

# **KAP STUDY ON INDIAN SYSTEMS OF MEDICINE & HOMEOPATHY**

**I N BHUBANESWAR, ASTARANG AND TANGI RI APAL**

**2000**

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## 1. INTRODUCTION

Indian Systems of Medicines like Ayurveda, Sidha, Unani, Yoga & Naturopathy are as old as animal kingdom. But it needs present scientific development with research & innovative contributions to the Medical world to meet the challenges on health in low cost-effective benefits.

Western science though is under rapid progress new challenges in Medical aids are taken place, still many therapies are to be developed to solve the burning global health problems. It is difficult to achieve health for all without the help of Indian Systems of Medicine. The way of life to lead is, not only limited to remain disease free but also to prevent and to have a sustainable better life for longer period.

Indian Systems of Medicine and Homeopathy has a long tradition in Orissa. By the year 1987 about 362 Ayurvedic, 328 homeopathic and 2 Unani dispensaries have been established in the state. There are four Government Ayurvedic and five Homeopathic Hospitals in the state. Ayurveda medicine had a long tradition of use in Orissa. It was practised by self-trained Ayurvedic-Physicians in different parts of the state.

After independence, the state Government felt a need to revive the system and appointed a committee for the development of Ayurveda. As a result of its recommendations Gopabandhu Ayurvedic Mahavidyalaya was set up in 1949 to impart education and training. A state level faculty of Ayurvedic Medicine was formed to conduct examinations and award diplomas as well as degrees in Ayurveda. A post of Superintendent was created in Ayurvedic Institutions. In 1968, separate directorate of ISM & H was created. State Government has recognised Unani system of treatment and four dispensaries have been established so far. Homeopathic system of medicine was recognised by the state government in 1956 and since then dispensaries of both Government and non-Government agencies are functioning in the state.

In the beginning this system of medicine was controlled by the directorate of Health Services. In 1968, it was separated and placed under the directorate of ISM & H. In 1972, the directorate started functioning independently and in 1979 state government sanctioned one post of deputy director, Homeopathy, for further impetus and progress. Orissa state board of Homeopathic Medicine started functioning in the year 1957. The board conducts examinations of DHMS as the colleges were affiliated to the board. Apart from this there is a

network of private I SM & H dispensaries/hospitals in rural and urban areas of the state. By the end of 1987, there were 2 hospitals and 4 dispensaries of Ayurveda and 3 hospitals 32 dispensaries of Homeopathy in the state. They depend for medicines on several local pharmacies that are controlled by private agencies. In addition, there are a number of private practitioners practising Ayurveda and Homeopathic system of medicine. There are six Ayurvedic colleges in the state. Some of the colleges are affiliated to Universities and some are to board or council.

For Ayurvedic system of education and training, central council of Indian Medicine, New Delhi prescribed five and half year's course of study. It has been introduced in all Ayurvedic College, and BAMS degree is awarded to the students. Six homeopathic colleges in the state impart diploma and degree courses to the students. Central Council of Homeopathy that is based at New Delhi prescribes the syllabus. Facility for post-graduate education in Ayurveda is available in Gopabandhu Ayurveda Mahavidyalaya, Puri. This college was established in 1978-89, and follows the syllabus prescribed by Central Council of Indian Medicine, New Delhi. Dr. Abhin Chandra Homeopathic Medical College and Hospital in Bhubaneswar offers training to pharmacists.

Considering all these aspects OVHA thought of conducting a KAP study on I SMH comprising three diverse areas of Orissa. These areas are Bhubaneswar City, Tangiriapal GP, Block: Harichandanpur, District: Keonjhar and Block: Astarang, Dist: Puri. This study was planned to know the KAP level of the residents on I SM & H basing on which future plan of action can be drawn to popularise I SM & H in the state.

## **2. OBJECTIVES:**

The following are the objectives of the study.

1. To measure the KAP of community members on I SM & H
2. To make suggestions if any in relation of I SM & H in Orissa

### 3. STUDY AREA

We have chosen 100 respondents each in the three study areas namely Bhubaneswar City, Tangiriapal GP, Block: Harichandanpur, District: Keonjhar and Block: Astarang, Dist: Puri. In Bhubaneswar City 20 respondents each were chosen from 5 study areas. In Astarang 20 respondents each were chosen at random from each of five study villages. Similarly in Tangiriapal 20 respondents each were chosen at random from 5 study villages.

Study area in Bhubaneswar :

Sl no	Name of the Area	Number of respondents
1.	Pallaspalli	20
2.	Acharya Vihar	20
3.	Old Town	20
4.	Vanivihar Coloney	20
5.	Sailashree Vihar	20
	Total	100

Study Area in Tangiriapal:

Sl no	Name of the Study Village	Number of respondents
1.	Golagadhia	20
2.	Barigaon	20
3.	Gaduan	20
4.	Mahabirapasi	20
5.	Tangiriapal	20
	Total	100

Study area of Astarang:

Sl no	Grampanchayat Name	Name of village	Number of respondents
1.	Astarang	Harinhula	20
2.	Astarang	Anachampa	20
3.	Nuagarh	Bahudiha	20
4.	Nuagarh	Damusuni	20
5.	Nuagarh	Jhadalinga	20
	Total		100

#### 4. METHODOLOGY:

OVHA prepared a schedule of enquiry considering the objectives of study. The schedule was then duly pre-tested. After due correction the schedules are printed. We have then chosen nine data collectors to carry out the data collection activity. Stratified Random sampling and purposive sampling method are used during the study. Individuals are taken as unit of study.

The data collectors are given one day intensive orientation on how to do the data collection activity. The schedule was fully discussed and mock call was carried out among the data collectors. Each day of data collection activity was followed by scrutinisation of schedules. After data collection the schedules were edited and a master sheet was prepared. From the master sheet the necessary tables were formed and analysis was carried out.

