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IIPS RESEARCH BRIEF

Every year, IIPS undertakes many research studies on a number of themes related to population and health at the state and national levels using its own resources. The 'Research Brief Series' is a new initiative by the Institute to provide an opportunity to the faculty, Ph.D. students and visiting fellows to quickly disseminate the important findings of their research studies before they are published as a research report or in a scientific journal. The authors of the Research Brief look forward to receive feedback from readers that could be helpful in revising the larger study report.

Editor
Research Brief Series

Women's Treatment Seeking Behaviour in Indian Systems of Medicine

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Introduction

The whole world witnessed a rapid progress in medical and public health technologies particularly after the World War II. Since then, advancement in the field of medicine and invention of vaccinations against infectious diseases largely arrested preventable deaths even in the poorest countries. Nevertheless, some ancient civilizations were not entirely devoid of the science of healing, even before this bio-medical revolution and India is no exception to this. Throughout her history India possessed a strong knowledge base of medicine and healing. These formal medical systems are collectively called as Indian Systems of Medicines (ISM) or more recently as AYUSH; an acronym based on Ayurveda, Yoga & Naturopathy, Unani, Siddha and Homoeopathy; the five major indigenous medical systems in contemporary India.

Recognition of ISM had never been absent in Indian medical history, where through various policies a consistent effort has been made towards an effective integration of ISM in the official health care system of the country (Srinivasan, 1995). Today, India has a huge resource base of 724,823 registered AYUSH practitioners in the country, apart from a large number of public and private AYUSH health facilities (MoHFW, 2006). Government of India is making consistent efforts to tap these unused medical resources through incorporation of ISM providers into the Reproductive and Child Health programme of the country. Useful steps are also taken to strengthen teaching and research components of ISM, clinical trials and for safeguarding the intellectual property rights (MoHFW, 2000 and 2002)

Objective

Not many studies have investigated the ISM care seeking behaviour of the clients. To name a few at the national level; National Council of Applied Economic Research (NCAER, 1992) study during early 1990s and Department of AYUSH

study (Singh *et. al*., 2005) during 2002-03 and few studies conducted at the micro level. This study was purposively carried out in an urban area to explore women's medical behaviour with a focus on ISM; where availability and accessibility of bio-medical facilities is not an issue.

Study area and Sample

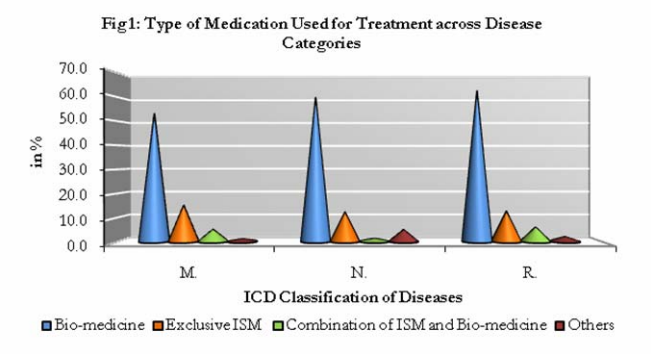
The study was conducted in Mumbai metropolis; a leading metropolitan resided by 17.7 million inhabitants as per 2001 Census, grafting a multi-ethnic, multi-cultural social environment, consisting of in-migrated population hailing from almost all parts of the country. Since more than half the population of Mumbai lives in areas classified as slums; a slum community was purposively selected from the eastern part of the city, which as per the records had 89 percent of the 269

private practitioners having medical degrees in different streams of ISM. Apart from the community based household survey, with a purpose of understanding the pathways of ISM treatment seeking behaviour, two ISM hospitals were selected from southern and the north-western part of the city. After multiple layers of screening, 25 female recent users of ISM were interviewed in-depth from the community. Additionally, 231 exit female-clients from ISM institutions were interviewed through semi-structured schedule. All were aged between 15-49 years, varying in their marital status.

