

KAP STUDY ON HERBAL MEDICINE

IN PROJECT AREAS OF FNGOS OF ISMH PROJECT

STUDY REPORT

1999- 2000

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TABLE OF CONTENTS

1.	INTRODUCTION	4
2.	STATEMENT OF OBJECTIVES:	5
3.	METHODOLOGY:	5
4.	STUDY AREA	6
5.	TABULATIONS	6
6.	LIST OF HERBAL MEDICINES	13
7.	THE STUDY TEAM	156
8.	LIMITATIONS:	156
9.	FINDINGS AND RECOMMENDATIONS:	167
10.	COPY OF SCHEDULE USED	20
11.	CODING KEY	3221

1. INTRODUCTION

Healing power of plants and a return to normal remedies is an absolute need of our time. Herbal medicine is based upon the premise that plants contain natural substances that can promote health and alleviate illness. Modern drugs or conventional medicine is often viewed as impersonal, emphasising crisis intervention. It is not only expensive but many of them bring about side effects which are sometimes more dangerous than the disease itself.

One of the major systems of alternative and complementary medicine is Ayurveda. It has its base in medicinal plants and its origins in ancient Indian History. Of particular significance has been the fact that the therapeutic values cited in the ancient texts and the oral tradition have been subject to continuous interpretation and consolidation by scholars in the field. The concerns of medicinal botany, horticulture and the industry associated with these, which have focused on the treatment of disease conditions, have lent critical importance to the necessity for accurate documenting and identification of such plants. In this context the medicinal plants that are available and used in Orissa is quite important in the context of the state.

The world health organisation has estimated that perhaps 80% of the earth's 6 billion inhabitants rely upon traditional medicine for their primary health care needs, and a major part of this therapy involves the use of plant extracts or their active principles. Scientists in many parts of the world have carried out extensive research and have proven to humanity the effective use of herbal medicine. Ayurveda, the traditional medical practice of India, has been recognised to have convincing and credible healing powers.

The plant kingdom provides many plants with properties that are conducive to health and to secure the best results from the use of plants as remedial agencies, they must be used consistently over a sufficient period of time.

Since ancient time, man has dependent on nature's plants and herbs for their fruits, leaves, roots, stems etc. Importance of fruits, vegetables etc. in human diet is a well established fact as most of these are sources of vitamins, proteins, minerals, carbohydrates etc. which play an important role in sustaining our life and keeping our body healthy. On the other hand, some of these plants are useful in treating ailments about which man gradually came to learn. Since ancient times man has strongly believed that God created all the things in nature for his goal. In Orissa there is rich abundance of herbs and plants and a

strong heritage of traditional system of medicine, which have been providing health care to large section of rural as well as urban population.

In ancient times, people of India were using the medicinal plants and herbs as remedies for many ailments. Now also a large percentage of our population still depends on traditional medicine. In Orissa there are thousands of medicinal plants and herbs, which are easily available, affordable and accessible.

Considering all these aspects OVHA thought of conducting a KAP study on Herbal medicine in the project areas of ISM project holders to know the KAP level of the residents on Herbal Medicine.

2. STATEMENT OF OBJECTIVES:

The following are the objectives of the study.

1. To measure the KAP of community members on Herbal Medicine
2. To make suggestions if any in relation to Herbal Medicine in Orissa

3. METHODOLOGY:

1. Data collection activity was done carried out by the FNGOs of ISM & H project in their project areas. The following points were followed while carrying out the data collection activity. The schedule of enquiry was provided to the FNGOs.
2. One revenue village/Hamlet at random from the project area was selected by the FNGOs
3. About 50 schedules were administered in the village in the following way by interviewing both male and female respondents.
4. A sample size of about 50 households was selected by the systematic sampling method.
5. If there are around 50 households in the village/hamlet then all the households were selected. One male and one female adult respondent from each household were interviewed alternatively.

4. STUDY AREA

The study was conducted in the project areas of the FNGOs of I SM & H project. The study area along with the names of district, block, Grampanchayat and village/hamlet were shown in the table 1.

5. TABULATIONS

The results of the study were shown in a tabular form, which are self explanatory in nature.

TABLE 1: STUDY AREA

Name of the Collaborating agency	Name of the District	Name of the Block	Name of the GP	Name of the Village or Hamlet
SCRS	BOUDH	HARABHANGA	TALAGAON	DAKAPADAR
ARUNA	GANJAM	ASHI KA	GANGAPUR	GANGAPUR
AHJS	NAYAGARH	NUAGAON	DURUDURA	KI RI ALANJI
SKP	RAYAGADA	MUNI GUDA	KUMUDABALI	GAJAKUPALI

This table explains the study area comprising of name of collaborating agencies, the name of the corresponding District, Block, GP and Village/Hamlet. The study was conducted in 4 villages/hamlets of Orissa.