#### 5. RESPONDENTS PROFILE

The profile of the respondents is given in the following tables, which are self explanatory in nature.

TABLE 1: AGE STRUCTURE OF THE RESPONDENTS

Study area	18-25	%	25-40	%	40-55	%	55+	%	Total
Tangir iapal	16	16	62	62	16	16	6	6	100
Bhubaneswar	15	15	32	32	38	38	15	15	100
Ast ar ang	19	19	42	42	26	26	13	13	100
Tot al	50	16.67	136	45.33	80	26.67	34	11.33	300

This table shows the age distribution of the respondents. All the respondents are adults i.e. over the age of 18. We found that 16.67% respondents are between age 18-25, 45.33% between age 25-40, 26.67% between age 40-55, 11.33% above age 55.

TABLE 2: SEX STRUCTURE OF THE RESPONDENTS

Study area	MALE	%	FEMALE	%	Total
Tangiriapal	38	38	62	62	100
Bhubaneswar	56	56	44	44	100
Astarang	49	49	51	51	100
Total	143	47.67	157	52.33	300

This table shows the sex distribution of respondents. 47.67% are male and 52.33% female respondents are covered. A highest of 56% male respondents was covered in Bhubaneswar followed by 49% in Astarang and 38% in Tangiriapal.

TABLE 3: EDUCATIONAL STATUS OF THE RESPONDENTS

Study area	Illiterate	1-7	8-Matric	Matric +	Total
Tangiriapal	76	14	10	0	100
Bhubaneswar	0	13	15	72	100
Astarang	27	40	18	15	100
Total	103	67	43	87	300
Percentage	34.33	22.33	14.34	29.00	100.00

This table represents the educational status of the respondents. 34.33% of the respondents are illiterates. We found 1-7 standard in 22.33%, 8 standard to Matric in 14.34% and Matric above in 29% respondents. The educational status can thus be considered to be low among the respondents. Matric and above respondents are high in Bhubaneswar.

TABLE 4: DISTRIBUTION OF RESPONDENTS ACCORDING TO RELIGION:

Study area	Hindu	%	Total
Tangiriapal	100	100	100
Bhubaneswar	100	100	100
Astarang	100	100	100
Total	300	300	300

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 5: CASTE WISE DISTRIBUTION OF THE RESPONDENTS

Study area	SC	%	ST	%	OBC	%	GEN	%	Total
Tangiriapal	2	2	95	95	2	2	1	1	100
Bhubaneswar	6	6	5	5	20	20	69	69	100
Astarang	17	17	0	0	7	7	76	76	100
Total	25	8.33	100	33.33	29	9.67	146	48.67	300

This table represents the caste-wise distribution of the respondents. We found 8.33% SC, 33.33% ST, 9.67% OBC and 48.67% General caste respondents. High General caste respondents are found in Astarang 76% and Bhubaneswar 69%. High OBC respondents are found in Bhubaneswar 20%. High ST respondents are found in Tangiriapal 95%. High SC respondents were found in Astarang 17%.

TABLE 6: DISTRIBUTION OF THE RESPONDENTS ACCORDING TO ANNUAL FAMILY INCOME:

Study area	<Rs. 11,000	%	>Rs. 11,000	%	Total
Tangiriapal	34	34	66	66	100
Bhubaneswar	9	9	91	91	100
Astarang	40	40	60	60	100
Total	43	27.67	217	72.33	300

This table represents the Annual Family income of the respondents. 27.67% has annual family income below Rs. 11,000 and only 72.33% above Rs. 11,000. Families having annual income below Rs. 11,000 is high in Astarang 40% and Tangiriapal 34%.

TABLE 7: DISTRIBUTION OF RESPONDENTS ACCORDING TO FAMILY SIZE

Study area	1-5	%	6-10	%	11+	%	Total
Tangiriapal	34	34	66	66	0	0	100
Bhubaneswar	79	76	21	21	0	0	100
Astarang	45	45	42	42	13	13	100
Total	158	52.67	129	43	13	4.33	300

Family size is 1-5 in 52.67% households in all the three study areas taken combined followed by 6-10 in 43% households. Only in 4.33% households the family size exceeds 10. 13 high family size is found only in Astarang.

## 6. RESULTS/ FINDINGS

The findings/ results of the study are given in the following few tables.

TABLE 8: SYSTEMS OF MEDICINE AVAILABLE IN THE LOCALITY

Systems of medicine	Tangirialpal	Bhubaneswar	Astarang	Total	Percentage
Allopathic Govt .	96	52	51	199	66.33
Allopathic private	1	50	37	88	29.33
Homeopathic Govt .	46	9	3	58	19.33
Homeopathic private	3	34	6	43	14.33
Ayurvedic Govt .	40	3	4	47	15.67
Ayurvedic private	9	9	1	19	6.33
Total	100	100	100	300	

This table represents the system of medicine available in the locality. The System mostly available in the locality as per the respondents is allopathic Government 66.33% followed by Allopathic private 29.33%. Other systems such as Homeopathic, Ayurvedic both Government and private are available but not widely available.

TABLE 9: FACILITY PREFERRED DURING LAST ILLNESS IN FAMILY

Systems of medicine	Tangirialpal	Bhubaneswar	Astarang	Total	Percentage
Allopathic Govt .	53	34	26	113	37.67
Allopathic private	4	41	58	103	34.33
Homeopathic Govt .	18	9	3	30	10.00
Homeopathic private	4	11	6	21	7.00
Ayurvedic Govt .	13	3	2	18	6.00
Ayurvedic private	8	2	5	15	5.00
Total	100	100	100	300	

This table represents the system preferred by the respondents during last illness in family. 37.67% preferred allopathic Government facility followed by 34.33% allopathic private facility. So the system preferred during last illness in family is allopathic system mostly.

