ASSESSMENT OF THE SITUATION OF UTILIZATION OF ALTERNATIVE MEDICAL CARE IN MC-RH SERVICES

Shah Mohammad KeramatAli[1], Md. Eusuf Ali [2], Md. Awlad Hossain[2], Nahian Fyrose Fahim[3]

[1] Department of Public Health, Daffodil International University, [2] Yusuf and associates, Gulshan, Dhaka. [3] Department of Pharmacy, Daffodil International University

Abstract*: In Bangladesh alternative (Unani Ayurvedic and Homeopathic) systems of Medicine have been in use in medical practice for thousands of years and have played a significant role in maintaining human health. Alternative Medical Care (AMC) is playing an important role in maternal and child health care. At crisis moment, when facing health problem at home, women and their families often call on alternative health practitioners, who may play important roles in the decision to seek professional medical care. With that end in view Government of Bangladesh has taken up plan to expand AMC throughout the country for easily available, low cost remedy for the people of the country. A total of 986 respondents from different categories were selected from 64 Upozila. Almost 95% households have some suffering from illness. Approximately more than 70% AMC drug users consulted AMC doctors for general diseases, 24.20% for reproductive health and 5.1% for childhood diseases. The other purpose of the study is to assess the utilization and effectiveness of herbal gardening in order to promote the use of alternative complimentary medicine for general health care and MCH-RH(Maternal Care, Reproductive Health) in Bangladesh.*

Keywords: *CAM (Complementary and Alternative Medicine), Focus Group Discussion (FGD), Maternal Care-Reproductive Health (MC-RH),Upozila Health and Family Planning Officer(UHFPO)*

Introduction:

Alternative medical care is a healthcare practice includes beliefs and approaches incorporating plant, animal and mineral based elements to manufacture medicine. The term complementary/alternative medicines are used interchangeably with traditional medicine. Since long this system of medicine is in use to treat, diagnose and prevent illnesses or maintain well-being[1,2,3]. It is well-known that plants generally owe their virtues and medicinal agents to certain characteristic alkaloids and principles present in them. Continuation of isolation and full analysis of chemical of medicinal value will constitute a great improvement in pharmacy. Although tremendous progress has taken place in the field of modern medicine particularly in synthetic pharmaceuticals and antimicrobials, the practice and use of alternative medicine is being continued throughout the Bangladesh even today[4,5.] Because of unique geographical location and favorable climatic condition for cultivation and growth of a wide variety of plants having rich

medicinal properties are intimately related and acceptable to our culture. Bangladesh being one of the few developing countries with a very large population living in the rural areas in the midst of extreme poverty, is modern medicine expensive, so Alternative medicine traditional choice.

In Bangladesh, CAM has long been practiced and it is estimated that 70-75% population of the country still use traditional medicine for management of their health problems of various kinds. CAM is also playing an important role in maternal and child health care. Bangladeshi women have been found to pursue multiple health care paths, with biomedicine one of several options available to them. At crisis moment, when facing complications at home, women and their families often call on the services of alternative health practitioners, who may play important roles in the decision to seek professional medical care, and whose opinions may extend or reduce the delay in reaching a facility.

Four types of CAM are primarily practiced in Bangladesh namely herbal, homeopathy, religious and magical methods. Both registered and unregistered herbal practitioners are practicing in the country at present[5,6]. The herbal method of CAM mainly consists of Ayurvedic and Unani systems in Bangladesh. Based on the existing rich local plant diversity, the tradition of indigenous herbal medicine systems has formed a very important component of the primary healthcare system of Bangladesh. But the quality medicinal preparations are also scarce for lack of support in manufacturing process and industrial plants. To reduce unsound treatment practices in CAM system of medicine, during HPSP the government of Bangladesh has appointed 45 Alternative Medical Care (Unani, Ayurvedic and Homeopathic) medical officers at the District level Hospitals. They are providing services with the existing Health facilities following the formularies of Traditional and Homeopathic system of Medicine (office of the Director Homeo and traditional Medicine, DGHS). To strengthen alternative medical care system, 64 support personnel's has been appointed to support the Medical officers in the related District Hospitals.The information of this study will provide future direction to promote the practice of CAM and better utilization of herbal gardening and help this program to be an institutional shape.