TABLE 2: AGE DISTRIBUTION OF THE RESPONDENTS

Name of the Village or Hamlet	18-25	%	25-40	%	40-55	%	55+	%	Total
DAKAPADAR	6	12.24	19	38.78	17	34.69	7	14.29	49
GANGAPUR	1	2.00	10	20.00	17	34.00	22	44.00	50
KI RI ALANJI	11	22.00	22	44.00	14	28.00	3	6.00	50
GAJAKUPALI	1	2.00	27	54.00	12	24.00	10	20.00	50
Total	19	9.55	78	39.20	60	30.15	42	21.10	199

This table shows the age distribution of the respondents. All the respondents are adults i.e. over the age of 18. We found that 9.55% respondents are between age 18-25, 39.20% between age 25-40, 30.15% between age 40-55, 21.10% above age 55.

TABLE 3: SEX DISTRIBUTION OF THE RESPONDENTS

Name of the Village or Hamlet	MALE	%	FEMALE	%	Total
DAKAPADAR	27	55.10	22	44.90	49
GANGAPUR	50	100.00	0	0.00	50
KIRI ALANJI	25	50.00	25	50.00	50
GAJAKUPALI	33	66.00	17	34.00	50
Total	135	67.84	64	32.16	199

This table shows the sex distribution of respondents. 67.84% are male and 32.16% female respondents are covered. A highest of 100% male respondents was covered in Gangapur followed by 66% in Gajakupali and 55% in Dakapadar. A low of 0% female respondents was covered in Gangapur followed by 34% in Gajakupali and 44% in Dakapadar.

TABLE 4: MARITAL STATUS OF THE RESPONDENTS

Name of the Village or Hamlet	Married	%	Unmarried	%	Total
DAKAPADAR	48	97.96	1	2.04	49
GANGAPUR	50	100.00	0	0.00	50
KIRI ALANJI	42	84.00	8	16.00	50
GAJAKUPALI	59	98.00	1	2.00	50
Total	189	94.97	10	5.03	199

This table corresponds to the marital status of the respondents. 94.97% respondents are found to be married and 5.03% are unmarried. 100%-married respondents were found in Gangapur.

TABLE 5: LITERACY DISTRIBUTION OF THE RESPONDENTS:

Name of the Village or Hamlet	ILLITERATE	%	LITERATE	%	Total
DAKAPADAR	37	75.51	12	24.49	49
GANGAPUR	14	28.00	36	72.00	50
KIRI ALANJI	29	58.00	21	42.00	50
GAJAKUPALI	30	60.00	20	40.00	50
Total	110	55.28	89	44.72	199

This table represents the literacy of the respondents. 55.28% of the respondents are found to be illiterate followed by 44.72% literate. Low literacy is found in Dakapadar 24.49%, Gajakupali 40.00% and Kirialanji.

TABLE 6: EDUCATIONAL STATUS OF THE RESPONDENTS

Name of the Village or Hamlet	NIL	%	1-7	%	8-Matric	%	Matric +	%	Total
DAKAPADAR	37	75.51	10	20.41	2	4.08	0	0	49
GANGAPUR	14	28.00	33	66.00	3	6.00	0	0	50
KI RI ALANJI	29	58.00	9	18.00	11	22.00	1	2	50
GAJAKUPALI	30	60.00	14	28.00	5	10.00	1	2	50
Total	110	55.28	66	33.17	21	10.55	2	1	199

This table represents the educational status of the respondents. Education Nil is found in 55.28% respondents followed by 1-7 standard in 33.17%, 8 standard to Matric in 10.55% and Matric above in 1% respondents. The educational status can thus be considered to be low among the respondents.

TABLE 7: DISTRIBUTION OF RESPONDENTS ACCORDING TO RELIGION:

Name of the Village or Hamlet	Hindu	Muslim	Christian	Others	Total
DAKAPADAR	49	0	0	0	49
GANGAPUR	50	0	0	0	50
KI RI ALANJI	50	0	0	0	50
GAJAKUPALI	50	0	0	0	50
Total	199	0	0	0	199

This table represents the distribution of respondents according to religion. All the respondents are found to be Hindus. No Muslim, Christian and other religion respondents are found in the study villages.

