

**KNOWLEDGE AND ATTITUDE STUDY OF UNANI SYSTEM OF MEDICINE AMONG THE TWO SELECTED LOCALITIES OF BANGALORE'' WITH SPECIAL REFERENCE TO NATIONAL AYUSH MISSION****Dr. Ashaq Hussain Munshi\*<sup>1</sup> and Dr. Arish Mk Sherwani<sup>2</sup>**<sup>1</sup>Medical Officer & in Charge AYUSH Unit District Hospital Budgam. Dept. of AYUSH Govt. of Jammu & Kashmir.<sup>2</sup>HOD Dept. of Tahafuzzi wa Samaji Tib NIUM Bangalore.**\*Corresponding Author: Dr. Ashaq Hussain Munshi**

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**ABSTRACT**

**Background and Objectives:-** The globalisation of the traditional medicine has direct or indirect influence on the propagation of Unani system. AYUSH is a part of healthcare delivery system in India, Mainstreaming of AYUSH, launching of NAM and policies of working on health projects in collaboration with the WHO has enhanced further hope for the development of AYUSH in general including Unani. The aim of the present study is to assess the knowledge and attitude of people about the USM among the population of two selected localities of Bengaluru and its association with demographic variables and comparisons between two selected localities. **Materials and Methods:-** A questionnaire /schedule was used in this systematic randomized cross-sectional study with the inclusion of 427 (207 from locality A and 220 from B) participants from two selected localities of Bengaluru. **Results:-**The overall aggregate results of both locations terms of Knowledge, & Attitude indices were obtained in the percentage of HKI overall as 1(0.2%), MKI as 34(8.0%) LKI 392(91.8%), HAI as 9 (2.1%) MAI as 78(18.3%) LAI 340 (79.6%). **Conclusion:-** Study revealed that Knowledge about the Unani System of Medicine in particular is very low in both studied localities. However the attitude though also low but is considerably good then knowledge. The data obtained from the study can be used for interventions and interpretations by the policy makers to make the visions and objectives of NAM successful in context with popularising the USM and other AYUSH systems.

**KEYWORDS:** Knowledge & Attitude indices; National AYUSH Mission, Unani System of Medicine.**INTRODUCTION**

Unani system of Medicine also known by the name Greek- Arabian Medicine<sup>[1]</sup> has a long history, ranging a journey from Mesopotanium to Arabs<sup>[1]</sup> and is considered as one of the famous traditional medicine. The globalization of the various systems of the Traditional medicine or Complimentary or Alternative Medicine and their acceptability is gaining momentum day by day.<sup>[2,3]</sup> Practices of traditional or CAM vary greatly from country to country, from region to region and from kitchen to kitchen as they are influenced by factors such as culture, history, personal attitudes and philosophy.<sup>[4]</sup> The Unani Medicine took root in India with the Muslim rule especially Mughal emperors in the country.<sup>[5]</sup> and very soon became the most popular. system of medicines among Indians The Department of Indian Systems of Medicine and Homoeopathy (ISM&H) was established in the Ministry of Health & Family Welfare in March 1995<sup>[6]</sup> and then in November 2003 it was named as AYUSH the acronym of Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy and recently being added the Sowa Rigpa, The Department of

AYUSH was granted the status of Ministry of AYUSH w.e.f 09.11.2014.<sup>[7]</sup> Due to the efforts for the main streaming of AYUSH and people's choice to get the required treatment under one roof the services of the Unani doctors and paramedical as the component of AYUSH is being utilized under different centrally sponsored schemes like NHM / NRHM/UHM<sup>[8]</sup> and accordingly the Unani Medical officers with Unani paramedical are rendering their services at various PHCs and CHCs, Sub district and District hospitals and Unani drugs are also made available at such place for the patients.