Materials and Methods

A multi stage stratified random sampling technique has been adopted for the present study .Garden from all over the country covering all the six administrative divisions and districts under the program as stipulated in the TOR. Moreover, to ensure representation from all 64 districts of Bangladesh, 64 Upazila were selected from 64 districts. Number of garden from each selected Upazila varied from one to two gardens. From the selected garden information gathered from the gardeners, medical officers and supervisors, AMC users through interview. Focus group discussion organized with CAM practitioners in selected areas.

Selection of Respondents: A total of 986 respondents from different categories were selected. The sample sizes from different categories are Gardeners 117, Civil Surgeon / UHFPO 116, AMC Doctors 39, House Holds 476, Local Elites 238.

Method of Data Collection: Personal interview approach (face-to-face) was followed for data collection. This method relates to the collection of data directly from the individual respondent and household members. The field supervisors and investigators were personally contacted the respondents and obtain desired information by explaining the objectives of the study to the respondents. For qualitative part FGD method were applied for data collection purpose.

Questionnaire: Five sets of questionnaire were prepared for collecting data from the field. One set of questionnaire was prepared for data collection from each of the respondent category UHFPO, AMC doctors, Local elites, Gardener, and AMC users. After analysis of the pretest results, the questionnaires were modified and finalized after necessary consultation with the client for data collection. After analysis of the pre-tested questionnaires, the final questionnaires were prepared, printed and used for administration of the survey. The questionnaires those were administered were translated into **Bangla** for best results.

Focus Group Discussions (FGDs): Draft Check-list/ Guide line for conducting FGD with the target groups was prepared. It was modified in consultation with the concerned client. The checklist for FGD was also pre-tested in the field. On the basis of pretest results, it was modified and finalized in consultation with the client.

Recruitment and Training of Field Investigators and Supervisors: Field supervisors and Field Researchers having master's degree in social services, life sciences, agriculture, and marketing was employed for the purpose of data collection from the field. The selected field supervisors and Field Researchers have previous experience in field research and data collection.

Inspection and Supervision of Fieldwork or Quality Control: Professional experts involved in the study supervised the field works of the field researchers and survey supervisors so that field researchers can seek instructions on the concepts, definitions and difficulties encountered in carrying out the field work under the actual operational conditions.

Data Processing and Analysis: The data collected through field survey are first cleaned through editing and coding for removing errors and to remove the chances of mistakes in the questionnaire management and data entry. After the editing and coding, the data are entered in the computers using pre-designed software. Thereafter, the entered database is processed using the software SPSS and the outputs are obtained in pre-determined table.

Result

Table 1: Distribution of the Respondents Household members by Age and Sex

Age group	Sex				Total	
	Male		Female			
	Number	Percentage	Number	Percentage	Number	Percentage
0 – 11	272	27.1	258	26.4	530	26.8
12 – 18	155	15.4	155	15.8	310	15.6
19 – 49	505	50.3	514	52.6	1019	51.4
49+	75	7.2	51	5.2	123	6.2
Total	**1007**	**100**	**978**	**100**	**1982**	**100**

Of the 1985 people surveyed 1007 are males and the rest 978 are females. The mean and standard deviation of the age of the household members is 25 ±0.0998.

