

**PERCEPTION OF CLIENTS TOWARDS AYURVEDA HEALTH
SERVICES IN MANANG AYURVEDA HOSPITAL**

By

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This thesis entitled "**Perception of Clients towards Ayurveda Health Service in Manang Ayurveda Hospital**" submitted by **Gyanendra Prasad Paudel** in partial fulfillment of the requirements for the Master's Degree in Health Education carried out under my supervision. To the best of my knowledge, the study is original and useful for the information. Therefore, I forward and recommend this thesis for evaluation to The Thesis Evaluation Committee.

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APPROVAL SHEET

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I hereby dedicate, to the best of my knowledge that, this thesis is my original and no part of it was earlier submitted for candidature of research degree to any university, college of educational institution. Then subject matter presented in this thesis report is the result of my own work.

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Gyanendra Prasad Paudel

ABSTRACT

This thesis entitled "Perception of Clients towards Ayurveda Health Service of Manang Ayurveda Hospital" was aimed to find out the perception of the clients of Manang Ayurveda Hospital on the services provided from Ayurveda Health Facilities. The study was descriptive in nature. Total 422 patients were sampled which were selected by convenient sampling method on the basis of time duration for the study. The researcher visited the respondents personally, developed rapport, explained the purpose of the study, took consent and finally collected required information by using interview schedule.

The analysis of socio demographic statistics revealed that different age group had come in the hospital during field study. From one year baby to the 84 years old man had come in hospital. More patients were between in the age group 45 to 65 years old. Among the total sample of patients, 57.81% were male and 42.18% were female. Out of 422 respondents 49.28% patients were Gurung, 39.57% were Lama. In the total patients, only 7.10 patients were illiterate. It was found 50.89 percents respondents were involved in Hotel and Jadibuti business.

The analysis of statistic related with the relationship between doctor and patients revealed that 81.71% patients were satisfied by doctor's saying. After examination the doctors had told 77.72 percent patients about their disease, among this 63.51 percent were satisfied by the doctor's saying. After analyzed the data it was found 27.96 percent patients were called for recheck after one week, 64.92 percent after two weeks, 5.45 percent after one month and 1.65 percent were not called again. It was found 69.66 percent patients were suggested for different types of investigation. After examination the doctor had given medicine to 96.68 percent patients, the doctor/pharmacist had told 93.87 percent patients how to take medicine. It was found 99.05 percent had not any experience of side effects of Ayurveda Medicine. It has been found 95.97% patients think Ayurvedic drugs are effective. This shows patients have a strong believe on the effectiveness of Ayurveda drugs. It has been found that 54.97% patients think the hospital facility is sufficient to them for solving the personal health problems. After analyzed the major findings, it can be concluded that the patients have positive perception towards health service of Manang Ayurveda Hospital.

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ABREVIATIONS

AAHW	:Auxiliary Ayurveda Health Worker
AHA	:Ayurveda Health assistant
AHP	:Ayurveda Health Policy
BAMS	:Bachelor of Ayurveda Medicine and Surgery
CAM	:Complementary and Alternative Medicine
CT	:Computerized Tomography
CTEVT	:Council for Technical Education and Vocational Training
GM	:General Medicine
GMP	:Good Manufacturing Practice
IHRD	:Institute of Health Research Development
IOM	:Institute of Medicine
JADAN	:Journal of Ayurveda Doctors Association of Nepal
JAMA	:Journal of American Medical Association
MD	:Doctor of Medicine
MRI	:MagnaticResonentImmage
NAMC	:Nepal Ayurveda Medical Council
NAMSS	:Nepal Ayurveda Medical Students' Society
NHSSP	:Nepal Health sector support programme
NSU	:Nepal Sanskrit University
PCL	:Proficiency certificate level
TM	:Traditional Medicine
TU	:Tribhuwan University
USG	:Ultrasonography
WHO	:World Health Organization

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CHAPTER -I

INTRODUCTION

1.1 Background of the Study

Ayurveda is the indigenous and traditional healthcare system in Nepal. It has been practicing as the major healthcare system in Nepal since time immemorial. WHO has defined the traditional medicine as "It is the sum total of the knowledge, skills and practices based on the theories, beliefs and experiences indigenous to different cultures, whether explicable or not, used in the maintenance of health, as well as in the prevention, diagnosis, improvement or treatment of physical and mental illnesses". The WHO Traditional Medicine Strategy paper 2002-2005 explains that traditional, complementary and alternative medicine attracts the full spectrum of reactions, ranging from uncritical enthusiasm to uninformed skepticism. Yet the use of traditional medicine remains widespread in developing countries. In many parts of the world, policy-makers, health professionals and the public are wrestling with the question about the safety, effectiveness, quality, availability, preservation and further development of this type of health care. Meanwhile, in many developed countries, complementary and traditional medicine is becoming more and more popular. The percentage of the population, which has used complementary and traditional medicine at least once, is 48 percent in Australia, 50 percent in Canada, 42 percent in USA, 38 percent in Belgium and 75 percent in France,(WHO, 2010).

In many parts of the world, expenditure on TM (Traditional medicine)/CAM (Complimentary and Alternative medicine) is not only significant, but growing rapidly. In Malaysia, an estimated US\$ 500 million is spent annually on this type of health care, compared to about US\$ 300 million on allopathic medicine. In the USA, total 1997 out-of-pocket CAM expenditure was estimated at US\$ 2700 million. In Australia, Canada and the United Kingdom, annual CAM expenditure is estimated at US\$ 80 million, US\$ 2400 million and US\$ 2300 million respectively, (WHO 2010).

In Nepal, Ayurveda health services are being provided by the government through pharmacies since 1973 BS. The department of Ayurveda, leading organization Ayurveda, was established under the Ministry of Health in 2038 BS. But, there has not been much development of Ayurveda science for long in Nepal. Although Ayurvedic science has tremendous potentials, no clinical researches have been conducted in this regard. Most of the ethno-botanical researches, researches on indigenous knowledge etc. are conducted by either botanist or anthropologist. For the sake of development of the Ayurvedic science and procurement of efficient manpower, Ayurveda Health Policy (AHP) has emphasized the establishment of specific institutions. It has proposed the establishment of a National Ayurveda Study Center for quality service, management of manpower, research on Ayurveda and resource management etc. However even after a decade of policy promulgation, there has been no significant progress in this regard, (www.ayurvedtoronto.com). The country has only one central level Ayurveda hospital in Kathmandu with 118 beds and one regional hospital with 30 beds in Dang. Besides this, 14 Zonal Ayurveda Ausadhalaya, 61 District Ayurveda Health Center and 216 Ayurveda Ausadhalaya (dispensaries) are in

operation. There is no significant difference between Zonal Ayurveda Aushadhalaya and District Ayurveda Health Center. Humla, Mugu, Dolpa, Rukum and Kalikot have only one state-run Ayurveda Ausadhalaya. Similarly, eighteen districts (almost of remote region) have only two and sixteen have three Ausadhalaya. Till now a dozen of private Ayurveda hospitals are running in the country, among of them most of are located in Kathmandu, Similarly Ayurveda campus kritipur, Bijauri campus Dang and Birgunj Ayurveda campus are also running their own teaching hospitals, (www.ayurvedtoronto.com).

Unfortunately Ayurvedic education has received the lowest priority in this country. Although Ayurvedic education was the only technical education provided in this country even during Rana regime. In 1985 Ayurvedic education was started in Durbar High School, Ranipokhari, with objectives of production of following different level of Ayurvedic manpower – Low Level-vaidyaVinod, Middle Level-VaidyaBhusana& Higher Level – VaidyaRatna. In 2015 B.S. these different levels of Ayurvedic education was improved as Ayurveda Madhyama, Ayurveda Shastri and Ayurvedacharya and it was closed with the introduction of New education plan in 2029 B.S. Whereas earlier all level of Ayurveda's were being produced in Manang AyurvedaVidyalaya, only middle level health workers of certificate standard were being produced after the takeover of vidyalaya as Ayurveda campus under institute of medicine by Tribhuwan University. In 2044 B.S. Bachelor level program (BAMS) was started in the same institute in spite of lacking of infrastructure and qualified teaching staffs. At the same time low level AAHW (Auxiliary Ayurvedic Health Worker) program also started. In 2049 B.S. all programs were close by T.U. due to lack of infrastructure and teaching staffs. In 2053 B.S., BAMS program restarted in Ayurveda Campus Manang under Institute of medicine by Tribhuwan University and is continuing, in spite of many difficulties. From 1985 B.S. to 2028 B.S. Ayurveda Vidyalaya produced 19 VaidyaRatna, 28 VaidyaBhushan, 34 Ayurveda Shastri and 18 Ayurveda Acharya (Total 99). From 2029 B.S. to 2053 B.S, Ayurveda Campus, IOM, TU, produced 367 P.C.L. (GM & TM), 166 AAW, 29 BAMS, 22 Refresher, 6 Acharya& 22 Shastry (Total 562). From 2054 B.S. till now 225 students has completed BAMS. and 140 are studying this course, under IOM, T.U. Since three year MD in only one subject (internal medicine) is started, Up to now there is only 6 MD students, (www.ayurvedtoronto.com).

In 2055 B.S. Nepal Sanskrit University (Earlier Mahendra Sanskrit University) started middle level health worker A.H.A (Ayurvedic Health Assistant) at Dang in Mid-west region of Nepal and affiliated by N.S.U. Total 7 following institute are running AHA programs at different part of country – JanataVidyapith, Bijauri, Dang, Kapilvastu Medical college, Taulihawa, Nikhil Ayurveda college, Pokhara, Janak Ayurveda Vidyapith, Janakpur, Institute of Health research development (IHRD), Janakpur, UttamDhanwantari Ayurveda college, Gaur & Jagadamba Ayurveda college, Gaur, each having capacity of 40 students per year. Similarly CTEVT affiliated AHA & AAHW (Ayurvedic Health Assistant and Auxiliary Ayurvedic health worker-low level health worker) program running in different part of country Saptari, Lalitpur, Morang, Dhanusa, Kailali, Bardiya. In 2064 B.S. Mithila Ayurveda College and research center affiliated by NSU started BAMS program in JanakpurDham, Dhanusha having capacity of 40 students per year. Similarly, TU affiliated Nepal Ayurveda college, Birgunj has been taking admission of 40 students per year in BAMS. The NSU itself is teaching BAMS for 40 students per year. 30 MD (Ayu), 425 Ayurvedacharya (BAMS), 1223 Ayurveda ChikitsaVyawasaiPratham (AHA), 631 Ayurveda ChikitsaVyawasaidutiya (AAHW), 19 paramparagat Ayurveda chikitsaVyawasai (Suchikrita) are registered in Nepal Ayurvedic Medical Council, (www.mohep.gov.np).

If we do study on the number of Ayurveda technicians based on their birth place, twenty eight districts have no Ayurvedic Doctors, twenty-five districts have no AHA (Ayurveda Health Assistant), and thirty-three districts have no AHW (Ayurveda Health Worker). Baitadi, Achham, Dolpa, Kalikot, Jumla, Humla, Jajarkot, Manag, Tehrathum, Dhankuta and Taplejung districts have no Ayurvedic technicians. Panchthar, Sankhuwashava and Bajura districts have only one AHW and no Doctors and AHA. Darchula, Dadeldhura, Dailekh, Bardia, Rolpa and Ramechhap districts have only some AHA (maximum 4) and Makawanpur has only one Doctor and no AHA and AHW. Janakpur is the richest in Ayurvedic technicians while Karnali is the poorest zone to have Ayurveda technicians including all levels. Similarly, nearly 49 percent of total Ayurvedic technicians are from Central Development Region and Far-Western Region represents just about 0.012 percent. Here the term perception means the knowledge and attitude of the patient regarding the Ayurveda facilities he/she has taken. In Oxford dictionary, the term perception is described as “Process by which we become aware of changes (through the senses of sight, hearing etc); act of power of perceiving. Mainly the word perception means how the patient perceives the Ayurveda facilities, (Adhikari, 2014).