Government of India has launched the National AYUSH Mission (NAM) on 29.09.2014 with developments through upgrading AYUSH educational institutions, State Govt. ASU&H Pharmacies, Drug Testing Laboratories and ASU & H enforcement mechanism, supporting cultivation of medicinal plants.<sup>[9,10]</sup> The NAM thus can be instrumental in the development and propagation of the AYUSH that includes Unani also among the population. The AYUSH popularity made it a

way for inclusion of word 'AYUSH' in the Dictionary too as on 18<sup>th</sup> May 2018. Besides the standard of quality education and infrastructure of the institutions producing BUMS & PG doctors are monitored by the regulatory statutory body of Central council of Indian Medicine (CCIM)<sup>[11]</sup> & also In order to carry various research in the field of Unani there is separate council Central council of Research in Unani medicine (CCRUM) in the country.<sup>[12]</sup>

The Vision of the Ministry is to position AYUSH which includes the Unani system of medicine as well as the preferred systems of living and practice for attaining a healthy India. The Ministry emphasises the mission areas of AYUSH activities like delivery of Quality AYUSH healthcare services to entire population, AYUSH to be an integral part of the health delivery system by mainstreaming of AYUSH to ensure healthy population through AYUSH interventions and to propagate and promote AYUSH systems outside the country to ensure their global acceptance as systems of medicine. All this is evident from the Union Cabinet's approval on 17 Feb. 2016 to an agreement for collaborative activities to be signed in the area of traditional medicine including Unani between ministry of AYUSH, Government of India and the World Health Organization, Geneva.<sup>[13]</sup> Also in order to meet the demands of the public and Member States, and to help guide countries towards integration of TM & CAM into health systems WHO has developed the Traditional Medicine Strategy 2014–2023.<sup>[14]</sup>

Thus to explore the success it is important to assess the knowledge of the people about this particular system of medicine, its basics, principles and other systems or types associated with it directly or indirectly like knowledge about Kitchen medicine or home remedies, knowledge about the medicinal plants, Knowledge of various schemes, knowledge about availability of AYUSH institutions, hospitals and dispensaries in general and Unani in particular and also the knowledge about Unani practitioners. It is also important to assess the attitude of the general public about this system of medicine, its benefits, its preferences over other systems of medicine in promotive, preventive and curative health purposes.

## MATERIALS AND METHODS

This community based cross sectional study was carried out in Kottigepalya and Hegenahalli the two localities of Bengaluru Karnataka in South India. The former one is the prime location of the Major Unani facility under the name of National Institute of Unani Medicine having the population of 68922 and the later one is approximately 5 kms. away from this reputed institution, and comprises of the population of about 66314.<sup>[15]</sup>

Before embarking the project a comprehensive study protocol was prepared and presented before the institutional Ethics committee NIUM, Bangalore. The

study was started after getting the ethical clearance vide IEC No: NIUM/IEC/2015-16/021/TST/06. The duration of study was from Jan. 2017 to Dec. 2017.

Using the systematic randomized method the sample size was calculated as 427, the calculated sample size was 384 with margin error 10% on 95% precision which was corrected to 427 at 95% confidential limit. Sample distribution was made among the two localities as 207 for Kottigepalya and 220 for Hegganahalli.

The participants included in the study were both genders between 18 to 65 years of age living in those localities for past more than 6 months. Excluded from the study were those who did not cooperate, mentally retarded, and below 18 years of age and above 65 years of age and immigrants living less than 6 months. The written consent was obtained from the participants. The Questionnaire / Schedule was used for the collection of data. The participants of the study were asked the questions in a simple language which could take about 15 minutes for each respondent which pertained to Socio-demography Knowledge & Attitude. The demographic questions were all about variables like the name, age sex, religion marital status and residential address of the participant and socio economic status was obtained from the occupation, education and monthly income using the revised Kuppaswamy scale 2016.<sup>[16]</sup> & the knowledge & attitude indices were framed with response scores allotted as 0 (zero) for no response to any question in all these indices and thus the indices were framed as;

### Knowledge Index

No response 0  
Low Knowledge Index (LKI) 1-5  
Medium Knowledge Index (MKI) 6-10  
High Knowledge Index (HKI) 11-15

### Attitude Index

No response 0  
Low Attitude Index (LAI) 1-2  
Medium Index (MAI) 3-5  
High Attitude Index (HAI) 6-8

The study variables were the outcome variables of the study as knowledge, & attitude, of the community on Unani medicine. The explanatory variables were age, gender, educational status, religion, and marital status, occupation and socio-economic status of the respondents.

### Data Analysis

Data were checked for completeness and consistency and were properly entered. Data were analysed using SPSS version 20. Chi square/Fischer's test was used to calculate the p value. Results were compiled and then presented in frequency and percentage.