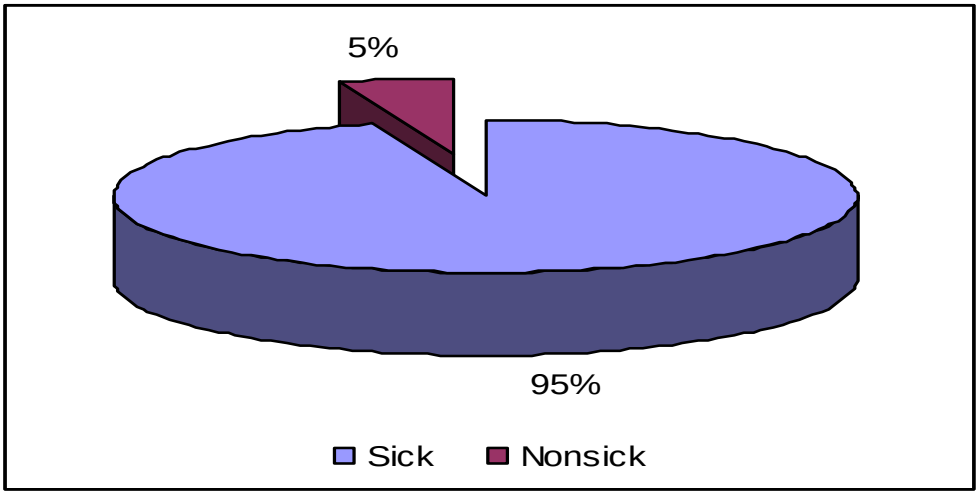


Figure 1: Total sickness in the family in last three months

According to this figure about ninety-five present houses had sick people in their family in last three month from the date of the study.

Table 2: Distribution of user of AMC Doctors by Patients Consultation

Type of consultation	Number	Percentage
AMC	252	58.46
AMC non user	179	41.54
Total	431	100.00

Table 2 shows that 58.46% Patients consulted AMC doctors and the others 41.54% visited all other available systems of health care including referral to modern medicine.

Table 3: Reasons for Choosing AMC treatment (multiple response)

Options	Number	Percentage
I like this system of medicine	106	42.06
My relatives use this system	65	25.79
AMC Doctor is known to us	29	11.50
Easy availability of the medicine	53	21.03
It costs less	73	28.96
There is no side effect	36	14.28
Total	**362**	**23.94**

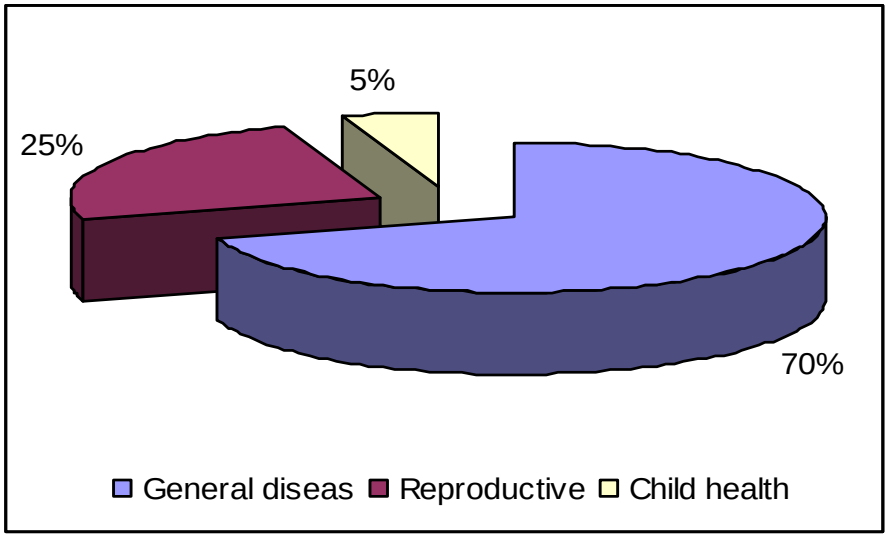
Table 3 shows that 42% uses AMC on their own likings. 25.79% choose AMC by the advice of their relatives and 11.5% choose this system as they know the AMC practitioner. It is interesting to note that 21.03% use this system as it is easily available to their door step, while 29% choose this system as it is less costly. More than 14% choose this system as they know these drugs have no side effect.

Table 4: Source of AMC drugs (multiple responses)

Source	Number	Percentage
Garden	21	8.3
Market	177	70.23
Others	88	34.92

Table 4 show that 70.23% AMC drugs are available from herbal garden.