1.2 Statement of the Problems

Ayurveda is a holistic healing science which comprises of two words, Ayu and Veda. Ayu means life and Veda means knowledge or science. So the literal meaning of the word Ayurveda is the science of life. Ayurveda is a science dealing not only with treatments of some diseases but is a complete way of life. This becomes clear when we see the meaning of life. As mentioned above Ayurveda is a science of life so to know more about it, we must know what is life? Life according to Ayurveda is a combination of senses, mind, body and soul. So it is clear from this definition of life that Ayurveda is not only limited to body or physical symptoms but also gives a comprehensive knowledge about spiritual, mental and social health. The words like soul and spirituality might sound outdated or create a negative thinking in some of you as they have no place in the modern science. As soon as we hear about these topics, we become uncomfortable. Actually, I don't feel that it is our fault. No one has ever spoken about these things to us. To become happy and peaceful, we are always trapped in the attractions of outer material world. The modern society, education, culture and the television everything speaks about materialism. If this was everything why is it so that most of us are not happy? There is unrest, anxiety, mental tension, fighting and terror everywhere despite best efforts being made to stop it. That is because some part of our body is not being nourished properly. And that is our inner self or the soul. There has to be a proper balance between materialism and spiritualism. Ayurveda practices the theory of balance. According to Ayurveda, health is the state of balance and imbalance is disease. The multi-faced application of Ayurveda becomes more confirmed when we go more deep into, (www.ayurvedtoronto.com).

In the concept of Nepal, most of the Nepalese are said to rely on Traditional herbal health system, no one knows the exact causes and perception behind its widespread use. Some Ayurveda health care-seeker has strong belief that Ayurveda can cure even a chronic stubborn disease and it is safe and effective. It is also regarded as cheap as they use locally available resource. But the educated mass or those with scientific mind raise their eyebrows. They have the trust but tend to seek the evidence of safety and efficacy of Ayurveda care. The science cannot survive without the input of competent manpower and evidence. Qualified, competent and trained manpower is a primary prerequisite for any institutional development, formulation, implementation and success of any program as well as the social acceptance or status of any branch of Ayurveda also. Although the Ayurveda treatment

system is being popular in the world, general perception of public people says that there is no quite different between the registered Ayurveda medicine and street venders so called Ayurveda medicine. In Nepalese context, there is no adequate awareness about the safety, efficacy and GMP of Ayurveda Medicine . Whereas Ayurveda dispensaries are significantly increasing in the country but effectiveness of the service is not seen good and improved due to the centralized system of drug distribution, insufficient budget for Medicine and poor-performance of the employees are hindering the effectiveness of the Ayurveda health services. It is clear that most of the educated Nepalese people are attractive towards Ayurveda treatment system but the condition of service provided centers are not seen concern towards the perception of the people so that the researcher wasintended to analyze the perception of patients towards services of Ayurveda thus the research problem was stated “Perception of clients towards HealthServices ManangAyurveda Hospital” as research title.

1.3 Objectives of the Study

The general objective of this research wasto assess and analyze the perception of the clients towards Ayurveda Hospital, Manang,specific objectives were as follows:

- a) To analyze the relationship between clients and Ayurvedic health workers.
- b) To accessand analyze the perception of clients towards Ayurvedic health service.

1.4 Significance of the Study

This study was conducted an academic study was doneto fulfill the requirement for the Master Degree in Health education. It was focused on perception of theclients towardshealth services of ManangAyurvedic Hospital. This research wouldcontribution various sectorswhich help to establish a foundation for evidence-based practice of Ayurveda. Some major significances of this study are as follows;

- a) The result of this study would help to plan about Ayurveda for policy makers to lift the perception of community regarding the Ayurveda.
- b) The result of this study will be helpful for NGOs and INGOs to launch the programme on Ayurveda service.
- c) This study will be beneficial to the leaders to increase awareness of community about the Ayurveda service and facilities.
- d) This study would contribute for further new researchers on the field of Ayurveda service as reference.
- e) The results of this research would help to direction in which to put our efforts for creating evidence in the practice of Ayurveda.
- f) This study will be helpful to know the perception of clients towards Ayurvedic treatment system.

1.5 Delimitation of the Study

Delimitation is the boundary of the study. Like other studies, this research was based on exit client interview is not free from limitation. Due to the insufficient budget and time of the researcher, this research was delimited on the following area and content.

- a) This study was delimited in Ayurveda Hospital of Manang.
- b) It was confined to the perception of Ayurveda care seekers in Manang Ayurveda Hospital.
- c) This study was focused on only perception of care seekers, so it did not cover all other aspects.
- d) This study was based on descriptive research design only for academic purpose.

1.6 Definition of Terms Used

The terms used in this study are mainly explored through the definition given below:

Ayurveda: an ancient medical treatise summarizing the Hindu art of healing and prolonging life; sometimes regarded as a 5th Veda.

Perception: Process by which we become aware of changes (through the senses of sight hearing, etc.); act of power of perceiving.

Patient: A person who is ill and comes at health facility to seek the treatment or medical care from health personnel.

Client: A person who is not suffering from illness but comes at health facility to seek advice or other things rather than the treatment of the disease or infirmity.

CHAPTER -II

REVIEW OF RELATED LITERATURE

This chapter deals with the related literature of Ayurveda health care system, its' effectiveness and impact on health as well as perception of patients or clients on the services provided from Ayurveda health facilities. This chapter includes some theoretical literature, empirical literature and conceptual framework for the research. Some researches and theories are previously conducted and developed in the related field of Ayurveda medicine and patients' perception some reviewed theories and researches are presented as follows;

2.1 Theoretical Literatures

The words like soul and spirituality might sound outdated or create a negative thinking in some of you as they have no place in the modern science. As soon as we hear about these topics, we become uncomfortable. Actually, I don't feel that it is our fault. No one has ever spoken about these things to us. To become happy and peaceful, we are always trapped in the attractions of outer material world. The modern society, education, culture and the television everything speaks about materialism. If this was everything why is it so that most of us are not happy? There is unrest, anxiety, mental tension, fighting and terror everywhere despite best efforts being made to stop it. That is because some part of our body is not being nourished properly. And that is our inner self or the soul. There has to be a proper balance between materialism and spiritualism. Ayurveda practices the theory of balance. According to Ayurveda, health is the state of balance and imbalance is disease. The multi-faced application of Ayurveda becomes more confirmed when we go deeper (<http://www.ayurvedtoronto.com>)

The WHO Traditional Medicine Strategy paper 2002-2005 explains that traditional, complementary and alternative medicine attracts the full spectrum of reactions, ranging from uncritical enthusiasm to uninformed skepticism. Yet the use of traditional medicine remains widespread in developing countries. In many parts of the world, policy-makers, health professionals and the public are wrestling with the question about the safety, effectiveness, quality, availability, preservation and further development of this type of health care. Meanwhile, in many developed countries, complementary and traditional medicine is becoming more and more popular. The percentage of the population, which has used complementary and traditional medicine at least once, is 48 percent in Australia, 50 percent in Canada, 42 percent in USA, 38 percent in Belgium and 75 percent in France. (WHO, 2005-2010).

"The Health Belief Model and Personal Health Behavior a Theory Approach" (Becker, 1974)

The Health Belief Model (HBM) is one of the most widely used conceptual frameworks for understanding health behavior. Developed in the early 1950s, the model has been used with great success for almost half a century to promote greater condom use, seat belt use, medical compliance, and health screening use, to name a few behaviors. The HBM is based on the understanding that a person will take a health-related action (i.e., use condoms) if that person: feels that a negative health condition (i.e., HIV) can be avoided, Has a positive expectation that by taking a recommended action, he/she will avoid a negative health condition (i.e., using condoms will be effective at preventing HIV), and Believes that he/she can successfully take a recommended health action (i.e., he/she can use condoms comfortably and with confidence). The Health Belief Model is a framework for motivating people to take positive health actions that uses the desire to avoid a negative health consequence as the prime motivation. For example, HIV is a negative health consequence, and the desire to avoid HIV can be used to motivate sexually active people into practicing safe sex. Similarly, the perceived threat of a heart attack can be used to motivate a person with high blood pressure into exercising more often. It's important to note that avoiding a negative health consequence is a key element of the HBM. For example, a person might increase exercise to look good and feel better. That example does not fit the model because the person is not motivated by a negative health outcome even though the health action of getting more exercise is the same as for the person who wants to avoid a heart attack. The HBM can be an effective framework to use when developing health education strategies. A large research study reviewed 46 studies of HBM-based prevention programs published between 1974 and 1984. The HBM-based programs focused on a variety of health actions. The results of the meta-analysis provided substantial empirical support for the efficacy of the HBM. For more information on this study, consult "The Health Belief Model and Personal Health Behavior" (Becker, 1974).

The Health Belief Model (HBM) is a psychological health behavior change model developed to explain and predict health-related behaviors, particularly in regard to the uptake of health services. The health belief model was developed in the 1950s by social psychologists at the U.S. Public Health Service and remains one of the best known and most widely used theories in health behavior research. The health belief model suggests that people's beliefs about health problems, perceived benefits of action and barriers to action and self-efficacy explain engagement (or lack of engagement) in health-promoting behavior. A stimulus, or cue to action, must also be present in order to trigger the health-promoting behavior. One of the first theories of health behavior, the health belief model was developed in the 1950s by social psychologists Irwin M. Rosenstock, Godfrey M. Hochbaum, S. Stephen Kegeles, and Howard Leventhal at the U.S. Public Health Service to better understand the widespread failure of screening programs for tuberculosis. The health belief

model has been applied to predict a wide variety of health-related behaviors such as being screened for the early detection of asymptomatic diseases and receiving immunizations. More recently, the model has been applied to understand patients' responses to symptoms of disease, compliance with medical regimens, lifestyle behaviors (e.g., sexual risk behaviors), and behaviors related to chronic illnesses, which may require long-term behavior maintenance in addition to initial behavior change. Amendments to the model were made as late as 1988 to incorporate emerging evidence within the field of psychology about the role of self-efficacy in decision-making and behavior([https://en.wikipedia.org/wiki/Health belief model](https://en.wikipedia.org/wiki/Health_belief_model)).

HealthBehavior Research at the University of Pennsylvania (July 2009)Programs to influence health behavior, including health promotion and education programs and interventions, are most likely to benefit participants and communities when the program or intervention is guided by a theory of health behavior. Theories of health behavior identify the targets for change and the methods for accomplishing these changes. Theories also inform the evaluation of change efforts by helping to identify the outcomes to be measured, as well as the timing and methods of study to be used. Such theory-driven health promotion and education efforts stand in contrast to programs based primarily on precedent, tradition, intuition, or general principles. Theory-driven health behavior change interventions and programs require an understanding of the components of health behavior theory, as well as the operational or practical forms of the theory. The first edition of *Health Behavior and Health Education: Theory, Research, and Practice*, published in 1990, were the first text to provide an in-depth analysis of a variety of theories of health behavior relevant to health education in a single volume. It brought together dominant health behavior theories, research based on those theories, and examples of health education practice derived from theory that had been tested through evaluation and research(Glanz, 2009).

Health Belief Modelin behavioral medicine, professionals bases their interventions on a few models that attempt to explain people's health-related behavior: the health belief model, reasoned and planned behavior theory, learning theories/classical conditioning, and social cognitive theory. These models are termed continuum theories, for they aim to recognize variables that influence people's behavior, and using the sum of variables, how likely the person will engage in a particular behavior (Weinstein, Rothman, & Sutton, 1998). They are often criticized on their narrow focus on outcome behavior of interest (e.g. smoking cession) and its non-inclusion of race, gender, and socioeconomic status all features known to have a somewhat strong influence on health behavior. Nonetheless, the model dynamics are useful to describe particular types of behavior. As the one of the earliest frameworks for understanding

human behavior, the health belief model declares that individuals will take health related actions based on six types of factors and associated beliefs:

Perceived Susceptibility: the condition may hurt the individual on any aspect of the bio-psychosocial model.

Perceived Severity: the condition is severe enough to have a negative consequence.

Perceived Benefits: the advised actions may stop, lower, or lessen the affect, risk, and consequences of the condition, respectively.

Perceived Barriers/Costs: the corrective/preventive benefits outweigh the psychological and physical harms of abiding to the advised behavior.

Cues to Action: there is an internal or external cue, or both, that trigger the individual to finally act (Parak and Park, 2009).

Reasoned Action & Planned Behavior Theory recognizes that individuals act rationally and emphasizes the power of individual's intention to induce behavior governed by three principles: Attitude of the individual's positive or negative feelings about engaging in a given behavior. Standards or influences established by the individual's larger context, for instance, familial beliefs, media conceptions, and societal models. The theory is limited to discrete sample populations and does not incorporate profiles of previous behaviors nor does it address when positive intentions are not enough to enact behaviors (Parak and Park, 2009).