**RESULTS****Socio-demographic profile of the Respondents**

The average age of respondents was overall as Mean  $\pm$ SD 32.46  $\pm$ 11.77 (32.69  $\pm$ 11.88 & 32.25  $\pm$ 11.69). The majority of respondents in locality A were male 107(51.7%) and in locality B were female 137(62.3%) and over all together in two localities there was more number of female respondents 237(55.5%) in the study. The majority of the respondents were married 130(62.8%) and 189 (85.9%) respectively for population A and B and 319(74.7%) in total. The majority of the respondents in the study were Hindu 173(83.6%) in locality A and Muslims 124 (56.4%) in locality B and over all the majority of the respondents in the study together for both localities were 269(63%) Hindu. The majority of the respondents in both localities belonged to upper lower class group 240(56.2%). Table .1

**Knowledge and Attitude profile**

The present study finds High knowledge index (HKI) 1(0.5%) in population A and 0% in population B and overall 1(0.2%) in both the populations together, high attitude index (HAI) as 2(1.0%) and 7(3.2%) in

population A and in B respectively with overall HAI as 9(2.1%) (p value <0.001), It finds the Medium knowledge index as 17 (8.2%) and 17(7.7%) among the populations A and B respectively with overall MKI of 34(8.0%). MAI it finds as 20(9.7%) and 58(26.4%) in population A and B together with overall MAI as 78(18.3%). The study finds the Low knowledge index (LKI) as 189(91.3%) and 203(92.3%) among the populations A and B respectively, with overall LKI as 392(91.8%). As per attitude the study finds low attitude index (LAI) as 185(89.4%) and 155(70.5%) among the populations A and B respectively, with overall LAI of 340 (79.6%). The p value found were (0.575) & (< 0.001) for knowledge & attitude indices, respectively showing non- significant for knowledge and strongly significant for attitude.

This study finds that 41.8% respondents from population A and 47.7% from Population B had heard about some other system of medicine other than allopathic system like traditional medicine or herbal medicine but AYUSH was less popular among them and responses for AYUSH was 2(0.46%). Table. 2&3

**Table 1: Demographic status of the studied sample with distribution of various variables.**

Demographic variables		Kottigepalya (n=207)	Heganahalli (n=220)	Total	p value
Marital Status	Unmarried	77 (37.2)	31 (14.1)	108 (25.3)	<0.001
	Married	130 (62.8)	189 (85.9)	319 (74.7)	
Age (yr)	18-27	86 (41.5)	97 (44.1)	183 (42.9)	0.452
	28-37	65 (31.4)	61 (27.7)	126 (29.5)	
	38-47	30 (14.5)	33 (15.0)	63 (14.8)	
	48- 57	11 (5.3)	19 (8.6)	30 (7.0)	
	>=58	15 (7.2)	10 (4.5)	25 (5.9)	
Sex	Female	100 (48.3)	137 (62.3)	237 (55.5)	0.004
	Male	107 (51.7)	83 (37.7)	190 (44.5)	
Religion	Christian	5 (2.4)	0 (0)	5 (1.2)	<0.001
	Hindu	173 (83.6)	96 (43.6)	269 (63.0)	
	Muslim	29 (14.0)	124 (56.4)	153 (35.8)	
Education	Illiterate	1 (.5)	0 (0)	1 (.2)	<0.001
	Primary	18 (8.7)	40 (18.2)	58 (13.6)	
	Middle	4 (1.9)	18 (8.2)	22 (5.2)	
	Intermediate	126 (60.9)	140 (63.6)	266 (62.3)	
	Graduation	52 (25.1)	16 (7.3)	68 (15.9)	
	PG/Professional	6 (2.9)	6 (2.7)	12 (2.8)	
Occupation	Unskilled	6 (2.9)	8 (3.6)	14 (3.3)	<0.001
	Semiskilled	47 (22.7)	38 (17.3)	85 (19.9)	
	Skilled	74 (35.7)	52 (23.6)	126 (29.5)	
	Professional	8 (3.9)	0 (0)	8 (1.9)	
	Unemployed	72 (34.8)	122 (55.5)	194 (45.4)	
Socio-economic status	LMIII	65 (31.4)	48 (21.8)	113 (26.5)	<0.001
	LV	3 (1.4)	1 (0.5)	4 (0.9)	
	ULIV	95 (45.9)	145 (65.9)	240 (56.2)	
	UMII	44 (21.3)	26 (11.8)	70 (16.4)	
Knowledge Index	HKI	1 (0.5)	0 (0)	1 (0.2)	0.575
	LKI	189 (91.3)	203 (92.3)	392 (91.8)	
	MKI	17 (8.2)	17 (7.7)	34 (8.0)	
Attitude Index	HAI	2 (1.0)	7 (3.2)	9 (2.1)	<0.001
	LAI	185 (89.4)	155 (70.5)	340 (79.6)	
	MAI	20 (9.7)	58 (26.4)	78 (18.3)	