Figure 2 : Disease for which AMC drugs used by the members of households



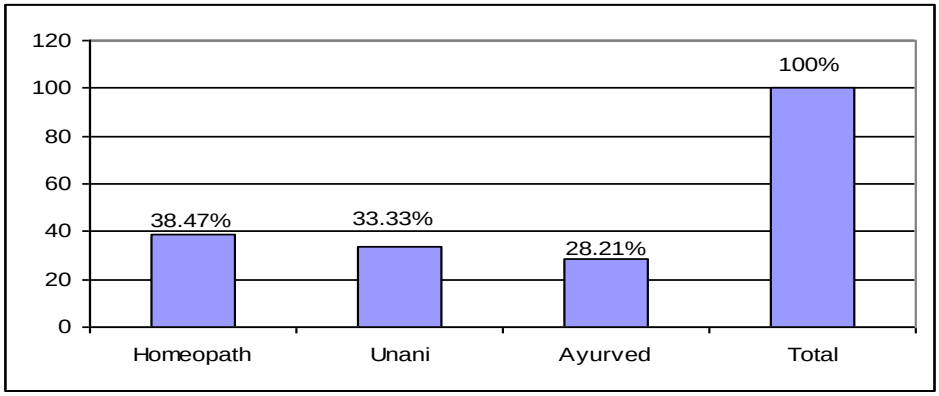
Above figure shows vast majority of the household members are treated by AMC for general health (70%), Reproductive health (25%) and Child health (5%) problems.

Table 5: From where you collect AMC drug response (multiple)

Source	Number	Percentage
Hospital	72	28.57
Market (UnaniAyurved& Homeopathy)	236	93.65
HerbalGarden	30	11.90
Others	32	12.69
Total	**370**	**100.00**

Table 5 shows that 28.57% patient received drugs from hospital supply. Almost 94% AMC drugs are procured from market, 11.90% used direct plant as medicine, while others (12.96%) procured it from various sources.

Figure 3: Percent the distribution of AMC doctors



The respondent Govt. AMC doctors are 38.47% Homeopath, 33.33% Unani and the rest 28.21% are from Ayurved discipline. These AMC doctors are posted in the 61% district of Bangladesh.

Table 6: Age -Sex composition of AMC Medical Officer

Age	Male		Female		Total	
	Number	Percentage	Number	Percentage	Number	Percentage
< 31	4	11.1	0	0.0	4	10.3
31-35	10	27.8	1	33.3	11	28.2
36-40	15	41.7	2	66.7	17	43.6
41-45	4	11.1	0	0.0	4	10.3
>45	3	8.3	0	0.0	3	7.7
Total	36	100	3	100	39	100

Table 6 shows that majority of AMC doctors posted at district level belong to age group between 36 and 40 years and the number of male (36) is more than female (3) which indicates 92.05% male and 7.95% female doctors.

Table 7: Monthly income distribution of the AMC doctors

Income range	Percent
3000-7500	29.0
7501-10000	5.8
10001-12500	5.8
12501-15000	36.2
15001-17500	8.7
17501-20000	7.2
20000+	7.2
Total	100.0

Table 7 shows 29% of the AMC doctors have income ranges between Tk 3000-7500, 5.8% income ranges isTk7501-10000, 5.8% income ranges is Tk 10001-12500, 36.2% income ranges isTk12501-15000, 8.7% income ranges is Tk 15001-17500, 7.2% income ranges isTk17501-20000 and 7.2% income ranges is above Tk. 20000 per month.

Table 8: Distribution of period of graduation

Year range of passing	Number	Percentage
≤5	8	20.5
6 – 10	8	20.5
11 – 15	14	35.9
16 – 20	5	12.9
≥20	4	10.2
Total	39	100.00

Table 8 shows 20.5% of doctors are graduated less than 5 years, 20.5% are 6-10 years, 35.9% are 11-15 years, 12.9% are 16-20 years and 10.2% are above than 20 years.

Table 9: Place of availability of AMC drugs

Source of AMC drugs	Percent
Govt. Supply	62.3
Others	37.7
Total	100.0

Table 9 shows around 62% AMC doctors prescribed drugs that are available at district level Govt. hospital of Bangladesh and rest of 37.7% from other sources.

Table 10: AMC treatment availed for - Maternal and Reproductive Health

Number of patient	Percent
1-10	34.8
11-20	24.6
21-30	11.6
31-40	15.9
41-50	10.1
51-60	1.4
71-80	1.4
Total	100.0

Table 10 shows up to 10 patients (34.8%), 11-20 (24.6%), 21-30 (11.6%), 31-40 (10.1%), 51-60 (1.4%) and 71-80 (1.4%) are consulted every day for maternal & reproductive health.