TABLE 10: REASON FOR THE PREFERENCE

Particulars	Tangiriapal	Bhubaneswar	Astarang	Total	percentage
Easy availability	76	49	4	129	43.00
Less costly	42	7	9	58	19.33
Quick relief	62	55	75	192	64.00
As preferred by most	54	13	6	73	24.33
Less side effect	2	4	1	7	2.33
Any other	0	8	5	13	4.33
Total	100	100	100	300	

This table shows the reason of the first choice when person in family is ill. The most dominant reason as spell out by the respondents is Quick relief 64%, Easy availability 43%, as preferred by most 24.33% and less costly 19.33%. So allopathic system is the first choice for the reasons like quick relief and easy availability.

TABLE 11: SYSTEM PREFERRED DURING LAST CHILD ILLNESS IN FAMILY

Systems of medicine	Tangiriapal	Bhubaneswar	Astarang	Total	Percentage
Allopathic Govt.	62	30	18	110	36.67
Allopathic private	0	43	35	78	26.00
Homeopathic Govt.	22	10	11	43	14.33
Homeopathic private	6	12	20	38	12.67
Ayurvedic Govt.	6	3	6	15	5.00
Ayurvedic private	4	2	10	16	5.33
Total	100	100	100	300	

This table represents the system preferred by the respondents during last child illness in family. 36.67% preferred allopathic Government facility followed by 26% allopathic private facility. So the system preferred during last child illness in family is allopathic system mostly. Other systems are also preferred by less percentage of people.

TABLE 12: SYSTEM PREFERRED DURING EYE PROBLEM

Systems of medicine	Tangirial	Bhubaneswar	Astarang	Total	Percentage
Allopathic Govt .	48	25	25	98	32.67
Allopathic private	13	39	27	79	26.33
Homeopathic Govt .	12	13	13	38	12.67
Homeopathic private	14	16	15	45	15.00
Ayurvedic Govt .	0	7	14	21	7.00
Ayurvedic private	13	0	6	19	6.33
Total	100	100	100	300	

This table represents the system preferred during eye problem. 32.67% preferred allopathic Government system followed by 26.33% allopathic private system, 15% Homeopathic private and 12.67% homeopathic government facility. The preference of other systems is also there but less percentage of people preferred them.

TABLE 13: SYSTEM PREFERRED DURING EAR PROBLEM

Systems of medicine	Tangirial	Bhubaneswar	Astarang	Total	Percentage
Allopathic Govt .	47	20	23	90	30
Allopathic private	4	29	23	56	18.67
Homeopathic Govt .	16	12	15	43	14.33
Homeopathic private	13	18	15	46	15.33
Ayurvedic Govt .	0	10	12	22	7.34
Ayurvedic private	20	11	12	43	14.33
Total	100	100	100	300	

This table represents the system preferred during ear problem. 30% preferred allopathic Government system followed by 18.67% allopathic private system, 15.33% homeopathic private system and 14.33% Homeopathic Government and Ayurvedic private facility respectively. The preference of other systems is also there but less percentage of people preferred them.

TABLE 14: SYSTEM PREFERRED DURING DENTAL PROBLEM

Systems of medicine	Tangiripal	Bhubaneswar	Astarang	Total	Percentage
Allopathic Govt .	34	27	19	80	26.67
Allopathic private	10	28	27	65	21.67
Homeopathic Govt .	15	12	15	42	14.00
Homeopathic private	10	17	16	43	14.33
Ayurvedic Govt .	10	5	11	26	8.67
Ayurvedic private	21	11	12	44	14.66
Total	100	100	100	300	

This table represents the system preferred during dental problem. 26.67% preferred allopathic Government system followed by 21.67% allopathic private system. The preference of other systems is also there but less percentage of people preferred them.

TABLE 15: SYSTEM PREFERRED DURING COUGH, COLD, FLU AND BREATHLESSNESS

Systems of medicine	Tangiripal	Bhubaneswar	Astarang	Total	Percentage
Allopathic Govt .	65	17	33	115	38.33
Allopathic private	5	47	43	95	31.67
Homeopathic Govt .	14	11	0	25	8.33
Homeopathic private	5	17	0	22	7.33
Ayurvedic Govt .	4	3	0	7	2.34
Ayurvedic private	7	5	24	36	12.00
Total	100	100	100	300	

This table represents the system preferred during cough, cold flu and breathlessness. 38.33% allopathic Government system, 31.67% preferred allopathic private system and 12% Ayurvedic private system. The preference of other systems is also there but less percentage of people preferred them.

TABLE 16: SYSTEM PREFERRED FOR SKIN DISEASES

Systems of medicine	Tangiripal	Bhubaneswar	Astarang	Total	Percentage
Allopathic Govt.	56	22	23	101	33.67
Allopathic private	0	34	26	60	20.00
Homeopathic Govt.	5	12	12	29	9.67
Homeopathic private	0	16	12	28	9.33
Ayurvedic Govt.	4	10	11	25	8.33
Ayurvedic private	35	6	16	57	19.00
Total	100	100	100	300	

This table represents the system preferred during skin diseases. 33.67% preferred allopathic government system followed by 20% allopathic private system and 19% Ayurvedic private system. The preference of other systems is also there but less percentage of people preferred them.

TABLE 17: SYSTEM PREFERRED DURING DIARRHOEA, DYSENTERY AND WORM INFESTATIONS

Systems of medicine	Tangiripal	Bhubaneswar	Astarang	Total	Percentage
Allopathic Govt.	70	20	22	112	37.33
Allopathic private	4	31	17	52	17.33
Homeopathic Govt.	7	14	13	34	11.33
Homeopathic private	5	14	16	35	11.67
Ayurvedic Govt.	4	14	11	29	9.67
Ayurvedic private	10	7	21	38	12.67
Total	100	100	100	300	

This table represents the system preferred during diarrhoea, dysentery and worm infestations. 37.33% preferred allopathic Government system followed by 17.33% allopathic private system and 12.67% Ayurvedic private system. The preference of other systems is also there but less percentage of people preferred them.

