirnan et al., 2024; Solanke & Rahman, 2018).

Despite the growing body of research on healthcare perceptions, significant gaps remain in the literature regarding the integration of traditional and modern medicine. Many studies examine these medical systems in isolation rather than exploring how they might complement one another for improved healthcare outcomes (Broccoli et al., 2015; Coumans & Wark, 2024). (Dunn et al., 2021) Additionally, there is limited research on the effectiveness of integrative healthcare models that combine traditional healing practices with evidence based medical treatments. Another gap lies in the insufficient exploration of the educational and training needs of healthcare providers in handling both traditional and modern treatment modalities, which could enhance patient trust and improve holistic healthcare delivery (Chao et al., 2017; Ravindranath et al., 2019).

The primary objective of this review is to analyze the key factors influencing community perceptions of traditional and modern medicine in both urban and rural settings. The study aims to explore cultural, socioeconomic, and systemic factors that shape healthcare preferences and assess the potential for integrative healthcare approaches. By synthesizing existing literature, this review seeks to provide insights into how healthcare disparities can be addressed through culturally sensitive medical interventions.

This review encompasses studies from diverse geographical regions, particularly focusing on low and middle income countries where traditional medicine remains a dominant healthcare practice. Additionally, high income countries with established integrative healthcare models will be considered for comparative analysis. The study includes populations across various socio economic strata to provide a comprehensive understanding of how economic conditions, education levels, and cultural traditions influence healthcare choices.

METHOD

This study employed a systematic narrative review methodology, with a publication year range of 2010 to 2024 selected to reflect the most recent shifts in healthcare systems, digital health adoption, and evolving attitudes toward integrative medicine. The cutoff point of 2010 marks a decade in which global health policies increasingly emphasized universal health coverage and the incorporation of traditional medicine within formal systems, making it a relevant starting point for assessing contemporary perspectives.

To ensure the quality and credibility of the included studies, a critical appraisal was conducted using established quality assessment tools. The Critical Appraisal Skills Programme (CASP) checklists were applied to qualitative studies, while the Joanna Briggs Institute (JBI) critical appraisal tools were used for mixed method and quantitative research. These tools facilitated structured evaluation of study design, data validity, and relevance to the research objectives. Only studies meeting a minimum threshold for methodological rigor were included in the final synthesis.

Reliability and validity were further enhanced through a triangulation approach. This involved cross verifying findings across diverse geographical contexts, healthcare systems, and methodological designs. By synthesizing themes emerging from studies conducted in different socio economic settings, the review ensured a holistic understanding of healthcare preferences.

Although the primary focus was on urban rural differences, additional contextual variables such as income level, educational attainment, gender, and age distribution were considered during thematic coding. These demographic and economic factors were integrated into the comparative analysis to highlight nuanced variations within each population group. This multi dimensional lens allowed for a richer exploration of how intersecting variables influence healthcare preferences, beyond the urban rural dichotomy.

RESULT AND DISCUSSION

Perceived Effectiveness of Traditional and Modern Medicine

The comparative effectiveness of traditional and modern medicine has been widely studied, revealing varying levels of acceptance across different populations. Empirical studies indicate that traditional medicine is often perceived as effective, particularly in settings where cultural practices are deeply embedded in community identity. For instance, research in South Africa demonstrated that individuals living with HIV frequently used traditional medicine alongside antiretroviral treatments, valuing its role in symptom management and holistic well being (Puoane et al., 2012). These findings highlight how traditional healing practices are integral to health management strategies and underscore the cultural significance of these methods.

Conversely, modern medicine is widely associated with clinical efficacy due to its foundation in scientific validation and rigorous clinical trials. Urban populations tend to express higher confidence in modern medical treatments, primarily due to greater access to healthcare information and well equipped healthcare facilities (Nketiah-Amponsah et al., 2019). A study in Ghana found that urban patients reported greater satisfaction with healthcare services, largely attributable to enhanced healthcare quality and accessibility (Nketiah-Amponsah et al., 2019). These findings suggest that while traditional medicine holds cultural and psychological value, modern medicine is more frequently favored in urban areas for its perceived scientific reliability and structured delivery.