Key Findings

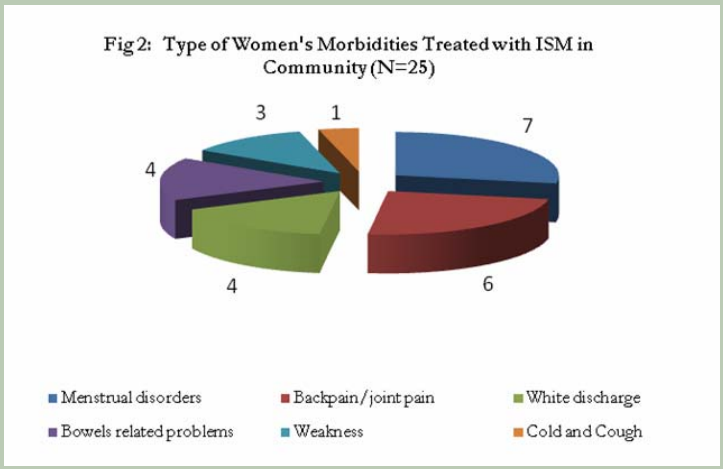
Morbidity Profile of Women Clients of ISM

Of the 400 women interviewed in the household survey in the first round, 222 were found having suffered from health problems during the one-year reference period. A majority (41 percent) reportedly suffered from abdominal pain, burning sensation, hyperacidity, swelling in body, weakness, white discharge and jaundice, which are collectively categorized under the group 'R', according to the International Classification of Disease (ICD)-10 (WHO, 1992). This



was followed by the next high-prevalence group of diseases related to the musculo-skeletal system (Group M, 27 percent) and the genito-urinary system including gynecological morbidities (Group N, 22 percent). More than 80 percent of these 222 women suffering from any disease reported to seek some treatment. While, over 70 percent of these women reported seeking bio-medicine, only 37 women were given ISM treatment either exclusively or in combination with bio-medicine (Fig.1), of which 25 agreed to respond about such therapeutic choice

Existing literature claim a positive correlation between chronic status of the disease and the use of ISM. However, this small sample of 25 women did not re-establish any such relation, when duration of suffering was considered as a proxy indicator for disease chronic status of the disease. Most of these women were given ISM for menstrual disorders (*n=7*), followed by backpain/jointpain (*n=6*), white-discharge (*n=4*) and physical weakness (*n=4*) (Fig.2). Interestingly, the women showed large differences in their behaviour related to the choice of ISM therapeutic recourse



The disease profile of 231 exit female clients of ISM health institutions showed that more than half (58 percent) was suffering from gynecological complaints, while the rest was for non-gynecological disorders with multiple symptoms. Among gynecological symptoms, the most prevalent complaints were backache and problems related to uterus, followed by women with various menstrual disorders (16 percent) and pregnancy related problems (15 percent). Among the other non-gynecological somatic complaints, a considerable proportion had pain in different parts of body, allergy or skin problems, cough and cold, problem with kidney, tumor, headache, stomachache and ulcers. Notably, a maximum number of women stated undergoing the present ISM treatment for infertility (n= 28). More than half the clients reported to suffer for more than six months, which could be considered as long-term morbidities. A majority (65 percent) of the clients suffering for six months or more regarded their morbidities to be continuing for long before they have resorted to the present ISM therapy.

Dynamics of ISM Treatment Seeking

ISM as a primary option

One of specific objective of the study was to understand the pathways of ISM treatment seeking. We have considered initial choice of ISM treatment as an indicator towards revealed preference for ISM. In all, there were only nine users of these 25, who made a decision of seeking ISM treatment as a primary recourse backed by their conscious choice. The reasons included being influenced by words of mouth from other patients receiving relief from similar treatments (*n=4*), visits made to ISM practitioners in the absence of bio-medical providers (*n=1*), perception of absence of physical examination in case of ISM providers (*n=2*) and also they had exposure to ISM treatment since childhood (*n=2*). Interestingly, this group of clients with revealed preference towards ISM were found visiting providers from outside the community or even out of Mumbai for accessing treatment from pure ISM practitioners. Client's earlier exposure to these systems was found to be the most important predictor of preference for seeking ISM therapies as initial recourse.