Sofaer and Firminger, (2014) "Patient perceptions of the quality of health services "As calls are made for a more patient-centered health care system, it becomes critical to define and measure patient perceptions of health care quality and to understand more fully what drives those perceptions. This chapter identifies conceptual and methodological issues that make this task difficult, including the confusion between patient perceptions and patient satisfaction and the difficulty of determining whether systematic variations in patient perceptions should be attributed to differences in expectations or actual experiences. We propose a conceptual model to help unravel these knotty issues; review qualitative studies that report directly from patients on how they define quality; provide an overview of how health plans, hospitals, physicians, and health care in general are currently viewed by patients; assess whether and how patient health status and demographic characteristics relate to perceptions of health care quality; and identify where further, or more appropriately designed, research is needed. The

aim was to find out what patients want, need and experience in health care, not what professionals (however well-motivated) believe they need or get.

Consumer-perception-theory-Merchants aim to increase their sales by determining what drives their customers' purchase decisions. Consumer perception theory attempts to explain consumer behavior by analyzing motivations for buying -- or not buying -- particular items. Three areas of consumer perception theory relate to consumer perception theory: self perception, price perception and perception of a benefit to quality of life. Consumer perception applies the concept of sensory perception to marketing and advertising. Just as sensory perception relates to how humans perceive and process sensory stimuli through their five senses, consumer perception pertains to how individuals form opinions about companies and the merchandise they offer through the purchases they make. Merchants apply consumer perception theory to determine how their customers perceive them. They also use consumer perception theory to develop marketing and advertising strategies intended to retain current customers -- and attract new ones. Self perception theory attempts to explain how individuals develop an understanding of the motivations behind their own behavior. Self perception by customers relates to values and motivations that drive buying behavior -- which is also an important aspect of consumer perception theory. For instance, a study by researchers at the University of Massachusetts at Amherst addressed how self perception shaped consumers' buying behavior. The study considered the question of whether consumers believed their buying decisions had a real effect on issues such as environmental impact. The researchers concluded that consumers' self perception was a driving factor in whether or not they placed a priority on socially conscious purchase and consumption practices. Consumers who viewed themselves as socially conscious tended to place more weight on issues such as environmental impact when making buying decisions than consumers who did not hold similar views of themselves. (<http://smallbusiness.chron.com/consumer-perception-theory-40176>).

Byron and Daniel,(2015) “Perceptions of Weight and Health Practices in Hispanic Children” Perception of weight by parents of obese children may be associated with willingness to engage in behavior change. The relationship between parents’ perception of their child’s weight and their health beliefs and practices is poorly understood, especially among the Hispanic population which experiences disparities in childhood obesity. This study sought to explore the relationship between perceptions of weight and health beliefs and practices in a Hispanic population. A cross-sectional, mixed-methods approach was used with semi structured interviews conducted with parent-child (2–5 years old) dyads in a primarily Hispanic, low-income population. Parents were queried on their perceptions of their child’s health, health practices, activities, behaviors, and beliefs. A grounded theory approach was used to analyze participants’ discussion of health practices and behaviors. Forty parent-child dyads completed the interview. Most (58%) of the parents of overweight and obese children misclassified their child’s weight status. The qualitative analysis showed that accurate perception of weight was associated with internal motivation and more concrete ideas of what healthy meant for their child. . The qualitative data suggest there may be populations at different stages of readiness for change among parents of overweight and obese children, incorporating this understanding should be considered for interventions (International Journal of Pediatrics, 2015).

The Health Care Performance and Public Perception Survey is a syndicated study designed to help health care sector directors better understand public perception of their organization. The study provides subscribers with concrete information and specific recommendations on perceptions of their health care organization. Subscribing organizations will learn which issues are of greatest concern to the public and which are impacting patient choices. The study guides each subscribing organization in recognizing which issues impact public perception and drive patient choices when it comes to selecting a healthcare organization. Health Care Performance and Public Perception Over four-in-five (82%) Ontarians have heard about hospital wait time issues; and nearly three-in-four (74%) have heard about hospital bed shortages. Moreover, in some regions of the province only one-half (47%) of residents say they trust their local hospital when it comes to cleanliness. Furthermore, fewer than three-in-five (59%) Ontarians report that they would go to their local hospital without hesitation if they had to be hospitalized tomorrow; and for those regions which have had recent negative press coverage regarding outbreaks or lack of hospital cleanliness, as few as 47% agree with this sentiment. Public perception of hospitals shapes public debate and directly impacts not only patient decisions on where to seek treatment, but their expectations regarding the quality of service they will receive. In addition to measuring patient experience, an effective health care system operates by regularly assessing the public's perceptions in order to manage their reputation and understand what it will take to exceed expectations. IPOs Reid can help you measure, track and compare the public perception of your organization's performance and reputation. The Health Care Performance and Public Perception syndicated study has been designed to provide health care organizations with an invaluable source of actionable data, measurement of their reputation and a ranking of their organization against the provincial average for context, (<http://www.ipsos-na.com/products-tools/public>).

2.2 Empirical Literatures

Dutt, (2014) "Attitudes and perceptions toward rural health care service among medical students" Each year, students get admitted to medical colleges with definitive objectives and attitudes. They are destined to serve the humanity in need irrespective of the geographical distribution of their placements. Now-a-days students graduating from the medical institutions are opting to work in urban than rural areas. This has resulted in acute shortage of qualified medical doctors serving the rural India. This alarming increase in population-to-

doctor ratio in rural areas is a cumbersome issue for the governments. Main aim of the study was to study the attitudes toward rural health service and difference in their perceptions, career preferences, if any, based on gender, nationality and year of study among the medical students; the present work was carried out. A total of 160 students of 1st year and final year course of a Private University Medical College in Karnataka state, India were included. 113 were Indians and 47 Malaysians. Content, construct validity and test retest reliability were applied to a questionnaire. Responses were compiled and statistically analyzed. The results revealed that huge majority of students want to pursue post graduation and work in urban than rural areas, which is equally seen among the study group. They were all aware about the health needs of rural population, but can work only for few years. Multiple factors contribute to the lack of motivation among the medical students to take up rural service. Well-planned rural incentive packages with effective retention strategies should be provided in a definitive framework benefiting the health.

Joan, Cronin and Michael, (2014) had studied on “qualitative study of traditional healing practices among American Indians” was aimed of this qualitative study was to solicit information from adult AIs with chronic pain regarding use of traditional health practices (THPs) for chronic pain and pain reduction. Prospective qualitative design was applied in this study. The cohort included 21 (10 women and 11 men) AI patients with chronic pain. A semi-structured interview guide was developed, and audio taped interviews were conducted with all patients. Audio taped interviews were transcribed, and thematic analysis strategies were used to identify core concepts and categories for coding interview data. A range of THP were described including smudging (burning sage), sweat lodge (ceremonial sauna), sema (ceremonial tobacco), feasting (strengthening process), pipes (ceremonial herb and tobacco), storytelling (nonhierarchical environment for verbal communication), and contact with a traditional healer (elder spiritual leader). The majority of individuals from the reservation described prior exposure to THP; however, the majority of urban individuals reported limited exposure. Although the majority of individuals endorsed inclusion of THP in ambulatory-based pain treatment programs, recommendations for inclusion of specific practices were not systematically identified.

Khaniya, (2014) Conducted on “traditional healing practices and use of medicinal plants in Chitwan, Nepal” was based on cross sectional descriptive design following mixed method (largely qualitative) was used in Chitwan district of Nepal. Data were gathered during July 2012 to Jan 2013 by using simple random sampling. A semi structured questionnaire consisting name of the diseases, diagnosis process, raw materials used for medicine and methods for preparation was used for data collection. Recognition in the community and currently active in practices were considered basic criteria for the selection of healers. There were a distinct difference between herbalist and other type of practitioners. Factor such as severity, age, sex are considered by herbalists, whereas diviners and prophets consider day

and time for their healing practices. More than 40 types of health problems (including both communicable and non-communicable) were treated by using more than 109 medicinal plants. Attitude of local people is positive, encouraging and reverential towards traditional healers, however new generation has been gradually shifting toward modern medicine in the name of scientific system.

Stephen and Alex (2014) studied on “HIV in (and out of) the clinic: Biomedicine, traditional medicine and spiritual healing in Harare”. This paper aimed to add to our knowledge of the relationships between traditional medicine and spiritual healing in connection with biomedicine and how this may influence HIV treatment and prevention. Contemporary lived experiences of the human immunodeficiency virus (HIV) are shaped by clinical and cultural encounters with illness. In sub-Saharan countries such as Zimbabwe, HIV is treated in very different ways in various therapeutic contexts including by biomedical experts, traditional medicine and faith healers. The co-existence of such expertise raises important questions around the potencies and limits of medical and alternative healing practices in promoting HIV recovery. First, in this study, drawing on in-depth qualitative interviews with 60 people from poor urban areas in Harare, we explore the experiences of people living with and affected by HIV. Specifically, they sought to document, interrogate and reflect on their perceptions and experiences of biomedicine in relation to traditional medicine and spiritual healing. Their accounts indicate that traditional medicine and spiritual beliefs continue to significantly influence the way in which HIV is understood, and the forms of help and care people seek. Second, they observe the dramatic and overwhelmingly beneficial impact of Antiretroviral Therapy and conclude through Zimbabwean’s own stories that limitations around delivery and wider structural inequalities impede its potential. Lastly, they explore some practical implications of the biomedical clinic (and alternative healing practices) being understood as sites of ideological and expert contestation. They studied in the emergence of various themes: stigma, culture, gender and social mobilization, as well as how the experience of HIV is mediated by biomedicine and metaphysical notions of healing.

Laxmi and Chander (2014) “A study on patient satisfaction towards Ayurvedic health care services at Erode district of Tamilnadu” this paper focused on Ayurvedic health care services offered by Ayurvedic hospitals and expectations of patients. The study helps to identify the determinants of various factors which influence the quality of the service provided by various health care Centre and hospitals. The opinions of patients were collected informally at different Ayurvedic hospitals in Erode district. The study also brings to the limelight of new service requirements expected by patients, thus fulfilling the gap between the existing services and patients’ requirements. Through this paper the study proposes systematic procedures for conceptual analysis on patients perceived and expected service quality in Ayurvedic health care centre and hospitals. The study brings out the factors which will significantly contribute to the satisfaction of the patients. The main finding of the study is that most of the people feel that the Ayurvedic doctor should look neat and clean as well as the personal care taken by doctors towards the patients. Of the different factors studied the respondent gave least important to hospital tangible factor. This might be possible because of the nature fear of the people that sound infrastructure may lead to high treatment cost. The study reveals those customers are highly satisfied with regard to service and staff tangibility. The factors which scored very low on satisfaction level are hospital tangibility and treatment cost. This indicates that the Ayurvedic health care centers have to focus more on updating the infrastructure of hospital and also reduce treatment cost. The Ayurvedic health care centers have to equip with modern equipments and also

maintain cleanliness and neatness of the hospitals. If the infrastructure of Ayurvedic health care center is modernized, it may attract more number of patients towards the Ayurvedic treatment. By reducing the cost of the treatment to the possible extent and extending the personal care taken by the doctors towards the patients, the Ayurvedic treatment may be revived to a new height in our country.

Semenya and Potgieter, (2014) “Bapedi traditional healers in the Limpopo” was completed by using convenience sampling were used to identify and select two traditional healers from 17 municipalities (resulting in 34 healers being used in this pilot survey) of the Limpopo Province in South Africa. Information on the social and demographic variables, and traditional healing practices of these healers was gathered from January 2013 to July 2013, using a semi-structured questionnaire, supplemented by field surveys for plant identification and collection used in the preparation of remedies. Males constituted nearly two-thirds of the participants. Forty eight percent of them became healers through the mentoring of another healer, while 38% acquired their traditional healing knowledge from parents and 14% from grandparents. In contrast to this, 62% of the females obtained theirs from their parents, 30% from fellow traditional healers, and 8% from grandparents. A total of 154 plant species were indicated as used by healers in the treatment of 52 health-related problems. A vast majority (89%) of these practitioners reported that prepared herbal remedies do expire, which is a temperature-dependent process. Determinations of the efficacy of remedies by most healers (67%) were via consultation with ancestors (90%). This study also found that none of the interviewees had any knowledge of provincial or national environmental legislation. Conclusions: The current study has shown that Bapedi traditional healers could play a leading role in both the preservation of indigenous knowledge and the primary health care sector. However, of concern is the traditional methods (via consulting ancestors) employed by most of these healers in determining efficacy of remedies, thus indicating a need for a scientific investigations to establish their safety and effectiveness. Equally, there is a need to educate traditional practitioners’ regarding the significance of various conservation legislations in their traditional healing. By addressing these, the national and provincial legislators, medical fraternity as well as environmental agencies will be able to better integrate them in primary health care systems and environmental management.