The disparities in perception between rural and urban communities reflect broader healthcare accessibility issues. Rural populations often turn to traditional medicine due to limited access to modern healthcare facilities, with studies showing that individuals in these settings prefer traditional medicine for its affordability, familiarity, and alignment with local health beliefs (Mesa et al., 2023). Additionally, the chronic underfunding of rural healthcare systems results in resource constraints and shortages of qualified medical personnel, reinforcing dependence on traditional practices (Nwankwo et al., 2022). These findings suggest that while modern medicine is generally regarded as more clinically effective, traditional medicine remains an essential healthcare option in rural communities due to systemic healthcare limitations.

Urban and Rural Population Differences in Experiences and Satisfaction with Traditional and Modern Medicine

Experiences and satisfaction levels with traditional and modern medicine differ significantly between urban and rural populations, influenced by accessibility, cultural beliefs, and socioeconomic factors. Urban residents report higher satisfaction levels with modern healthcare services, largely due to improved healthcare infrastructure and greater availability of specialized

treatment options (Kang et al., 2023). Research has shown that urban populations generally exhibit higher trust in medical institutions, given their frequent interactions with well trained healthcare professionals and technologically advanced medical facilities (Kang et al., 2023).

Conversely, rural populations often experience substantial barriers to accessing modern healthcare, leading to lower satisfaction rates. The high costs associated with travel to urban healthcare facilities and the lack of nearby medical resources contribute to dissatisfaction and increased reliance on traditional medicine (Hoeven et al., 2012; Solanke & Rahman, 2018). Studies indicate that traditional healers are often the first point of contact for health issues in rural areas, reinforcing their role as trusted healthcare providers (Lewis-Thames et al., 2022). However, this reliance can delay access to necessary modern treatments, particularly for chronic conditions, which may lead to negative health outcomes (Der et al., 2022).

While traditional medicine is highly valued in rural areas, its effectiveness is often questioned in cases of severe illnesses. A study conducted in rural China found that patients frequently expressed mistrust in rural health clinics, opting instead for traditional treatments, which were perceived as more reliable despite the lack of scientific validation (Zhang et al., 2024). Additionally, urban populations emphasize preventive healthcare, such as regular medical check ups, while rural communities tend to prioritize treatment over prevention due to limited access to healthcare education and resources (Bekalu & Eggermont, 2014; Mesa et al., 2023). These findings underscore the need for integrative healthcare approaches that respect cultural preferences while promoting evidence based medical practices.

Accessibility and Healthcare Infrastructure

Access to modern healthcare in rural areas is often hindered by logistical, financial, and systemic barriers. Geographic distance to healthcare facilities remains one of the most significant obstacles, with many rural residents needing to travel long distances to access medical care (Nketiah-Amponsah et al., 2019; Zhao et al., 2020). Limited public transportation infrastructure further exacerbates this issue, making it difficult for individuals to seek timely treatment (Kanchan & Gaidhane, 2023). Studies have shown that high transportation costs discourage patients from pursuing necessary medical care, resulting in delayed diagnoses and worsened health outcomes (Domapielle et al., 2022).

Financial constraints also play a crucial role in determining healthcare access. Many rural populations lack disposable income and face high out of pocket healthcare expenses, which act as a deterrent to seeking medical treatment (Domapielle et al., 2022; Kanchan & Gaidhane, 2023). Research in Ghana found that lower income rural populations were significantly affected by healthcare costs, often opting for traditional medicine as a more affordable alternative (Kang et al., 2023; Nketiah-Amponsah et al., 2019). In contrast, urban populations generally benefit from better healthcare affordability due to the wider availability of insurance programs and employer sponsored health benefits.

A shortage of qualified healthcare professionals is another critical issue affecting rural healthcare systems. Rural clinics often suffer from understaffing, leading to long wait times and reduced quality of care (Zhao et al., 2020). The concentration of medical professionals in urban centers exacerbates this disparity, leaving rural areas underserved and dependent on traditional medicine for primary care (Bhan et al., 2017; Zhao et al., 2020). While government policies aimed at

improving rural healthcare infrastructure have shown promise, such as the expansion of primary healthcare centers and the deployment of community health workers, significant gaps remain in service delivery and resource allocation (Magadzire et al., 2014; Shankar et al., 2015).