TABLE 18: SYSTEM PREFERRED DURING MALARIA

Systems of medicine	Tangiriapal	Bhubaneswar	Astarang	Total	Percentage
Allopathic Govt.	96	24	21	141	47
Allopathic private	0	35	34	69	23
Homeopathic Govt.	1	16	11	28	9.33
Homeopathic private	0	16	12	28	9.33
Ayurvedic Govt.	3	9	11	23	7.67
Ayurvedic private	0	0	11	11	3.67
Total	100	100	100	300	

This table represents the system preferred during malaria. 47% preferred allopathic Government system followed by 23% allopathic private system. The preference of other systems is also there but less percentage of people preferred them.

TABLE 19: SYSTEM PREFERRED DURING WHITE DISCHARGE / MENSTRUAL DISORDERS

Systems of medicine	Tangiriapal	Bhubaneswar	Astarang	Total	Percentage
Allopathic Govt.	28	22	21	71	23.67
Allopathic private	14	22	17	53	17.67
Homeopathic Govt.	15	18	14	47	15.66
Homeopathic private	15	18	15	48	16.00
Ayurvedic Govt.	10	3	14	27	9.00
Ayurvedic private	18	17	19	54	18.00
Total	100	100	100	300	

This table represents the system preferred during white discharge/ menstrual disorders. 23.67% preferred allopathic government system followed by 18% Ayurvedic private system and 17.67% allopathic private system. The preference of other systems is also there but less percentage of people preferred them.

TABLE 20: SYSTEM PREFERRED DURING JOINT PAIN

Systems of medicine	Tangiripal	Bhubaneswar	Astarang	Total	Percentage
Allopathic Govt .	44	15	22	81	27.00
Allopathic private	0	29	20	49	16.33
Homeopathic Govt .	16	15	13	44	14.67
Homeopathic private	0	20	13	33	11.00
Ayurvedic Govt .	11	8	14	33	11.00
Ayurvedic private	29	13	18	60	20.00
Total	100	100	100	300	

This table represents the system preferred during joint pain. 27% preferred allopathic government system followed by 20% Ayurvedic private system. The preference of other systems is also there but less percentage of people preferred them.

TABLE 21: SYSTEM PREFERRED DURING ACCIDENT/INJURY

Systems of medicine	Tangiripal	Bhubaneswar	Astarang	Total	Percentage
Allopathic Govt .	46	24	38	108	36.00
Allopathic private	6	30	20	56	18.67
Homeopathic Govt .	9	20	14	43	14.33
Homeopathic private	8	21	14	43	14.33
Ayurvedic Govt .	11	5	14	30	10.00
Ayurvedic private	20	0	0	20	6.67
Total	100	100	100	300	

This table represents the system preferred during accident/injury. 36% preferred allopathic government system followed by 18.67% allopathic private system. The preference of other systems is also there but less percentage of people preferred them.

TABLE 22: ADVANTAGES OF AYURVEDA

Particulars	Tangiriapal	Bhubaneswar	Astarang	Total	percentage
No side effect	9	26	7	42	14.00
Root cause cured	27	10	9	46	15.33
Good for all	0	7	1	8	2.67
Quick relief	0	3	8	11	3.67
Less costly	0	1	0	1	0.33
Don't know	64	53	75	192	64.00
Total	100	100	100	300	

This table represents the advantages of Ayurveda over other systems of medicine as told by the respondents. The most common answer to this question is don't know by 64% respondents followed by root cause of disease cured 15.33% respondents and no side effect 14% respondents.

TABLE 23: ADVANTAGES OF HOMEOPATHY

Particulars	Tangiriapal	Bhubaneswar	Astarang	Total	percentage
Good for child	46	0	16	62	20.67
Less costly	3	3	0	6	2.00
Root cause cured	14	5	4	23	7.67
Quick relief	0	9	10	19	6.33
No side effect	0	52	0	52	17.33
Don't know	37	31	70	138	46.00
Total	100	100	100	300	

This table represents the advantages of Homeopathy over other systems of medicine as told by the respondents. The most common answer to this question is don't know by 46% respondents followed by good for child 20.67% and no side effect 17.33% respondents. Very less people said the advantages like less costly, quick relief and root cause cured etc.

TABLE 24: HOMEOPATHY IS GOOD FOR EVERYBODY

Study area	Agree	Disagree	DK	Total
Tangir iapal	27	56	17	100
Bhubaneswar	80	7	13	100
Ast ar ang	44	34	22	100
Tot al	151	97	52	300
Per cent age	50.33	32.33	17.34	100

This table represents the answer to the question whether homeopathy is good for everybody or not. The most common answer to this question is Agree 50.33% followed by Disagree 32.33% and don't know 17.34%. It is worthwhile to note that more number of people agreed to the statement.

TABLE 25: AYURVEDA IS GOOD FOR EVERYBODY

Study area	Agree	Disagree	DK	Total
Tangir iapal	37	38	25	100
Bhubaneswar	68	7	25	100
Ast ar ang	54	24	22	100
Tot al	159	69	72	300
Per cent age	53.00	23.00	24.00	100

This table represents the answer to the question whether Ayurveda is good for everybody or not. The most common answer to this question is Agree 53% and followed by don't know 24% and Disagree 23%. It is worthwhile to note that more number of people agreed to the statement.

TABLE 26: I SM IS OUTDATED DUE TO MODERN MEDICINE

Study area	Agree	Disagree	DK	Total
Tangir iapal	94	5	1	100
Bhubaneswar	40	49	11	100
Ast ar ang	94	3	3	100
Tot al	228	57	15	300
Per cent age	76	19	5	100

This table represents the answer to the question whether I SM is outdated due to popularity of modern medicine. Most of the respondents Agreed to the statement 76% and Disagreed 19% while 5% respondents said don't know. It is worthwhile to note that more number of people agreed to the statement.