Table 11: AMC treatment availed for - Child Health

Number of patient	Percent
1-10	37.8
11-20	27.6
21-30	17.4
31-40	4.3
41-50	10.1
51-60	1.4
71-80	1.4
Total	100.0

Table 11 shows up to 10 patients (37.8%), 11-20 (27.6%), 21-30 (17.4%), 31-40 (4.3%), 41-50 (10.1%), 51-60 (1.4%) and 71-80 (1.4%) are consulted for child health every day.

Table 12: Sources of Availability of prescribed AMC medicine

Place of availability	Number	Percentage
AMC Pharmacy	21	53.8
Upazila/Dist Hospital	15	38.5
Others	3	7.7
Total	39	100.0

Table 12 shows AMC pharmacies (53.8%), government hospitals (38.5%) and others (7.7%) are the important source of prescribed, prepared AMC medicine.

Table 13: Suggestions for improving AMC Treatment (Multiple choices)

Suggestion	Number	Percentage
1. Space for garden should be increased	37	95
2. Budget for plantation of herbs & maintenance of garden should be increased	35	90
3. The gardener should be well trained to impart education to public about the use of medicinal plant	25	64
4. There should be central collection and distribution system with proper identification of plant supplied	39	100
Total	39	100

Table 13 shows the suggestion given by AMC doctor to improve AMC treatment is:

There should be central collection and distribution system with proper identification of plant supplied. Space for garden should be increased. Budget for plantation of herbs & maintenance of garden should be increased. The gardener should be well trained to impart education to public about the use of medicinal plant

Discussion

The present study observed that alternate medical care system is popular in Bangladesh and is used by 58.46% of the population of Bangladesh. Among 1982 people studied from 468 households throughout Bangladesh, almost 95% households have some one suffering from illness. Between 19 and 49 years, the sickness rate is high with equal in numbers from both genders (Table 1 & Figure1). Among the sick 58.46% could consult AMC doctors (Table 2). But in rural areas (at the level of Upazila) 34.7% could visit available AMC doctors for consultation. The possible explanation for that the Government AMC doctors are posted only at district level and unqualified AMC practitioners also used by the sick people.

The users at household are largely (92.46 %) benefited by Using AMC system .The AMC drugs are easily available from the local market to the users. More than seventy percent household could procure necessary medicine from local market. Uses of these drugs have increased by 60.5% as shown in after establishment of Govt. herbal garden. As many as 56.73% households are interested to have a herbal garden of their own. These interest herbal gardens have geared up after Govt. establishment of herbal garden in 2003.More than 50% of AMC drugs users have already advised others to use this system of medicine More than 70% AMC drug users consulted AMC doctors for general diseases, 24.20% for reproductive health and 5.1% for childhood diseases .These observations are in agreement with separate studies (Unani, Ayurvedic and Homeo) conducted by DGHS in 2009, [7,8,9]. The users received advice from their neighbors, husbands, local practitioners and seniors. About 41.8% households use these systems always when they become ill .All Unani,Ayurved and Homeopathic medicine is available in the market.

Limitations of the study: The study is beset with number of limitations like-

- Medicinal herbs is known but while ask to identify them none could find out any one of these herbs in their compound, because household member do not cultivate medicinal plant in their house premises.
- Most of herbal practitioners in rural area does not know how to read and write, but they have lot of patients eg AFAZ in Netrokona, Record keeping systems virtually nonexistence. Therefore it was impossible to verify the success claimed by the unqualified practitioners.
- Govt herbal gardener are not well trained to educate people on usefulness of medicinal herb
- AMC practitioners are very busy with their jobs, so they got little time for supervising the gardens. More over AMC medical officers are placed in the district level but most of the herbal gardens are located in Upazila Health Complex.

Conclusion

Bangladeshi soil is fertile and medicinal plant grows easily and has increasing commercial value, even though they like to cultivate herbs but for proper identification and not easy availability of herbs, these potential economically viable herbs are growing at low speed. The AMC doctors are more from Homeopathy discipline than Unani and Aurvedic system. So we observed a less initiative for advising gardeners to grow medicinal herbs. Since this system is acceptable to the households and to the elites there arise hope that no one will be deprived of AMC primary health care for vast majority of the rural people especially maternal care, reproductive and child health services.The study indicated clearly that medicinal plants production can now be a profession.

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