Brian and Alissa (2015) “Patient-clinician communication about traditional, complementary, and alternative medicine” was conducted by using sequential, multistage, qualitative methods, including focus groups, in-depth interviews, and a video vignette, to explore communication about TM/CAM between patients and their primary care clinicians. The study was conducted in RIOS Net (Research Involved in Outpatient Settings Network), a Southwestern US practice based research network, situated largely in Hispanic and American Indian communities where TM/CAM is an important part of self-care. One hundred fourteen patients, 41 clinic staff members, and 19 primary care clinicians in 8 clinic sites participated. The degree and nature of TM/ CAM communication is based on certain conditions in the clinical encounter. They categorized these findings into 3 themes: acceptance/no judgment, initiation of communication, and safety/efficacy. Perceived clinician receptivity to and initiation of discussion about TM/CAM strongly influenced patients’ decisions to communicate; perceived clinician expertise in TM/CAM was less important. Clinicians’ comfort with patients’ self-care approaches and their level of concern about lack of scientific evidence of effectiveness and safety of TM/CAM influenced their communication about TM/CAM with patients. Specific communication barriers limit patient-clinician communication about TM/CAM. Clinicians who wish to communicate more effectively with their patients about these topics and better integrate the types of care their patients use can change the communication dynamic with simple strategies.

Dalton and Jansen (2015) studied on “knowledge and uses of African Pangolins as a source of Traditional Medicine in Ghana”. Traditional medicine has been practiced in Ghana for centuries with the majority of Ghanaians still patronizing the services of traditional healers. Throughout Africa a large number of people use pangolins as a source of traditional medicine; however, there is a dearth of information on the use of animals in folk medicine in Ghana, in particular the use of pangolins. The aim of this study was to determine the prevalent use of pangolins and the level of knowledge of pangolin use among traditional healers in Ghana for the treatment of human ailments. Data was gathered from 48 traditional healers using semi-structured interviews on the traditional medicinal use of pangolin body parts in the Kumasi metropolis of Ghana. The cultural importance index, relative frequency of citation, informant agreement ratio and use agreement values were calculated to ascertain the most culturally important pangolin body part as well as the level of knowledge dissemination among traditional healers with regards pangolin body parts. Our study revealed that 13 body parts of pangolins are used to treat various medicinal ailments. Pangolin scales and bones were the most prevalent prescribed body parts and indicated the highest cultural significance among traditional healing practices primarily for the treatment of spiritual protection, rheumatism, financial rituals and convulsions. Despite being classified under Schedule 1 of Ghana’s Wildlife Conservation Act of 1971 (LI 685), that prohibits anyone from hunting or being in possession of a pangolin, our results indicated that the use of pangolins for traditional medicinal purposes is widespread among traditional healers in Ghana. A study on the population status and ecology of the three species of African pangolins occurring in Ghana is urgently required in order to determine the impact this harvest for traditional medical purposes has on their respective populations.

Journal of Alternative and Complementary Medicine (2015) “Ayurvedic oil-dripping treatment (Shirodhara)” is often used for treating sleep problems. However, few properly designed studies have been conducted, and the quantitative effect of Shirodhara is unclear. This study sought to quantitatively evaluate the effect of sesame oil Shirodhara (SOS) against warm water Shirodhara (WWS) on improving sleep quality and quality of life (QOL) among persons reporting sleep problems. This randomized, single-blinded, crossover study recruited 20 participants. Each participant received seven 30-minute sessions within 2 weeks with either liquid. The washout period was at least 2 months. The Shirodhara procedure was conducted by a robotic oil-drip system. The outcomes were assessed by the Pittsburgh Sleep Quality Index (PSQI) for sleep quality, Epworth Sleepiness Scale (ESS) for daytime sleepiness, World Health Organization Quality of Life 26 (WHO-QOL26) for QOL, and a sleep monitor instrument for objective sleep measures. Changes between baseline and follow-up periods were compared between the two types of Shirodhara. Analysis was performed with generalized estimating equations. Of 20 participants, 15 completed the study. SOS improved sleep quality, as measured by PSQI. The SOS score was 1.83 points lower (95% confidence interval [CI], -3.37 to -0.30) at 2-week follow-up and 1.73 points lower (95% CI, -3.84 to 0.38) than WWS at 6-week follow-up. Although marginally significant, SOS also improved QOL by 0.22 points at 2-week follow-up and 0.19 points at 6-week follow-up compared with WWS. After SOS, no beneficial effects were observed on daytime sleepiness or objective sleep measures. This pilot study demonstrated that SOS may be a safe potential treatment to improve sleep quality and QOL in persons with sleep problems (JACM, 2015).

WHO(2019) Traditional and complementary medicine (T&CM) is an important and often underestimated health resource with many applications, especially in the prevention and management of lifestyle-related chronic diseases, and in meeting the health needs of ageing populations. Many countries are seeking to expand coverage of essential health services at a time when consumer expectations for care are rising, costs are soaring, and most budgets are either stagnant or being reduced. Given the unique health challenges of the 21st century,

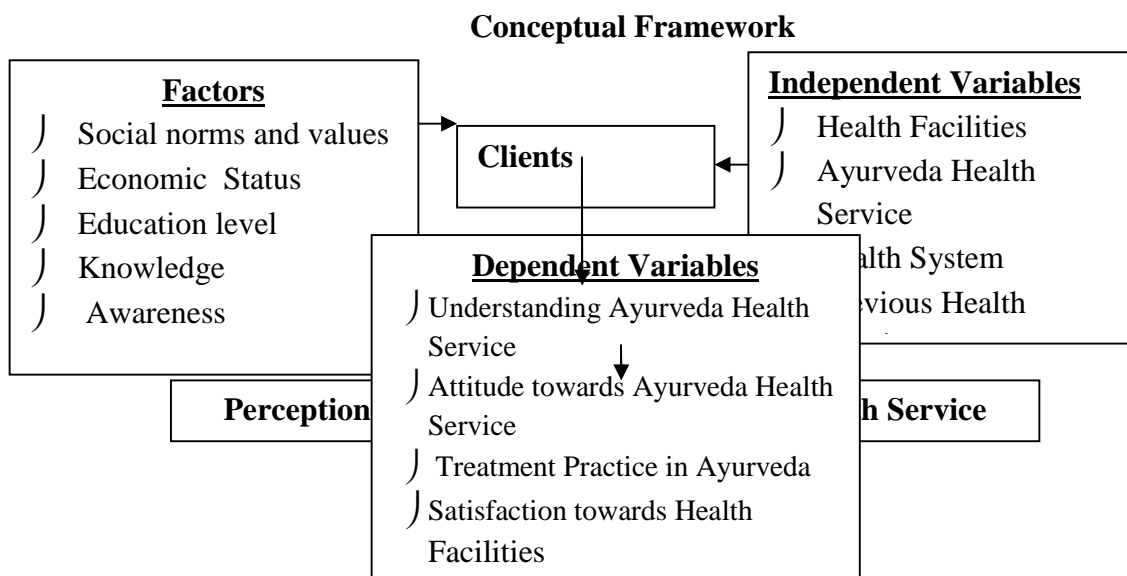
interest in T&CM is undergoing a revival. Monitoring health trends is a core function of the World Health Organization (WHO) and is key to supporting countries in generating evidence-based policies and strategic plans. This report reviews global progress in T&CM over the past two decades and is based on contributions from 179 WHO Member States. It clearly shows that more and more countries are recognizing the role of T&CM in their national health systems. For instance, by 2018, 98 Member States had developed national policies on T&CM, 109 had launched national laws or regulations on T&CM, and 124 had implemented regulations on herbal medicines. Countries aiming to integrate the best of T&CM and conventional medicine would do well to look not only at the many differences between the two systems, but also at areas where both converge to help tackle the unique health challenges of the 21st century. In an ideal world, traditional medicine would be an option offered by a well-functioning, people-centred health system that balances curative services with preventive care. WHO is halfway through implementing the WHO Traditional Medicine Strategy 2014–2023. Our current focus is to develop norms, standards and technical documents based on reliable information and data, to support Member States in providing safe, qualified and effective T&CM services and their appropriate integration into health systems for achieving universal health coverage and the Sustainable Development Goals. I am very pleased to introduce the WHO global report on traditional and complementary medicine 2019. I believe that this report provides valuable information for policy-makers, health professionals and the public for capitalizing on the potential contribution of T&CM to health and well-being

2.3 Implication of Review of Literature

Some theories and researchers were done in international level in the field of patient' perception on Ayurveda health service these will be reviewed by the researcher during this study, which give an idea to select appropriate methodology and mathematical idea to analyze and interpretation. Some important literatures related to Ayurveda health service presented in this unit were followed by the researcher these were helpful to generate the idea, to design conceptual framework, to lead methodology and analysis techniques etc.

2.4 Conceptual Framework

From the review of literature, investigator got an idea about how to develop conceptual framework which is presented below. Frame work reflects that the social norms and values, education, health system and availability of health services, knowledge and awareness etc. are factors affecting the perception of patients/clients on the Ayurveda health services which ultimately leads them to be positive or negative to Ayurveda health services.



CHAPTER -III RESERCH METHODOLOGY

The term methodology refers to the procedure about how the study was conducted in the study field as well as study duration. It is most important to achieve the objectives of the study. Every research follows specific research design to achieve the objectives of the study. This research was descriptive type with quantitative nature. The details methodological steps were taken as follows:

3.1 Research Design

The fundamental objective of this study was to find out know the perception of the Ayurveda care-seekers on the services of the Ayurveda hospital. So, this research followed a descriptive design with quantitative nature. It attempted to explore the perception of Ayurveda care-seekers who receive of the services from the Ayurveda hospital of Manang.

3.2 Population, Sample and Sampling Procedure

The total clients (1266) of Mananag Ayurveda Hospital of the fiscal year 2076/2077 were taken as population for this study. The total population was divided in to twelve month, after that multiply into 4 months which met a total 422 numbers of the clients of Ayurveda hospital, Manang who came within last 4 months was taken as the sampling frame. For this purpose, the convenient sampling method was applied while selecting the respondents.

3.3 Tools for Data Collection

The well achievement of the study depends upon the collected information or the data. If the collected data will be reliable and accurate the study becomes effective and useful. In this study the data were collected through interview schedule which was close and open type interview schedule.

3.4 Data Collection Procedure

At first researcher received a recommendation letter from Department of Health Education, Tribhuvan University, Kathmandu and it was handed over to the director of Manang Ayurveda Hospital. Then the following approaches were attempted to collect data:

Interview Schedule: the tool was administered to the clients after brief introduction of the objective of the study. The schedule was contained the questions about the doctor-patient relationship, Ayurveda Medicine and health facilities. Besides, open opinion/view were collected from the clients.

3.5 Standardization of the Tools

After preparation of the interview schedule, it must be more reliable and valid before finalizing the questionnaire. Pre-test of the tools on 15 patients in the similar setting was done. The interview schedule was improved on the basis of the feedback of supervisor and result of Pre-test.

3.6 Analysis and Interpretation of Data

After collecting the desired information or data through interview schedule, they were checked and verified manually to reduce possible error and categorized in different relevant headings and subheadings. Mostly in this study quantitative analysis technique was done. The quantitative data obtained from structured interview schedule were processed through validation, editing and coding. Secondly, these data were represented in tabular form. Finally, the data were interpreted with additional information. In short, the nature of this study was basically descriptive and explanatory. Simple statistical tools i.e. percentages, frequency were used to present data, which were enabled to present a scenario of the prevailing perception of the clients towards Ayurveda health service of Manang district.

CHAPTER -IV ANALYSIS AND INTERPRETATION OF DATA

Data is a collection of facts from which conclusions may be drawn. It is an item of factual information derived from measurement or research. Analysis is an investigation of the component parts of a whole and their relations in making up the whole. So data analysis means the work of inquiring data thoroughly and systematically that are collected in the research. Data presentation is the act of presenting data to sight or view.

4.1 Demographic, Socio-cultural and Economic Status

This chapter deals with general socio cultural and economic situation of the patients/clients. Socio-cultural and economic status directly play vital role in the development of the country and in the life status of the people and their health. In this chapter patients/clients has been studied which includes age of respondent, sex, address, ethnicity, education and occupation. People came in ManangAyurvedic Hospital from different parts of district. Within three month of data collecting period total 422 patients were come in Hospital among them, 251 (59.47%) were new and 171 (40.52%) were old patients. The respondents' demographic characters are presented by the following sub headline.