TABLE 27: SYSTEMS SHOULD BE PROMOTED MORE IN FUTURE

Systems of medicine	Tangir iapal	Bhubaneswar	Ast ar ang	Tot al	Per cent age
Allopat hic Govt .	79	22	59	160	53.33
Allopat hic privat e	0	5	18	23	7.67
Homeopat hic Govt .	12	46	2	60	20.00
Homeopat hic privat e	1	30	4	35	0.03
Ayur vedic Govt .	20	28	9	57	19.00
Ayur vedic privat e	4	36	9	49	16.33
Tot al	100	100	100	300	

This table represents the answer to the question "which systems of medicine should be promoted. 53.33% said Allopathic Government facility should be promoted followed by 20% homeopathic government facility. 19% and 16.33% said that Ayurvedic government and private systems should be promoted more. Very less people said that other systems of medicine should be promoted.

## **7. LIMITATIONS:**

During this study we have certain limitations that may have affected the study results. These limitations were as follows.

- a) Utmost care was taken to collect accurate and authentic data, however, some amount of interviewer bias and mis-reporting by the respondents cannot be ruled out.
- b) Sample size in some cases is not proportionate to the villages' populations, which might have affected the study results.

## **8. CONCLUSION:**

Some of the important conclusions of the study are given below.

- All the respondents are adults i.e. over the age of 18. We found that 16.67% respondents are between age 18-25, 45.33% between age 25-40, 26.67% between age 40-55, 11.33% above age 55.
- 47.67% are male and 52.33% female respondents are covered. A highest of 56% male respondents was covered in Bhubaneswar followed by 49% in Astarang and 38% in Tangiriapal.
- 34.33% of the respondents are illiterates. We found 1-7 standard in 22.33%, 8 standard to Matric in 14.34% and Matric above in 29% respondents. The educational status can thus be considered to be low among the respondents. Matric and above respondents are high in Bhubaneswar.
- All the respondents are found to be Hindus. No Muslim, Christian and other religion respondents are found in the study villages.
- We found 8.33% SC, 33.33% ST, 9.67% OBC and 48.67% General caste respondents. High General caste respondents are found in Astarang 76% and Bhubaneswar 69%. High OBC respondents are found in Bhubaneswar 20%. High ST respondents are found in Tangiriapal 95%. High SC respondents were found in Astarang 17%.
- 27.67% has annual family income below Rs. 11,000 and only 72.33% above Rs. 11,000. Families having annual income below Rs. 11,000 is high in Astarang 40% and Tangiriapal 34%.

- Family size is 1-5 in 52.67% households in all the three study areas taken combined followed by 6-10 in 43% households. Only in 4.33% households the family size exceeds 10. 13 high family size is found only in Astarang.
- The System mostly available in the locality as per the respondents is allopathic Government 66.33% followed by Allopathic private 29.33%. Other systems such as Homeopathic, Ayurvedic both Government and private are available but not widely available.
- 37.67% preferred allopathic Government facility followed by 34.33% allopathic private facility. So the system preferred during last illness in family is allopathic system mostly.
- The most dominant reason as spell out by the respondents is Quick relief 64%, Easy availability 43%, as preferred by most 24.33% and less costly 19.33%. So allopathic system is the first choice for the reasons like quick relief and easy availability.
- 36.67% preferred allopathic Government facility followed by 26% allopathic private facility. So the system preferred during last child illness in family is allopathic system mostly. Other systems are also preferred by less percentage of people.
- SYSTEM PREFERRED DURING EYE PROBLEM: 32.67% preferred allopathic Government system followed by 26.33% allopathic private system, 15% Homeopathic private and 12.67% homeopathic government facility. The preference of other systems is also there but less percentage of people preferred them.
- SYSTEM PREFERRED DURING EAR PROBLEM: 30% preferred allopathic Government system followed by 18.67% allopathic private system, 15.33% homeopathic private system and 14.33% Homeopathic Government and Ayurvedic private facility respectively. The preference of other systems is also there but less percentage of people preferred them.
- SYSTEM PREFERRED DURING DENTAL PROBLEM: 26.67% preferred allopathic Government system followed by 21.67% allopathic private system. The preference of other systems is also there but less percentage of people preferred them.

- SYSTEM PREFERRED DURING COUGH, COLD, FLU AND BREATHLESSNESS: 38.33% allopathic Government system, 31.67% preferred allopathic private system and 12% Ayurvedic private system. The preference of other systems is also there but less percentage of people preferred them.
- SYSTEM PREFERRED FOR SKIN DISEASES: 33.67% preferred allopathic government system followed by 20% allopathic private system and 19% Ayurvedic private system. The preference of other systems is also there but less percentage of people preferred them.
- SYSTEM PREFERRED DURING DIARRHOEA, DYSENTRY & WORM INFESTATIONS: 37.33% preferred allopathic Government system followed by 17.33% allopathic private system and 12.67% Ayurvedic private system. The preference of other systems is also there but less percentage of people preferred them.
- SYSTEM PREFERRED DURING MALARIA: 47% preferred allopathic Government system followed by 23% allopathic private system. The preference of other systems is also there but less percentage of people preferred them.
- SYSTEM PREFERRED DURING WHITE DISCHARGE / MENSTRUAL DISORDERS: 23.67% preferred allopathic government system followed by 18% Ayurvedic private system and 17.67% allopathic private system. The preference of other systems is also there but less percentage of people preferred them.
- SYSTEM PREFERRED DURING JOINT PAIN: 27% preferred allopathic government system followed by 20% Ayurvedic private system. The preference of other systems is also there but less percentage of people preferred them.
- SYSTEM PREFERRED DURING ACCIDENT/INJURY: 36% preferred allopathic government system followed by 18.67% allopathic private system. The preference of other systems is also there but less percentage of people preferred them.