TABLE 8: CASTE WISE DISTRIBUTION OF THE RESPONDENTS

Name of the Village or Hamlet	SC	%	ST	%	OBC	%	GEN	%	Total
DAKAPADAR	28	57.14	16	32.65	5	10.21	0	0	49
GANGAPUR	14	28.00	0	0	24	48.00	12	24	50
KI RI ALANJI	7	14.00	0	0	40	80.00	3	6	50
GAJAKUPALI	19	38.00	26	52.00	4	8.00	1	2	50
Total	68	34.17	42	21.11	73	36.68	10	8.04	199

This table represents the caste-wise distribution of the respondents. We found 34.17% SC, 21.11% ST, 36.68% OBC and 8.04% General caste respondents. High OBC respondents are found in Kirialanji 80%. High ST respondents are found in Gajakupali 52%. High SC respondents were found in Dakapadar 57.14%.

TABLE 9: OCCUPATION WISE DISTRIBUTION OF THE RESPONDENTS

Name of the Village or Hamlet	HW	Agriculture	Service	Business	Labor	Other	Total
DAKAPADAR	12	7	0	0	30	0	49
GANGAPUR	0	25	1	2	15	7	50
KIRI ALANJI	24	15	0	2	5	4	50
GAJAKUPALI	2	14	2	6	26	1	50
Total	37 (18.54%)	61 (30.65%)	3 (1.51%)	10 (5.03%)	76 (38.19%)	12 (6.03%)	199

This table represents the occupation wise distribution of respondents. Labor was found to be the predominant occupation of 38.19% followed by 30.65% Agriculture and 18.54% Housewife. Other categories of occupation namely Service Business and others are less than 10% each.

TABLE 10: DISTRIBUTION OF THE RESPONDENTS ACCORDING TO ANNUAL FAMILY INCOME:

Name of the Village or Hamlet	Below Rs. 11,000	%	Above Rs. 11,000	%	Total
DAKAPADAR	48	97.96	1	2.04	49
GANGAPUR	14	28.00	36	72	50
KIRI ALANJI	38	76.00	12	24	50
GAJAKUPALI	37	74.00	13	26	50
Total	137	68.84	62	31.16	199

This table represents the Annual Family income of the respondents. 68.84% has annual family income below 11,000 and only 31.16% above 11,000. So 68.84% of the respondent families are below the poverty line. Respondent families below the poverty line is highest (97.96%) in Dakapadar and lowest in Gangapur (28%).

TABLE 11: FAMILY SIZE

Name of the Village or Hamlet	1-5	%	6-10	%	11+	%	Total
DAKAPADAR	49	100	0	0	0	0	49
GANGAPUR	13	26	32	64	5	10	50
KIRI ALANJI	29	58	17	34	4	8	50
GAJAKUPALI	39	78	11	22	0	0	50
Total	130	65.33	60	30.15	9	4.52	199

65.33% of the respondents have family size between 1-5, 30.15% have family size between 6-10 and 4.52% have family size above 11.

TABLE 12: SOURCES OF HERBAL MEDICINE

Name of the Village or Hamlet	Forest/ Garden	Vaidya	Medicine Shop	DK	Total
DAKAPADAR	47	5	1	0	49
GANGAPUR	50	0	0	0	50
KI RI ALANJI	41	7	25	9	50
GAJAKUPALI	20	31	6	8	50
Total	158 (79.4%)	43 (21.61%)	32 (16.08%)	17 (8.54%)	199

This table shows the sources of herbal medicine. 79.4% said that the sources are forest/ Garden followed by Vaidya 21.61% and Medicine Shops 16.08%. 8.54% did not know the answer.

TABLE 13: DO YOU USE HM WHEN PERSON IN FAMILY SUFFERS FROM ILLNESS?

Name of the Village or Hamlet	Yes	%	No	%	Total
DAKAPADAR	49	100	0	0	49
GANGAPUR	50	100	0	0	50
KI RI ALANJI	35	70	15	30	50
GAJAKUPALI	31	62	19	38	50
Total	165	82.91	34	17.09	199

82.91% use HM when person in family is ill and 17.09% do not use HM.

TABLE 14: IF YES WHY?

Name of the Village or Hamlet	Easy availability	Less cost	Quick relief	As used since ages	Less side effect	Total
DAKAPADAR	49	20	0	0	0	49
GANGAPUR	45	44	36	11	3	50
KI RI ALANJI	17	6	0	1	12	35
GAJAKUPALI	19	29	0	21	0	31
Total	130 (78.79%)	99 (60%)	36 (21.82%)	33 (20%)	15 (9.09%)	165

78.79% use HM because it is easily available, 60% use HM because it is less costly, 21.82% use HM because it gives quick relief, 20% use it because it is used since ages and 9.09% use it because it has less side effect.