4.1.1 Distribution of Respondents by Age

Age is a time of life (usually defined in years) at which some particular qualification or power arises. Perception varies according to age. Some diseases are prevalent in particular age groups. As for e.g. arteriosclerosis, ischemic heart diseases, menopausal syndrome, malignancy are maladies of older age groups whereas acute rheumatic fever, congenital heart diseases, acute nephritis, congenital hemolytic anemia, infectious diseases like measles, diphtheria are found in infancy and childhood; chronic leukemia (blood cancer), gall bladder diseases, peptic ulcers are common in middle life. So the researcher collected the data about the age of the respondents is presented by the following table;

Table 1: Distribution of the Respondents by the Age

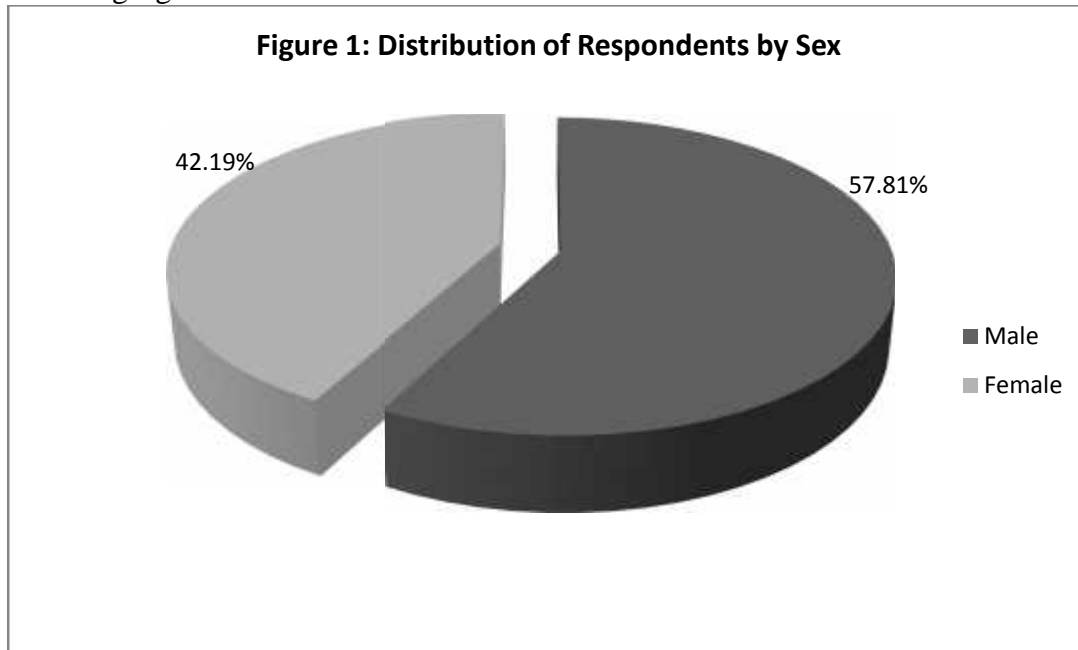
S.N.	Age Group	Number	Percentage
1	Below one Year	3	0.71
2	1-5 Years	16	3.79
3	5-10 Years	19	4.50
4	10-15	17	4.02
5	15-25	9	2.13
6	25-35	13	3.08
7	35-45	17	4.02
8	45-55	101	23.93
9	55-65	148	35.07
10	65-75	63	14.92
11	75-85	16	3.79
Total		422	100.00

The above table 1 shows the age group of the respondents, it was found more numbers of the respondents were found between age of 45 to 75 and below 10 years also. Different age group had come in the hospital during field study. From one year baby to the 84 years old man had come in hospital, among them mostly patients were found 45 to 65 age group which

was 59 percent in total. The children who were in the sample size but can't answer these questions, their parents' help had been taken during collection of data.

4.1.2 Distribution of Respondents by Sex

Sex is the properties that distinguish organisms on the basis of their reproductive roles. Perception varies according to sex. In our countries, women are dominated in all aspects. How much percentages of women are taking Ayurveda health facilities and what their perception towards it shows the women approach in health system. Diseases also varies according to sex, for e.g. phimosis, paraphimosis, Prostate hypertrophy, orchitis etc. are only diseases of men and dysmenorrhoea, leucorrhoea, prolapse of uterus etc are only diseases of women. So the researcher categorized the respondents by the sex which is presented by the following figure.



Among the total sample of patients, 57.81 percent were male and 42.19 percent were female. It can be concluded that male have high approach in Ayurveda health facility than female in study area Manang.

4.1.3 Distribution of Respondents by Ethnic/Caste

Caste is the social status or position conferred by a system based on class. Ethnic is denoting or deriving from or distinctive of the ways of living built up by a group of people. Nepal is a multicultural, multiracial country. It is heterogeneous in each ethnic composition.

Table 2: Ethnic/Caste Background of the Respondents

S.N.	Ethnic/Caste composition	Number	Percentage
1	Gurung	208	49.28
2	Lama	167	39.57
3	Dalit	32	7.58
4	Others	15	3.55
Total		422	100

The above table shows 49.28 percent patients were Gurung, 39.57 percent were lama, 7.58 percent were Dalit and 3.55 percent were others caste and ethnic groups. This result has shown people of Gurung and LamaCaste had more approach in health system.

4.1.4 Distribution of Respondents by Education

Education is the activities that impart knowledge or skill. Education is the most important factor. It teaches people how to be healthy. Perception is also related to education. Educated

people give more emphasis on their health; they take healthy food and spend healthy life style.

Table 3: Distribution of Respondents by Education

S.N.	Education	Number	Percentage
1	Illiterate	30	7.10
2	Literate	202	47.86
3	Primary	53	12.55
4	Secondary	62	14.69
5	Higher Secondary and above	75	17.77
Total		422	100

In the total patients, 77.10 percent patients were illiterate, 47.86 percent were literate. 12.55 percent patients have passed primary level (From 1 upto 5 classes), 14.69 percent have passed secondary level (Class 6 to 10), 17.77 percent have passed higher secondary (10+2/Intermediate level), 17.77 percent respondents had higher and above level education. This shows both educated and uneducated people come to Ayurveda health centre in Manang.

4.1.5 Distribution of Respondents by Occupation

Occupation is the principal activity in our life that we do to earn money. People are involved in different occupation to fulfill their personal needs.

Table 4: Distribution of Respondents by Occupation

S.N	Main Occupation	Number	Percentage
1	Hotel business	185	43.83
2	Jadibuti business	72	17.06
3	Housewife	38	9.04
4	Business	25	5.92
5	Government Job	17	4.02
6	Student	15	3.55
7	Agriculture	36	8.53
8	Unemployed	34	8.05
Total		422	100

The above table shows that 43.83 percent patients were involved in their Hotel business, 17.06 percent were in Jadibuti business, 9.04 percent were housewife, 5.92 percent were businessman, 4.02 percent were involved in government.05 job, 3.55 percent were student, 8.53 percent were involved in agriculture and 8 percent were unemployment in study area. It can be concluded that most of the respondents were involved in different types of works in study area. So it was also found that five to eight lakh yearly income of the family among most of the family.

4.2 Relationship between Doctor and Patients

Relationship is a relation between people; ('relationship' is often used where 'relation' would serve, as in 'the relationship between doctor and patients', but the preferred usage of

'relationship' is for human relations). It is very important that the relationship between the doctor and patients should be cooperative.

4.2.1 Reason for Visiting Ayurveda Hospital

There may be various reasons to visit Ayurveda Hospital; people mostly visit to hospital because of their health problem to get guidance, counseling and treatment, they want to get rid from different diseases. Some people come to hospital from one illness; other comes due to other illness. It has been asked to patients why they came to hospital; the result was found as below;

Table 5: Reason for Visiting Hospital

S.N.	Reasons	Number	Percentage
1	Problems in abdomen/gastric	165	39.09
2	Jaundice	59	13.98
3	Problems of bone & joints	88	20.85
4	Respiratory Problems	19	4.50
5	Piles	18	4.26
6	Skin Problems	7	1.65
7	Gyeno& Obs. Problem	22	5.21
8	Urinary Problems	10	2.36
9	Fever	6	1.42
10	Diabetes/Sugar	7	1.65
11	Hypertension	16	3.79
Total		422	100

Above table shows main reason for visiting the hospital, it was found all of the respondents said that to get ride the health problem in visiting the hospital whereas 39.09 percent had problems in abdomen/gastric, 13.98 percent had the problem of Jaundice, 20.85 percent had problems of bone and joints, 4.50 percent had respiratory problems, 1.42 percent had piles, 1.65 percent had skin problems, 5.21 percent had gyeno problems, 2.36 percent had urinary problems, 1.42 percent had fever, 1.65 percent had diabetes (sugar), 3.79 percent had hypertension. This results show more people have the problems of gastrointestinal tract like gastritis, constipation, piles, jaundice etc.

4.2.2 Source of Information

When people get information, there must be some source of it. It has been asked to the patients how they knew about this Ayurveda hospital.

Table 6: Source of Information for Ayurveda Health Service

S.N.	Source of Information	Number	Percentage
1	Friends	134	31.75
2	Neighbors/Relatives	102	24.17
3	Referred cases	2	0.47
4	Self	176	41.70
5	Others	8	1.89
Total		422	100

The above table shows 31.75percent said that they got information about hospital from their friends, 24.17percent got information from neighbors and relatives, 0.47percent was referred cases and 41.70percent had come self. There was no one who got information of hospital from the media.

4.2.3 Communication between Doctor and Respondents

There may be different communication between doctor and patients which is right of the patient to know about their health problem and it is a duty of doctor to tell them. It has been asked to the patients if the doctor told them anything about their health problems after examination. The patients whose answer was positive to the above question were asked again what the doctor told about their health problems. The result about interpersonal communication between doctor and patients is presented by the following table:

Table 7: Communication between Doctor and Respondents

S.N.	Did doctor tell anything?	Number	Percentage
1	Yes, he/she said	328	77.72
2	No, he/she didn't	94	22.28
Total		422	100
S.N	The doctor said	Number	Percentage
1	Simple disease	187	57.00
2	Chronic disease	118	35.97
3	Incurable disease	10	3.04
4	Refer to higher centre	13	3.99
Total		328	100

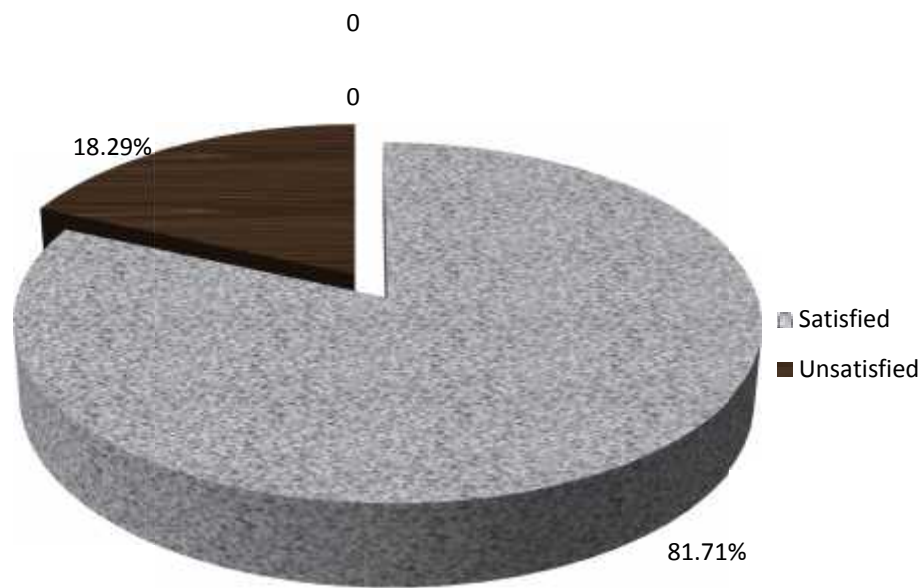
The above table shows 77.72 percent of patients replied positively and 22.28 percent replied negatively. This shows large number of patients is getting their rights and doctors are also doing their duty.

It was also found 57 percent of patients said that the doctor told them it is a simple disease; you have to take Medicine for few days. 35.97 percent patients said that they had chronic disease; so Medicine should be taken for longer period. 3.04 percent patients said that they had incurable disease and 3.99 percent patients said that doctor told them that they should go in higher centre for further management of diseases. This shows patients having simple disease had come more in hospital than the chronic and incurable disease.