- **ADVANTAGES OF AYURVEDA:** The most common answer to this question is don't know by 64% respondents followed by root cause of disease cured 15.33% respondents and no side effect 14% respondents.
- **ADVANTAGES OF HOMEOPATHY:** The most common answer to this is don't know by 46% respondents followed by good for child 20.67% and no side effect 17.33% respondents. Very less people said the advantages like less costly, quick relief and root cause cured etc.
- **HOMEOPATHY IS GOOD FOR EVERYBODY:** The most common answer to this question is Agree 50.33% followed by Disagree 32.33% and don't know 17.34%. It is worthwhile to note that more number of people agreed to the statement.
- **AYURVEDA IS GOOD FOR EVERYBODY:** The most common answer to this question is Agree 53% and followed by don't know 24% and Disagree 23%. It is worthwhile to note that more number of people agreed to the statement.
- **ISM IS OUTDATED DUE TO MODERN MEDICINE:** Most of the respondents Agreed to the statement 76% and Disagreed 19% while 5% respondents said don't know. It is worthwhile to note that more number of people agreed to the statement.
- **SYSTEMS SHOULD BE PROMOTED MORE IN FUTURE:** 53.33% said Allopathic Government facility should be promoted followed by 20% homeopathic government facility. 19% and 16.33% said that Ayurvedic government and private systems should be promoted more. Very less people said that other systems of medicine should be promoted.

## **9. RECOMMENDATIONS:**

The study wishes to recommend the following measures for popularisation of I SMH in Orissa.

- I SMH Government facilities are mostly not available in the project areas. So it is recommended that these facilities are made available in the project areas.
- Only Homeopathic and Ayurvedic private facility is available in excess to 10% in the project areas. Other systems of medicine are not available in substantial form. So it is recommended that other systems of medicine should be available in the project areas.

- People should be made aware about the advantages of I SMH so that more and more people start using the systems.
- As preference of homeopathy and Ayurveda is more in case of children's illness it should be borne in mind in framing popularisation schemes for I SMH.
- For genetic disorders Ayurvedic system is more preferred than for other diseases. So, this facility is to be made available in the areas of need.
- As allopathic facility is preferred by most it should also be made available along with I SMH.
- As more people than not said that Ayurveda and Homeopathy are good for everybody it is clear that there is a positive attitude towards use of I SMH in the localities. It should be properly utilised to popularise I SMH in these areas.
- Among I SMH allopathic and homeopathic facility should be promoted more. Both private and government facility should be promoted.

However, many more steps are to be taken for the extensive acceptability in the society to grow its popularity. Some of them are:

#### A - INFRASTRUCTURE

- Hospitals are to be set up in District, Sub divisional levels.
- Hospitals in block level comparing the PHC.
- Dispensary - in all Grampanchayat levels.
- Opening of integrated Zonal Health Centres.
- Set up of special hospitals for aged people on Rejuvenated therapy: - Chemical Research & Medical Institute.
- Set up of Hospital, for healthy conjugal life: - Vajikarana (Virility) Research & Medical Institute.
- Set up of PANCHAKARM - Hospital: - "New Life Hospital".
- Set up of ANO-RECTAL Hospital challenging result on ANO-RECTAL diseases: - PROCTOLOGY Hospital.
- Set up of Ideal Modernised Pharmaceuticals for production of classic medicines.

### B – CAPACITY BUILDING

- Production of - Pharmacist on ISM. I.e. Introduction of Institution for Pharmacist degree/ diploma course.
- Production of Nurse - Starting of Nursing course first on ISM.
- Short Certificate Course on ISM for 3 months for foreigners/ others.
- Certificate of short course on ISM for 6 months for other than ISM people.
- Training Course for ISM Attendants.

### C – AWARENESS PROGRAMME

- Publication of ISM Educative Materials in I.E.C. form.
- Regular Publication of ISM materials for wide distribution.
- Poster development on ISM disease & treatment.
- Production & distribution of ISM. Audio- Videocassettes.
- Regular mass media coverage.

### D – SERVICE DELIVERY

- Modernised promotion of ISM drugs, distribution & marketing in global level.
- Opening of Medicine centres and availability with easily transporting.
- Herbal garden - Medicinal plant, planting; production, collection, stock point, preservation, conservation of rare species etc.
- Raw Medicinal drugs - Marketing.
- Collection of folklore Medicines & inspiration for scientific approach.

**10. COPY OF SCHEDULE USED**

**ORISSA VOLUNTARY HEALTH ASSOCIATION, BHUBANESWAR  
KAP STUDY ON INDIAN SYSTEMS OF MEDICINE & HOMEOPATHY**

**SCHEDULE**

Schedule No.:

District:

Block:

G.P.:

Village

Hamlet:

Name of the respondent	Age	Sex	Education	Religion	Caste	Annual family Income	Family size

**KAP ON I SM&H:**

1. Which of the following systems of medicine is available in your locality?

Systems of Medicine	Government Facility	Private Facility
Allopathic		
Homeopathic		
Ayurvedic		
Any other (specify from list)		
Nothing is available		

Any other (List): Sidha, Unani, Yoga, Naturopathy etc.

2. Which of the following facility you visited at the time of the last illness in your family?

Systems of Medicine	Government Facility	Private Facility
Allopathic		
Homeopathic		
Ayurvedic		
Any other (specify from list)		

Any other (List): Sidha, Unani, Yoga, Naturopathy etc.

3. Why?

- a) Easy availability
- b) Less expenditure
- c) Quick relief
- d) As preferred by most
- e) Less side effect
- f) Any other (specify)

4. Which of the following health facility you visited during last child illness in your family?

Systems of Medicine	Government Facility	Private Facility
Allopathic		
Homeopathic		
Ayurvedic		
Any other (specify from list)		

Any other (List): Sidha, Unani, Yoga, Naturopathy etc.