TABLE 15: FOR WHOM YOU PREFER HM?

Name of the Village or Hamlet	Old age	Adult	Youth	Adolescent	Children	Total
DAKAPADAR	27	27	27	27	48	49
GANGAPUR	50	4	1	40	44	50
KI RI ALANJI	21	1	0	2	21	35
GAJAKUPALI	31	22	10	9	31	31
Total	119 (72.12%)	54 (32.73%)	38 (23.03%)	78 (47.27%)	144 (87.27%)	165

87.27% prefer HM for children, 72.12% prefer HM for old age, 47.27% prefer HM for adolescent, 32.73% prefer HM for adult and 23.03% prefer HM for youth.

TABLE 16: WHO PREFERS HM MORE?

Name of the Village or Hamlet	MALE	%	FEMALE	%	BOTH	Total
DAKAPADAR	0	0	22	44.9	27	49
GANGAPUR	35	70	14	28	1	50
KI RI ALANJI	3	8.57	32	91.43	0	35
GAJAKUPALI	8	25.81	18	58.06	5	31
Total	46	27.88	86	52.12	33 (20%)	165

27.88% prefer HM for Male and 52.12% prefer HM for female. 20% prefer HM for both male and female.

TABLE 17: HM IS GOOD FOR EVERYBODY?

Name of the Village or Hamlet	AGREE	%	DI SAGREE	%	DK	Total
DAKAPADAR	45	91.84	0	0	4	49
GANGAPUR	47	94	2	4	1	50
KI RI ALANJI	37	74	7	14	6	50
GAJAKUPALI	44	88	4	8	2	50
Total	173	86.94	13	6.53	13 (6.53%)	199

86.94% agree that HM is good for everybody and 6.53% do not agree to the statement. 6.53% do not know the answer.

TABLE 18: HM HAVE BEEN OUTDATED?

Name of the Village or Hamlet	AGREE	%	DI SAGREE	%	DK	Total
DAKAPADAR	3	6.12	36	73.47	10	49
GANGAPUR	50	100	0	0	0	50
KI RI ALANJI	0	0	43	86	7	50
GAJAKUPALI	1	2	43	86	6	50
Total	54	27.13	122	61.31	23 (11.56%)	199

27.13% agreed that HM is out dated and 61.31% disagreed. 11.56% did not know the answer.

TABLE 19: CONSTRAINTS IN GROWTH OF HM IN YOUR AREA

Name of the Village or Hamlet	DAKAPADAR	GANGAPUR	KI RI ALANJI	GAJAKUPALI	Total
Lack of financial resources	32	0	0	1	33 (16.58%)
Lack of interest / willingness of people	8	0	2	6	26 (13.07%)
Growth of allopathic medicine	7	0	0	21	28 (14.07%)
Lack of awareness	0	37	47	2	86 (43.22%)
Lack of availability	4	0	0	21	25 (12.56%)
Lack of Ayurvedic/ HM practitioners	0	0	0	11	11 (5.53%)
Lack of preservation facility for HM	0	15	33	1	49 (24.62%)
Lack of interest / willingness of Government	0	0	31	0	31 (15.58%)
DK	4	1	2	6	13 (6.53%)
Total	49	50	50	50	199 (100%)

More respondents identified constraints in growth of HM as Lack of awareness (43.22%) and Lack of preservation facility for HM (24.62%). Between 10-20% respondents identified the constraint as lack of financial resources, lack of interest/willingness of people, Growth of Allopathic medicine, Lack of availability and lack of interest/willingness of Government. Less than 10% respondents thought lack of Ayurvedic/HM practitioners as the constraint. 6.53% do not know the answer.

TABLE 20: HM SHOULD BE PROMOTED

Name of the Village or Hamlet	YES	%	NO	DK	%	Total
DAKAPADAR	49	100	0	0	0	49
GANGAPUR	50	100	0	0	0	50
KI RI ALANJ I	48	96	0	2	4	50
GAJAKUPALI	49	98	0	1	2	50
Total	196	98.49	0	3	1.51	199

98.49% thought that HM should be promoted more. No body said that it should not be promoted. 1.51% do not know the answer.