4.2.4 Satisfaction of the Respondents towards Doctor's Behaviour

The patient satisfaction towards doctors' behaviour and view are mostly important to uplift the positive perception of the patients towards Ayeurveda so the researcher has been asked to them if they were satisfied by the doctor's behaviour and saying. This question has been asked for only those patients to whom the doctor had told about their health problems, the result about is presented by the following figure.

Figure:2 Satisfaction of the Respondents towards Doctor's Behaviour



It has been found that 81.71 percent patients were satisfied by doctor's saying whereas 18.29 percent patients were dissatisfied from the doctor's saying. Among 328 patients, 268 were satisfied by the doctor's saying in regard to their health problem whereas 60 were dissatisfied.

4.2.5 Cause of Dissatisfaction towards Doctor's Behaviour

When someone becomes dissatisfied there must be some reason for this. To find the reason why the patients were dissatisfied by the doctor's saying about their health problems, it has been asked to them for the cause of dissatisfaction.

Table 8: Cause of Dissatisfaction towards Doctor's Behaviour

S.N.	Cause of dissatisfaction	Number	Percentage
1	The doctors didn't listen to me.	12	20.01
2	They didn't examine well.	8	13.33
3	I couldn't understand what he/she said.	35	58.33
4	Others	5	8.33
Total		60	100

It has been found that 20.01 percent patients were dissatisfied with services because they think the doctor didn't listen to them. 13.33 percent said that the doctor didn't examine them well, 58.33 percent said they couldn't understand what the doctor said and 8.33 percent said other reasons.

4.2.6 Follow up Behaviour of Doctor

Follow up is a subsequent examination of a patient for the purpose of monitoring earlier treatment. It has been asked to the patients when the doctor called them for re-examination.

Table 9: Follow up Behaviour of Doctor

S.N.	Follow up	Number	Percentage
1	After One week	118	27.96
2	After two week	274	64.93
3	After one month	23	5.45
4	No	7	1.66
Total		422	100

It has been found that 27.96 percent patients were called after one week, 64.93 percent were called after two week and 5.45 percent were called after one month and 1.66 percent was not called for follow up.

4.2.7 Investigation Practice in Ayurveda Hospital

Investigation is one of the most important procedures in context of diagnosis diseases. It gives an idea to confirm the disease. So doctors suggest patients for investigation. It has been asked to the patients whom the doctor suggests for investigation to know what kind of investigation was suggested for them.

Table 10: Practice of Investigation in Ayurveda Hospital

S.N.	Types of Investigation	Number	Percentage
1	Blood	185	43.83
2	Stool	75	17.77
3	Urine	98	23.32
4	Semen	7	1.65
5	X-ray	46	10.90
6	USG	54	12.75

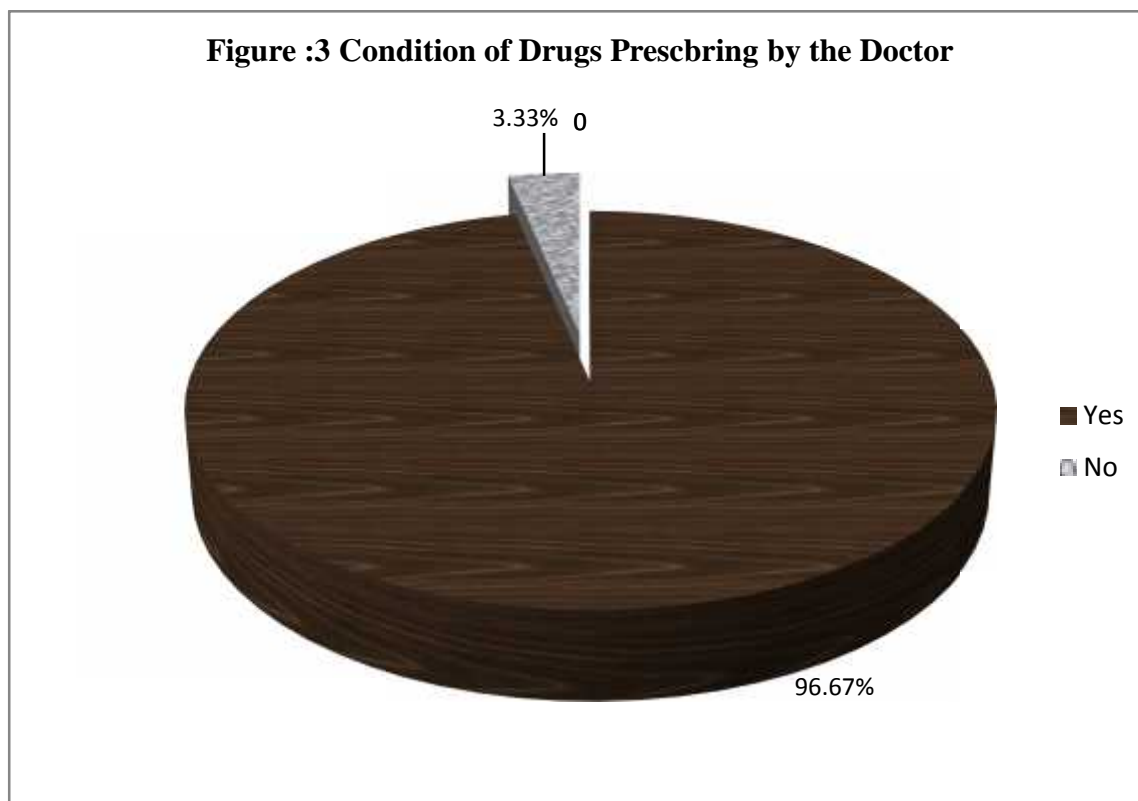
It has been found that doctor has suggested 43.83 percent to investigate blood, 17.77 percent stool, 23.32 percent urine, 1.65 percent semen, 10.90 percent X-ray and 12.75 percent USG. This shows most of the disease in hospital are confirmed by blood test.

4.3 Patients' Perception towards Medicine

Drug is a substance that is used as a medicine. Something that treats or prevents or alleviates the symptoms of disease is known as medicine. In this research we want to know about AyurvedicMedicine. So we put different types of questions to the patients related to Medicine. In fact we want to know the thinking[s of people about AyurvedicMedicine and also its quality, efficacy, side effects and cost. Which form of Medicine is popular amongst people?

4.3.1 Prescribing Medicine by the Doctor

After taking history and examine the patients, the doctors prescribe medicine. Prescribing medicine is one of the most important parts. It is very important how the doctor prescribe the medicine. It will be difficult for patients if the doctor prescribe many types of medicine. Writing prescription is an art. First it has been asked to the patients if the doctor had given them any medicine, the result about it is presented by the flowing figure.



It has been observed that the doctor had prescribed different types of medicine to 96.67 percent of patients. 3.33 percent patients were suggested to change their habits like doing exercise regularly, changing eating pattern etc. This shows Ayurvedic doctors also try to solve health problem by changing behavioral pattern.

4.3.2 Types of Prescribed Medicine

It has been asked how many types of medicine were given to them. This question has been asked only the patients who had given medicine by the doctors.

Table 11: Types of Prescribed Medicine

S.N.	Types of Medicine	Number	Percentage
1	1-3	138	33.83
2	4-6	250	61.27

3	More than 7	20	4.90
Total		408	100

The above table shows that 33.83 percent patients had 1-3 types of medicine, 61.27 percent had 4-6 types of medicine & 4.90 percent had more than 7 types of medicine. It has been found there was a system of mixing different types of medicine in Ayurveda. Different types of powder was mixed and then given to patients to take either with milk or honey.

4.3.3 Communication about Prescribed Medicine

Prescribing Medicine only is not sufficient for patients. It is very important that the medicine given should take properly and in time to cure diseases. So it has been asked to the patients if the doctor or pharmacist (medicine seller) had told them how to take Medicine or not. To know whether the patients understood the doctor's or pharmacist's saying about Medicine, it has been asked to them if they could tell about how to use it, the result about is presented by the following table.

Table 12: Communication about Prescribed Medicine

S.N.	Did doctor tell how to take Medicine?	Number	Percentage
1	Yes, he/she said	383	93.87
2	No, he/she didn't	25	6.13
Total		408	100
S.N.	Can you tell?	Number	Percentage
1	Yes, I can	371	96.87
2	No, I can't	12	3.13
Total		383	100

It has been found the doctor/pharmacist had told 93.87 percent of patients about the methods of taking Medicine. They had not told 6.13 percent patients about method of taking Medicine. It has been found 96.87 percent replied positively and 3.13 percent replied negatively to above question. It can be concluded that most of the patients are communicate by the doctor in Ayurveda Health centre.

4.3.4 Explaining of Drug's Intake

It is necessary to cross check the patients to know whether they are telling truth or not. So it has been again asked to them to explain how to use the medicine.

Table 14: Explaining of drug's intake

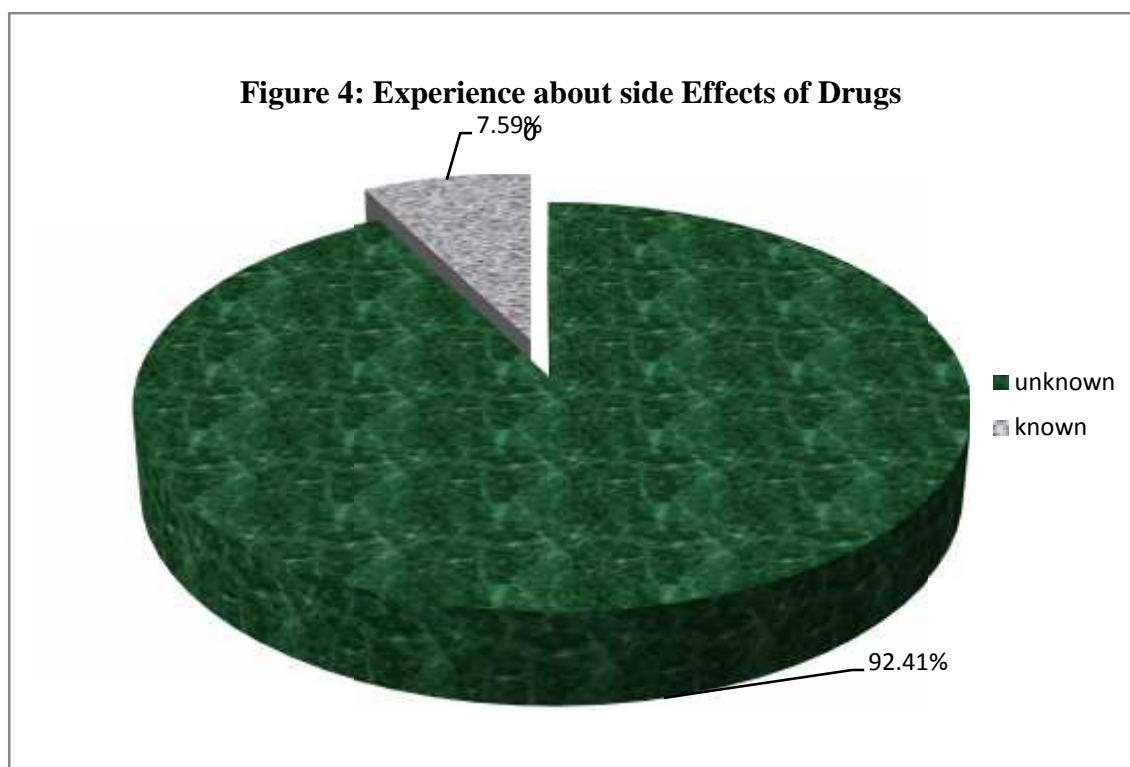
S.N.	Can you explain?	Number	Percentage
1	Explained all	302	81.40

2	Explained little	51	13.75
3	Couldn't explain	18	4.85
Total		371	100

It has been found that 81.40 percent patients explained all about how to use it. 13.75 percent explained little and 4.85 percent could not explain anything about how to use it. From this it can be proved many patients have understood the methods of drug intake.

4.3.5 Experience about Side Effects of Medicine

Side effects of Medicine are main problem in all kind of medicine. In market we are listening AyurvedicMedicine has no side effects. It is completely safe. It is very important to know the side effects of Medicine before using it. Though it is belief these types of medicine is safe but it is necessary to prove these belief. We want to know about the level of experience of side effects of AyurvedicMedicine. So it has been asked to all patients if they knew the side effects of this Medicine. The result about it is presented by the following figure.



Among the total respondents, it has been found that (390)92.41 percent had not any experience of side effects of AyurvedicMedicine whereas only 7.59 percent had got knowledge about side effects of medicine. It shows the people are aware of safety of Ayurvedic medicine and it can be concluded that most of the patients are positive towards AyurvedicMedicine .