**Table 2: Association/ Correlation of demographic variables with Knowledge index and their comparison in between two studied populations.**

Demographic variables		Kottigepalya				Heganahalli			
		HKI	LKI	MKI	p value	HKI	LKII	MKI	p value
Marital Status	Unmarried	0 (.0)	73 (94.8)	4 (5.2)	0.347	0 (.0)	30 (96.8)	1 (3.2)	0.347
	Married	1 (.8)	116 (89.2)	13 (10.0)		0 (.0)	173 (91.5)	16 (8.5)	
Age (yr)	18-27	0 (.0)	82 (95.3)	4 (4.7)	0.159	0 (.0)	94 (96.9)	3 (3.1)	0.159
	28-37	1 (1.5)	59 (90.8)	5 (7.7)		0 (.0)	51 (83.6)	10 (16.4)	
	38-47	0 (.0)	28 (93.3)	2 (6.7)		0 (.0)	30 (90.9)	3 (9.1)	
	48- 57	0 (.0)	8 (72.7)	3 (27.3)		0 (.0)	18 (94.7)	1 (5.3)	
	>=58	0 (.0)	12 (80.0)	3 (20.0)		0 (.0)	10 (100.0)	0 (.0)	
Sex	Female	0 (.0)	91 (91.0)	9 (9.0)	0.582	0 (.0)	128 (93.4)	9 (6.6)	0.409
	Male	1 (.9)	98 (91.6)	8 (7.5)		0 (.0)	75 (90.4)	8 (9.6)	
Religion	Christian	0 (.0)	5 (100.0)	0 (.0)	0.035	0 (.0)	0 (.0)	0 (.0)	0.189
	Hindu	0 (.0)	161 (93.1)	12 (6.9)		0 (.0)	86 (89.6)	10 (10.4)	
	Muslim	1 (3.4)	23 (79.3)	5 (17.2)		0 (.0)	117 (94.4)	7 (5.6)	
Education	Illiterate	0 (0)	32 (94.11)	2(5.88)	0.489	0 (0)	55 (96.49)	2 (3.50)	<0.001
	Primary	0 (0)	17 (94.4)	1 (5.6)		0 (0)	39 (97.5)	1 (2.5)	
	Middle	0 (.0)	4 (100.0)	0 (.0)		0 (0)	18 (100.0)	0 (.0)	
	High school	1(1.31)	71(93.10)	4(5.26)		0(0)	62(95.3)	3(4.6)	
	Intermediate	0(0)	33(82.5)	7(17.5)		0 (0)	17 (80..95)	4(19.04)	
	Graduation/PG	0 (0)	27(93.10)	2(6.89)		0 (.0)	12 (70.5)	5 (29.4)	
	Professional	0 (.0)	5 (83.3)	1 (16.7)		0 (.0)	2(100)	0(0)	
Occupation	Professional	0 (.0)	6 (75.0)	2 (25.0)	0.25	0 (0)	0 (0)	0 (0)	0.059
	Sem-i professional	0(0)	30(76.92)	9(23.07)		0 (0)	16(76.19)	5(23.80)	
	Clerical/shop owner/farmer	0(0)	24(92.30)	2(7.69)		0 (0)	13(92.85)	1(7.14)	
	Skilled	0(0)	32(100)	0(0)		0 (0)	33(97.05)	1(2.94)	
	Semi-skilled	1(4.76)	20(95.23)	0(0)		0 (0)	15(75)	5(25)	
	Unskilled	0 (.0)	7(87.5)	1(12.5)		0 (0)	9(100)	0 (0)	
	Unemployed	0 (0)	70 (95.89)	3 (4.1)		0 (0)	117 (95.9)	5 (4.1)	
Socio-economic status	Lower middle	0 (.0)	59 (90.8)	6 (9.2)	0.11	0 (.0)	42 (87.5)	6 (12.5)	0.003
	Lower	0 (.0)	2 (66.7)	1 (33.3)		0 (.0)	1 (100.0)	0 (.0)	
	Upper lower	1 (1.1)	91 (95.8)	3 (3.2)		0 (.0)	140 (96.6)	5 (3.4)	
	Upper middle	0 (.0)	37 (84.1)	7 (15.9)		0 (.0)	20 (76.9)	6 (23.1)	