7. Which of the following health facility do you prefer for some common health problems:

- a) Eye Problem

Systems of Medicine	Government Facility	Private Facility
Allopathic		
Homeopathic		
Ayurvedic		
Any other (specify from list)		

Any other (List): Sidha, Unani, Yoga, Naturopathy etc.

b) Ear Problem

Systems of Medicine	Government Facility	Private Facility
Allopathic		
Homeopathic		
Ayurvedic		
Any other (specify from list)		

Any other (List): Sidha, Unani, Yoga, Naturopathy et c.

c) Dental Problem

Systems of Medicine	Government Facility	Private Facility
Allopathic		
Homeopathic		
Ayurvedic		
Any other (specify from list)		

Any other (List): Sidha, Unani, Yoga, Naturopathy et c.

d) Cough, Cold, Flu or Breathlessness

Systems of Medicine	Government Facility	Private Facility
Allopathic		
Homeopathic		
Ayurvedic		
Any other (specify from list)		

Any other (List): Sidha, Unani, Yoga, Naturopathy et c.

e) Skin Diseases

Systems of Medicine	Government Facility	Private Facility
Allopathic		
Homeopathic		
Ayurvedic		
Any other (specify from list)		

Any other (List): Sidha, Unani, Yoga, Naturopathy et c.

f) Diarrhoea/ Dysentery/ Worm infestations

Systems of Medicine	Government Facility	Private Facility
Allopathic		
Homeopathic		
Ayurvedic		
Any other (specify from list)		

Any other (List): Sidha, Unani, Yoga, Naturopathy et c.

g) Malaria

Systems of Medicine	Government Facility	Private Facility
Allopathic		
Homeopathic		
Ayurvedic		
Any other (specify from list)		

Any other (List): Sidha, Unani, Yoga, Naturopathy et c.

h) White Discharge/ Menstrual Disorders

Systems of Medicine	Government Facility	Private Facility
Allopathic		
Homeopathic		
Ayurvedic		
Any other (specify from list)		

Any other (List): Sidha, Unani, Yoga, Naturopathy et c.

i) Joints Pain

Systems of Medicine	Government Facility	Private Facility
Allopathic		
Homeopathic		
Ayurvedic		
Any other (specify from list)		

Any other (List): Sidha, Unani, Yoga, Naturopathy et c.

j) Accident / Injury

Systems of Medicine	Government Facility	Private Facility
Allopathic		
Homeopathic		
Ayurvedic		
Any other (specify from list)		

Any other (List): Sidha, Unani, Yoga, Naturopathy etc.

8. What are the advantages of Ayurveda?

9. What are the advantages of Homeopathy?

10. Homeopathy is good for everybody.

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

11. Ayurveda is good for everybody.

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

12. Traditional Systems of Medicine have become outdated due to the availability of allopathic medicine.

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

13. Which of the following systems should be promoted more to improve the local health status of your area?

Systems of Medicine	Government Facility	Private Facility
Allopathic		
Homeopathic		
Ayurvedic		
Any other (specify from list)		
DK		

Any other (List): Sidha, Unani, Yoga, Naturopathy etc.

Date:

Signature of interviewer

## 11. 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)

#### **Tabulators**

Mr. Nirakar Sahu BA

#### **Field Investigators:**

Ms. Gopa Das

Ms. Aiswarya Mohanty

Ms. Kalpana Chhatoi

Ms. Jyotsnarani Chhatoi

Ms. Bebi Behera

Ms. Bina Pradhan

Ms. Sangita Sharma

Mr. Kuna Jena

Mr. Sukadev Rout

#### **Field Volunteers:**

Mr. Sadashiv

Mr. Rama Murmu

## **12. STUDY ORGANISATION (OVHA)**

### **Historical Background**

During early seventies, after World Health Organisation's efforts, many developing countries came up with several approaches to ensure the effective delivery of primary health care to achieve the broad target of Health for All by 2000 AD. Community participation was emerged as a key to success in primary health care for which the importance of voluntary actions was also enhanced. Voluntary action got significant importance in promotive, curative and preventive aspects of health care.

In India, Fr. James Tong started a movement to bring the voluntary organisations involved in community health and development activities to one network, which would base on secular values while working towards making health a reality for the people of India. As a result of Fr. Tong's effort Co-ordinating Agency for Health Planning (CAHP) was formed in 1972 that was later on renamed as Voluntary Health Association of India (VHAI). Likewise, in State level too, different State units were formed. Several leading health-NGOs and missionary hospitals put their efforts for the formulation of Orissa Voluntary Health Association (OVHA), which came into existence on 6th December 1974.

### **Vision**

People of the state would be able to live a healthy and peaceful life that would base on 'growth with justice.' Violence, misery, poverty, ignorance, illiteracy, gender inequality, diseases and infirmity would be replaced by peaceful community and family life, prosperity, adequate education and physically, mentally and socially healthy individuals. In fulfilling the needs of the people the scarce natural resources would be effectively utilised, and there would be continuous efforts to promote sustainable human development. Thus, we can make health a reality for the people of Orissa.

### **Mission**

OVHA would strive hard to systematically convince the government and other agencies about the health needs of the communities. It would help support the government and other agencies in formulating and implementing necessary health programmes in State. It would also facilitate the planning, management and evaluation of health and development activities by the voluntary agencies particularly through the capacity building of NGO workers, sharing information and research findings and extending consultancy support. At the time of need it would also respond to the emergencies, like epidemics, calamities, etc. In other words, OVHA would always be putting its sincere efforts to promote the health status of the State.

### **Goal**

To improve the health status of Orissa State.