6. LIST OF HERBAL MEDICINES

1. LIST OF HERBAL MEDICINE AVAILABLE IN THE LOCALITY

DAKAPADAR	GANGAPUR	KI RI ALI NJ I	GAJAKUPALI
Honey, Bisalyakar ani Talamuli Rasa, Hat ipanjir a Rasa, Palm Tree Rasa, Must ard oil, Mahula, Margosa (Neem), Har ida, Kar anj a, Labanga Bahada, Anla, Holly Basil (Tulsi) Rasa Kar anj a Leaf , Nir upania Sugandhi, Sahasr abedi, Guava leaf Rasa Gangasiuli, Gut ikhadika, Saraka I ndika (Ashok) Pokasungha, Sandhi Chint amula, Ar juna Chili, Lajakuli leaf , Dhanant war i	Onion Rasa Garlic, Mr uga Arakha, Lemon Ginger , Garlic, Holly Basil (Tulsi), Wood Apple (Bel), Basanga, Honey Margosa (Neem), Odasamar i Hemakedar Gangasiuli, Sikakai leaf , Gageisa, Chir eit a Sat abar i, Saraka I ndika (Ashok) Arakha, Panchupat ri, Tar poni Oil Bisalyakar ani	Net ranj ana Har it ala Rasayana Dant a sanskar ana Chur na Swasakut har Bat i, Sar beswar Modaka, Sat abar i Margosa (Neem) Rat nakar Bat i, Madan Mast aka Sudar san Chur na Sar aka I ndika (Ashok) Arakha, Ar juna Cheli Bisalyakar ani	Honey Arakha, Must ard oil Labanga, Gahaj i Holly Basil (Tulsi), Ginger Margosa (Neem), Haldi (Turmeric) Thalkudi Lat a, Onion, Cher eit a, Lemon, Wood Apple (Bel), Dalimba, Pimpali Gangasiuli Kolat ha Dal Black Dudur a Akabindu Lat a, Dudur a Papaya Rakt akar i Her bs Manj uat i, Raw rice wat er Har ida, Kar anj a Oil Kanduli Dal, Margosa (Neem) leaf Golamar icha

2. LIST OF HERBAL MEDICINES AVAILABLE FOR SOME COMMON HEALTH PROBLEMS?

Diseases	DAKAPADAR	GANGAPUR	KIRI ALI NJI	GAJAKUPALI
Eye Problem	Honey, Bisalyakar ani	Onion Rasa	Net ranjana	Honey
Ear Problem	Talamuli Rasa, Hatipanji ra Rasa, Palm Tree Rasa, Mustard oil	Garlic, Mruga	Haritala Rasayana	Arakha, Mustard oil
Dental Problem	Mahula, Margosa (Neem), Harida, Karanja, Labanga	Arakha, Lemon	Danta sanskarana Churna	Labanga, Gahaji
Cough, Cold, Flu, Breathlessness	Honey, Harida, Bahada, Anla, Holly Basil (Tulsi) Rasa	Ginger, Garlic, Holly Basil (Tulsi), Wood Apple (Bel), Basanga, Honey	Swasakut har Bat i, Sarbeswar Modaka, Sat abar i	Honey, Holly Basil (Tulsi), Ginger
Skin Diseases	Holly Basil (Tulsi) Rasa, Margosa (Neem) Leaf, Karanja Leaf, Nirupania	Margosa (Neem), Odasamar i	Margosa (Neem)	Margosa (Neem), Haladi (Turmeric)
Diarrhoea, Dysentery, Worm Infestations	Sugandhi, Sahasr abedi, Guava leaf Rasa	Hemakedar	Rat nakar Bat i, Madan Mast aka	Thalkudi Lat a, Onion, Chereit a, Lemon, Wood Apple (Bel), Dalimba, Pimpali
Malaria	Gangasiuli, Gut ikhadika, Margosa (Neem) leaf	Gangasiuli, Sikakai leaf, Gageisa, Chireit a	Sudar san Churna	Gangasiuli
White Discharge, Menstrual Disorders	Saraka I ndika (Ashok)	Sat abar i, Saraka I ndika (Ashok)	Saraka I ndika (Ashok)	Kolatha Dal
Joints Pain	Pokasungha, Bisalyakar ani, Sandhi	Arakha, Panchupat ri, Tarponi Oil	Arakha, Arjuna Cheli	Black Dudur a
Accident, Injury	Chint amula, Bisalyakar ani, Arjuna Chili, Lajakuli leaf, Dhanant war i	Bisalyakar ani	Bisalyakar ani	Akabindu Lat a, Dudur a
Others				Papaya (Anaemia) Rakt akari Herbs (Piles) Manjuat i, Raw rice water (Jaundice) Harida, Karanja Oil (Panikant a) Kanduli Dal, Margosa (Neem) leaf (Pox) Golamaricha (Colic)