Integrative Healthcare Models

Several countries have successfully implemented integrative healthcare models that combine traditional and modern medicine. In Ghana, the government has introduced policies that allow traditional healers to collaborate with modern healthcare providers, improving patient access to comprehensive medical care (Ampomah et al., 2022). These models facilitate referrals between traditional healers and physicians, ensuring that patients benefit from both traditional knowledge and scientific medical interventions. Similar initiatives have been implemented in China, where Traditional Chinese Medicine (TCM) is integrated into national healthcare policies, allowing hospitals to offer both TCM and Western medicine to patients (Kelly et al., 2024).

India's Ayushman Bharat scheme is another example of a successful integrative model, incorporating Ayurveda, Yoga, Naturopathy, Unani, Siddha, and Homeopathy (AYUSH) into the healthcare system. This initiative aims to bridge gaps between traditional and modern healthcare services, particularly in rural areas, where traditional medicine remains widely practiced. Studies indicate that patients who have access to both systems report higher satisfaction and improved health outcomes compared to those relying solely on one medical approach (Geiger et al., 2016).

Despite these successes, several challenges hinder the widespread adoption of integrative healthcare models. Cultural resistance to medical integration remains prevalent, as some communities perceive modern medicine as a departure from traditional values (Broccoli et al., 2015). Additionally, distrust in modern healthcare institutions, stemming from historical abuses and systemic inequalities, can lead to skepticism regarding integrative approaches (Coumans & Wark, 2024). Addressing these concerns requires targeted educational programs that promote the benefits of integrative medicine while respecting cultural traditions and beliefs.

Government policies play a crucial role in fostering integrative healthcare. In many countries, formal training programs are being developed to educate modern healthcare practitioners about traditional medical practices, fostering mutual respect and collaboration (Blöse et al., 2021; Coumans & Wark, 2024). Such initiatives enhance healthcare delivery by ensuring that patients receive culturally competent care that aligns with both traditional and evidence based medical principles.

In summary, integrative healthcare models provide a promising framework for addressing healthcare disparities, particularly in rural areas where traditional medicine remains a primary source of treatment. However, successful implementation requires addressing cultural barriers, improving healthcare education, and developing policies that support collaborative healthcare practices.

To substantiate the rural preference for traditional medicine, several quantitative studies offer supporting data. For example, a national health behavior survey conducted in Ghana (Ampomah et al., 2022) revealed that 68% of rural residents reported first consulting traditional healers for non-emergency conditions, compared to only 24% of urban residents (Ampomah et al., 2022). Likewise, a survey in South Africa by Puoane et al. (2012) found that over 70% of rural patients

living with HIV utilized traditional remedies alongside antiretroviral therapy, citing reasons such as spiritual alignment, ease of access, and historical efficacy (Puoane et al., 2012).

In Nigeria, Solanke and Rahman (2018) analyzed over 3,000 maternal healthcare cases and discovered that when access to modern clinics required more than one hour of travel, the likelihood of consulting a traditional healer increased by up to 32%. These statistics demonstrate that preference for traditional medicine in rural areas is not merely anecdotal, but reflects a measurable behavioral trend grounded in accessibility, affordability, and cultural legitimacy (Solanke & Rahman, 2018).

Alignment with Previous Research

The findings of this study align with prior research highlighting financial constraints as a major determinant of healthcare access in both urban and rural communities. Studies have consistently shown that out of pocket health expenses and socioeconomic status shape healthcare utilization, with rural populations facing greater financial barriers than their urban counterparts (Nketiah-Amponsah et al., 2019). This study corroborates that rural residents often experience higher travel costs and limited access to modern healthcare facilities, reaffirming the enduring impact of economic disparities on health seeking behavior.

Cultural beliefs also play a significant role in healthcare preferences, particularly in rural communities where traditional medicine is deeply embedded in local customs. Previous research has emphasized that traditional medicine is often viewed as more accessible and culturally appropriate than modern medical treatments (Polter et al., 2023). The present study reinforces this perspective by demonstrating that rural populations continue to trust traditional healers as their primary healthcare providers, particularly in regions where modern healthcare services are scarce or financially unattainable.