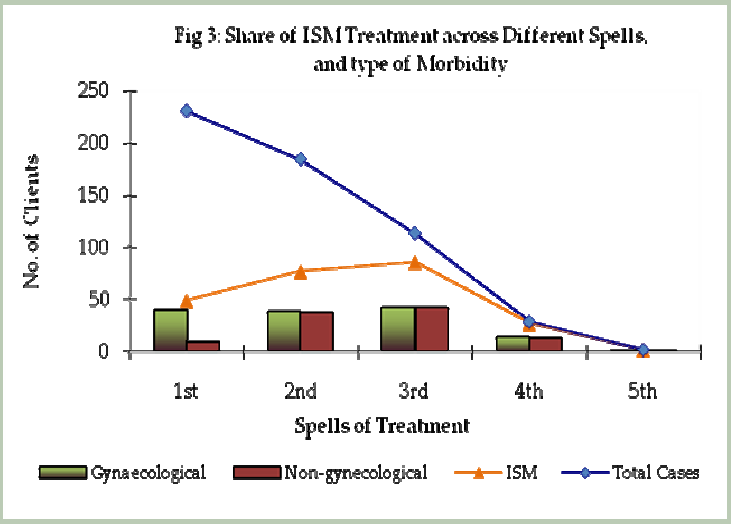
More elaborate quantitative understanding of dynamics of ISM treatment-seeking behaviour was gained from the exit clients of ISM institutions. These clients were extensively interrogated on the incidence of previous treatment sought for the current spell of illnesses. Result showed that the present ISM recourse mostly had been the third in the order (Fig.3). Only 49 women reported to receive either no treatment prior to the present (*n=47*) or seeking only ISM treatment from other sources (*n=2*). The later group was considered exhibiting a clear preference towards ISM in comparison to their counter parts. The understanding from the community leads us to believe that the women built a preference towards ISM while having a prior exposure. Hence, during exit-patient survey a few dispositions were considered important for such preference, i.e., type of treatment preferred by natal and spousal family members in general and especially for women's morbidities, type of medical training of the family member found to be professionally trained in medicine, knowledge of home remedies, knowledge of someone with a similar type of ailment, type of treatment received and cure status of that patient; information later used to construct the composite index of 'earlier exposure to ISM' (a= 0.621). The result showed that one-fifth (21 percent) of women affirmed knowing someone with a similar type of ailment; a majority of these acquaintances seeking treatment from the same health facilities and stated to be 'almost/completely cured' at the time of the survey. Half the women who used ISM treatment prior to bio-medicine registered a 'high' 'earlier exposure to ISM'. The predictors that showed significant effect in binary logistic regression explaining this deviant preference towards ISM were- women's age, type of morbidity and 'earlier exposure to ISM' (Table 1).

To elaborate further, older women over 30 years of age were less likely to use indigenous treatment before opting for bio-medicine compared to women below 30 years. Whereas, the women suffering from non- gynecological complaints showed less likelihood of seeking ISM prior to bio-medicine than those with gynecological complaints. Finally, women who had some earlier experience of ISM treatment were more likely to choose ISM before allopathic services. The findings indicate that the young educated women probably made a conscious decision in favour of ISM when choosing their options. Overall, the earlier exposure to ISM makes women more viable to prefer ISM over bio-medicine. Women seemed to initiate with ISM therapy in case of gynecological disorders to avoid complications emerging out of bio-medical treatment. This clearly showed a preference for indigenous treatments for gynaecological morbidities.