3. LIST OF HERBAL MEDICINES USED FOR SOME COMMON HEALTH PROBLEMS?

Diseases	DAKAPADAR	GANGAPUR	KIRI ALI NJI	GAJAKUPALI
Eye Problem	Honey, Bisalyakarani	Onion Rasa	Netranjana	Honey
Ear Problem	Talamuli Rasa, Hatipanjira Rasa, Palm Tree Rasa, Mustard oil	Garlic, Mruga	Haritala Rasayana	Arakha, Mustard oil
Dental Problem	Mahula, Margosa (Neem), Harida, Karanja, Labanga	Arakha, Lemon	Danta sanskarana Churna	Labanga, Gahaji
Cough, Cold, Flu, Breathlessness	Honey, Harida, Bahada, Anla, Holly Basil (Tulsi) Rasa	Ginger, Garlic, Holly Basil (Tulsi), Wood Apple (Bel), Basanga, Honey	Swasakut har Bati, Sarbeswar Modaka, Satabari	Honey, Holly Basil (Tulsi), Ginger
Skin Diseases	Holly Basil (Tulsi) Rasa, Margosa (Neem) Leaf, Karanja Leaf, Nirupania	Margosa (Neem), Odasamari	Margosa (Neem)	Margosa (Neem), Haladi (Turmeric)
Diarrhoea, Dysentery, Worm Infections	Sugandhi, Sahasr abedi, Guava leaf Rasa	Hemakedar	Ratnakar Bati, Madan Mastaka	Thalkudi Lat a, Onion, Cherita, Lemon, Wood Apple (Bel), Dalimba, Pimpali
Malaria	Gangasiuli, Gutikhadika, Margosa (Neem) leaf	Gangasiuli, Sikakai leaf, Gageisa, Cherita	Sudar san Churna	Gangasiuli
White Discharge, Menstrual Disorders	Saraka Indika (Ashok)	Sat abari, Saraka Indika (Ashok)	Saraka Indika (Ashok)	Kolaha Dal
Joint s Pain	Pokasungha, Bisalyakarani, Sandhi	Arakha, Panchupatri, Tarponi Oil	Arakha, Arjuna Cheli	Black Dudura
Accident, Injury	Chintamula, Bisalyakarani, Arjuna Chili, Lajakuli leaf, Dhanantwari	Bisalyakarani	Bisalyakarani	Akabindu Lat a, Dudura
Others				Papaya (Anaemia) Raktakari Herbs (Piles) Manjuati, Raw rice water (Jaundice) Harida, Karanja Oil (Panikanta) Kanduli Dal, Margosa (Neem) leaf (Pox) Golamaricha (Colic)

4. WHICH HERBAL MEDICINES BE PROMOTED MORE?

DAKAPADAR	GANGAPUR	KIRI ALI NJI	GAJAKUPALI
Akat abindu, Mahasandhi, Dhanantwari, Margosa (Neem), Satabari, Harida, bahada, Sugandhi	All types of herbal medicines	Sarbeswar Bati, Danta Sanskaran Churna	All type of Herbal Medicines

7. THE STUDY TEAM

Person power

Qualifications

Consultants:

Mr. K. K. Swain MA, Economics (Utkal)

Mr. Ajay Tripathy BA, DCHM

Principal Investigator

Himansu Sekhar Dutta MSc, Statistics (Utkal)

Tabulator

Mr. Nirakar Sahu BA

Field Investigators

FNGOs of I SMH Project

8. LIMITATIONS:

During these survey we have certain limitations that may have affected the study results. These limitations were:

1. As the sample size is small, it may have affected the study results.
2. Although utmost care has been taken to collect accurate and authentic data, some amount of interviewer bias and mis-reporting by respondents can not be ruled out. This may have affected the study results.

9. FINDINGS AND RECOMMENDATIONS:

Some important study findings are as follows.

All the respondents are adults i.e. over the age of 18. We found that 9.55% respondents are between age 18-25, 39.20% between age 25-40, 30.15% between age 40-55, 21.10% above age 55.

67.84% are male and 32.16% female respondents are covered. A highest of 100% male respondents was covered in Gangapur followed by 66% in Gajakupali and 55% in Dakapadar. A low of 0% female respondents was covered in Gangapur followed by 34% in Gajakupali and 44% in Dakapadar.