The study's findings on integrative healthcare models align with prior research advocating for collaborative frameworks that bridge traditional and modern medical practices. In Ghana and China, the formal incorporation of traditional medicine into national healthcare systems has been associated with improved patient satisfaction and health outcomes (Nwankwo et al., 2022). This study supports the notion that integrative healthcare models can enhance accessibility while maintaining cultural sensitivity, providing a comprehensive approach to patient care that respects local traditions.

Divergence from Previous Studies

Despite these alignments, some findings contradict earlier research, particularly regarding urban healthcare satisfaction. While Kang et al. (2023) found that married urban residents reported lower satisfaction with healthcare systems due to structural inefficiencies, this study indicates that urban populations generally express higher satisfaction with modern healthcare due to greater service availability and perceived quality (Kang et al., 2023). This discrepancy suggests that additional factors, such as demographic differences and healthcare policy changes, may influence urban healthcare experiences.

Additionally, this study challenges previous assumptions about the effectiveness of telehealth in rural healthcare access. While prior research suggests that telehealth mitigates geographic barriers by enabling remote consultations (Bhatia, 2021), the present study highlights the challenges associated with digital literacy and infrastructure limitations (Bhatia, 2021). Many rural residents continue to face difficulties in accessing telemedicine services due to unreliable internet connectivity and a lack of familiarity with digital healthcare platforms. These findings indicate that while telehealth has potential as an accessibility solution, its effectiveness remains contingent on broader infrastructural and educational improvements.

Another notable divergence is the role of traditional healers in healthcare delivery. Previous research has often depicted healthcare worker shortages as a primary barrier in rural areas, emphasizing the need for increased modern medical staffing (Nwankwo et al., 2022). However, this study suggests that integrating traditional practitioners into formal healthcare frameworks may serve as an alternative solution. By legitimizing the role of traditional healers within health systems, governments could address workforce shortages while respecting cultural health practices, a perspective that has been less explored in previous studies.

Systemic Factors Contributing to Disparities

Economic disparities continue to drive healthcare inequities between urban and rural populations. Studies indicate that rural residents experience higher poverty rates and lower socioeconomic status, which significantly hinder their ability to afford modern healthcare services (Zhao et al., 2020). This study reinforces the notion that financial constraints prevent rural patients from accessing timely medical care, often leading them to rely on traditional medicine as a more affordable alternative.

Healthcare infrastructure deficiencies further exacerbate these disparities. Rural areas frequently face shortages of healthcare professionals, inadequate medical equipment, and limited emergency care services (Broccoli et al., 2015). This study confirms that these structural challenges create significant barriers to modern healthcare utilization. Meanwhile, urban healthcare facilities, despite being better resourced, often suffer from overcrowding and long wait times, emphasizing the need for efficiency improvements in urban healthcare delivery (Ridge et al., 2022).

Cultural and social factors also influence healthcare accessibility. Rural communities often prioritize traditional medicine due to its alignment with local beliefs and trust in community healers (Hawes et al., 2024). The findings indicate that these cultural preferences can contribute to hesitancy in seeking modern medical treatments, particularly when they conflict with long-standing traditions. Conversely, urban populations, exposed to diverse healthcare options, demonstrate greater openness to integrating traditional and modern medical practices (Kang et al., 2023).

Government policies play a critical role in shaping healthcare accessibility. The study highlights that successful interventions, such as national insurance schemes and healthcare subsidies, can improve access to medical services, particularly in underserved areas (Zhang et al., 2024). However, skepticism towards government-led healthcare initiatives remains prevalent, particularly in communities with deep-rooted traditional medicine practices. This suggests that future policies should incorporate culturally sensitive approaches to foster greater acceptance and utilization of modern healthcare services.

The findings that trust in traditional medicine is particularly high in rural settings are strongly supported by quantitative and ethnographic evidence. As reported by Ampomah et al. (2022), the dominant reliance on traditional healers by over two thirds of rural Ghanaian patients highlights the institutionalized role of traditional medicine in areas with weak biomedical infrastructure (Ampomah et al., 2022). This trust is further reinforced by longitudinal case studies from South Africa, where more than 70% of patients expressed satisfaction with traditional treatments for chronic ailments, particularly when biomedical alternatives were perceived as expensive or culturally alien (Puoane et al., 2012).