4.3.6 Perception of Respondents towards Quality of AyurvedicMedicine

Quality is an essential and distinguishing attribute of something or someone. To cure diseases Medicine should maintain its quality. Quality is the most important thing of medicine. Here

quality includes the manufacturing, mixing and packaging of Medicine. It has been asked to the patients what they said about the Quality of AyurvedicMedicine.

Table 15: Perception of Respondents towards Quality of AyurvedicMedicine

S.N.	Quality of Medicine	Number	Percentage
1	Good	75	17.78
2	Medium	319	75.59
3	Bad	28	6.63
Total		422	100

It has been found that 17.78 percent patients said AyurvedicMedicine have good quality, 75.59 percent said these Medicine have medium quality and 6.63 percent said they have bad quality.

4.3.8 Negative Perception towards AyurvedicMedicine

If the patients have negative perception towards AyurvedicMedicine there is more chance for not taking it properly and in time. So it is better to find the cause of negative perception and try to remove it. It is important to know the cause of negative perception towardsAyurvedicMedicine. The patients who said the quality of AyurvedicMedicine is bad have been asked again why they think so.

Table 15: Negative Perception of AyurvedicMedicine

S.N.	Causes	Number	Percentage
1	Packing is not good	4	14.29
2	Unpurified	6	21.43
3	Mixing is not good	16	57.14
4	Others	2	7.14
Total		28	100

It has been found14.29 percent have negative perception towards these Medicine because they think packing of these medicine is not good, 21.43 percent have negative perception because it is not purified, 57.14 percent have negative perception due to its mixing.

4.3.9 Respondents' Preferred Form of Medicine

The Medicine should be palatable to use it properly. Different forms of Medicine are manufactured by company according to the choice of patients. Some like tablets, some like capsule and some want syrup. For small baby and children, syrup is necessary because they can't take tablets and capsule. People have concepts that AyurvedicMedicines are found only in powder form. If the tablets and syrup is prescribed by Ayurvedic doctors then they think the doctor has given them the modern medicine. But it is not a fact, AyurvedicMedicine can find in different forms. Powder is the main form of Ayurveda. Others forms of medicine are avaleha, vati, gutika, bhasma, aasav, arista, arka etc. It has been asked to the patients what form of medicine they like most. Which is palatable for them? In this question some prefer only one and others prefer two or more.

Table 17: Form of Medicine Preferred by the Respondents

S.N.	Form of medicine	Number	Percentage
1	Tablets	209	49.53
2	Avaleha/Paste	95	22.51
3	Powder	55	13.03
4	Syrup	75	17.77
5	Capsule	88	20.85

It has been found that 49.53 percent said tablets, 22.51 percent said avaleha (Avaleha is paste like Chawanprash), 13.03 percent said powder, 17.77 percent said syrup, 20.88 percent said capsule. This shows tablets are the most favourite form of medicine.

4.3.10 Perception on Cost of AyurvedicMedicine

Cost of drug is also important. If the cost of medicine is easily payable then it is easy for patients to take it. If it is expensive then it would away from patients' credibility. It has been asked to patients about the cost of Ayurvedic medicine they are using.

Table 18: Perception on Cost of AyurvedicMedicine

S.N.	Cost of Ayurvedic medicine	Number	Percentage
1	Expensive	227	53.79
2	Cheap	21	4.98
3	Medium	141	33.41
4	Don't know	33	7.82
Total		422	100

It has been found that 53.79 percent thinks AyurvedicMedicine are expensive, 4.98 percent thinks they are cheap, 33.41 percent thinks its cost is medium and 7.82 percent don't have any idea of its cost.

4.3.11 Efficacy of AyurvedicMedicine

Efficacy is the most important part of medicine. If all things are good but efficacy is questionable then it has no value. Good quality with economic price, palatable taste and easily available medicine in market but has no efficacy then it is nothing more than a waste products. It has been asked to them if they think AyurvedicMedicines are effective.

Patients who have used AyurvedicMedicine before this were asked if their disease was cured by Ayurvedic medicine. Actually we want to know the fact; we expect right answer of this question, so this question has been asked only to the old patients.

Table 19: Perceived Efficacy of AyurvedicMedicine

S.N.	Efficacy of AyurvedicMedicine	Number	Percentage
1	Yes	405	95.97
2	No	17	4.03
Total		422	100
SN.	Have you ever cured from AyurvedicMedicine?	Number	Percentage
1	Yes	147	85.96
2	No	24	14.04
Total		171	100

It has been found 95.97 percent patients think AyurvedicMedicine are effective and 4.03 percent think these Medicine are not effective. This shows patients have a strong believe on the effectiveness of Ayurveda Medicine.

It has been found that 85.96 percent patients have ever cured from Ayurvedic disease whereas 14.04 percent patients have not cured in past. This shows more patients have come to hospital because of solving their health problem by Ayurveda in the past.

4.4 Perception towards Ayurveda Health Facilities

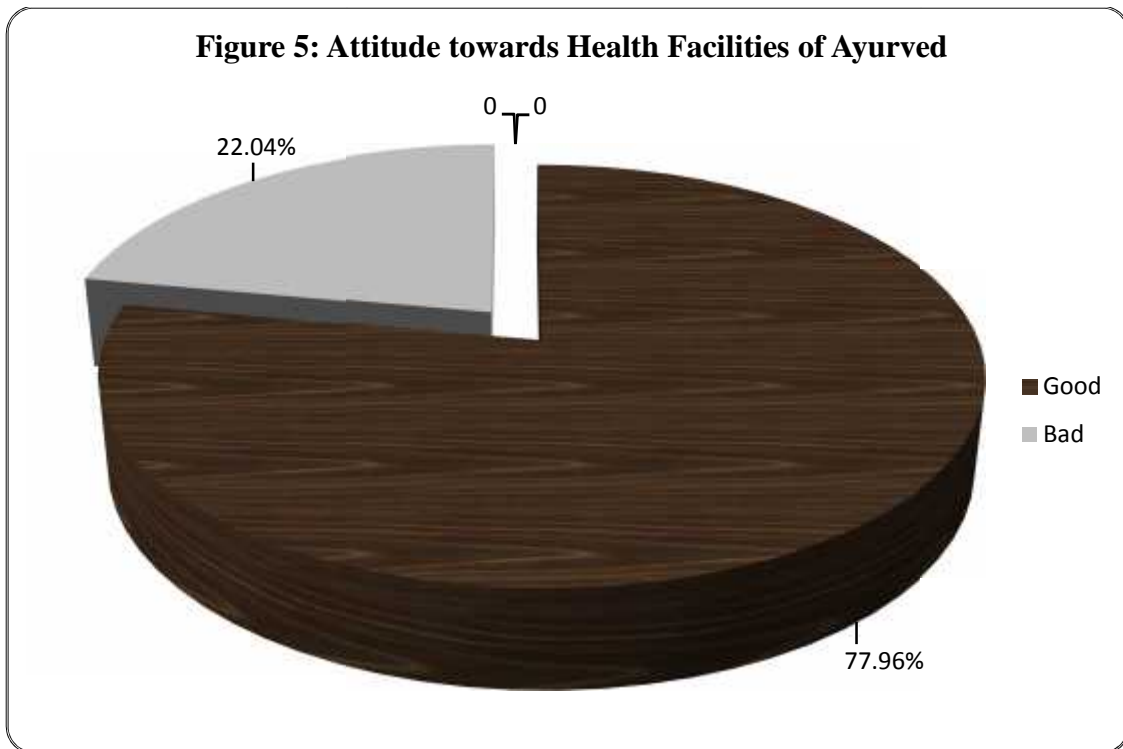
It is very important to know what kind of health facilities are getting from Ayurveda health centre and hospital. Hospital will be popular if the health facility given by them is good. The health facilities are directly related to uplift the perception of the patients towards Ayurved health centre, so the researcher administered the question about it among the respondents, the result is presented in the following sub-headline.

4.4.1 Time to Reach Health Centre

It has been asked to the patients how much time you spent for coming in this hospital. Some patients had spent only 15 minutes and some had spent 120 minutes to come Hospital. Average 45 minutes was spent by one patient to come this hospital.

4.4.2 Facility of Health Centre

Health centre should provide different facility to the patients. It has been asked to them what they think about the health facility of this hospital, the result is presented by the following figure.



It has been found 77.96 percent thinks facility of hospital is good, 22.04 percent think it is bad. This shows more patients like the facility of the hospital.

4.4.3 Reasons for Preferring and Not Preferring Ayurvedic Service

There may be different reasons for liking and disliking. So it has been asked to them what the cause of liking the hospital's facility. The patients who disliked the health facilities given by hospital were asked to give the reason. They had given different reason like overcrowding, lack of Medicine, infrastructure, laboratory etc.

Table 20: Perception of Respondents towards Ayurvedic Health Service

S.N.	Cause of Like	Number	Percentage
1	Free of cost	83	25.23
2	Effectiveness	158	48.02
3	Fast services	65	19.76
4	Easy to meet physician	21	6.38
5	Others	2	0.61
	Total	329	100
S.N.	Cause of dislike	Number	Percentage
1	Overcrowding	3	3.23
2	Lack of Specialist	12	12.90
3	Lack of Laboratory	15	16.13

4	Lack of Medicine	19	20.43
5	Lack of Infrastructure	40	43.01
6	Others	4	4.30
Total	93	100	

It has been found 25.23 percent said it is free of cost so they like Ayurveda service, 48.02 percent said Ayurvedic treatment is effective. 19.76 percent said it is fast, 6.38 percent said it is easy to meet doctors. 0.61 percent said they like this hospital because the doctor had behaved nicely.

It has been found 3.23 percent thinks hospital is overcrowding, 12.90 percent had disliked service due to lack of specialist doctor, and 16.13 percent said here laboratory is not well established; so we have to go other hospital for specific test like hormonal test. 20.43 percent said the Medicine provided by the hospital are limited, so sometime we can't get enough Medicine. 43.01 percent said hospital has no good infrastructure. 4.30 percent had disliked this hospital because it is situated in very uncomfortable area.

4.4.4 Suggestion for Solving Personal Health Problems

It has been asked to them what should be added in hospital to solve their personal health problems. Some said laboratory should be well established, other facilities like CT scan, MRI should be established. Some said all Medicine should be free of cost; specialist doctor should be available in hospital.

4.4.5 Suggestions for Solving Community Problems

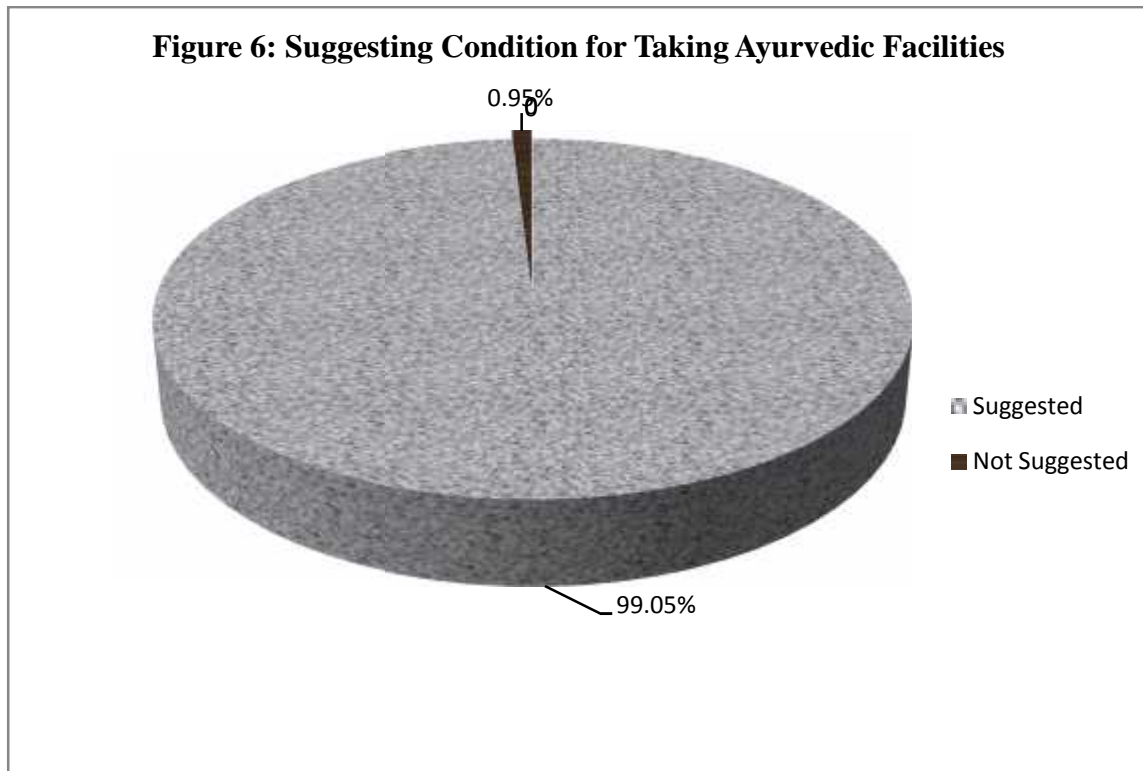
It has been asked to them what should be added in hospital to solve the community health problem. It has been found that people think emergency facility is the most important thing that should be added in hospital. Some said laboratory should be well established, so that all kinds of lab test will be done here. CT, MRI etc should be added. Specialist doctors, nurses and other manpower should be added. Different department should be established. Maternity service and Immunization program should be started recently. Panchakarma therapy should be started in hospital.