**Table 3: Association/ Correlation of demographic variables with Attitude index and their comparison in between two studied population.**

Demographic variables		Kottigepalya				Heganahalli			
		HAI	LAI	MAI	P value	HAI	LAI	MAI	P value
Marital Status	Unmarried	1 (1.3)	74 (96.1)	2 (2.6)	0.029	0 (.0)	23 (74.2)	8 (25.8)	0.542
	Married	1 (.8)	111 (85.4)	18 (13.8)		7 (3.7)	132 (69.8)	50 (26.5)	
Age (yr)	18-27	1 (1.2)	84 (97.7)	1 (1.2)	0.005	5 (5.2)	73 (75.3)	19 (19.6)	0.42
	28-37	1 (1.5)	57 (87.7)	7 (10.8)		1 (1.6)	40 (65.6)	20 (32.8)	
	38-47	0 (.0)	26 (86.7)	4 (13.3)		0 (.0)	23 (69.7)	10 (30.3)	
	48- 57	0 (.0)	8 (72.7)	3 (27.3)		1 (5.3)	11 (57.9)	7 (36.8)	
	>=58	0 (.0)	10 (66.7)	5 (33.3)		0 (.0)	8 (80.0)	2 (20.0)	
Sex	Female	0 (.0)	93 (93.0)	7 (7.0)	0.168	6 (4.4)	99 (72.3)	32 (23.4)	0.218
	Male	2 (1.9)	92 (86.0)	13 (12.1)		1 (1.2)	56 (67.5)	26 (31.3)	
Religion	Christian	0 (.0)	5 (100.0)	0 (.0)	<0.001	0 (.0)	0 (.0)	0 (.0)	0.005
	Hindu	1 (.6)	161 (93.1)	11 (6.4)		0 (.0)	77 (80.2)	19 (19.8)	
	Muslim	1 (3.4)	19 (65.5)	9 (31.0)		7 (5.6)	78 (62.9)	39 (31.5)	
Education	Illiterate	0 (0)	30(88.11)	4(11.76)	0.99	0 (0)	43(75.43)	14(24.56)	0.775
	Primary	0 (0)	16(88.88)	2 (11.11)		2 (5.0)	31 (77.5)	7 (17.5)	
	Middle	0 (0)	4 (100.0)	0 (0)		1(5)	12(66.66)	5(27.77)	
	High school	1(1.31)	67(88.15)	8(10.52)		4(6.1)	42(64.61)	19(29.23)	
	Intermediate	0(0)	37(92.5)	3(7.5)		0(0)	14(66.66)	7(33.33)	

	Graduation//PG	1(3.44)	26(89.65)	2(6.8)		0 (.0)	13 (76.0)	4 (23.52)	
	Professional	0 (.0)	5 (83.33)	1 (16.66)		0 (.0)	2(100)	0(0)	
Occupation	Professional	0 (0)	6(75)	2(25)	0.025	0(0)	0(0)	0(0)	0.688
	Semi-professional	0(0)	35(89.74)	4(10.25)		0(0)	16(76.19)	5(23.80)	
	Clerical/shop owner	0(0)	23(88.46)	3(11.11)		1(7.14)	7(50.5)	6(42.85)	
	Skilled	0(0)	30(93.75)	2(6.25)		2(5.88)	27(79.4)	5(14.70)	
	Semi skilled	1(4.76)	18(85.7)	2(9.52)		0(0)	13(65)	7(35)	
	Unskilled	0(0)	7(85.7)	1(12.5)		0(0)	8(88.88)	1(11.11)	
	Unemployed	0(0)	68(93.5)	5(6.84)		4 (3.27)	84 (68.9)	34 (27.9)	
Socio-economic status	Lower middle	0 (.0)	57 (87.7)	8 (12.3)	0.339	1 (2.1)	33 (68.8)	14 (29.2)	0.892
	Lower	0 (.0)	2 (66.7)	1 (33.3)		0 (.0)	1 (100.0)	0 (.0)	
	Upper lower	1 (1.1)	89 (93.7)	5 (5.3)		6 (4.1)	101 (69.7)	38 (26.2)	
	Upper middle	1 (2.3)	37 (84.1)	6 (13.6)		0 (.0)	20 (76.9)	6 (23.1)	