### **OVHA Structure**

OVHA has had two types of members, Members & Associate Members, who form the general body. Voluntary Agencies are eligible to get the status of Member and individuals for Associate Member. The Members elect the Governing Board from the representatives of different member organisations. The Governing Board consists of 11 members from member organisations and the Executive Director as ex-officio member. The Governing Body looks into the activities of OVHA, which is generally executed by the Executive Director. The Executive Director is the crucial link between management and staff. Under the Executive Director there are six departments. The departments are as follows:

- Training
- Research, Consultancy & Networking
- Information, Documentation & Communication
- Field Projects
- Finance
- Executive Director's Secretariat

A Programme Officer heads each department except the Executive Director's Secretariat. The Executive Director himself heads the Executive Director's Secretariat. Right now OVHA has had 21 staff who has adequate technical competence and experience.

### **Role of OVHA in Orissa**

OVHA is the largest and oldest network of NGOs working in the field of community health and development in Orissa. OVHA being a federation, its real strength and weakness lies with its member organisations who are spread throughout the State. The individual members, also known as Associated Members, only contribute to the strengthening of organisation by giving suggestions, expertise, sharing their experiences, etc.

Since the day of its inception OVHA has been contributing significantly to the overall development of health status in state. Besides conducting a number of training programmes OVHA organises seminars, workshops & exhibitions and publishes books and periodicals. The other important activity of OVHA is advocacy and lobby. We keep a close look on different health related developments of the state and at the time of necessity respond to these in a professional manner. OVHA help enhances the capacity of many NGOs and enable them to plan, implement and evaluate community health and development projects. OVHA's research findings are of great help in planning and implementing different programmes or projects for the enhancement of state health status. OVHA has been playing a major role in the counselling of HIV/AIDS infected people in Orissa. OVHA closely work with the government and other agencies and extends every kind of support for enhancing the health status of Orissa. It's noteworthy that OVHA has been contributing significantly as an important member in

many State level committees on health, population, environment, etc. formed by the government.

Since few years OVHA has been recognised as a Mother NGO by the Government of India for implementing the Reproductive & Child Health Programme and Indian Systems of Medicine & Homeopathy programme in eight districts of Orissa. OVHA supported some voluntary agencies for relief, rehabilitation and reconstruction work immediately after the super cyclone and flood of 1999. It's noteworthy that OVHA was directly involved in the emergency relief work immediately after the super cyclone and flood of 1999. For the control of malaria inside the state OVHA supported several member organisations to establish and strengthen Malaria Centres. Under these programmes OVHA supported a number of voluntary agencies, both financially and technically, which contribute to enhance the health status of Orissa.

OVHA has completed twenty-six years of its services in Orissa, however, it has to go a long way as its responsibilities has been growing tremendously inside the state as a pioneer of health in voluntary sector. The present health indicators of Orissa are far below the desired level, and still health for all is a dream for State. Voluntary action would continue to play a significant role to enhance the health status of Orissa, as the state efforts alone cannot be adequate. In this situation it's the moral responsibility of OVHA to provide necessary leadership and professional inputs to the voluntary agencies of state to make health a reality for the people of Orissa.

#### **Future Thrust Areas of OVHA**

- To address the immediate health needs of most vulnerable groups, particularly women and children.
- To enhance the disaster preparedness capacity of communities.
- To further strengthen the malaria control programme.
- To take initiatives for addressing the less-addressed problems in State like Mental Health, Tribal Health, Rational Drug, Substance Abuse, Sickle Cell Anaemia, etc.
- To intensify OVHA's efforts in the areas of Reproductive & Child Health as well as HIV/AIDS.
- To promote the Traditional Systems of Medicine.
- To encourage networking among different agencies for planning and implementing necessary common-action-programmes, at all levels, to promote the health status of state.
- To further strengthen the Health-IEC activities in State.
- To establish five Regional Resource Centres for providing better supports to voluntary agencies.
- To advocate with the government for formulation and implementation of adequate policies for enhancing the State health status.
- To start Diploma Programme in Community Health Management.
- To construct a building, with necessary facilities, for OVHA by looking into the needs of the state.

**List of Governing Body Members (9<sup>th</sup> August 2000 – 8<sup>th</sup> August 2004)**

- Mr. P. Pattanayak President
- Mr. M. K. Mohapatra Vice-president
- Mr. K. K. Swain Secretary
- Mr. P. K. Satapat hy Asst. Secretary
- Mr. D. C. Nayak Treasurer
- Mr. R. K. Mohant y Member
- Dr. D. K. Samal Member
- Dr. (Ms) S. Mohant y Member
- Mr. P. C. Mishr a Member
- Mr. S. K. Dash Member
- Mr. S. C. Sahu Member
- Mr. A. Tripat hy (Executive Director) Ex-Of ficio Member

**List of OVHA Staff**

1. Mr. A. Tripat hy, Executive Director
2. Mr. B. Panda, Programme Co-ordinator
3. Mr. P. C. Panigrahi, Finance Officer
4. Mr. H. S. Dut ta, Programme Officer (RCN)
5. Mr. N. R. Pat ra, Programme Officer (I DC)
6. Mr. D. Mohant a, Programme Officer (Training)
7. Mr. S. K. Bisoi, Programme Officer (FP)
8. Dr. (Ms.) S. Mohant y, Programme Officer (Health)
9. Dr. (Ms.) A. Mohapat ra, Programme Officer (Health)
10. Ms. S. Dash, Counsellor (HI V/ AI DS)
11. Ms. M. S. Mohapat ra, Counsellor (HI V/ AI DS)
12. Mr. M. K. Sahoo, Counsellor (HI V/ AI DS)
13. Mr. D. Pat t anayak, Counsellor (HI V/ AI DS)
14. Mr. N. Sahu, Programme Assistant (RCN)
15. Ms. B. R. Pat t anayak, Programme Assistant (I DC)
16. Mr. N. G. Jena, Administrative Assistant
17. Mr. P. Khilar , Administrative Assistant
18. Ms. S. Mohapat ra, Of fice Secretary
19. Mr. S. Behera, Care Taker
20. Ms. S. S. Bal, Care Taker
21. Mr. R. C. Parida, Driver