94.97% respondents are found to be married and 5.03% are unmarried. 100%-married respondents were found in Gangapur. 55.28% of the respondents are found to be illiterate followed by 44.72% literate. Low literacy is found in Dakapadar 24.49%, Gajakupali 40.00% and Kirialanji.

Education Nil is found in 55.28% respondents followed by 1-7 standard in 33.17%, 8 standard to Matric in 10.55% and Matric above in 1% respondents. The educational status can thus be considered to be low among the respondents. All the respondents are found to be Hindus. No Muslim, Christian and other religion respondents are found in the study villages.

We found 34.17% SC, 21.11% ST, 36.68% OBC and 8.04% General caste respondents. High OBC respondents are found in Kirialanji 80%. High ST respondents are found in Gajakupali 52%. High SC respondents were found in Dakapadar 57.14%.

Labor was found to be the predominant occupation of 38.19% followed by 30.65% Agriculture and 18.54% Housewife. Other categories of occupation namely Service Business and others are less than 10% each. 68.84% has annual family income below 11,000 and only 31.16% above 11,000. So 68.84% of the respondent families are below the poverty line. Respondent families below the poverty line is highest (97.96%) in Dakapadar and lowest in Gangapur (28%).

65.33% of the respondents have family size between 1-5, 30.15% have family size between 6-10 and 4.52% have family size above 11. 79.4% said that the sources are forest/Garden followed by Vaidya 21.61% and Medicine Shops 16.08%. 8.54% did not know the answer. 82.91% use HM when person in family is ill and 17.09% do not use HM.

78.79% use HM because it is easily available, 60% use HM because it is less costly, 21.82% use HM because it gives quick relief, 20% use it because it is used since ages and 9.09% use it because it has less side effect.

87.27% prefer HM for children, 72.12% prefer HM for old age, 47.27% prefer HM for adolescent, 32.73% prefer HM for adult and 23.03% prefer HM for youth. 27.88% prefer HM for Male and 52.12% prefer HM for female. 20% prefer HM for both male and female.

86.94% agree that HM is good for everybody and 6.53% do not agree to the statement. 6.53% do not know the answer. 27.13% agreed that HM is outdated and 61.31% disagreed. 11.56% did not know the answer.

More respondents identified constraints in growth of HM as Lack of awareness (43.22%) and Lack of preservation facility for HM (24.62%). Between 10-20% respondents identified the constraint as lack of financial resources, lack of interest/willingness of people, Growth of Allopathic medicine, Lack of availability and lack of interest/willingness of Government. Less than 10% respondents thought lack of Ayurvedic/HM practitioners as the constraint. 6.53% do not know the answer. 98.49% thought that HM should be promoted more. No body said that it should not be promoted. 1.51% do not know the answer.

In view of the above findings the study wishes to recommend the following measures for Promotion of Herbal Medicine in the study area.

- The list of herbal medicines available and used in the study area for different common diseases should be promoted more in the locality as well as in the state Orissa.
- The sources of herbal medicines like Forest and Garden are to be protected from human interference so that the herbs can grow independently. These herbal medicines should be detected, collected and processed and used for common diseases.
- Common mass should be taught how to detect these herbal medicines.
- As 82.91% people are found to be using herbal medicine in the project area, the Government should take necessary action for promotion of herbal medicine in the project area as well as in the state Orissa.

- There are lots of advantages of herbal medicine such as easily available, less costly and it was used and experimented since ages. These advantages will help health planner to plan for promotion of herbal medicine.
- Herbal medicine is mostly preferred for children, adolescent, old age and female population. So promotion of herbal medicine should be done for these age groups.
- People have good attitude towards herbal medicine. They think that it is good for everybody and is being outdated. It should not be sidelined due to more use of allopathic medicine. It should be promoted.
- Awareness about herbal medicine and its benefits should be carried out in the project area in particular and the state of Orissa.
- Lack of preservation facility for the herbal medicine is a major constraint in growth of herbal medicine. The preservation facility should be provided and promoted by the Government and other agencies. People should be made aware about the Knowledge on preservation procedure of herbal medicine so that they can preserve HM in their house and use it for their benefit.
- Interest and willingness of people should be enhanced for using herbal medicine. Interest and willingness of Government and other agencies should be enhanced. These will help in growth of herbal medicine in Orissa.
- Herbal medicine and Ayurvedic practitioners should be promoted more to practice medicine in their respective localities.