## DISCUSSION

The results shown for knowledge & attitude of the two studied populations show some similarities in case of some demographic variables and also some dissimilarities in case of others 'The knowledge index shows prevalence of low knowledge in the both study populations with respect to age, gender marital status, socioeconomic status, education occupation. The LKI with respect to these variables is prevalent in both these studied populations though showing some minor similarities or dissimilarities in the knowledge index but overall LKI is dominant in all variables. with results as 0.2% of HKI, 8% of MKI and 91% of LKI. The present study is in contrast with study by Rabeya Siddika et al 2016<sup>[17]</sup> that shows high awareness (with very good awareness 43.9% and good awareness 29.9%) about USM, Another KAU study carried out by Samuel Maresha Wassie et al 2014.<sup>[18]</sup> shows that 61.5% with good knowledge about TM though the study is specific to Traditional Medicine and not particular to UM or any other component of TM. It is also in contrast to study carried out by Ohemu TL et al<sup>[19]</sup> which shows 100% knowledge about TM. This study finds that 41.8% respondents from population A and 47.7% from Population B with predominance among married participants had heard about some other system of medicine other than allopathic system like traditional medicine or herbal medicine but AYUSH by name was less popular among them and responses for AYUSH was 2(0.46%). This shows some accordance with the study conducted by Ahamed Yasin Mohammed et al in 2013<sup>[20]</sup> the 76.4% of the respondents were married and the overall 96 % of the respondents had heard about traditional medicine and 36% out of it knew about herbal medicine.

The Attitude index as well shows the predominance of LAI with respect to all the variables with results of HAI as 9 (2.1%) MAI as 78(18.3%) LAI 340 (79.6%). Those less percentage of participants who had some knowledge showed good attitude towards the USM and 83.8% among them preferred Unani drugs over the allopathic drugs. and rest of them though having knowledge showed negative attitude towards it. Similarly 88.8%

were of the opinion that Unani drugs have no side effects compared to 56 % in study by Rabeya Siddika et al 2014 & similarly 84.55% showed positivity over the cost effectiveness of Unani drugs compared to 49% by Rabeya Siddika et al 2014 The study is in contrast with the study conducted by Rabeya Siddika et al 2014 which showed good attitude among the respondents as 32.56% compared to our study that showed it as 18.13%(MAI). This study was in contrast with the similar study about complementary and alternative medicine (CAM) carried out by Sing. et al<sup>[21]</sup> which showed the attitude of 51.9% for preference of CAM and 32.5% for both CAM and m In one study carried out regarding the popularity of AYUSH among the allopathic doctors at Bangalore and Kolar Karnataka majority of the doctors' ranked Ayurveda as most commonly practiced & popular among the AYUSH system followed by Homeopathy, Yoga and Unani.<sup>[22]</sup>

## CONCLUSION

As National AYUSH Mission has purposely been launched by the Ministry of AYUSH, Government of India for propagating its own system of medicine nationally and internationally. So the present study is the novel study so for assessing the Knowledge & attitude of the Unani System of Medicine and for creating awareness about this system and need of this study is felt seeing the public mood of turning towards traditional medicine for its holistic approach, its cost effectiveness and minimal side effects which study like this can present in the form of need of popularising AYUSH in general & Unani system of Medicine in particular through various IEC, counselling and Advocacy Communication & Social Mobilization (ACSM) activities included in NAM. The data provided by the study can be used by the policy makers for various interventions.

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