Table 1: Predictors of Revealed Preference of ISM Treatment among Institutional Clients

Characteristics	Exp (B)
Age	
15-29®	
30-39	0.38*
40-49	0.19**
Religion	
Hindu®	
Muslim	0.88
Others	0.33
Caste	
General®	
OBC/SC/ST	1.42
Work Status	
Working®	
Non-working	1.15
Education	
Illiterate/without formal schooling®	
Up to secondary	1.18
Above secondary and others	2.10
Standard of living	
Low®	
Medium	1.36
High	0.88
Number of symptoms at the time of survey	
Single®	
Multiple	0.55
Type of present complaint	
Gynecological ®	
Other somatic	0.40*
Index of Earlier Non-Allopathic Experience	
Low/No ®	
Medium	2.68*
High	11.10***
Waiting time before 1st Treatment	
< 6 months®	
>=6months	1.02
Constant	.173***

Response variable: usage of ISM prior to bio-medicine (0= No, 1= Yes), ®- Reference category, *- p <.05, **- p <.01, ***- p <.001



ISM as subsequent option to Bio-medicine

On the other hand, understanding of the dynamics of choosing ISM as a subsequent option to bio-medicine showed wider variations. However, there emerges three major trends; *first*, when women were brought to seek ISM by 'significant other' in their social network be-

longing to non-medical background, *second*; when 'family physician' offered ISM treatment after failed recourse with bio-medical treatment, and *finally*, when women chose to go for ISM as the last resort for their long standing problems.

In the first case, either these carriers themselves used ISM or shared a genuine faith in the systems. The women however displayed a casual therapeutic behavior when receiving such medications through this particular pathway. They stated discontinuing medication after sometime after receiving temporary relief or when they were not receiving any relief. However, the significant predictor in this pathway of ISM utilization has been the knowledge of ISM among the persons belonging to the social-network of the women.

In the second case, most of the family physicians having some experience with ISM were reported offering ISM treatment. This was more particular when bio-medical treatment was found ineffective, i.e.; if the clients did not get relief or if the disease recurred after some interval. Interestingly enough, the doctors practicing as general physicians in the community often sought clients' consents before prescribing ISM medicines. Here the role of community doctors was found as the major determinant of ISM utilization.

In the third case, the women were either recommended by others to undergo ISM treatment or they themselves decided to undergo the present treatment, mainly to avoid the process of bio-medical therapy. Many patients suffering from infertility were found seeking the present treatment with great expectation, having known some successfully treated cases by the same institution. A majority reported developing preference for ISM, particularly after experiencing side-effects from previous bio-medical treatment. A few of them "lost faith in bio-medicine" while others wanted to have a trial with ISM since long term bio-medical treatment was perceived to have other complications. In spite of being in bio-medical profession as doctors or nurses; a handful of women resorted to the present ISM treatment, mainly for the above mentioned reason. Many believed that the therapeutic process would be slower than the usual bio-medical recourse, but regarded this as more effective in long run.

Conclusions

It is apparent that more often women opted for ISM treatment as subsequent to bio-medicine. Nevertheless, for certain diseases ISM had been trusted as a first recourse, viz., some gynecological morbidities. Though placed subsequent in the order, for many, ISM sought from more orthodox and reputed institutions or providers had been regarded as the last resort. This in turn is indicative of a small but distinct niche for ISM in the overall gamut of pluralist medical choices in an urban location. An important reason that restricted the women to use ISM as initial recourse was the perception that ISM acts much slower than allopathy in a context when everyone wanted a fast relief. Some women however lacked knowledge of the source of ISM therapy and most importantly, the overall choice of medicine was determined by various complexities emerged at individual cognition. The group of clients having 'earlier exposure to ISM' demonstrated faith in ISM treatment by choosing these systems as initial recourse. Women's social network too acted as an important facilitator for seeking ISM treatment. Women in this group were found willing to seek 'pure' ISM treatment even from distant locations.

Overall, the dynamics of ISM treatment seeking was found to share a close link with seeking treatment from bio-medicine and clients' prior exposure to these systems. ISM undeniably holds a niche in the contemporary stand of pluralistic medical choices in India. However, the effective strategies towards promotion of ISM in general and more specifically for women's health, ought to consider the dynamics behind the selection of ISM, which often emerges out of the complex medical behaviour demonstrated by the clients.

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