4.4.6 Suggestions to Develop Ayurveda

It has been asked to the patients what the government/NGO should do to develop the Ayurvedic health facilities. It has been found People think that the government should have a strong vision and policy towards Ayurveda. It is a national treatment therapy, so it's a duty of government to develop it. Different Department should be established in hospital. Many Zonal hospitals should be established; so that people can easily take the services of Ayurveda. Some said the medicinal plants of Nepal should be conserved. Some said Government should educate the people about the Ayurveda and Herbal medicine. Ayurveda Hospital should be established in different parts of country, so that it is accessible for all Nepalese people.

4.4.7 Suggestion for Taking Ayurvedic Facilities

Suggestion is the sequential mental process in which one thought leads to another by association. Perception can be known from the suggestion that he/she gives. It has been asked to them if they suggest anyone to go this hospital for treatment.



It has been found that 99.05 percent patients were suggested other to take Ayurvedic treatment because it is safe and effective. 0.95 percent said they will not suggest other to take these facilities because it takes a long time to cure diseases. This shows the perception of care seekers is positive towards Ayurveda.

CHAPTER-V

SUMMARY, FINDINGS, CONCLUSION AND RECOMMENDATIONS

5.1 Summary

Ayurveda is a science of life. The history of Ayurveda goes back to the time of creation of the universe. It was initiated by the ancient maharishis of eastern world to ease the good health and treat the disease of all living body not only human beings. It is a complete science of life including physical, mental, social, spiritual, economic, environmental, cultural aspect etc in spite of medical aspects. Many people are using Ayurveda knowingly and unknowingly. People have strong belief on Ayurveda, so many cosmetics products are easily selling in the market in the name of Ayurveda. Some people think Ayurveda treatment is a safe and effective and others think it is an old, delaying treatment system. To know the perception of patients to the services provided from Ayurveda health centre, this topic has been selected for the research.

This research has been done in the Ayurveda hospital, Manangto know the perception of the patients on the services provided from Ayurveda health facilities. First the number of the patients Ayurveda hospital, Manangwho come within entire 4 month has been considered as the sampling frame. For this purpose, the total number of patients who received services from the Hospital in the fiscal year 2076/2077 has been taken as standard and divided by 12 months to calculate the number of patients for a month. In the fiscal year 2076/2077, the total no of patients in the hospital was 1266. From this it can be calculated approximately 106 patients come in a month which was multiply into 4 months which was 422 patients have been selected as a sample size on the basis of convenient sampling method. In this research different questions had been asked to the patients regarding to relationship between doctor's and patient, Medicine and Ayurveda health facilities. The collected data were converted into frequency and percentage and presented in different tables and figure after that interpreted and analyzed on the basis of objectives of the study.

5.2 Findings

After analyzed the collected data some major findings are drawn as flows:

- a) In the total sample of patients it has been found 59.47 percent were new and 40.52 percent were old cases. It was found 57.81 percent were male whereas 42.18 percent were female.
- b) It was found 49.28 percent were Gurung, 39.57 percent were Lama and others were Dalit.
- c) Regarding to the education, 7.10 percent were illiterate others all were found literate.
- d) Regarding to the occupation of the patients 50.89 percent was involved in hotel and Jadibuti business.
- e) The greatest number of patients about 39.09 percent had come to hospital due to problems of abdomen and gastric, 20.85 percent had bone and joints problems, 13.98

percent had Jaundice, 4.50 percent had respiratory problem, 1.42 percent had piles, 1.65 percent had skin problems, 5.21 percent had gynecological problem, 2.36 percent had urinary problem, 1.42 percent had fever, 1.65 percent had sugar, 1.89 percent had hypertension, 4.02 percent had sinusitis and 1.89 percent had other illness.

- f) After examination the doctors had told 77.72 percent patients about their disease, among this 63.51 percent were satisfied by the doctor's saying.
- g) After analyzed the data it was found 27.96 percent patients were called for recheck after one week, 64.92 percent after two weeks, 5.45 percent after one month and 1.65 percent were not called again.
- h) It was found 69.66 percent patients were suggested for different types of investigation, among this blood test have been suggested for a large percentage of patients (43.83%).
- i) After examination the doctor had given medicine to 96.68 percent patients, the doctor/pharmacist had told 93.87 percent patients how to take medicine.
- j) It was found 99.05 percent had not any experience of side effects of Ayurveda Medicine.
- k) Regarding the cost of medicine, 53.79 percent respondents said Ayurvedic medicines are expensive.
- l) It was found 95.97 percent patients said Ayurvedic Medicines are effective, among the old patients 85.96 percent said that they had ever cured from Ayurvedic medicine.
- m) Regarding the services from hospital, 77.96 percent patients had liked it.
- n) Patients had focused on development of Ayurveda, they had said government should have a strong vision and policy on Ayurveda.
- o) Though 22.04 percent had disliked the services of hospital due to lack of specialist, incomplete laboratory, insufficient Medicine and lack of infrastructure, many people had positive perception towards Ayurveda.
- p) This is proved when 99.05 percent patients had suggested other people to take Ayurveda health facilities.

5.3 Conclusion

Ayurveda has been in practice for time immemorial in Nepal. Although, Ayurvedic medicines have effectively been in practice for a long time, effectiveness of these medicines is assessed on the basis of observation and symptomatic relief is considered to be cured, research work on scientific basis to assess and validate the effectiveness and find out the side effects and toxic effects of these medicines still lacking? Besides, the research is also needed

to improve and further the different aspects like education, fundamental principles, manufacturing of Ayurvedic medicines, herbs production etc.

After analyzed the data, it was found 53.79 percent respondents said Ayurvedic medicines are expensive. 95.97 percent patients said Ayurvedic Medicines are effective. Among the old patients 85.96 percent said that they had ever cured from Ayurvedic medicine. Similarly, Most of (77.96) the percent patients had liked it. 54.97 percent had said hospital facility is sufficient to solve their personal health problem. 45.02 percent had suggested elaborating laboratory, to start emergency services, to give the specialist services etc. Patients had focused on development of Ayurveda. They had said government should have a strong vision and policy on Ayurveda. Most of people had positive perception towards Ayurveda. This is proved when 99.05 percent patients had suggested other people to take Ayurveda health facilities. The patients and clients who are taking the services provided by Ayurveda health facilities have strong belief on Ayurveda. They think it is safe and effective and has no side effects. Most of the patients think Ayurvedic medicine takes a long time to cure the disease. So it can be concluded that the patients had positive perception towards health service of Manang Ayurveda Hospital.

5.4 Recommendations

Since this study was carried out in an individual effort for fulfillment of Master's degree in education, it may have not covered the big scope of general research. However the finding, recommendation will be very useful for knowing the perception of patients/clients of Ayurveda care-seekers.

5.4.1 Recommendations Related to Improvement

- a) Medicinal plants should conserve. Farmers should inspire to farm the medicinal plants.
- b) The specific treatment of Ayurveda such as Panchakarma therapy, Ksharsutra etc. should be available in hospital. Emergency services should be started. Immunization and Maternity services should be soon as possible.
- c) Specialist doctors' services should be given to the patients. Different department should be open in the hospital. All departments must have specialist doctor with a good knowledge of Ayurveda. They should be trained and refreshed time to time.
- d) The lab should be well established in the hospital.

5.4.2 Recommendation Related to Policy

- a) As Ayurveda is a national health system of Nepal the government should have a great attention towards it. Government should have a strong vision and policy on the development of Ayurveda.
- b) The Department of Ayurveda should educate or make aware the people about Ayurveda through different program. For e.g. classes for school's students.
- c) The quality of Ayurvedic Medicine and the products in market which are selling in the name of Ayurveda should checked by government.

5.2.3 Recommendations Related to Further Study

This is the age of science and technology. Modern culture is over ridden with scientific attitude and scientific methods of approach. With the fast development of physical and biological sciences, the research has become a reliable instrument of man for the advancement of knowledge. This study concerns only perception of patients/clients on the services provided from Ayurveda Health Facilities. There may be large space to carry out the study in areas as follows:

- a) Ayurvedic treatment system is following its old idea which is described in ancient books of Ayurveda. So, extensive researches should be done to prove these things.
- b) Further research should be done to find out the effectiveness, side effect and toxic effect of Ayurveda Medicines.
- c) The further researcher can do comparative study on the perception of patients/clients on the services provided from Zonal Ayurveda Ausadhalaya or Central Ayurveda.

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Appendix: I

Interview Schedule

Respondent No:

Part – I Socio Demographic Questionnaires

Date:

S. N.	Questions	Response	Code
1.	Gender	female Male T. G.	1 2 3
2.	Age (Complete years)	----- year	
3.	Religion	Hindu Buddies Christian Muslim Others	1 2 3 4 99
4.	Ethnicity	Dalit Jana- Jaati Madhesi Muslim Bharman/ Chettri Other	1 2 3 4 5 99
5.	Marital status	Single Married	1 2
6.	Number of family members	.....
7.	Sex of family member	Total male = Total female =	
8.	What is the main source of income in your family?	Government services Foreign Employee Trade Farming Other	1 2 3 4 99
9.	Average monthly income by livestock in the family?	.....
10.	Type of Family	Single Mixed	1 2
11.	Educational Status of the respondents	.....
12.	Distance of Hospital from home	15 M. 15 - 30 M. 30 – 60 M >1 hours	1 2 3 4
13.	Number of family member	< 4 5 – 7 >7	1 2 3
14.	Household ship in the family	Male Female	1 2

Appendix: II

Interview guidelines

Part 2.Perception of Patients towards the Ayurveda Health Service and Facilities

1	What is your reason for visiting Ayurveda hospital?				
2	Source of information to visit				

3	Health worker telling anything? (communication)				
4	Have you get flow up behavior form Ayurvedic doctors/health workers?	Yes	No	..... .....
5	Do you satisfied towards doctor behavior?	Fully satisfied	Some satisfied	Not satisfied	
6	Causes of satisfactions?				
	If not satisfied by what do you dissatisfied of health services?	Timely	Sometimes	Never	I don't know
8	What types investigation have you found in hospital	Blood	Stools	Urine	.....
9	Medicine using practice: what types Medicine have you get mostly by hospital?	.....	.....	.....
9	Have you get any information towards prescribed Medicine by doctor/health workers?	Yes	No	.........	.....
10	Have you get any explanation about Medicine intake?	Yes	No	.....	Don't know
11	Have you get any knowledge about the side effects of prescribed Medicine ?	Yes	No		
12	What is your source of knowledge?				
13	Are you confidence or satisfied towards the quality of AyurvedicMedicine ?	Yes	No		
14	Have you get any negative perception towards medicine?	Yes	No	If yes	
15	What types of form do you like best for Ayurvedic medicine	Paste	Dust	Tablet	....
16	Are you satisfied towards cost of medicine?	Yes	No	Expensive/ .....	.....
18	Have you get efficacy of AyurvedicMedicine ?	Yes	No	.....
19	Have you ever cured by Ayurvedic medicine?	Yes	No	Sometimes	.....
20	Perception towards health facilities: How much time to reach hospital?	.....	.....
21	Are you satisfied towards facilities of hospital?	Yes/good	No/bad	Little	
22	What is your reason for preferring or not preferring Ayurvedic service? .....	.....	.....	.....
23	Any suggestions for solving personal health problems .....	..... .....		
24	Any suggestions for solving community health problems.....				
25	Any suggestions to develop service.....				

Thank you