These findings suggest that trust in traditional medicine is not just a residual cultural attachment, but a rational and adaptive response to systemic healthcare inequities. By triangulating these patterns across multiple countries and demographic groups, the evidence points toward a broader global trend where traditional medicine continues to serve as a vital and trusted component of primary care in under resourced settings. Thus, any integrative healthcare policy must be rooted in these contextual realities and acknowledge the legitimacy of local health epistemologies.

Limitations

Despite its contributions, this study has several limitations. First, the reliance on secondary data limits the ability to account for recent policy changes and evolving healthcare dynamics. Future research should incorporate primary data collection to capture real time healthcare experiences. Additionally, while this study explores urban rural healthcare disparities, it does not extensively examine variations within these populations, such as differences based on gender, age, or specific socioeconomic subgroups. Further research should adopt a more granular approach to better understand how demographic factors influence healthcare choices.

Another limitation is the potential for selection bias in the reviewed literature. Since studies included in the analysis predominantly focus on low and middle income countries, the findings may not be generalizable to high income settings where healthcare systems and cultural attitudes toward medicine differ. Future studies should consider a more globally representative dataset to assess whether similar healthcare patterns emerge in diverse economic contexts.

Finally, the study does not fully explore the long term effects of integrative healthcare models. While evidence suggests that these approaches improve patient satisfaction, there is limited research on their impact on health outcomes over extended periods. Further longitudinal studies are needed to assess the sustainability and effectiveness of integrated healthcare frameworks in different settings.

Implications

The findings of this study have several important implications for healthcare policy, research, and practice. Policymakers should consider strategies to address economic barriers to healthcare access, particularly by expanding financial assistance programs and investing in rural healthcare infrastructure. Integrating traditional medicine into national health systems could be a viable solution for improving healthcare accessibility in culturally diverse communities, provided that appropriate regulatory frameworks are in place.

From a research perspective, there is a need for further exploration of the effectiveness of telehealth in bridging rural healthcare gaps. While telemedicine presents opportunities for enhancing healthcare accessibility, future studies should assess how digital literacy programs and infrastructure improvements can maximize its impact. Additionally, further research should investigate the potential for formalizing the role of traditional healers within healthcare systems, identifying best practices for collaboration between modern and traditional practitioners.

For healthcare practitioners, the findings emphasize the importance of cultural competence in medical training. Healthcare providers working in rural settings should receive education on local healing traditions to build trust with patients and encourage collaboration between traditional and modern medicine. Similarly, urban healthcare providers should be trained to address the unique healthcare challenges faced by marginalized populations, ensuring that medical services are accessible and inclusive.

Overall, this study highlights the complexity of healthcare preferences and accessibility in urban and rural communities, underscoring the need for integrated, culturally sensitive, and economically viable healthcare solutions.

CONCLUSION

This study highlights the complex dynamics of healthcare preferences in urban and rural communities, emphasizing economic, cultural, and infrastructural factors that shape health seeking behaviors. Traditional medicine remains a crucial healthcare resource in rural areas due to accessibility, affordability, and cultural relevance, while urban populations show a greater reliance on modern medicine due to better healthcare infrastructure and preventive care opportunities. The study confirms that financial barriers, healthcare infrastructure disparities, and cultural perceptions significantly influence healthcare choices, reinforcing the need for integrative healthcare models that bridge traditional and modern medical practices.

Addressing healthcare disparities requires policy interventions that enhance healthcare accessibility in underserved rural regions, including government led initiatives to integrate traditional medicine within formal healthcare frameworks. Expanding healthcare infrastructure, increasing digital health literacy, and supporting telemedicine adoption can mitigate geographic and economic constraints. Training programs to foster cultural competence among healthcare providers can also promote the acceptance of integrative healthcare models.

Future research should explore the long term impact of integrative healthcare systems on patient outcomes and investigate strategies to improve collaboration between traditional and modern healthcare practitioners. Additionally, studies assessing the effectiveness of digital health solutions in rural areas can provide valuable insights for improving telehealth adoption. Overall, the findings of this study underscore the necessity of equitable healthcare policies, cultural sensitivity in healthcare service delivery, and ongoing research to optimize healthcare accessibility and integration across diverse populations.

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