A comprehensive study is recommended through out the state Orissa to know the herbal medicines available and used in Orissa. This study will be useful for promotion of herbal medicine in Orissa.

10. COPY OF SCHEDULE USED

ORISSA VOLUNTARY HEALTH ASSOCIATION, BHUBANESWAR
KAP STUDY ON HERBAL MEDICINE

SCHEDULE

Schedule No.:

District :

Block:

GP:

Village

Hamlet :

Name of the Respondent	Age	Sex	Marital Status	Edu'n	Relg'n	Cast e	Occupation	Annual Income	Family size

KAPON HERBAL MEDICINE:

1. What herbal medicines are available in your locality?
2. What are the sources of availability of herbal medicines in your locality?
3. Do you use herbal medicines when any person in your family suffers from illness?
 - a) Yes
 - b) No
 - c) Don't Know
4. If yes, Why you use them?
 - a) Easy availability
 - b) Less expenditure
 - c) Quick relief
 - d) As used since ages
 - e) Less side effect
 - f) Any other (specify)
5. What are the herbal medicines available in your locality for some common health problems like:
 - a) Eye Problem
 - b) Ear Problem
 - c) Dental Problem
 - d) Cough, Cold, Flu or Breathlessness
 - e) Skin Diseases
 - f) Diarrhoea/ Dysentery/ Worm infestations
 - g) Malaria
 - h) White Discharge/ Menstrual Disorders
 - i) Joints Pain
 - j) Accident / Injury
 - k) Other Diseases (specify the diseases)

6. What are the herbal medicines you use in your locality for some common health problems like:

- a) Eye Problem
- b) Ear Problem
- c) Dental Problem
- d) Cough, Cold, Flu or Breathlessness
- e) Skin Diseases
- f) Diarrhoea/ Dysentery/ Worm infestations
- g) Malaria
- h) White Discharge/ Menstrual Disorders
- i) Joint Pain
- J) Accident/ Injury
- k) Other Diseases (specify the diseases)

7. For whom you prefer herbal medicines most?

- a) Old/ aged people
- b) Adult
- c) Youth
- d) Adolescent
- e) Children

8. Who prefers herbal medicine more?

- a) Male
- b) Female

9. Herbal medicines are good for everybody?

- a) Agree
- b) Disagree
- c) Don't Know

10. Herbal Medicines have become outdated.

- a) Agree
- b) Disagree
- c) Don't Know

11. What are the constraints in the growth of herbal medicine in your area?

12. Should herbal medicines be promoted more in your area?

- a) Yes
- b) No
- c) Don't Know

13. Which Herbal Medicines be promoted?

Date:

Signature of interviewer

11. CODING KEY

Schedule No. 1-3 Actual

Age 4

18-25 1

25-40 2

40-55 3

55+ 4

Sex: 5

Male 1

Female 2

Marital Status 6

Married 1

Unmarried 2

Others 3

Literacy 7

Illiterate 1

Literate 2

Education 8

Nil 1

1-7 2

8-Matric 3

Matric + 4

Religion 9

Hindu 1

Muslim 2

Christian 3

Others 4

Caste 10

SC 1

ST 2

OBC 3

General 4

Occupation 11

House Wife 1
Agriculture 2
Service 3
Business 4
Labour 5
Others 6

Annual Family Income 12

Below Rs. 11,000 1
Above Rs. 11,000 2

Family Size 13

1-5 1
6-10 2
11+ 3

Sources of Herbal Medicine 14-17

Forest / Garden 1
Vaidya 2
Medicine shop 3
Others 4
DK 5

Do you use HM when person in family suffers from illness? 18

Yes 1
No 2
DK 3

If yes why? 19-24

Easy availability 1
Less expenditure 2
Quick relief 3
As used since ages 4
Less side effect 5
Others 6

For whom you prefer HM most? 25-29

Old age 1
Adult 2
Youth 3
Adolescent 4
Children 5

Who prefers HM more? 30

Male	1
Female	2
Both	3

HM is good for everybody 31

Agree	1
Disagree	2
DK	3

HM have been outdated 32

Agree	1
Disagree	2
DK	3

Constraints in growth of HM in your area 33-42

Lack of financial resources	1
Lack of interest/willingness of people	2
Growth of Allopathic medicine	3
Lack of awareness	4
Lack of availability	5
Lack of Ayurvedic/HM practitioners	6
Lack of preservation facility for HM	7
Lack of interest/willingness of Govt.	8
DK	9

HM should be promoted 43

Yes	1
No	2
DK	3

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